

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE  
8 November 2016 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor Chris Barnfather  
Councillor Richard Butler  
Councillor Jim Creamer  
Councillor John Clarke  
Councillor Stan Heptinstall MBE  
Councillor Mike Pringle  
Councillor Stuart Wallace

### **Nottingham City Councillors**

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

### **Officers**

David Ebbage - Nottinghamshire County Council  
Martin Gately - Nottinghamshire County Council  
Jane Garrard - Nottingham City Council

### **Also in attendance**

### **Officers**

Dr Stephen Fowlie- Deputy Chief Executive, NUH  
Helen Jones - Nottingham City Council  
Jo Kirk - East Midlands Clinical Networks and Senate  
Paul McKay - Nottinghamshire County Council  
Nikki Pownall - Nottingham CCG

## **MINUTES**

The minutes of the last meeting held on 11th October 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 Watson

## **MEMBERSHIP**

It was noted that the following changes took place for this meeting only:-

Councillor Barnfather replaced Councillor Cutts  
Councillor Wallace replaces Councillor Handley  
Councillor Creamer replaced Councillor Bosnjak  
Councillor Pringle replaced Councillor Harwood  
Councillor Heptinstall replaced Councillor Williams

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **EAST MIDLANDS CLINICAL SENATE AND STRATEGIC CLINICAL NETWORKS**

Jo Kirkby, Head of Clinical Network gave a short presentation on East Midlands Clinical Networks and Clinical Senate Annual Report from 2015/16.

During discussion the following points were raised:

- East Midlands Clinical Networks supports health systems to improve health outcomes of their local communities by connecting commissioners, providers, professionals, patients and the public across a pathway of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement.
- It focuses on cardiovascular disease, cancer, maternity and children, mental health, dementia and neurological conditions. It also has local priorities – respiratory, end of life, diagnostics and learning disability.
- A lot of work around Children and Maternity is to do with Mental Health and especially around the transformation and transition which is a key time for young people who then move into the adult phase of their life.
- 66% of patients with mental health issues are not receiving the full range of services which are available to them. Research has also found that patients could die 10-11 years earlier than if they did not suffer from mental illness so prevention and early intervention is crucial as well as promoting what services are out there.
- The 2015/16 Annual Report highlights the achievements of the Clinical Networks and Clinical Senate as well as recognising the challenges and obstacles faced.
- 2015/16 was a time of change and transition. The Five Year Forward View, published the previous year, advocated the need for a prevention focus, the redesign of urgent and emergency services, and with patients gaining control of their care.
- Information relating to neurological conditions has been produced and communicated with the neurological rehabilitation programme guidance which CCG's would need.
- Members were pleased that the work with young people and mental health is going in the right direction.

## **RESOLVED to**

Note the contents of the report.

### **NUH EMERGENCY DEPARTMENT TARGETS**

Dr Stephen Fowlie, Deputy Chief Executive Officer and Medical Director of NUH gave a short presentation to Members on the performance against targets of the Nottingham University Hospitals (NUH) Emergency Department.

During discussion the following points were raised:

- The year on year demand has again increased by 3.3% with ED visits and admissions from ED has gone up a small margin of 0.1%. NUH are working with partners to try and reduce these figures.
- The hospital sought help from the Emergency Care Improvement Programme who came up with a system diagnosis. This included assessment before admission, today's work today, home first/discharge to assess and strengthened system leadership & accountability.
- The standard performance for patients to be seen within the 4 hours is 95%. NUH in 2015/16 was 86.8%. Between the summer months of June to July 2016, the performance dropped to its lowest figure of 70%. Since the summer, performance has gradually improved.
- Visits to other establishments have taken place by directors, from this, changes have happened in relation to models of care and conditions in general at the hospital.
- A large recruitment campaign has resulted in an intake of nursing staff to ED. The turnover is no different to other establishments. The hospital are determined to turn this slip in performance around.
- Trained GPs are in place from the beginning of the process to assess each patient before they gain admission to ED. This will hopefully reduce the number of visits by patients who could seek alternatives.
- Members queried whether inappropriate attendance could be a reason to the high number of visits, but NUH responded saying diverting patients to alternative provision has been very mixed and patients still choose to come to ED.
- Integrated urgent care project bringing together 111, mental health, urgent care centre, primary care and ED.
- New technology for bed/capacity management is now in place, and NUH try to free beds as soon as possible. Beds can be located more easily using the new tracking system which is in place.
- There is no answer in regards to the dip of performance over the summer period. The hospital are currently analysing the data over that period to find out why it occurred.
- NUH is in regular contact with other Trusts and what models of care they use to seek alternative methods.
- A big push to reduce delayed transfers of care, a shared commitment to ensuring that patients do not go directly to long term care from an acute bed setting.

The Chair thanked Dr Fowlie for his attendance and requested a further update in 6 months' time.

## **RESOLVED to**

- 1) Update Members on any progress in 6 months' time.
- 2) That the contents of the report be noted.

## **PLANNING FOR WINTER PRESSURES**

Nikki Pownall, Nottingham City CCG and colleagues from Nottingham City and Nottinghamshire County Council briefed Members on how the NHS and partners were planning for the upcoming winter conditions.

During discussion, the following points were raised:-

- The City Council have a particular issue with external homecare providers. The City Council have increased their hourly rate with homecare providers which now matches that of the County Council. This will hopefully help with the funding gap.  
Improved rota providers and increased the number of trained seniors to reduce care packages in a timely way. Additional funding has been approved through the Better Care Fund and a more system approach for joint working with the County.
- There are currently no delays in the County with Social Care. A lot of work has gone into achieving that performance level. A more system based approach to try and deal with most queries at the front door stage which is the Customer Contact Centre, from there they are fed down to relevant teams or diverted on to the appropriate partner.
- There are still a number of main risks relating to maintaining the patient flow across the health and social care system, cold weather & associated spike in respiratory cases, influenza, staff retention and sustainability during the busiest months and major system change.
- A multi-agency approach to communicate campaigns, press releases and social media content scheduled throughout winter.
- A flu vaccination campaign has recently been launched in which over 50% of NUH staff have already had the vaccination.
- All providers have managed outbreak plans to avoid and contain any impact to do with Norovirus.
- Detailed Bank Holiday planning making sure all providers are fully staffed and operational through Christmas and the New Year.
- A recent feature to the 111 system, patients are now able to make GP appointments by ringing up this service. This has needed a lot of planning, and is being carried out nationally and only recently has it commenced.
- Priorities for 16/17 to do with the flu strategy are to improve the uptake in 2,3 and 4 year olds, pregnant women and healthcare and social care staff. Also financial incentives for providers.

## **RESOLVED to**

- 1) Note the contents of the report
- 2) A further update to the Committee be provided in the New Year

## **WORK PROGRAMME**

Martin Gately undertook to look into the issue of NUH payment delays on behalf of the Committee.

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

The meeting closed at 12.55pm.

Chairman