MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE
13 November 2012 at 10.15am

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor Rev. T. Irvine
Councillor E Kerry
Councillor P Tsimbiridis
Councillor C Winterton
Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
A Councillor E Campbell
A Councillor A Choudhry
Councillor E Dewinton
Councillor C Jones
Councillor T Molife
A Councillor T Spencer

Also In Attendance

County Councillor Sue Saddington – Member of Health Scrutiny Committee (first item only)
County Councillor June Stendall – Member of Health Scrutiny Committee (first item only)
County Councillor Stuart Wallace – Member of Health Scrutiny Committee (first item only)
Phil Milligan – Chief Executive, East Midlands Ambulance Service
Tracey Adams – Assistance Director – Operations, East Midlands Ambulance Service
Dave Winter – Business Delivery Manager (Nottinghamshire) East Midlands Ambulance Service
Simon P Smith – Executive Director for Local Services, Nottinghamshire Healthcare NHS Trust
Julie Grant – Nottinghamshire Healthcare NHS Trust
Dr Sheila Marriott – Regional Director, East Midlands, Royal College of Nursing
Marie Hannah – Regional Officer, Nottinghamshire, Royal College of Nursing
Tim Baggs – Royal College of Nursing
Gill Cort – Royal College of Nursing
Tom Turner – Nottinghamshire County LINKs
Barbara Venes - Nottingham City LINks
Michelle Welsh – Nottinghamshire County Council
Anna Vincent – Nottinghamshire County Council

Martin Gately - Nottinghamshire County Council
Sara Allmond – Nottinghamshire County Council

MINUTES

The minutes of the meeting held on 9 October 2012 were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor E Campbell and Councillor T Spencer

DECLARATIONS OF INTERESTS

None

EAST MIDLANDS AMBULANCE SERVICE NHS FOUNDATION TRUST CONSULTATION – CHANGE PROGRAMME JOINT REVIEW

Mr Phil Milligan, Chief Executive of the East Midlands Ambulance Service (EMAS) gave a presentation to the Committee regarding the formal consultation process EMAS was undertaking in relation to proposed changes to how the ambulance service was delivered in the East Midlands.

Mr Milligan assured Members that a genuine consultation process was taking place and changes would be made to the plans following the completion of the consultation.

Members were advised that there was a growth in calls to the service every year and there was a need to make changes to continue to meet demand. EMAS currently provided '999' emergency care, 'Hear and Treat', 'See and Treat' and 'See and Convey' services. EMAS also provided patient transport services in parts of Lincolnshire, but no longer provided this service in Nottinghamshire meaning there was now over capacity within the ambulance stations where the patient transport vehicles were previously kept. When a '999' call was received there was now the option, where appropriate, for advice to be given over the telephone via the 'Hear and Treat' service, and this area of work was expected to grow in the future. The service was provided by trained health care professionals. 'See and Treat' referred to when an ambulance attended a call and was able to treat the patient on site, such as suturing a cut, without the need to transport the patient to a hospital and 'See and Convey' was where a patient was taken to a hospital.

In relation to the national performance targets, EMAS were on target for A8 (8 minute response to a minimum of 75% of 999 calls) with a performance level of 75.2%, whilst they were slightly under target for A19 (19 minute response to a minimum of 95% of 999 calls – patient carrying capability) with a performance level of 94.5%.

EMAS were looking at where they could locate the standby points including sharing with other services. Changes to shift patterns would ensure that there was appropriate staff cover over the full 24 hour period. Paramedics currently checked their vehicles including carrying out vehicle maintenance at the start of each shift.

In selecting suitable standby points, they would need to have the right facilities. If necessary these could be portacabins set up in laybys, however, this was the last option, only to be used if no alternative location could be found.

The Hubs would have a minimum of 170 staff and the vehicles would be cleaned, fully fuelled and prepared ready to go by staff at the Hub. The Hubs would also have a team leader or supervisor who would be available to the paramedics at the end of their shifts to provide support as required.

EMAS had already received hundreds of responses, held 77 meetings and had received a lot of media coverage. The issue of providing services in rural areas was being considered very carefully to ensure the model would work in both rural and urban areas.

Members raised concerns regarding the consultation meetings which had taken place in relation to how they had been run. It was felt that debate had been stifled and the EMAS staff taking part where the meetings involved round table discussions did not have the knowledge needed to be able to answer the concerns raised. Particular concern was expressed regarding the plans for Newark and the impact the changes would have on the service received by rural communities. Mr Milligan advised that the consultation process had included a variety of different types of consultation. The round table discussion had been found to be particularly useful in generating responses. In relation to Newark, Mr Milligan informed Members that modelling showed that a hub in Mansfield would serve the Newark area well. It was important to ensure that the rural communities continued to be properly served for example a vehicle would return to its own zone after a drop off at the Queen's Medical Centre, rather than being diverted to a call in the city. Newark Hospital and Newark Police Station were suggested as possible standby locations for Newark and would be considered. In response to a suggestion Mr Milligan agreed to meet with Sherwood Forest Hospital Trust to discuss ways to work together to serve the local community.

Concern was raised regarding whether ambulances would be restocked during a shift and whether two hubs across the whole of the county were enough to service and maintain the whole fleet. It was commented that a pilot scheme would have been useful, to determine whether this approach would work in Nottinghamshire. Mr Milligan informed Members that the demands of the service had changed and EMAS had not changed to keep up with this demand. The proposal regarding the preparation of vehicles followed the model used by West Midlands Ambulance Service, one of the best ambulance services in the country, and it was working well there. The ambulances would be fully stocked, cleaned and fuelled, which would be enough for the whole shift.

Members were concerned that local Members had not been informed of when the consultation meetings were taking place in their areas. This had been raised at another Committee, yet this information was still not being passed to Members. Mr Milligan apologised that information was not being provided and agreed to the information being provided to the local members. Members questioned the lack of detailed information in the consultation document regarding where the standby points and hubs would be located and asked for further information. Members were informed that the first stage would be to identify the geographical points where the standby points needed to be, then identify specific sites and begin negotiations with the relevant landlords. It was not intended that there would be a further consultation

on the specific locations, but information regarding the locations would be published. The modelling of the locations would be based on where calls came from.

The Joint Health Committee:-

1. **noted the briefing on the change programme**

2. **agreed that the Committee would commence a review of the change programme by way of a sub-committee (including interested Members from the Health Scrutiny Committee, subject to the restrictions of political proportionality) and report back to the next meeting.**

NOTTINGHAMSHRE HEALTHCARE TRUST – FOUNDATION TRUST APPLICATION

Mr Simon Smith, Executive Director for Local Services - Nottinghamshire Healthcare Trust gave a presentation on the Trust's proposal to apply for Foundation Trust status. The Trust was consulting on the proposal and the Committee was asked to give its views.

The presentation set out what being a Foundation Trust would mean and the benefits of being one. The Trust and the care it provided would be accountable to the public rather than just the Government. The proposal included a list of strategic objectives which were also being consulted on.

The Trust had obtained 'Foundation Trust Equivalent' status on 1st November 2010, but had been unable to become a Foundation as statutory restrictions were in place to prevent Trusts who provided high secure services, such as provided at Rampton Hospital, from achieving full Foundation Trust Status. The Health Care Trust Act 2012 amended this legislation and compelled all trusts to apply for NHS Foundation Trust status since they could not remain as NHS Trusts. The process of assessment to become a Foundation Trust would take a year and a number of opening visits had already taken place.

In response to questions, Members were advised that Foundation Trust status would allow the Trust more freedom to do things such as generating capital for building improvements. The Trust would continue to provide care, but Foundation Trust status would enable the Trust to change how they worked with partners. The Trust already provided services outside Nottinghamshire, so their footprint was quite large.

In response to a question regarding their budget, Mr Smith informed Members that he had worked at the Trust for six years and during that time the Trust had never been outside its budget. The Trust had a surplus of £6m in 2011/12.

The following comments were made by Members in relation to the consultation:-

- It was suggested that the Board of Governors should include carers as whilst they were not service users they would be directly affected if treatment was stopped. Other representatives could include Housing Associations and parents of patients.

- It was commented that there was still work to be done to address diversity issues.

- It was commented that it was important to ensure that there was a proper complaints mechanism in place.

- The Committee were generally in support of the proposal.

The Joint Health Committee:-

agreed that a response to the Consultation be prepared and approved by the Chairman and Vice-Chairman of the Committee before submission.

ROYAL COLLEGE OF NURSING PRESENTATION

Dr Sheila Marriot gave a presentation on the work of the Royal College of Nursing (RCN), giving a brief overview of what the organisation did, possible work for the future and their concerns and challenges within Nottinghamshire.

Members were informed that RCN was founded in 1916 as a professional organisation for trained nurses with their trade union work starting in the 1970s. It developed to become a successful combination of professional union and professional body with more than 400,000 members across the UK. RCN was acknowledged as the voice of nursing by both the Government and the public and it represented almost 8,000 nurses, health care assistants and student nurses in Nottingham and Nottinghamshire.

RCN were running a campaign called 'this is nursing' in response to concerns raised in the media regarding poor care. The majority of healthcare professionals were very good, but some of the concerns raised in the media were valid. RCN were looking at the training of nurses and had developed the 'Principles of Nursing Practice'.

Marie Hannah provided Members with a local perspective, explaining that since she had taken up her post a year ago she had been meeting the people involved with the 'Transforming Community Services' programme. This had highlighted how quickly new processes could become fragmented as they were implemented within different areas and concerns regarding the 'transition gap' between acute and community health care had also been raised. Nurses were keen for their views to be considered when services were developed, as they felt they had an important holistic view of health care as they were involved in both acute and community care.

There had been a reduction in the number of nurses in Nottinghamshire but this reduction was less than the national average. There had been a higher reduction in higher skilled nurses.

There was the requirement for more care to be delivered in the home in future and nurses needed the facilities and skills if they were to provide the service.

RCN were keen to work with the Committee, to provide an insight into what was happening on the frontline, professional expert knowledge, advice and guidance and

an independent perspective and picture of what was happening across the UK and asked the Committee to consider how they could participate in the work of the Committee in the future.

Following the presentation the following additional information was provided in response to questions:-

- RCN was working with its Members to look at best practice and guidance to ensure standards of care were excellent and there was respect for patients. RCN also worked closely with the Care Quality Commission (CQC). It was not the role of the RCN to enforce standards but to promote the use of good standards and best practice.

- There was concern that nursing numbers were going down, whilst they were being expected to take on work previously carried out by junior doctors. This related to work load, not capability.

- There was now a wider range of service providers many of whom RCN did not have a recognition agreement with, making it harder for RCN to influence them.

- RCN promoted clinical leadership programmes which provided nurses with the skills and competencies to fulfil the roles previously thought of as the traditional matron role, such as good leadership skills, and setting clear expectations of good nursing from their teams.

- RCN would fight against any proposal to change or remove the national pay and conditions as they felt that this would be very damaging to the NHS.

- The savings being made were meaning that staff were so busy they were struggling to carry out their regular duties. There was concern that patients were only being treated for the symptoms they presented with rather than providing holistic care. Some managers were refusing to cut nursing staff any further, but this was resulting in budgets not being met.

- RCN would publish examples of good nursing care early in 2013 as it was important to recognise good work.

Following discussion:-

1. the Joint Committee noted the presentation

2. it was agreed that the Chairman and Vice-Chairman would consider how the RCN could be involved in the work of the Committee in the future and advise them accordingly.

WORK PROGRAMME

In addition to the items listed within the work programme, the Committee would receive a report back on the outcome of the EMAS Change Programme Review at its next meeting.

The meeting closed at 1.10pm.

Chairman