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NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Dining Room - at the Council House on 14 January 2014 from 10.15 am - 12.28 pm

- ✓ Councillor Pauline Allan
- ✓ Councillor Mohammad Aslam
- ✓ Councillor Richard Butler
- ✓ Councillor Eunice Campbell
- ✓ Councillor Azad Choudhry
- ✓ Councillor John Clarke
- ✓ Councillor John Doddy
- ✓ Councillor Kate Foale
- ✓ Councillor John Handley
- ✓ Councillor Carole-Ann Jones
- ✓ Councillor Ginny Klein (Chair)
- ✓ Councillor Thulani Molife
- ✓ Councillor Eileen Morley
- ✓ Councillor Brian Parbutt
- ✓ Councillor Parry Tsimbiridis
(Vice Chair)
- ✓ Councillor Jacky Williams

✓ indicates present at meeting

Colleagues, partners and others in attendance:

- | | |
|-----------------|---|
| Hazel Buchanan | - Nottingham North and East Clinical Commissioning Group |
| Sam Walters | - Nottingham North and East Clinical Commissioning Group |
| Steve Firman | - East Midlands Ambulance Service NHS Trust |
| Peter Barker | - iHELP |
| Adele Cresswell | - Healthwatch Nottingham |
| Martin Gately | - Democratic Services Officer, Nottinghamshire County Council |
| Jane Garrard | - Overview and Scrutiny Co-ordinator, Nottingham City Council |
| Rav Kalsi | - Constitutional Services Officer, Nottingham City Council |

52 APOLOGIES FOR ABSENCE

Councillor Mohammad Aslam – non Council business
Councillor John Doddy – non Council business

53 DECLARATIONS OF INTERESTS

None.

54 MINUTES

The minutes of the meeting held on 10 December 2013 were confirmed and signed by the Chair.

55 'THE NHS BELONGS TO THE PEOPLE: A CALL TO ACTION'

The Committee considered the report of the Head of Democratic Services, Nottingham City Council, informing members that the purpose of the meeting was to consider the conclusions of local activity undertaken as part of 'The NHS Belongs to the People: A Call to Action' campaign undertaken by local Clinical Commissioning Groups (CCGs). The Committee previously considered the campaign and its engagement process at their 10 September 2013 meeting (minute 29).

Hazel Buchanan and Sam Walters, Nottingham North and East CCG, introduced the item, highlighting the following points:

- (a) the campaign aims to build a common understanding, regionally and nationally of the vision for health and care services and how challenges in the future could be met;
- (b) throughout stage 1 the objectives were to engage a wide range of citizens with differing experiences across the full footprint of the NHS. The results of which would be used to inform plans and instigate the debate on how the NHS can change;
- (c) feedback was obtained through a variety of public engagement events including CCG staff events, service provider staff surveys, online surveys, stands in public places. Approximately 1000 people had been engaged throughout the process which sought views from a wide range of people;
- (d) in response to questions asked throughout the process, 36% of respondents felt that the NHS should focus its attention on preventative measures in meeting everyone's healthcare needs. In addition, 27% of respondents felt that there should be a shift from a "one size fits all" approach in meeting patient needs and instead focus on individual cases whereby patients take control of their own health;
- (e) 36% of respondents felt that the NHS could improve the quality of care with regards to dignity, respect and compassion. 27% of participants felt that the safe treatment of patients was what good quality meant to them and their health and a further 22% felt that treatment without long waits was a barometer of good quality NHS care;
- (f) in tackling the financial problems being faced by the NHS, 64% of participants felt that the NHS should deliver care closer to home for patients and offer more services in the local community. 33% of participants felt that financial pressures could be managed by offering more information and support to citizens to look after themselves;

- (g) when asked what must be done to build an excellent NHS now and for future generations, respondents felt that this could be achieved with improvements to better health information and integrated working. A key theme amongst participants was to improve GP access and ensure finances within the NHS are used more efficiently;
- (h) as part of the campaign, the following NHS ambitions were designed:
 - § Increasing the proportion of older people living independently at home following discharge;
 - § Increasing the number of people with mental and physical health conditions having a positive experience of hospital care;
 - § Increasing the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community;
 - § Making significant progress towards eliminating avoidable deaths in our hospitals caused by problems in care;
 - § Securing additional years of life for people with treatable mental and physical health conditions;
 - § Improving the health related quality of life for people with one or more long-term conditions, including mental health conditions;
 - § Reducing the amount of time people spend avoidably in hospital through better and more integrated care in the community.
- (i) Better Care Fund plans are scheduled for submission on 14 February 2014 and the submission of the final 2 year operational plans together with a draft 5 year strategic plan is scheduled for 4 April 2014. The final 5 year strategic plan is scheduled for submission on 20 June 2014.

Following questions from Councillors, the following information was provided:

- (j) ensuring that children are adequately educated on health care is a priority and in the County this could be pursued through work with Children's Commission. This would ensure that academies as well as local authority maintained schools are liaised with appropriately;
- (k) citizen views on personal health budgets would be sought going forward to ensure that processes are clear and outcomes are relevant to what was originally planned. The 'call to action' process and strategy will continue to be reviewed by CCG colleagues and members through Health and Wellbeing Board / Overview and Scrutiny engagement;
- (l) in light of the increasing gap in finances between health and social care it is important to ask citizens what they would like to receive from the NHS despite all of the data the institution already holds. In 2015/16, the funding gap will be at £21 million, however, in five years time it is anticipated that that gap will have grown to £92 million.

56 EAST MIDLANDS AMBULANCE SERVICE - BETTER PATIENT CARE PROGRAMME PROGRESS REPORT

The Committee considered the report of the Vice-Chairman of Joint City and County Health Scrutiny Committee, updating the Committee on the East Midlands Ambulance Service (EMAS) Quality Improvement Programme – Better Patient Care which sets the direction of the organisation for staff and aims to raise clinical quality.

Steve Firman, Programme Director for EMAS presented the report highlighting the following information:

- (a) meetings have been held to agree actions to develop detailed plans for each workstream within the Better Patient Care programme. Workstream leads have also been identified;
- (b) key performance indicators have been agreed against each workstream of the Better Patient Care Plan which will help the Trust define and measure progress towards the organisational goals and success criteria;
- (c) additional private ambulance services have been commissioned to support performance delivery elements of the Better Patient Care Plan and additional voluntary ambulance services will continue to supplement the service on a daily basis;
- (d) the Trust has confirmed its intentions to go forward with Listening into Action and will engage staff to go through the Better Patient Care Plan and gauge feedback. A staff engagement group has met and spent time talking with frontline and support service colleagues about Better Patient Care which has provided valuable feedback;
- (e) following a change to the Chairman, Chief Executive and the newly appointed Director of Operations, EMAS has experienced a fresh impetus in meeting its challenges and progress thus far has been positive;

Following questions by councillors, the following information was provided:

- (f) feedback from the 'Listening to Action' scheme suggests that staff have embraced the changes well;
- (g) EMAS is represented on all relevant urgent care boards and involved in improving performance across the urgent and emergency care system.
- (h) A new performance management framework is now in place to produce results on performance;
- (i) the Better Patient Care Board meets twice a month and is chaired by the Chief Executive. Progress is reviewed by a Better Patient Care Delivery Group weekly;
- (j) EMAS is developing a model to improve response times. The new model will include an increase in the amount of response vehicles in rural areas, creating

the new role of Community Paramedic and an increase to the amount of ambulances and fast response vehicles;

- (k) EMAS trains and equips almost 1500 volunteers in the East Midlands and will be providing 5 volunteer response vehicles with the potential to acquire 10 more later in the year. This would see 15 volunteers with response vehicles including life saving kit in the region.
- (l) Changes agreed under 'Being the Best' are being incorporated into Better Patient Care but major changes to the estate will not take place until performance improves. Further analysis is taking place regarding the detail of proposed changes.

RESOLVED to include a report on EMAS' Volunteer Strategy on the Committee's work programme.

57 IHELP PUBLIC ACCESS DEFIBRILLATOR

The Committee considered the report of the Vice-Chairman of Joint City and County Health Scrutiny Committee, updating the Committee on iHELP's public access defibrillator and proposals to introduce a network of defibrillators in Nottingham and Nottinghamshire.

Peter Baker, Director of iHELP presented the report highlighting the following information:

- (a) the survival rate for people who suffer cardiac arrests in public or in their home ranges between 2% and 12% in the UK. In parts of other countries, for example the United States, the survival rate is increased to almost 52% because of the availability of public access defibrillators;
- (b) EMAS has entered into a partnership arrangement with iHELP in order to increase the number of public access defibrillators (PADs) in addition to generating a sustainable revenue source to cover the cost of a fully managed and maintained network of PADs;
- (c) where response targets to emergency calls, including sudden cardiac arrests are not met, there is potential for EMAS to accrue fines. In the majority of cases, even the target of 8 minutes is often too long to prevent neurological damage to a victim of a sudden cardiac arrest;
- (d) the Government agrees that PADs save lives and there are currently ongoing debates in Westminster to make automated external defibrillators (AED) mandatory in public buildings. The costs involved with just one PAD site are considerable, for example, an AED will cost £1000 (for a 5 year life) and an outdoor cabinet will cost an additional £500. The cost of maintenance for the site over a year will be £350;
- (e) in an emergency, once a sudden cardiac arrest has been identified by the 999 call centre, direction to the nearest iHELP (intelligent Human Emergency Life Point) will be given to the caller to immediately access an AED. Each access

point is protected against theft and abuse and will be accessed via a 4 digit code administered by a 999 despatch centre;

- (f) simultaneously, an SMS text message or pager message will be sent automatically to trained responders located nearby to each device. It is envisaged that iHELP will train 4 local responders per unit;
- (g) an 18 inch touch screen will be installed along side every unit which will display local government initiatives, missing person awareness, local community awareness, local traffic updates, AED education, awareness and training. iHELP are also working in collaboration with Defibfinder who are set to launch the first national AED location database application for smart phones within the UK;
- (h) it is envisaged that iHELP will locate units in high footfall public areas at no cost and then attract significant sustainable revenues from national brands to achieve sponsorship. iHELP will aim to offset 40% of net revenue, of which a minimum of half will be used by Ambulance Services for the installation and maintenance of PAD sites. A minimum of half of the net revenue will be passed on to local authorities which can then be directed back into communities to raise awareness and educate citizens.

Following questions from the Committee, the following additional information was provided:

- (i) even though an AED is administered by a member of the public or a trained responder, an ambulance will have been deployed by a 999 call operative. In raising awareness and understanding in the use of AEDs, people will feel more comfortable in administering urgent care in an emergency;
- (j) the new network will not duplicate defibrillators already installed in local community locations as work will be undertaken in collaboration with EMAS who will coordinate where the PADs are located;
- (k) work is currently ongoing with marketing operatives to ensure that each PAD would be sufficiently funded. There would be an added value to being a 'heart safe' city;

The Committee supported the principle of having a network of public access defibrillators but discussions had highlighted a number of outstanding issues that needed to be clarified/ addressed. The Committee suggested that iHELP discuss the proposal further with decision-makers at both Nottingham City Council and Nottinghamshire County Council. The Committee thanked colleagues from iHELP for the presentation and agreed to provide relevant contact details to iHELP so that they could take the initiative further.

58 WORK PROGRAMME

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for 2013/14. Jane Garrard, Overview and Scrutiny Coordinator, informed the Committee that members were still required to volunteer to sit on the Quality Account Study Groups. Following the report by the East Midlands Ambulance Service on the Better Patient Care Strategy, a report on EMAS' Volunteer Strategy would be included on the work programme

RESOLVED to note the work planned for 2013/14, adding an update by East Midlands Ambulance Service on their Volunteer Strategy.

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