



The Chair outlined the procedure for Public questions and filming and recording at meetings

**50 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)**

None

**51 LONDON AMBULANCE SERVICE - PERFORMANCE UPDATE (ITEM NO. 10)**

Peter Rhodes, Assistant Director of Operations, North Central London, London Ambulance Service was present and outlined the report and made a presentation to the Committee -

During consideration of the report the following main points were made –

- In 2016/17 the LAS handled over 1.8 million emergency calls from across London, approximately 5000 calls every day. This is a 1.4% increase on 2015/16. Category A (life threatening) incidents were up 9% compared to the previous year
- Average time with a patient is 47 minutes, and there is an ageing population with complex health needs
- Patients with dementia, mental health needs, and obesity provide increasing challenges for the LAS
- Performance has improved, but this has been challenging given the unprecedented demand on the service
- Work is taking place with the wider NHS to reduce pressures on the service, looking at frequent callers, health care professional calls, GP admissions and NHS 111 requests for assistance. Work is also taking place with NHS England to improve hospital handover times
- The service enhanced its expertise in treating patients with mental health needs – employing 5 mental health nurses, providing training to frontline crews, and partnering with MIND to deliver specialist training in the Control Rooms
- Work is taking place with care homes to develop ways that requests can be managed for assistance more appropriately
- More crews and vehicles are out than last year and there is increased hours for ambulance and solo responders available, equating to 10200 hours per week
- A more proactive approach to demand management on social media is being adopted, encouraging Londoners to only call in a genuine emergency, and consider their other healthcare options
- The increased threat of terrorism, and focus on resilience, has been important, and the LAS has been working with other emergency services and partners in London
- In 2016/17 improving the quality of services remained a key focus, and the LAS got a good rating from the CQC for the NHS 111 service for South East London in February 2017. In June 2017 the LAS 999 CQC rating moved from inadequate, to requiring improvement, reflecting the fact that significant improvements have been made in all of the 5 areas that make up the rating. There is still work to do in the next few months, and the LAS will continue to work with NHS partners, and staff, to make the necessary improvements
- The response to the most seriously ill and injured patients has also improved, and at the end of April the LAS were the top performing

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ambulance service in the country for reaching these patients within eight minutes – against a backdrop of record demand

- The CQC are confident that the service should exit special measures within a month
- The CQC stated that patients in the capital were receiving outstanding care and significant improvements have been made in every one of the 5 inspected areas, including significant improvements in emergency preparedness resilience and response
- Areas of outstanding practice include staff behaviours, and interactions demonstrated outstanding care, with staff committed to providing a caring and compassionate service
- There has been employment of mental health nurses in the Control Room to provide expert opinion, and assistance to frontline staff when they treated patients with mental health concerns
- A maternity education programme and maternity pre-screening tools and action plans has ensured staff were able to respond to, and support, maternity patients
- Quality priorities for 2016/17 are – Patient safety, Patient experience, Clinical effectiveness and audit. The measures that were being implemented to support this were outlined by the LAS
- Key areas of improvement that have been made are in medicine management, providing protected time for mandatory training for staff across the service, and the LAS will continue to place particular focus to meet targets to recruit more people from the community it serves (BME)
- Work will also take place with staff and Trade Unions to address issues with rosters, rest breaks, sickness and absence, as well as improving staff engagement
- The LAS will continue to improve infection prevention and ensure consistent standards of cleanliness across the whole service
- The LAS is focused on improvements to the 999 system in order to ensure it remains robust
- The LAS has been monitoring progress against targets set in the 2015/16 Quality report. Due to progress made, the Trust has chosen 2017/18 to set new targets in areas which are current priorities. These priorities are aligned with the LAS clinical strategy, business plan and CQUIN priorities. All the areas chosen have key performance targets set, and these will be monitored through relevant sub groups and the newly formed Quality Oversight Group (QOC) on a monthly basis, and reported to the Board monthly
- It was noted that the LAS employed over 5000 staff, 3000 of which were frontline staff and staffing levels were now at 98%, which was a big improvement
- In response to a question about staff rest breaks, it was stated that 40% of staff were taking rest breaks and work is taking place to ensure the remainder took work breaks, however there had been difficulties in this regard to ensure availability of crews
- 45% of calls were Category A calls and the LAS were achieving a 72% response rate against the 75% target
- Reference was made to whether there were problems with handover times of patients at hospitals and the LAS stated that they would provide details following the meeting to Members of the Committee, however handover times at the Whittington were good, and that the LAS were working closely with other hospitals to improve handover times

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- In response to a question it was stated that work is also taking place with some Care Homes to try to change their approach to making 999 calls
- It was stated that the LAS were endeavouring to deal with stress problems of staff, and that an Occupational Health adviser had been appointed. It was noted that a third of crews had been involved in the recent terror and Grenfell Fire incidents that had taken place in recent months
- A Member enquired if there had been an increase in alcohol related incidents in the past year and the LAS stated that they would provide details following the meeting
- The LAS had a number of clinical hubs to assess mental health incapacity

### **RESOLVED:**

- (a) That details be provided of the LAS hospital handover times that serve Islington residents, in order that Members can be aware if there are any problems with particular hospitals
- (b) That the LAS provide details of whether there has been an increase in the number of alcohol related calls during the previous 12 months in Islington

The Chair thanked Peter Rhodes for attending

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### **SCRUTINY REVIEW - HEALTH IMPLICATIONS OF AIR QUALITY - WITNESS EVIDENCE - VERBAL (ITEM NO. 11)**

Ian Mudway, Kings College was present for discussion of this matter. The revised SID had been circulated for Members, following the amendments made at the last meeting. A progress report on the implementation of the recommendations from the Environment and Regeneration Scrutiny Committee in 2013 was laid round.

During consideration of the evidence the following main points were made –

- Pollution from traffic includes exhaust emissions, brake/tyre wear, resuspension of road dust, particulate matter, oxides of nitrogen, carbon monoxide, ultrafine particles, black carbon (soot), and VOC's, PAH's, metals
- There is now a significant evidence base to identify the effects on health of pollution
- Pollution has an effect on the quality of life and increases vulnerability of members of the population to illness and premature death
- Pollution can cause inflammation, impaired lung function, injury/remodelling, impaired microbial defences, blood viscosity, promotes atherosclerosis, impaired vascular function, ischaemia, and arrhythmias
- Pollution results in 29000 premature deaths each year, 4300 in Greater London, and costs £26 billion a year
- There is evidence that improving air pollution delivers measurable health benefits
- It was stated that there needed to be behaviour shifts and that people needed to be encouraged to walk and to cycle – there were many unnecessary journeys made by car of under 1km
- Health benefits would increase if people avoided busy roads and the pollution these contain and drivers need to realise that when sitting in traffic jams they are inhaling a toxic combination of pollutants

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- It was stated that Councils could restrict parking spaces and this would encourage more people to walk or cycle
- Reference was made to the fact that whilst schools could not help where they were located, improvements could be made if air filters were installed, which would improve air quality
- Ian Mudway added that whilst people should be encouraged to change behaviours, it was often more effective to impose regulation and this was the major source of improvement of air quality in the past
- In response to a question it was stated that air quality in London had recently slowly started to improve as a result of the measures taken
- Members enquired as to the best documents to source in relation to air quality and health and it was stated that these were the Royal College of Physicians Every Step You Take report – Executive Summary, and the US Environment Protection Agency report on Air Pollution. The London Air Agency website is also a good information source
- Reference was made to the Air Quality scrutiny and that this should be referred when completed to the Environment and Regeneration Scrutiny Committee
- In response to a question it was stated that in addition to the pollutants from diesel and other particulates, brake wear and other components on a car contributed to pollution
- Reference was also made to pollution on the London Underground and that discussion is taking place with TfL, however there had to date been no comprehensive study to assess air quality on the London Underground

The Chair thanked Ian Mudway for his presentation

### **53**      **WORK PROGRAMME 2017/18 (ITEM NO. 12)**

#### **RESOLVED:**

That the report be noted

MEETING CLOSED AT 9.45p.m.

Chair