

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE  
14 March 2017 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor Parry Tsimbirdis (Chair)  
Councillor Roy Allan  
Councillor Joyce Bosnjak  
Councillor Kay Cutts MBE  
Councillor Richard Butler  
Councillor John Handley  
Councillor Sheila Place  
Councillor Jacky Williams

### **Nottingham City Councillors**

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

### **Officers**

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

### **Also in attendance**

#### **Officers**

Dr Agnes Belenscak - Screening & Immunisation Lead  
Dr Aiden Bolger - East Midlands Congenital Heart Centre  
Hazel Buchanan - Director of Operations  
Peter Homa - Chief Executive, NUH  
Dr James Hopkinson - Clinical Lead  
David Pearson - STP lead  
Sam Walters - Chief Officer, Nottingham North & East CCG  
Stephen Ward - Director of Legal and Corporate Affairs  
Michael Wilson - Programme Director, NHS England

## **MINUTES**

The minutes of the last meeting held on 14th March 2017, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES**

Apologies were received from Councillor Campbell, Councillor Parbutt & Councillor Tansley.

## **DECLARATIONS OF INTEREST**

Councillor Ginny Klein declared a private interest in Item 6 – Nottingham University Hospitals NHS Trust Service Reviews as she uses a number of the services involved.

## **SUSTAINABILITY AND TRANSFORMATION PLAN – GOVERNANCE ARRANGEMENTS**

David Pearson, STP Lead, updated members of the committee on the Nottinghamshire Sustainability and Transformation Plan with a particular focus on the governance arrangements.

He highlighted the following from his report:-

- Through the STP governance arrangements the aim is to Establish a mutually accountable system with independent challenge, be clear on where risk is owned and managed and to transform care through leaders working together.
- The STP Leadership Board is where chief executives and accountable officers will hold the implementation teams to account, challenge each other to put system before organisation, ensure services are of a similar high standard across the area, and share best practice across Nottingham and Nottinghamshire. STP Leadership Board membership includes the STP accountable lead, accountable officers from all clinical commissioning group (CCGs) areas, chief executives from NHS trusts and foundation trusts, chief executives of Nottinghamshire County Council, Nottingham City Council, a clinical representative from each of the Transformation Boards, the Chair of the Clinical Reference Group, and leads of high impact and supporting themes and enablers not otherwise on the Leadership Board. In the event of not being able to attend a meeting, a substitute will be sent.
- There are two major transformation partnerships within our area – overseen by the Mid Notts Alliance Transformation Board and the Greater Nottingham 'Accountable Care System' Transformation Board. These boards will lead the implementation of three of the high impact changes and have a lead role in implementing the STP in their areas.
- The role and full expectations of STPs is still under national development - the governance structure will be reviewed at six-monthly intervals or where necessary to reflect any changes to functions.

During discussion and answering questions, the following points were raised:

- At the age of 18, children with learning disabilities become adults but planning for adulthood starts when they become 13 or 14 years of age.
- The Committee thought the STP could have been more engaged with Members of the Committee with all aspects of the plan and consultation as the communities in which the members represent will all be effected.

## **CONGENITAL HEART DISEASE**

Michael Wilson from NHS England introduced the report to the committee detailing the proposed changes to Congenital Heart Disease services at Leicester.

He highlighted the following from his report:-

- Between January and April 2016 existing providers of CHD services were assessed against key selected standards by a national commissioner led panel. Their role was to assess each hospital's ability to meet selected standards. Services at Leicester were not meeting or likely to meet all the relevant standards within the required timescales. Following the consideration from NHS England's Specialised Services Commissioning Committee, a change in service provision was appropriate. NHS England would only commission CHD services from hospitals that are able to meet the standards within the required timeframes.
- The proposals were announced on 8<sup>th</sup> July 2016 subject to public consultation Level 1 surgery and interventional cardiology for children and adults should cease at University Hospitals of Leicester NHS Trust.
- Leicester were not meeting the number of surgical cases required, if patients in future required Level 1 services, they would have to travel to either Leeds or Birmingham.
- The level 2 proposal to also remove specialist medical services from Leicester would only affect a small number of patients.
- University Hospitals Leicester provides cardiac and respiratory ECMO (Extracorporeal Membrane Oxygenation) for children and is at present the only provider commissioned to offer mobile ECMO. It also provides cardiac and respiratory ECMO for adults. If the proposals were to be implemented, Leicester would no longer be able to provide cardiac or respiratory ECMO for children or mobile ECMO for children. It would also no longer provide cardiac ECMO for adults with Congenital Heart Disease. NHS England would expect that Leicester could continue to provide adult respiratory ECMO.

During discussion and answering questions, the following points were raised:-

- Not all referrals are directed to Leicester, over a quarter of patients go to a centre which is not their closest available facility. This could be a contributory factor as to why they are unable to meet the number of surgical cases.

- Members were concerned that relocating Level 1 and Level 2 services away from Leicester would leave the East Midlands region without access to CHD services. NHS England did say that the decision has not yet been made and their minds are not made up.
- Discussion has taken place regarding whether there is space for extra patients at Birmingham if the proposals are taken forward. Birmingham has indicated they would be able to increase capacity and funding for the extra patients which arrive at the hospital.
- Concerns were raised over the access to Birmingham from certain parts of the region as it will not be easy for families who do not have access to transport.

Dr Aiden Bolger from East Midlands Congenital Heart Centre gave a short presentation to members and to NHS England on the University Hospitals of Leicester's current situation and their case for keeping the services at UHL, the following points were raised within his presentation:-

- NHS England states with 3 surgeons, each surgeon should perform 125 cases per annum and the unit to achieve 375 cases per year, averaged over three years. If counted from this current year onwards, the hospital is expected to be compliant by March 2019 as required.
- A recent survey from the friends and family test showed 434/436 respondents would recommend the services at Leicester to their family and friends.
- A number of impacts on patients if the proposals are to take place would mean longer travel times to alternative centres, the extra cost involved, ease of access, increased waiting lists, disruption of patient-clinician relationships and increased anxiety.
- Geographical balance of CHD provision is severely threatened by NHS England's plans and specifically to the detriment of the East Midlands population.
- In regards to ECMO at Leicester, it accounts for nearly 50% of UK respiratory paediatric activity.

During discussion and answering questions, the following points were raised:-

- NHS England's proposals are based around the standards not being met, they are ensuring the quality of service being offered is of the highest standard.
- NHS England are not ignoring population growth with their estimations for case numbers by 2021 with 4 surgeons all performing 125 cases each, which totals 500 cases.

The decision has not yet been made and the board of NHS England will make the decision in the autumn.

**RESOLVED:** A draft response will be prepared and placed on the agenda of the next meeting of the Joint Health Committee for consideration.

## **NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST SERVICE REVIEWS**

Hazel Buchanan, Director of Operations and representatives from CCGs briefed Members on the review of services and service changes at Nottingham University Hospitals (NUH) being undertaken by Nottingham North and East Clinical Commissioning Group.

During her presentation, the following points emerged:

- Reviews are part of CCG responsibilities to commission effectively, efficiently and economically
- Each services was considered in isolation and as part of this, consideration was given as to whether the change was substantial
  - 22 services = clarity on service and financials
  - 4 services = commissioning as a community service
  - 2 services = proposal changed to service with NUH
  - 2 services = ongoing in order to finalise proposal

The governing body's decision and next steps process of each of the 8 services can be seen below:-

### **Orthoptics**

Proposal is to procure as a community service

Proposal included appointments evening and weekends, patients with complex needs will be seen at the hospital.

Governing Bodies for approval

### **Integrated Dietetics (Acute and Community)**

Governing bodies' decision is to procure an integrated service with a specification that requires patients to be seen easily in the most appropriate setting, this includes patients being seen in the acute setting when appropriate.

### **Motor Neurone Disease (MND) – Home Visiting**

Governing bodies' decision is to integrate into existing community services and to produce an annex to the specification to ensure the specific needs of these service users are met.

Next steps are to further engagement will be carried out to inform the annex. Discussions being held between service providers and mobilisation and implementation of service model by community provider.

## **Pain**

Governing bodies' decision is to be commissioned as a community service and the service will be in line with NICE guidance.

Next steps include procurement of new service, mobilisation and clinical review, where appropriate for existing patients.

## **Chronic Fatigue Syndrome (CFS) Service**

Governing bodies' decision is to be commissioned as a community service.

Next steps include procurement of new service, mobilisation and to create a self-help group.

## **Complex Rehab**

Governing bodies' decision is to integrate into existing community service and to include specific reference to services required for patients with Parkinson's.

Next steps are to include the phase 3 engagement, separate appendix for patients with Parkinson's, ensure quality of care and mobilisation and implementation of service model with community provider.

## **Neuro Services**

Governing bodies' decision is for this service to remain at NUH.

Next steps are to agree specifications, finalise costs and review access alongside other rehab services.

## **Renal Conservative Management**

Governing bodies' decision is to continue commission from NUH.

Next steps include finalising specification and agree efficiencies in service provision with NUH.

**RESOLVED:** A sub-group of the committee would engage with the commissioners to consider the NUH Service Review further.

## **NOTTINGHAM UNIVERSITY HOSPITALS CLEANING CONTRACT**

Peter Homa, Chief Executive at NUH, gave a short presentation on the latest information regarding the cleaning contract at Nottingham University Hospitals (NUH).

He raised the following points in his presentation:-

- In January 2017, NUH and Carillion mutually agreed to a managed exit from the core aspects of the Estate and Facilities contract.
- Core estate and facility services are due to come back under NUH management by 1<sup>st</sup> April 2017.

- The next steps include cleaning improvements & safe transfer of staff and services.
- Recruitment exercise is underway to address staffing gaps
- Carillion staff will transfer to NUH by April
- Comprehensive improvement plan under development
- Carillion will invest significantly to improve car parking infrastructure and traffic management. Car parking enforcement to be introduced in spring 2017 to tackle inconsiderate parking.
- Dedicated tram entrance will open end of July 2017 in which over 2,200 passengers will use daily.

The chair thanked Peter Homa for his attendance.

### **WORK PROGRAMME**

Members noted the Work Programme

The meeting closed at 1.30pm.

Chairman