Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Monday 23 January 2017 at 2pm

Membership

Councillors

Collen Harwood
John Allin
Kate Foale
Bruce Laughton
David Martin
John Ogle

District Members

	Helen Hollis	Ashfield District Council
	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
A	Susan Shaw	Bassetlaw District Council

Officers

Alison Fawley	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Denise Nightingale	Bassetlaw CCG
David Purdue	Doncaster & Bassetlaw Hospitals
Jez Alcock	Healthwatch Nottinghamshire
Sally Dore	Mansfield & Ashfield CCG
Amanda Sullivan	Mansfield & Ashfield CCG
Richard Parker	Doncaster & Bassetlaw Hospitals
Jonathan Gribbin	Public Health
Sally Handley	Public Heatlh

MINUTES

The minutes of the last meeting held on 28 November 2016, having been circulated to all Members, were taken as read subject to the following amendments, and were signed by the Chair:

- End of Life Care – It was a struggle to get residential care homes to accept responsibility for where people wanted to die and that sending them to hospital was not always appropriate. It was suggested that a meeting should be held to discuss the issues with all parties.

- Community Pharmacies – There was no control over which pharmacies might close and there were no strategies or plans in place to deal with the impact of any such closures particularly for rural pharmacies.

APOLOGIES

Apologies were received from Councillor Susan Shaw.

DECLARATIONS OF INTEREST

None.

DONCASTER AND BASSETLAW HOSPITALS FINANCIAL POSITION UPDATE

Richard Parker introduced a briefing to update Members on the Trusts financial position.

The work that had taken place since June 2016 was outlined including the 13 work streams that were part of the turnaround plan. Encouraging progress had been made and savings of £6.51m had been made up to the end of November against a target of £5.89m whilst maintaining and in some cases improving quality, safety and performance. The Trust may now qualify for the NHS Improvement Incentive scheme for Sustainability and Transformation funding.

During discussions the following points were raised:

- The £40m+ black hole was the result of non-delivery of cost improvement programmes over the previous two years and some revaluation of properties. The report from KPMG gave a more detailed explanation and was available on the Trust website. A new finance director had been appointed.
- The work streams in the Cost Improvement Plan had been set at the beginning of the year and had been based on what each contract was planned to do. The Trust had not set out to close wards. Closures had been due to safety reasons and patient safety. Staffing in paediatrics was a problem nationally and the bed plan was not just predicated on savings or costs. The in-year changes were a response to the staffing issues.
- Workforce issues were not just limited to paediatrics. Some wards were more difficult to staff depending on the specialty.
- Savings had been identified through a root and branch review of each service and 13 streams were identified. Each stream had a lead office and regular management meetings were held to ensure delivery was on track.
- There were still financial pressures on acute hospitals but the Trust aimed to get to a cost neutral position. The plan was to cut the deficit but not services. It was seen as an opportunity to transform services and to focus on how to improve services. The criteria used for identifying savings was explained and included a line by line review of budgets to ensure that they were appropriate and workforce transformation to identify areas of best practice for sharing across the Trust.
- There were concerns that financial cuts affected all hospitals and that there may come a point where patients and safety are compromised. It was suggested that a letter be sent to government expressing these concerns.

However some Members felt that the solution to the problem was to be innovative with the resources available to them.

- Members had visited the hospital previously and had seen first-hand examples of innovative working.

The Chair thanked Mr Parker for his briefing

PAEDIATRIC ADMISSIONS AT BASSETLAW HOSPITAL

Denise Nightingale and David Purdue introduced a briefing to inform Members on the alteration to paediatric admissions at Bassetlaw Hospital.

The changes were being implemented on the grounds of safety due to significant medical and nursing workforce shortages, National guidance made it clear that acutely unwell children should be cared for in specialised units and by teams who have the necessary expertise and competence.

The proposed model was for a consultant led paediatric assessment unit which would be available from 8am to 10pm seven days per week. This should result in many of the children who stayed for less than one day would be managed within the assessment unit. Children who required overnight admission would be transferred to Doncaster Royal Infirmary (DRI) but the number was likely to be no more than three per week. This model of care was consistent with national guidance. Transfers to DRI or Sheffield Children's Hospital would be made by a specialist medically led team (EMBRACE).

A 'hot clinic' service would be provided seven days per week for children needing a clinical diagnosis but who were unlikely to need admission. The clinic would also see children who had been discharged from the Assessment Unit the previous day for a review if necessary.

The Assessment Unit and hot clinics would offer an improved service that met more closely the needs for the majority of children who attended Bassetlaw A&E and Children's Ward.

During discussions the following points were raised:

- The aim was to make services as local as possible and this proposal was for safety reasons. It was felt that a minimal number of children would be affected.
- A shuttle bus operated between the two sites for parents to use and in difficult circumstances a hospital taxi would be provided. Parents would be able to stay with their children at either hospital.
- The Assessment Unit would be located on ward A3 and significant capital investment had been made to facilitate the Unit and children's outpatient area.
- The Child Community Nursing Team would support children who had complex needs and their families.
- Recruitment and retention issues were discussed and the possible impact of the removal of the bursary and new revalidation programmes. The Chair was asked to raise workforce issues at the Joint Health Scrutiny Committee and to report back.

CONTRACEPTIVE AND SEXUAL HEALTH SERVICES

Jonathan Gribbin and Sally Handley introduced a briefing and presentation which provided an update for members on Contraception and Sexual Health Services.

The local authority worked in partnership to protect and improve the health and wellbeing of people in Nottinghamshire and to reduce health inequalities and that there was a statutory responsibility to do this.

Nottinghamshire's Integrated Sexual Health Services had been launched in April 2016 and positive feedback had been received about access to services, availability of same gender staff and a non-judgemental approach.

Work was ongoing with partners to ensure consistency in recording of data and in particular in using System One. There was concern that the data did not seem to reflect some of the issues in particular areas. Mr Gribbin explained that contractors have to monitor ongoing need in localities but sometimes people preferred keep their anonymity and visit a clinic outside of their immediate locality. However services were open to all residents irrespective of age.

Contractors were also required to provide assurances of services and quality against a number of performance outcomes. It was difficult to make comparisons with data from previous years as it related to former arrangements but work was ongoing to analyse the current data.

Providers were also required to ensure that vulnerable groups had access to information in various formats as not everyone had internet access. Mr Gribbin felt that hospitals were skilled in signposting to services and in providing information in various languages. Mr Gribbin said he would discuss the issues for homeless people with the mid Nottinghamshire provider and report back.

The Chair thanked Mr Gribbin and Ms Handley for their update.

IN-VITRO FERTILISATION – VARIATION OF SERVICE

Dr Amanda Sullivan and Sally Dore introduced a briefing which provided an interim update for Members on the outcomes of the consultation.

Dr Sullivan provided a recap on the reasons for the consultation. She outlined the stakeholders who had been consulted with and options that were proposed. A total of 424 responses had been received and were being analysed. A final report would be presented to the governing body in February 2017 for implementation in April 2017. Dr Sullivan agreed to circulate the report as soon as it was available and if Members had concerns a special meeting would be called.

Dr Sullivan confirmed that the consultation had been available on social media.

The Chair agreed to provide a comment on the consultation process for inclusion within the consultation document.

The Chair thanked Dr Sullivan and Sally Dore for their update.

WORK PROGRAMME

The work programme was discussed. It was agreed that the Health Inequalities item scheduled for March should be deferred to a later meeting.

The meeting closed at 4.30 pm

CHAIRMAN