

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE
12 July 2016 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chair)
Councillor J Bosnjak
Councillor R Butler
Councillor J Clarke
Councillor Mrs K Cutts MBE
Councillor C Harwood
Councillor J Handley
Councillor J Williams

Nottingham City Councillors

Councillor A Peach (Vice- Chair)
A Councillor M Bryan
Councillor E Campbell
Councillor C Jones
Councillor G Klein
A Councillor B Parbutt
Councillor C Tansley
A Councillor M Watson

Officers

Peter Barker - Nottinghamshire County Council
Paul Davies - Nottinghamshire County Council
Jane Garrard - Nottingham City Council

Also In Attendance

Councillors

Jim Creamer - Nottinghamshire County Council

Officers

Pete McGavin - Healthwatch, Nottingham
Theodore Phillips - Nottinghamshire Transforming Care Partnership
Rachael Rees - Nottingham North and East CCG
Sally Seeley - Nottingham City CCG
Sam Walters - Nottingham North and East CCG

MINUTES

The minutes of the last meeting held on 14 June 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES

Apologies were received from Councillor Parbutt and Councillor Watson.

MEMBERSHIP

It was noted that Councillor Marcia Watson had replaced Councillor Corall Jenkins.

DECLARATIONS OF INTEREST

There were no declarations of interest.

TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISTIC SPECTRUM DISORDERS

Sally Seeley and Theodore Phillips gave a presentation about consultation on the Nottinghamshire Transformation Plan for transforming care for people with learning disabilities and autism. They also updated the committee about changes resulting from the consultation, and progress being made to deliver the Plan.

During discussion the following points were raised:

- This would be a challenging project. - In response, it was agreed that it was complex. The consultation had produced broad support for the proposals, which had now been broken down into themes, each with targets. Service users and their families remained at the heart of the programme.
- It was explained that there would be a Transition Nurse in the north on the county. Reference was made also to the reforms for children and young people with Special Educational Needs and Disabilities.
- It was indicated that there would be working with schools and GPs to diagnose autism. It was recognised that early intervention was key.
- In reply to a comment, it was explained that a crisis team was in existence. However crisis beds were not available on a 24/7 basis.
- In relation to housing, there were concerns about changes to Housing Benefit which impacted adversely on service users whose benefit paid for support. There might be some capital monies available but there remained the issue that developers were reluctant to invest where returns were uncertain.
- Concern was expressed about the lengthening timescale for transforming services, and the Government should recognise the need to for more resources. – It was explained that aims were clear for the three years covered by the transformation plan, which was subject to close scrutiny. The only funding for alternative services was by releasing the money spent on beds.
- Housing associations should become partners in the project. - There had been workshops with housing providers.
- People with learning disabilities might require guidance on how to spend their income sensibly. - It was agreed that guidance and advocacy for service users were key.

- It was observed that training a suitable workforce was a national problem. - It was indicated that locally work was starting to build on employees' existing skills.
- It was queried whether there was a lack of respite care? - Some respite care already existed, and it might be possible to use short term crisis accommodation. It might also be possible for service users to use their personal budgets or personal health budgets.
- How confident were the team about resources? - The team had received some non-recurrent funding last year. It was anticipated that the transfer of funding from NHS England would take some time.
- How were service users and their families being kept aware of developments? - Consultation had raised awareness about the transformation work, and there had also been individual engagement with services users and families.
- Committee members encouraged the involvement of housing associations, district councils, the voluntary sector and spatial planners in developing services.

RESOLVED to agree that

- 1) The Joint Health Scrutiny Committee (as the relevant Overview and Scrutiny Committee) has been properly consulted within the consultation process;
- 2) In developing the proposals for service changes, the Transforming Care Partnership has taken into account the public interest through appropriate patient and public involvement and consultation;
- 3) The proposal for change is in the best interests of the local health service;
- 4) A copy of the three year Transformation Plan be available to the Committee and information presented to the feedback sessions on how issues raised in the consultation are being reflected in the plan, to be provided to Committee and; based on that information, to schedule a future agenda item to review progress against the three year plan.

WILLOWS MEDICAL CENTRE, CARLTON

Sam Walters and Rachael Rees introduced the report and informed the Committee that the CQC had inspected the Centre on 6th June and suspended work there from 10th June, giving very little time for the CCG to respond. Rachael explained how other local practices were contacted to see whether they had the capacity to take on more patients. Publicity was also organised to get the message across that the Willows Centre was closed. Particular attention was given to vulnerable patients to ensure that they were aware of the changes. CCG staff members were also present at all the practices to assist with the temporary registrations and to answer any queries. The practices involved were very supportive and helped the work of the CCG tremendously. A report from the CQC detailing the way forward was due to be published on 18th August but this has been delayed owing to a bereavement.

During discussion the following points were raised:

- Is there was anything more that should be done and what happens after the publication of the CQC report? At the moment 1,700 patients have re-registered at other practices but there were 3,700 patients registered at the Willows Centre.

More patients came forward for re-registration following publicity and more information will be available in the media when the CQC report is published.

- Committee commented on the distances given in the report between the alternative practices and the Willows Centre and asked whether the hilly terrain in the area considered. This was especially relevant to elderly patients who would have problems travelling round the area easily. It was confirmed that the distances stated in the report were 'as the crow flies' but that the local geography would be taken into account.
- It was asked what the CCG could learn from the experience, especially about the scope to intervene. Committee was informed that the CCG had only been monitoring quality since April 2016 and was currently liaising with h CQC regarding the quality dashboard.
- How confident was the CCG that patients could be accommodated elsewhere if the Willows Centre did not reopen? The relevant practices had indicated that they would be able to accommodate all of the extra patients from the Willow Centre between them if necessary and in fact one practice had said that it could accommodate all 3,700 patients themselves if required.
- Will the Willows Centre reopen and if not is there a 'Plan B'? The CQC will make that decision. At the moment the CCG is concentrating on ensuring the Willows Centre patients are receiving appropriate care. If the Centre does not re-open then all available options will be considered to ensure the former patients continue to receive high quality primary care services.

RESOLVED to

Note the contents of the report.

WORK PROGRAMME

Committee requested that reports on the following subjects be brought to future meetings:

- Cleanliness at NUH sites (Sept)
- CQC Report on Willows Centre (Sept)
- CAMHS (Oct)
- NUH Partnership arrangements with Sherwood Forest Trust (Oct)
- Delays in reporting X-Rays to be looked into

EMAS

The Vice Chair updated the Committee on a recent regional Health Scrutiny meeting, to which the East Midlands Ambulance Service (EMAS) and Hardwick CCG (lead commissioners) were invited to discuss the response to the recent Care Quality Commission inspection which found EMAS to be 'Requires Improvement':

- (a) staffing issues, including numbers of staff, skill mix and frontline leadership underpin many of the aspects raised by the CQC under the 'safe' domain which was rated 'inadequate'. Therefore staffing is a key focus for action;
- (b) EMAS is investing in its fleet - one third of EMAS vehicles have recently been replaced;

- (c) there has been an increase in the number of Red Calls which puts pressure on the service. However recent analysis found that 50% of the 'red' referrals from NHS 111 don't actually result in conveyance and this needs addressing.
- (d) delays in handover at Emergency Departments continue to cause problems and not only affects the quality of care for the patient waiting to be admitted but also impacts on EMAS' ability to respond to other calls in the community.
- (e) the 2016/17 contract is not based on meeting national response targets and national response targets will not be met this year. Instead minimum contract standards have been set locally and commissioners expect to see continual month on month improvement in performance. So far Red 1 performance is meeting local targets but Red 2 performance is below the minimum performance trajectory. The 2016/17 contract includes reinvestment of financial penalties and is intended to provide a year of financial stability. Hardwick CCG is disappointed that the contract won't deliver national response targets.
- (f) the EMAS Board had been concerned about a lack of consistency in Executive leadership in recent years. There is now a new Acting Chief Executive (Richard Henderson) who has worked for the organisation for a number of years and a new Director of Operations at EMAS. Hardwick CCG supports the current leadership arrangements;
- (g) a Strategic Demand, Capacity and Price Review is being carried out, looking at EMAS in the context of the whole emergency and urgent care system. It is aiming to look at what it would cost to deliver national targets at a regional (East Midlands) level, and to understand what this means at a County level. There is no blank cheque for implementation of the Review but there is scope for investment/reinvestment over the 2-3 year period. The findings of the Review should be known by October 2016 and another regional health scrutiny meeting is being scheduled to look at these findings and action being taken to implement improvement actions.

Oak Field School

Local concern had been raised with some Councilor's about changes to nursing services at Oakfield School, and other Special Schools. The changes affect children in both the City and County. It was understood that a new service model had recently been commissioned. It was agreed to find out further information on the commissioning of the new service to inform consideration as to the appropriateness of the Committee scrutinising the issue.

RESOLVED to note the contents of the work programme and suggested updates.

The meeting closed at 11.45pm.

Chairman