

Commenced – 6.01 pm  
Concluded – 7.39 pm

## **Adults and Public Health Overview and Scrutiny Board**

**15 September 2014**

Present: Councillor Pegg (Chair)  
Councillors Hillier, Skelton and Webb

### **09/14 Apologies for Absence**

Apologies for absence were received from Councillors J Khan and Jennings.

### **10/14 Late Items**

There were no late items.

### **11/14 Declarations of Interest**

Councillor Hillier wished it to be noted that in relation to 14/13 – Review of Screening and Immunisation Programme – NHS England, she had been involved in the supply of information systems for the programme through her employment at NHS Connecting for Health.

### **12/14 Minutes of the meeting held on 14 July 2014**

The minutes of the meeting held on 14 July 2014 were agreed as a correct record and signed by the Chair.

### **13/14 Council Cabinet Forward Plan**

The Board considered the Forward Plan published on 2 September 2014.

Members noted that Item 8/14 – Implementation of the Care Act 2014 was on the Board's work programme for the municipal year.

Members agreed that the Scrutiny and Civic Services Manager should check whether Item 24/14 - Update on the Progress of the Re-commissioning of Children's Health Services and the Inclusion of Public Health within the Programme came within the remit of the Board and, if so, Members wanted an opportunity to consider and comment upon it.

**Resolved to note the Forward Plan.**

## 14/14 Review of Screening and Immunisation Programme – NHS England

The Board received a report of the Strategic Director of Resources on Review of Screening and Immunisation Programme. The report was presented by the Public Health Screening and Immunisation Lead, Derbyshire and Nottinghamshire Area Team, NHS England. Members were informed about the immunisation programme and how it performed against national targets. The Board also considered the winter flu vaccination programme and how key workers and front line staff were selected for vaccination, to minimise the risk to vulnerable people.

Members asked whether there was a legal requirement for those that worked in children's homes, care homes or were home care providers to be immunised. It was reported that employers had a duty of care, however, each individual must consent to immunisation.

Members considered future commissioning plans for school aged vaccination services and asked whether the personal child health record (PCHR or 'red book') would continue. It was confirmed that it would continue and parents would be encouraged to carry on using it.

Members discussed reducing inequalities in immunisation uptake in new emerging communities and recognised the importance of clear information being provided and well organised GP practices.

### **Resolved:**

- 1. to note the report; and**
- 2. to note the success of the immunisation programme and hope that performance continues to improve.**

## 15/14 Update from EMAS on Trust's Performance in the Southern Derbyshire CCG

The Board received a report of the Strategic Director of Resources on Update from East Midlands Ambulance Services Trust on the Being the Best Programme. The report was presented by the Chief Executive of East Midlands Ambulance Services Trust (EMAS) and the General Manager for Derbyshire. Members were updated on the Trust's performance during 2014 in the Southern Derbyshire Clinical Commissioning Group area.

It was reported that EMAS had seen a rise in activity over the summer but that a significant explanation had not been found. Members noted the rise in demand during weekends and discussed the possible reasons for it, such as ease of access. It was reported that more work needed to be carried out to identify the reasons.

Members were informed about Hear and Treat performance, where a Clinical Assessment Team within the Emergency Operations (call handling) Centre responds

to the needs of 999 callers, where appropriate, with telephone advice rather than an ambulance response. Members asked whether that team was helping to prevent hoax calls and unwarranted calls. It was confirmed that they were helping to prevent those types of calls and also duplicate calls, such as those received after a road traffic accident.

Members asked about estate plans for the future. It was reported that the priority was the ambulance fleet and ICT and that estate plans were on hold. Members discussed different ways that ICT could be used, such as the use of bar codes to aid in the restocking of ambulances. Members agreed that any ICT used should also be compatible with hospitals.

Members recognised the importance of increasing staff morale and were please to note the NHS initiative termed 'Listening into Action'. Members were informed that this initiative was being led personally by the Chief Executive.

Members highlighted the fact that different hospitals offered different packages and that this could result in different clinical pathways. It was reported that to help with this and in order to maximise the potential for meeting patient need most appropriately, EMAS had commenced its Paramedic Pathfinder programme as part of its transformational agenda and that the aim of this approach was to identify options for attendance at hospital, where it was clinically appropriate.

**Resolved to note the report.**

## **16/14Seven Day Working**

The Board received a report of the Strategic Director of Adults, Health and Housing on Seven Day Working. The report was presented by the Service Director – Older People and Enablement.

It was reported that in December 2013 Sir Bruce Keogh, Medical Director of the NHS, delivered a review entitled 'NHS Services, Seven Days a Week'. It was further reported that this was in response to research that clearly showed the service provided by the NHS was not of the same standard at weekends and overnight, leading directly to poorer outcomes, including increased mortality rates, for people who needed healthcare support at those times.

Members noted that the title and much of the focus of the Keogh report concentrated on NHS services like hospitals, GP practices and community health providers. It was reported, however, that there was also a strong onus on Local Authorities, as key partners in the delivery of care and support to people of all ages, to also be able to respond appropriately on a seven day per week basis.

Members noted that the report set out the progress that the Council was making in partnership with local NHS organisations to improve access to health and social care on a seven days per week basis. It was also noted that the report focused on the current position and future plans of the Council in response to the ninth of Keogh's ten standards for the NHS, Transfer to community, primary and social care.

Members discussed the use of the Better Care Fund to extend seven day working and it was reported that local conversations had taken place on this between the Council and the Southern Derbyshire Clinical Commissioning Group.

Members agreed that seven day working would work in hospitals as they recognised that sometimes patients were kept in hospital over the weekend only because their clinical assessment or treatment could not be commenced or continued until the following week. It was reported that the 'Transfer to Assess' approach, as discussed at the last meeting of the Board, could also help with this problem.

Members recognised the importance of hospitals, GP practices, Social care services and community services working more closely together to deliver better services for patients and service users. Members agreed that a report on this should be brought to the March 2015 meeting of the Board in relation to seven day working and the Better Care Fund.

**Resolved:**

- 1. to note and support the Council's joint work with local NHS organisations in relation to seven day working; and**
- 2. to request that a report be brought to the March 2015 meeting of the Adults and Public Health Board on partnership working in relation to seven day working and the Better Care Fund.**

MINUTES END