

Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 23 September 2024

Present: Richard Cox (Chair)

Attendance	
Charlotte Atkins	Jason Jones
Philip Atkins, OBE	John Jones
Ann Edgeller (Vice-Chair (Scrutiny))	Paul Northcott (Cabinet Support Member)
Jill Hood	Fred Prestwood
Julia Jessel (Vice-Chair (Overview))	Janice Silvester-Hall

Also in attendance: Baz Tameez, Steven Norman & Paul Northcott

Apologies: Val Chapman, Phil Hewitt, Leona Leung, Kath Perry, MBE and Bernard Peters

Part One

17. Declarations of Interest

Councillor Ann Edgeller declared an interest as Staffordshire County Councils appointed Partner Governor at the Midlands Partnership Foundation Trust (MPFT).

18. Minutes of the meeting held on 29 July 2024

The Committee agreed to amend the minutes to include Councillor Steve Norman as having attended the meeting.

Resolved – That, subject to the amendment referred to above, the minutes of the meeting held on 29 July 2024 be confirmed and signed by the Chairman.

19. West Midlands Ambulance Service - Performance Update

Vivek Khashu, Strategy and Engagement Director, Murray MacGregor, Communications Director, and Dr Alison Walker, Executive Medical Director, presented the West Midlands Ambulance Service (WMAS) Performance Update to the Committee.

The Committee received incidents, transport and conveyance data, operational demand and handover delay data and average Category 2 response times for the current year and previous years for comparison.

The Committee noted the following comments and responses to questions:

- The Committee requested that future presentations from the WMAS should include a narrative alongside any graphs for context.
- It was reported that call handlers triaged calls for an ambulance in order to best support the patient, in some cases at home with local services, rather than an ambulance being required to convey to hospital. The Clinical Audit team regularly assess a number of calls handled by the call assessors to ensure that calls were handled correctly. The Committee were assured that the system of the categorisation of patients and calls was risk averse.
- As there was a paramedic on every response vehicle, the conveyance rate (48%) was one of the lowest rates in the country which reduced pressure on the hospitals.
- At peak times, there were around 400 ambulances on the road per day.
- There was a winter plan to build up resources at WMAS which was phased to layer in throughout the year.
- There were a number of lost hours due to handover delays. It was reported that handover delays at hospitals had an impact on the community waiting for ambulance particularly in rural areas.
- The Midlands NHS region was attempting to adopt a model so that no patient in an ambulance waited longer than 45 minutes for a hospital handover. It was reported that some hospitals in the West Midlands, including UHNM had signed up to the agreement which will begin in October 2024.
- The Committee discussed that the Chief Executive of WMAS be invited to future meetings where WMAS performance is discussed.
- The Committee acknowledged that the performance of the WMAS had improved since it was last considered by Committee in November 2023.
- The Committee requested to receive a breakdown of performance within Staffordshire.
- The WMAS championed the work of the Community Rapid Intervention Service (CRIS) and endorsed that they should be a 24-hour service. The Committee agreed that the Chairman write to the ICB to give consideration to expanding the CRIS service to a 24-hour service.
- Assurance was given that best practice was shared between NHS Trusts in the region.
- The number of ambulances travelling to hospital had reduced since 2018 however, WMAS were not sighted on the data around patients who self-presented rather than wait for an ambulance. There was a need to ensure that the public had confidence in the ambulance service.

- Everything within an ambulance needed to be approved at a national level and was crash tested so it was not possible to convey patients with a wheelchair on board. It was reported that in these instances where a patient requires a wheelchair, if it was not possible for their own wheelchair to be delivered to the hospital, a similar model would be provided.

Resolved – That (a) the presentation be received, and the Committee comments be noted.

(b) the Committee receive a breakdown of performance within Staffordshire.

(c) the Committee write to the SSOT ICB to endorse the proposal for the Community Rapid Intervention Service to be a 24-hour service.

(d) the Committee endorsed the WMAS proposal for an independent review.

(e) West Midlands Ambulance Service performance be considered by the Health and Care Overview & Scrutiny Committee in Autumn 2025.

20. Defibrillators

Councillor Richard Cox, Chairman of the Health and Care Overview & Scrutiny Committee, presented the Defibrillators Inquiry Day report to the Committee.

Vivek Khashu, Strategy and Engagement Director and Murray MacGregor, Communications Director were also present to respond to questions.

The Committee noted that the British Heart Foundation had submitted apologies for the meeting and the Committee agreed to request a briefing note from the British Heart Foundation relating to their public awareness campaigns and information in relation to the remit and responsibility of guardians/stakeholders and the long-term implications of defibrillator ownership, maintenance and associated procedures.

The Committee were reminded that on 29 January 2024, the Health and Care Overview & Scrutiny Committee agreed to hold an Inquiry Day to further look into and seek assurances of the processes in place regarding defibrillators at the West Midlands Ambulance Service (WMAS).

The Committee noted the following comments and responses to questions:

- The Chairman highlighted that this report was for public awareness

and requested that all Councillors in Staffordshire assisted in raising the awareness of Defibrillators and the requirement for registering and ongoing maintenance of each Defibrillator. The Committee also discussed the need for all Councillors in Staffordshire to check all known defibrillators in the community to ensure that the defibrillator was registered (see link and comment below).

- Staffordshire Moorlands District Council had agreed a contract to maintain all defibrillators in the district for a two-year period to ensure that defibrillators were properly registered and maintained.
- It was estimated that 3000 defibrillators in the West Midlands were not registered, this meant that in the event where a defibrillator was required, the WMAS would be unaware of that defibrillator.
- The British Heart Foundation had developed a website: www.defibfinder.uk which held data on registered defibrillators. It was reported that if a defibrillator was not shown on the website, it was likely that it was not registered. The Committee highlighted that in these circumstances, the guardian of the defibrillator should be informed. The Website was also able to determine the availability of each registered defibrillator.
- Where possible, defibrillators should be in locations which are accessible 24/7.
- Defibrillators should only be installed by a trusted organisation.
- The Committee were advised that, in order to save more lives, there should be a defibrillator approximately every 500 meters.

Resolved – That (a) the report be received, and the Committee comments be noted.

(b) the report be circulated to all Members of Staffordshire County Council, District and Borough Councils and Parish Councils for information and a request for all Councillors to check that all defibrillators in the community were properly registered.

(c) the British Heart Foundation be requested to provide a briefing note relating to their public awareness campaigns and information in relation to the remit and responsibility of guardians/stakeholders and the long-term implications of defibrillator ownership, maintenance and associated procedures.

21. Director of Public Health Annual Report

Councillor Paul Northcott, Cabinet Support Member for Public Health and Integrated Care and Dr Richard Harling, Director for Health and Care presented the Director of Public Health Annual Report to the Committee.

It was reported that the Director of Public Health had a statutory requirement to write an independent Annual Report that considered

aspects of the health of their population. The 2024/25 report focussed on the ageing population in Staffordshire.

It was reported that if health and care services continued as now, then by 2041, the council would need an extra £600million and 20,000 additional staff to provide for the ageing population.

The report highlighted opportunities to mitigate the risk by focusing on prevention to increase healthy life expectancy and to rethink the way that older people are cared for with a model of care which was more proactive and compassionate, recognising that there comes a point when quality of life was more important than quantity of life. There were also opportunities in advances in technology and Artificial Intelligence.

The Committee noted the following comments and responses to questions:

- The value of local charities in assisting the elderly, to provide advice and guidance and provide care.
- Too many frail and elderly people continue to be admitted to hospital at the end of life which causes a level of distress and indignity.
- There was a need for prevention in order to increase healthy life expectancy. It was discussed that there were differences in attitudes between generations, and younger generations had healthier relationships with weight and alcohol.
- Schools should encourage healthy eating to children. There were too many takeaways available to the population.
- There was a need to raise awareness to prepare for old age focussing on living wills, Power of Attorney and end of life care plans.
- The Committee discussed a Working Group to look into preparedness for old age and dying with dignity.
- There were transport issues for the elderly in Staffordshire, this was likely to be more of a problem in the future. Healthwatch reported that patients had raised transport issues relating to limited bus routes and times of operation.
- The Committee were advised to use the contents of the report to aid future debates at the Committee when it considers other Adult Social Care items.

Resolved – That (a) the report be received, and the comments be noted.

(b) the Committee endorse that partners also reflect on the findings of the Annual Report.

(c) the Committee recommend that the Annual Report be debated further

at Full Council.

(d) the Committee consider a Working Group to look into preparedness for old age and dying with dignity.

22. Healthwatch Staffordshire Year 2 Progress Update (2023-24)

Councillor Paul Northcott, Cabinet Support Member for Public Health, Keith Luscombe, Strategic Policy and Partnerships Manager and Baz Tameez, Healthwatch Staffordshire Manager presented the Healthwatch Staffordshire Year 2 Progress Update 2023/24 and Healthwatch Annual Report to the Committee.

The Committee were reminded that Healthwatch Staffordshire had an independent consumer champion role, helping to drive up the quality of local services; resulting in improved experience and outcomes for people who use services.

The Committee were advised that during year 2, Healthwatch Staffordshire had continued to deliver against a more streamlined work programme with more targeted resources. The Healthwatch annual work plan had been driven by community priorities as required by legislation.

A range of Healthwatch Staffordshire Year 2 highlights and next steps for year 3 were shared with the Committee.

The Committee noted the following comments and responses to questions:

- Healthwatch had completed a deep dive into Teenage mental wellbeing and for those in care as a child to help support how the Council were implementing services. It was reported that as a whole, the feedback was good from young people.
- Healthwatch had completed a deep dive into seldom heard patient and resident experiences, Healthwatch contacted people in rural areas using existing services and by traveling to the rural areas.
- Healthwatch contract funding (nationally) is determined by each individual LA responsible for the contract, linking in part to wider MTFS decision making.
- There was a Healthwatch representative who had a non-voting position on the Health and Care Overview & Scrutiny Committee to feed in the patient's voice at Committee. This representative was also involved in Committee working groups and Inquiry days.
- Healthwatch reported that they had not had any significant challenges when accessing an organisation and any comments that Healthwatch may have made were well received and valued.

Resolved – That the report be received, and the Committee comments be noted.

23. Work Programme

The Committee requested to receive a briefing note on uptake of Flu, Covid and RSV vaccinations.

Resolved – That the work programme update be approved.

Chair