



JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Loxley House on 16 June 2015 from 10.15am - 12.19pm

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Eunice Campbell
Councillor Carole-Ann Jones
Councillor Pauline Allan
Councillor John Clarke
Councillor Colleen Harwood
Councillor Jacky Williams
Councillor Anne Peach
Councillor Richard Jackson (as substitute)
Councillor Kay Cutts MBE
Councillor Martin Suthers OBE (as substitute)

Absent

Councillor Richard Butler
Councillor John Handley
Councillor Merlita Bryan
Councillor Corall Jenkins
Councillor Chris Tansley

Colleagues, partners and others in attendance:

Vicky Bailey	- NHS Rushcliffe CCG
Nicky Bird	- Mansfield and Ashfield CCG
Hazel Buchanon	- South Nottinghamshire Transformation Partnership
Trish Cargill	- South Nottinghamshire Transformation Partnership
Debbie Dolan	- Nottinghamshire Healthcare NHS Trust
Rachel Eddie	- Nottingham University Hospitals NHS Trust
Dr Stephen Fowlie	- Nottingham University Hospitals NHS Trust
John Gulliver	- NHS England
Peter Homa	- Nottingham University Hospitals NHS Trust
Dr Hazel Johnson	- Nottinghamshire Healthcare NHS Trust
Rebecca Larder	- South Nottinghamshire Transformation Partnership
Paul Manning	- CircleNottingham
Dr Guy Mansford	- NHS Nottingham West CCG
Colin Monckton	- Nottingham City Council
Simon Smith	- Nottinghamshire Healthcare Trust
Helen Tait	- CircleNottingham
Nayna Zuzarte	- Rushcliffe CCG
Clare Routledge	- Senior Governance Officer
Phil Wye	- Governance Officer

1 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan
Councillor Richard Butler (sent substitute)
Councillor Chris Tansley
Councillor Corall Jenkins
Councillor John Handley (sent substitute)

2 DECLARATIONS OF INTEREST

None

3 MINUTES

The minutes of the meeting held on 21 April 2015 were confirmed and signed by the chair.

4 JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE AND PROTOCOL

RESOLVED to

- 1) **note the Committee's terms of reference;**
- 2) **agree the Committees's protocol for 2015/16.**

5 PROPOSED TRANSITION CHANGES WITHIN ADULT MENTAL HEALTH SERVICES 2015/16

Simon Smith, Nottinghamshire Healthcare NHS Trust, presented the report of the Head of Democratic Services on the proposed service redesign and improvement initiatives within Adult Mental Health services during 2015/16. The following points were highlighted:

- a) Adult Mental Health is proposing the planned closure of two in-patient rehabilitation units. This forms the final part of progressive change that has been occurring over the past 4 years. The proposals are in line with the national strategy in meeting the needs of the population;
- b) resources will be reinvested in community rehabilitation teams which are more appropriate to the needs of citizens as demonstrated through experience in other areas.

The following answers were given in response to questions from the committee:

- c) evidence gathered in other areas demonstrates that rehabilitation through the work of community teams aids recovery and independence and decreases stigma;
- d) there will still be a range of rehabilitation options available, including in-patient care;

- e) Adult Mental Health aim to improve the accessibility of mental health provision, for example the provision of a 24 hour contact service which is seen as a priority;
- f) Adult Mental Health staff will be trained in family intervention to support carers as this has been identified as an area where more support is needed.

RESOLVED to

- 1) note progression of the Adult Mental Health Directorate Rehabilitation Strategy focussing on increased community provision and decrease of in-patient rehabilitation services;**
- 2) note a review of the delivery of community mental health services for adults across the city and county of Nottingham and the implementation of proposed changes;**
- 3) agree for the Adult Mental Health Directorate to return in 6 months with a further update.**

6 SOUTH NOTTS TRANSFORMATION PARTNERSHIP

Rebecca Larder, Director of Transformation, South Nottingham Transformation Partnership (SNTP), presented the report of the Head of Democratic Services on the work of the SNTP in reshaping the local health and social care system to ensure it can provide sustainable, high quality care for everyone. As a result the SNTP is focussing upon the development of accountable care systems and outcome based commissioning. The following points were highlighted:

- a) the area that the SNTP will cover has a population of around 700,000 people. 10% of these require urgent care and account for around 40% of the costs. The SNTP has the potential to save £20 million, whilst also improving experience and outcomes for everybody;
- b) there will be a 5% increase in the population by 2021 (with an 11% increase in the over 65s and the current model has a £140 million financial gap, so new ways of working are required;
- c) the SNTP is made up of 12 partners (Commissioners and Providers). It aims to provide accessible quality and sustainable care, centred around individual people, close to home;
- d) international evidence from similar initiatives in Europe, New Zealand and the USA has demonstrated improved health outcomes and improved staff satisfaction, as well as a reduction in emergency admissions and costly acute activity;
- e) a Strategic Outline Case (SOC) is currently being drawn up, with active engagement from service users throughout the South Nottinghamshire Transformation Board area through the Citizens Advisory Group, the Engagement Group and service work-streams. The SNTP is aiming to have the SOC completed by the end of October 2015.

The following responses were given in answer to questions from the committee:

- f) knowledge is also being gathered from other areas of the UK including core cities, the integrated care pioneer status sites and North-West London;
- g) the SNTP will attempt to engage with hard to reach groups by identifying gaps in knowledge and using the voluntary sector and other community groups to reach them;
- h) the establishment of the SNTP is a huge opportunity for South Nottinghamshire and a lot of work is going into it. Other transformation partnerships, such as mid-Nottinghamshire and southern Derbyshire, may seem further ahead but are not necessarily comparable models. However, all local transformation partnerships will learn and share best practice with each other;
- i) workforce development is a challenge for the SNTP.

RESOLVED to

- 1) note the report and presentation;**
- 2) agree future working and reporting arrangements of the South Nottingham Transformation Partnership to this Committee.**

7 NOTTINGHAM UNIVERSITY HOSPITAL PHARMACY INFORMATION

Dr Stephen Fowle, Medical Director, Nottingham University Hospitals NHS Trust, presented the report of the vice-chairman of Joint City and County Health Scrutiny Committee providing an update on the ongoing review of pharmacy delay and prescribing issues at Nottingham University Hospitals (NUH). The following points were highlighted:

- a) hospital dispensing is better value for money than community dispensing. NUH drug expenditure is reducing due to better procurement, the reduction of waste and the use of the best value for money drugs;
- b) there has been a 50% increase in dispensary workload at NUH over the past 3 years, and now there are around 50,000 transactions a month;
- c) the target out-patient waiting time for drugs to be dispensed is 26 minutes at NUH. The average monthly waiting times have met this target, however some people still have to wait much longer as it can take time to check specialised drugs. It is extremely unusual for an NUH pharmacy to not have a hospital-prescribed drug available for dispensing;
- d) in response to feedback NUH now publish enhanced pharmacy opening times and the Area Prescribing Committee is reviewing the Pharmacy Policy;
- e) waiting areas and consultation facilities have been recently refurbished to improve comfort and privacy;

- f) the target for turnaround of TTO (to take out) medicines is 2 hours. This target is met in the majority of cases, however it can take longer. Attempts to reduce these cases further include the recruitment of more pharmacy staff and a review of prescribing policy;
- g) plans are in place to introduce e-prescriptions by 2017. This would lead to fewer medication errors and drug-related incidents, better TTO turn-around times, and better control over prescribing.

The following answers were given in response to questions from the committee:

- h) each CCG within the county provided information on how they attempt to reduce waste. This information is in the papers that were circulated prior to the meeting;
- i) costs in Mansfield and Ashfield are proportionately higher than elsewhere due to health inequalities;
- j) community pharmacists are encouraged to undertake 'medicines use reviews' to ensure all patients are taking their drugs correctly. However, pharmacists are increasingly busy with their workload and so may not always be doing this.

RESOLVED to note the presentation

8 INDEPENDENT PANEL REVIEW OF DERMATOLOGY SERVICES

Vicky Bailey, Chief Officer, NHS Rushcliffe CCG introduced the final report of the Independent Review of the Nottingham Dermatology Service, which was circulated to members prior to the meeting. The following points were highlighted:

- (a) work has begun on developing an action plan and all 3 parties are meeting regularly. It is a challenge to recruit dermatologists to Nottingham;
- (b) Helen Tait, General Manager of CircleNottingham said that Circle is aiming to recruit specialist dermatology nurses. Tele dermatology services have been launched and there is recognition that care and delivery need to be changed in order to be sustainable;
- (c) Peter Homa, Chief Executive, Nottingham University Hospitals reported that there remains a significant shortage of dermatology expertise, so it is vital to develop a proposition that is highly attractive to staff. As well as making best use of technology there also needs to be a cohort of professionals to deliver the service. This will require changes in the commissioning and provision of dermatology services;

The following responses were given in response to questions from the Committee:

- (d) the paediatric dermatology service is maintained and protected. One consultant is leaving the service in July and the other consultant works reduced hours due to research commitments. There is agreement to recruit to paediatric dermatology and other paediatric services. The relationship with GPs will be built on and their work will be overseen by consultants and non-consultant staff will continue to

support paediatric services;

- (e) the transfer of patients to Leicester for in-patient care does not affect a large number of patients, and most patients can be moved safely between NUH and the treatment centre;
- (f) the recommendations of the review have been accepted by all 3 parties, and an action plan is currently in development, once approved by NHS England it will be shared;
- (g) there are wider lessons to be learned regarding workforce development which do not only affect dermatology but other departments too. Attention must be given to similar small specialties so that these expert staff are not lost;
- (h) Rushcliffe CCG reported that discussions are taking place with Health Education East Midlands and at a national level regarding workforce development and training;
- (i) Circle is working to reduce the numbers of locums employed and increase substantive appointments;
- (j) NUH felt workforce was key and it is important to grow careers in Nottingham;
- (k) Healthwatch will be consulted on details of the action plan. They are also invited to CircleNottingham's forum for service design.

RESOLVED to note the report

9 DRAFT JOINT HEALTH SCRUTINY COMMITTEE 2015/16 WORK PROGRAMME

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for 2015/16.

RESOLVED to add the following items to the Committee's work programme:

- (i) Workforce recruitment**
- (ii) Immunisation**
- (iii) Long-term conditions**
- (iv) End of life care**

10 DATES OF FUTURE MEETINGS

RESOLVED to meet on the following Tuesdays at 10.15am:

2015 – 14 July, 15 September, 13 October, 10 November, 15 December
2016 – 12 January, 9 February, 15 March, 19 April, 10 May