

Adult Social Care and Health Select Committee

A meeting of Adult Social Care and Health Select Committee was held on Tuesday, 16th May, 2017.

Present: Cllr Lisa Grainge (Chairman), Cllr Lauriane Povey (Vice-Chairman), Cllr Evaline Cunningham, Cllr Lynn Hall, Cllr Mohammed Javed, Cllr Kevin Faulks, Cllr Paul Rowling (for Cllr Allan Mitchell)

Officers: Tanja Braun (Public Health Consultant), Peter Mennear, Annette Sotheby (DCE)

Also in attendance:

Apologies: Cllr John Gardner, Cllr Allan Mitchell, Cllr Mrs Sylvia Walmsley

ASH 12/17

Evacuation procedure

The evacuation procedure was noted.

ASH 13/17

Declarations of Interest

There were no declarations of interest.

ASH 14/17

Draft minutes - 14th February 2017

Consideration was given to the draft minutes of the meeting held on 14th February 2017.

AGREED that the minutes be approved.

ASH 15/17

Tithebarn Registered Patient GP Service (to follow)

A verbal update was provided by the Scrutiny Officer. At the previous meeting the Committee was updated with the CCG's proposal to retain registered patient GP services at Tithebarn through a part-time branch surgery service. The previous full-time contract had expired at the end of March 2017, and a provider was maintaining services on a short-term basis until the future of the service was finalised.

The Committee's consultation response had since been developed in support of the proposals, and this was agreed at Council in May.

The CCG's Primary Care Co-commissioning Committee had met on 16th May (the same day as the Committee) and considered the Council's response within its discussions. The PCCC was the CCG body that makes the decisions in relation to primary care. The PCCC had agreed to progress with a tender process to secure a part-time branch surgery provider, subject to checks being made in relation to the lease of the building.

Due to the general election period, should a provider be secured, their identity and the future of the service would not now be announced until after the election. The CCG was therefore going to try and keep the interim arrangements at the Practice open until the end of August. This would provide more time for a handover to a new provider should one be secured, and would

also allow the Council to respond to the final decision as appropriate.

It was therefore agreed to consider the issue in more detail at the meeting in June once further information had been received on the tender exercise.

AGREED – that the information be noted and a further update be considered in June.

**ASH
16/17** **Regional Health Scrutiny Update**

Tees Valley Joint Health Scrutiny Committee met in April and received an update on Mental Health and North-East Ambulance Service.

The minutes of the January meeting were agreed, although some minor amendments would be made.

The Committee had responded to the national view of congenital heart disease and details would be fed back to this Committee.

AGREED – that the information be noted.

**ASH
17/17** **Scrutiny Review of Defibrillators**

The Consultant in Public Health presented some background information to inform the review. The presentation covered cardiac arrest, risk factors, treatment, role of defibrillators, and factors to consider when installing publicly accessible versions.

Members questioned why the survival rate from cardiac arrests outside of hospitals was higher in some countries than others. It was noted that perhaps more CPR training was given in those countries which could be vital to survival rate.

If one person was at the emergency scene, CPR could be performed until the paramedics arrived. Two people at the scene would enable AED use – then automatic guidance and instructions are given when the equipment is activated in an emergency.

It was felt important that CPR training should begin in schools, also guides, scouts, cadets etc.

Although initial equipment cost was felt to be low (£500 - £1000), maintenance costs were discussed, particularly in rural areas where the equipment may not be used for long periods of time.

Discussion took place around the most appropriate location for community-based defibrillators and whether equipment should be kept in a locked or unlocked cabinet. There was a variety of opinion in guidance as to whether locked cabinets should be used or not.

20% of people suffer a heart attack in a public place, therefore careful consideration should be given to equipment location, and taking footfall into account. Some guidance suggested that defibrillators would be usefully sited in areas that had footfall of around 1000 people per day.

Mapping of existing AEDs was considered very important to ensure people know their whereabouts and any gaps. It was noted that Ingleby Barwick Town Council were due to install one at the Community Centre, and Stockton Town Pastors had started fundraising.

The equipment symbol was discussed and whether it was easily recognised. It was noted that the logo had been designed for easy recognition.

The target ambulance response rate in attending a cardiac arrest emergency was around 8 minutes.

It was felt that an informal learning session with the ambulance service would be helpful and could include a defibrillator demonstration.

Members noted it would be useful to gather feedback from schools, parish and town councils, and the Fire Brigade. Department of Education Guidance on Defibrillators in Schools was referred to and a copy would be circulated to the Committee.

Members asked if evidence around survival rates could be given to ascertain whether more lives would be saved with funding for more CPR training or for purchasing AEDs.

AGREED - that the information be noted.

**ASH
18/17** **Work Programme 2017-18**

The Tithebarn Registered Patient GP Service issue would now be included in the June meeting.

AGREED – that the Work Programme be noted.

**ASH
19/17** **Chair's Update**

The Chair had nothing further to report.