Nottinghamshire County Council

Health Scrutiny Committee

Monday, 03 June 2013 at 14:00

County Hall, **County Hall, West Bridgford, Nottingham NG2 7QP**

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
18 March 2013 at 10.30am

Membership

Councillors

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

District Members

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

Officers

Martin Gately	-	Nottinghamshire County Council
Ruth Rimmington	-	Nottinghamshire County Council

Also in attendance

Dr Kate Jack	-	Newark and Sherwood CCG
Jan Balmer	-	Newark and Sherwood CCG
Dr Amanda Sullivan	-	Chief Executive Mansfield and Ashfield CCG
Dr Mark Jefford	-	Clinical Lead and Chair of NHS Newark and Sherwood Clinical Commissioning Group
Eric Moreton	-	Interim Chief Executive Sherwood Hospitals Foundation Trust
Cathy Quinn	-	Associate Director of Public Health

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 21 January 2013 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillor June Evans
Councillor Paul Henshaw

Councillor June Stendall

DECLARATIONS OF INTEREST

Members declared private non pecuniary interests as follows:-

Councillor Sue Saddington - Item 6 – due to her daughter's medical profession.

Councillor Wendy Quigley - Item 4 – as member of the Bassetlaw Health Scrutiny Committee.

PUBLIC HEALTH AND THE HEALTH AND WELLBEING BOARD - PRESENTATION

Cathy Quinn introduced the report and gave a presentation on the Public Health transitions and Health and Wellbeing Boards. The Health and Social Care Act (2012) that would come into force on 1 April 2013 gave upper tier Local Authorities legal responsibilities to improve the health of the local population and establish Health and Wellbeing Boards to promote integrated health and care services and increased accountability.

Cathy and Dr Mark Jefford responded to questions and comments:-

- Plans for an extra £6m were currently being developed for consideration by the Public Health Sub-Committee.

- The Health and Wellbeing Board was the likely body to oversee collaborative working to avoid duplication and ensure value for money.

- It was important to push preventative measures and put out clear messages to influence the public. Local GP groups were involved in this and carried out horizon scanning of other areas and countries to facilitate it.

- The Board recognised the need to consider the relationship with the health scrutiny committees with discussions planned to take place over the coming months as the Board assumes its statutory role.

Following discussion the Chairman thanked Cathy and Dr Jefford for their presentation.

The Committee noted the report.

SHERWOOD HOSPITALS NHS FOUNDATION TRUST UPDATE

Eric Morton provided an update on the Sherwood Hospitals NHS Foundation Trust in relation to its status of in significant breach of Monitor, the Independent Regulator for NHS Foundation Trusts. In summary, there had been changes to its leadership, a review of Board and Quality Governance and the establishment of a committee of the Board to focus exclusively on clinical governance, quality and patient experience.

The Trust welcomed the review into the Quality of Care and Treatment led by Sir Bruce Keogh that included 14 Trusts, selected on the basis that they had been outliers for the last two consecutive years, on either Summary Hospital Standard Mortality Index (SHMI) or the Hospital Standardised Level Mortality ratio (HSMR). The review would determine whether there were sustained failings in the quality of care and treatment being provided to patients. The Trust was average on SHMI but an outlier on HSMR. One of the first actions after the Trust was put into "Significant Breach" by Monitor last October, was to commission a review of its mortality data, which had subsequently led to an action plan being monitored by the Trust's Clinical Governance Committee.

Actions already taken by the Trust had been publicly shared. Performance continued to be reviewed with the success of measures implemented at monthly Board meetings.

Mr Morton informed the committee on the findings under Monitor intervention that included the Trust had not had the best of relations with Monitor and recommendations had not been implemented. There had been a lack of ownership for leading the organisation and clinical staff had become disempowered. On a positive note the HQ had been relocated and was now part of the hospital. The Trust had good relations with the Care Quality Commission.

He responded to questions and comments:-

- There was a process in place to restore the Trust and the confidence of its Regulators through the agreement of an action plan and delivering on agreed objectives.

- A program was being implemented to empower the management and workforce to deliver on agreed objectives.

- Branding of the individual hospitals was important.

- The Trust needed to ensure that its assets were utilised effectively to support wider changes in future health care delivery and ensure effective return on Pfi investment, through providing increased value for money whilst ensuring provision of high quality care.

The Committee noted the briefing on the current position of Sherwood Forest Hospitals NHS Foundation Trust.

NEWARK HOSPITAL BRIEFING

Dr Amanda Sullivan and Dr Mark Jefford introduced the report and gave a presentation on the clinics at the Newark Hospital and its mortality rates; information attached as an appendix to the report.

Over one thousand people attended the hospital's outpatients per week across more than 20 specialities. Over 120 people were admitted to the hospital for a surgical procedure each week. The proportion of local people using the out-patient clinics and planned surgery had risen by 3% in 2012, with over 70% of

Newark residents attending the minor injuries unit for treatment, as opposed to other A&E departments, with 4% of these people transferred elsewhere. Rates of transfer had remained stable.

In terms of ambulance response times, performance was consistently above EMAS' average for Newark. Emergency care practitioners had been commissioned at the time of the Newark Review with a tier service now in place. To help with repatriation and frail elderly non-emergency response times two additional vehicles had been secured for the winter period which if proved successful would be left in place. An additional £500k had been secured for further investment for Newark and Sherwood over and above the existing contract.

They responded to questions and comments:-

- Critical illness was not feasible in Newark, since patients deteriorated quickly and required acute intervention in the right place at the right time. HSMRs would go up if took trauma to Newark.

- A lot of time and money had been invested in terms of ambulance response times in and around Newark.

- There was a lot of good non urgent work going on in the Newark hospital, hospitals commissioned better services now; EMAS were working closely with the Clinical Commissioning Group (CCG).

- It was important to reduce the length of time that people stay in hospital by improving support available at home.

- The CCG was working closely with Sherwood Forest Hospitals Foundation Trust to develop services at Newark hospital.

- The committee welcomed the GP out of hours service that provided access during evenings and weekends.

Work was continuing to make sure that the right plans were being made for the health needs of the people in Newark and Sherwood through the development of its GP practice services and progression of joined up care for people at home to avoid hospital admission in the first place.

The Chairman thanked the officers for their presentation.

The report and presentation were noted.

INTEGRATED CARE TEAM PROGRAMME UPDATE

The committee received an update on the implementation of PRISM in Newark and Sherwood from Jan Balmer and Dr Kate Jack. NHS Newark and Sherwood Clinical Commissioning Group had embarked on an innovative change programme designed to improve care for patients with long-term conditions including older people and those with cancer. Working with partners across the health and social care community, Macmillan Cancer Support and other third

sector organisations, PRISM aimed to deliver patient centred integrated care for people living in Newark and Sherwood.

The programme brings together three key elements of care - including those patients most at risk of being admitted to hospital; the development of fully integrated care teams and supporting patients to self-manage their conditions.

There were three localities within Newark and Sherwood; the North locality of the district was the first to be established with the final phase in Newark and Trent being rolled out by the end of March 2013. Each with a dedicated team to deliver integrated care for patients identified at the highest risk of admission to hospital. Teams included a Community Matron, District Nurses, Healthcare Assistants, Occupational Therapist and Physiotherapist.

The committee heard about risk profiling software available to all GPs that identified patients at high risk of going into crisis and requiring an unscheduled admission, which enabled the proactive management of patients through the use of multi-disciplinary team input to improve care. The programme aimed to divert resources from secondary care into the community services to ensure that patients were receiving the right care, in the right place.

During discussion, members' comments included:-

- In a short space of time the money saved from admissions would be reinvested for its patients in the future.

- The local population was risk profiled to determine how many community matrons were likely to be required. This was usually 2 per locality each taking up to 50-60 patients.

- Anecdotal evidence was only available at this stage. In time admissions data would allow the service to consider the cost benefit and reinvest into the health economy.

- There was support for reducing the number of hospital admissions. There were discussions with secondary care colleagues to consider ways to get people out of hospital.

Following discussion the Chairman thanked Jan Balmer and Dr Jack for their update on the Integrated Care Team programme.

The Committee noted the progress made to date.

WORK PROGRAMME

In light of the impending elections, it was decided that the work programme would be presented for consideration by the new committee formed under the new administration.

The meeting closed at 1.05pm.

CHAIR 18 March 13-Health Scrutiny

Nottinghamshire County Council

Report to Health Scrutiny Committee

3 June 2013

Agenda Item: 3

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

MEMBERSHIP AND TERMS OF REFERENCE

Purpose of the Report

1. To note the Committee's membership and terms of reference.

Information and Advice

2. The membership of the Health Scrutiny Committee is:

   County Councillors Kate Foale, Colleen Harwood, Bruce Laughton, John Ogle, Jacky Williams, John Wilmott.

   District Council Representatives:-

   Ashfield – to be advised
   Bassetlaw – Councillor Griff Wynne
   Mansfield - Councillor Brian Lohan
   Newark and Sherwood – Councillor Tony Roberts

3. The Committee's terms of reference are:

   Responsibility for scrutinising health matters in the areas covered by the Clinical Commissioning Groups for Ashfield, Bassetlaw, Mansfield and Newark and Sherwood.

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To assist the Committee in its work.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such

implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1) That the Committee membership and terms of reference be noted.

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact: Ruth Rimmington, x 73825

Constitutional Comments

1. As the report is for noting, no constitutional comments are required.

Background Papers

None.

Electoral Division(s) and Member(s) Affected All

Nottinghamshire County Council

Report to Health Scrutiny Committee

3 June 2013

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

INTRODUCTION TO HEALTH SCRUTINY

Purpose of the Report

1. To introduce initial guidance on the principles and arrangements for the operation of the Health Scrutiny Committee.

Information and Advice

2. The Local Government Act 2000, as amended by the Health and Social Care Act 2012, the Health and Social Care Act 2001 and the National Health Service Act 2006 provide the legislative framework in which the Health Scrutiny function operates.

3. Local authorities have the responsibility for undertaking health scrutiny in their area. Health Scrutiny has a dual role; firstly to consider issues affecting the health of local people and to develop an understanding of the 'health terrain' i.e. of communities and the health services provided to them (the overview role) and to hold to account the commissioners and providers of NHS-funded health services (the scrutiny role).

4. The principles of effective scrutiny are defined as follows:-

   - *Provides "critical friend challenge"* to executive policy-makers and decision-makers*
   - *Enables the voice and concerns of the public and its communities to be heard*
   - *Is carried out by "independent minded" councillors who lead and own the scrutiny process*
   - *Drives improvement in public services*

   *Note that the Francis Report into events at the Mid-Staffordshire Hospital was critical of the concept of critical friend challenge. Therefore, if Members encounter an organisation that is providing extremely poor service to the public they may wish to decide to put to one side the idea critical friend challenge and bring to bear a more robust brand of accountability.

Responding to Consultations

5. The Health Scrutiny Committee can also respond to consultation by local NHS bodies on substantial variations or developments of health services. Substantial variations and developments of service are not defined in legislation. However, typically, when considering whether the proposal is substantial committees should consider the impact on patients,

carers and the public who use the service, or may use it in the future. One consideration should be whether the majority of patients using the service would notice a significant material change in how they receive that service (e.g. a permanent change in the accessibility of the services).

6. Where a substantial variation or development of service causes a major issue to arise that cannot be resolved locally, Health Scrutiny has the unique power to refer the matter to the Secretary of State. However, the power is not be used lightly, and should always be a last resort for local authorities. A consulting body should always be allowed the opportunity to respond to the reports and recommendations of Health Scrutiny before the decision to make a referral is made.

Reviews

7. Health Scrutiny Committees may decide to undertake a review of a particular theme or issue of concern. This is done by way of an evidence gathering process which ultimately results in the production of a report with evidence-based recommendations. Organisations who are the subject of recommendations are expected to attend the committee and provide a response within two months.

Quality Accounts

8. Provider trusts NHS healthcare services are required to produce an annual report to the public about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality, patient safety, clinical effectiveness and patient experience. Health Scrutiny Committees have the option to consider the draft Quality Accounts of trusts and comment on them. The comment is placed within text of the final version of the report.

RECOMMENDATION

1) That the committee consider and comment on the information provided.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Substantial variations and developments of health services (a guide)

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health Scrutiny Committee

3 June 2013

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

HEALTHWATCH

Purpose of the Report

1. To introduce a briefing on Healthwatch Nottinghamshire.

Information and Advice

2. Healthwatch is the new independent consumer champion created to gather and represent the views of the public on their health and social care services. Healthwatch is playing a role at both national and local level, and is making sure that the views of the public and people who use the services are taken into account.

3. Healthwatch aims to:

   - Gather first-hand experiences of local residents and make recommendations to local providers
   - Consult with the public about proposed changes and influence future designs
   - Work in partnership with local statutory and voluntary groups to represent the views of the wider community and minority groups
   - Ensure proper representation of Nottinghamshire's diversity
   - Act as a hub for information at local and national level

4. The Health Scrutiny Committee will wish to develop relations with Healthwatch Nottinghamshire with a view to co-ordinating work programmes and thereby avoiding duplication.

5. Senior representatives of Healthwatch Nottinghamshire will attend the committee to provide a presentation on the work of this new organisation.

RECOMMENDATION

1) That the Health Scrutiny Committee consider and comment on the information provided.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health Scrutiny Committee

3 June 2013

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

AREAS OF CONCERN

Purpose of the Report

1. To introduce possible areas and issues for review.

Information and Advice

2. The Health Scrutiny Committees may undertake pro-active scrutiny reviews of issues or themes of concern. The review might relate to the work of a single NHS body or service provider, or could be thematic in nature and consider an issue or issues that cut across different organisations.

3. Where an issue has been identified for potential review, an initial presentation would be made to allow the committee to determine if the subject is suitable for further scrutiny. If the committee opts to proceed with the review, the officers supporting health scrutiny will prepare under the guidance of the chairman a draft scoping document which describes the nature of the work to be undertaken for subsequent agreement by the committee.

4. Reviews may be undertaken as part of the agenda of committee meetings or via sub-committees or study groups. The guiding principle is one of evidence gathering, and ultimately, reviews produce a report which summarises the evidence gathered and contains recommendations based around the evidence that has been heard.

5. Organisations that are the subject of recommendations are given two months to develop a response, they then attend the committee to explain whether or not they accept the recommendation, and what action they intend to take in relation to it.

Potential Areas of Concern

6. One possible subject for review is **'Never Events'** – these are the preventable mistakes which the Departmental of Health judges are so serious that they should never happen. Such mistakes include: retained foreign object post operation, misplaced gastric tubes, wrong implant or prosthesis, wrong site surgery and many others.

7. Another possible subject is **misdiagnosis.** In 2010-11, the NHS as a whole is reported to have paid out £98 million to patients whose conditions were misdiagnosed.

8. The final suggested subject is the **Liverpool Care Pathway.** The pathway is widely used and respected and describes the professional practice for use in caring for dying patients in the last hours of life. However, the pathway has also attracted negative media coverage locally and public concern.

9. Members are free to suggest additional areas of concern for possible review.

10. Members are therefore requested to identify which subjects they wish to receive initial presentations on at future meetings of this committee.

RECOMMENDATION

1) That the Health Scrutiny Committee indicates subject(s) for initial presentation of information.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health Scrutiny Committee

3 June 2013

Agenda Item: 9

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Health Scrutiny Committee work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by County residents – specifically, those located in the Northern part of the County.

3. The draft work programme is attached at Appendix 1 for the Committee to consider, amend and agree.

4. This is the first meeting of the municipal year, so the work programme of the committee is currently under development. Emerging health service changes (such as substantial variations and developments of service) will be placed on the work programme as they arise. One area of work that is likely to feature on the agenda is the scrutiny of potential stroke services reconfiguration proposals and consultation.

5. Introductory briefings from appropriate NHS organisations will also be programmed into the work programme, as well as briefings on the principles and operation of health scrutiny (these are likely to be provided by experienced trainers from the Centre for Public Scrutiny).

RECOMMENDATION

1) That the Health Scrutiny Committee consider and agree the content of the draft work programme.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
3 June 2013				
Healthwatch Nottinghamshire Presentation	Introduction to the work of the new organisation which replaces LINks (Local Involvement Networks).	Briefing	Martin Gately	Joe Pidgeon and Claire Grainger, Healthwatch
Diamond Avenue Surgery Changes (TBC)	Members will hear about the recent changes to arrangements at a surgery in Kirkby-in-Ashfield as an example of the sort of issue that will come before the committee	Briefing/Development	Martin Gately	TBC
Areas of Concern	The Committee will identify areas or themes on which to receive an initial briefing – these areas may go on to be the subject of a thematic review undertaken by the committee itself or a sub-committee/study group.	Briefing	Martin Gately	N/A
15 July 2013				
Bassetlaw Health Services	An initial briefing on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam.	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Mansfield/Newark and Sherwood Health Services [TBC]	An Initial briefing on the work of the Mansfield/Newark and Sherwood CCGs from Chief Operating Officer, Dr Amanda Sullivan.	Briefing	Martin Gately	Dr Amanda Sullivan Mansfield/Newark and Sherwood CCG
Areas of Concern [TBC]	Initial briefing on an area of concern identified by the committee	Scrutiny	Martin Gately	TBC

Ashfield Health Village GP Practice Procurement [TBC]	An initial briefing on a procurement exercise relating to Ashfield Health Village	Scrutiny	Martin Gately	Keith Mann NHS England [TBC]
9 September 2013				
Sherwood Forest Hospitals Foundation Trust [TBC]	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	TBC
Integrated Care Teams	Implementation Update - Changes in Newark and Sherwood	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
Principles of Health Scrutiny	Member development provided by the Centre for Public Scrutiny	Development	Martin Gately	Centre for Public Scrutiny Associate
4 November 2013				
Areas of Concern	Initial briefing on an area of concern identified by the committee	Briefing	Martin Gately	TBC
6 January 2014				
TBC				
24 February 2014				
TBC				
28 April 2014				
TBC				
23 June 2014				

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Liverpool Care Pathway

Never Events
Misdiagnosis

To be scheduled

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG