CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Health and Wellbeing Scrutiny Committee** held on Thursday, 9th June, 2011 at Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Baxendale (Chairman)
Councillor J Clowes (Vice-Chairman)

Councillors I Faseyi, S Gardiner, M Hardy, D Hough, A Martin, A Moran, P Raynes, J Saunders and J Wray

Apologies

Councillors G Boston

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor G Boston and the Portfolio Holder for Health and Wellbeing, Councillor P Hayes.

2 **ALSO PRESENT**

Councillor B Silvester (visitor)

3 **OFFICERS PRESENT**

4 **DECLARATIONS OF INTEREST**

None

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED: That the minutes of the meetings of the Committee held on 10 March and 14 April be confirmed as correct records.

6 **PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public present who wished to address the Committee.

7 **TERMS OF REFERENCE, MEMBERSHIP AND MEETING DATES**

The Committee considered a report of the Borough Solicitor on draft Terms of Reference, membership and meeting dates.

At the annual council meeting, approval had been given to splitting the responsibilities of the existing Health and Adult Social Care Scrutiny Committee

so as to allow two new scrutiny committees to concentrate on the detailed work in the two areas: Adult Social Care, and Health and Wellbeing.

The powers of the existing Health and Adult Social Care Scrutiny Committee were set out in Appendix A to the report and in Appendix B were the proposed separation of powers and their allocation to an Adult Social Care Scrutiny Committee, and a Health and Wellbeing Scrutiny Committee.

Council had agreed the provisional terms of reference for the new Committees and extended an invitation to each of the Overview and Scrutiny Committees, the Scrutiny Chairmen and the Constitution Committee to consider the terms of reference and submit any views to the Borough Solicitor. A report would then be submitted to the July Council meeting to approve the terms of reference.

Members of the Committee queried the rationale behind the decision to split the responsibilities between two committees and were advised that it was based on the extra workload that would be generated by the transfer of the responsibility for public health into the Council from the Primary Care Trust. It was noted that the Cabinet Members' Portfolio responsibilities had not yet been finalised and until this had happened, Scrutiny Committee remits could not be finalised either. A meeting of the Scrutiny Chairmen's Group was to take place next week to discuss Cabinet Portfolio responsibilities with the Leader of the Council.

Members of the Committee strongly expressed the view that "wellbeing" should be a major part of its remit and this should be reflected in any approved Terms of Reference; this should include both the strategic and operational aspects of wellbeing. It was also felt that there would be strong links between the work of this Committee and the Adult Social Care Scrutiny Committee and it was therefore important to share work programmes in case any joint working was needed in the future; there may also be similar links with the Children and Families Scrutiny Committee. It was explained that this potential situation was recognised by officers and that one of the roles undertaken by the Scrutiny Chairmen's Group was to have an overview of all work programmes and ensure there was shared working where required and avoid any duplication.

The Committee also discussed frequency and timing of meetings and agreed that meetings should be held on alternate months on Thursday mornings.

RESOLVED: That

(a) the Borough Solicitor be advised that the Committee strongly believes that its Terms of Reference must include specific reference to "wellbeing" and this should cover both strategic and operational aspects of wellbeing;

(b) that future meetings of the Committee be held on alternate months on Thursdays commencing at 10.00 am as follows:

28 July;
8 September;
10 November;
12 January;
8 March

(c) that the membership of the Committee be noted.

8 NORTH WEST AMBULANCE SERVICE - QUALITY ACCOUNT AND CURRENT PERFORMANCE FIGURES

Tim Butcher, Assistant Director for Performance Improvement, North West Ambulance Trust (NWAS) presented the NWAS Quality Account on which the Committee was invited to comment.

The vision of NWAS was "Delivering the right care, at the right time, and in the right place". NWAS provided a range of services:

- 999 paramedic emergency service;
- Patient transport service;
- Emergency preparedness;
- Urgent Care.

The Service had 3 emergency control centres and dealt with 1.1 million 999 calls a year and carried out 2 million Patient Transport Service journeys.

The organisation focused on Quality; Performance and Finance which reflected the importance of not just focusing on response times but also ensuring the right action was taken for the patient, once an ambulance arrived.

The service faced a number of challenges including overwhelming demand for urgent care via 999, overwhelming demand for unplanned on the day patient transport and an increase in health challenges in the North West.

The Emergency Care service needed to ensure that the national performance standards were met, it delivered against the new clinical and system indicators, minimised the number of extended waits by patients and the Control Centre infrastructure was strengthened,

The Patient Transport Service now comprised one single North West contract and a robust booking and call taking system had been introduced; eligibility criteria had been developed and applied and a bureau concept was being developed to look at the use of any available transport.

The service had a major role in emergency situations and had to ensure it was prepared to respond to any major incidents.

In relation to Urgent Care, the service had introduced, or was involved in, a number of initiatives including Hear and Treat (advice over the phone), See and Treat, an Urgent Care Desk (where a trained paramedic would phone the caller back), the 111 national scheme was to be piloted in Blackpool (for people needing urgent, but not emergency care, to call) and the NWAS Kitemark (where centres would be awarded the kitemark because NWAS knew what service was provided there and would transport a patient there rather than Accident and Emergency, if this was more appropriate).

The Committee was aware of the response time standards which had been outlined at previous meetings and these were now to be replaced by 2 categories:

- Category A (red calls) which required a response in 8 minutes with a 19 minute transport standard; and
- Category C (green calls) which were broken down into Green 1, 2, 3 and 4 with response times and telephone assessment times to be agreed.

There were also 13 new Quality Indicators covering various items including "outcome from cardiac arrest", "outcome from stroke", "time to answer call", "service experience" and "time to treatment".

Tim then introduced the NWAS Quality Account. Looking back to last year, five areas had been identified for delivering improvements: End of Life care; Frequent Callers; Chain of Survival and Complementary Resources; Acute Stroke Care and Heart Attack. The Account outlined action taken under each heading to achieve improvement – in relation to Complementary Resources, a Complementary Resources Strategy had been adopted that had provided the basis for additional resources including 20 Community First Responder teams and 150 Automatic External Defibrillators, which had over 1000 people trained to use them. During 2011/12, an Extended First Responder role was to be introduced where individuals would be trained to higher levels to be able to deliver a broader range of immediate care until ambulance personnel arrived on scene.

In 2011/12, the Trust would measure and manage quality through the Department of Health's introduction of 13 new quality indicators; the development and implementation of the Trust's Quality Strategy and further developments of clinical leadership and education, which meant all new paramedic staff would undertake a graduate programme and all existing paramedic staff would be supported to undertake part time diploma and degree programmes.

Looking back to 2010/11, the Trust had identified a number of indicators to report on the quality of care:

- Patient Safety – this included both safeguarding issues and clinical safety. The Trust had specific staff undertaking Safeguarding roles and had introduced a centralised safeguarding referral pathway for both adults and children. All clinical and patient safety incidents were recorded and assessed for trend and cause analysis. The Medical Director also fulfilled the role of Director of Infection Prevention and Control and had support staff responsible for training and supporting staff and providing assurance that stations and vehicles were clean through independent audits. There were also more than 100 staff acting as Infection Control Champions. All vehicles would undergo a Deep Clean;
- Clinical Effectiveness – the Trust had developed a set of measures that identified how close staff were to performing a set of prescribed actions that were applicable in each of six clinical situations – asthma; cardiac arrest management, hypoglycaemia (low blood sugar) management, pain management, Patient Report Form completion and stroke management. The expected interventions for each clinical condition were grouped into sets of required clinical interventions known as Care Bundles – clinical effectiveness was measured in terms of all the interventions in the care bundle being carried out on each patient. A score of 50% meant that half of all patients seen with a condition had received the complete bundle of interventions required. Progress was reported to each meeting of the Board of Directors and ways of encouraging improved performance in the

future had been introduced including an incentive scheme that rewarded local budgets for good performance;
- Patient Experience – one measure of quality of care for ambulance services had always been response times and NWAS performance had improved but the Trust was disappointed that the Category A 8 had not been met for 2010/11 and the Category B target had not been met for a number of years; as outlined above response time targets were due to be changed for future years. In relation to public engagement a key task for the year ahead was to recruit a large public membership that was representative of the region for Foundation Trust status. A number of engagement events had been held and a Patient Experience programme launched. The amount and type of complaints and compliments was listed as well as contacts with the Patient Advice and Liaison Service (PALS).

The Committee also received the latest response time figures by Category and postcode area.

Following the presentation, Members were given the opportunity to ask questions or raise issues and the following points were made:

- With the permission of the Chairman, Councillor Silvester addressed the committee in relation to response times. He raised the issue that response times were still unmet in a number of postcodes in Cheshire East, particularly for Category A calls. In response Tim Butcher explained that the principle duty of the ambulance service was to respond as quickly as possible and then provide effective care once the ambulance had arrived. Managers had to take a balanced judgement as to where ambulances were located as it was a poor use of resources to have an ambulance stationed in an area where there were a low number of call outs. Work was underway with the local authority on how the two organisations could work together to improve response times including sampling cases where alternative services to an ambulance may have been appropriate but lack of local knowledge meant this was not possible; this would be reported to the committee at a later date;
- Whether NWAS had ambulances that could carry obese patients? The Committee was advised that NWAS had four specialised ambulances that could transport obese patients;
- Whether, in an incident that was not classed as life threatening, the specific needs of the patient would be taken into account, for example, if the patient was elderly? The Committee was advised that in such a case a higher level of response would occur;
- Were the cleanliness issues raised the previous year, now addressed? Members were advised that all cleanliness issues had been resolved and the Quality Account outlined measures taken to ensure high standards of cleanliness were maintained;
- It was noted that response times in Poynton were below target and whether there were reasons for this when it could not be classed as a rural area? In response, Tim explained that there may be possibilities to undertake cross border working with Manchester which could address specific issues in Poynton.
- The Community First Responders undertook a very useful role but was additional support available? In response, Tim outlined that Community First Responders (CFRs) were very effective and there were 17 such Groups in Cheshire East, as well as 5 Heart Start Groups and a number

of points were there was public access to defibrillators. Where CFRs were used there was always a back up response by ambulance ;

- Were any services sub contracted? In response, the Committee was advised that some patient transport services were sub contracted to the Red Cross and St John Ambulance service; the Trust also used volunteer car drivers who received mileage payments;
- What cross border arrangements were in place and were there any financial impacts? In response, the Committee was advised that NWAS did work with other Trusts, and ambulances from other areas would respond if they had vehicles nearer to the incident than those of NWAS; there was no payment made to other Trusts as NWAS ambulances may respond to other areas' incidents so there was mutual benefit.

RESOLVED: that

(a) the Quality Account be accepted, the content welcomed and the good work undertaken by NWAS as set out in the Account be recognised;
(b) the following additional comments on the detail of the Quality Account be made –

- NWAS must ensure that good clear communication will occur with patients and carers;
- the section on page 15 on Clinical Performance Indicators (CPIs) be reworded to explain more clearly the process of incentive and reward systems to be introduced with the aim of improving staff performance;
- it was noted that the reference to participation in clinical audits was a requirement;
- that a glossary of terms be included when the Quality Account is finalised; and

(c) NWAS be invited back to a future meeting to update on cross boundary work, including in the Poynton area, and the work of Community First Responders;

9 THE HEALTH AND WELLBEING SERVICE

Guy Kilminster, Head of Health and Wellbeing, briefed the committee on the following matters:

- The Health and Wellbeing Service – this was a service providing a range of leisure and cultural services including libraries, green spaces, Public Rights of Way and leisure services; however, a corporate restructure was underway with the results expected later in the year; Portfolio Holder responsibilities had also been reviewed with operational aspects of leisure and culture in the Environment Portfolio Holder's remit, libraries were in the Performance and Capacity Portfolio and the leisure and cultural strategy under the remit of the Health and Wellbeing Portfolio;
- The Health Inequalities Strategy and transfer of public health to the Local Authority – a Transition Board had been developed that included the Chief Executive; Director of Adults, Community, Health and Wellbeing; Director of Children's Services and Director of Public Health. In 2013 the Borough

would need to have a Health Inequalities Strategy in place and work towards this had begun through the development, over the next few months, of a Health Inequalities framework to identify the main areas of health inequality. There was a large amount of data which would be needed at Local Area Partnership level and the work of the Transition Board would include looking at existing data to assess its usefulness and identify any gaps in data.

During the discussion on the item, the following points were made:

- it was essential to have some analysis of data as well as the figures;
- there were wide variations within a LAP area;
- each LAP could play an important role as LAP members knew their area well and such local knowledge could help towards developing local solutions.

RESOLVED: that the update be noted and a further report be brought to the meeting in September.

10 WORK PROGRAMME

The Committee considered a report of the Borough Solicitor on the Work Programme. The Work Programme as submitted had been inherited from the former Health and Adult Social Care Scrutiny Committee and as such was likely to include a number of items relevant for the new Adult Social Care Scrutiny Committee and a number of completed items.

It was also noted that Portfolio Holders' functions and responsibilities had not been finalised and this Committee's remit was also to be considered at the Council meeting in July (as discussed earlier in the meeting). It was therefore more appropriate to wait until these matters had been finalised before considering the Committee's work plan.

RESOLVED: that the Chairman and Vice Chairman, together with the Scrutiny Officer, review the Work Programme, as submitted, for consideration at the next meeting.

11 THE CHESHIRE AND WIRRAL COUNCILS JOINT SCRUTINY COMMITTEE

The Committee considered the minutes of the meeting of the Cheshire and Wirral Councils Joint Scrutiny Committee held on 4 April.

RESOLVED: that the minutes be received.

12 FORWARD PLAN

There were no items on the current Forward Plan for consideration by the Committee.

13 CONSULTATIONS FROM CABINET

There were no consultations from Cabinet.

The meeting commenced at 10.00 am and concluded at 12.20 pm

Councillor G Baxendale (Chairman)