

**MINUTES OF A MEETING OF THE
HEALTH AND SOCIAL CARE SCRUTINY PANEL
HELD AT THE TOWN HALL, NELSON
ON 22ND AUGUST, 2017**

PRESENT –

Councillor W. Blackburn – Panel Leader (In the Chair)

Panel Members - Councillors

G. Adam
B. Newman

K. Turner
S. Wicks

Also in attendance:

<i>Councillor Julie Henderson</i>	
<i>Heather Coleman</i>	<i>East Lancashire Hospitals Trust</i>
<i>Paul Dean</i>	<i>East Lancashire Hospitals Trust</i>
<i>Dr Asif Garda</i>	<i>East Lancashire Clinical Commissioning Group</i>
<i>Yvonne Hope</i>	<i>Critical Friends East Lancashire</i>
<i>Lynne Rowland</i>	<i>Committee Administrator (Pendle Borough Council)</i>

(Apologies for absence were received from Helen Hedges (Critical Friends East Lancashire) and Audrey Westwell (Pendle Seniors Group)).



7. MINUTES

AGREED

That the minutes of the meeting of the Panel held on 21st June, 2017 be approved as a correct record.

8. SCRUTINY REVIEWS

Highlighting the symptoms of sepsis

Paul Dean, the Clinical Lead for Sepsis and Consultant Anaesthetist at East Lancashire Hospitals Trust, accompanied by Heather Coleman, the Project Lead Nurse for Deteriorating Patients gave a presentation on the dangers of sepsis and the signs to look out for.

Throughout the presentation they answered questions from those present.

It was explained that sepsis is a serious complication of an infection and, without quick treatment, could lead to multiple organ failure and death. Anyone could develop sepsis after an injury or minor infection although some people were more vulnerable. This included those with a weak immune system, those recovering from recent surgery and the very young and old.

Bacterial infections were the most common cause of sepsis, however it could also be caused by viral or fungal infections. The symptoms for sepsis were not clear cut and were often diagnosed based on simple measurements such as temperature, heart rate and breathing rate.

It was acknowledged that there was a lack of awareness in the community, but was also accepted that it was difficult to convey the correct information, as the symptoms were generic. In addition, the symptoms could be masked by medication, particularly in the elderly.

There had been a steady increase of awareness in the NHS and amongst health professionals, but a pathway was still needed where sepsis was recognised by all.

Particular reference was made to the North West Ambulance Service's use of the prehospital sepsis screening and action tool and the work of the Intensive Home Support Service with the UK Sepsis Toolkit.

It was explained that awareness was also lacking with regard to the rehabilitation period following a time in intensive care. Members were advised that it could take from 6 months to 2 years to recover and this fact needed to be effectively communicated to GPs. It was felt that this was also an issue for the Department for Works and Pensions to take into consideration.

The Panel was keen to assist with increasing awareness and accepted that this would need to be in a controlled manner, using standardised language and terminology. The Panel Leader suggested that media releases from the All Party Parliamentary Group (APPG) on sepsis could be referenced for this.

A further method would be to promote World Sepsis Day 2017, which was taking place on 13th September, via the Council's social media.

The Panel also expressed an interest in gathering local and national statistics on cases of sepsis. In response, it was explained that there was no national reporting system other than clinical coding, and that the current clinical coding process made it difficult to obtain reliable data. This method of coding was in the process of being changed, which could initially mean an increase in statistics relating to cases of sepsis.

However, it was noted that Commissioning for Quality and Innovation (CQUIN) data was reported to Clinical Commissioning Groups and Hospital Standardised Mortality Ratio (HSMR) data was monitored centrally as part of the Dr Foster Hospital Guide which was published annually.

The Panel Leader thanked Paul and Heather for their attendance. This was followed by a discussion on how the Panel could help raise awareness on this issue.

AGREED

That –

- (1) this Panel agrees to support and assist organisations in raising awareness of sepsis by methods to be agreed in consultation with East Lancashire Hospitals Trust;
- (2) in the meantime appropriate organisations be asked to provide statistical information, where available, on cases of sepsis in East Lancashire.

9. CLINICAL COMMISSIONING GROUP UPDATE

The Panel was advised that, as of 30th April, 2017 Dr Stuart Berry had stepped down as the

Clinical Commissioning Group (CCG) Clinical Lead for Pendle. Members welcomed Dr Asif Garda who had been newly appointed to the role.

Dr Garda advised that he worked at the East Lancashire Medical Service (ELMS) Pendle Valley Practice, based in Nelson. He explained that his role as Clinical Lead provided a GP link between communities and the Executive Board/Governing Body of the CCG.

He was also involved with the remodelling of existing services, which was being carried out in an attempt to deliver the same outcomes, despite increased demand and fewer resources. This was being done in partnership with the Council and partners via the Pendle Health and Wellbeing Partnership Board.

One initiative was to promote the use of online services which could be used to order repeat prescriptions and book appointments. It was hoped that there would be an increased uptake for this service.

Dr Garda also advised of community projects being hosted in a number of wards in the borough, particularly those with a high number of Employment and Support Allowance (ESA) claimants.

10. LOCAL STRATEGIC PARTNERSHIP THEMATIC GROUPS REPORT

The Neighbourhood Services Manager submitted a report which provided an update on progress with the health and social care elements of the Local Strategic Partnership (LSP) Thematic Groups Annual report. The report included information on the Lancashire and South Cumbria Sustainability and Transformation Plan (STP), Pendle Dementia Action Alliance and building community resilience.

11. PENDLE HEALTH AND WELLBEING PARTNERSHIP BOARD

The notes of the inaugural meeting of the Pendle Health and Wellbeing Partnership Board meeting held on 22nd June, 2017 were submitted for information.

12. LANCASHIRE AND SOUTH CUMBRIA SUSTAINABILITY AND TRANSFORMATION PLAN

Together a Healthier Future

The Panel received a report which provided a brief background to the Lancashire and South Cumbria Sustainability and Transformation Plan and the resulting Together a Healthier Future programme. Key findings from a recent Pendle engagement event were also submitted.

13. WORK PLAN

The Panel's Work Plan 2017/18 was submitted for information.

CHAIRMAN _____