

Time started - 6.00pm
Time finished - 7.47pm

**ADULT SERVICES AND HEALTH COMMISSION
7 SEPTEMBER 2009**

Present: Councillor Hussain (Chair)
Councillors Keane and Winter

16/09 Apologies for Absence

Apologies for absence were received from Councillors Nath, Tuplin and Williams.

17/09 Late Items Introduced by the Chair

There were no late items.

18/09 Declarations of Interest

There were no declarations of interest.

19/09 Minutes

The minutes of the meeting held on 22 June 2009 were agreed as a correct record and signed by the Chair.

20/09 Call-in

There were no items.

Items for Discussion

21/09 Councillor Call for Action

There were no items.

22/09 NHS Next Stage Review Implementation

The Commission received presentations on NHS Next Stage Reviews from:

- Andy Wells – Major Trauma

In his presentation Andy explained that major trauma was used to describe serious and multiple injury where the patient has less than 10% chance of survival. Major

trauma is assessed by the paramedic on the scene. It was reported that this was the main cause of death in the under 40's age group and included head injury, spinal injury, burns, gunshot wound etc. It was noted that there were approximately 660 cases of major trauma per year in the East Midlands which appeared to be more common in urban areas. The review was trying to develop a high quality, safe and effective major trauma system for East Midlands for adult and children which would run 24/7. It was reported that the background to the review was because the region does not currently have a major trauma system. The Commission were shown examples of what the major trauma system would look like to include the trauma centre and the trauma unit. Members were also provided with details of scenarios for the service currently provided and what could happen should the system be in place. It was envisaged that the new trauma system would save approximately 67 additional lives whilst also improving the quality of life.

Andy reported that the next steps were to continue to engage with patients and the public, produce an overall business case for the East Midlands and then consult with the public if necessary.

Members asked Andy where the Major Trauma Centre would be located. It was reported that there had been 2 bids received from Nottingham and Leicester, although the bid from Leicester had been withdrawn in recent months. It was noted that Nottingham was the credible and preferred option.

- Deborah Matthews – Heart Attack Care

In her presentation Deborah explained that the NHS were proposing to improve stroke and heart attack care. It was reported that for heart attacks the key was rapid access to the treatment that was best for the patient. The changes that were planned were as to how the heart attack was treated and where. It was noted that the current treatment was Thrombolysis and the proposed future treatment was Primary Percutaneous Coronary Intervention (PPCI) or primary angioplasty as it sometimes called. There could be approximately 2,000 people in the East Midlands that could benefit from PPCI, which works best if given quickly and can help people survive some types of heart attack. The services may change with some hospitals offering specialist PPCI centres. There will be training provided to ambulance and hospital to help them identify people who can benefit from PPCI, which would need to be received within 2 hours. The Commission received details of the type of services that were proposed such as the specialist centres and the acute coronary syndrome centres.

Members requested details about what currently happened in the City. It was reported that this service was being provided but the national view was that there needed to be 400 cases each year provided for and currently this number was only just being reached. Derby Foundation Trust were keen to deliver this service and provide a centre for which proposals had been submitted. The PCT were supportive of the Foundations application.

- **Deborah Matthews – Stroke Care**

In her presentation Deborah explained that the proposal was to save lives and reduce disability caused by strokes. It was reported that there were plans to change how and where stroke patients were treated. A stroke occurs when the blood supply to the brain is reduced either when a clot blocks an artery or when a blood vessel bursts. Members were given details of the national awareness campaign that has been on TV and the radio on how to tell if someone was having a stroke. It was reported that stroke should be treated in specialist stroke centres with access to assessment and diagnosis, with immediate brain scans and clot-busting drugs when needed. There will be hospitals that offer specialist stroke centres for which the ambulance and hospital staff would be trained in to help identify people who were having a stroke. The need to change was because in the East Midlands there were more than 6,000 people in a year that had a stroke. A stroke is treatable and specialist care can save lives and reduce disability. It was noted that the stroke centres were more likely to survive their stroke and be less dependant on others for long term care. The Commission were informed what this would mean for patients and the type of services such as a specialist centre or a local unit. Deborah reported that the centre would be located where a 60 minute journey time would be possible for the East Midlands, this was to allow treatment to be given within a three hour window and time to reach a hospital that offers specialist care. The next step would be to evaluate the providers and make recommendations to the PCT's and Strategic Health Authority where the services would be located. There would be a series of patient and public involvement events to involve stakeholders with final decisions in place in April 2010 for the services to be in place within 3 years.

Resolved;

- 1. to support the proposals of the next stage review;**
- 2. to note the presentation.**

23/09 Adult Social Care Financial Overview

The Commission considered a report from the Director of Corporate and Adult Services on the Adult Social Care Financial Overview. It was reported that following the request from the Chair of the Commission this report outlined the reasons for the adult social care under spend for 2008/09, and how this relates to the pressures outlined in the budget setting process. It was noted that in 07/08 the budget was overspent by £2.5m with a range of factors that contributed to the problem, the most significant being the increase in home care hours. To address the issue Cabinet agreed to re-introduced home care charging for people assessed as having low levels needs which was introduced 1 January 2009.

Michael Foote reported to the Commission that a new national NHS continuing health care criteria was introduced on October 2007 for which some cost reduction / increased income came to the Council as a result. Although it was noted that this area would be reviewed again in the autumn.

The Commission were informed of the area that had been focused on to achieve cost savings. These included a reduction in home care hours, a movement from in house to independent sector home care services and overachievement in staff and management costs across the service.

Michael Foote stated to the Members the challenge for Adult Social Care was to achieve the strategic development of services, along with the cost efficiencies required by the Council in coming years. Nationally Adult Social Care has been under financial pressure in recent years which is recognised by the publication of the green paper. It was reported that the cost of personalisation was not yet known and there were other strategies which were likely to have an impact, such as Dementia Services, Learning Disability Services and Carers Service.

Resolved to note the report.

24/09 Derby Dementia Diagnostic Tool

The Commission received a presentation from Jenny Appleby and Terry Prior on Dementia. It was reported that the term dementia was used to describe symptoms that occurred when the brain was affected by specific diseases and conditions, including Alzheimer's and strokes. The symptoms could include loss of memory, confusion and problems with speech. The Commission were informed of the National Dementia Strategy "Living Well with Dementia" that had 3 themes – Awareness, Diagnosis & Support and Living Well. There were 17 objectives aimed at delivering the strategy of which Derby have self assessed as 8 Red and 9 Amber.

The Commission were informed of the principles of care and how these would be achieved. These areas involved keeping people independent for longer and improved professional and social care knowledge.

Members raised concerns about the work that was currently being carried out and whether Derby was behind other local authorities. It was noted that Derby were developing awareness and identifying current services and gaps along with a sharing process with other local authorities. This would show areas with good practice but it was felt that universally there was a deficit in dementia care. The future work was to develop a Derby City Dementia Strategy and joint commissioning plan, part of which would target priority areas from the National Dementia Strategy.

Resolved to note the presentation and receive a further update in 6 months.

25/09 Annual Work Programme of the Adult Services and Health Commission 2009-10

The Commission received a report from the Director of Corporate and Adult Services on the annual work programme for 2009-10. Members had previously

given suggestion to the co-ordination officer of possible reviews they wished to carry out.

Members agreed to cover the Patient Transport issue as requested by Councillor Hird and the Pharmacy First.

The Commission also agreed for an agenda item on Childhood Obesity to come to a future meeting of the Commission to detail the action being taken by the PCT.

Resolved to agree the Commission's annual work programme for 2009-10, completing topic reviews on Patient Transport and Pharmacy First.

26/09 Performance Monitoring 1st Quarter 2009-10

The Commission received a report from the Director of Corporate and Adult Services on the first quarter performance of the indicators falling within the Commission's portfolio. The report showed that of the 16 indicators in this year's portfolio fourteen were green, one amber and one red. The sole red indicator during this period was NI 131 Delayed transfer of Care. This indicator was off target for the whole of last year and has continued into the first quarter.

Resolved to note the 1 quarter 2009-10 performance indicators which fell within the remit of the Commission.

Retrospective Scrutiny

27/09 Identify items for Retrospective Scrutiny

There were no items.

28/09 Council Cabinet Forward Plan

There were no items identified.

29/09 Responses of the Council Cabinet/Health Bodies to reports of the Commission

The Commission noted the response of the Council Cabinet to the Handy Persons scheme.

30/09 Matters referred to the Commission by Council Cabinet

There were no items.

MINUTES END