

# **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care Scrutiny Committee**  
held on Wednesday, 16th September, 2009 at Committee Suite 1,2 & 3,  
Westfields, Middlewich Road, Sandbach CW11 1HZ

## **PRESENT**

Councillor G Baxendale (Vice-Chair, in the Chair)

Councillors S Bentley, S Furlong, O Hunter, S Jones, W Livesley, A Moran, C Andrew, C Beard, A Martin, C Tomlinson and R Domleo

## **Apologies**

Councillors D Flude, J Wray and A Knowles

## **12 APOLOGIES FOR ABSENCE**

Apologies for Absence were received from Councillors D Flude, A Knowles and J Wray.

## **13 OFFICERS PRESENT**

M F Flynn, Legal and Democratic Services  
D J French, Legal and Democratic Services  
P Lloyd, Head of Services for Adults  
F Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust  
P Ferguson, Deputy Director of Service Development, North West Ambulance Service (NWAS)  
C Hall, Assistant Director Foundation Trust Delivery, NWAS  
S Smith, Assistant Director Corporate Communications, NWAS

## **14 COUNCILLOR ALLAN RICHARDSON**

The Vice Chairman, Councillor Gordon Baxendale, referred to the sad death on 6 September of Councillor Allan Richardson. Councillor Richardson had been the Chairman of the Committee and had been a long standing Councillor representing the needs of his local community for more than 60 years.

All present stood for a minute's silence in memory of Councillor Richardson.

## **15 DECLARATION OF INTERESTS/PARTY WHIP**

There were no declarations made.

## **16 PUBLIC SPEAKING TIME/OPEN SESSION**

Mrs Hughes asked a question relating to future health care provision in Scholar Green and the likelihood of the proposals for new health care premises to progress and the implications for local residents if the existing premises and provision were to remain.

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire Primary Care Trust undertook to provide Mrs Hughes with a written answer.

## **17 MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meeting of the Committee held on 29 July be approved as a correct record subject to an amendment to the portfolio holder title for Councillor R Domleo to read Portfolio Holder for Adult Services.

## **18 NORTH WEST AMBULANCE TRUST - PRESENTATION**

The Vice Chairman welcomed the following representatives of the North West Ambulance Service (NWAS) to the meeting:

- Paul Ferguson, Deputy Director of Service Development
- Carol Hall, Assistant Director Foundation Trust Delivery
- Sarah Smith, Assistant Director Corporate Communications.

The representatives briefed the Committee on various current issues that related to the Ambulance Trust:

Taking Healthcare to the Patient – this was a Department of Health initiative to transform ambulance services. There were a number of strands:

- Call Connect – this was designed to improve the speed of responses and NWAS had invested in Emergency Control Centres, increased staffing levels especially call handling staff, improved technology and increased the levels of front-line operational resources. There was now a performance target for Emergency Response times that was measured from the time that the 999 call was connected. The target was that 95% of calls were answered within 5 seconds, NWAS reported that more patients were receiving a response within target;
- Hear and Treat – this had led to increased use of paramedic assessment for minor calls within Emergency Control Centres, an Advanced Paramedic Role had been developed, an alternative call categorisation and prioritisation system had been developed (NHS Pathways), a Regional Operational Control Centre had been established to oversee operations such as monitoring activity levels and service pressures and a new Operational Support Control Centre had been introduced in Carlisle;
- See and Treat – a Clinical leadership programme had begun and higher education programmes introduced for existing and future paramedics; 42 new Advanced Paramedics had been recruited, Care Pathways had been improved for Heart Attack and Stroke patients in line with clinical networks and a capacity management/health control system had been developed in partnership with Primary Care Trusts (PCTs) to assist in directing patients to appropriate care.

P Ferguson then briefed on performance in relation to Central and Eastern Cheshire PCT. He explained that NWAS had shown consistent Category A8 and A19 performance despite a continuous increase in 999 call volume. This had been due to the introduction of Call Connect. The overall Category A performance for the PCT was 66.5% with the overall NWAS performance being 74.8%. A Performance Improvement Plan had been developed in conjunction with the PCT and a number of challenges identified including growth in activity and hospital turnaround times.

S Smith briefed on the unannounced inspection by the Care Quality Commission (CQC) in July of the NWAS infection control procedures. The CQC had issued NWAS with a warning notice on cleanliness followed by an inspection report outlining specific areas where the Trust had to make improvements. A number of measures had been put in place including identifying Infection Control Champions (from among existing staff), the recruitment of a Specialist Paramedic of Infection Control and £100,000 investment into deep cleaning of vehicles. A number of actions were planned including an audit of vehicles for cleanliness, a deep clean of all vehicles by end of September 2009, an increased and regular programme of deep cleaning of ambulances throughout the year, a review of decontamination procedures and training/learning for staff, replacement of all bag/valve masks on all vehicles and recruitment of two more Infection Control Specialist Healthcare professionals.

The NWAS representatives then briefed on their Plan to deal with the flu pandemic and explained that this had been further developed taking into account lessons learned from the first wave of flu; Business Continuity Plans were being refined in preparation for wave 2 and winter; and staff health and safety issues were being addressed.

The Committee was advised of further action following on from Cheshire County Council's Scrutiny Review of Community First Responders – this included a PCT led Community First Responder Development Group had been established with membership from Nantwich Town Council and Audlem Parish Council, new CFR schemes had been introduced in Holmes Chapel, Audlem and Alsager with further schemes introduced for Winsford and Crewe (in association with St John Ambulance) and a Co-Responders scheme was to be piloted with Cheshire Fire and Rescue Service in Nantwich.

C Hall then briefed on the NWAS bid for Foundation Trust status. She explained that Foundation Trusts were NHS organisations and based on NHS principles of free care based on need, not ability to pay. A Foundation Trust enabled greater patient, public and staff involvement through the opportunity to become a Member. Members of a Foundation Trust would be able to have a say, raise awareness of ambulance services, represent the views and needs of the local community, influence future proposals, stand for election for the Council of Governors and vote in elections for the Council of Governors.

Foundation Trusts had organisational and financial freedoms and could make longer term plans that reflected the requirements of the local community. A Consultation Process would be implemented and views sought on vision and values, direction of travel, governance arrangements and membership. A period of awareness raising had been undertaken and full consultation plans included meetings at a wide range of geographically spread venues, staff engagement, attendance at existing meetings and forums and information on the website.

During discussion of the presentation the following issues were raised:

- The system would allow for prioritisation to be done within categories;
- Who determined who an Appropriate Care Provider was? In response the Committee was advised that the Capacity Management System would include details of care providers as advised to NWAS; the system was also capable of conducting real-time monitoring to ensure the most up to date information was available to paramedics;
- How did NWAS deal with stroke patients – Members were advised that paramedics were fully trained in dealing with stroke patients and would ensure that patients were transported to a specialist unit of which there was one at each of the Acute Trusts in Cheshire East;
- What was the protocol regarding single responders – in response the Committee was advised that in this case the responder was required to carry out their own risk assessment;
- The Committee was advised that NWAS did have a cleaning regime in place but was undertaking a deep clean of all vehicles which involved taking it out of use and removing all the component parts within to enable a chemical and heat/steam clean to take place;
- All patients who arrived at a hospital whether in an ambulance or by their own means would have to go through the Triage system and would be seen based on clinical need;
- Defibrillators were checked on a regular basis and the NWAS was shortly to develop a database of defibrillators.

RESOLVED: that the presentation from the North West Ambulance Trust be noted and regular updates provided to the Committee.

## 19 **TEENAGE PREGNANCY**

The Committee considered a report of the Strategic Director People on issues that had arisen from the visit of the National Support Team following sustained underperformance in the reduction of teenage pregnancy rates across Cheshire.

Lorraine Butcher, Head of Services for Children and Families, explained to the Committee that the Government's Teenage Pregnancy Reduction Strategy 1998 had set a target for Local Authorities to reduce by half the numbers of conceptions among under 18 year olds by 2010. In Cheshire the rate had not reduced by a sufficient amount. Under 18 conceptions were focused in small geographical areas with the pattern of conception being significantly greater than would be expected in these areas indicating that deprivation was only one of a number of responsible factors. Such "hot spot" areas had historically received prevention services but rates had remained steady or increased. Some areas had shown high levels of single or repeat terminations and there was concern for vulnerable groups such as care leavers.

The National Support Team had produced a formal report after the visit with the key recommendations being:

- An Executive Board to be developed and chaired by the Directors from the Council and the Primary Care Trust to lead, drive forward and performance manage the teenage pregnancy prevention strategy;
- A Senior Strategic post be recruited to the Council to lead on teenage pregnancy prevention – this was funded by Government grant;

- As part of the Children's Trust arrangements, data should be disseminated in an accessible and relevant format by all and between all partners, to better inform planning, targeting and performance management of the strategy;
- The Council and PCT communications leads to be responsible for the urgent development of a Teenage Pregnancy Communication Strategy and Action Plan;
- There should be an explicit and detailed young people's Sexual Health Needs Assessment to inform the design and delivery of young people's contraception and sexual health services as part of a strategic commissioning plan;
- There should be a radical overhaul of current Contraceptive and Sexual Health (CASH) provision to ensure it meets young people's needs.

During discussion of the report the following issues were raised:

- The data was always out of date by about 14 months so it was difficult to immediately assess the impact of any preventative measures;
- The Teenage Pregnancy rate was based solely on age and did not take into account marital status as evidence showed that outcomes were poorer for children of Teenage Parents;
- Sex education was to be compulsory in secondary schools from September 2010. It was thought to be more effective if delivered by young people, school nurses and school health advisors rather than teachers and there was some evidence to suggest that relationship and sex education was effective during Primary School;
- For some young people, teenage pregnancy was a deliberate choice and it was important to take into account aspirations of young people when considering strategies to address the issue.

RESOLVED: That the recommendations made by the National Support Team as listed above be supported and that Cheshire East Council work with the Primary Care Trust and other partners to finalise Action and Delivery Plans in line with the timescales outlined.

## **20 CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST SUSTAINABILITY PLAN/ EAST CHESHIRE REDESIGN**

Fiona Field, Director of Governance and Strategic Planning, Central and Eastern Cheshire PCT, updated the Committee on the current position with the PCT Healthcare Sustainability Plan. Members had received a full briefing to the previous meeting on the Plan and had received a copy of the Plan itself. The Committee was advised that the Plan was delivering the savings anticipated but the PCT was still in a challenging financial position.

Financial agreements were in place with the two Acute Hospital Trusts and there were regular consultations between the PCT and the Hospital Trusts regarding commissioning of services. The Knutsford project was to go out to consultation shortly with Congleton early in 2010. Fiona Field agreed to check the position with the Congleton project in the event of a General Election being called during the consultation period.

RESOLVED: That the update report be noted.

## 21 PANDEMIC FLU

Fiona Field, Director of Governance and Strategic Planning at Central and Eastern Cheshire Primary Care Trust (PCT), briefed the Committee on the current position with Pandemic Flu.

She explained that within the PCT patch there were 34 Anti Viral Collection Points as a number of Community Pharmacists were now offering this service. The number of cases of Pandemic Flu was now decreasing and to date 4000 doses of anti viral medication had been issued within the PCT patch. It was expected that there would be a second wave during the Autumn/Winter.

The programme of mass vaccination was likely to begin around Christmas time with certain groups of people being classed as a priority:

- Pregnant women;
- People with chronic illnesses;
- Those who were front line staff in health and social care.

The vaccination would comprise two injections given a certain length of time apart.

The PCT would be seeking venues in which to offer the vaccination as primary care premises would not be adequate for the large numbers of people attending. It was also important to try to make arrangements for people who worked during the day so as to minimise disruption.

The Committee was advised that the United Kingdom had a good track record of thorough testing of drugs and the only known reaction to the vaccination was soreness in the arm that received the injection.

RESOLVED: that the update report be received.

## 22 THINK FAMILY

The Committee considered a report of the Strategic Director People on the Think Family agenda which had been one of the Big Ideas underpinning the proposals for establishing two new Unitary Authorities in Cheshire. The Big Idea had a number of strands:

- It was felt that the organising principles often used by Councils when setting up departments were artificial and irrelevant;
- There was an ambition to bring services together not on the basis of the ideas of the professionals but on the basis of experiences and perceptions of the people who use those services;
- In particular, it was believed that a fundamental experience of most people is that of being or having been part of a family.

When adopting a Think Family approach it was important to use “family” in an embracing and inclusive way that embraced families of every sort. Think Family could be seen as an aspiration whereby the Council would not respond to people’s needs in a narrow way but rather would put services together in ways that reflected people’s lives.

The report outlined a practical example of a Think Family approach – the People Directorate had submitted a bid in the context of the National Dementia Strategy, to become a Demonstrator Site for the development of Peer Support Networks. Part of the Pilot would be about seeking involvement of grandchildren and great-grandchildren in Networks to enable greater understanding of what is happening to their relative, respond in appropriate ways and retain positive feelings and memories of their relative. The experience of continued contact with children and young people would also be positive for a person with dementia.

The Appendix to the report listed a number of Think Family issues including Obesity whereby good work could be done in school but it was important to also focus upon the family environment.

RESOLVED: That the report be received and the Think Family approach be supported.

## **23 CARE AND SUPPORT GREEN PAPER**

The Committee considered a report on the Government's Green Paper "Shaping the Future of Care Together". The Green Paper essentially addressed two large matters:

- The nature of the system for delivering care and support. The Government recommended the development of a National Care Service in England which would ensure a consistent approach to standards and quantity of care and support in England. Within this were two options for either a fully National Service whereby Central Government decided how much funding an individual should receive and a mixed services whereby a division of responsibility was maintained between local and Central Government;
- The funding for the system for delivering care and support. Five funding models were set out in the Green Paper of which two the Government was inclined to discard as unaffordable. The remaining three models upon which views were invited were the Partnership Model, Insurance Model and Comprehensive Model. The Partnership Model would mean a guaranteed minimum of every individual's care costs paid for by the State (regardless of income) with the remainder of costs met by the individual (subject to their means); the Insurance Model was an extension of the partnership model with the option of additional care costs covered through insurance; and the Comprehensive model requiring everybody over retirement age to pay into a state insurance scheme.

The report outlined the implications of a fully national system which it was felt would undermine what was the traditional role of the Local Authority to assess needs and commission services to meet them. There was also a risk of raising public expectations about what every adult ought to get as a result of reform of the care and support system but if resources were not made available and difficult changes not pushed through, there was a risk of serious disappointment.

During discussion of the item Members welcomed the personalisation and consistent approach within the proposals and hoped the intended support to carers would materialise.

RESOLVED: that the Cabinet be advised that this Committee:

- Welcomes the emphasis which the Green Paper gives to prevention and early intervention, believing that a sustainable future for Adult Social Care in Cheshire East will depend upon such an approach.
- Welcomes the encouragement given to joining up services, recognising that within Cheshire East significant work is under way on that agenda.
- Welcomes the commitment expressed to pushing forward the development of personalisation, noting that Cheshire East is already well advanced with the task of extending greater choice and control to people.
- Welcomes the ambition to achieve greater consistency, but deplores the idea of establishing a fully National system.
- Recommends that further consideration should be given to the development of a compulsory insurance model, built around a state based insurance scheme.
- Welcomes the attention given to the needs of carers, on the basis that investment in supporting informal carers will be crucial to the future of Cheshire East's Adult Social Care Services.
- Urges that in the development of thinking about the future funding of care and support, more of a whole system approach should be taken, which embraces the resources of both Local Government and the NHS.

## 24 WORK PROGRAMME

The Committee considered a report on progress with items identified for the Committee's Work Programme. A number of items had been progressed and regular updates were to be submitted to the Committee by North West Ambulance Services and on Social Care Redesign and Safeguarding of Adults.

The Committee considered the Action Plans arising from two of Cheshire County Council's Scrutiny Reviews relating to Tackling Obesity and Tackling Diabetes and considered whether any further Scrutiny work would be appropriate.

Members noted the criteria against which any potential Scrutiny issues should be assessed.

RESOLVED: That

- (a) a Task/Finish Panel be established to undertake a Scrutiny Review of Diabetes and Obesity based on a 4:1:1:1 basis and a Scoping Report be submitted for consideration to the Mid Point meeting;
- (b) a presentation be made to a future meeting on Diabetes; and
- (c) a Scoping Report be submitted for consideration to the Mid Point meeting on a possible Scrutiny Review of Community Support Transport related matters.



The meeting commenced at 10.00 am and concluded at 12.50 pm

Councillor G Baxendale (Vice-Chair, in the Chair)