NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board – Wyre Council Scrutiny Committee 17 October

Hilary Fordham biography

Within NHS Lancashire and South Cumbria Integrated Care Board, Hilary is the Integrated Place Leader for Lancashire North, working closely with Director of Health and Care Integration (DHCI) for Lancashire, Louise Taylor.

Hilary was the Chief Commissioning Officer at Lancashire North PCT, and following the boundary change, took up the Chief Operating Officer role in the Morecambe Bay CCG.

Prior to taking up her role at the CCG, Hilary worked as Head of Commissioning for unscheduled care and children's services at North Lancashire PCT. During this time she was responsible for overseeing the development of a range of joint working initiatives with the local authority, acute trusts and a range of other partners to improve services for patients who require urgent care or care in a community setting and for children, young people and their families.

Prior to her post at North Lancashire PCT, which she commenced in 2007, Hilary worked for Cumbria and Lancashire Strategic Health Authority assisting a range of organisations with performance improvement issues.

Hilary has also worked in the private sector for Coopers and Lybrand and KPMG, undertaking a range of audit work on behalf of the Audit Commission and consultancy work in the North West and other parts of the UK.

Questions from the committee

1. **Please can the committee have an update on the current stage of the transition to the Integrated Care Board (ICB) model from the Clinical Commissioning Group (CCG) model**

NHS Lancashire and South Cumbria Integrated Care Board (ICB) was established 1 July 2022. Hilary Fordham, Integrated Place Leader for Lancashire North will visit the committee in person on Monday 17 October and describe the latest NHS transition and what the ICB is responsible for as an organisation.

2. **Have there been any issues found due to the transition from the CCG model, if so, what is being done to solve these issues?**

The transition focuses on a change in commissioning arrangements so there are no particular issues we are facing due to the transition specifically. However, Hilary will discuss the recent changes with the committee.

3. **What voice/influence do Wyre Council have in regard to the Integrated Care Board i.e. attending meetings, participation in consultations, Wyre Borough Council Elected Member representation etc.?**

The elected members will be engaged as part of place based partnerships. While there will be no formal arrangements in place at this time, their views as ward representatives would be valued as our places develop and look to address local issues. We would welcome members to share views with Hilary during the meeting about how they would like to be involved.

Our residents and communities are a fundamental part of our partnerships and their voice and lived experience is vitally important in creating the culture of a social movement in our neighbourhoods and places, in ensuring that residents' needs are heard and understood, and in shaping services that meet local needs. Place-based partnerships will ensure engagement involves co-production and that feedback is listened to.

4. **It is estimated that by 2043, Wyre's largest single age year making up its population will be 74 year olds. The most dominant age group (sorted in to 5 year groupings) in 2043 will be the 70 - 74 year olds (10,262) followed closely by the 75-79, and 65-69 year olds (10,150 and 8,153 respectively). In light of this, does the ICB have plans in place concerning Wyres ageing population and the impact that may have on the local health service?**

An ageing population is a core part of our case for change and why we need to work together with partners to shape services so they can look after the needs of our community, both now and in the future. The ICB's core vision is to achieve deeper integration and a number of schemes have been implemented to support this.

Population health and population health management approaches can help us to intervene early and mobilise our workforce to improve outcomes and reduce costs. To make this work, all teams across health and social care must work in partnership

with the community, voluntary and faith sectors, as well as other critical community stakeholders including our citizens, with governance structures that reflect the need for collaborative working and co-design.

Our population health operating model and development programme is designed to build robust foundations at every level to further develop our approach to population health. It will complement the broader programmes of work within our Clinical Networks, Health and Wellbeing Boards, respective organisations and more. It will grow local approaches for understanding and quantifying the impact of different disease combinations on service utilisation to enable place-based partnerships and their constituent partners to target resources more effectively.

Whilst there are no formal schemes operational, the strategic direction remains firm that as part of the continued health inequalities strategy, which continues to be developed through population health teams, we put service in place that recognise these aims.

5. **Please could you provide an update on ambulance waiting times and the impact of hoax 999 calls on the ambulance service resources?**

The ICB is not sighted on the extent of hoax calls North West Ambulance Service (NWAS) receives. However, the responsiveness of ambulances is a crucial part of our service urgent care provision particularly across winter. However the committee will understand that all urgent care services in the NHS are under significant pressure and are likely to continue to be so for some time to come.

Our urgent and emergency care services aim to ensure that patients get the right care, in the right place, whenever they need it and we need to work together to make sure that enable this for all of our population by streamlining what is available and making the system more ‘user friendly’.

The NHS Long Term Plan sets out a series of commitments and ambitions in relation to emergency care services, which should also be implemented within Lancashire and South Cumbria:

- Provision of a 24/7 urgent care service, accessible via NHS 111, which can provide medical advice remotely and, if necessary, refer directly to Urgent Treatment Centres (UTCs), GP (in and out of hours), and other community services (pharmacy etc.), as well as ambulance and hospital services
- Implementing Same Day Emergency Care (SDEC) services across 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis and treatment of patients presenting with certain conditions and discharge home same day if clinically appropriate
- Focusing efforts to reduce the length of stay for patients in hospital longer than 21 days, reducing the risk of harm and providing care in the most clinically appropriate setting

- Working closely with primary and community care services to ensure an integrated, responsive healthcare service helping people stay well longer and receive preventative or primary treatment before it becomes an emergency.

There is still an apparent disconnect between people's perception of an emergency or urgent care need compared to the clinical opinion. This disconnect is understandable in light of the public's long-standing relationship with a traditional Accident and Emergency Department – a 'brand' seen as the one-stop-shop / front door of the NHS and a convenient and immediate answer to a variety of healthcare needs. Therefore, a focus for Lancashire and South Cumbria needs to be a communication and engagement exercise with communities to clarify for people what to expect from different emergency and urgent care settings, alongside a range of other services both in and out of hours.

6. **What are the current issues faced when recruiting health service staff, including ambulance staff, to the Fylde Coast?**

In common with most areas across the country and in particular coastal areas the Fylde Coast is experiencing problems with attracting workforce and this has implications for services across the board.

In line with the NHS People Plan, the ICB will be looking to take action to: enhance existing workforce supply, grow future workforce supply and mitigate current and future workforce demand. Our Lancashire and South Cumbria People Plan is built around four priorities: compassionate leadership and systems development; a positive employment experience; opportunities for all; and building a sustainable workforce.

As an ICP, our ambition is to work with our partners – NHS, primary care, social care and VCSFE to deliver these priorities across the whole of our health and care workforce and volunteers. Recruiting to Paramedics and resourcing of NWAS on the Fylde Coast, for example is a regularly raised on tactical command each week.

It is important that our Clinical Strategy and People Plan work in lockstep. We cannot develop services that do not have the workforce to deliver them, equally our workforce plans and training must be informed by the skills and services required in the future to deliver to population and patient need.

Within our clinical services we shall be guided by the below key workforce principles:

- We will make the best use of the whole workforce and expertise across the system, reducing traditional organisational and role boundaries
- We will do only what needs to be done, at the right time, by the right person
- We will provide opportunities for portfolio roles that span neighbourhoods, through to job plans within hospital services – helping to knit our services and people more closely together

- Will we support our clinicians to work at the top of their licence, supported by evidence- based and protocol-driven care.

7. **What policies/actions is the ICB undertaking to reduce hospital admissions what actions is the ICB undertaking to improve the ability for hospitals to discharge patient's safely back into the community?**

The ICB work continuously with partners across all local Trusts to develop robust plans to support people to be safely managed in their own homes to avoid unnecessary admissions and then to be discharged effectively from hospital services. Examples of some schemes in place include:

<u>Virtual wards</u>

- A virtual ward is a safe and efficient alternative to NHS bedded care that is enabled by technology. Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need in their own home. This includes either preventing avoidable admissions into hospital, or supporting early discharge out of hospital.
- Virtual wards allow patients to get the care they need at home safely and conveniently, rather than being in hospital. They enable more people to receive the acute care, remote monitoring and treatment they need in their own home. They can help prevent admissions or allow for an earlier, supported discharge. Virtual wards also provide additional capacity to hospital (and hospice) beds enabling more patients to receive the timely treatment they need.

<u>Two hour urgent community response</u>

- This service sees teams of advanced clinicians working in the community who can respond within two hours if someone's health or wellbeing suddenly deteriorates at home, which will avoid the need for an ambulance and prevent hospital admissions.
- Made up of clinicians such as advanced nurses and therapists, they can provide assessment, treatment, support and a two hour rapid response for registered patients who are aged 18 and over and at risk of a hospital admission.

<u>Aging well pilot</u>

- A new pilot aimed to help older adults with mental health needs (especially dementia) has started to allow more streamlined discharge process from hospital.
- Individuals, who are clinically appropriate, will access care homes in East Lancashire, Preston & Morecambe Bay for a maximum of six weeks while further assessment and care takes place.

- The pilot will allow the NHS along with Lancashire County Council to deliver a person centred, more appropriate community setting, which delivers an efficient and cost-effective approach that offers needs led, short term care provision.
- Patients will benefit from a team of specialists including mental health teams, social care liaisons, a GP, social prescribers and other experts that will regularly monitor and carry out assessments using innovative digital technology.
- The pilot is running September 2022 until March 2023.

<u>NHS 111 First</u>

- NHS 111 First is a service that provides bookable appointments through NHS 111 at your local A&E or get you an urgent appointment at an alternative health service. The NHS 111 First campaign encourages people to call NHS 111 before going to emergency departments.

8. What actions is the ICB undertaking to reduce the burden on the ambulance service?

As described in question five the responsiveness of ambulances is a crucial part of our service urgent care provision. The ICB work closely with our local ambulance provider NWAS, and all our local acute trusts to support the appropriate flow of patients through all NHS services; from supporting our local residents to understand the range of healthcare support for their needs and the most appropriate time to seek care from the ambulance services.

9. How is the ICB improving its partnership with NHS dental care and what is being done to tackle the challenge of accessing NHS dentistry in Wyre?

NHS England and Improvement remains the commissioner of dentistry services. While the ICB is not currently the commissioner of dental services, the NHS has announced reforms and long-term ambitions for the commissioning and delivery of dental services in England.

In July 2022, NHS England nationally announced £50 million of non-recurrent funding to help increase access to dentistry services across the country, equating to just over £7million in the North West and aimed at addressing the most pressing issues around patient access where timely intervention for the relief of oral pain, disease and infection is vital to prevent and reduce future complications. In the North West we released further additional funding to support that work.

Additionally, anyone who is in dental pain or in urgent need of support, help or advice, can telephone their own dental practice in the usual way. If they don’t have a

usual dentist and have an urgent need they can contact the dental helpline on 0300 1234 010.

10. **Does the ICB know the status of the investment plan for the Emergency Department at Blackpool hospital and how this work will improve the service?**

There are no known upcoming investment plans for Blackpool Teaching Hospital (BTH) however the hospital has a page on their ongoing emergency village projects with the updates found on the Trust website: Emergency Village and Critical Care Development news | Blackpool Teaching Hospitals NHS Foundation Trust (bfwh.nhs.uk).

11. **Please can we have an update on the status of the telephony issues in GP practices across Wyre?**

The majority of telephony issues post covid lockdowns were related to the flow of calls throughout the day and the capacity for practices to deal with the volume at peak times, with more incoming calls in the mornings than the practices were able to answer and systems that defaulted to engaged tones after 10 callers joined the queue.

A range of additional support was put into place to address this including more call handlers, better use of other digital routes into practice and that level of call volume tapering off slightly over a period of time.

12. **Please can we have an update on the position of the Lancashire and South Cumbria New Hospitals Programme?**

Following on from the announcement of the shortlist of proposals for new hospital facilities in March 2022, the Lancashire and South Cumbria New Hospitals Programme team has carried out a detailed assessment of the shortlisted options.

Each shortlisted proposal has been comprehensively assessed for deliverability, affordability, value for money, and viability, considering feedback from patients, local people and staff:

- A new Royal Lancaster Infirmary on a new site, with partial rebuild / refurbishment of Royal Preston Hospital
- A new Royal Preston Hospital on a new site, with partial rebuild / refurbishment of Royal Lancaster Infirmary
- Investment at both Royal Lancaster Infirmary and Royal Preston Hospital, allowing partial rebuilding work on both existing sites

- Two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital (new sites).

Key elements have been considered to help evaluate each of the shortlisted options. This includes service configuration; what would be required in terms of rooms, beds and other provisions to be able to meet the operational, space and location requirements; and site location options.

This work has resulted in recommendations for preferred options and alternative options for both Royal Preston Hospital and Royal Lancaster Infirmary, subject to endorsement from Lancashire Teaching Hospitals NHS Foundation Trust and University Hospitals of Morecambe Bay NHS Foundation Trust Boards and NHS Lancashire and South Cumbria Integrated Care Board.

Both the preferred and alternative options and different combinations of these are aligned to the published shortlist, and each will need to be considered in the context of capital affordability and benefits including addressing inequalities, clinical outcomes, productivity and wider socio-economic benefits. They will also be considered alongside “business as usual” and “do minimum” options, both standard options required in all business cases.

13. **There have been concerns raised about the amount of time frontline police officers are spending in emergency departments, what would be the potential issues if frontline police officers refused to spend more than 30 minutes handing over a patient?**

We are aware that on occasions police officers have to spend time in A&E with patients who are unhappy and challenging to staff and other patients. We continue to work with the constabulary to reduce the impact of this and move patients into appropriate facilities as soon as possible, but due to wider pressures in the system this is not always possible. We also continue to try and improve wider services so that those who are suffering and should be managed in alternative facilities due to their challenging behaviour can be managed in a better setting.