



**DOCUMENTATION PROVIDED AT THE MEETING**

Overview and Scrutiny Committee

Wednesday, 11<sup>th</sup> June 2014

The following documents were provided at the meeting and are now enclosed, as follows:

<b>Agenda Item Number</b>	<b>Page</b>	<b>Title</b>
6	1 - 8	LANCASHIRE NORTH CLINICAL COMMISSIONING GROUP - 'BETTER CARE TOGETHER' CONSULTATION UPDATE
7	9 - 30	PROPOSED REDUCTION IN LANCASTER FIRE STATION CAPACITY



**Presentation to  
Lancaster City Council OSC  
11 June 2014**

**Update on the Clinical Strategy for Health  
Services in Morecambe Bay:  
Better Care Together**

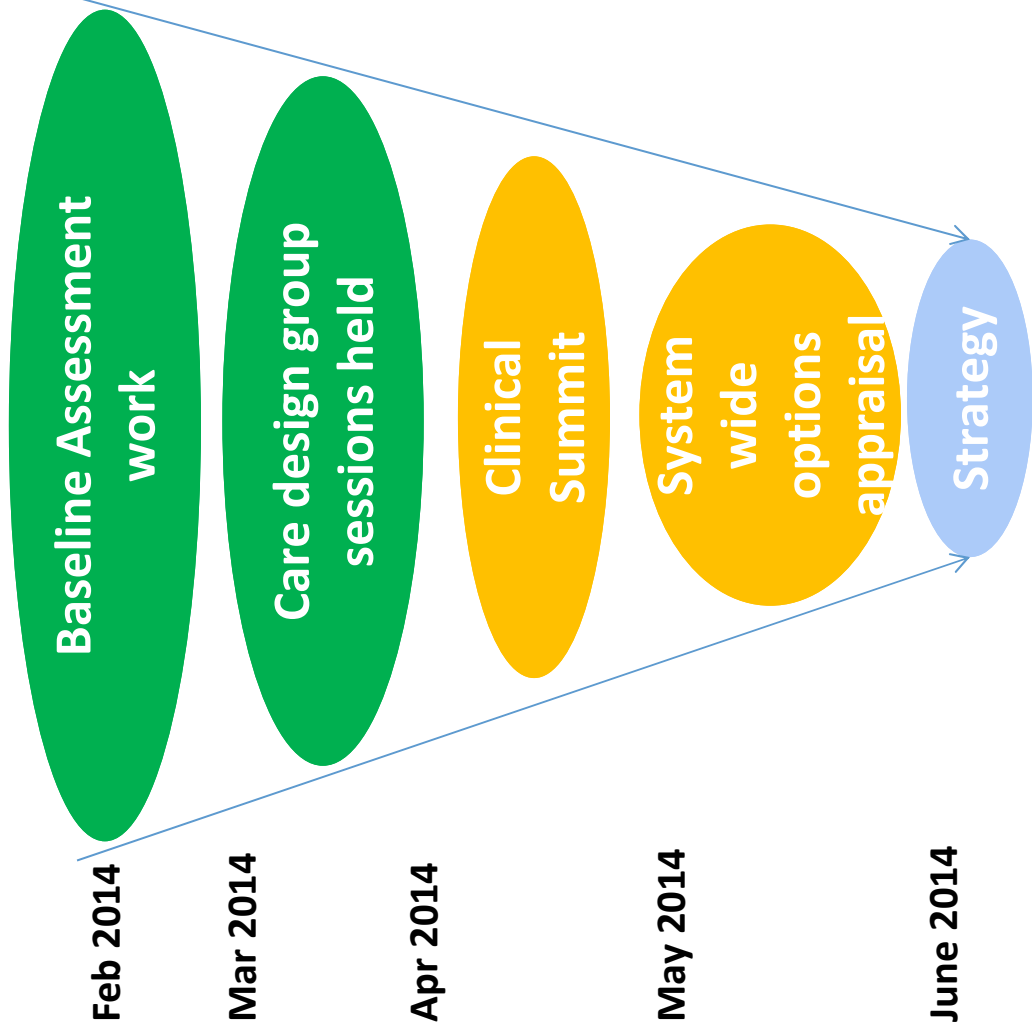
## Since we last saw you:



- Further development of service models – in and out of hospital
- Testing the feasibility of the options in relation to e.g.
  - Estate facility feasibility and potential capital requirements
  - Workforce re-profiling e.g. skilling for out of hospital work
  - Impact on patient flows
  - Financial cost modelling
- Acting on feedback from our engagement activity



## Where we are in the process



# Recent engagement – March 2014



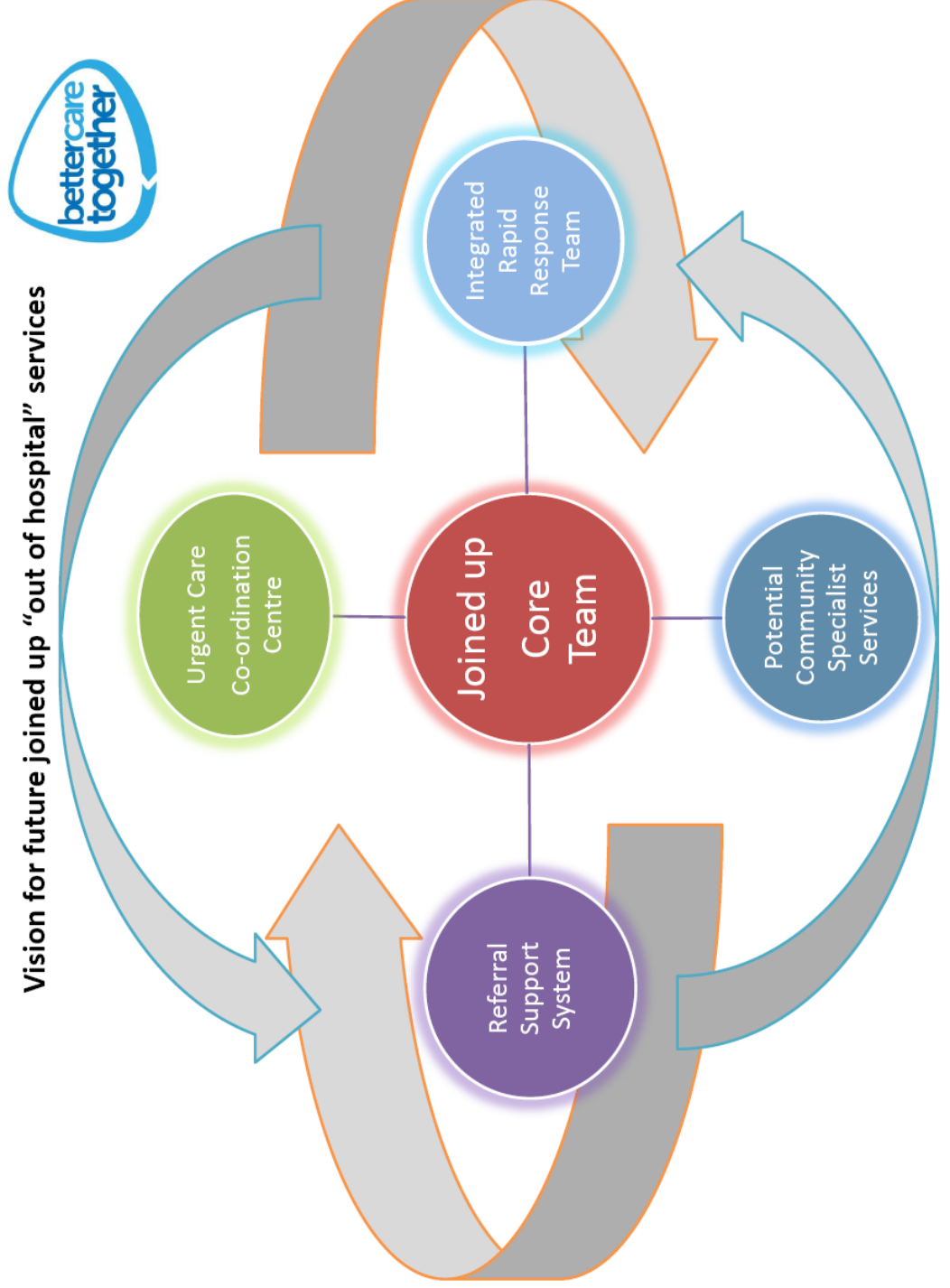
- 5 drop in events for staff at each of our three hospital sites, and community based sites
- 12 public ‘drop-in’ style events across different localities within Morecambe Bay which were advertised via full page newspaper adverts, our networks and via the use of an “ad-bike”. Attendees were invited to complete a number of activities to give us feedback, however this was completely voluntary. Some people simply wanted more information and the opportunity to speak with clinicians. There were also opportunities to complete comment cards; to take the activities away and complete at home; to complete the activities online; and to participate in a Q&A session. Numbers of attendees were modest, but the events were well represented by clinicians, better care together team members and external support team members.
- 3 stakeholder workshops in Lancaster, Barrow and Kendal which were facilitated by TNS
- Lancashire North CCG held a voluntary sector event in March and participants were asked to take part in the activities described above.

There were over 250 attendees across all the events and these included Council and OSC representatives ; local media; 3<sup>rd</sup> sector representatives; members of public; and a broad spectrum of colleagues.

For a summary of the engagement to date you can read our report by visiting: [www.bettercaredtogether.co.uk](http://www.bettercaredtogether.co.uk) “Our engagement to date”

# Engagement activities

The vision of out of hospital services emerging from Care Design Groups were shared with the public and stakeholders who were asked for their comments on each element of the proposed whole system model. This was then fed back to the Clinical Summit



# Out of Hospital care scenarios



<p>Joined up service scenario no. 3</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Integrated (joined up) Rapid Response Team</b> This service could see you being treated by a specialist multi disciplinary team of skilled health and social care professionals whose role is to get you home safely. In many instances this team will help you to get home as soon as possible, with the right support, often within 48 hours. This sees together the right package of care for you.</p> <p><b>How could this work for Mary?</b> Mary has had a fall at home and has been taken to hospital. She will be seen by a specialist health and social care team. They can arrange for a community care worker to visit her at home, such as helping to arrange transport home.</p>	<p>Joined up service scenario no. 2</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Urgent Care Co-ordination Centre</b> This service could see a change in the way you access NHS services and the way health professionals contact each other. This service could see a team, under one telephone number, as a main point of contact who will make the right appointment for you, with the right health professional e.g. a GP or District Nurse. This team will help triage (assess) you, and prevent you going to A&amp;E if you don't need it. It will also put health professionals in touch with health and voluntary care.</p>
<p>Joined up service scenario no. 1</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Integrated (joined up) Core Team</b> This service could see a team working together in an out of hospital setting. This could be a multi skilled team e.g. GPs, social care, district and mental health nurses working together. Their role is to try and identify vulnerable people to give them a care plan. This way if you are vulnerable they can work to keep you well and prevent urgent care where possible.</p> <p><b>How could this work for Mary?</b> Mary is struggling at home and needs support to stay independent. Mary would be assessed by one person in the integrated core team, (Mary can contact the team via her GP surgery) who would work with other colleagues e.g. a voluntary organisation and social care worker to put together a package of care for Mary. This means Mary no longer has to ring different people in different health and care organisations: it is done for her.</p>	<p>Joined up service scenario no. 5</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Potential community specialist services</b> This service could see the movement of some specialist services into an out of hospital health clinic or GP surgery, where you would be seen by a specialist health professional. This would expand on the community services already in place.</p> <p><b>How could this work for Mary?</b> Mary has diabetes: a long term condition. This means she has to see different people for six monthly checks. Mary would like to manage her condition if she feels ill in-between checks. She would like to call if she feels her condition is getting worse. This means she would like to have appointments she has the benefit of specialist community services to prevent her diabetes escalating.</p>
<p>Joined up service scenario no. 6</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Integrated (joined up) Core Team</b> This service could see a team working together in an out of hospital setting. This could be a multi skilled team e.g. GPs, social care, district and mental health nurses working together. Their role is to try and identify vulnerable people to give them a care plan. This way if you are vulnerable they can work to keep you well and prevent urgent care where possible.</p> <p><b>How could this work for Mary?</b> Mary is struggling at home and needs support to stay independent. Mary would be assessed by one person in the integrated core team, (Mary can contact the team via her GP surgery) who would work with other colleagues e.g. a voluntary organisation and social care worker to put together a package of care for Mary. This means Mary no longer has to ring different people in different health and care organisations: it is done for her.</p>	<p>Joined up service scenario no. 4</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Integrated (joined up) Core Team</b> This service could see a team working together in an out of hospital setting. This could be a multi skilled team e.g. GPs, social care, district and mental health nurses working together. Their role is to try and identify vulnerable people to give them a care plan. This way if you are vulnerable they can work to keep you well and prevent urgent care where possible.</p> <p><b>How could this work for Mary?</b> Mary is struggling at home and needs support to stay independent. Mary would be assessed by one person in the integrated core team, (Mary can contact the team via her GP surgery) who would work with other colleagues e.g. a voluntary organisation and social care worker to put together a package of care for Mary. This means Mary no longer has to ring different people in different health and care organisations: it is done for her.</p>
<p>Joined up service scenario no. 7</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Integrated (joined up) Core Team</b> This service could see a team working together in an out of hospital setting. This could be a multi skilled team e.g. GPs, social care, district and mental health nurses working together. Their role is to try and identify vulnerable people to give them a care plan. This way if you are vulnerable they can work to keep you well and prevent urgent care where possible.</p> <p><b>How could this work for Mary?</b> Mary is struggling at home and needs support to stay independent. Mary would be assessed by one person in the integrated core team, (Mary can contact the team via her GP surgery) who would work with other colleagues e.g. a voluntary organisation and social care worker to put together a package of care for Mary. This means Mary no longer has to ring different people in different health and care organisations: it is done for her.</p>	<p>Joined up service scenario no. 8</p> <p>Vision for future joined up "out of hospital" services</p> <p><b>Integrated (joined up) Core Team</b> This service could see a team working together in an out of hospital setting. This could be a multi skilled team e.g. GPs, social care, district and mental health nurses working together. Their role is to try and identify vulnerable people to give them a care plan. This way if you are vulnerable they can work to keep you well and prevent urgent care where possible.</p> <p><b>How could this work for Mary?</b> Mary is struggling at home and needs support to stay independent. Mary would be assessed by one person in the integrated core team, (Mary can contact the team via her GP surgery) who would work with other colleagues e.g. a voluntary organisation and social care worker to put together a package of care for Mary. This means Mary no longer has to ring different people in different health and care organisations: it is done for her.</p>



# What happens next?

- Strategy is submitted on 30<sup>th</sup> June to NHS England and Monitor
- NHS England begin an Assurance process - ?2 months
- BCT will continue to share information with colleagues and stakeholders
- We will continue to receive feedback from our stakeholders and continuously update the themes and emerging trends
- We have commissioned an independent report from the Consultation Institute on our engagement to date with a view to seeking recommendations for future activity which will meet national best practice
- We have prepared a summary of engagement to date which is available on the bct website
- We will continue to working closely with yourselves to ensure scrutiny and feedback on the better care together programme



**Thank you for listening**



**Your questions?**



# OVERVIEW AND SCRUTINY COMMITTEE

11 JUNE 2014  
MORECAMBE TOWN HALL

## EMERGENCY COVER REVIEW

ASSISTANT CHIEF FIRE OFFICER  
DAVID RUSSEL



- 1. Emergency Cover Review**
  - What is an Emergency Cover Review?
  - Headline information.
  
- 2. Understanding the ‘Operating Environment’**
  - Financial Context.
  - Operational Context.
  
- 3. Consultation**
  - What did we do?
  - What did we receive?
  
- 4. Emergency Cover Review**
  - Outcome

- Current position

**2 fire engines**

Both of which are Wholetime.

- Future position

**2 fire engines**

1 Wholetime and 1 Retained Duty System.

- Implementation 1 April 2016.

- In practical terms – Lancaster will maintain two fire engines.

## WHAT IS AN EMERGENCY COVER REVIEW?

- Strategic County-wide review of:

- **Fire stations** (39)
- **Fire engines** (60)
- **Operational staff** (1100)

To ensure they are in the right place and in the right numbers to respond according to the levels of risk and activity.

### Duty Systems Operated:

- **Wholetime (WT)** / 4 watches / £1M.
- **Day Crewing Plus (DCP)** / 1 watch / £600K.
- **Day Crewing (DC)** / 2 watches / £600K.
- **Retained Duty System (RDS)** / £100K.

- Save £4m over the next three years.
- Involve **no station closures** – maintain all 39 fire stations.
- Maintain service to the public.
- Retain 58 of the 60 fire engines.

- Changes represent - “least worse” options.
- Removal of fire engines **will** ‘impact’ on County-level and local-level performance.
- Changing WT fire engines to RDS fire engines **will** ‘impact’ on County-level and local-level performance.
- The ‘impact’ on performance **will** be felt more at a local-level.
- The ‘impact’ **must** be considered alongside reducing risk and incidents.
- Reduction in performance **must** be set against some of the best emergency response standards in England.
- Changes represent ‘optimum’ range of options - carry **least** impact on County-level performance.

- Operating environment – significant financial challenges.
- Grant cuts: 25% by 2016/17 – *forecast* 35% by 2017/18.
- Currently working towards a funding gap of £13m by 2016/17.
- Programme of organisational reviews initiated.
- £10m savings will be delivered by the end of 2016/17 (£6m from ‘back office’ services and £4m from the ‘Emergency Cover Review’).
- Savings still to find:
  - by 2016/17 £3m.
  - by 2017/18 £6m.
- Scale of savings required are unprecedented - **cannot** make the required level of savings without changes to frontline services.

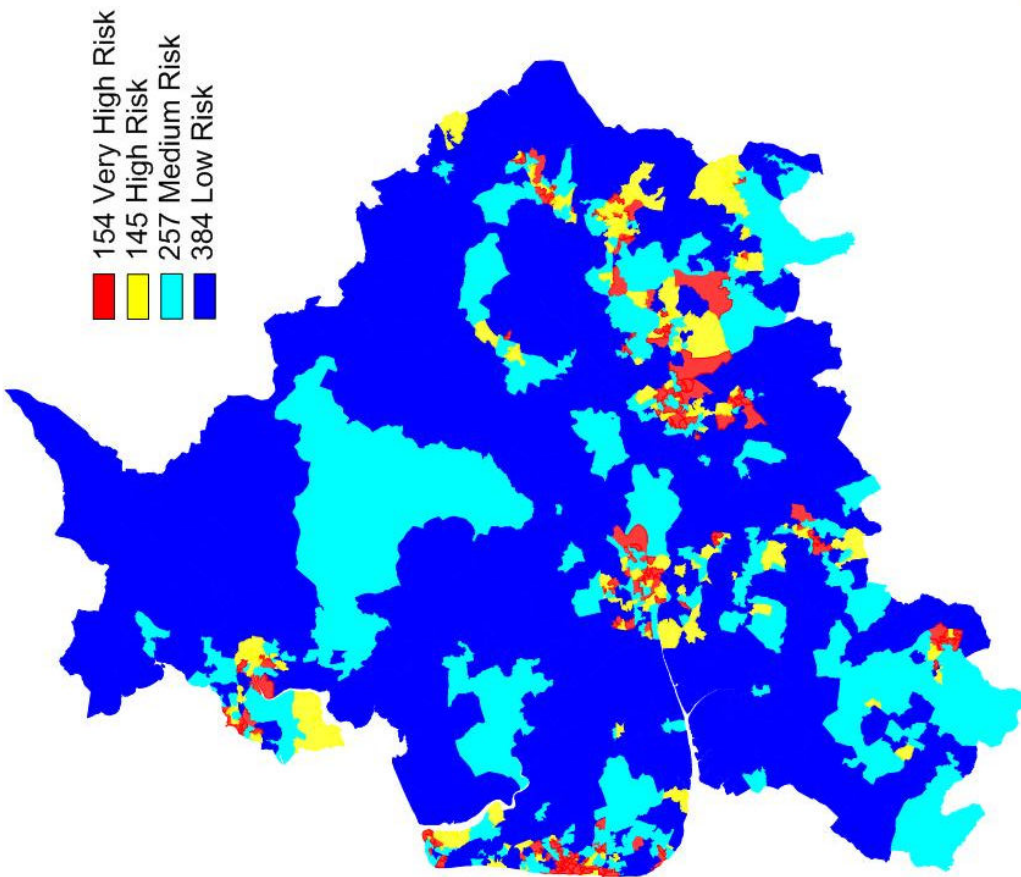


- **Risk** and **Activity** significantly declined in recent years – at all time lows for all incident types.
- Over the last decade:
  - Fires dropped by two thirds - down from 14,500 in 2002 to +5,000 in 2012.
  - Casualties in house fires reduced by 68%.
- Since 2007 duty days lost from staff accidents down 76%.
- ‘Lancashire Fire Risk Map’ illustrates changing landscape = **safer** landscape.

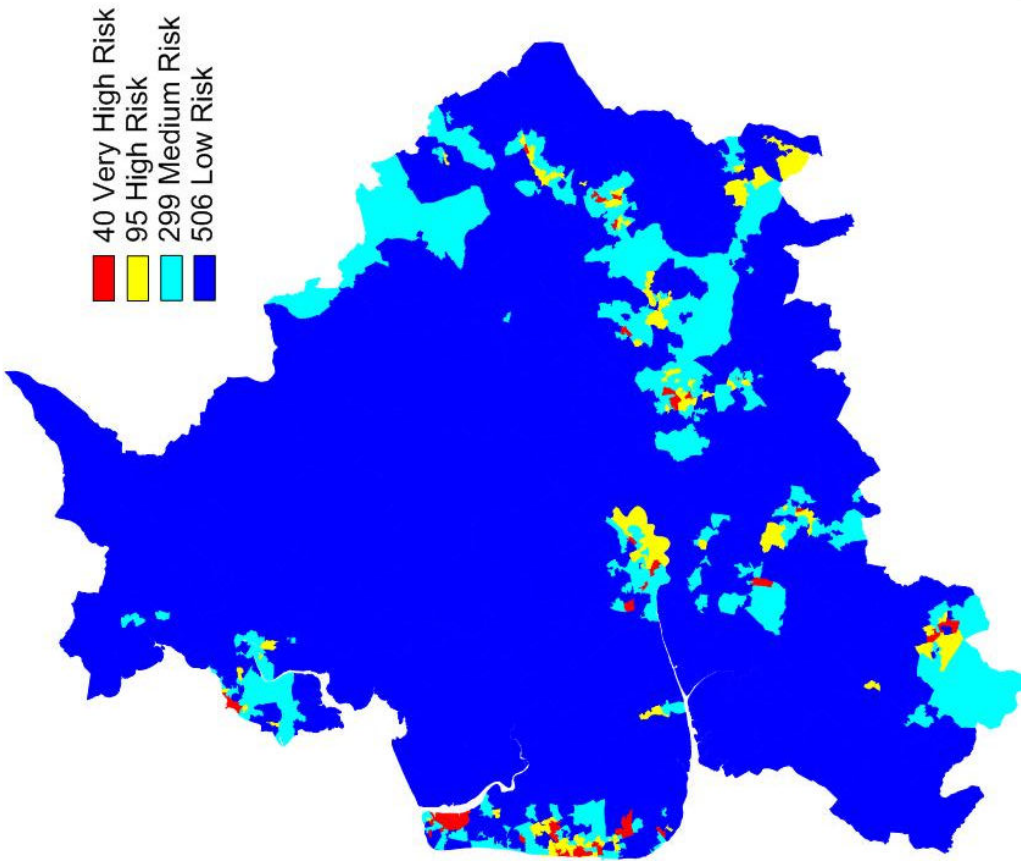


LANCASHIRE FIRE RISK MAP  
CHANGING LANDSCAPE = SAFER LANDSCAPE

**Critical Fire Risk 2006**



**Critical Fire Risk 2013**



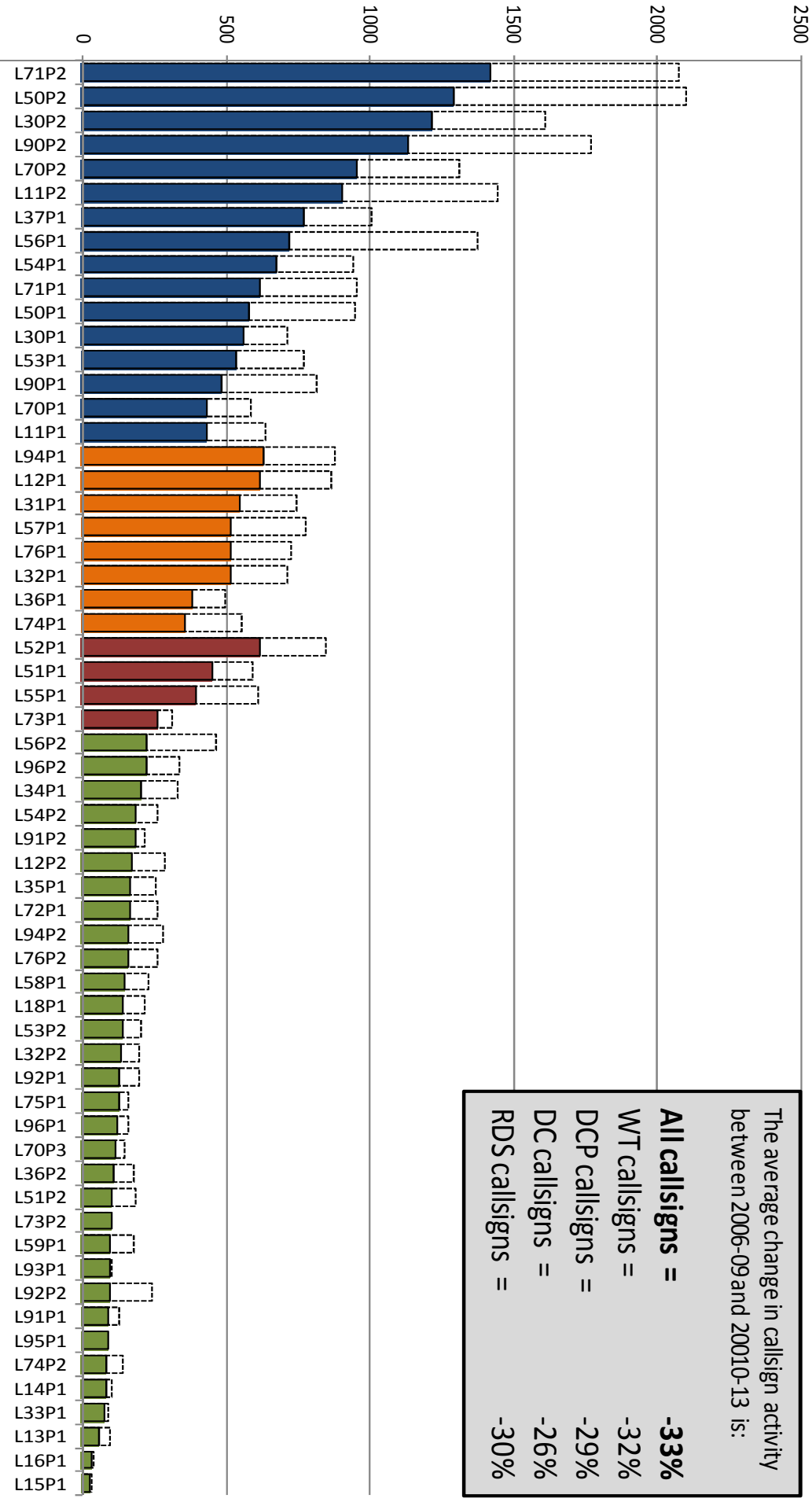
Lancashire's 'Emergency Response Standards' are some of the toughest in England:

- 7<sup>th</sup> fastest to respond to all types of incidents in England.
- 4<sup>th</sup> fastest response time to house fires in England – the best performance in the North West.
- On average LFRS attendance time to a house fire is just over 6 minutes – the national average is nearly 8 minutes.



# FIRE ENGINE ACTIVITY

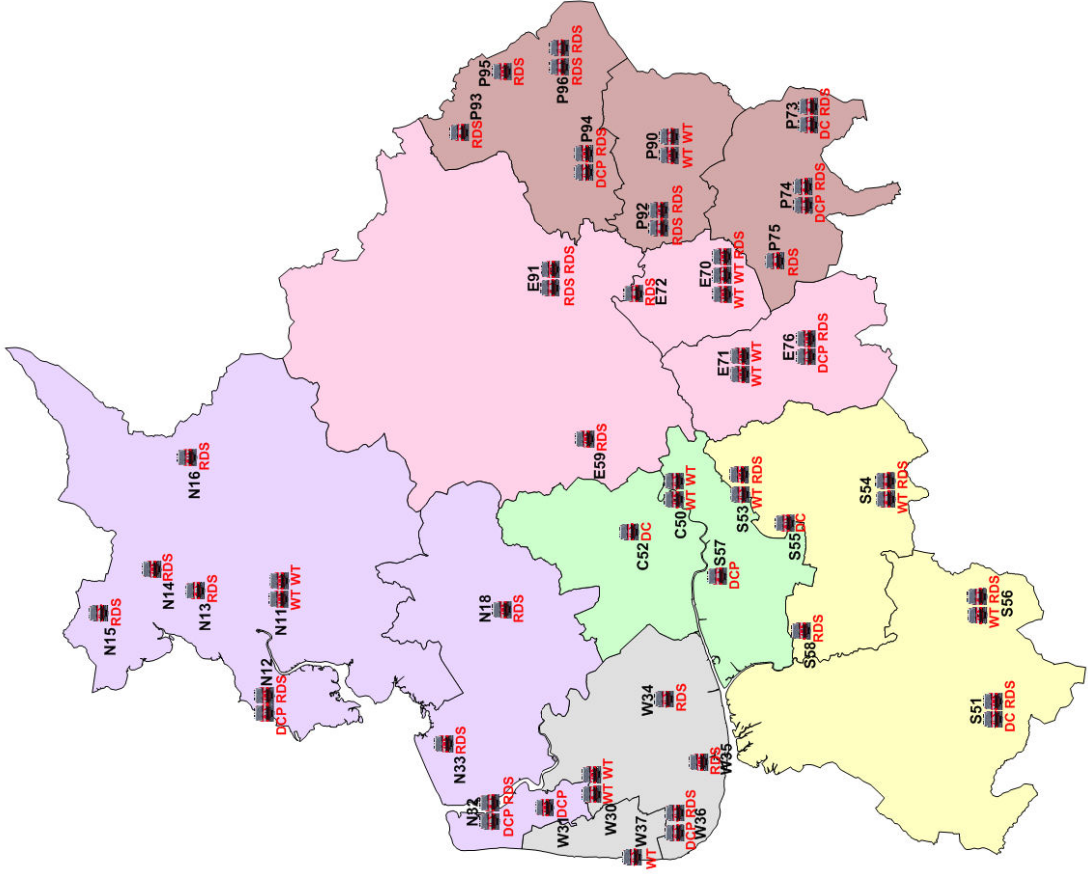
Activity by callsign - 3 Year Average Comparison (2006-09 to 2010-13)



The average change in callsign activity between 2006-09 and 2010-13 is:

**All callsigns = -33%**  
 WT callsigns = -32%  
 DCP callsigns = -29%  
 DC callsigns = -26%  
 RDS callsigns = -30%

- To ensure that any 'proposal for change' presented to the Fire Authority:
  1. Reflects identified risk and activity.
  2. Maintains service to the public.
  3. Represents 'least impact' on County-level performance.
- **'Modelled Performance' alongside 'Professional Judgement'**.



## Resources

**Total Stations** = 39  
**Total Pumps** = 60  
 Wholetime = 16  
 Day Crewing Plus = 8  
 Day Crewed = 4  
 Retained Duty System = 32

## Performance

**Headline** = 94.8%  
**Critical Incidents**  
 CF 1st Pump = 89%  
 CF 2nd Pump = 89.8%  
 Critical SS = 88.6%  
**Average Response Time** = 6 minutes 44 seconds

- Emergency Cover Review was endorsed for consultation by CFA Planning Committee 25<sup>th</sup> July 2013.
- Twelve week consultation 29<sup>th</sup> July – 20<sup>th</sup> October 2013.
- Consultation outcomes were considered by CFA Planning Committee 21<sup>st</sup> November 2013 – final recommendations to full CFA.
- Final decisions made by full CFA 9<sup>th</sup> December 2013.
- Planning for implementation commenced January 2014.

- **Staff Consultation** (During August 2013)
- **Public Consultation** (During September 2013)

#### Public Scrutiny Forums:

- Opinion Research Services (ORS) commissioned to facilitate a series of public scrutiny forums within Lancashire.
- Seven forums held: 1 x County wide forum and 6 x local forums - Lancaster, Chorley, Bamber Bridge, Blackpool, Hyndburn and Padiham.
- Approximately 14 people attended each forum.

#### Open Public Meetings:

- Six open public meetings.
- In the main poorly attended: Lancaster (11), Chorley (14), Bamber Bridge (40), Blackpool (35), Hyndburn (5) and Padiham (15).
- Staff-led rather than public-led.

#### Other Meetings:

- South Ribble BC Scrutiny Committee (50).











- A total of **58 responses** were received:
  - 20 from LFRS.
  - 1 from the Fire Brigades Union (FBU).
  - 37 from members of the public, elected representatives and other organisations.
- 6 responses received in relation to Lancaster.
  - 2 from LFRS staff.
  - 4 from the public/others (\*one of which was from Lancaster City Council).
  - With the exception of 1 response all were opposed to the removal of a Wholetime fire engine – reasons being increased response times, large geographical area and future development i.e. Heysham by-pass road.





## LANCASTER WHAT WAS THE OUTCOME?

- **Consultation:** *‘We propose to withdraw one wholetime (WT) fire engine leaving one wholetime fire engine. During consultation we will investigate the potential to introduce a Retained Duty System (RDS) fire engine at Lancaster.’*
- During the consultation period investigations concluded that the introduction of a RDS fire engine at Lancaster was a viable option.
- **Post consultation:** *‘Remove one wholetime fire engine and introduce a Retained Duty System (RDS) fire engine prior to removal of the wholetime (WT) fire engine.’*
- In practical terms – Lancaster will maintain two fire engines – 1 WT and 1 RDS.

- Established a Service Delivery Change Programme.
- A key component of the programme is to implement changes to fire cover arising from years 1, 2 and 3 of the ECR.
- Year 3 - implementation 1 April 2016.
- Currently exploring 3 delivery options for Lancaster:
  - WT and RDS pump operating from the existing fire station.
  - WT pump operating from the existing fire station and the RDS pump from a new 'satellite' fire station.
  - WT and RDS pump moving to a new fire station (vacating Cable Street).

YEAR 1 2014-15			
Location	Current Resources	Change	Outcome
Hyndburn		Remove one Wholetime fire engine	
Padiham		Remove one Retained Duty System fire engine	

YEAR 2 2015-16			
Location	Current Resources	Change	Outcome
Bamber Bridge		Move Wholetime fire engine to DCP	
Chorley		Move Wholetime fire engine to DCP	
USAR	No change	Move vehicles and function to Chorley	No change

YEAR 3 2016-17			
Location	Current Resources	Change	Outcome
Skelmersdale		Move Wholetime fire engine to DCP	
Lancaster		Remove one Wholetime fire engine and replace with one RDS fire engine	



Thank you for listening

**Questions**