



Meeting JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE

Date Tuesday, 19 May 2009 (commencing at 10.15 am)

**membership**

Persons absent are marked with `A`

**COUNCILLORS**

**Nottingham City Councillors:-**

Emma Dewinton  
A Penny Griggs  
A Eileen Heppell  
A Ginny Klein (Vice-Chair)  
A Ian MacLennan  
Tony Marshall  
A Sue Johnson  
A Tim Spencer

**Nottinghamshire County Councillors:-**

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

**Also in attendance**

City Councillors Carol Jones and Ken Williams substituting for Councillors Ginny Klien and Penny Griggs

**MINUTES**

The minutes of the meeting held on 21 April 2009 were agreed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Mrs Cutts, Griggs, Heppell, Klein and Lodziak.

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

David Forster, Governance Officer declared a personal interest in Agenda Items 7 and 9 as his brother works for the East Midlands Ambulance Service.

## **NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST – RENAL SERVICES**

Kate Caston, Director of the East Midlands Specialised Commissioning Group and Dr Simon Roe, Consultant Nephrologist at Nottingham University Hospitals NHS Trust, gave a presentation on the above (Unfortunately due to a technical hitch this was unable to be shown on the screen but will be circulated to all members as soon as possible).

The presentation given highlighted issue around the assurance a Renal Service will be available to all within a 30 minute travel time. There are 3 units which are currently in operation at QMC, Kings Mill and Ilkeston which provide 40 stations for dialysis.

The map showed where all the patients were currently living which gives a good picture of where the new units are better placed. The increase in units will also mean a full range of renal support will be available for patients. It will also give opportunities to staff for training and the retention of staff already trained in renal support.

There will be a 3 shift system which will allow the units to be able to plan for future needs and pressures. Transport issues will also be looked at in consultation with patients to get the best solution for both unit and patient alike.

Members then asked questions and made comments as follows.

Councillor Winterton asked if with the increase of 8% a year of renal cases across Nottinghamshire will patients need to move closer to the units to ensure that all needs are in place for the patients that are in need of dialysis. Nicky Pownall of Nottingham University Hospitals Trust (NUH) replied that she is not aware that patients move closer to the renal units. The clusters show a trend that links heart disease and renal problems to socially deprived areas. Everything the service can do is being done to ensure the smooth transition from patient entering to leaving. Currently the stations are running at full capacity which why we need to build on the service to give wider choices for patients.

Councillor Emma Dewinton asked about the concerns raised by a member of the City's Community Equality Forum in the form of an e-mail sent to the City Council Scrutiny Team. The email also questioned what training is given to taxi drivers who are employed to transport patients. Kate Caston replied that training and staff culture can be significantly helped if patients give honest feedback on their experiences. The

issues around carers and/or guide dogs accompanying patients is something that needs further discussion and will be picked up as part of new arrangements for transporting dialysis patients. Transport is an issue which needs to be addressed further and a pilot scheme will be operated as part of arrangements for the new temporary dialysis unit, to be developed for all services on the basis of the pilot results. There already exists a patient/staff forum at NUH to enable proactive discussions to take place and Nicky Pownall agreed to take the issues raised by the member of the Community Equality Forum to this group for further discussion. In response to a question on how assessments are made with patients as to whether they have other illnesses and disabilities, Kate Caston replied that clinically the patient is looked at as a whole patient and not as a 'condition'. Increasingly the patient is being looked at to ensure all needs are assessed with the intention that services will be in place to deal with all patients' needs in one place.

In answer to a question about when the finances would be allocated the service has to go through a "confirm and challenge" process with each of the 9 primary care trusts in the region, to meet the need for growth in renal medicine.

Councillor Wombwell asked about the Ilkeston Road unit and the fact only 12 stations are being used when there is capacity for 14. In reply Kate Caston informed the Committee that Ilkeston was only currently commissioned for 12 stations but has the capacity for 16 in the future. If the Queens Medical Centre campus unit is up and running by September then there should not be any need to expand at the Ilkeston unit, unless it is a matter of patient choice. .

Members thanked Kate Caston and her colleagues for their attendance.

### **NOTTINGHAM HEALTHCARE TRUST – FOUNDATION TRUST EQUIVALENCE – CONSULTATION**

Professor Clair Chilvers, and Dr Peter Miller of Nottinghamshire Healthcare NHS Trust gave a slide presentation to the committee on their proposals for Foundation Trust Equivalence status, after which members asked questions and made comments as follows:-

Councillor Ken Williams asked about the Member Council proposed and what powers they have. Clair Chilvers replied that Council would be the body used to offer advice to the Board of Directors as well as using it as a sounding board for issues up for discussion at the board.

Councillor Emma Dewinton said that the emphasis should be on the community having representation on the board as well as Councillor representatives. Clair Chilvers replied stating there are more than 5000 members of the trust with an aim to recruit more from community groups. They will also look at the membership of the board to include community representatives as well as local authority representatives.

Councillor Parry Tsimbiridis asked what effect achieving Foundation Trust Equivalence would have on staff and the service provided. Clair Chilvers replied that most staff had become Trust Members. This will allow staff to be engaged in decisions

that affect them. Having Trust status will also give more freedom to become more responsive to the community.

Councillor Brian Wombwell asked what the benefits are with changing to Trust status. Clair Chilvers replied if the Healthcare Trust was to obtain Foundation Trust Equivalence it would mean more financial freedom, for example it would provide the ability to increase the standards of its premises without having to compete with every other service to get funding. The auditors would still have an overview over financial issues with the Board.

Councillor Carol Jones asked about the decision making and the consideration of a separate Carer Service Users Group, for example do any other foundations have this type of system in place? Peter Miller replied that a few Trusts do have separate groups. He is currently collating information on how this works, but it has been considered that having a separate group could label people inappropriately. The Trust is looking carefully at the consultation process with a view to considering all options. With regard to numbers that can be on the Trust Membership the Government have set a minimum number but there is no maximum.

In summary, the key concerns raised by the Committee were the need to:

- Ensure partnership work with the community and consider inclusion of community representation as well as service user representation as governor members.
- Consider whether 4 representatives from the city as public governor members adequately reflects the concentration of need in the city.
- Ensure that there is a clearly defined role for governors with a support framework for the provision of training and in delivering their responsibilities.
- Consider that service user representation may need additional thought if there is not a separate constituency for service users and carers.

Members agreed that there should be an interim report presented to the July meeting to update members on these issues, the progress of the consultations and for the Committee to make its formal response to the consultation.

### **EAST MIDLANDS AMBULANCE SERVICES NHS TRUST (EMAS)**

Sam Price-Jones, Pete Ripley, Ahmed Belham and Phil Morris gave a slide presentation to members on their proposals for Foundation Trust status. During the presentation Sam Price Jones highlighted the fact that EMAS would like to have a Trust Membership of at least 14000 and that the consultation is being taken out as widely as possible.

Members then asked questions and made comments as follows:-

Councillor Parry Tsimbiridis asked about the reasons behind applying for Foundation Trust Status is the first step to privatisation of services. Sam Price-Jones replied this is not the case but that it's about the autonomy and the ability to improve services for patients. Most of the staff are in favour and we will be discussing the issues face to face with them rather than by letter or leaflet.

Councillor Emma Dewinton expressed serious misgivings about this given the issues raised in the last Annual Healthcheck and the issues raised as a result of this Committee in relation to patient transport services. She would like to see a better service provided for communities, especially in the City areas and was concerned that this application could be seen as a distraction to focusing on service improvements. Sam Price-Jones replied that it was not a distraction. The service focuses on all areas of service and improvement plans are in place to ensure patients transport high on the agenda. Part of the thinking behind the proposal to go to Foundation Trust is to enable more engagement with service users in improving services.

Councillor Chris Winterton made reference to the proposed representation for the size of the area covered. There are 4.6 million people in the East Midlands. Sam Price-Jones informed members that the consultation will reach all communities across the East Midlands. This is further enhanced by the creation of a new post to deal with community involvement. Currently after only 3 weeks of consultation there have been well over 100 responses.

In summary, the key concerns raised by the Committee were :

- Concern that the application for Foundation Trust status and recruiting members will interfere with the job of improving services.
- The need to ensure consultation with a range of diverse groups across a wide geographical spread
- The need to give further consideration to the number of appointed governors – it will be difficult to get representation from the whole region with just one representative for local authorities

Members agreed that there should be an interim report presented to the July meeting to update members on these issues, the progress of the consultations and for the Committee to make its formal response to the consultation.

## **JOINT HEALTH SCRUTINY COMMITTEE PROTOCOL**

The Joint Health Scrutiny Committee endorsed and agreed the Protocol set out in the appendix attached to the report.

## **PATIENT TRANSPORT SERVICE: FINAL REPORT**

It was agreed that members of the Committee could email comments on the draft document to officers for discussion with the Chair and Vice Chair of the Committee. Councillor Chris Winterton also offered to members the chance to attend this meeting with Chair/Vice Chair to finalise the report. Members commented on the report and welcomed the opportunity to make further comments.

Sam Price-Jones accepted that the current standards need to be improved, but assured members they were keen to work with partners to improve the services.

## **WORK PROGRAMME**

Kim Pocock, City Scrutiny Officer, informed members that the proposed work programme 2009/10 set out in the report is for information and will form part of the July agenda for approval.

The meeting concluded at 12.20pm.

Chair.