

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 13 October 2015 from 10.15 - 11.43

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Ilyas Aziz (joined midway through item 4, left at 11:34)
Councillor Merlita Bryan
Councillor Richard Butler
Councillor Eunice Campbell
Councillor Mrs Kay Cutts MBE (left after item 5)
Councillor John Handley
Councillor Corall Jenkins (joined midway through item 4)
Councillor Carole-Ann Jones
Councillor Anne Peach
Councillor John Wilkinson (substitute)
Councillor Jacky Williams
Councillor Yvonne Woodhead (substitute)

Absent

Councillor Pauline Allan
Councillor John Clarke
Councillor Colleen Harwood
Councillor Chris Tansley

Colleagues, partners and others in attendance:

Martin Gately - Lead Scrutiny Officer
Sarah Hughes - East Midlands Clinical Senate
Nikki Pownall - Nottingham University Hospital
Clare Routledge - Senior Governance Officer
Caroline Shaw - Nottingham University Hospital
James Welbourn - Constitutional Services Officer

28 APOLOGIES FOR ABSENCE

Councillor John Clarke (sent substitute)
Councillor Colleen Harwood
Councillor Chris Tansley

29 DECLARATIONS OF INTEREST

None.

30 MINUTES

The minutes of the meeting held on 15 September 2015 were confirmed and signed by the chair.

31 EAST MIDLANDS STRATEGIC CLINICAL NETWORKS AND CLINICAL SENATE

Sarah Hughes, Clinical Senate Manager at East Midlands Clinical Senate delivered a briefing on the role and responsibilities of the Senate and Strategic Clinical Networks (which form part of NHS England).

Both the East Midlands Strategic Networks and Clinical Senate were established in April 2013 and functioning from October 2013. Funding is provided from NHS England improvement funding to provide advice to both Commissioners and Providers and connect organisations and people facing similar challenges. There is a small cohort of paid staff working across the East Midlands.

Following questions from Councillors, the following information was provided:

- (a) all panel members are unpaid, apart from the Chair who is currently paid for one day a week. The Senate has access to a database of 250-300 clinical staff;
- (b) clinical advice is at the heart of the Senate. The Senate gets involved in larger scale change programmes, and links with national Clinical Directors regarding best practice and independent advice;
- (c) patients are recruited to the Clinical Senate through advert or because of their experience of accessing a particular service;
- (d) the Senate Chair is accountable to NHS England but NHS England cannot determine the work of the Senate;
- (e) the Senate Steering Group meets in the evenings with clinicians volunteering but counting their contribution as part of their planned development time. The Senate will pay for locum cover when an independent contractor is involved in Senate work. There is a selection process for each panel, which looks at who has the particular expertise required;
- (f) Health and Wellbeing Boards have been briefed on the work of East Midlands Senate and Clinical Networks;
- (g) both the Senate and Clinical Networks utilise National Institute for Health and Care Excellence (NICE) and Royal College Standards and Guidance, and also link into professional organisations including The Royal College of Nursing;
- (h) an annual report is produced;
- (i) East Midlands Clinical Network guidance has been adopted by The Royal College of Surgeons;

- (j) as a result of the Dermatology issues facing Nottingham an East Midlands wide meeting was arranged to discuss the challenges;
- (k) the Senate and Clinical Networks are also working with the Transformation Boards including South and Mid Notts;
- (l) as the NHS and social care workforce face challenges clinical advice regarding quality and safety can be provided.

RESOLVED to note the report and thank Sarah for the presentation.

32 URGENT CARE RESILIENCE PROGRAMME 2015/16

Nikki Pownall from Nottingham City Clinical Commissioning Group and Caroline Shaw from Nottingham University Hospitals (NUH) presented the report on Improving Urgent and Emergency Care for Patients, Their Families and Carers. The following points were highlighted:

- (a) there is now a decant ward at Queen's Medical Centre (QMC), which wasn't achievable last year' enabling a deep clean across every ward on both campuses;
- (b) 164 beds are now open, which will be kept open over the winter enabling flexible use;
- (c) the NUH Emergency Department (ED), has increased in size with more clinical staff available as the service has been redesigned around patient arrival and flow;
- (d) attendance at the ED is higher than this time last year; in conjunction with this, there is an increase in the number of patients that need to be in hospital;
- (e) the Urgent Care Centre opened in October on London Road and will be fully functional by December 2015;
- (f) GP populations at risk of flu are being offered vaccination alongside care and residential home patients and staff and schools, as flu peaked at Christmas and New Year in 2014/15;
- (g) South Nottingham is one of only eight awarded urgent and emergency care vanguard status working to help people who need urgent care to get the right advice in the right place;
- (h) there are currently 18 nursing vacancies in ED. Agency staff are being employed but it was acknowledged this is an expensive option in terms of finance and training. NUH have also recruited nurses from Italy;

there is collaborative working between health and social care enabling supported discharges;

Following questions from Councillors, the following topics were discussed:

- (j) as part of the Urgent and Emergency Care Vanguard there is ongoing trialling of GPs at the front door of ED. 80% of shifts for GP's at the front door on Christmas Day and Boxing Day have been covered. The ideal would be to mainstream this service but there are cost significant implications associated. There is not a sufficient GP workforce to establish a 365-day service but a modelling exercise to identify key peaks would enable a better service to be implemented;

The front door scheme could potentially see an income drop for NUH, as the GP could be directing patients to other services;

- (k) Martin Gawith, from Healthwatch Nottingham congratulated the partnership working for its effectiveness and stated with the introduction of the living wage there was real opportunity to train staff currently providing caring roles enabling them to progress along the professional health and social care route;
- (l) there are excellent health and social care facilities and spare capacity around the County; it is important that a Nottinghamshire wide system approach is implemented to utilise capacity. Transformation Boards could drive this forward;
- (m) 12- 13% of ED attendances go to the NEMS Urgent Care service on site;
- (n) the Urgent and Emergency Care Vanguard would also focus on improving urgent mental health care.

RESOLVED to:

- (1) **thank NUH and the City CCG for their presentation;**
- (2) **invite NUH and City CCG back to present an update once the winter 2015/16 period is over.**

33 JOINT CITY AND COUNTY HEALTH SCRUTINY WORK PROGRAMME 2015/16

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

The new Chief Executive of Healthwatch, Pete McGavin was welcomed.

RESOLVED to:

- (1) **note the work programme;**
- (2) **coordinate transport, and email members to remind them when visits are taking place. This will be carried out by Martin Gately;**

- (3) ask the East Midlands Clinical Networks and Senate to return in October 2016 to present its annual report;**
- (4) consider the future of Nottinghamshire Clinical Commissioning Groups;**
- (5) ask Dr Stephen Fowley from NUH to come back and let members know how any savings from the catering services contract have been used.**