

SHOPSHIRE COUNCIL

HEALTH & ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on 20 May 2019

9.30 - 11.38 am in the Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury,
Shropshire, SY2 6ND

Responsible Officer: Amanda Holyoak

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Present

Councillors Karen Calder (Chair), Kate Halliday, Madge Shingleton (Vice-Chair), Roy Aldcroft, Simon Harris, Simon Jones, Heather Kidd and Paul Milner

1 Election of Chairman

Councillor Karen Calder was elected Chairman of the Committee.

2 Apologies for Absence

Apologies for Absence were received from Councillors Gerald Dakin and Tracey Huffer.

3 Appointment of Vice Chair

Councillor Madge Shingleton was appointed Vice Chairman of the Committee.

4 Disclosable Pecuniary Interests

Members were reminded that they must not participate in the voting or discussion on any matter in which they had a disclosable pecuniary interest and should leave the room prior to the commencement of the debate.

5 Minutes of the Last Meeting

Members noted that the minutes of the meeting held on 25 March 2019 would be presented to the next meeting of the Committee for approval.

6 Public Question Time

Gill George asked two questions (copy attached to signed minutes) relating to concerns around Cardiology waiting times and boarding of patients at Shrewsbury and Telford Hospital Trust.

Julie Davies, Shropshire CCG, reported that an item on Cardiology had been added to the agenda of a CCG meeting to be held in the next week and that she would be able to provide an update after that. The Chair explained that it was intended that the Joint Health Overview and Scrutiny Committee meeting would be meeting on a regular basis in future and as boarding was an issue that effected both Telford and Wrekin and Shropshire patients, it would form part of the Committee's work programme.

The Chairman welcomed Mrs McIntyre to the meeting who was present in relation to the West Midlands Ambulance Service item to ask questions following recent personal experience. It was agreed that she be invited to speak when that item was under discussion.

7 Member Question Time

Councillor Pam Moseley asked a question (copy attached to signed minutes) drawing attention to illegal drug distribution through 'County Lines' and the problems this was causing in Shropshire. She asked if the Committee would commission a Task and Finish Group to investigate the operation and impact of County Lines and to seek to identify what actions could be taken to reduce and mitigate the effects.

The Chair agreed that this would be a useful piece of work but felt it might be best placed within the Shropshire Community Safety Partnership. She said that she would discuss this in the first instance with the Chair of the Communities Overview Committee. Members felt it would be important for at least one member of the Health and Adult Social Care Overview and Scrutiny Committee to be involved in this work.

8 West Midlands Ambulance Service

The Chair welcomed Mark Docherty, Director of Clinical Commissioning and Service Development/ Executive Nurse, West Midlands Ambulance Service and also Julie Davies, Director of Performance and Delivery, Shropshire CCG

Mr Docherty gave a presentation providing background on the Trust, the key messages from its operating plan and details of activity, demand and performance. The Committee had also been circulated with an information pack in response to questions it had asked of the Service. (presentation and pack are attached to signed minutes).

Members of the Committee asked questions about:

- Mental health, particularly in view of the low amount of spending on mental health services;
- Ambulance delays at the hospitals.
- GP referrals to hospital, and whether those patients should go through A&E
- Whether it was possible to see the longest times it had taken to get an ambulance to patients in very rural areas, for example, SY21, SY15 and SY9. Although response times had improved, more progress was still needed.
- The request made by a member of the Committee and Dr Davies for information connecting ambulance response times to outcomes for patients
- Would it be possible for the Committee to receive exception reports to help gain an idea of the factors involved in delaying ambulances

- Whether there was any campaigning for larger numbers and signs in rural areas where it could be difficult to locate patients.
- Was it possible to integrate records with those of the hospitals and GP surgeries.
- Who was responsible for defibrillator repairs and payment for new pads
- There was an error on page 7 of the information pack in relation to postcodes

In response Mr Docherty said:

The bulk of ambulance work was related to frail elderly patients but there were increasing levels of mental health issues and the service was not traditionally geared up for this. Parity of esteem was needed for mental health. In Birmingham there was a mental health care available and access to police, a mental health social worker and a paramedic and this was a model it was hoped others would adopt.

In terms of ambulance delays, Members heard that neither Royal Shrewsbury Hospital or Princess Royal Hospital had the infrastructure for the number of ambulances that were attending. RSH had been designed to accommodate four ambulances an hour but sometimes there was as many as 10 an hour. Dr Davies said that the single Emergency Department would be designed to accommodate the number needed.

A patient referred to the hospital by the GP should not have to go through A&E. National Care Intensity Support was working on a capacity model to help identify what was needed for short stay patients, to remove pressure from A&E.

WMAS regarded the right response the most important thing for a patient. For a person in cardiac arrest it was not the response of the Ambulance Service that would save a life, it was early defibrillation and community first responders that made a big difference, rather than more ambulances on the road. Cardiac arrest survival was routinely measured and published monthly although this was not broken down by postcode as small numbers meant that patients could become identifiable. Data for other conditions was not available in this way. The Trust did record the longest times by postcode but there was always a reason for a long delay.

In terms of linking ambulance times to outcomes, this represented a huge piece of work and it was unlikely resource was available to produce this.

Mr Docherty explained that maintenance of defibrillators was a joint responsibility with communities, and that a set of replacement pads was inexpensive at £20. The British Heart Foundation was working on a national database of defibrillator sites. A Member reported that Parish Councils within her electoral division had taken responsibility for maintenance.

WMAS records went directly to GPs records but this was not the case with the hospitals and efforts were underway to achieve alignment.

The Chair invited member of the public Mrs Macintyre to speak who wished to ask a question in the light of recent personal experience about the level of confidence in the triaging system at the control centre, categorising of calls and communication with callers regarding how long an ambulance would take to arrive. Mr Docherty offered his condolences to Mrs McIntyre and said he was very sorry that there had been a delay in attending her husband. He explained that every single call was recorded and retained permanently so if there were any concerns the call would be retrieved and an independent audit conducted on how it was handled. He offered to audit the calls made and the resolution letter sent by the Trust.

Overall, he felt staff did an excellent job assessing which calls should be categorised as a higher priority and that the system in place was robust, serving most patients well most of the time. He acknowledged that there was always room for improvement and the Trust always wished to learn what it could from anything that had gone wrong. In response to a related question from the Chair he explained that ambulances could start their journey from anywhere within the region and were not retained at a static site, apart from at one of the 16 hubs where they were cleaned overnight. He also explained that he received a text message every time a delay occurred and all clinical staff within the Trust helped out if needed. The Chair felt that there might be lessons to learn from this case in relation to communication with callers regarding how long the wait might be.

Mr Voysey, representative of Healthwatch, reported that 20 comments had been received about WMAS in the last year, 7 had been positive, the rest negative with concerns raised about closure of ambulance stations and 2 about ambulance delays. Mr Docherty reported he signed off all formal complaints and that WMAS received approximately 1 complaint for every 8,000 cases dealt with. He asked all present to encourage patients to get in touch with the service if they were not happy about something, a Learning Review Group met on a monthly basis to consider errors and issues.

The Committee thanked Mr Docherty for attending the meeting and answering questions. They said that exception reporting would be welcomed for future meetings. Members praised the work of the Trust but as a scrutiny committee emphasised that it was their duty to look at what was not working and to see if anything could be done to help. The Trust was congratulated on the high percentage of flu vaccination uptake by staff.

Mr Docherty thanked the Committee for the invitation to attend and said that members would be welcome to visit the control centre if they thought that would be useful.

9 Keeping Adults Safe in Shropshire

The Chair welcomed Ivan Powell, Independent Chair of the Keeping Adults Safe in Shropshire Board. He provided a report and presentation (attached to signed minutes) and explained the four priorities of the Board and how they had been identified using the Joint Strategic Needs Assessment as a starting point, drawing on multi agency data and consulting with Healthwatch and the community through the citizens engagement sub group. The presentation also covered the number of contacts made in relation to safeguarding, the most common types of abuse, the age of individuals involved in enquiries and meeting desired outcomes following enquiries. The presentation also

covered training, safeguarding adult reviews, examples of multi agency reviews and areas of focus moving forward.

The Annual report covered the period to April 2018, it was not possible to publish it any earlier than November because adult safeguarding data collection was managed centrally by government. It was agreed that the best timing for the next report would be November 2019 or as soon as possible after then. The report had to be provided to the Health and Wellbeing Board but it was agreed that it was desirable for it also come to scrutiny, perhaps at the same time as the Children’s Board report to a Joint meeting of the Health and Adult Social Care and People Overview Committee.

With reference to the member question asked earlier in the meeting with regard to county lines, and the priority moving forward of exploitation in Shropshire; Mr Powell referred to strategic governance arrangements around this issue and confirmed the view that this issue sat with the Community Safety Partnership. A county profile had been built up and the national crimes agency provided information on vulnerability mapping and profiling.

Members thanked Mr Powell for the informative report.

10 Appointment to the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee

The following were appointed to the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee:

Councillors: Karen Calder, Heather Kidd, Madge Shingleton
Co-optees: David Beechey, Paul Cronin, Ian Hulme

11 Health and Adult Social Care Overview and Scrutiny Committee Work Programme

It was agreed that an item on the contribution of the Council’s Regulatory Services on Health and Wellbeing would be welcomed at the next meeting.

An item on Child Poverty in Shropshire was suggested and it was confirmed that joint meetings with other Scrutiny Committees could be held.

The Scrutiny Officer reported that it was intended that a work programming session for all Committees would be held in June.

Members noted that the Joint HOSC’s work programme included topics such as Children’s and Adult’s Mental Health Services, Midwife Led Unit Review, Future Fit.

Signed (Chairman)

Date: