# MINUTES

**JOINT HEALTH SCRUTINY COMMMITTEE**
**12 June 2012 at 10.15am**

**Nottinghamshire County Councillors**

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor S Garner
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**

Mr M Brassington ) NUH
Mr P Wozencroft ) NUH

Ms H Jones ) Nottingham City Social Services

Ms S Smith ) Commissioner Nottingham City

Ms C O'Donohue ) Programme Manager for Integrated Care transfers, Productive Notts

Peter Wozencroft ) Associate Director Strategy, Nottingham University Hospitals NHS Trust

Mr D Hamilton ) Nottinghamshire County Council Service Director Personal Care and Support (Older People)

Mr M Gately ) Nottinghamshire County Council
Mrs R Rimmington ) Nottinghamshire County Council

Mr N McMenamin ) Nottingham City Council
Mrs B Venes ) Nottingham City LINks
Mr T Turner ) Nottinghamshire County LINks

Mr G Swanwick ) Public and Patient Involvement (NUH)
Mrs M Danaford ) Public and Patient Involvement (NUH)

Ms A Baugh ) NHS Nottingham City
Jo Williams ) NHS Nottingham City

**CHAIRMAN AND VICE-CHAIRMAN**

The appointment by the County Council of Councillor Mel Shepherd MBE as Chairman and Councillor G Klein as Vice-Chairman was noted.

**MEMBERSHIP**

The membership of the committee, as set out above, was noted.

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Eunice Campbell, Azad Choudry and Timothy Spencer.

**DECLARATIONS OF INTERESTS**

No declarations were made.

**TERMS OF REFERENCE**

The report and Joint Protocol attached as an appendix to the report was noted.

**MINUTES**

The minutes of the last meeting held on 15 May 2012, having been circulated, were confirmed and signed by the Chair, subject to:-

1. Councillor Reverend Irvine and Mrs Danaford being shown as Also In Attendance.

2. Paragraph two of page two of the minutes being amended to replace the word ‘election operation’ to read ‘elective operation’.

**REVIEW OF SPECIALIST PALLIATIVE CARE UPDATE**

The Chair introduced the report that provided an update on the redesign of Specialist Palliative Care Services in Nottinghamshire. The main change to the services was to

accept referrals with a non-cancer diagnosis and identify a designated day of the week to offer an out-patient service for new and follow up-patients.

Peter Wozencroft, Associate Director Strategy, Nottingham University Hospitals NHS Trust reported that the evolutionary changes were being slowly implemented with existing care arrangements not being effected. The reopening of Hayward House had been delayed until April 2012 and was now functioning at full capacity. There would be a meeting of the Hayward House Advisory group to review the impact of the changes, co-ordinate patient feedback and determine any necessary action.

During discussion the following additional information was provided in response to questions:

Existing patients would not have to change their day care day of attendance unless that was their wish. The revised eligibility criteria and service model were in use, although it had not yet been widely promoted to referrers. It was planned to formally recognise the refurbishment of Hayward House on 3 July 2012 and launch the new service eligibility criteria. There would continue to be close monitoring of referral rates and activity undertaken.

Patients would require a professional medical to be referred on to Hayward House. There had been and would continue to be dialogue with the friends of Hayward House. The committee was assured that no patients would be disadvantaged as a result of one day per week being dedicated to outpatient services. Patients with complex needs would still receive the same level of service.

The limited nature of the service was acknowledged. It was imperative to ensure that the highly specialist palliative care practitioner was utilised to the best effect. Work was being carried out to closely monitor demand for the service. The situation was an evolving one that would involve regular review with patient groups etc.

It was agreed that an update on the service be brought back to the committee in 12 months' time and include figures of those accessing services.

## INTEGRATED HEALTH AND SOCIAL DISCHARGE PROJECT

Representatives of Nottingham University Hospitals (NUH), Nottinghamshire County Council Adult Social Care, Nottingham City Council Adult Social Care and Productive Nottinghamshire informed and updated the Joint Committee on the outcomes achieved and lessons learned from Phase one of the Integrated Health and Social Care Discharge project.

Its vision was to reduce delays in the provision of care from services outside of NUH, reduce the number of well patients waiting in an acute hospital bed to bring about improved quality and cost efficiency benefits across the health and social care community. The projects objectives included; a reduction in the average time from medically fit to discharge from an acute hospital bed; to reduce the number of people needing long term social care support and the number of people entering residential or nursing home placements.

The overarching clinical theme for Productive Notts in 2012/13 was Frail Elderly which would be delivered through a series of Workstreams including; appropriate care of the frail older person, integrated systems for unplanned care and assistive technologies. The committee received a presentation on the outcomes, achievements and lessons learned from Phase one (July 11- March 12) and of the project and outcomes for phase 2 that included:-

- The trialling of integrated boardrounds where Social Services and Integrated Discharge Team representatives attend medical boardrounds to provide expert advice, signposting and a proactive pull of referrals at the right time for the patient. This involved a data capture of patient waits with a daily attempt to unblock waits through health and social care discussion and joint working practices. Task and finish groups had been set up to resolve the top three waits in a 3 month period.

- The Trust was required to report annually on delays in patient care.
  Phase one outcomes on patients waiting daily for a service not provided by the NUH had reduced from 80 in summer 2010 to 32 in winter 2011.
  The top 10 waits had reduced by 48%-60% since July 2011, with an improvement in all areas. If this trend were to continue up to 23 beds could be released.

- Work was still required to spread the workload of discharges by day of the week. Phase two would see 7 day working. There were multiple reasons why discharges did not take place at weekends; lack of service availability, ward processes and family choice.

- In terms of phase one successes and challenges, the project was looking at modelling services based on need and seeing that community based services were set up to do this. Four big challenges remained; community hospital, care packages, intermediate care and medical instability of the frail elderly to be tackled under phase two of the project.

- Staff and patient feedback on boardrounds had found to have reduced misunderstanding, improved communication and altered relationships for the better. Further investigation was required into why none of the 1000 patients given cards to fill on transfer had done so.

- Phase two consisted of a transformation approach to maintain a continued focus on the task and finish groups for the short term resolution of waits. In order to manage this, assessment and commissioning workstreams had been created, each led by health and social cares representatives. This transformational change was focused to remove the remaining 52% waits. It was imperative to ensure close links and relationships with other work streams to avoid duplication.

- A mapping exercise had been done to reduce duplication between the County and City. It aimed to avoid admissions in the first place and work was being undertaken within the various community settings to achieve this. In some

cases patient discharge packages were in place but were taking up to five days to start. An area being looked into with a view to a marked improvement.

Phase two outcomes included:

- People returning home with a reduced or no care package.
- A reduction in the proportion of medically stable patients in the acute trust.
- People receiving the right care first time.
- To maximise the use of resources.
- People having their needs assessed in the most appropriate place.

During discussion the following additional information was provided in response to questions:

- Hospital discharge at weekends was improving with decision makers in place 7 days a week up to (10pm at night and 2am in A&E). It was recognised that additional work was required to improve understanding why the figures for weekend discharge were low. From a social care perspective, social workers were now working at a weekend. Further work was required to equip external providers.

- It was difficult to determine whether a reason for more attendees at a weekend was due to GP surgeries being closed or that people had different habits at a weekend. This was an area being looked at with a view to ensure that access was available 7 days a week.

- There was less need for beds in the City hospital at a weekend. The Loxley ward reduced by 12 beds at a weekend, this was not the case at the QMC site.

- Cancelled operations would form part of the projects future plans and be included in its mapping exercise. The committee felt that it would be helpful if the committee received feedback from the mapping exercise and comparison with other Trusts.

- The Occupational Therapist (OT) home support service fluctuated in the County in terms of equipment availability and larger adaptations taking time. The City had higher level needs in the community that were managed.

- It was a challenging time to promote independence in the home irrespective of low or high level needs. Current projects in the City included OT involvement to address needs at an early stage. Nottingham City Social Services were piloting the use of OT support as part of a person's reablement package to see if this assisted the flow of information, which was still work in progress.

- Care packages and home care generally were being looked at to maximise capacity. The sub-contracting of services in the Rushcliffe area was working well, with an increase in direct payments and personal budgets which relaxed some of the pressures.

- Physiotherapy had not been a significant issue on wards. Data was still being collected. Readmission was being monitored closely.

- In terms of enabling people, Productive Notts also looked at workstream assistive technologies to reduce risk, for example pendant alarms to enhance the quality of service and safety of a person. Services were moving to a tender process to ensure that they were available to meet the needs of people to live independently. Work was already carried out with people to maximise their independence and reduce the need for readmission.

- Challenges remained in terms of effective discharge due to the community hospitals having lost beds over the last 12 months and a proposal for the closure of three wards at the Ashfield Health Village. Lings Bar had produced some great work to move patients through quicker, with community based schemes to support people at home with additional support if needed. This would increase improvement as the scheme was rolled out. It was also intended to look at the wider needs of Nottingham (south). The County Council's Health Scrutiny Committee would have an involvement in the northern part of the county.

This was an evolving area of work that the committee wanted to be kept informed on. A request was made for the committee to receive an update on the progress made in 12 months time.

Further information was also requested in three months time on progress made on the mapping exercise in both the north and south of the county.

Following discussion it was agreed that:-

1. the report and presentation be noted.

2. the committee receive a report back to its June 2013 meeting on progress made against the phase 2 transformation map that includes a comparison with other Trusts.

3. Nottingham City Social Services inform the committee on the findings of the reablement Pilot.

**WORK PROGRAMME**

The programme of work was noted with the addition of updates on the Specialist Palliative Care Services and Integrated Health and Social Care Discharge Project in June 2013.

The meeting closed at 12.10pm.

Chair