Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Tuesday 18 June 2019 at 10.30am

Membership

Councillors

Keith Girling (Chair)
Richard Butler
Kevin Greaves
David Martin
Liz Plant
Kevin Rostance
Steve Vickers
Stuart Wallace
Muriel Weisz
Yvonne Woodhead
Martin Wright (Vice-Chair)

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Sarah Carter	Nottingham and Nottinghamshire CCGs
Sarah Collis	Healthwatch Nottingham and Nottinghamshire
Greg Cox	EMAS
Lucy Dadge	Greater Nottingham CCG
Neil Moore	Greater Nottingham CCG
Annette MacFarlane	EMAS
Keith Underwood	EMAS

1. CHAIRMAN AND VICE-CHAIRMAN

The appointment by the County Council on 16 May 2019 of Councillor Keith Girling as Chairman and Councillor Martin Wright as Vice-Chairman of the Committee for the 2019-2020 municipal year was noted.

2. COMMITTEE MEMBERSHIP

The membership of the Committee for the 2019-2020 municipal year as Councillors Richard Butler, Kevin Greaves, David Martin, Liz Plant, Stuart Wallace, Kevin

Rostance, Steve Vickers, Muriel Weisz and Yvonne Woodhead was noted, with a change in membership of Councillor John Longden for Councillor Steve Vickers for this meeting only.

3. MINUTES

The minutes of the last meeting held on 7 May 2019, having been circulated to all Members, were taken as read and were signed by the Chair.

4. APOLOGIES

None.

5. DECLARATIONS OF INTEREST

None.

6. CLINICAL COMMISSIONING GROUP MERGER

Ms Sarah Carter, Director of Transition, Nottingham and Nottinghamshire CCGs, introduced the item, explaining that consultation on merging the six Clinical Commissioning Groups currently in Nottingham and Nottinghamshire to form a single CCG, was to formally close on Monday 17 June 2019. However, the consultation window remained open pending the submission of formal County Council response.

Ms Carter made a number of points:-

- there was consensus among existing CCGs that the merger would be beneficial – directly or indirectly – to local people, patients, GPs health and care partners. There would for example be alignment with the Integrated Care System and local authority boundary footprints and thus avoiding duplicating commissioning activities. Full details were available in the consultation document;
- a single organisation would provide a stronger, single and more consistent commissioning vision, leadership, voice and approach for the Nottingham and Nottinghamshire health and care system;
- a single organisation would also lead to significant administrative savings, with the reduction of administrative support functions such areas as finance, payroll and procurement;
- Ms Carter emphasised that the 20% savings to be applied by 1 April 2020 referred only to CCGs' administration costs – patient services, including hospitals and GPs and community services did not form part of CCG running costs and would not be affected.

During discussions, a number of issues were raised:-

- It was explained that Primary Care Networks were GP-led and catered for populations of between 30,000 and 50,000 people and would work to align health and care services to the needs of localities, addressing health

inequalities. These networks were still emerging, and engagement with patient participation groups, Healthwatch and other organisations would develop organically in due course;

- Pharmacists were already represented within both Integrated Care Provider forums and Primary Care Networks, while links to the Health and Wellbeing Boards would also be developed;
- It was explained that the 20% reduction in administration costs as a result of the proposed merger was mandated at national level. Ms Carter undertook to provide a monetary figure for the 20% reduction;
- It was confirmed that a workforce consultation had just been commenced. It was an ongoing period of significant change for all staff and the CCGs was working hard to support them;
- It was anticipated that Primary Care Networks would help patient flow through the system. For example, it could be possible to get a GP appointment at practices where there was availability, rather than having to wait longer for an appointment at a specific practice;
- Decisions on retaining and disposing of CCG estates had not yet been made, but these would depend on local lease arrangements;
- GPs would be entering a membership vote to determine whether to have a single CCG. Ms Carter expressed the view that GP concerns about retaining a local voice, having robust financial arrangements and ensuring genuine integration could be addressed;
- Ms Carter did not believe going to a single CCG was in effect recreating the old primary care trust model;
- The Chair explained that the Committee's draft response to the formal consultation was appended to the report, and, subject to any further comments received, would be submitted by Thursday 20 June 2019.

The Chair thanked Ms Carter for her attendance at the meeting.

7. EAST MIDLANDS AMBULANCE SERVICE – PERFORMANCE AND RECRUITMENT UPDATE

EMAS representatives Greg Cox, General Manager for Nottinghamshire, Annette MacFarlane, Service Delivery Manager for Nottinghamshire and Keith Underwood, Ambulance Operations Manager introduced a report, providing an update on the organisation's recruitment activity, performance against targets and issues around transportation of children following closure of A3 ward, Bassetlaw Hospital.

EMAS representatives made the following points:

- EMAS had worked with staff to redefine its priorities and values as being 'To Respond' through rolling out a new clinical model, 'To develop' more advanced skills sets for staff, and 'To collaborate', playing a full role in helping deliver the Integrated Care System;
- The organisation had recruited more than 100 staff in the past 18 months, but there were still capacity issues to address because of staff attrition;

- EMAS had met 3 of the 6 nationally-set Standards described in the report in March 2019 and this had increased to 4 of 6 in April 2019, despite an increase in daily ambulance calls. Performance in respect of Category 1 and Category 3/4 calls was on target, but more work was needed to address shortfalls in Category 2 performance.

The following points were made in discussion:

- Mr Underwood provided a further explanation of the 6 national standards. The previous national target of 8 minutes for the highest priority Category 1 patients effectively gave a binary 'pass/fail' rating. The new performance provided mean/average and 90th centile performance targets, set nationally. EMAS exceeded both targets for the highest priority patients, and for non-urgent patients, but fell below targets for Category 2 (serious but not immediately life-threatening) patients;
- The Chair requested information in respect of the percentage and numbers of responses which met the trajectory targets for each category. While he advised that EMAS was not challenged to report performance in the format requested, Mr Cox confirmed that he would undertake work to provide the information requested;
- The Chair asked that EMAS provide details of its Business Plan, as well as numbers of attacks on staff, and their impact both on individuals and on staff retention levels, to the next update meeting with the Committee
- The Nottinghamshire division of EMAS was performing well in terms of improved staff morale, with greater staff engagement through an Influence and Change Group, rewards, celebrations and recognition of staff achievements, and building career progression into roles to boost retention levels;
- The Committee welcomed the collaborative work EMAS had undertaken as part of the Integrated Care System to improve turnaround times at hospitals;
- Mr Underwood advised that there were a number of pathways into the profession, and that delicate balance needed striking between the skill sets needed for a caring profession and the need for academic rigour. He confirmed that EMAS had links with the Armed Forces in respect of recruitment;
- Mr Cox accepted the criticism by several members around the wording in the report on transportation issues of children following closure of the A3 ward at Bassetlaw Hospital. He asked to put on record EMAS' assurance that if a patient in Nottinghamshire needed an ambulance then the organisation would provide one, irrespective of age or location;
- Mr Cox acknowledged that the reconfiguration of GP practices to include a paramedic presence could place additional pressures on staff retention for EAMS, making it all the more important to enable career progression within the organisation;
- Patient engagement across the organisation was improving, but was not well-developed at divisional level. It was also stated that historically there had been issues in terms of standards and timeliness of service and patient experience for the frail elderly in care home settings, but that this was no longer the case;
- It was confirmed that a serious incident, for example a multi-vehicle crash, counted as 1 incident with 1 response;

- It was explained that EMAS had standby points and employed a 'care car' for use in rural areas, which provided initial triage for incidents before the ambulance arrival, and then remained in the area to provide continued cover while the ambulance dealt with the patient. EMAS also worked with community responder teams in rural areas.

The Chair thanked, Mr Cox, Ms MacFarlane and Mr Underwood for their attendance, and requested that they provided an update at the Committee's December 2019 meeting.

8. PATIENT TRANSPORT SERVICE

Lucy Dadge, Director of Commissioning, Greater Nottingham CCG and Neil Moore, Associate Director of Procurement and Commercial Development, providing the Committee with an update on the provision of the non-emergency patient transport service in Nottinghamshire.

Ms Dadge and Mr Moore made the following comments:

- Arriva, the providers since 2012, were withdrawing from the patient transport market, and a procurement exercise had been conducted. The successful bidder was ERS Medical, who would operate the service from 1 December 2019;
- Patient groups had been extensively canvassed as part of the procurement exercise, and their learning used to inform the process;
- Commissioners had looked to incentivise more pre-planned bookings and reducing on-the-day bookings, which had placed severe and conflicting demands on staff on the ground. New performance indicators looked to encourage the provider to get as many passengers within appropriate bandings as possible, improving patient flow.

A number of points were raised in the discussion which followed:

- There were very strict eligibility criteria for the service. The main potential loophole could arise as a result of patients no longer having the same ailment or condition but not reporting changes, but anecdotally these cases were few and far between;
- Providers were paid a block annual allocation for a range of requirements and abilities. For inbound journeys, waiting time was at the driver's discretion and for discharges the waiting time was 15 minutes;
- Transition arrangements were established and on track, with staffing and facilities transfer proceeding to time;
- It was emphasised that commissioners had had a strong and positive working relationship with the current providers

The Chair thanked Ms Dadge and Mr Moore for their attendance, and invited them to attend the Committee's December 2020 meeting to provide an update on the service under the new providers.

9. WORK PROGRAMME

The Committee agreed the following amendments to the work programme:-

Parity of GP Services Coverage across Nottinghamshire

Add to a future meeting

Clinical Commissioning Groups' Merger

Add to a future meeting, once next steps post-consultation are known.

Bassetlaw Hospital Update

Add to a future meeting.

Frail Elderly at home

Add to a future meeting.

The meeting closed at 12.58pm.

CHAIRMAN