

## **CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Health and Adult Social Care and Communities Overview and Scrutiny Committee**  
held on Thursday, 8th February, 2018 at Committee Suite 1,2 & 3, Westfields,  
Middlewich Road, Sandbach CW11 1HZ

### **PRESENT**

Councillor S Gardiner (Chairman)  
Councillor B Dooley (Vice-Chairman)

Councillors Rhoda Bailey, G Baxendale, S Brookfield, E Brooks, S Edgar, I Faseyi, L Jeuda, S Pochin, J Rhodes, L Smetham, A Stott and M Warren

### **76 APOLOGIES FOR ABSENCE**

Councillor O Hunter.

### **77 ALSO PRESENT**

Jerry Hawker- Chief Executive Officer, Eastern Cheshire Clinical Commissioning Group (CCG)  
Janet Clowes- Portfolio Holder for Adult are and Integration  
Liz Wardlaw- Portfolio Holder for Health  
Linda Couchman- Interim Director of Operations  
Fiona Reynolds- Director of Public Health  
Jill Broomhall- Director of Adult Social Care Operations.

### **78 MINUTES OF PREVIOUS MEETING**

Councillor L Smetham advised that during the last meeting, she did not declare a disclosable pecuniary interest in her role as Vice President of Cheshire Community Action

#### **RESOLVED:**

- (a) That the written record be amended by the Scrutiny Officer accordingly;  
and
- (b) That the minutes of the meeting held on 18 January 2018 be confirmed as a correct record and signed by the Chairman.

### **79 DECLARATIONS OF INTEREST**

Councillor G Baxendale declared a personal interest in minute number 82, North West Ambulance Service, as he recently used the Ambulance Service for his wife.

### **80 DECLARATION OF PARTY WHIP**

There were no declarations of the existence of a party whip.

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

There were no members of the public who wished to speak.

## 82 NORTH WEST AMBULANCE SERVICE

Jerry Hawker, Chief Executive of NHS Eastern Cheshire Clinical Commissioning Group (CCG), attended the meeting, in the capacity of commissioner to present the North West Ambulance Service (NWS) Ambulance Response Programme Performance Report for period 7 August 2017-31 December 2017.

Jerry advised the Committee that NWS had experienced significant challenges over the last two years.

In July 2017, the Secretary of State had introduced new ambulance response standards for the NHS in England. NWS had rolled out the new reports, this was to be completed by August 2018.

Until now, ambulance services were measured on the time it took for a call handler to receive an emergency call, to the vehicle arriving at the scene, the target for this was eight minutes. The process had now moved away from call handlers to trained clinicians being the call handlers and that enabled more time on the call to assess the urgency of the patient. This process was part computer generated and part clinical. Patients would be asked a set of questions that would determine the urgency of a call and then a trained clinician (a General Practitioner (GP) or former GP) would make an additional clinical decision.

Jerry explained the new changes enabled ambulance vehicles to be utilised more effectively and efficiently.

NWS targets were based on the performance of the provider, not the CCGs and this was the same for the whole of the north-west. This has led to significant disparity across urban and rural areas.

The four new standards were:

- Category One: for calls about people who had time-dependent, life-threatening injuries and illnesses, they would be responded to in an average time of 7 minutes;
- Category Two: for emergency calls such as a stroke or major burn incidents and these calls would be responded to in an average time of 18 minutes;
- Category Three: for urgent calls that are not life threatening but not severe accidents such as falls, these calls would be responded to in 120 minutes (2 hours); and
- Category Four: for none urgent calls, these calls would be responded to in 180 minutes (3 hours).

Category one and two were the most critical, NWS had responded to category one 90% of the time in 15 minutes and category two 90% of the time in 40 minutes. Jerry acknowledged that NWS had not met the performance standards but that the scale of change for all ambulance services across the country had been challenging. The statistics particularly for Cheshire showed that NWS had maintained performance, although this reflected as better than other areas in the north west. One key area was the time it took the clinicians to make a decision and dispatch a vehicle, sometimes Rapid Response cars were

despatched but then an ambulance was needed which had resulted in two or three vehicles arriving to the same scene.

The Committee were advised that an action plan would be available from the 16 February 2018.

The Committee asked if waiting times at the Emergency Department impacted on the resources for vehicles, Jerry advised the turnaround time for the NHS was 15 minutes but the average for the north west was 30-35 minutes. The Committee noted that both Macclesfield and Leighton hospitals were recognised as two of the best performing hospitals.

The Committee asked for clarification on the category despatch times, Jerry advised for all four categories, this was from the time of the call to the time at the scene of the incident, not the time it took to get to hospital.

There was discussion about Paramedics treating patients in their own homes, Jerry clarified that work was being done to assess if the patient could be treated at the scene rather than transporting them to hospital.

The Committee asked about the role of Cheshire Fire and Rescue, as they had previously started to take on responsibilities for some medical responses. Jerry confirmed that the Fire Union stopped the support and this had now been withdrawn.

RESOLVED:

- (a) That Jerry Hawker be thanked for his attendance and presentation;
- (b) That the presentation be received and noted;
- (c) That the Committee add an item for NWS to the Work Programme to scrutinise the action plan and continued performance and invite representatives from NWS later in the year.

## **83 HEALTH AND ADULT SOCIAL CARE PERFORMANCE SCORECARD**

Mark Palethorpe, Director of Adult Social Services, introduced the item for the Health and Adult Social Care Performance Scorecard, this was the first time the scorecard had been presented to this Committee and will be a standing item on the agenda.

Fiona Reynolds, Director of Public Health, was responsible for the Joint Needs Strategic Assessment (JNSA). Fiona was conducting a review of the document and the evidence gathered would help to commission a more effective piece of work that would sit alongside the Outcomes Framework.

Fiona advised the Committee that the Public Health scorecard related to Quarter Two and contained a mixture of data, some was local and some was commissioned locally. The data had been ratified but it was a position in the past that helped to acquire a snapshot of progress across all Local Authorities across the country.

The Committee asked for clarification on point 1.3 “Adults- Successful completion of drug treatment, who do not represent within 6 months” the narrative stated that the decrease from 38.7% to 34.8% was not significant. Fiona advised the decrease was not as significant as to be concerned, overall it was above the national average other than the latest quarter but it would be flagged with providers.

Points 1.5 “Adults- Proportion of service users seen within 10 working days from Referral to Assessment for Drug Treatment” and 1.6 “Adults- Proportion of service users seen within 10 working days from Referral to Assessment for Alcohol Treatment” showed significant improvement (14.4% and 21.8% increases) from Quarter 1, yet the target was still coloured red. Fiona advised this was because the target for both was 100% so that target would be pushed to achieve in full.

The Committee requested clarification of the acronym LARC, Fiona confirmed this was Long Acting Reversible Contraception, such as an implant or an injection.

Point 3.3 “Percentage of children that receive a 6-8 week review by the time they reach 8 weeks” showed a drop from 88% to 54%. Fiona advised this was a substantial decrease that linked to the recording of the data and the staffing capacity to get the data in 6-8 weeks. This was being monitored closely.

The Committee made the comment that there was a lot of red within the scorecard, Fiona acknowledged this was disappointing, but advised that many targets had been stretched and were above the national average, the outcome was to achieve quality of contracts.

Point 3.1 “Percentage of pregnant women that receive an antenatal visit by a Health Visitor” was shown as a figure rather than a percentage, this was a typo within the document.

The mental health of children was mentioned in the scorecard but not specifically included as this was included on the scorecard for Children and Families, Mark advised this could be cross-referenced for the future.

The Committee considered the Performance for Adult services, this showed benchmarking Adult Social Care Outcomes Framework (ASCOF) indicators. Jill Broomhall, Director of Adult Social Care Operations advised the Committee that the full figures were not available until mid February and the full counting period would change at that point.

RESOLVED:

- (a) That colleagues from Health and Adult Social Care be thanked for their attendance and presentations;
- (b) That the scorecard be received and noted.

## **84 WORK PROGRAMME**

The Chairman advised the Committee that the Spotlight Review of Mental Health Services across Cheshire East will be coming to the Committee for a full day on 12 April.

RESOLVED:

- (a) That the Work Programme be received and noted;
- (b) That the item for Integrated Carers Hub be moved to the 8 March; and
- (c) That the item for the Voluntary, Community and Faith Framework be moved to the 3 May.

## 85 FORWARD PLAN

The Chairman advised the Committee that an urgent item had been to Cabinet on the 6 February that related to Patient Passport- Delivering Access to Health and Care Records. The Committee requested this item be added to the Work Programme for 3 May.

The Committee noted the Early Help Framework had been to Cabinet to seek approval for the setting up of an Early Help Framework across the People Directorate in order to streamline the procurement of early help services. Mark Palethorpe, Acting Director Adults Social Services, confirmed the Framework would be implemented in October 2018, and be in a position to come to this Committee for performance review earlier in 2019.

RESOLVED:

- (a) That the Forward Plan be received and noted;
- (b) That Patient Passport be added to the Work Programme for 3 May 2018; and
- (c) That the Early Help Framework be added to the Work Programme for 2019.

The meeting commenced at 10.00 am and concluded at 11.15 am

Councillor S Gardiner (Chairman)