



Minutes of a meeting of the Adults, Communities and Health Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 11 March 2013.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. A. D. Bailey CC	Dr. S. Hill CC
Mr. M. H. Charlesworth CC	Mr. D. Jennings CC
Dr. R. K. A. Feltham CC	Mr. G. Jones CC
Mr. S. J. Hampson CC	Mr. M. B. Page CC

Attendance.

Alan Schofield, Director of Corporate Affairs, East Midlands Ambulance Service NHS Trust (minute 85 refers)  
 Karlie Thompson, Divisional Director of Operations for Leicester, Leicestershire and Rutland, East Midlands Ambulance Service NHS Trust (minute 85 refers)  
 Geoffrey Smith, Leicestershire LINK (minute 85 refers)  
 Mr E F White CC, Lead Member for Health, Leicestershire County Council (minute 85 refers)

78. Minutes.

The minutes of the meeting held on 26 February 2013 were taken as read, confirmed and signed subject to the following amendment to minute 74 (iii):-

The deletion of the words 'LPT had not been compliant with three standards of care' and the insertion in their place of the words 'moderate action had been required by LPT to achieve compliance with three of seven standards of care'.

79. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

80. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

81. Urgent Items.

There were no urgent items for consideration.

82. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No such declarations were made.

83. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

84. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

85. Revised Proposals for the Estates Strategy in Leicestershire

The Committee considered a report and presentation from East Midlands Ambulance Service NHS Trust (EMAS) which provided information on the revised proposals for the Estates Strategy in Leicestershire. A copy of the report marked 'B' and the slides forming the presentation is filed with these minutes.

Maps outlining the pattern of emergency responses across EMAS' operating area and the location of ambulance stations for West Midlands Ambulance Service that bordered EMAS were circulated at the meeting, copies of which are filed with these minutes.

The Chairman welcomed Alan Schofield, Director of Corporate Affairs, EMAS, and Karlie Thompson, Divisional Director of Operations for Leicester, Leicestershire and Rutland, EMAS, to the meeting for this item.

The Chairman also welcomed Mr E F White CC, Cabinet Lead Member for Health, to the meeting for this item. Mr White noted that previously the Committee had supported the principles underlying the proposed changes to the EMAS Estate in Leicestershire but had expressed some concerns regarding the proposals. He was pleased that EMAS had taken into account the views of the Committee and the local population and as a result had modified its proposals better to meet the needs of the people of Leicestershire and improve response times.

Written comments on the revised proposals for the Estates Strategy in Leicestershire had been received from Leicestershire LINK, a copy of which is filed with these minutes. With the consent of the Chairman, Mr Geoffrey Smith, who was also welcomed to the meeting, spoke on behalf of the Leicestershire LINK and indicated that the LINK welcomed the changes EMAS had made to its proposals in response to public concern. It would be important for both Scrutiny and Healthwatch to monitor the outcomes of the changes.

Arising from discussion the following points were raised:-

- (i) The Committee welcomed the revised proposals for the Estates Strategy in Leicestershire and was pleased to note that EMAS had taken its views and those of the local population into account and responded by modifying its proposals. The Committee was pleased

to note that under the new proposals there would be one Hub and five ambulance stations located in Leicestershire to help improve services and response times. The revised proposals also took into account findings from the Francis Report;

- (ii) The Committee was pleased to note that as a result of the revised proposals, 70% of the new Community Ambulance Stations (CAS's) would be co-sited with existing police and fire stations or other suitable buildings. This would reduce travel times between incidents and ensure staff were provided with suitable facilities during their breaks, reducing the need for staff to travel back to a station. Having CAS's co-sited with existing buildings would also help to provide cost savings for EMAS, which was especially important given the modifications to the initial proposals. The Committee also welcomed plans for an increased number of defibrillators in places such as fire stations;
- (iii) The Committee welcomed the introduction of a Radio Frequency Identification (RFID) system to monitor better, assess and improve turnaround times for ambulances taking patients into hospitals. Once patients were admitted to hospital it was the responsibility of the hospital to ensure that they were on the right care pathway;
- (iv) The Committee recognised the importance of Community First Responders (CFR's) in helping EMAS to achieve its response time targets. It was hoped that EMAS would seek to increase the number of CFR's operating in Leicestershire. It was noted that EMAS had 15,000 Trust Members, 1000 of which had indicated a willingness to play an active role in service delivery. It was suggested that recruitment for CFR's could be sought from these active Trust Members;
- (v) Whilst welcoming the revised Estates Strategy, the Committee sought future updates on the implementation of EMAS' proposals to ensure that the new service would be delivered. The Estates Strategy would be implemented across EMAS' operating area over five years and would provide efficiencies for EMAS in the longer term. Much of EMAS' current Estate was no longer fit for purpose and the upkeep of the buildings was expensive;
- (vi) The Committee suggested that EMAS looked at different methods of ensuring that appropriate information was disseminated so that the public were better informed on any future proposed changes to EMAS' delivery of services. As a result, EMAS was looking at better ways to engage with the public and sought to use more suitable public relations techniques in any future engagement exercise;
- (vii) It was noted that calls to EMAS had increased by 5% year on year. 68% of calls required a patient to be transferred to a hospital. The remaining 32% were directed to the appropriate care using the National Institute of Health and Clinical Excellence (NICE) model of triage. With demand increasing for EMAS' services there was a need identified to educate the public as to when was appropriate to call for

an ambulance. EMAS would need to find effective ways of engaging with the public on this issue;

- (viii) EMAS had received 2000 direct responses to its consultation. EMAS had also engaged with the public and stakeholders through other means such as attending council meetings, stakeholder events, and using social media tools. These responses had been taken into account whilst forming the revised proposals;
- (ix) EMAS had engaged with staff throughout its reconfiguration programme. Senior management had undertaken visits to ambulance stations and spoken to staff to get their views on the proposed changes. Staff had been consulted on the proposed changes to the management structure. EMAS recognised the importance of having clinical experience in its senior management structure. To ensure this a Medical Director and Director of Nursing were part of the Trust Board of Directors. Clinical Team Mentors were to be introduced to provide further clinical support at locality level. Each area would also have a Locality Quality Manager who would ensure clinical standards were high;
- (x) The overall capital cost for the proposed ambulance stations at Ashby and Melton would be dependent on the level of facilities provided at the stations. The stations would be designed to suit best the needs of the local population whilst providing the most efficient use of resources;

RESOLVED:

- (a) That EMAS' revised proposals for the Estates Strategy in Leicestershire be supported;
- (b) That officers be requested to produce a formal response to the revised proposals for the Estates Strategy in Leicestershire, based on this Committee's discussions, and forward it to EMAS.

86. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Tuesday 18 June at 2.00pm.

3.00 pm - 4.00 pm  
11 March 2013

CHAIRMAN