

7 December 2010

Membership

Nottinghamshire County Councillors

● absent

- Mel Shepherd (Chair)
- Ged Clarke
- Vincent Dobson
- Stephen Garner
- Eric Kerry
- Parry Tsimbirdis
- Chris Winterton
- Brian Wombwell

Nottingham City Councillors

- Ginny Klein (Vice-Chair)
- Emma Dewinton
- Ian MacLennan
- Tony Marshall
- Brian Parbutt
- David Smith
- Tim Spencer
- One vacancy

Officers

Paul Davies – Governance Officer, County Council
Martin Gately – Scrutiny Officer, County Council
Ashley Jackson – Researcher, County Council
Kim Pocock - Overview and Scrutiny Team, City Council

Also in Attendance

Dr Peter Miller, Nottinghamshire Healthcare NHS Trust
Barbara Venes, Nottinghamshire County LINK
Glen Swanwick, Nottinghamshire County LINK

1. Minutes

The minutes of the last meeting held on 9 November 2010 having been circulated were confirmed and signed by the Chair, subject to the correction of the date.

2. Apologies for Absence

Apologies for absence were received from Councillors Klein, Dewinton and Tsimbiridis.

3. Declarations of interest

There were no declarations of interest.

4. Nottinghamshire Healthcare NHS Trust - Foundation Trust Equivalent Status

Dr Peter Miller, Medical Director, Nottinghamshire Healthcare NHS Trust gave a presentation on the Trust's achievement of Foundation Trust equivalent status. He explained that because the Trust's responsibilities included Rampton High Security Hospital, the Secretary of State had not wished to grant full Foundation status, in order that he could retain some powers of direction over the Trust. However the Trust had undergone the same assessment process and met the same standards to achieve equivalent status. Dr Miller outlined the composition of the Members' Council, whose 41 members included public, staff and partner governors. He referred to the Trust's services in three prisons in South Yorkshire and its bid to provide services to prisons in the North East. Under Transforming Community Services, the Trust had successfully bid for £75m of services from NHS Nottinghamshire County, bringing with them some 2,000 employees.

Dr Miller responded to members' questions and comments.

- He envisaged a surplus of £6m (equivalent to 1.3% of turnover) at the end of the first year. This was likely to be the Trust's only source of capital.
- The Trust recognised the risks from expanding its services. While Transforming Community Services had brought across staff and services from within the NHS, providing services to prisons in the North East was more challenging. Dr Miller believed the Trust had a good record of developing its local leadership.
- Patients would see direct benefits from the new status, for example the freedom to use capital to refurbish the St Francis Unit (which provided mental health services for older people on the City Hospital site). Good governance and risk management would benefit patients.
- He recognised that the service had not been good at caring for the physical health of patients with mental health problems or learning disabilities. The services new to the Trust under Transforming Community Services brought considerable expertise at managing long term conditions.
- He was unsure whether the Trust would appoint more partner governors when GP commissioning began. However, the Trust was

developing good relations with GPs. Five GP-led, locality based directorates were being established, under the governance of the Trust.

It was agreed to request an update from the Trust, particularly in relation to Transforming Community Services, in the summer, either to this committee, or (if more appropriate) to the County's Health and Wellbeing Standing Committee.

5. Review of Dementia Care in Hospital - Draft Report

A draft interim report had been circulated, pending the outcomes of the national audit of dementia care in hospitals, which were due to be reported to the committee in February. On behalf of the committee, the Chair thanked Ms Pocock for drafting an excellent summary of the review.

It was agreed that the interim report and recommendations be approved for circulation to Nottingham University Hospitals NHS Trust for response, and to other interested parties (including the Care Quality Commission and GP clusters) for information.

6. Work Programme

A further letter from Peter Wozencroft, NUH, was circulated, in which he outlined steps which NUH was taking to provide letters in large print to patients of the ophthalmology clinic. Members were also informed that it was understood that some nurses were refusing to accompany visually impaired people around the hospital. It was agreed that a review of hospital services to visually impaired patients, at both NUH and Sherwood Forest hospitals be scoped at the next meeting of the committee.

The Care Quality Commission Study Group had concluded that a full protocol between the CQC and scrutiny would be problematic due to the need for confidentiality by the CQC. As a result of the work of the CQC action learning project, there was likely to be national guidance on how the CQC should work with scrutiny. It was agreed to ask the CQC to give a presentation to the committee.

It was noted that proposals for children's heart surgery might be reported to the committee in February or March. Given the committee's workload at that time, it was agreed that the outcomes of the City Council's review of dementia care in the community should not be an agenda item, but circulated separately to members.

Subject to the above changes, the work programme was approved.

The meeting closed at 11.15 am.