

HEALTH SCRUTINY COMMITTEE Monday 24 November 2014 at 2pm

1

Membership

Councillors

Colleen Harwood (Chairman)

John Allin Kate Foale

A Bruce Laughton

John Ogle

A Jacky Williams

District Members

A Trevor Locke Ashfield District Council
A Brian Lohan Mansfield District Council

David Staples Newark and Sherwood District Council

A Griff Wynne Bassetlaw District Council

Officers

Martin Gately Nottinghamshire County Council
Alison Fawley Nottinghamshire County Council

Also in attendance

Jacqui Tuffnell Sherwood Forest Hospitals NHS Foundation Trust

Phil Mettam NHS Bassetlaw CCG Heather Woods NHS Bassetlaw CCG

Barbara Brady Adult Social Care, Health & Public Protection Anne Pridgeon Adult Social Care, Health & Public Protection

MINUTES

The minutes of the last meeting held on 29 September 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor J Williams (illness).

DECLARATIONS OF INTEREST

There were no declarations of interest.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Jacqui Tuffnell, Director of Operations, Sherwood Forest Hospitals NHS Foundation Trust presented a briefing that updated Members on the work of the group. During discussions the following points were made:

- The proposal to replace the existing CT scanner at Newark Hospital with a mobile unit had been amended after consultation with patients, staff and other stakeholders through a number of listening events. A new static scanner was planned for 2015/16 in the Hounsfield Suite at Newark Hospital. In response to questions from Members, Mrs Tuffnell said that lessons had been learned for future consultations.
- The strategic vision for Newark Hospital was outlined so that services at Newark were best utilised for both the Trust and Newark residents. Members welcomed this approach to local services for local people. Mrs Tuffnell explained how services at Kings Mill and Newark hospital would work together with GPs to provide a package of care which was best for the patient. A series of Market Stall events would be held during December in Newark to promote services.
- Mrs Tuffnell explained how patient safety was paramount and that sometimes it was necessary to provide treatment for an acute episode at Kings Mill Hospital and then repatriate the patient via the Discharge Nurse Service to their local area. Day case services were very well organised at Newark and this good practice had been shared with colleagues at Kings Mill.
- Members requested that Mrs Tuffnell bring a report to a future committee to provide more detail and data on the key outcomes.

NHS BASSETLAW CLINICAL COMMISSIONING GROUP - OVERVIEW

Phil Mettam, Chief Officer, NHS Basetlaw CCG presented a briefing on the work of Bassetlaw Clinical Commissioning Group (CCG) during its first year as a statutory body. During discussions the following points were made:

- The Telehealth Pilot had seen emergency admissions reduce by 50% in the small discrete test group of patients. Mr Mettam described how the service was provided by a team of specialist nurses who are familiar with the particular needs of each patient and who can be contacted on an as required basis.
- As part of the focus on developing clinical practice Mr Mettam described how the CCG had developed and implemented the Bassetlaw Quality Improvement Tool across all care homes to drive up standards.
- In response to members questions Mr Mettam asked for specific questions to be sent to him regarding mental health services. An external review of mental health services was listed as a priority in the

five year strategic plan. This would also cover the transition arrangements available for young adults.

- Community services had been reorganised in to 4 neighbourhood clusters so that they worked more closely with general practitioners.
- Bassetlaw CCG had recently introduced social prescribing which had been modelled on a successful initiative in Rotherham and had worked closely with voluntary sector organisations to complement GP services.
- Areas for improvement included ambulance services, diagnostic delays and inappropriate approaches to A&E.
- The CCG had formed collaborative partnerships with other CCGs in the Working Together programme.
- The chair agreed to arrange a visit for Members to Bassetlaw Hospital.

BASSETLAW – DIABETIC CARE FOR THE ELDERLY IN HOSPITAL

Heather Woods, Diabetic Nurse, discussed diabetic care in Bassetlaw, with particular reference to care for elderly patients. During discussions the following points were made:

- Care depended on the symptoms presented during the stay on the ward.
 Any concerns were referred to the Diabetes Team who would liaise with families and other agencies.
- Diabetic patients were encouraged to carry evidence of their medication with them to help with faster diagnosis. This could be as simple as carrying the repeat prescription information or the Insulin Passport for insulin users.
- A specific case was discussed and it was suggested that Members forwarded their concerns to the Chief Executive of Bassetlaw Hospital prior to the proposed visit.

NEW OBESITY SERVICES – CONSULTATION AND SERVICE DESIGN

Barbara Brady and Ann Pridgeon, Adult Social Care, Health & Public Protection, briefed Members on the consultation on obesity services and how it had influenced service design. During discussions the following points were made:

 Service design would be people centred and would look to address the needs of individuals. It was based on the best evidence available from NICE and the service would respond to this.

- Focus would be on what was needed at a local level and work would be done through central government concerning labelling, content of food and sizing.
- The service provider would be expected to offer responsibility for all 3 tiers as outlined in the report and would need to demonstrate positive outcomes which previously had been too fragmented. Public Health committee would have responsibility for monitoring the provider.
- Year 1 of the contract would be used to set baselines and outcome measures would be available to the Committee in Year 2.
- Members agreed to invite Ms Brady and Ms Pridgeon to report back to the Health Scrutiny Committee in 2016.

WORK PROGRAMME

The work programme was discussed and the following items were noted:

- 23 March 2015 Sherwood Forest Hospitals Foundation Trust (outcomes data)
- Public Health to attend Committee on a regular basis to update members on consultations/programmes of work.
- Hospital transport this is a topic covered by Joint Health Scrutiny Committee. Martin Gately agreed to keep members informed.

The meeting closed at 4.25pm.

CHAIRMAN

24 Nov 2014 - Health Scrutiny