

NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

**MINUTES of the meeting held at Loxley House on 10 December 2013 from
10.17am to 12.19pm**

Nottingham City Councillors

Councillor Mohammad Aslam
Councillor Eunice Campbell
Councillor Azad Choudhry
Councillor Carole Jones
Councillor Ginny Klein (Chair)
Councillor Thulani Molife
Councillor Eileen Morley
Councillor Brian Parbutt

Nottinghamshire County Councillors

Councillor Pauline Allen
Councillor Richard Butler
Councillor John Clarke
Councillor John Doddy
Councillor Kate Foale
Councillor John Handley
Councillor Parry Tsimbirdis (Vice Chair)
Councillor Jacky Williams

indicates present at meeting

Colleagues, partners and others in attendance:

Nichola Bramhall	Deputy Director of Nursing, East Midlands Ambulance Service
Dr Stephen Fowlie	Medical Director, Nottingham University Hospitals
Jane Garrard	Overview and Scrutiny Co-ordinator, Nottingham City Council
Martin Gately	Democratic Services Officer, Nottinghamshire County Council
Martin Gawith	Healthwatch Nottingham
Claire Grainger	Healthwatch Nottinghamshire
David Hamilton	Service Director for Older Adult Services, Nottinghamshire County Council
Helen Jones	Director of Adult Assessment, Nottingham City Council
Rav Kalsi	Constitutional Services Officer, Nottingham City Council
Jane Laughton	Frail Older People Programme Manager, Nottingham University Hospitals
Dr Chris Packham	Associate Medical Director, Nottinghamshire Healthcare Trust
Dawn Smith	Chief Officer, Nottingham City Clinical Commissioning Group

45 APOLOGIES FOR ABSENCE

Councillor John Doddy – non Council business
Councillor Jacky Williams – other Council business

46 DECLARATIONS OF INTERESTS

None.

47 MINUTES

The minutes of the meeting held on 12 November 2013 were confirmed and signed by the Chair.

48 UPDATE ON JOINT WORKING TO IMPROVE THE CARE OF FRAIL OLDER PEOPLE

The Committee considered the report of the Head of Democratic Services, Nottingham City Council, updating members on the progress of joint working arrangements to improve the care of frail older people in Nottingham and Nottinghamshire. The Committee previously considered improvements to the care of frail older people at their 11 June 2013 meeting (minute 8).

Dawn Smith from Nottingham City Clinical Commissioning Group (CCG), Helen Jones, Director for Adult Assessment at Nottingham City Council, David Hamilton, Service Director for Older Adult Services at Nottinghamshire County Council and Jane Laughton, Frail Older People Programme Manager at Nottingham University Hospitals introduced the item, highlighting the following points:

- (a) the four Greater Nottingham CCGs are working with both the City and County Councils to deliver an integrated service through a coordinated approach;
- (b) the programme of care for frail older people will aim to retain the independence of citizens wherever possible and use a Comprehensive Geriatric Assessment to ensure that community services provide support at home or overnight. The Comprehensive Geriatric Assessment will ensure that an appropriate level of care is coordinated whilst patients are recovering in hospital;
- (c) in supporting citizens to thrive, health requirements are identified as early as possible and citizens are supported to manage their own needs at home. The next stage of integrated care, 'Choose to Admit', citizens' needs are supported by community services at home or overnight. Following a Comprehensive Geriatric Assessment citizen can be directed to the correct place in the first instance. At the 'Choose to Admit' stage citizens can be directed to specialist clinicians in a hospital environment if required;
- (d) since June 2013 there has been a focus on the 'Choose to Admit' approach where patients are actively assessed within a community setting. This includes interacting with one of four Community Hubs which are arranged consistently across four areas;
- (e) this approach where patients are managed by the community setting went live in October 2013 and will serve as a single point of access for community team referrals following a crisis. From March 2013 Community Hubs will take responsibility for coordinating a response to meet citizens on-going

needs referrals are now effectively managed by community staff who are well informed on local provisions and patient needs;

- (f) the interface between Nottingham University Hospitals (NUH) on the transfer of care out of an acute setting once needs have been met has been simplified. Those patients who need time for further recovery are assessed in a community setting;
- (g) a 'Transfer to Assess' trial was conducted on frail older people at City Hospital with complex needs who would otherwise have been transferred directly to a care home. The trial involved triaging patients to identify the appropriate community venue for on-going comprehensive assessments before a decision was made on where long term care is provided;
- (h) as a result of the trial, out of 66 patients – 25 went home, 7 were readmitted and 12 went to a care home. 25 patients were returned to their own home that would have otherwise been place in a care home. Extending this practice to patients at the Queen's Medical Centre would need to be explored following further analysis of the trial;
- (i) supporting citizens to thrive will provide the seamless delivery of care to citizens with complex needs enabling them to live healthy and independent lives at home. Eight Care Delivery Groups will go live on 27 Jan 2014 and will be supported by Care Delivery Coordinators;

Following questions from councillors, the following information was provided:

- (j) Care Delivery Coordinators will work with patients as well as their families in finding the appropriate care settings in the community;
- (k) the majority of home care workers are employed by private providers and in the City this will now be under four lead providers, based on geographical areas. An effective public recruitment campaign will take place to try and raise the status of care workers and encourage people to seek employment;
- (l) a number of organisations are working within budget constraints which emphasises the need to be clear on the impact of disinvesting in certain areas;
- (m) providing both existing employees as well as new members of staff with shadowing opportunities will provide for the exchange of good practices;
- (n) in recognising that it currently takes too long to complete patient assessments, colleagues at Nottinghamshire County Council are exploring the possibility of using tablets or electronic devices to complete assessments and have them feed directly into the system to avoid duplication;
- (o) there are 174 care homes across Nottinghamshire County and currently there are 9 homes that have had their contract suspended. Local authorities do not have the power to close homes for poor standards of care, they can terminate their contract whereas the Care Quality Commission possess legal powers to close homes.

RESOLVED to request a further written update on Greater Nottingham’s vision of integrated care for frail older people, at a future meeting.

49 NEVER EVENTS AND SERIOUS INCIDENTS

The Committee considered the report of the Vice-Chairman of Joint City and County Health Scrutiny Committee, informing the Committee on the occurrences of never events and other serious incidents in the East Midlands Ambulance Service, Nottingham University Hospitals NHS Trust and Nottinghamshire Healthcare Trust.

Representatives of Nottingham University Hospitals, Nottinghamshire Healthcare Trust and East Midlands Ambulance Service outlined the systems and processes in place to prevent never events, highlighting the following points:

Nottinghamshire Healthcare NHS Trust

Dr Chris Packham, Associate Medical Director, Nottinghamshire Healthcare Trust highlighted the following point:

- (a) there are three clinical divisions within the Trust all of which recently undertook a review of their systems and processes and where gaps have been identified plans have been developed to address these. A further review of the system and processes was considered by the Trusts Patient Safety and Effective Committee in April and September 2013.

East Midlands Ambulance Service (EMAS)

Nichola Bramhall, Deputy Director of Nursing, East Midlands Ambulance Service providing the following information:

- (b) the majority of never events are not applicable to the ambulance service and focus more on hospitals in an acute setting. In light of this, the Director of Nursing and Medical Director agreed the following local never events for contractual inclusion in line with other ambulance services in the Midlands:
 - I. Patient falling or jumping from a moving vehicle
 - II. Patient falling from an ambulance trolley
 - III. Ambulance involved in a blameworthy fatal collision (either pedestrian or other vehicle occupant)
- (c) EMAS has not had any nationally prescribed or locally agreed never events this year. There were 3 never events last year all involving falls from trolleys and patients not being secured appropriately. Following analysis it was discovered that not all vehicles were equipped with the appropriate securing device. This has now been rectified and all staff appropriately trained;
- (d) even though there have been no never events this year to date, EMAS is committed to minimising the risk of serious incidents and are working on a campaign with staff to encourage reporting minor level incidents. Following a safety campaign there was a 50% increase in lower level reporting and by the end of November that figure was at 87%.

Nottingham University Hospitals NHS Trust

Dr Stephen Fowlie, Medical Director, Nottingham University Hospitals (NUH), highlighting the following points:

- (e) NUH operate a robust system for managing serious incidents, each is investigated by a team led by a senior clinician who is a member of the governance faculty of consultants, nurses and members of the allied health professionals. For the most serious incidents the Chair of the investigation team will meet with the patient and/or family at the start of the investigation to understand what they want answering;
- (f) investigation reports are submitted to NUH's Clinical Risk Committee where further scrutiny is provided. The full report is shared with commissioners who will also review a selection of action plans as part of a wider audit of processes.

Following questions from councillors, the following additional information was provided:

- (g) providers are obliged to report incidents into a national data system which allows other authorities to share from experiences across the country. Although benchmarking data is produced it often reflects the picture 6 months ago and therefore has limited usefulness in facilitating timing learning from the experience of others;
- (h) investigations into serious incidents are not started until the expectations of patients families are explicitly stated;
- (i) 147 pressure ulcers were identified in the last 12 months to October 2013 at NUH and each incident was investigated to understand why they occurred. NUH is a large trust and although the number of reported pressure ulcers is high, it is not an exceptionally high number for a trust of its size.

RESOLVED to request regular reports on Never Events and Serious Incidents and for the occurrence of a Never Event to be reported the Committee immediately.

50 IMPLICATIONS FOR HEALTH SCRUTINY OF THE MID STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC ENQUIRY (FRACIS ENQUIRY)

The Committee considered the report of the Head of Democratic Services on the Implications for Health Scrutiny of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Inquiry). Jane Garrard, Overview and Scrutiny Coordinator, asked the Committee to determine if, in light of the Government's response to the Mid Staffordshire NHS Foundation Trust Public Inquiry, any changes to the operation or approach of the Joint Health Scrutiny Committee are required.

The Government's response does not suggest that they will be making any significant change to the role, responsibilities or powers of health scrutiny (the recommendation to give health scrutiny inspection powers was not supported) but that Guidance is due imminently.

RESOLVED to review the Guidance being produced to help scrutiny committees understand and make use of new powers and duties provided by the Local

Authorities (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, at a future Committee meeting.

51 WORK PROGRAMME

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for 2013/14. Jane Garrard, Overview and Scrutiny Coordinator, informed the Committee that in January they would consider the outcomes of consultation of 'The NHS Belongs to the People: A Call to Action', an update on the work of the Urgent Care Board, with a particular focus on the primary care access work stream and a progress report from EMAS in implementing 'Being the Best' programme. In addition to this, EMAS will update the Committee on the use of a new scheme to make defibrillators publicly accessible.

RESOLVED to note the work planned for 2013/14 including an update by East Midlands Ambulance Service on the use of new publicly accessible defibrillators in January 2014.