



Meeting	JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE
Date	Tuesday, 11 November 2008 (commencing at 10.15 am)

membership

Persons absent are marked with `A`

COUNCILLORS

Nottingham City Councillors:-

Emma Dewinton
A Michael Edwards
Penny Griggs
Eileen Heppell
Ginny Klein (Vice-Chair)
Tony Marshall
A Andrew Price
A Mick Wildgust

Nottinghamshire County Councillors:-

Reg Adair
Mrs K Cutts
A Vincent Dobson
Pat Lally
Ellie Lodziak
Parry Tsimbiridis
Chris Winterton (Chair)
Brian Wombwell

MINUTES

The minutes of the last meeting held on 7 October 2008 were agreed and signed by the Chair, subject to the inclusion of apologies from Councillor Tsimbiridis.

MEMBERSHIP

It was noted that Councillor Dobson had been appointed in place of Councillor Saddington.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dobson and Edwards.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor Tsimbiridis declared a personal interest by virtue of his daughter working for MIND in Mansfield.

NHS ANNUAL HEALTH CHECKS

Matthew Garrard, Scrutiny Officer, County Council introduced the report on the findings of the Healthcare Commission's annual health checks on NHS trusts in Nottinghamshire for 2007/08. The report showed how the trusts were rated for quality of services and use of resources. It also identified where performance had improved or deteriorated compared with the previous year. Further detail was given on the areas of weakness at Nottingham University Hospitals NHS Trust (NUH) and on the Trust's response to the findings. Dr Steven Fowlie, Medical Director, NUH and Danny Mortimer, Director of Human Resources, gave a more detailed explanation of these points and the action being taken. They then answered members' questions.

Councillor Heppell asked whether NUH looked at why other trusts were performing better. Mr Mortimer replied that they did, but that some of the fall in standards was explained by the merger at the trust. In reply to a further question about consultation, Dr Fowlie pointed out that there had been extensive consultation about the children's hospital, and the trust was strengthening its public involvement. Councillor Tsimbiridis asked how long it would take for NUH to become "good" or "excellent". Mr Mortimer replied that the trust had started from a weak position following the merger. Now vacant posts had been filled and processes which had been lost were now back in place.

Councillor Adair referred to the weaknesses in sickness absence, appraisal and training, and asked whether structures were in place to enable managers and staff to deliver. Mr Mortimer stated that new management structures were in place from July 2007, but some posts were not filled until late 2007. The position was now much more stable, with employees clearer about priorities and less worried about change. There was access to counselling 24 hours a day.

In reply to Councillor Mrs Cutts's questions about safeguarding children, Dr Fowlie said that NUH safeguarding systems were robust, and relations with partners were effective. Targeted training and increased CRB checks had been introduced in response to the Healthcare Commission findings. Mr Mortimer explained that there were no retrospective CRB checks on existing staff, apart from those transferring to

the Diagnostic and Treatment Centre or who worked with children. Councillor Klein understood that some trusts checked all their employees.

Councillor Dewinton believed that safeguarding children and CRB checks should be absolute priorities. She asked about complaints procedures, and suggested it might be helpful to have a presentation on why Nottinghamshire Healthcare NHS Trust was graded "excellent". Mr Mortimer undertook to check the complaints procedure and stressed that CRB checks were a priority. There was discussion about complaints, which the representatives offered to look into.

It was agreed to note with pleasure NUH improved rating for use of resources, and to consider scrutinising further the excellent practice of Nottinghamshire Healthcare NHS Trust.

PATIENT TRANSPORT SERVICES

Representatives from Sherwood Forest Hospitals NHS Foundation Trust, Doncaster and Bassetlaw Hospitals NHS Foundation Trust and Nottingham University Hospitals NHS Trust (NUH) gave their perspectives on patient transport services in their areas.

On behalf of Sherwood Hospitals, Ann Gray explained that the trust set targets of the service expected of East Midlands Ambulance Service (EMAS), which were monitored and discussed at monthly meetings with EMAS. Julie Dixon pointed out that the trust also ran its own ambulance, based at King's Mill, for use for discharged patients and transfers to Mansfield Community Hospital.

Mike Rhodes from Doncaster and Bassetlaw Hospitals indicated that his trust used various types of transport (eg courtesy cars, patient transfer vehicles, and a shuttle service between Doncaster and Bassetlaw Hospitals), with EMAS not being as flexible as might be wished, and failing to meet some targets.

Jo Tomlinson, NUH, indicated that EMAS was also not meeting targets at NUH. The trust was receiving improved management information, so would be in better position to challenge EMAS about quality of service. She explained that when NUH had re-tendered the patient transport service for 2008/09, EMAS had been the only bidder. Concerns for the future included payment by results from 2009, and mechanisms for patients from outside the trust's area.

Questions and comments from members followed. Councillor Wombwell asked about transport for renal patients to their dialysis sessions. Ms Tomlinson stated that discussions were in progress, and invited examples of specific problems. In reply to a question from Councillor Winterton, Roy Tyson, Doncaster and Bassetlaw Hospitals, said that the NHS was moving towards withholding payment if a trust or EMAS missed targets. In relation to renal patients, he indicated that Doncaster and Bassetlaw Hospitals was planning a 20 station renal dialysis unit, which would have its own vehicle.

Councillor Klein asked whether NUH planned to provide its own transport. Ms Tomlinson referred to the high dependency unit vehicle which was used for internal or

local transfers. She gave the performance statistics for 2008/09. Councillor Mrs Cutts believed that the targets were not robust enough, and that each patient should be given a questionnaire. Ms Dixon believed that more work could be done on monitoring. Members were concerned that the service from EMAS continued to be poor. Ms Dixon commented that the monthly monitoring meetings gave the opportunity to press EMAS. Ms Tomlinson pointed out that since for NUH there were no alternative providers, there was a need to get the most from EMAS. Councillor Tsimbiridis referred to an earlier County Council scrutiny of EMAS, which had concluded that the short contract term was an issue. Ms Tomlinson indicated that the NUH contract was now for five years, but had previously been shorter. Mr Tyson stated that because Doncaster and Bassetlaw Hospitals Trust was smaller, it was easier to find alternative providers.

It was agreed to note the evidence from the three trusts, to circulate recent key performance indicator figures and surveys on EMAS due in February 2009.

MODERNISING OLDER PEOPLE'S SERVICES

The report updated members on the modernisation of inpatient rehabilitation services for older people, and of mental health services for older people. Shirley Smith, Nottingham City PCT, highlighted the key points.

In relation to rehabilitation services, the number of beds and length of stay at Lings Bar Hospital had both been reduced and staffing levels increased. However, the service was not seeing the expected improvements and more work was to be done, with a greater focus on discharge planning. There was a more active approach to therapy. From the Adult Social Care perspective, David Hamilton, County Council, observed that services were more joined up, but there was a need to build up home care provision. He saw joint forums and joint commissioning as the next steps.

Councillor Dewinton asked about carers' views that Lings Bar Hospital was difficult to visit. Ms Smith replied that ward staff would support carers by arranging transport. Councillor Heppell asked about monitoring of private sector care after discharge. Mr Hamilton stated that the service had monitoring evaluation officers, made checks before people became providers, and provided quality assurance workshops for providers. James Scott, City Council, said that the City Council also had a clear quality framework and responded to feedback. It had no plans for an electronic system for recording home care visits, as had been adopted by the County Council.

In relation to modernising mental health services, there had been a reduction in the number of beds, with the money released being used for community-based services. Around 35 patients had transferred to private care homes in a carefully managed transition. Delays connected with PFI had delayed the concentration of mental health beds at Highbury Hospital. It had become clear that there was no longer a need to commission a second mental health ward. Money released by this could be used, for example, to extend the dementia service across the county. Mr Scott indicated that the trust would be looking at alternative uses for the ward.

Councillor Mrs Cutts asked whether outcomes for patients and carers had improved. In reply, reference was made to the intermediate care service, improved take-up of respite care, and the National Carers' Strategy. Councillor Klein queried whether there would be an increased burden on local authorities for respite care. Mr Scott pointed out that reduced admissions to long term residential and nursing care freed up money and care home capacity which could be used for respite care. Councillor Lally questioned the impact on private sector income, and referred to the need for businesses to remain viable. Ms Smith responded that the private sector was more open to patient choice, and care homes had adjusted to the current circumstances, with few empty beds. In reply to further questions, she stated that patient satisfaction surveys were difficult to conduct, but there was an annual review of each patient.

WORK PROGRAMME

Matthew Garrard, Scrutiny Officer, County Council pointed out that the second page of the work programme had been omitted, and would have shown that EMAS were due to give evidence to the February meeting.

The meeting closed at 1.20 pm.

CHAIR