NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 15 September 2015 from 10:15-12:40

Membership

Present	Absent
Councillor Ginny Klein (Chair)	Councillor Richard Butler (sent substitute)
Councillor Parry Tsimbiridis (Vice Chair)	Councillor John Handley
Councillor Pauline Allan (left at 12:25pm)	Councillor Corall Jenkins
Councillor Ilyas Aziz	Councillor Chris Tansley
Councillor Merlita Bryan	
Councillor Eunice Campbell (left at 12:35pm)	
Councillor John Clarke (left at 12pm)	
Councillor Mrs Kay Cutts MBE (left at 12:35pm)	
Councillor Colleen Harwood	
Councillor Carole-Ann Jones	
Councillor Anne Peach	
Councillor Stuart Wallace (substitute) (left at 12:35pm)	
Councillor Jacky Williams (left at 12:35pm)	

Colleagues, partners and others in attendance:

Martin Gately	-	Lead Scrutiny Officer
Clare Routledge	-	Senior Governance Officer
Vicky Bailey	-	Rushcliffe CCG
Charlotte Lawson	-	NHS England
Jonathan Rycroft	-	NHS England
Asiya Jenlani	-	Arriva
Paul Willetts	-	Arriva
Sean Deasy	-	ArdenGem Commissioning Support Unit
Neil Moore	-	Mansfield and Ashfield CCG
Samantha Westwell	-	EMAS
Ian Cross	-	EMAS
Donna Clarke	-	Healthwatch Nottinghamshire
Janet Baker	-	Nottingham North and East CCG
Hazel Taylor	-	Mansfield and Ashfield CCG

19 APOLOGIES FOR ABSENCE

Councillor Richard Butler
Martin Gawith
Councillor Corall Jenkins
Councillor Chris Tansley

20 DECLARATIONS OF INTEREST

None.

21 MINUTES

The minutes of the meeting held on 14 July 2015 were confirmed by the chair.

22 JOINT HEALTH SCRUTINY REFERRALS - DELEGATION CHANGES

Clare Routledge, Health Scrutiny Project Lead, Nottingham City Council presented the report on Joint Health Scrutiny Referrals – Delegation Change, informing the Committee that the 2012 Health and Social Care Act moved responsibility for health scrutiny referrals to the Secretary of State from Health Scrutiny Committees to Councils.

The Committee was also informed that as Nottingham City Council had adopted the strong leader/cabinet model, it had been agreed at the Full Council meeting in July 2015 that the Council will retain responsibility for referrals to the Secretary of State on matters considered by the Joint City and County Health Scrutiny Committee, with the option of agreeing whether the City or County Council should lead on taking the referral forward, where both authorities agree a referral should be made.

Nottingham City Council has delegated responsibility to the City Council members of the Joint City and County Health Scrutiny Committee to make decisions to refer to the Secretary of State in urgent circumstances, given that Nottingham City Council only meets six times per year.

RESOLVED to note the delegation changes by Nottingham City Council.

23 OUTCOMES OF THE PRIMARY CARE ACCESS CHALLENGE FUND PILOTS

Jonathan Rycroft, Head of Primary Care Area Team, Derbyshire and Nottinghamshire, informed the Committee that Clinical Commissioning Groups (CCGs) were now responsible for commissioning general practice contractors. The NHS is experiencing rising demand, with increased pressures on primary care and there was national concern regarding workforce challenges.

The Primary Care Challenge Fund offered new ways of working and new forms of access to improve patient satisfaction and convenience. Locally across Nottinghamshire and Derbyshire over £5 million Challenge Fund funding had been awarded in wave one over a 12 month period serving a population of 1.4 million.

15 individual schemes had been evaluated with one scheme failing and five schemes received funding beyond September 2015 to complete robust evaluation before making further plans. The following points were highlighted:

(a) Nottingham University's Centre for Health Innovation, Leadership and Learning (CHILL) had been commissioned by NHS England to undertake a formative evaluation of the Prime Ministers Challenge Fund primary care transformation projects (PCTPs) locally;

(b) A conference will be hosted in March 2016 to share the CHILL findings and CCGs will come together to consider the pilots and discuss upskilling;

(c) a range of pilots had been delivered to reflect practices need, with two of the pilots already being mainstreamed;

(d) the funding has been a high profile national project but the pilots have been set up by non-recurrent funding;

(e) financial and workforce sustainability must be considered:

Following questions from Councillors, additional points were highlighted:

(f) work is ongoing at a national level to develop 7 day NHS services;

(g) quantitative pilot data was being uploaded nationally via a web based tool;

(h) Committee members were concerned the CHILL report was out of date and did not give an overview of the pilots or the associated demographics;

(i) CHILL was working with individual local pilot leads and had designed specific patient surveys covering broad objectives including patient accessibility, extending availability of services and patient satisfaction in order to understand local dynamics;

(j) the pilots had enabled practices to design services around patient need and there had been closer working between practices, as it was acknowledged no one pilot would fit all;

(k) there had been between a 20%-25% increase of patients being seen by GPs in 2014/15;

(l) patient self - management was being promoted with information being made available for patients on practice websites;

(m) it was suggested that Healthwatch could work more closely with CHILL regarding patient and family data;

(n) further national guidance was awaited on patients accessing appropriate NHS services;

(o) every GP practice has a Patient Participation Group and patients should contact these groups if practices are not performing;

(p) Committee members raised concerns that although there was a national scheme to increase the role of Pharmacists in under doctored areas patients were facing long waiting times in Community Pharmacies and incorrect diagnosis and treatments were being made;

(o) Committee members highlighted that primary care incorporated more than just GPs and the role of nurses was key;

(p) to help alleviate pressures on primary care and educate young people a School Education Programme had been developed within the city regarding NHS services; a smart phone app had also been developed. Nottingham City Council had invited students to participate in the development and findings were being shared with the Department of Health;

(q) work is also taking place in the city to build public confidence in seeing other members of the primary care team rather than the GP.

RESOLVED to:

(1) note the presentation;

(2) receive a further update to the Committee in February 2016;

(3) request that the final CHILL Evaluation Report be shared with the Committee.

24 PATIENT TRANSPORT SERVICE - PERFORMANCE UPDATE

Neil Moore, Director of Procurement and Market Development, Mansfield and Ashfield Clinical Commissioning Group and lead for Nottinghamshire Non – Emergency Patient Transport Services introduced the Patient Transport Service Performance Update, highlighting the following point:

(a) the contract performance review report was up to June 2015. The four year contract is now in year three.

Asiya Jelani, Head of Communication and Engagement at Arriva reported the following:

(b) Arriva completed 1.3 million patient journeys across the United Kingdom in 2014;

(c) Arriva have also invested in a much stronger management team and in new technology.

Following the performance notice being issued by NHS Commissioners, Paul Willetts, Director of Governance and Quality at Arriva reported that:

(d) 79% satisfaction had been achieved on the whole patient experience on inward journeys;

(e) 75% satisfaction had been achieved on the whole patient experience on outward journeys;

(f) internal improvements had taken place including the establishment of a Transport Working Group;

(g) there had been a change in patient demand with an increase of 100 per day in higher acuity patients;

(h) improvement plans have been developed, but due to the acuity of patients KPIs had plateaued;

(i) fully mobile patient levels had decreased;

(k) there has been an external partnership working with wider the health economy;

(l) Commissioners are considering the change in demand for services;

Following discussions with the Committee the following points were noted:

(m) concerns was raised regarding the robustness of Arriva's Business Plans;

(n) the performance of renal transport patient remains a concern for the Committee but as reported to the Committee in July 2015 a separate Improvement Programme for renal patients is being developed in conjunction with Healthwatch Nottinghamshire, with ongoing monitoring taking place;

(o) a Renal Co-ordinator is now in place at the City Hospital and Healthwatch Nottinghamshire will undertake a further visit to the renal unit in November 2015;

(p) Arriva staff are fully contracted to Arriva, but agency staff are used on occasions and Arriva does contract out to other transport providers;

(q) Arriva has a Systems Resilience Group in place;

(r) road conditions during the winter impact on Arriva's ability to transport patients;

(s) Arriva meet with NHS acute providers in order to achieve greater capacity and provide a better service;

(t) it was reported that operations in Bassetlaw are working well with a good working group in place, but it was acknowledged that Bassetlaw is a smaller environment;

(u) texting to advise patients of their transport arrangements is problematic, as numbers can change and appointment details can change;

(v) work is currently taking place to consider the change and increase in demand regarding patient transport; issues include reduced eligibility and the complexity gap increasing.

RESOLVED to:

(1) note the performance update;

(2) receive a further update in April 2016;

(3) organise a trip for Committee members to visit the Arriva control room.

25 NHS 111 PERFORMANCE UPDATE

Stewart Newman, Head of Urgent Care at Nottingham City Clinical Commissioning Group and Dr Christine Johnson, NHS 111 Clinical Lead, Nottingham City Clinical Commissioning Group presented an update on NHS 111 to the Committee. The following points were highlighted:

(a) the current contract with Derbyshire Health United (DHU) runs until March 2016;

(b) a competitive procurement process has been initiated by the CCGs but as national Commissioning Standards for NHS 111 were expected to be published at the end of September 2015, all current procurement has been paused;

(c) it is understood that NHS 111 will remain as a national service but changes will be made to its composition;

(d) locally the performance of NHS 111 has continued to stabilise;

(e) over 90% of calls are answered within sixty seconds each month; less than 1% of calls have been abandoned this financial year;

(f) locally NHS 111 has participated in nationals pilots and innovations and this has been beneficial to the service development. Patient experience surveys are used and complaints are reviewed and monitored.

Following questions from Councillors, additional points were addressed:

(g) NHS 111 is not a designated emergency service;

(h) a national campaign to promote NHS 111 is planned prior to Christmas;

(i) patients with known complex or special needs have a note attached to their electronic records to assist in processing calls;

(j) there is a difficulty in recruiting nurses to NHS 111;

(k) there is not difficulty in recruiting call advisors but it is difficult to retain them;

(l) Health Education East Midlands and NHS England are responsible for workforce developments.

RESOLVED to:

(1) note the report and update;

(2) request that a further update on NHS 111 be provided to the Committee in June 2016;

(3) arrange a visit to NHS 111 Call Centre for Committee members.

26 EAST MIDLANDS AMBULANCE SERVICE - NEW STRATEGIES UPDATE

Samantha Westwell and Ian Cross, both Locality Managers within the East Midlands Ambulance Service (EMAS) provided the following information on the implementation of a range of new strategies:

(a) EMAS is keen to work more closely with voluntary and community organisations (VCO). The aim is to have ten groups in each of EMAS's five counties, with VCOs supporting the setting up of the county based branches of EMAS Patient Voice;

(b) the Community First Response model is being developed by EMAS;

(c) EMAS currently has an ageing fleet of vehicles and as the fleet budget has been reduced, the EMAS Trust Board is in the process of applying for a loan from NHS Trust Development Authority to enable the purchase of 337 new ambulances over the next four years at a cost of £33.2 million;

(d) there are three staffing levels within EMAS:
- Emergency Care Assistant (do not provide patient care)
- Ambulance Technician
- Paramedic;

(e) Paramedics receive two years hands on training and following the completion of the third year Paramedics receive a Bachelor of Science (BSc), currently from either Sheffield Hallam University or Northampton University;

(f) it is hoped that 42 Paramedics will be recruited in 2015/16;

(g) EMAS is sharing resources where possible. For example, Fire Stations can be used as Stand By points;

(h) the proposed development of EMAS hubs will now not take place;

RESOLVED to:

(1) recommend that EMAS does not return to the Committee unless there is a significant service development or change;

(2) encourage members of the Committee take the opportunity to visit the EMAS Control Room and observe an Ambulance shift.

27 JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE 2015/16 WORK PROGRAMME

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

Resolved to note the work currently planned.