

Item 03

MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE HELD ON 12 SEPTEMBER 2018 AT CHURCHGATE HOUSE

Present:

Bolton Council	Councillor Stephen Pickup
Bury MBC	Councillor Stella Smith
Manchester CC	Councillor Eve Holt
Oldham Council	Councillor Colin McLaren
Rochdale BC	Councillor Ray Dutton
Salford CC	Councillor Margaret Morris
Stockport MBC	Councillor Keith Holloway
Tameside MBC	Councillor Gill Peet
Trafford Council	Councillor Anne Duffield
Wigan Council	Councillor John O'Brien (Chair)

Also in attendance:

Terri Byrne	GMFRS
Tony Hunter	GMFRS
Lindsay Dunn	Governance and Scrutiny Officer, GMCA
Warren Heppolette	GM HSC Partnership
Dave McNally	NWAS
Zoe O'Neil	GM HSC Partnership
Andy Redgrave	NWAS
Jon Rouse	GM HSC Partnership – Chief Officer
Jackie Wardle	Derbyshire County Council

HSC/25/18 APOLOGIES

Apologies were received from, Susan Ford (GMCA), Councillor Linda Grooby (Derbyshire County Council), Steven Pleasant (GMCA Lead Chief Executive – Health) and Councillor Sophie Taylor (Trafford Council).

HSC/26/18 DECLARATIONS OF INTEREST

There were no declarations of interest made in relation to any item on the agenda.

HSC/27/18 MINUTES OF THE MEETING HELD 11 JULY 2018

The minutes of the meeting held 11 July 2018 were presented for consideration.

RESOLVED/-

To approve the minutes of the meeting held 11 July 2018.

HSC/28/18 AUTOMATED EXTERNAL DEFIBRILLIATOR (AED) ACROSS GREATER MANCHESTER

David McNally, Community Engagement & Resuscitation Manager for the Greater Manchester Area, North West Ambulance Service provided members with an overview of current Automated External Defibrillator provision across the Greater Manchester area, and work of the Community Engagement and Resuscitation Department within the North West Ambulance Service NHS Trust to increase the survival rates from a person suffering an out of hospital cardiac arrest.

This was supplemented by a presentation which provided statistics in relation to the number of cardiac arrests for the period April 2017 to March 2018. During 2016-17 North West Ambulance Service (Nwas) treated 3,838 cases of out of hospital cardiac arrest (OHCA) across the North West, of these patients 65.2% received bystander Cardio Pulmonary Resuscitation (CPR) of which 9.07% survived, with the combined use of CPR and Automated External Defibrillation (AED) the survival rate was increased to 20.97%.

The importance of greater awareness and confidence in performing early CPR and the use of a defibrillator were recognised as key to improving survival rates along with the wider availability and visibility of AEDs. It was acknowledged that AEDs are life-saving items of equipment, which when used along with CPR, can enhance the chances of surviving a cardiac arrest.

Members were advised that there are 1930 Public Access Defibrillator (PAD) and 250 Community PAD sites across GM. It was further noted that there are 48 Community First Responders (CFR's) across GM who provide a vital part of care for patients right in the heart of the community giving patients life-saving extra minutes and being an extra helping hand to ambulance crews as well as a friendly reassuring face to people in their most desperate of times.

Furthermore, it was reported that Nwas has integrated a smart phone activation app called 'Good SAM'. It was advised over 500 members of the Trust have this available to them when they are off duty which informs them of a known/potential cardiac arrest within a 500 metre radius allowing for early CPR to be administered and further increasing chances of survival.

It was acknowledged that there are further engagement opportunities across all partners within the Greater Manchester area, to allow knowledge to be shared to enhance further the difference the training and devices can make to the survival of people suffering an out of hospital cardiac arrest.

In support of the objective to increase the survival of people suffering an out of hospital cardiac arrest, the Committee suggested that a call for action campaign utilising social media to request the registration of existing PADs along with the promotion of the training for community first responders. It was agreed that the registration form for defibrillators would be provided to all members of the Committee to promote and share across networks and localities. It was proposed that coordination of the any promotion would be undertaken with colleagues in Greater Manchester Fire and Rescue Service (GMFRS) and the GM Combined Authority (GMCA).

The committee considered the opportunities to encourage more individuals to become community responders. A member highlighted the cost involved for arranging first aid training and it was suggested that individuals working in coaching and junior clubs/organisations across the conurbation are a resource that could be utilised to receive CPR training. It was acknowledged that first aid training provided by private companies can be expensive but community CPR training and education is delivered free of charge in partnership by GMFRS and NWS at specific events in order to develop mass awareness.

Members discussed the fear that exists with regards to using the defibrillator. It was suggested that the message that a defibrillator will not work unless a person is in cardiac arrest, therefore, you cannot hurt someone with a defibrillator should be promoted in order to raise confidence within communities.

Tony Hunter, Director of Prevention and Protection, GMFRS provided an overview of the collective work to improve the rates of survival to discharge in GM. It was reported that public service reform has improved the collaborative response across all blue light organisations and provided highlights of the work being undertaken by GMFRS in support.

RESOLVED/-

1. To support this ongoing work;
2. To increase awareness created through partnership working;
3. To provide the registration form for defibrillators;
4. Members to promote and raise awareness of the defibrillator registration across localities and networks;
5. To provide further information to members on the opportunities to engage communities to undertake CPR training.

HSC/29/18 LOCAL CARE ORGANISATION (LCO) DEVELOPMENT ACROSS GREATER MANCHESTER

Warren Heppolette, Executive Lead, Strategy & System Development, GM Health and Social Care Partnership, introduced a paper which set out the approach and findings towards understanding the development of LCOs. It described the core model features that drive success, learning to date and how work will continue to increase the pace of change so all residents in GM can benefit from these models of care.

It was advised that the process has highlighted essential learning such as: the significance of integrated neighbourhood level working, a single leadership structure, clarity on permissions and accountabilities which, amongst others, are vital to successful delivery of new models of care.

The evaluation and learning from these reviews have been presented against the four key themes of an LCO. This will inform the work programme of the LCO Network for 18/19 and the continued support to move forward through revised ways of working.

The four key themes at the core of LCO development were highlighted to the Board along with the intention to gain a deeper understanding of the capability to deliver single leadership and management arrangements together with integrated governance in a place which delivers a culture for change and empowered staff at neighbourhood level.

Examples of localities where progress was being made against the four key themes were highlighted to members. It was acknowledged that further work was required to provide comparative data in order to measure performance and it was proposed that a further update which would include a dashboard of indicators could be provided to the Committee for review in March.

In support of the development of the LCO network members commented on the significance of the report for local health scrutiny committees to obtain a more thorough understanding of the development as the centre piece of transforming community based care and support. It was suggested that further case studies to emphasise what LCO development means in practice for communities and workforce would be valuable for communication.

It was acknowledged that individual case studies along with performance measures that can demonstrate the benefits of change would assist in identification and public recognition of the role of LCO's.

Members discussed the valuable role of IT support and financial constraints in adult and childrens social care to support prevention and enable conditions to be managed at home and in the community. The financial gap around adult social care funding in particular was highlighted and members were advised that GM's submission to Government ahead of the Comprehensive Spending Review would demonstrate the impact of the lack of an appropriately funded model for adult social care across the system.

RESOLVED/-

1. To note the contents of this report and support the way moving forward;
2. To note the comments from Members with regard to the provision of additional case studies which could demonstrate the benefits of LCO development in localities;
3. To provide further consideration to the Committee receiving an update in March 2019 including a dashboard of indicators for performance review.

HSC/30/18 DISCUSSION OF COMMITTEE'S PRIORITIES FOR 2018/19

A report was presented that set out the Committee's work programme noting it had been developed following consideration and discussion by Members at the meeting in July.

Members were asked to contact the Governance and Scrutiny Officer with any suggested items for inclusion in the work programme.

RESOLVED/-

1. That the report be noted;
2. That any further suggestions to the work programme be submitted to the Governance and Scrutiny Officer.

HSC/31/18 DATES OF FUTURE MEETINGS

All meetings will take place in the Boardroom at GMCA Offices, Churchgate House. Further briefing session dates will be advised separately.

Wednesday 14 November 2018	10:00 am – 12 noon
Wednesday 16 January 2019	10:00 am – 12 noon
Wednesday 13 March 2019	10:00 am – 12 noon