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DATE: 6 September 2016

OUR REF:

YOUR REF:

Dear Councillor

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE - THURSDAY, 8TH SEPTEMBER, 2016

I am now able to enclose, for consideration at next Thursday, 8th September, 2016 meeting of the Health and Adult Social Care Overview and Scrutiny Committee, the following reports that were unavailable when the agenda was printed.

Agenda No Item 6

Ambulance Services Review (Pages 1 - 42)

Yours sincerely

Democratic Services Officer

Encs

CHESHIRE EAST COUNCIL

REPORT TO: Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 8 September 2016
Report of: Director of Legal Services and Monitoring Officer
Subject/Title: Ambulance Services Review Final Report
Portfolio Holder: Councillors Janet Clowes and Paul Bates

1.0 Report Summary

- 1.1 Following a review of North West Ambulance Services (NWAS) on 19 February 2016 and 24 March 2016 the committee published its findings, conclusions and recommendations in a formal report to the Committee on 29 April 2016. This report provides details of responses received in respect of the final report

2.0 Recommendations

This report is presented to Members for information and comment.

3.0 Reasons for Recommendations

This is the first opportunity that Members have had to consider responses to the the recommendations of the review of NWAS.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Background

- 6.1 On 19 February 2016, the Committee undertook a full day spotlight review of NWAS. The committee interviewed a variety of stakeholders about how their organisation contributed towards ambulance services, what they thought the future challenges to services were and what initiatives might contribute towards making improvements to performance and provide better outcomes for patients in Cheshire East.
- 6.2 The meeting held on 19 February 2016 was used as a 'fact finding' day and adjourned for a further half day session on 24 March 2016, where the Committee received additional information and discussed its conclusions and recommendations. Having approved the final report, all those organisations

referred to in the recommendations. were provided with a copy of the report and invited to respond to the recommendations by Friday 19 August 2016. This report provides details of the responses received as attachments. The final attachment from Healthwatch is an outline of a piece of work it intends to carry in connection with ambulance Services. In response to this Committees review of NWAS, Healthwatch commented:

‘Dear Mark,

Thank you for forwarding me the letter and the report. In response to the report, I would like to confirm that Healthwatch is committed to its pledge to engage with the community on their experiences of ambulance services. This has now potentially developed into a bigger piece of work which is currently in its infancy and at a point where we would like to connect with key partners in guiding its focus to ensure we are adding the most value (see attached proposed plan). As new to Healthwatch, I am hoping you can help me to connect with the key people in the report and if possible be invited to key meetings at the overview and scrutiny committee to ensure our project is in context of other works going on.

If you can recommend any people that I could speak to or future meetings I could attend that would be helpful.’

Kind Regards
Veronica Kitton

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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Department
of Health

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*From the Lord Prior of Brampton
Parliamentary Under Secretary of State for NHS Productivity (Lords)*

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Councillor Jos Saunders
Cheshire East Council
Westfields
Middlewich Road
Sandbach CW11 1HZ

07 JUL 2016

Thank you for your letter of 8 June to Jeremy Hunt about the Review of Ambulance Services in Cheshire East.

I would also like to thank you for providing me with the council's comprehensive review of ambulance services in your area.

Departmental officials have made enquiries with the North West Ambulance Service NHS Trust (NWAS) and the Eastern Cheshire Clinical Commissioning Group (CCG). I am advised that NWAS was actively engaged with the East Cheshire Overview and Scrutiny Committee in this review. East Cheshire CCG advises that the concerns raised by the Council are understandable and the CCG recognises that performance in East Cheshire has been historically poor. I am advised that initial benchmarking work undertaken by the CCG on behalf of Cheshire, Warrington and Wirral CCGs indicates that this variation in performance is not unique to East Cheshire, but reflective of similar challenges across the country.

I am further advised that North West CCGs have invested significant resources in improving local emergency care systems to help improve ambulance performance. This includes a range of care home schemes, local acute visiting schemes and working with local hospitals to reduce ambulance turnaround times. In addition, NWAS has highlighted the introduction of new ways of working that can help to improve performance in such areas. For example, the East Cheshire area now has two community paramedics based in the local community that NWAS believes will bring real benefits to the local population.

The council's review makes a number of recommendations which are matters for the local NHS and health economy partners. I understand you have asked for their responses by 19 August. The review also makes some recommendations for the

Department of Health (and NHS England) which I am happy to respond to in detail below:

Recommendation 2.6.1 The Department of Health and NHS England review the way emergency ambulance services are measured on performance to ensure the health outcomes of patients are considered to bring them in line with other NHS bodies' performance measurement as well as maintaining access targets to ensure a fast and effective service

and

Recommendation 2.6.2 The Department of Health and NHS England review the access targets set for emergency ambulance services to ensure they are relevant to the current way ambulance services operate as part of the wider health service and ensure they are focused on providing a timely response to all genuinely life threatening episodes.

Under the Ambulance Response Programme, NHS England is currently piloting changes to the way that the ambulance service responds to calls, to help improve patient outcomes and help ambulance services better manage demand. There are three key elements of the programme, which are being trialled and independently evaluated:

- the use of a new pre-triage set of questions to identify those patients in need of the fastest response at the earliest opportunity (Nature of Call);
- dispatch of the most clinically appropriate vehicle to each patient within a timeframe that meets their clinical need (Dispatch on Disposition); and
- a new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement.

NHS England will provide advice to the Secretary of State on proposed changes to the ambulance standards following the completion of the evaluation later this year. Should the pilots result in changes to the way the ambulance service responds to calls, performance measures appropriate to these changes will also be implemented by commissioners.

Recommendation 2.6.3 The Department of Health and NHS England review the geography over which performance of ambulance service trusts is assessed to provide a greater accountability of trusts to each individual commissioning area to promote greater equality of access for all patients regardless of where they live.

Ambulance trusts are held to account for the services they provide by local commissioners, who have the freedom to determine specific local measures of



Department of Health

performance alongside the national access standards. Accordingly, I would encourage you to raise your suggestions directly with local commissioners.

Recommendation 2.6.4 The Department of Health and NHS England review the way emergency ambulance services are commissioned in relation to Green calls to provide greater flexibility for local areas to design services aimed at local needs and achieving local outcomes as part of the local health and care system therefore contributing to reducing demand for ambulance response to non-life threatening 999 calls.

Green call response standards are already defined locally by commissioners and ambulance trusts. I would therefore encourage you to discuss any suggestions you have direct with the local NHS.

Recommendation 2.6.5 The Department of Health and NHS England support efforts to enable paramedics to be trained and authorised to prescribe medication to patients to reduce need for other health services to also respond to the same incident.

NHS England believes that paramedic prescribing will improve care to patients and enable ambulance services to treat people at home or in the community without the need to transport them to A&E, when clinically appropriate. The Department is also supportive of this view.

Following a public consultation in 2015, the consultation results were presented to the Commission on Human Medicines for its consideration in October 2015. The Commission did not support the proposal to introduce independent prescribing by paramedics at this stage.

NHS England continues to work collaboratively with the Commission and the Department of Health to develop this proposal with a focus on addressing the feedback received from the Commission.

Recommendation 2.6.6 The Department of Health and NHS England review how patients with mental health needs are triaged and calls coded to ensure a timely response from emergency ambulance services to non-life threatening calls so that additional issues for the patient are avoided.

The Ambulance Response Programme is trialling a new evidence-based set of clinical codes that better describe the patient's presenting condition and response/resource requirement, including for mental health needs. NHS England will provide advice to

the Secretary of State on any proposed changes following the completion of the evaluation later this year.

Additionally, the Association of Ambulance Chief Executives has issued guidance to ambulance trusts in England designed to improve the speed of response to patients detained under S136 of the Mental Health Act.

I hope this reply is helpful.

*Yours
David*

DAVID PRIOR —



By email

Mr M Nedderman
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19 August 2016

Dear Mr Nedderman

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE – REVIEW OF AMBULANCE SERVICES IN CHESHIRE EAST

I am writing in reference to the above and to Councillor Jos Saunders' letter enclosing the Overview and Scrutiny Committee's Recommendations Report following a review of ambulance services in Cheshire East.

The Trust is grateful for the report and for the opportunity to both consider and respond to it. Whilst the report is very helpful it should be noted that not all of the actions are within the Trust's gift to resolve in isolation and will require a partnership approach with other stakeholders. We are of course happy to work with partners to explore these improvements in further detail.

We have assumed that any recommendations for the Department of Health or NHS England have been forwarded to them for their comment.

Please find attached the Trust's Action Plan which responds to each of the recommendations as per the numbered items in your report with both current progress and longer term proposed activities, together with named leads. Proposed timeframes have also been provided and wherever possible the Trust will endeavour to work to these but again it should be noted that where actions require a partnership approach this may be more challenging.

It is suggested that the Cheshire Ambulance Improvement Group which consists of members of staff from all organisations detailed in the Recommendations Report, meet on a monthly or bimonthly basis and provide periodic updates on progress / meeting minutes as required by Cheshire East.

If you have any further questions on the Trust's Action Plan or wish to convene a meeting to discuss any aspect, please contact Julie Treharne, Head of Communications on 0151 261 2585 or email: Julie.treharne@nwas.nhs.uk.

Yours sincerely

Derek Cartwright
CHIEF EXECUTIVE

Enc.

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**East Cheshire Health and Adult Social Care Overview and Scrutiny Committee
Ambulance Service Review**

North West Ambulance Service NHS Trust (NWS) Recommendations - Action Plan

The following action plan details the actions attributed to NWS in East Cheshire Health and Adult Social Care Overview and Scrutiny Committee’s Review of Ambulance Services in April 2016. (2.6.1 – 2.6.6 and actions 2.6.16 – 2.6.18 are attributed to other organisations such as NHSE / DH / PHE / CCG’s etc.). The actions have been broken down to include progress to date and discussions that have already taken place so far; with further suggested long term actions on how to progress going forward. The delivery of these actions will be the responsibility of the Ambulance Improvement Group which consists of members of staff from all organisations detailed in the plan who will meet on a monthly or bimonthly basis.

No	Recommendation	Trust Area/ Service	Owner	Progress to Date	Suggested Long Term Actions	Timeframe
2.6.7	Cheshire and Wirral Partnership NHS Foundation Trust and North West Ambulance Service NHS Trust (NWS) work together with Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group to ensure that there is sufficient capacity in the mental health care	NWS - Cheshire and Merseyside (CAM), South Sector Cheshire and Wirral Partnership (CWP)	Mike Moore Julia Cottier, CWP Service Director	NWS already works closely with CWP, Clinical Commissioning Groups (CCGs) and other partners on issues relating to mental health (MH) and will continue to work closely to influence any redesign of MH services to ensure sufficient capacity. Mental health transfers by the	Other factors for future discussion: Need to consider the whole pathway – admissions avoidance and MH pathway developments, timely assessments and the availability of specialist MH teams and then the processes for arranging	MH services review out to public consultation for a 3 month period Autumn 2016. April 2017

	system to support patients in the Borough and avoid lengthy out of area journeys which take ambulance crews out of use for long periods.			ambulance service can only take place when there is capacity to undertake the journey and when the clinical need of the client means they require an emergency ambulance.	appropriate transport whether this is via NWAS or private providers. Other issues include the availability of locally commissioned beds, issues relating to flow and timely discharges (SAFER bundles etc)	
2.6.8	North West Ambulance Services NHS Trust ensures equality of access to emergency ambulance services for Cheshire East residents in comparison with other areas of the North West by ensuring sufficient provision of Rapid Response Vehicles (RRV) and/or Community First Responders (CFRs) to aid improved access to life saving treatment, particularly in rural areas.	NWAS CAM Head of Service (Acting) NWAS - CAM East Sector NWAS Regional Community Engagement Manager Community Specialist Paramedic – Knutsford area	Bob McGowan Mike Moore Rob Hussey / Rob Sharples Carol Robertson	Community Specialist Paramedic in the Knutsford area has helped to increase the number of local CFRs from four to ten since a large recruitment campaign by Knutsford’s CFR team last July. A local event was held and supported by George Osbourne MP who recently became the Trust’s patron.	East Cheshire CCG has a CFR recruitment video which they propose to use alongside radio involvement to promote CFR recruitment. NWAS will be appointing a dedicated CFR recruitment officer in Sept / Oct who will aid throughput of new volunteers. NWAS have also secured formal agreement with St John Ambulance to support recruitment and management of CFRs. NWAS will also continue to work with local parish councils	Work will be ongoing with no specific deadline necessary.

					throughout Eastern Cheshire CCG footprint to increase public access defibrillation provision.	
2.6.9	North West Ambulance Services NHS Trust process and report paramedic emergency service response time data at smaller geographical levels to provide greater detail in relation to the performance to better identify communities/areas where efforts to improve performance can be targeted.	NWAS Health Informatics NWAS - CAM East Sector	Chris Gresty / John Stevens Mike Moore	NWAS currently provides performance reports through the 'NWAS commissioner's portal' but these are only by CCG area and not by postal zone.	Work is currently ongoing between NWAS Health Informatics and Cheshire Commissioning Cluster Lead to agree a dataset that focuses on sub-CCG area performance but at a level where it can support a meaningful discussion as information that is too granular has proven in the past to be of little use. This will support the Ambulance Improvement Group to focus CFR campaigns / RRV deployment as per recommendation number 2.6.8	December 2016
2.6.10	North West Ambulance Services NHS Trust work with other local health care providers to develop a new approach to arranging Card 35 calls to ensure that these do not take	NWAS - CAM East Sector NWAS Urgent Care	Mike Moore Paul Walton	The processes for requesting an ambulance has been shared with all primary care providers, via the CCG and includes call categories, timescales and staff skill mix	Agreement at SRG on 18/08/2016 for East Cheshire Trust and NWAS to attend the GP Locality Meeting in the near future to persuade	December 2016

	place during peak activity for emergency ambulance services.	Development Manager		<p>etc. Where a GP has no more available appointments, Eastern Cheshire GPs are currently able to access the Acute Visiting Service (AVS) provided by East Cheshire NHS Trust, if they do not have the availability to facilitate the visit in a timely manner.</p>	<p>GPs to adopt an early visiting approach, either by reconfiguring the current working day to do home visits earlier, or by utilising the AVS doctors to undertake home visits early morning.</p> <p>NWAS will also take the opportunity to advise on the current processes around ambulance ordering, vehicle availability, timeframes; skill mix of staff etc. Also to consider:</p> <ul style="list-style-type: none"> • Are patients able to make their way to hospital under their own esteem /via taxi / relatives etc (not for emergency calls). • How do we turn the unplanned into the planned? • Are any of the planned admissions suitable for ambulatory care clinics the following 	
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					<p>day for example and can we plan and book PTS for these instead?</p> <ul style="list-style-type: none"> • What about alternative bespoke transport arrangements? <p>There will be a Community Specialist Paramedic introduced into the Crewe area from September 2016 who will be working with care homes in the area to support them in their decision making process with an aim to reduce inappropriate 999 / Card 35 calls.</p>	
2.6.11	<p>Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group (SCCCG) ensure that there are sufficient health and care services in place and available over a seven day week to ensure emergency ambulance services have sufficient alternative options to improve patient pathways and increase the use of 'hear and</p>	<p>East Cheshire CCG Commissioning Manager</p> <p>South Cheshire CCG Commissioning Manager</p> <p>NWAS Urgent</p>	<p>Karen Burton</p> <p>Sue Milne</p> <p>Paul Walton</p>	<p>Currently there is a GP/AVS scheme available to NWS staff 24/7 in East Cheshire, which is well utilised by NWS clinicians. South Cheshire does not have a scheme, and the pathway that was provided to support winter pressures last year was inconsistent and not always fit for purpose.</p> <p>Discussions are ongoing with</p>	<p>There will be a Community Specialist Paramedic introduced into the Crewe area from September 2016 who will be working with care homes in the area to support them in their decision making process with an aim to reduce inappropriate 999 calls.</p>	<p>Deadline and success of actions dependent on CCG commissioning intentions.</p>

	treat', 'see and treat' and 'see and convey elsewhere' to reduce non-essential conveyance to hospital emergency departments.	Care Development CAM Area Manager		<p>Mid Cheshire hospitals that through virtual integration are looking to develop Integrated Community Care Teams (ICCTs). Here there is potential for NWAS clinicians to refer into multidisciplinary teams and avert inappropriate hospital attendances.</p> <p>There are diabetes and falls referral schemes currently available to NWAS in both areas. These pathways allows crews to refer any patients who have fallen or had a diabetic hypoglycaemic event but are stable and safe to remain in their own home without immediate intervention. The receiving service will review the patient post-event and provide any secondary prevention interventions.</p>	<p>Further discussions to take place with the CCG to establish what alternative pathways will be available to NWAS clinicians in the South Cheshire area</p> <p>Continue to explore the ICCTs with Mid Cheshire hospital.</p> <p>Ensure SCCCCG is invited to the Ambulance Improvement Group meetings to explore see and treat options available in the area.</p>	
2.6.12	North West Ambulance Services NHS Trust ensures that all call handlers, urgent care desks and paramedics crews have access to and utilise the Cheshire East Care Services Directory to ensure they are aware of	NWAS 111	Dan Ainsworth	The UCD utilises NHS Pathways and the Directory of Services (DOS) to refer patients onwards into local pathways. If the pathways are on them they will be being utilised. The DOS	Action Completed	Action Completed

	alternative services available to them when deciding on a patient's pathway.			continues to be refreshed and maintained by the DOS Team.		
2.6.13	North West Ambulance Services NHS Trust in partnership with NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group work to maintain the role of Community Specialist Paramedics and expand their use across Cheshire East to provide alternative response to calls and work with partners to reduce demand for 999.	NWAS Regional Urgent Care Development Manager	Julie Butterworth	<p>The Community Specialist Paramedic (CSP) in Knutsford has been in post since April 2015 and has undertaken the following areas of work:-</p> <ul style="list-style-type: none"> Increasing the number of care plans for patients ensuring baseline observations and NWAS action plans are included. Set up a medicine referral pathway to the Neighbourhood Integrated Medicines Optimisation Service. Care homes – analysis of calls, discussions around appropriate use of ambulances – next step is a triage pilot for Sunrise and Leicester House. Personalised care plans for high risk/frequent caller patients. Public engagement including cubs, scouts, brownies, Good Neighbours, Lions. 	<p>Recruitment is now in its final stage for the CSP for South Cheshire, and meetings have taken place with the CCG leads to ensure that we are working collaboratively on their placement in the community. The CSP will be based in Crewe and will work closely with care homes in the area to support them in their decision making processes. The CSPs will also support work relating to:</p> <ul style="list-style-type: none"> Decreasing HCP / Card 35 activity. Increased non-conveyance. Increase shared patient information for other NWAS clinicians via care planning Increase AVS usage. Patient experience measures. 	<p>Already in post for Knutsford. Recruitment underway for Crewe post – deadline December 2016. Deliverables seen by April 2017.</p>

				<ul style="list-style-type: none"> • Facilitation of Automatic External Defibrillator placements, • respond to emergency calls. • Healthcare professional education, work with all three GP practices in Knutsford. • Patient assessments, referrals (falls). <p>The CSP in Alsager was also in post for a year from April 2015 and the Urgent Care Development Team (UCDT) have reviewed the post with commissioners. It has been agreed that the post would more effective if it was located within the Crewe area and the UCDT are in the process of recruiting to this post scheduled to commence September 2016.</p>	<ul style="list-style-type: none"> • Link and support/create a Community First Response Team. • Engage with Frequent Caller Team. • Work alongside Primary Care/GP practice they are based within. 	
2.6.14	North West Ambulance Services NHS Trust in partnership with NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group consider how falls pick up and	East Cheshire CCG Commissioning Manager South Cheshire	Karen Burton Sue Milne	There are currently falls referral schemes available in both areas which allow crews to refer any patients who have fallen but are safe to remain in their own home without immediate	Further discussions to be undertaken at the Ambulance Improvement Group meetings.	April 2017

	<p>prevention service pilots can be fully implemented and expanded with greater co-ordination to avoid duplication and confusion, potentially through a single point of contact with all providers.</p>	<p>CCG Commissioning Manager</p> <p>NWAS Urgent Care Development Manager</p>	<p>Paul Walton</p>	<p>intervention. The receiving service will review the patient post-fall and provide any secondary prevention interventions.</p> <p>Peaks and Plains Housing Trust provide falls provide falls risk assessments, fitting of grab rails, fixing of carpets and other interventions as appropriate. Potential here to scope out a falls lifting service.</p> <p>East Cheshire CCG had plans to commission a rapid response service known as STAIRRS (Short-Term Assessment, Intervention, Recovery and Rehabilitation Service) but unfortunately this development hasn't materialised.</p> <p>South Cheshire/Vale Royal identified falls as a priority for commissioning intentions and Lancashire Falls car pilot information has been shared with commissioners.</p> <p>Cheshire Fire and Rescue</p>		
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				Service working with NHS E, are focusing on a number of areas around public health preventative intervention measures, one of which is around slips, trips and falls includes supporting hospital discharge for over 65's admitted to ward for a fall.		
2.6.15	North West Ambulance Services NHS Trust, Cheshire Police and Cheshire Fire and Rescue Service consider ways to sustain initiatives to work together to improve call handling and triage of incidents to improve patient pathways and reduce unnecessary ambulance service requests.	NWAS – Blue Light Lead NWAS Urgent Care	Andrew Redgrave Paul Walton	On 1 st August 2015, NWAS introduced a pathway whereby police officers have the ability to speak directly with a clinician from the Urgent Care Desk where advice and support will be provided to officers at scene if required. Cheshire Fire and Rescue Service working with NHS E, are focusing on a number of areas around public health preventative intervention measures, one of which is around slips, trips and falls includes supporting hospital discharge for over 65's admitted to ward for a fall. They have also been asked to look at hypertension and blood pressure monitoring.	NWAS will work with Cheshire Fire and Rescue and Cheshire Police Service to consider how the call handling process and triage of incidents could be improved to minimise the impact on NWAS. NWAS will also seek to invite the Fire and the Police Services to the Ambulance Improvement Group.	December 2016

2.6.19	The Health and Adult Social Care Overview and Scrutiny Committee requests a response to the recommendations of the review from stakeholders and continues to monitor the development and implementation of new ways of operating and commissioning ambulance services with a follow up review to take place twelve months following the publication of this report.	NWAS - Head of Communications	Julie Treharne		Attached. Ambulance Improvement Group will provide periodic updates on progress / meeting minutes as required by Cheshire East Overview and Scrutiny Committee.	August 2016 April 2017
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Cllr Saunders
Chair of Overview and Scrutiny Committee

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www.cheshireeast.gov.uk

DATE: 16 August 2016

OUR REF: SS/SR

YOUR REF:

Dear Councillor Saunders

Re: Health and Adult Social Care Overview and Scrutiny Committee Ambulance Services Review in Cheshire East

Thank you for your recent letter to Mike Suarez, Chief Executive, Cheshire East Council regarding the recent review of Ambulance Services in Cheshire East by Health and Adult Social Care Overview and Scrutiny Committee.

The report has been given full consideration by the Council's senior officers and the Council is fully supportive of the findings of the report and the recommendations within it.

As the recommendations for the Council relate predominantly to Adult Social Care it has been agreed that I will respond to the report, on behalf of the council, to outline the actions that will be taken forward in response to the recommendations within the report.

Recommendation 2.6.7

Cheshire and Wirral Partnership NHS Foundation Trust and North West Ambulance Services NHS Trust work together with Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group to ensure that there is sufficient capacity in the mental health care system to support patients in the Borough and avoid lengthy out of area journeys which take ambulance crews out of use for long periods.

Action to be taken forward

To be considered as part of the wider review of Mental Health by the Pioneer Mental Health Commissioning Review Group

Lead Officer

Guy Kilminster Corporate Manager Health Improvement CEC
Ann Riley Corporate Commissioning Manager CEC

Recommendation 2.6.11

Cheshire East Council, NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Group ensure that there are sufficient health and care services in place and available over a seven day week to ensure emergency ambulance services have sufficient alternative options to improve patient pathways and increase the use of 'hear and treat', 'see and treat' and 'see and convey elsewhere' to reduce non essential conveyance to hospital emergency departments.

Action to be taken forward

Update on the plans for the future that are agreed with NHS and Adult Social Care through Health and Wellbeing Board and Better Care Fund

Lead Officer

Ann Riley Corporate Commissioning Manager CEC

Recommendation 2.6.12

North West Ambulance Services NHS Trust ensures that all call handlers, urgent care desks and paramedics crews have access to and utilise the Cheshire East Care Services Directory to ensure they are aware of alternative services available to them when deciding on a patient's pathway.

Action to be taken forward:

Continue to build on the current information available to NWS staff through the Care Services directory and the Cheshire East Council Website

Lead Officer

Sarah Smith - Corporate Commissioning Manager CEC

Recommendation 2.6.17

Health and Care Bodies continue to follow the principle of the Empowered Person and maintain campaigns to education the public about supporting their own health and wellbeing and choosing the most appropriate health and care services when needed.

Action to be taken forward

The recommendation will be taken forward through the existing work on the empowered person via the Pioneer Mental Health Commissioning Review Programme and the Pan Cheshire Crisis Care Concordat

Lead Officer

Guy Kilminster Corporate Manager Health Improvement CEC
Ann Riley Corporate Commissioning Manager CEC

Recommendation 2.6.18

Cheshire East Healthwatch be requested to share the findings of its research into patient satisfaction with ambulance services with the Health and Adult Social Care Overview and Scrutiny Committee

Action to be taken forward:

Through Healthwatch contract management

Lead Officer

Sarah Smith - Corporate Commissioning Manager CEC

I welcome the opportunity to provide a progress report to the committee on the actions that have been taken forward in response to the recommendations.

This will help to inform the follow up review which will take place twelve months following the publication of the report.

I trust that the proposed actions meet with your approval but please do not hesitate to contact me should you require any further information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'S Redmond', written in a cursive style.

Sue Redmond

Interim Director of Adult Social Care and Independent Living

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Response to Cheshire East OSC Recommendations

This paper represents a formal response and update based on requirements set out by the East Cheshire OSC report into Paramedic Emergency Services (PES) provided by North West Ambulance Service. The response is written from an East Cheshire Clinical Commissioning Group (CCG) perspective drawing on close collaboration between the various local health agencies and social care providers. Particular reference is made to South Cheshire and Vale Royal CCG where appropriate.

This paper reflects the importance attached to the in-depth review into PES and how seriously the matter is considered by East Cheshire, South Cheshire and Vale Royal CCGs. The PES programme is dynamic, so this paper provides a ‘snap shot’ as at 31st August 2016.

Background

After an extensive and highly intensive investigation into Paramedic Emergency Services (PES), the East Cheshire OSC team has gained an in-depth understanding of the determinants and restraints for effective PES operations. East Cheshire CCG itself commissioned its own in-depth report into comparative PES performance within the NHS England footprint. The identified variables and determinants of local performance are applicable to all CCG non-urban locations. Significantly, there is clear recognition that national performance standards need to change. East Cheshire OSC recommendations and commissioner and provider responses are summarised below.

Objective

To ensure local residents are provided with a safe, effective and quality emergency ambulance service with equality of access to residents in the rest of the North West and NHS England.

Response to Recommendations from East and South and Vale Royal CCGs

1. National Key Performance Indicators - the KPIs.

The Department of Health and NHS England have been reviewing the way emergency ambulance services are measured on performance to ensure more positive health outcomes for patients are considered; to bring them into line with performance measurement with other NHS agencies, as well as maintaining equitable access targets.

As a result, there are tentative moves towards a more 'dispatch on disposition' approach (DoD) which allows for a more effective initial clinical assessment by telephone, ie at the time of first 999 or 111 telephone call.

DoD will apply for all urgent calls other than life threatening Red 1 calls. The objective is to provide sufficient time to more closely assess a patient's clinical condition and therefore provide a more appropriate solution; this means dispatching a more appropriate paramedic and/or vehicle for on-site clinical assessment, or indeed, avoid sending a paramedic all together by recommending clinical referral to an alternative service.

The Department of Health and NHS England review of pre-set access targets for emergency ambulance services is to ensure absolute relevance to the way ambulance services operate in the future as a full partner cooperating within the wider health service, and to ensure the service remains fully focused on providing a timely response to all genuinely life threatening episodes, ie Red 1 call-outs.

New Clinical Hub

A major new initiative is the development of the North West clinical hub derived from positive experience of 'clinician to clinician' advice by telephone. Red call-outs aside, as of October, all other calls are to be given more time for effective clinical assessment. This combines best practice from NHS 111 (using NHS Pathways) as well as best practice from 999 operations. As a result, a caller to either 999 or 111 may be referred to a clinician whilst on the phone, or be offered a timely call back by an experienced clinician. The clinical hub supports the national criteria for service improvement with 'hear and treat' episodes, while providing more comprehensive clinical back up by phone for paramedics whilst with a patient – all the better to meet 'see and treat' performance criteria.

Early Transfer on Disposition and/or Direct Booking

As a further development of the North West clinical hub there is an opportunity for callers/patients to be given an early transfer or referral based on the disposition given, as a result of their live clinical assessment.

East Cheshire CCG already offers its patients direct booking into GP Out-of-Hours via NHS 111. This initiative represents an opportunity to more fully extend this facility across Cheshire into other clinical services including GP in-hours.

2. Geography v Performance

The Department of Health and NHS England is not reviewing the geography over which performance of ambulance service trusts is assessed in order to help provide greater accountability of trusts to each individual commissioning area or to promote greater equality of access for all patients regardless of where they live.

Geography remains an issue, and indeed as NWAS remains performance targeted on a North West operational footprint; this is still a significant factor in local PES performance. Therefore, a more tactical approach is now anticipated - this approach is two-fold.

The 2016-17 NWAS contract carries a commitment (and incentive) to even-out Red 1 performance at CCG level. How this is achieved is open to debate, however, it will be the subject of considerable local involvement as follows.

NWAS have undertaken to revisit the so called 'Deep Dive' approach undertaken approximately two years previously. This offers a root and branch opportunity to put NWAS paramedics into a genuine partnership role with their local health and social care service provider colleagues. This will require a thorough review and overhaul of local clinical protocols, a review of Directories of Service for East, South and Vale Royal CCGs and acceptance that the local health economy has changed since the previous 'Deep Dive' exercise. This fresh review is expected in year.

3. Management of 'Green' calls

The Department of Health and NHS England have reviewed the way emergency ambulance services are commissioned in relation to GREEN calls. This is to provide greater flexibility for local areas to design services aimed at local needs while achieving local outcomes as part of the local health and care system, therefore contributing to reducing demand for ambulance response to non-life threatening 999 calls – GREEN call-outs.

There is a proposal to re-calibrate the way PES KPIs are set out moving towards a 'Red, Amber, Green' approach. This would be associated with changes in the way calls are initially classified and formally coded but these changes are not anticipated until Spring next year and do not affect this year's NWAS PES contract.

As described above, the North West clinical hub is designed to accommodate callers classified as 'Green' to ensure that they are appropriately channelled. 'Early transfer on disposition' and/or 'direct booking' into relevant service will to a degree accommodate this recommendation.

4. Paramedic Prescribing of Medicines

The Department of Health and NHS England support efforts to enable paramedics to be trained and authorised to prescribe a greater range of medication to patients to reduce the need for other health services to also respond to the same incident.

Already this is permissible within other ambulance services, eg West Midlands Ambulance Service.

There are no plans within this year's NWS PES contract to extend the prescribing capabilities of paramedics. At the time of writing, neither are there plans to expand medicine prescribing for paramedics in next year's PES contract. However, negotiations re NWS PES contract for 2017-18 have yet to commence.

5. Paramedic Response to Mental Health

The Department of Health and NHS England review how patients with mental health needs are triaged and calls coded to ensure a timely response from emergency ambulance services to non-life threatening calls, so that additional issues for the patient are avoided.

This is an important area and one being addressed locally by initiatives as described above.

NWS paramedics require more advanced training about mental health conditions, the patients and their requirements and such training is being refreshed by NWS as a matter of priority in year.

In addition, access to local mental health services requires careful review, and should be reflected on local Directory of Services for East and South Cheshire and Vale Royal CCGs – mental health services and access to them via the local DoS.

Paramedics will have additional telephone support via the North West clinical hub, while there will more opportunity to evaluate initial phone calls (either 999 or 111) because of changes as previously described; ie, changes allowable under 'dispatch on disposition' – DoD.

6. Mental Health Facilities in Area

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and NWS work together with Cheshire East Council, East and South Cheshire and Vale Royal CCGs to ensure there is sufficient capacity in the mental health care system to support such patients and avoid lengthy out of area journeys which take ambulance crews out of local service for long periods.

Access to local mental health services requires review, and to be reflected on local Directory of Services for East and South Cheshire and Vale Royal CCGs – mental health services on the DoS.

Paramedics will have additional telephone support via the North West clinical hub, while there will more opportunity to evaluate initial phone calls (either 999 or 111) because of changes as described above; changes allowable under 'dispatch on disposition' – DoD.

7. Review of Current NWAS Resources

NWAS ensures equality of access to emergency ambulance services for residents in comparison with other areas of the North West by ensuring sufficient provision of such alternatives as Rapid Response Vehicles (RRVs) and/or Community First Responders (CFRs) to aid improved access to life saving treatment, particularly in rural areas.

The 2016-17 NWAS contract carries a commitment (and incentive) to even-out Red 1 performance from one area to another at CCG level.

NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision, which will be undertaken by sophisticated computer analysis using their Optima resource planning tool. This review is expected in year.

8. Use of Data Collection and Analysis

NWAS process and report paramedic emergency service response time data at smaller geographical levels to provide greater detail in Ambulance Services Review Final Report April 2016 in relation to the performance to better identify communities/areas where efforts to improve performance can be better targeted.

The 2016-17 NWAS contract carries a commitment (and incentive) to even-out Red 1 performance from one area to another at CCG level. There are no plans to change regular contractual reporting requirements.

However, NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision, which will be undertaken by sophisticated computer analysis using their Optima resource planning tool. This will of necessity involve closer interrogation of all available data relevant to East and South Cheshire and Vale Royal. Specific one-off analysis is expected in year.

9. Behaviour of Health Care Professionals – Card 35 call outs

NWAS work with other local health care professionals, especially primary care providers to develop a new approach to arranging Card 35 calls (health care professionals) in order to help ensure these do not take place during peak activity for emergency ambulance services. This is a joint responsibility between the CCGs and NWAS. Generally this means significant and permanent structural changes to how General Practice operates.

Meanwhile, NWAS record Card 35 call outs and there are ongoing initiatives and general communication activities designed to encourage changes in the behaviour of health care professionals.

10. Seven Day Working

Cheshire East Council, Eastern and South Cheshire and Vale Royal CCG ensure that there are sufficient health and care services in place and available over a seven day week to ensure emergency ambulance services have sufficient alternative options to improve patient pathways and increase the use of 'hear and treat', 'see and treat' and 'see and convey elsewhere' to reduce non-essential conveyance to hospital emergency departments.

NWAS PES 999 and NHS 111 are already 24/7, 365 day services. The above initiatives as described on the part of NWAS and the current North West contractual agreements are designed to further complement seven day working. However, the clinical hub, direct booking etc are to a large extent dependent on the availability and accessibility of local clinical services. Primary care in-hours are Monday to Friday 8am to 6pm with some extended hours at weekends. Out of Hours takes over primary care in the evenings and at weekends. Community care is not fully 7 days; neither is social care. Obviously, A&E is 24/7 but many services within the hospital are Monday to Friday with limited extensions over the weekend.

In real time, options open to NWAS and their paramedics will vary by time of day and day of week. Local CCG Directories of Services – DoS – need to be accurate and up to date to accommodate calls made in real time.

Encouragingly, East Cheshire does offer direct booking into GP out-of-hours via NHS 111. One of the first CCGs to commission direct booking into primary care.

11. Cheshire East Care Services DoS v East Cheshire CCG DoS

North West Ambulance Services NHS Trust ensures that all call handlers, urgent care desk personnel and paramedic crews have access to and utilise the Cheshire East Care Services Directory of Services to ensure they are aware of alternative services available to them when deciding on a patient's pathway.

NWAS call handlers do not have access to the Council DoS facility. Therefore, CCG DoS entries should include services offered via the Cheshire East Services directory. CCG DoS needs to be accurate and up to date to accommodate calls made in real time.

12. Role of Community Paramedics

NWAS in partnership with the CCGs work to maintain the role of Community Paramedics and expand their role to provide alternative response to calls and work with local partners to reduce demand for 999.

NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision, which will be undertaken by sophisticated computer analysis using their Optima resource planning tool. This review is expected in year.

13. Development of 'Falls' service accessible by Paramedics

NWAS in partnership with CCGs should consider how 'Falls' pick up and prevention service pilots can be fully implemented and expanded with greater co-ordination to avoid duplication and confusion, potentially through a single point of contact with respective local providers.

NWAS has undertaken to revisit the so called 'Deep Dive' approach undertaken previously – see above. Part of this is to look at alternative models of provision including the management of 'Falls' patients.

The new clinical hub is expected to contribute to improving local 'Falls' services.

14. Cooperation with Cheshire Police and Cheshire Fire and Rescue Service

NWAS in partnership with Cheshire Police and Cheshire Fire and Rescue Service should consider ways to sustain initiatives to work together to improve call handling and triage of incidents to improve patient pathways and reduce unnecessary ambulance service requests.

Cheshire Fire and Rescue are embarking on a partnership with NWAS but in only a limited operational way, as follows.

Firstly defibrillators have been installed in all fire tenders with appropriate training given to fire service crews for use in the event of cardiac arrest.

In addition in year, a limited role for 'falls' prevention is being undertaken by Cheshire Fire and Rescue teams. However, fire crews are not clinicians, so their 'hands on' role is heavily restricted to 'falls prevention' especially in care homes. Operational protocols are strict, so should a crew encounter a 'faller' that needs immediate clinical attention, they are required to call NWAS to provide early paramedic support.

There are no plans to work more closely with Cheshire Police other than the usual day to day liaison and cooperation. Last winter NWAS deployed an experienced paramedic in the police control centre to advise about people in clinical crisis as and when appropriate.

15. Improving Ambulance Turnaround at A&E

NHS England (Cheshire and Merseyside area team) work with acute trusts in the region to ensure that lessons are learnt from East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust in relation to ambulance turnaround at emergency departments to reduce excessive waiting times.

There have been a number of initiatives in year dedicated to resolving ambulance turnaround delays. Failure on the part of acute trusts has been subject to a regime of fines in a zero tolerance environment managed by the lead PES commissioners in Blackpool. However, such is the pressure on many trust A&E departments; the fines

regime has become ineffective. Currently, ambulance turnaround times are deteriorating again.

Concordat

Meanwhile, a national 'Concordat' has been instituted by NHS England requiring individual acute trusts to sign a pledge that they will comply by ensuring ambulance turnaround is facilitated within the given time frame of 30 mins or less. Fortunately, the trusts closest to East and South Cheshire and Vale Royal are excellent at local compliance as recognised in the recommendation.

A&E Delivery Boards

Most recently, NHS England has announced that each area must adopt an A&E Delivery Board whose members are executive directors of the local providers. Primarily, these new Boards (September 2016) are intended to ensure compliance with the 4 hour A&E target and they are expected to orchestrate the local health and social care providers in order to meet the objective. By meeting the 4 hour objective, acute trusts will help ensure ambulance PES crews are released more speedily.

16. Empowered Person

Health and Care Bodies continue to follow the principle of the 'Empowered Person' and maintain campaigns to educate the public about supporting their own health and wellbeing and choosing the most appropriate health and care services when needed.

These initiatives are encouraged by the CCGs and their provider partners and involve communication and engagement teams across Cheshire. Social media is being increasingly used to project 'choose well' and 'make the right choice' type messages.

NHS111 is also available 24/7, 365 days to help channel residents to appropriate services, whether that is their local pharmacy or GP out-of-hours service.

17. Cheshire East Healthwatch

Cheshire East Healthwatch are requested to share the findings of its research into patient satisfaction with ambulance services with the Health and Adult Social Care Overview and Scrutiny Committee.

The NWAS team is available to liaise with Healthwatch teams as and when appropriate and welcomes input from all local providers and watch committees.

18. Health and Adult Social Care Overview and Scrutiny Committee

The Health and Adult Social Care Overview and Scrutiny Committee requests a response to the recommendations of this review from stakeholders and continues to monitor the development and implementation of new ways of operating and commissioning ambulance services with a follow up review to take place twelve months following the publication of this report.

This short paper provides the considered response from East Cheshire, South Cheshire and Vale Royal CCGs. Content is correct at the time of writing.

31st August 2016.

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Theme 2 'AMBULANCE'

Our Team Plan

Aug-Dec 2016

Aim: To engage with the community to gather their experiences of using the Ambulance services and NHS 111 services in Cheshire East

Objectives:

- To understand when an individual may call an emergency ambulance
 - To understand when an individual may call the NHS 111 service
 - To understand individual responses to urgent situations
- To explore the community's perception and expectations of the ambulance service and NHS 111
 - To understand patient levels of satisfaction with ambulance services and NHS 111
 - To explore what works well (and not so well) for individuals using these services
 - To promote HWCE in all situations
 - To be aware of other work being carried out by HWCE in order to capture stories
 - To be open to signposting opportunities
 - To be open to general engagement situations

Proposed Time Line

Aug & Sept 2016- Plan

Sept, Oct, Nov, Dec 2016- execute

Jan 2016- compile evidence

Feb 2016- release report

Area of Work & Lead Person	Detail	Actions	Date of completion	Owned By	Completed Y/N
<p align="center">Proposal</p> <p>Lead: Veronica Kitton</p>	<ul style="list-style-type: none"> • Propose planned work to key stakeholders • Seek input & advise of timeline of works • Gain buy in from key partners • Research other projects with HW England 	<ul style="list-style-type: none"> • Input ambulance intelligence to CQC • Present proposed plan of works to Jacki Wilkes at Eastern Cheshire CCG • Approach Sue Milne at South Cheshire CCG regarding this piece of work & share proposed plan. • Update Julia Huddard (ECCCG) with the proposal to take to ambulance governance group to ensure NWAS partners are aware and acknowledge the reasons behind this piece of work. • Attend conference call with CQC to inform of the planned works • HWCE to contact Overview & Scrutiny committee (Mark Nedderman) to update on the project and HWCE's commitment to the work- send proposal. • Update Sarah Smith with proposal- ask for advice on key people at CEC • Research similar work from other HW's • Understand the challenges faced by 	<p>6/5/16</p> <p>09/5/ 16</p> <p>10/5/16 & 18/5/16</p> <p>18/5/16</p> <p>18/5/16</p> <p>29/7/16 & 9/8/16</p> <p>9/8/16</p> <p>19/8/16</p>	<p>JL</p> <p>VK</p> <p>VK</p> <p>VK</p> <p>VK</p> <p>VK</p> <p>VK</p> <p>VK</p>	<p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p> <p>Y</p>

Updated 08/8/16

		<p>NWAS to direct the project, look for gaps- Contact Julie Treharne.</p> <ul style="list-style-type: none"> • HWCE staff team , ops board & volunteers to hold a work planning day to put detail behind proposed plan, inviting NWAS & other key partners to help build plan of works. Provisional date of 13/9/16. • HWCE to receive any feedback & amendments to the final plan from key stakeholders & HWCE Ops board • Share plan with HWCE team, Ops board volunteers for last minute amendments 	5/8/16	VK	Y
			15/8/16	VK	
			31/8/16	ALL	
			09/8/16	VK	Y
<p>Engagement Lead: Loreen Chikwira</p>	<ul style="list-style-type: none"> • HWCE will engage with the community of CE through a specific 'your story form' for this piece of work • HWCE to have presence at key venues in order to capture stories from a key audience • HWCE will explore the experiences of 	<ul style="list-style-type: none"> • Develop a survey form that has relevant questions (what, why, impact), ties in with objectives and gaps from key stakeholders. • Research where HWCE could have a presence in order to effectively engage to capture experiences of using ambulance services & complete the survey (see list from team work day) • Book appointments with identified places for completion of survey 	30/9/16		
			30/9/16		
			24/12/16		

	<p>staff at the NHS 111 call centre to seek their experiences</p>	<ul style="list-style-type: none"> • Plot appointment dates on our main engagement calendar (info@healthwatch calendar) and identify HW staff & volunteers to attend. • Create a list of venues to leave ambulance themed postcards & community counters • Place community counters & arrange collection date with volunteer help • Official Launch day • Execute engagement work- start/ end – • Collect community counters with volunteer help • All ambulance stories to be on DB- everyone to input 	<p>24/12/16</p>		
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<p>Enter & View</p> <p>Lead: Julia Mc Coy</p>	<ul style="list-style-type: none"> Using the enter and view function, HWCE will look to 'spend a day in the life of' the ambulance crew Using the enter and view function, HWCE will look to 'spend a day in the life of' the NHS 111 call centre 	<ul style="list-style-type: none"> Have a discussion with Paul Steele at south CCG regarding his experience of spending time on board with an ambulance crew. Enquire with relevant professionals to discuss the possibility of spending time on board an ambulance-ambulance E &V rejected by NWAS. Approved NHS 111 call centre E&V Devise an enter and view/scrutiny form specific to NHS 111 call centre. Spend 2-3 shifts with the NHS 111 call centre to observe and talk to staff (understand the special patient notes function). 	<p>16/5/16</p> <p>5/8/16</p> <p>31/10/16</p> <p>24/12/16</p>	<p>VK</p> <p>VK</p>	<p>Y</p> <p>Y</p>
<p>Volunteers</p> <p>Lead: Julia Mccoy</p>	<ul style="list-style-type: none"> Promote themes and any current piece of work amongst HW volunteers To be aware of HWCE resources and enlist the help of volunteers where possible 	<ul style="list-style-type: none"> Promote this piece of work amongst HW volunteers for their support/help/ideas. Enquire if a student paramedic could help get involved in this piece of work- ask Julie Treharne NWAS 	<p>12/7/16</p>	<p>JM</p>	<p>Y</p>
<p>Communications & Marketing</p> <p>Lead: Charlotte Kay</p>	<ul style="list-style-type: none"> Promote, market and communicate the pharmacy work Create effective 	<ul style="list-style-type: none"> Develop & print a postcard for people to post their ambulance story to HWCE (via the community counters) and to raise awareness of HWCE 	<p>30/9/16</p>		

	<p>literature and engagement handouts in connection with the pharmacy work</p> <ul style="list-style-type: none"> • Use social media 	<ul style="list-style-type: none"> • Create a specific promotional plan (incl social media) in line with the ambulance work. • Execute promotional plan-start /end • Contact Pace newsletter, NWAS website, CCG's websites, local radio about featuring the ambulance work • Communicate the project via all relevant outlets-start 	<p>30/9/16</p> <p>30/9/16-24/12/16</p> <p>30/9/16</p> <p>30/9/16</p>		
<p>Signposting</p> <p>Lead: Julia Mc Coy</p>	<p>To offer info and signposting to the community of CE</p>	<ul style="list-style-type: none"> • To be aware of opportunities to signpost people during ambulance work • Record all signposting activity on DB 	<p>30/9/16-24/12/16</p> <p>30/9/16-24/12/16</p>	<p>ALL</p> <p>ALL</p>	

<p>Compile, Write & Issue Report</p> <p>Lead: Jackie Lord</p>	<ul style="list-style-type: none"> • Compile report for public viewing. • Issue report to key stakeholders & general public 	<ul style="list-style-type: none"> • Compile data/evidence for report • Complete report • Release report • Present report at relevant places/events • Circulate report to key stake holders and relevant parties 	<p>31/1/17</p> <p>15/2/17</p> <p>30/2/17</p> <p>30/2/17</p>	<p>JL</p> <p>VK</p> <p>VK</p> <p>VK</p>	
<p>Review/Measure Outcomes</p> <p>Lead: Veronica Kitton</p>	<ul style="list-style-type: none"> • Ascertain if we met our original aims & objectives? • Track where the report has gone to and follow up for feedback-what are they going to do with the findings? • Can we present the report at key events? • Tie in with HW England and other national initiatives? • Capture any impact or positive changes 	<ul style="list-style-type: none"> • Have we met our original objectives? • Follow up with key stakeholders & others who have received the report for their feedback • Decide impact measurements • Measure impact of report & communicate to community of CE and key stakeholders 	<p>31/1/17</p> <p>30/3/17</p> <p>30/9/16</p> <p>21/1/17</p>	<p>VK</p> <p>VK</p> <p>VK</p> <p>VK</p>	

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