Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
12 November 2012 at 10.30am

Membership

Councillors

Sue Saddington (Chairman)
Wendy Quigley (Vice-Chair)
Stuart Wallace
June Stendall
Chris Winterton
A Brian Wombwell

District Members

Trevor Locke – Ashfield District Council
A Paul Henshaw – Mansfield District Council
Tony Roberts – Newark and Sherwood District Council
June Evans – Bassetlaw District Council

Officers

Martin Gately – Nottinghamshire County Council
Ruth Rimmington – Nottinghamshire County Council

Also in attendance

Zoe Butler – Newark and Sherwood CCG
Nina Ennis - Project Manager Mansfield and Ashfield Clinical Commissioning Group
Iain Fletcher - Head of Communications
Eric Morton - Interim Chief Executive, Sherwood Forest Hospitals NHS Trust
Dr Amanda Sullivan - Chief Executive Mansfield and Ashfield CCG
Carolyn White - Deputy Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust

MINUTES

The minutes of the last meeting of the Committee held on 17 September 2012 were confirmed and signed by the Chair.

Matters arising

Councillor June Stendall expressed her concern that some meetings had taken place with parish councils concerning EMAS rural response times, without prior notice being given to members despite a request having been made to do so at the last meeting.

APOLOGIES FOR ABSENCE

An apology for absence was received from:-

Councillor B Wombwell (OCCB)
Councillor Paul Henshaw

DECLARATIONS OF INTEREST

Members declared private interests as follows:-

Councillor Sue Saddington in item 4 – Sherwood Forest Hospitals NHS Foundation Trust briefing, in light of her daughter's medical profession

Councillor Wendy Quigley in item 4 - Sherwood Forest Hospitals NHS Foundation Trust briefing as member of the Bassetlaw Health Scrutiny Committee.

SHERWOOD FOREST HOPSITALS NHS FOUNDATION TRUST - BRIEFING

Eric Morton, Interim Chief Executive, Sherwood Forest Hospitals NHS Trust gave a presentation on recent developments at the Trust and proposed plans for going forward. He explained that the Trust had been found to be in breach of two terms of its authorisation in September 2012; the general duty to exercise its functions effectively, efficiently and economically; and its governance duty. Government watchdog Monitor had stepped in due to the deterioration of the Trust's financial performance.

Mr Morton explained about the need to stabilise the Trust in order to be able to attract and recruit high calibre candidates including a substantive Chief Executive and Chairman. In the intervening period the newly appointed Chairman would be making arrangements to co-opt suitable individuals to the Board until substantive replacements were in place.

Three reviews had been commissioned concerning board governance, quality governance and its financial position. The Trust was currently working with the Care Quality Commission in a review of standards across the organisation.

Mr Morton praised the facilities and staff at Newark Hospital. He believed that use of the hospital should be maximised as an integral part of the Trust. In his view, its services could be better promoted. He saw no prospect of the hospital closing. Meetings were planned over the next couple of weeks to discuss local needs and expectations.

At the end of the Trust's final financial quarter in March 2013, he hoped that the hospitals would be delivering like all acute hospitals in the Country. The Trust would have to live within its means. While the PFI contract was an additional burden, without the contract, there would not have been the new hospital. The Trust would talk to partners about the options.

The following additional information was provided by the Deputy Chief Executive Carolyn White and Mr Morton in response to questions:-

- A strategy for Sherwood Forest Hospitals was necessary to develop and maximise its assets. It was important to understand the pattern of referrals, that showed patients from the King's Mill and Newark Hospital catchment areas, sought treatment elsewhere. King's Mill was an expensive PFI. At the time it was commissioned there was no alternative. It was always difficult to manage PFI's in a local community. It was necessary to get everything else right before dealing with the PFI.
- The Trust had been introspective. It was hoped that this would change. The Partnership Board would be a useful way forward.
- Mr Morton believed that he and the interim Chairman had the necessary expertise and experience to reassure people.

Members made the following comments:-

- People were frightened that Newark Hospital might close. Mr Morton was urged to publicise his views as soon as possible in the local press to renew the confidence in the people of Newark and disperse with any rumours that the Newark Hospital is going to close.
- People had felt that a lot was being done behind closed doors.
- Derbyshire's Community hospitals were cited as an example of how services were working.
- Nationally Community hospitals were changing to maximise services and be best placed to treat people as close to their homes as possible.
- It was pleasing to note the enthusiasm from Mr Morton for tackling the issues currently faced by the Trust.

In her conclusion, the Chairman suggested the Trust also looked to work with EMAS in its independent consultations. She asked that consideration be given for spare capacity at Newark hospital to be utilised by raising its status to include category B admissions and avoid transfers to the King's Mill hospital, whose outpatients numbers were on the increase. Mr Morton said this was a discussion to be had between the Trust and the Clinical Commissioning Group in order to determine if there were the resources for patients to be treated there. Mr Morton was reassured that people wanted to work together.

The Chair thanked Mr Morton for his honest account of the Trust and hoped to see his thoughts brought to fruition. Mr Morton was invited to attend the next meeting on 21 January 2013 to provide the committee with an update on progress.

ASHFIELD HEALTH VILLAGE – PROPOSED CHANGES

Dr Amanda Sullivan Chief Executive Mansfield and Ashfield Clinical Commissioning Group (CCG) gave a presentation on the findings to the public consultation set up by NHS Nottinghamshire County to explore a Vision for a Healthier Ashfield that had closed on September 9 2012, which included preliminary feedback independently evaluated by the Business School of the University of Lincoln. A summary of the key findings was attached as an appendix to the report.

Based on its findings, firm proposals had been drawn up for initial investment in Ashfield Health Village (AHV) and recommendations developed for the PCT Board meeting on 30 November 2012. A separate report into transport issues had been commissioned in response to its emergence as a key theme early on in the consultation process.

The consultation had included the distribution of 9,000 copies of the detailed consultation document, which had been developed and tested through partner organisations and patients. 348 feedback forms had been received as well as additional feedback from individuals, patient groups and other organisations with a particular interest in AHV, from other sources, including face to face meetings, online in response to media coverage.

Details of the final report and proposals for Ashfield Health Village would be publicised as soon as possible after the Board's meeting in November. The Board would also be holding a final public meeting in Ashfield in December.

Officers responded to comments and questions:-

- The Lincoln report had recommended a travel study.
- 348 responses had been recognised as a low response rate, but efforts had been made to share the proposals with as many people as possible. The forms had been analysed independently by University of Lincoln.
- It was recognised that recovery was far better for people away from an acute setting.
- Whilst the petition had been disregarded by the Lincoln report it had been recognised by NHS County.
- There was a national drive for all PCT assets to move a new property company.
- Concern was expressed in connection with the potential associated travel costs for some patients and their visiting relatives. The CCG would provide taxi fares for patients who had to travel from Newark to Ashfield to access services.

The Committee was pleased to note the improved intentions and anticipated targets in respect of the Ashfield Health Village proposals. Following discussion, it was agreed that officers would be invited back to its meeting in January, to provide an update on the implementation of changes and comment further on future developments.

INTEGRATED CARE TEAMS PROGRAMME

Zoe Butler Head of Service Improvement and Engagement, Newark and Sherwood Clinical Commissioning Group (CCG), gave a presentation to the Committee on the Integrated Care Team Programme known as PRISM (Profiling Risk, Integrated Care and Self-Management). PRISM aimed to join up key primary care, community, mental health and social care services into Local Integrated Care Teams to provide care to support people with one or more long term conditions, the frail elderly and people with cancer in their homes. Delivering services where patients needed them and making access available seven days a week with specialist teams from community services.

The first of these integrated care teams was to commence in Ollerton, Edwinstowe and Clipstone by December 2012 and was intended to roll out into the South and Newark and Trent localities by March 2013. A copy of the briefing was attached as an appendix to the report.

The strategy underpinning the Integrated Care Programme had been developed around three core principles of long term conditions; understanding the needs of the populations; integration of care and services and systematic self management and shared decision making. This evidence based model of care had been shown to significantly reduce the need for unplanned admissions, provide better patient outcomes and satisfaction and improved quality of care. Uniquely in Newark and Sherwood, cancer care would be included within the long term conditions model.

PRISM was Newark and Sherwood's response to the long-term conditions challenge. £1million funding had been secured to support the implementation of the programme.

The following additional information was provided in response to questions:-

- Multi-disciplinary meetings would be used in some cases to determine the right support package for a person.
- The health care profession would carry out a full assessment of the patient and carer. The Newark and Sherwood CCG was looking to increase its respite capacity.
- Reduced hospital admissions, doctors and nurses already in the system and the use of Newark hospital as a hub would create savings.
- Further information was requested on the consultation leading up to the introduction of the Integrated Care Teams.

The Chair thanked Ms Butler for her presentation and invited her back to the meeting on 21 January 2013 to provide an update on the programme along with financial information.

WORK PROGRAMME

Members were reminded that they had been invited to attend the Joint City County Health Scrutiny Committee on 13 November 2012 for the item on the East Midlands Ambulance Service Change Programme Consultation.

The Committee noted the draft work programme along with the addition of updates at the next meeting on the Integrated Care Teams; Ashfield Health Village - Proposed Changes and from Eric Morton, Interim Chief Executive, Sherwood Forest Hospitals NHS Trust on 21 January 2013.

The meeting closed at 1.10pm.

CHAIR