Nottinghamshire County Council

Joint City / County Health Scrutiny Committee

Date: Tuesday, 12 June 2012
Time: 10:15
Venue: County Hall
Address: County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

1	**Appointment of Chairman and Vice-Chairman** To note the appointment by the County Council of Councillor Mel Shepherd MBE as Chairman of the Committee and Councillor G Klein as Vice-Chairman.	**1-2**
2	**To note the Membership of the Committee** County Councillors Ged Clarke, Parry Tsimbiridis, V H Dobson, Mel Shepherd, Rev. Tom Irvine, Chris Winterton, Eric Kerry, and Brian Wombwell City Councillors Mohammad Aslam, Carole-Ann Jones, Eunice Campbell, Ginny Klein, Azad Choudry, Thulani Molife, Emma Dewinton and Timothy Spencer	**1-2**
3	**Apologies for Absence** Details	**1-2**
4	**Declarations of Interest** (a) Personal (b) Prejudicial	**1-2**
5	**Minutes 15 May 2012** Details	**3 - 16**
6	**Terms of Reference** Details	**17 - 24**
7	**Specialist Palliative Care Update** Details	**25 - 30**
8	**Integrated Health and Social Care Discharge** Details	**31 - 32**

JOINT CITY AND COUNTY
HEALTH SCRUTINY COMMITTEE

M I N U T E S

of meeting held on **15 MAY 2012** at

Loxley House from 10.15 am to 3.00 pm

Nottingham City Councillors

Councillor G Klein	(Chair)
Councillor M Aslam	(for minute 72 to minute 76 inclusive)
Councillor E Campbell	(for minute 72 to minute 75 inclusive)
Councillor A Choudhry	
Councillor E Dewinton	(for minute 72 to minute 76 inclusive)
Councillor C Jones	
Councillor T Molife	
Councillor T Spencer	

Nottinghamshire County Councillors

Councillor M Shepherd	(Vice-Chair)
Councillor G Clarke	
Councillor V Dobson	
Councillor S Garner	
Councillor E Kerry	
Councillor P Tsimbiridis	
Councillor C Winterton	
Councillor B Wombwell	

indicates present at meeting

Also in Attendance

Ms W Hazard	)
Mr P Milligan	) East Midlands
Mr T Slater	) Ambulance Service
Mr R Walker	) NHS Trust

Ms H Pleder	- NHS Nottinghamshire
Ms D Smith	- NHS Nottingham City Clinical Commissioning Group

Ms A Kaufhold)
Mr N McMenamin) Nottingham City Council

Mrs B Venes - Nottingham City LINks

Mr M Gately) Nottinghamshire County Council

Mr G Swanwick - Independent PPI
Mr T Turner - Nottinghamshire County LINks

Dr S Fowlie) Nottingham
Ms J Leggott) University
Ms L Skaife) Hospitals
Mr J Worrall) NHS Trust

Ms J Lacey) Nottingham NHS Treatment Centre
Ms R Magnani)

Dr P Miller) Nottinghamshire
Ms F Illingsworth) Healthcare Trust

Mrs V Greenhall - Nottinghamshire Hospice

72 APOLOGIES FOR ABSENCE

No apologies for absence were received. .

73 DECLARATIONS OF INTERESTS

No declarations were made.

74 MINUTES

RESOLVED that the minutes of the meeting held on 17 April 2012, copies of which had been circulated, be confirmed and signed by the Chair.

75 NOTTINGHAM UNIVERSITY HOSPITALS TRUST – CANCELLATION OF NON- URGENT ELECTIVE OPERATIONS

Consideration was given to a report of the Head of Democratic Services and a response from Mr Homa, Chief Executive Nottingham University Hospitals NHS Trust, copies of which had been circulated. The report and written response related to the recent media coverage and concerns raised about the number of non-urgent elective operations which had been cancelled by the Trust.

Ms Leggott made a presentation which summarised the remedial actions being taken and the multiple factors which had led to the cancellation to the election operations. She confirmed that a new 20 bedded clinical observation unit would be opened by September 2012 as well as increasing the Level One critical care beds by eight as of May 2012 which was part of the Major Trauma Centre.

The response to the issues and questions raised by the Chair of the Joint Health Scrutiny Committee in a letter sent to Mr Homa were summarised as follows (the full response was attached as an appendix to the report):

- regrettably, there had been 555 operations cancelled between 1 January and 27 April 2012 but this was put in the context of over 33,600 operations and surgical procedures undertaken. Initial analysis had shown that there had been approximately a 5% increase in the number of older patients presenting as emergency with complex medical problems, with older patients staying in hospital 10.4% longer, compared to the same period in the previous year;

- a record number of 450 patients presented to the Emergency Department on 23 out of 31 days which was exceptional;

- these challenges were also compounded by a pressure on critical care capacity in late March/early April;

- the Trust had not met the National Standard benchmark for 'on the day' cancelled operations and was determined to improve with performance being discussed at monthly public Trust Board meetings. It was pointed out that the Trust could not have reasonably be expected to anticipate the trends which occurred in January and March 2012;

- detailed information was provided relating the actions undertaken by the Trust to manage the emergency pressures usually occurring in the winter months, as well as, accelerating longer term plans to further separate emergency and elective activity between the Queens Medical Centre (QMC) and Nottingham City Hospital (NCH). This would encompass moving all elective orthopaedic to NCH by September 2012 which would increase inpatient bed capacity at the QMC for emergency patients;

- the annual elective surgery work programme would be reviewed and where appropriate, arranged around the emerging and distinctive emergency requirements for patients. This year's trend would be carefully incorporated into future plans and hopefully avoid significant emergency demands coinciding with substantial planned elective work;

- the proposals to reduce bed capacity by 96 had been made to this Committee in March 2011 and was based on careful modelling and delivered through the 'Better for You' internal change programme. This was based on reduced length of stays and carefully monitored to ensure no adverse impact on patients. With no adverse signals this was successful and delivered £5 million savings for the Trust;

- it was confirmed that the major trauma centre had not contributed to the cancellation of any operations and that only one patient had been admitted during this period. The Trust was receiving additional funding for this and the admittance of seriously ill patients from across the region would occur on a phased basis;.

- in relation to the request for data the following statistics were presented:

    - 39,048 attended the QMC's Emergency Department (ED) between January and March 2011 compared to 39,997 this year. This was an increase of 1.3% for the same period;

    - the total number of Emergency Department attendances treated and discharged on the same day was 37,548 in 2011 and 38,567 in 2012 (an increase of 2.7%). Of these 9,932 (26.5%) were admitted in 2011 and 9,805 (25.4%) were admitted in 2012. However, this included a higher number of older patients with complex medical problems whose average stay was 7.7 days, an increase of 10.4% which inevitably affected capacity;

    - whilst there had been an initial increase in the number of patients presenting from Erewash when Derby's Emergency Department moved to the new Royal Derby Hospital, the cross boundary admissions have actually reduced by 1% this year when compared to 2011. Detailed postcode analysis also shows that other changes such as the closure of the Stapleford Walk-in Centre had a minimal impact on the bed pressures experienced. However, there had been a marked increase in ED admissions from Nottingham City residents, and in particular from NG3 and NG5 postcodes, as well as a 'spike' in post Bank Holiday emergency admissions;

- a comprehensive review was being undertaken and the full details of the Trust's recovery plan would be shared with the Committee once available.

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

- it was confirmed that there was a number of reasons why operations were cancelled which included the patient being poorly, staff sickness, patients being given a priority due to becoming more urgent. The number of patients cancelling operations tended to be fairly static and was usually for a variety of different reasons such as illness or bereavement etc;

- decisions were always taken by clinicians to decide patient priority such as those with the most urgent need, as well as the outcome and impact that cancellation would have;

- the decision taken to reduce the number of beds by 96 in 2011 had been based on a programme of work which included reducing the length of stay and included full risk assessments. The Trust was running at 85% bed occupancy which was the same level of other Trusts;

- the Trust had planned for winter but there was no way to predict the number of patients and the level of complexity they presented with at the hospital in March. There had been an increase in admissions of elderly people with complex conditions but these had not appeared to be weather or season

related. A review was taking place which would include the Trust's capacity for emergency and elective work, the results of which would be available by September;

- the private sector was used to support the delivery of patient care especially if patients had been on a waiting list for a long period of time. The Trust used local hospitals but still retained the more complex procedures;

- the Trust was an outlier in comparison to other similar organisations for cancelled operations and it was acknowledged that this had to improve;

- tracking data showed that there was no correlation between patients being discharged early and then being readmitted. Usually the re-admittance was for a different issue or change in the condition;

- the plan was to transfer elective operations to the City Hospital and for these to be effectively managed and scheduled. This would also free up bed space at the Queens Medical Centre;

- it was also important to work more closely with the GPs an NEMS at QMC to direct patients to the right services;

- nursing staff were increased by 33 full time equivalents in the Emergency Department and each ward had a set number of staff. The Trust had a low level of vacancies and covered any staff sickness with agency staff.

The Chair expressed concern that there were spikes in people attending the Emergency Department following Bank Holidays when GP practices were closed and that the issue of the increasing number of older patients with more complex needs would be an ongoing issue for the future.

RESOLVED that

(1) the action plan drawn up by the Trust be noted;

(2) the Committee receive updates from the Trust for consideration at its meetings in September 2012, December 2012 and March 2013, the information provided to include:

(a) levels of last-minute non-clinical cancelled operations;
(b) levels of 'prior to' cancellations;
(c) comparator information from similar major Trusts in the region (noting that comparator information was provided following the meeting);
(d) benchmarking performance against the National Standard, where available, the Committee being conscious that the Trust has been an 'outlier' in this area for some time;
(e) an assessment of the knock-on effect of the upsurge in cancellations on waiting times for non-urgent elective operations, the Committee being concerned that patients suffering

cancellations could potentially face ever-longer waiting times for rescheduled operations;

(3) an update on the progress, and outcomes, when available, of the external review commissioned by the Trust into the upsurge in cancellations, be made available to the Committee;

(4) the Chief Operating Officer of NHS Nottingham City Clinical Commissioning Group be requested to investigate both recent significant increases in numbers of Emergency Department (ED) patients from Nottingham City, and particularly from NG3 and NG5 postcodes, and the possible reasons for a 'spike' in post Bank Holiday ED admissions, and report findings to a future meeting of the Committee.

76 QUALITY ACCOUNTS

Further to minute 50 dated 10 January 2012, consideration was given to a report of the Head of Democratic Services and the Quality Accounts forwarded by Nottingham University Hospitals Trust, Nottinghamshire Healthcare Hospitals Trust, Nottingham NHS Treatment Centre, Nottinghamshire Hospice and East Midlands Ambulance Service, copies of which had been circulated.

The Committee requested that all presenting organisations checked their Quality Accounts so that they avoided overly-technical, unexplained medical language, and provided a range of quotes about the patient experience, where available. The Committee then considered in turn the Quality Account for each organisation.

(a) Nottingham University Hospitals NHS Trust

Some of the achievements for 2011/12 highlighted in the Quality Accounts included:

- a 25% reduction of grade 3 or 4 hospital acquired ulcers;
- over 90% assessments carried out on patients for blood clots;
- the rates of MRSA bloodstream infections were the lowest in the country;

The priorities for 2012/13 included:

- 25% reduction in emergency readmissions;
- zero avoidable pressure ulcers;
- reducing the number of patient falls (at least 5%);
- reducing the level of sepsis and fewer than 5 cases of MRSA bacteraemia and 134 cases of Clostridium difficile;
- reducing the number of cancelled operations.

(b) Nottinghamshire Healthcare NHS Trust

Dr Miller made a presentation, copies of which were circulated, highlighting the main areas of the Quality Accounts (as detailed in the paper) for the Nottinghamshire Healthcare NHS Trust as follows:

- the outcomes for the priorities for 2011/12;
- the priorities for 2012/13 which include safety, patient experience and clinical effectiveness.

(c) Nottingham NHS Treatment Centre

Ms Lacey made a presentation, copies of which were circulated, summarising the main points within the Quality Accounts including the priorities for 2012/13, a review of 2011/12 and local priorities.

(d) Nottinghamshire Hospice

Ms Greenhill presented the first Quality Accounts for Nottinghamshire Hospice, copies of which were circulated, summarising the vision, past quality information and progress, the goals and priorities for 2012/13.

Following the presentations the following additional information was provided in response to questions:

- Nottingham University Hospitals NHS Trust – the targets for blood infections were very low, less than 5 cases per year, so if you had 4 or 5 cases it had a huge impact. However, the good news was that the Trust had been very successful in reducing infection rates and it was acknowledged that more publicity had to be given to this to allay people's concerns about hospital acquired infections.

- The Trust had implemented a values and behaviours programme to establish the culture and mechanisms for staff to raise issues especially around patient safety. 'Safety Conversations' took place four times a month and provided opportunities to speak to non-executive members of the Trust about any issues. Operational Groups also included representatives from different staffing hierarchy. The Trust was about to embark on a programme on patient safety and to develop forums for communications. The forums would provide the opportunity to anonymously raise any issues or concerns.

- The falls target had not been reached so a new falls prevention project has been implemented to educate staff how to prevent patient falls whilst in hospital.

- Nutrition was a priority and a crucial element for many patients and assessments of dietary requirements and support needs were undertaken as well as training volunteers to help patients with drinks and eating.

- The figures for treatment of cancer two months from referral were based on national methodology and the Trust was managing to achieve the standard throughout the year (the same as other similar organisations) although there had been some pressure on target.

Nottinghamshire Healthcare Trust

- It was not as simple as matching staffing to demand but more a range of issues including staff competencies, reducing waiting lists and delivering the best pathways of care.

- It was acknowledged that there were still challenges in the care pathways for the transition children to adult mental health services.

- The levels of reported violence had increased and the reasons for this were being explored and comparative data relating to the location of incidents (ie high security and less secure units) and staff training could be made available to this Committee.

Nottinghamshire Hospice

- It was confirmed that the ratio of staff to patient care was much higher than the national guidelines due to the type of care and support that patients wanted and needed.

Nottingham NHS Treatment Centre

- It was acknowledged that sometimes there were delays in patients receiving test results were in part due to the doctor having to see them before despatch or results being given to patients at the next outpatients visit.

RESOLVED that

(1) the commendable level of research being carried out by the Nottingham University Hospitals NHS Trust be noted;

(2) a written response of the Chair of the Committee be sent in response to the Quality Accounts presented at the meeting, with the wording at the appendix to these minutes being inserted in the final published version of relevant organisations' Quality Accounts;

(3) the appreciation of the Committee for the attendance of all the contributors and Quality Accounts presented be recorded.

The meeting adjourned at 1.10 pm for 30 minutes.

77 EAST MIDLANDS AMBULANCE SERVICE (EMAS)

Consideration was given to the Quality Account for EMAS and a presentation by Mr Milligan, Chief Executive EMAS, copies of which had been circulated, relating to the actions taken and review of 2011/12 and priorities for 2012/13.

During discussion the following additional information was provided and comments were made:

- the Quality Accounts were welcomed and it was commented that there had been an improvement on past performance.

- the organisation had learned from complaints and investigated where improvement was needed such as Sepsis and the treatment of severe infections. Historically the ambulance service was very good at collating data and this can now be drilled down into postcode areas and shared with partners to identify gaps in its own and partners' services.

- currently modelling was taking place for the future locations of ambulance stations based on current needs and expected population growth. Ambulances were also located at strategic places so that they could respond to emergency calls more quickly.

- if a call was received from an address where there had been previous domestic violence issues then the police would be called and the crew would be doubled up. There was a back-up system for staff to call if needed and they would receive support.

- all the 999 call staff had received safeguarding training which included domestic violence and could identify this as a potential issue during the call. This was a growing issue and there was a further stage of concentrated domestic violence staff training scheduled to take place.

- there had been improvements in collecting clinical data such as breathing rates etc and EMAS had compared very well with other similar organisations. In the past two years a system of clinical supervision had been embedded in the supervision process which linked in to developing common training and education themes.

EMAS was working more with social care partners as some of the calls were not for medical needs but needed social care. NEMS had a pathfinder which would forward these referrals to social care.

It was acknowledged that EMAS had work to do to change the public perception in relation to 999 calls and the length of time it took to attend. The reality was now it was more important to take the patient where they would receive the most appropriate care and not just the nearest Emergency Department.

RESOLVED that a written response by the Chair be sent in response to the Quality Accounts presented at the meeting.

78 EAST MIDLANDS AMBULANCE SERVICES – CONSULTATION ON NHS FOUNDATION TRUST STATUS

Consideration was given to a report of the Head of Democratic Services and a presentation by Mr Milligan, Chief Executive of EMAS, copies of which had been circulated.

RESOLVED that the consultation be noted.

79 WORK PROGRAMME 2011/12

Consideration was given to a report of the Head of Democratic Services (Nottingham City Council), copies of which had been circulated, outlining the current schedule of work for 2011/12 municipal year and into 2012/13.

RESOLVED

(1) that the rescheduling of the item on Contraceptive and Sexual Health Services from June to September 2012, pending agreement between commissioners and providers, be agreed;

(2) that, further to minute 75(1)-(4) above, updates from Nottingham University Hospitals Trust on cancelled operations be added to the Work programme for 2012/13.

79 DATE AND VENUE OF NEXT MEETING

RESOLVED that it be noted that the next meeting will take place on 12 June 2012 at 10.15 am at County Hall.

APPENDIX

QUALITY ACCOUNTS – COMMITTEE COMMENTS FOR INCLUSION IN FINAL PUBLISHED VERSION

(a) Nottingham University Hospitals Trust

The Joint Health Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection of the services provided by Nottingham University Hospitals NHS Trust, based on the knowledge the Committee has of the Trust. The information contained in the Quality Account is clearly presented and we are pleased to see the use of clear and accessible language.

We welcome the ongoing work of the Trust to reduce NUH-associated avoidable harm and NUH-associated infections and recognise the challenge in achieving the target to reduce cases of Clostridium Difficile and MRSA. .

We commend the Trust's ongoing strong performance in clinical research, and recognise the resulting improvement of clinical outcomes for patients.

We recognise the achievements that NUH continues to make through the 'Better for You' Programme, which was an area previously scrutinised by the Committee. We welcome its roll-out across every area of NUH.

The Trust's commitment to setting patient safety, patient experience and clinical effectiveness at the heart of all priorities is a good, clear message of intent.

The document clearly demonstrates the wide involvement of key stakeholders, particularly patients and the public, in determining priorities and reflecting what quality means to them.

We endorse the inclusion of a priority to reduce the unacceptable number of cancelled operations at the QMC and City Hospitals, and we will regularly monitor the situation, including the possible knock-on effect on operating waiting times, in the coming year.

(b) Nottinghamshire Healthcare Trust

The Joint Health Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection of the services provided by Nottinghamshire Healthcare NHS Trust, based on the knowledge the Committee has of the Trust.

The information contained in the Quality Account is well presented and we are pleased to see the use of clear and accessible language. The layout makes the document easy to read and the use of patient and carer comments also makes the document more accessible to the public.

We welcome the ongoing work of the Trust to deal with violence and untoward incidents and development of a robust framework for the protection of Vulnerable Adults, and that this is to be underpinned by a comprehensive programme of

safeguarding training. We would welcome a specific reference within the Quality Account to the transition arrangements in place between Child and Adult mental health services.

While the Committee notes the withdrawal of both authorities from the integrated management arrangement across adult social services, we welcome the assurances provided that close partnership working between the Trust and both authorities is to continue, to mitigate the risks arising from changes to the health and social care environment at both national and local level.

In the interests of transparency, we would welcome an elaboration of the areas of non-compliance with the Essential Standards of Quality and Safety, as identified by the Care Quality Commission within the final document, along with an elaboration of the actions taken, or being taken, to address Trust's Information Governance Assessment Report 81% score/Red grade

It is heartening to see that the Trust is actively seeking feedback and involvement from patients and carers, using a wide range of methods, and has responded to feedback to improve patient experience.

The Committee looks forward to continuing its work with the Trust over the coming year.

(c) Nottingham NHS Treatment Centre

The Committee welcomes the opportunity to comment on the Nottingham NHS Treatment Centre Quality Account for the first time.

The information contained in the Quality Account is well presented and we are pleased to see the use of clear and accessible language. The layout makes the document easy to read and the use of patient and staff comments provide welcome additional information and serves to provide a 'people-based' focus.

We welcome the Treatment Centre's ongoing work to empower frontline staff to address issues and solve problems, as well as your commitment to the pursuit of excellence.

We are particularly pleased to see how incident reporting is used to learn from mistakes and improve patient outcomes. It is also gratifying to see the Treatment Centre using the Quality Account to highlight some of the very difficult problems that you face such as the recurring issue of disruption caused by the provision of decontaminated equipment. The aspiration to deliver 'great' practice rather than just good practice (e.g. regarding endoscopy consent) is to be commended.

The Committee welcomes the opportunity to continue to develop its relationship with the Nottingham NHS Treatment centre over the coming year.

(d) Nottinghamshire Hospice

The Committee welcomes the opportunity to comment on the Nottinghamshire Hospice Quality Account for the first time. We have considered the review of specialist palliative care services across Nottinghamshire as part of our work programme, and the Quality Account provides a welcome additional perspective on the delivery of end-of-life services in Nottinghamshire.

The information in the Quality account is clearly set out, and uses clear and accessible language. However, we believe that service users and the public would benefit from additional detail and perspective, specifically in respect of Priority One: 'All new patients referral will be assessed against the Supportive and Palliative Care Indicators Tool', which lacks detail on the Tool itself, and the proposed pilot.

We welcome the development and expansion in the last year of the Hospice at Home service, and how this has led to increased quality of life outcomes for end-of-life patients. We also endorse the Hospice's priority of preventing inappropriate admissions into hospital.

It is reassuring that the Hospice has received almost universally supportive feedback from service users and their families and that actions have been taken in response to feedback, for example, on closures around the Christmas and New Year period, to provide greater continuity of service at that time of year.

The Committee welcomes the opportunity to build its relationship with the Nottinghamshire hospice in the coming year.

(e) East Midlands Ambulance Service

The Joint Health Scrutiny Committee believes that the Quality Account 2011-12 is a fair reflection of the services provided by East Midlands Ambulance Service NHS Trust, based on the knowledge the Committee has of EMAS.

The information contained in the Quality Account is well presented and we are pleased to see the use of clear and accessible language and layout. The use of case studies makes the document more accessible to the public, and we commend the inclusion of numerous examples of actions taken in response to service user feedback, both positive and negative. The document clearly demonstrates the involvement of key stakeholders in determining priorities and reflecting what quality means to them.

We are pleased to note that EMAS has achieved all 2011/12 Commission for Quality and Innovation (CQUIN) targets for patient safety and patient experience.

We welcome the inclusion of a priority on training front-line staff to recognise and deal effectively with victims and perpetrators of Domestic Violence in support of the introduction of the organisation's Domestic Violence Policy, and look forward to hearing more about the impact of the Policy in the coming year.

The Committee recognises that the EMAS service covers both major urban centres of population and more isolated rural communities. We therefore welcome the tailoring of performance indicators more closely to the needs of the communities served by EMAS, and the provision of performance information on a County by County basis, from next year.

The Committee looks forward to continuing to develop its relationship with the Trust over the coming year.

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 June 2012

Agenda Item: 6

REPORT OF THE CHIEF EXECUTIVE

TERMS OF REFERENCE

Purpose of the Report

1. To note the Committee's terms of reference and Joint Protocol (protocol attached as Appendix 1).

Information and Advice

2. County Council on 29 March 2012 agreed the following terms of reference for the Joint City and County Health Scrutiny Committee:-

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE– TERMS OF REFERENCE

3. The exercise of the powers and functions set out below are delegated by the Full Council to the Joint City and County Health Scrutiny Committee:-

3.1 To scrutinise health matters which impact on the areas covered by Nottingham City Council and the Broxtowe, Gedling, Hucknall and Rushcliffe areas of Nottinghamshire.

3.2 Where an NHS Trust operates in a wider area than above, to scrutinise any health matter which affects that area with the proviso that it will defer to the relevant City or County Health scrutiny body as requested.

Other Options Considered

4. None.

Reason/s for Recommendation/s

5. To inform the committee of its terms of reference.

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 report be noted.

Mick Burrows
Chief Executive

For any enquiries about this report please contact: Ruth Rimmington, Governance Officer – 0115 9773825

Constitutional Comments

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

Financial Comments (PS 2/5/12)

8. There are no financial implications arising directly from this report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

a) Report to County Council – 29 March 2012 (published).

Electoral Division(s) and Member(s) Affected

All

PROTOCOL FOR THE OPERATION OF A JOINT COMMITTEE ON THE OVERVIEW AND SCRUTINY OF HEALTH IN GREATER NOTTINGHAM

1. Nottinghamshire County Council and Nottingham City Council established a Joint Committee between the two Authorities in 2003 to scrutinise health matters which impact upon the Greater Nottingham area.

2. The role and operation of the Joint Committee will be kept under review, with a further complete review of its responsibilities and workings to be carried out on an annual basis from the adoption of this protocol.

Role

3. The role of the Joint Committee is

   - to scrutinise health matters which impact on the Greater Nottingham area (i.e. both the Nottingham City Council area and the Gedling, Broxtowe, Hucknall and Rushcliffe areas of Nottinghamshire).

   - where an NHS Trust operates wider than the Greater Nottingham area, the Joint Committee will be able to scrutinise any health matter that affects the Greater Nottingham area and the wider area but will defer to the relevant City or County Health OSC as requested

4. A list of stakeholders is attached to this protocol.

Responsibilities

5. The Joint Committee will scrutinise significant health developments that cover the Greater Nottingham area. This means that a decision will impact on both Nottingham City and Nottinghamshire County residents.

6. The main focus will be on issues relating to public health with particular regard to health inequalities and access to services.

7. The agenda will be determined by the Chair and Vice-Chair, and the lead officers for both councils

Purposes of Joint Health Scrutiny

8. Issues for potential scrutiny include:

   - Major capital projects;
   - Proposals to close services such as hospital wards and GP surgeries;
   - Issues that impact on health inequalities;
   - Issues that affect access to services such as the ending of a service or its relocation to an alternative site, including the availability of appropriate public transport;
   - Performance issues – but only those not already monitored by other bodies;

- Issues that impact widely on public health;
- Issues that impact significantly on the local economy.

Definition of Significant Variation/Development of Health Services

9. There is no national definition. Local authorities are requested to arrive at a local definition following consultation with bodies such as Patients' Forums.

10. National Guidance states that in considering whether a proposal is substantial, NHS bodies, committees and stakeholders should consider generally the impact of the change upon patients, carers and the public who use or have the potential to use a service. More specifically they should take into account:

    - Changes in accessibility of services, for example both reductions and increases on a particular site or changes in opening times for a particular clinic. Communities attach considerable importance to the local provision of services, and local accessibility can be a key factor in improving population health, especially for disadvantaged and minority groups. At the same time, development in medical practice and in the effective organisation of health care services may call for reorganisation including relocation of services. Thus there should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location.

    - Impact of proposal on the wider community, and other services including economic impact, transport, regeneration;

    - Patients affected, changes may affect the whole population (such as changes to accident and emergency), or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial;

    - Methods of service delivery, altering the way a service is delivered may be a substantial change – for example moving a particular service into community settings rather than being entirely hospital-based. The views of patients and patient's forums will be essential in such cases.

Notification of Potential Scrutiny Items

11. In line with the Guidance on Overview and Scrutiny of Health, health bodies will need to notify the lead officer of the Joint Committee secretariat of relevant issues for potential scrutiny. Acute Trusts and PCTs should agree on potential joint health scrutiny items to notify to the joint Committee, and they should also become a standing item on executive level management meetings. Similarly the

Patients Forums will need to inform the secretariat of any issues they wish to raise. The secretariat will inform the Chair and Vice-Chair of issues raised so that they can decide on the best way of responding.

Chair and Vice Chair

12. The Chair and Vice Chair from each Social Services authority will be appointed in alternate years from each council. The Vice Chair will always be appointed from the authority not holding the Chair.

13. It is proposed that appointments should run from June to the following May.

Size of Committee

14. It is proposed that the Joint Committee will comprise 8 non-executive members of the City Council and 8 non-executive members of the County Council. The County Council should look to include members who represent electoral divisions in Broxtowe, Gedling, Hucknall and Rushcliffe areas.

15. Allocation of seats will be determined by the two Social Services authorities involved.

Co-opted Members

16. The power of health scrutiny lies with local authorities with responsibility for Social Services i.e. the City Council and County Council for Nottinghamshire. However non-executive district council members can be co-opted to Health Scrutiny Committees on an indefinite basis or for a time-limited period. Similarly Health Committees have the power to co-opt other people, regardless of background, as long as it is felt that they add value to the Committee. The Joint Committee can determine any co-options.

Frequency of Meetings

17. The Joint Committee will meet as and when required with a minimum of two meetings per year.

Organisation and Conduct of Meetings

18. Notice of meetings, circulation of papers, conduct of business at meetings and voting arrangements will follow the Standing Orders of the authority which holds the Chair, or such Standing Orders which may be approved by the parent authorities. Meetings will be open to members of the public.

Officer Support

19. The secretariat for the Joint Committee will alternate annually between the two authorities with the Chair. The costs of operating the Joint Committee will be met by the Council providing the secretariat services.

Reports from the Joint Committee

20. When the Joint Committee has completed a scrutiny review, it should produce one report on behalf of the committee. The report should reflect the views of both the City Council and County Council committees and so the aim should be for consensus whenever possible.

21. The NHS body or bodies receiving the report must respond in writing to any requests for responses to the report or recommendations, within 28 days of receipt of the request.

Joint Health Scrutiny Protocol

Adopted May 2005
Reviewed July 2006
June 2007
April 2008
May 2009
May 2010
Amended July 2006
April 2008
May 2010 (subject to confirmation)

KEY STAKEHOLDERS IN GREATER NOTTINGHAM

Nottinghamshire Social Services Authorities (who comprise the Joint Health Committee)

Nottingham City Council (eight Members)
Nottinghamshire County Council (eight Members)

District Councils

Ashfield District Council (Hucknall area)
Broxtowe Borough Council
Gedling Borough Council
Rushcliffe Borough Council

Strategic Health Authority

NHS East Midlands Strategic Health Authority

NHS Trusts

Nottingham University Hospitals Trust
East Midlands Ambulance Trust
Nottinghamshire Healthcare Trust
(Doncaster and Bassetlaw Hospitals NHS Foundation Trust)
(Sherwood Forest Hospitals NHS Foundation Trust)

Primary Care Trusts (PCT)

NHS Nottingham City
NHS Nottinghamshire County
(Bassetlaw PCT)

NB: For the day to day business, the PCTs will report to the Health Scrutiny Committee of the relevant Social Services authority. From time to time however, the PCTs may become involved in business that affects the wider conurbation and it is on these occasions that they should report to the Joint Committee.

Local Involvement Networks (LINks)

Nottingham City LINk
Nottinghamshire County LINk

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 June 2012

Agenda Item: 7

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

REVIEW OF SPECIALIST PALLIATIVE CARE SERVICE REDESIGN

Purpose of the Report

1. To introduce an update on Specialist Palliative Care Service redesign.

Information and Advice

2. Representatives of Nottingham University Hospitals (NUH) will attend this meeting to provide an update on Specialist Palliative Care Redesign. Members last received a briefing on this subject on 13th December 2011.

3. A short update from NUH is attached at Appendix 1.

4. The committee has previously heard that palliative care is the active holistic care of patients with advanced progressive illness, Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.

5. Specialist palliative care services are provided by specialist consultant-led multidisciplinary palliative care teams and include: assessment, advice and care for patients and families in all care settings including hospitals and care homes, specialist in-patient facilities (in hospices or hospitals) for patients who benefit from the continuous support and care of specialist palliative care teams; as well as intensive co-ordinated home support for patients with complex needs who wish to stay at home.

6. There are two specialist palliative care providers in Nottinghamshire – John Eastwood Hospice in Ashfield and Hayward House in Nottingham. Following feedback from service users, members of the community and the Joint Health Scrutiny Committee, the Hayward House Advisory Group was formed in September 2011 to oversee the review process, with the objective of developing a proposal for the future delivery of these services. The proposed changes to the current service are as follows:

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

7. Following patient engagement, it was confirmed to service-users, carers and staff at Hayward House that:
    - There will be no changes to day care support for current patients who will continue to receive their current level of day care support for as long as they require it on a day that suits them

8. The committee heard in September that the John Eastwood Hospice had undertaken two task and finish group meetings with discussions centring on understanding the current clinical pathway and identifying issues and opportunities for improvement. All key components of the service will continue and a plan of engagement for patients, carers and volunteers has been agreed.

9. The Joint City and County Health Scrutiny Committee agreed to receive an update on Specialist Palliative Care redesign in June 2012.

RECOMMENDATION

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

Councillor Mel Shepherd
Chairman of Joint City and County 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

Nottingham University Hospitals NHS
NHS Trust

City Hospital Campus
Hayward House Specialist Palliative Care Unit
Hucknall Road
Nottingham
NG5 1PB

Direct Dial: 0115 9267619
Fax: 0115 962779
Minicom: 0115 962 7749
www.nuh.nhs.uk

Specialist Palliative Care Service Redesign

This brief paper provides an update in response to the issues raised at the Joint Health Scrutiny Committee on the 13th December 2011 relating to Specialist Palliative Care Service Redesign at NUH.

The previous paper to JHSC outlined the following next steps:

- The revised eligibility criteria and service model to be formally launched on the 1 February 2011 to coincide with the reopening of Hayward House following extensive redevelopment;
- A Task and Finish Group to be established to develop a communications plan and promote the positive outcomes of the review which will see specialist palliative care services formally commissioned to support people of all diagnoses, and to promote palliative care service provision;
- Regular monitoring of referral rates and activity will be undertaken;
- The Hayward House Advisory Group will reconvene 3 months post implementation to review the impact of the changes, co-ordinate patient feedback, and determine any necessary action as appropriate.

The reopening of Hayward House was delayed until late April 2012 but all of the clinical services have now returned and are functioning at full capacity.

The revised eligibility criteria and service model are in use and the changes proposed are underway but in line with the letter to the patients (appendix 1) the changes are evolutionary. We have not yet widely promoted the revised eligibility criteria to referrers in order for the change to be managed carefully and any potential increase in referrals to take place when the efficiencies have been implemented to minimise the impact on services.

Tuesday has been identified as the most appropriate day to run the outpatients service with specialist palliative day care occurring on the other 4 working days. At the moment we still have outpatient clinics on a Tuesday and Thursday but we are not accepting any new specialist palliative day care patients for the Tuesday session. At some point in the next 3-6 months the number of specialist palliative day care patients attending on a Tuesday will reduce to a level where it is deemed clinically appropriate to move the Thursday outpatient clinic to a Tuesday and at that point all outpatients will be concentrated on one day.

No patient will have to change their specialist palliative day care day of attendance unless that is their wish but ultimately specialist palliative day care will cease on a Tuesday at some time in the future. I am pleased to report that the number of referrals to the service has been maintained and at this early stage there are no discernible changes to historical referral patterns, as would be expected as the new service eligibility criteria have yet to be fully launched. This will continue to be closely monitored.

NUH is planning to formally recognise the refurbishment of Hayward House on the 3rd July 2012 and at this event we plan to launch the new eligibility criteria, promote the services and positive developments achieved as a result of this process

In conjunction with NHS Nottingham City CCG, we will hold a further meeting of the Hayward House Advisory group. We had originally intended to do this 3 months post-implementation of the changes but are now planning to hold the meeting in September, rather than August, in order to maximise attendance.

Dr V Crosby
Head of Service and consultant in Palliative Medicine
Hayward House

Appendix 1 - Letter for Hayward House Patients

Your Services at Hayward House are Safe

As promised at the recent meetings, we are writing to remind you of the key messages we gave to all current patients at Hayward House:

- We intend to make the services available to more people, including those who don't have cancer. This will involve some reorganisation, but will **not** affect current patients.
- Changes will be small and happen slowly over a period of time, affecting future patients only;
- So that an increased number of people can benefit from Hayward House, we propose having one day in the week specifically for outpatients. Therefore, there will be no day care session on that day;
- Further discussion will take place with patients on which day this should be, but the busiest outpatient day is Thursday so this would make the most sense;
- However, **this will apply to new patients only**. Current day care patients can continue to have day care on the day/s that suits them best - **no-one will be forced to change their days**;
- There will be no reduction in the number of day care places available, and staff will be able to concentrate more fully on day care patients if they are not occupied by outpatients at the same time;
- Your treatment and care will continue to be decided and organised between you and your doctor based on your individual needs, and will **not** be changed as a result of this reorganisation.

If you would like to attend meetings to discuss how the service can be made available to more people, please contact Aimee Baugh on 0115 8839278.

We would like to thank you for your support and appreciation of Hayward House services, and apologise for any worries which may have been caused by previous letters. If you have any queries or would like to discuss this with someone please contact Diane Kirby, Deputy Sister for Day Care by phoning 0115 9691169 ext 56502, or ask when you are next in day care.

Yours sincerely

Yours sincerely

Dr V Crosby
Consultant in Palliative Medicine
Hayward House

Shirley Smith
Commissioner

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 June 2012

Agenda Item: 8

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

INTEGRATED HEALTH AND SOCIAL CARE DISCHARGE PROJECT

Purpose of the Report

1. To introduce an update on the Integrated Health and Social Care Discharge Project. Representatives of Nottingham. Representatives of Nottingham University Hospitals (NUH), Nottinghamshire County Council Adult Social Care, Nottingham City Council Adult Social Care and Productive Nottinghamshire will attend today's meeting to update the committee on the outcomes achievements and lessons learned from phase 1 of this project and the outcomes and timescales.

Information and Advice

2. Representatives of NUH and its partners previously attended the Joint Health Committee on 13 December 2011 when they presented an Overview of the Integrated Care Transfers Project, which is a component of the Productive Nottinghamshire programme. The committee heard how NUH had engaged in a data gathering process in the summer of 2010 themed around 'what is your patient waiting for today' in all medical and surgical wards. This resulted in a reduction of 750 waits to 260 in 12 months; a 66% reduction. Further to this internal waits project NUH shared the knowledge and experience from reducing internal waits in order to contribute to reducing *external* waits through an integrated health and social care discharge project.

3. The project made rapid progress covering a wide range of work including: the redesign of existing processes by frontline staff, improvement and refinement of the process and data quality as well as flexible working.

4. The immediate benefits included: patients being assessed by the right person first time, Social Workers feeling that they are part of the multi-disciplinary team again, faster response to assessments and clear and timely escalation routes for any issues or delays.

5. Next steps for this project included rolling out the new way of working across NUH and hospital based social care teams (tailored to each new cohort of wards), a reduction in the number of assessment forms to be used, weekly data reports

showing themes of waits and improvements made, identifying opportunities to reduce the number of patients directly admitted to a new care home from NUH.

6. Members agreed to receive an update on this project six months after this briefing.

RECOMMENDATION/S

1) That the Joint City and County Health Committee consider and comment on the information provided.

Councillor Mel Shepherd
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately, Scrutiny Co-ordinator – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 June 2012

Agenda Item: 9

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Joint City and County Health Scrutiny Committee work programme.

Information and Advice

2. The Joint City and County 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 both City and County residents – specifically, those located within the City and in the Southern part of the County.

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

4. An addition to the work programme for 10th July 2012 is the inclusion of the Mental Health Utilisation Review, further to a request from NHS Nottingham City and NHS Nottinghamshire County Clinical Commissioning Groups to present findings and next steps from this review to the Joint City and County Health Scrutiny Committee.

5. Other additions to the work programme as previously agreed by the committee are: update on Cancelled Operations at NUH for 11th September 2012 (with further updates planned for December 2012 and March 2013); and an update on Lings Bar on 11th December 2012.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee agree the content of the draft work programme.

Councillor Mel Shepherd
Chairman of Joint City and County 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

15 May 2012	• **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 (new)** To consider the reasons for the recent spate of cancelled operations, to find out what actions are being taken to address the situation, and to agree any follow-up action by the Committee (Nottingham University Hospitals Trust) • **Quality Accounts** To consider Trust's Quality Accounts 2010/11 and whether to make a statement for inclusion (Nottinghamshire Healthcare Trust / Nottingham University Hospitals Trust / East Midlands Ambulance Service/NHS Treatment Centre/Nottinghamshire Hospice - new) • **East Midlands Ambulance Service (EMAS) NHS Foundation Trust consultation (new)** To consider review of EMAS Service Delivery Model and Operating Strategy as part of formal consultation. (EMAS)
12 June 2012 **(revert to County)**	• **Review of Specialist Palliative Care Services across Nottinghamshire - update** To consider proposals and the consultation process for changes to improve access to day care for people with life limiting diagnoses (NHS Nottingham City / Nottingham University Hospitals Trust) • **Integrated Health and Social Care Discharge Project - update** To consider how to partners are working together to deliver more efficient services on discharge from hospital (Nottingham University Hospitals Trust and partners – to be identified)
10 July 2012	• **Out of Hours Services** To consider an update on the procurement exercise being planned for Out of Hours Services in Nottinghamshire (NHS Nottingham City / NHS Nottinghamshire County) • **Mental Health Utilisation Review** To receive the findings of the review undertaken by NHS Nottingham City CCG and NHS Nottinghamshire County CCG in conjunction with the local authorities (NHS Nottingham City/NHS Nottinghamshire County)

11 September 2012	• **Care Quality Commission (CQC)** To consider the work of the CQC in the County and the implications for scrutiny (CQC) • **Contraceptive and Sexual Health Services** (from June 2012) To consider findings informing the new service model (NHS Nottingham City / NHS Nottinghamshire County / Nottingham University Hospitals Trust) • **Psychological Therapies Service Changes – update** To consider how the changes to the Service have been delivered, and their impact on service users (Nottinghamshire Healthcare NHS Trust) • **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)	
9 October 2012		
13 November 2012		
11 December 2012	§ **Lings Bar Update** (NHS Nottinghamshire City/Nottinghamshire County**)** • **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)	
15 January 2013	• **Patient Transport Service (PTS)**	

	Update on performance of Arriva Group following takeover of PTS contract from EMAS (NHS Nottinghamshire County / NHS Nottingham City) • **Quality Accounts** Preliminary consideration of priorities for Trusts' Quality Accounts 2012/13 (Nottinghamshire Healthcare Trust/Nottingham University Hospitals Trust/NHS Nottingham Treatment Centre/Nottinghamshire Hospice)
12 February 2013	• **Dementia Care** Annual update on dementia issues, including national audit on dementia (Nottingham University Hospitals Trust)
12 March 2013	• **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)
16 April 2013	
May 2013	§ **Consideration of Quality Accounts**

To schedule:

Informal meeting on Local Alcohol Treatment Services
(various partners and agencies, and all Committee members, to be invited)

Response to Health Messages and Eating Disorders Study Group recommendations
(Response from various parties)
EMAS control centre visit

Date in May 2013 –as part of consideration of dates in June 2012