PRESENT: Councillor Robinson (in the Chair); Councillors Cecile Biant, Darnbrough, Hartley (substituting for Councillor Boriss), Linden, Hilary Rodgers, Martin Rodgers, Stott and Zaman.

OFFICERS: Wendy Meston (Interim Director of Public Health), A. Carswell and J. Parrish (Adult Care Service), R. Pinkney and S. Shabnam (Public Health Service), J. Staley and P. Thompson (Corporate Services).


APOLOGIES FOR ABSENCE: Councillors Boriss, Dutton and O’Rourke.

DECLARATIONS OF INTEREST
42 There were no declarations of interests.

OPEN FORUM
43 The following issues were raised in the Open Forum Session: -

Car Parking
Councillor Robinson requested that the issue of the lack of adequate car parking spaces for disabled motorists be addressed by the Pennine Acute NHS Hospitals Trust. The Deputy Chief Executive undertook to update the Committee on this matter at the next meeting of the Committee.

Carers
Councillor Linden raised the issues of carers not having a presence at North Manchester General Hospital. It was noted that this issue was being pursued by the Council’s Adult Care Service.

MINUTES
44 The Committee considered the minutes of their last meeting on 12th November 2013. It was noted that the next scheduled meeting, on 1st April 2014, was the Committee’s final scheduled meeting of 2013/2014. It was therefore suggested that the two study groups, commissioned by the Committee, present either their final reports or an update on current progress to this meeting.

DECIDED – That (1) the minutes of the meeting of the Committee held 12th November 2013 be approved as a correct record;
(2) the Committee at its next scheduled meeting on 1st April 2014, receive either a final report or an update on current progress in respect of the Mental Health and the Housing Scrutiny Study Groups.

CLINICAL COMMISSIONING GROUP - UPDATE
45 The Committee scrutinised a report of the Chair and Chief Officer of the Heywood, Middleton and Rochdale NHS Clinical Commissioning Group (CCG) which updated Members on initiatives and activities being undertaken recently by the CCG.
In terms of the Social Investment Fund the Committee was updated on a total of 99 projects that had successfully secured one-off grants of between £5,000 and £25,000 from the Social Investment Fund. To receive a grant projects had to demonstrate health and community benefits to the people of Rochdale Borough.

In addition £500,000 was shared between those schemes from 2012/2013 that were able to demonstrate meeting their targets, and delivery of objectives and outcomes. This would enable local projects and initiatives that have made a real impact on local health to continue their work or extend their aspirations. A panel including representatives from the CCG, local voluntary sector partners and independent providers, and The Charity Service had reviewed all the applications and made decisions on which ones can really make a difference in the heart of communities and further build on the successes in health and wellbeing improvements.

In considering the report Members requested further information on the Better Care Fund, which was referenced in the report.

DECIDED – That (1) the report be noted;
(2) a report outlining Better Care Fund be presented to the next meeting of the Committee on 1st April 2014.

ROCHDALE SAFER COMMUNITIES PARTNERSHIP - MONITORING REPORT - QUARTER TWO 2013/2014

46 The Committee scrutinised a report of the Deputy Chief Executive which provided Members with a summary of the how the Rochdale Safer Communities Partnership had performed against its targets for the second quarter of 2013/2014 (July – September).

Members noted that information on the strategic operations of Greater Manchester Police for each Township area was now being reported to the relevant Township Committee.

In considering the report Members requested a report on the proposed privatisation of the Probation Service be submitted to the next scheduled meeting of the Committee on 1st April 2014.

DECIDED – That (1) the report be noted;
(2) the Deputy Chief Executive be requested to submit a report to the next scheduled meeting of the Committee on 1st April 2014 detailing the proposed privatisation of the Probation Service.

PENNINE ACUTE HOSPITALS NHS TRUST: UPDATE

47 The Assistant Chief Executive of Pennine Acute Hospital Trust updated the Committee on work undertaken by the Trust since the last meeting of the Committee.

Further to the last meeting of the Committee the report provided information relating to mortality ratios, waiting times, the budgetary deficit, the transparency programme, winter preparedness provisions and the benefits of Foundation Trust Status.

The Committee were advised that the Care Quality Commission had recently carried out three unannounced inspections: at Rochdale Infirmary in September 2013, where it was found that the Hospital’s staffing levels met the required standard. The inspection at North Manchester General Hospital in November 2013, found that the in respect of respecting and involving people and meeting nutritional needs the Trust
met the required standards. In terms of care and welfare of people action was needed around recording and implementation of nutritional assessments. The CQC judged these issues to have a minor impact on patients. An action plan to address the issues raised has been submitted to the CQC and further details on this matter were requested to be included in the Trust's next update report to this Committee. The third inspection was at Fairfield General Hospital, Bury in December 2013 where it was found that in respect of consent to care and treatment, care and welfare of people, cleanliness and infection control, staffing and the assessing and monitoring quality the Trust was meeting the required standards.

The Trust’s deputy Chief Executive reported that they continue to meet the national cancer targets and the 18 week referral to treatment standards at Trust level, although there was now some risk to achieving the 18 week referral to treatment target for January. It was agreed that presentation on this matter be submitted to a future meeting of the Committee.

The Trust was exactly on the upper threshold for Clostridium Difficile infections (50 year to date at December) against a year end stretch target of no more than 69. There had been a further MRSA bacteraemia in December 2013 bringing the total to four for the year against a target of zero.

The Trust also recorded three mixed sex breaches (where male and female patients are placed in the same ward area) in September 2013, two in October 2013 and two in November 2013.

DECIDED – That the report be noted.

URGENT CARE ACCESS STANDARD

48 Mr. H. Mullen, Director of Operations at Pennine Acute Hospitals NHS Trust (PAHT) addressed the Committee regarding the urgent Care Access Standard.

An emergent system for Accident and Emergency departments was to stream patients into acute, ambulatory and minors – placing patients into the correct stream, supported by step-up and step-down services. Hospitals in the PAHT footprint have dedicated employees that are highly trained to work autonomously with little input from the medical staff. All patients for the minor’s area are triaged first unless the wait is less than one hour in which case they will go straight round and be seen very quickly. There is a sub-wait area in minors so where there is capacity patients will wait in the sub-wait area. This enables quicker patient flow as patients waiting for x-ray/bloods results can go back in the sub-wait area enabling other patients to be seen in a cubicle.

Some Accident and Emergency attendances can be predicted within a range, allowing the department to deliver a planned service to some extent, making sure the right people are in the right place at the right time. Matching demand to staff availability and skills for patient mix is important.

Currently patients are triaged either by the triage nurse/co-coordinators and placed in a cubicle/side room. They are seen by and assessed by a nurse/clinician. To assist patient flow and in busy times the Rapid Assessment and Treatment model is used. This is where a senior nurse/consultant will assess the patient together and either treat/transfer or direct to a junior doctor for further treatment. This promotes timely assessment/senior decision making and subsequent patient flow.
Where resus is full, the Consultant in charge will review all patients and reassess and decide who can be transferred into majors/critical care. At times of increased demand the general medical team will review patients in the department in order to admit timely into assessment areas as appropriately to free up capacity.

For both major/minors when the department is busy the nursing staff will double up in triaging to increase patient flow and assessment. Also a support worker works with the triage nurse ‘working the patient up’ so these are available when the patient sees the doctor so earlier decision making can be facilitated. All specialities are expected to attend the department within half hour of referral, if they are unable to attend this is then escalated to a more senior person.

**DECIDED – That the presentation be noted and welcomed.**

**NORTH WEST AMBULANCE SERVICE - PRESENTATION ON CURRENT SERVICES**

49 The Chair welcomed Madeline Edgar (Acting Director of Communications) and Francis Dreniw (Sector Manager) of the North West Ambulance Service (NWAS) who gave the Committee a presentation which overviewed the work of NWAS.

The North West of England covered a large and topologically varied landscape in which a population of 7 million resided and covered over 5,400 square miles. NWAS covered Cheshire, Merseyside, Greater Manchester, Lancashire and Cumbria. NWAS employed approximately 5,000 staff, with an annual income of approximately £260 million. There were three emergency control rooms in the area covered by NWAS which received 1.1 million 999 calls per year (900,000 emergency patient episodes). The North West footprint included various PCT clusters, 5 LATs, 33 Clinical Commissioning Groups and 28 provider trusts.

NWAS has been recognised as one of the top performing ambulance trusts nationally despite activity increases and had received excellent ratings from various Care Quality Commission inspections. The Pathfinder and urgent care development were key areas of work and NWAS’s membership targets for Foundation Trust status had been successfully achieved. NWAS had established a clear clinical leadership structure and had won various national innovation awards for the positive patient experiences received. NWAS was the first ambulance service to get the prestigious Gold IiP Award and had received national recognition for coverage in a Channel 4 television series “999: What’s your emergency?”

**DECIDED – That the report be noted.**

**THE DEMENTIA CHALLENGE**

50 The Committee considered documentation that had been downloaded from the Department of health’s web-site regarding the prevalence of dementia nationally (England), regionally in the North West and locally in the Rochdale Borough.

The Director of Adult Care and the Chief Officer of the Clinical Commissioning Group appraised the Committee on work that their organisations were currently undertaking around dementia.

**DECIDED – That the Director of Adult Care and the Chief Officer of the Clinical Commissioning Group be requested to give presentation on the work that both of their organisations are undertaking in relation to dementia to the meeting of the Committee scheduled for 9th July 2014.**
MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION

51 The Interim Director of Public Health delivered a presentation that updated Members of the Committee on a number of matters that had been identified to promote mental health issues and to help develop strategies to prevent suicides.

In terms of the Rochdale Borough there were approximately 20 deaths by suicide per year of which males accounted for 75%. Most suicides were in the 40 – 49 age range, and this applied to both males and females. The Falinge area of Rochdale had been identified as a suicide ‘hotspot’.

A local self-help group existed in the Borough and was based at Rochdale Football Club. It was explained that the basic purpose of this group was to offer counselling services for men aged 18 – 45 years with mild to moderate mental health problems. The group had been formed by family members of individuals who had committed suicide.

The Committee were advised that the Suicide Prevention Strategy had identified seven key areas for action. These were reducing the risk of suicide in key high-risk groups; tailoring approaches to improve mental health in specific groups; reducing access to the means of suicide; providing better information and support to those bereaved or affected by suicide; to support the media in delivering sensitive approaches to suicide and suicidal behaviour; to support research and data collection; and to promote health and wellbeing and to increase resilience through the ‘Five Ways to Wellbeing’, which were connect, be active, take notice, keep learning and give.

The Committee were advised that extensive engagement had taken place to help in devising a poster and that the poster had been promoted widely across the borough via a number of methods, to help to promote the work around suicide prevention that was happening in the Borough.

DECIDED – That the Suicide Prevention Strategy, as presented, be fully supported by the Committee.

YOUNG CARERS REPORT

52 The Director of Adult Care submitted a report on young carers in the Borough, following feedback and updates on the Joint Carers Strategy 2013 – 2016, previously approved by the Council’s Cabinet.

The Joint Carers Strategy and Action Plan incorporated adult carers, parent carers of disabled children and young carers. The submitted report highlighted the profile of young carers in the Borough and the demographics and the progress that Adult Care Services continue to make to support them.

Numerous reports, over time have demonstrated the needs of young carers often demonstrating the isolation they experience, the lack of opportunities to play, have fun and experiences outside their caring role and how their health and education are often affected. Young carers often experience low achievement in exam results and face particular issues such as being NEETS (not in employment, education or training).

Significant progress has been made on the Young Carers Action Plan including: determining the numbers and demographic profile of young carers in the borough; a joint initiative between Health-watch, Hopwood Hall College, the Young Carers
service and The Carers’ Resource to increase awareness of young carers, identify and support young carers and barriers in further and higher education; a further event is being planned for February between Health-watch, youth services, the Young Carers service and The Carers’ Resource to explore breaks for young carers and support for young carers in transition between young carers services and adult carers’ services; the Young Carers service supports young carers to have breaks and opportunities away from their caring roles. They offer fun sessions and breaks, group work, targeted work into schools and one-to-one sessions for young carers. Joint work between the young carers service and youth services ensures youth work and breaks are provided each week; and developing an exciting initiative with Pennine Foundation Trust called ‘Living Well Academy’.

In discussing the report a Member suggested that a future report to the Committee on this matter include details of services for carers being provided by Link4Life.

The Committee were advised that the Carers Service Manager, Julie Parrish, was due to leave the Authority imminently to take up a new post with a charity.

DECIDED – That (1) the report be noted and welcomed;
(2) a future report updating Members of the Committee on the implementation of the Carers Strategy be submitted to the Committee’s meeting scheduled for June 2014, including details of carers services being provided by Link4Life;
(3) the Committee notes the valued contribution that Julie Parrish has made in this regard during the 14 years that she was employed by the Council.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE CARE FOUNDATION TRUST
53 DECIDED – That the minutes of the meeting of the Joint Health Overview and Scrutiny Committee for the Pennine Care Foundation Trust held 12th December 2013 be noted.

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE FOR PENNINE ACUTE HOSPITALS NHS TRUST
54 DECIDED – That the minutes of the meetings of the Joint Health Overview and Scrutiny Committee for the Pennine Acute Hospitals NHS Trust, held 15th October and 26th November 2013 be noted.