

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 21 September 2017 from 1.30 pm - 3.38 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Jim Armstrong
Councillor Ilyas Aziz
Councillor Eunice Campbell
Councillor Patience Uloma Ifediora
Councillor Carole-Ann Jones
Councillor Ginny Klein
Councillor Dave Liversidge
Councillor Adele Williams

Absent

Councillor Merlita Bryan (Vice-Chair)
Councillor Corall Jenkins
Councillor Jackie Morris
Councillor Brian Parbutt
Councillor Chris Tansley

Colleagues, partners and others in attendance:

Dr David Manley, Clinical Director) Nottinghamshire Healthcare
Gary Eves, Development Programme Manager) Trust

Caroline Shaw, Chief Operating Officer) Nottingham University Hospitals
Andrew Chatten, Director of Estates and Facilities) NHS Trust.
Allison Rigby, Tomorrow's NUH Programme Manager)

Greg Cox, General Manager) East Midlands Ambulance
Maria Stanley, Ambulance Operations Manager) Service Nottinghamshire Division,
Wendy Hubbard, Ambulance Operations Manager)

Jane Garrard - Senior Governance Officer
Catherine Ziane-Pryor - Governance Officer

21 APOLOGIES FOR ABSENCE

Councillor Jackie Morris – personal
Councillor Chris Tansley – personal
Councillor Brian Parbutt - personal

22 DECLARATIONS OF INTEREST

None.

23 MINUTES

The minutes of the meeting held on 20 July 2017 were confirmed as a true record and signed by the Chair.

It is noted that statistics requested from Public Health and NHS England colleagues for flu immunisation take-up at individual GP practices had not yet been received but would be followed up by Jane Garrard.

24 NOTTINGHAMSHIRE HEALTHCARE TRUST TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE - CAMHS AND PERINATAL MENTAL HEALTH SERVICES UPDATE

Dr David Manley, Clinical Director, and Gary Eves, Development Programme Manager, provided an update on 'Hopewood', the new facility currently being built on Mansfield Road which will provide support and inpatient services for Child, Adolescent and Perinatal Mental Health Services. The following points were highlighted and Councillor's questions responded to:

- (a) The development, by Nottinghamshire Healthcare NHS Foundation Trust, is at a cost of approximately £21m and will provide services from April 2018, providing 24 new inpatient beds for eating disorder and psychiatric patients with the flexibility to be split 10-14 beds each to a total of 24;
- (b) The facility will employ an additional 91 whole-time equivalent posts, 78 of which will be Clinical (50:50 qualified and non-qualified) and 13 ancillary posts. A recruitment open day will be held for qualified clinical posts on 2 October, with another open day for non-qualified clinical posts to be held on 11 December. All jobs will be advertised locally through different media;
- (c) Currently there are only 57 acute adolescent units and 7 paediatric intensive care psychiatric units nationally. It is likely that demand will outstrip supply in that it's possible that NHS England may request that patients from outside the intended benefit area of Nottinghamshire and Derbyshire are accepted at Hopewood. The Eating Disorders Unit will be a regional resource. Very thorough research has been undertaken to ascertain local demand, and this is reflected in the provision. Further national investment is required, particularly as young people need to be based close to their families. It is likely that some children and young people will still have to be placed out of area but this should be fewer than currently;
- (d) From April 2018, service users, including those in the mother and baby unit, and the school will gradually move from the current bases at Thorneywood and QMC to Hopewood, which should be fully functioning by the end of May 2018;
- (e) Establishing the education provision was initially complicated as it has been funded nationally, but confirmation has been received that there are unlikely to be any issues with the expansion of the current capacity which will move to Hopewood. University College London has assisted with best practice research into how teaching and therapeutic offer can be combined for the best results;
- (f) Young people between 12 and 20 years of age are admitted as inpatients for an average of 60 days, rarely with repeat admissions. Entry to the treatment pathway is controlled by NHS England with a very strict prescriptive process regarding referrals. There will be no automatic allocation of beds, each individual case considered carefully to ensure that the admission is right for each young person at that time;
- (g) Service users, their parents and staff will be consulted on the final finishing details of the facility, including landscaping. This is in addition to thorough consultation at the design stage. Once open, the views of service users and their families will be monitored to ensure the facility continues to meet their needs;

- (h) When young people with dual diagnosis of drug and psychological issues are referred, it is rare that these issues can be separated. There will be provision for substance abuse issues and there is a program for developing staff skills on how to work with young people with substance issues;
- (i) The ecology of the site initially caused delays as badgers, bats and asbestos were found. A great deal of consideration has gone into the aesthetic design of the building and landscaping will be important consideration as it is recognised that environment can influence recovery;
- (j) Future plans for the Thorney wood site are yet to be determined but the Trust has engaged an external consultant to evaluate the whole of the Trust's estate. If it is proposed that the site is sold, the Trust will work with City Council to identify the most appropriate potential uses.
- (k) The Trust was confident that it was on track to provide services from the site on schedule.

It was noted that members of the Committee would be welcome to attend the opening of the Hopewood Centre.

The Committee welcomed the development of the new facilities.

RESOLVED

- (1) to note the thanks of the Committee to Dr David Manley and Gary Eves for their interesting presentation and update;**
- (2) to request that the Nottinghamshire Healthcare Trust provide an update report to the Committee in approximately 12 months' time to review the transition of provision from current facilities to Hopewood and the delivery of services from the new facilities.**

25 'TOMORROW'S NUH'

Caroline Shaw, Chief Operating Officer, was accompanied by Andrew Chatten, Director of Estates and Facilities and Allison Rigby, Tomorrow's NUH Programme Manager, and delivered a presentation on the master plan for transformation and sustainability over the next 10 years and beyond for Nottingham University Hospitals NHS Trust.

The presentation is included in the agenda, providing an overview of the existing issues, with proposals for Phase 1 changes and the time scales for seeking process and funding approvals, and included the following points:

- The Strategic Priorities for Nottingham University Hospitals NHS Trust are:
 - 1 Deliver highest quality clinical service
 - 2 Develop modern and efficient facilities
 - 3 Develop excellent staff delivering nationally renowned patient experience

4 Develop affordable health and social care system for Nottinghamshire patients

- Staff have welcomed the forward plan and consultation which has highlighted problems with the physical environment of the Trust's aging properties;
- Staff engagement is valuable and will continue, but patient and citizens' support is also required by the Trust to enable the strategy to progress;
- The current Emergency Department at QMC was designed for 350 patients daily, but regularly receives approximately 550-600 patients daily so needs to be redesigned to meet current and future demand.

Members of the committee welcomed the strategy as interesting and ambitious.

The following responses were given councillors' questions:

- (a) In developing the plan a top-down and bottom-up approach was taken in scrutinising the current provision. This identified that some areas of service delivery were not achieving the best value for money and confirmed that some wards are struggling to meet statutory requirements;
- (b) The strategy is ambitious but there is confidence that it can be achieved if the requested funding is received;
- (c) All aspects of the Trust will be considered, including senior management infrastructure, ensuring the changes can be made where necessary;
- (d) The Trust is in discussion with commissioners regarding maternity services which are based on both the City Hospital and QMC sites as a result of the hospitals merging. There is a similar position regarding operating theatres. These issues of split site services need to be resolved to ensure the best efficiency;
- (e) The QMC building is more 40 years old and requires refurbishment, however it is not possible to decant services to build a brand-new hospital (which would cost in the region of £3.4-£3.5 billion), so the refurbishment of the current building (at a cost of £600-£700 million) will be planned to ensure continued service provision. This will involve small sections of the building being stripped back to the shell and reconfigured;
- (f) There will be changes to where and how services are sited, including potential new build centres, and consideration of how linked/related services are sited closer together;
- (g) The proposals of the strategy are clinically right for service provision and reflect the need for transformation. Changes need to be made to achieve the best use of services and resources, which cannot continue as they are. To have the best chance of securing funding from the Treasury, the Trust must provide a compelling case which will start with the master plan. Engagement of staff, patients and citizens will provide an important contribution to the submission. It's encouraging that other Trusts nationally have received substantial funding to re-build their facilities.

Members of the Committee welcomed the hugely ambitious proposals, and the inclusion of staff, patient and citizen engagement, requesting that the Committee is informed of progress.

RESOLVED to request that Nottingham University Hospitals NHS Trust keep the Committee updated on progress with 'Tomorrow's NUH' including early notification of any substantial developments or variations in health services arising as a result.

26 NEW AMBULANCE SERVICE STANDARDS

Greg Cox, General Manager, Maria Stanley, Ambulance Operations Manager, and Wendy Hubbard, Ambulance Operations Manager, all of East Midlands Ambulance Service Nottinghamshire Division, delivered a presentation which updated the Committee on the performance and progress of the Service.

Following an independent review of capacity against demand and the funding provided, commissioners have significantly increased investment. In addition, managers will continue to review all aspects of the Service to achieve the best efficiency and effectiveness.

In November 2015 the Care Quality Commission (CQC) inspected EMAS and published its report in May 2016. The CQC undertook a further inspection in February 2017 and issued the following ratings:

- Overall CQC rating 'requires improvement'
- Safe: improved from 'inadequate' to 'requires improvement'
- Effective: remained 'requires improvement'
- Well-led: remained 'requires improvement'
- Caring and Responsive: remained 'good'

The additional funding and new approaches to working and revised performance targets (following the largest clinical ambulance trials in the world) have resulted in a much improved performance.

Changes include:

- strengthened and stabilised leadership, including ensuring improved staff engagement and that every member of staff has a yearly appraisal;
- new system updates, including an electronic patient form which enables the hospital access to information whilst in transit to hospital;
- 20 new ambulances for Nottinghamshire;
- increasing staffing in the region by 27 (from 352) with recruitment drives locally, nationally and internationally;
- working with partners to identify how to jointly improve connection to and co-ordination with Adult Social Care;
- reviewing the prioritisation of patients as follows as part of the Ambulance Response Programme (ARP):

Category	Definition	National Standard
Category 1	An immediate response to a life-threatening condition. It is only used for a patient who requires resuscitation or emergency intervention from the ambulance service, for example cardiac or respiratory arrest.	7 minutes mean response time 15 minutes 90th centile response time
Category 2	For a serious condition, for example stroke or chest pain, that may require rapid assessment and/or urgent transport.	18 minutes mean response time 40 minutes 90th centile response time
Category 3	For urgent problems, for example uncomplicated diabetic that needs treatment and transport to an acute setting.	120 minutes 90th centile response time
Category 4	For a problem that is not urgent, for example all stable clinical cases including dermatology, gynaecology, ENT, neurology etc, and requires transportation to a hospital ward or clinic within 1, 2, 3 or 4 hours 4 hours (GP to confirm).	180 minutes 90th centile response time

To date, the results of the changes are positive, including ensuring the most effective response, not necessarily the fastest, this has enabled more efficient use of resources and resulted in reduced patient waiting time.

Councillors' questions were responded to as follows:

- (a) The service is working closely with colleagues regarding sickness and providing appropriate support. Accounting for less than 5% of sickness, stress is not a significant issue in the Nottinghamshire Division, however, back/muscle pain and injury is;
- (b) The service has only been operating the under the new service standards for six weeks but positive results are already evident for patients and staff;
- (c) Patients aren't given an estimated arrival time as response priorities may change at any time and providing a target arrival time which may then not be met could cause patients unnecessary anxiety;
- (d) Information on private ambulance usage can be provided but is not immediately available;
- (e) Brexit had initially influenced the proposed recruitment approach which is now less ambitious but the full impact with regard to staffing is yet to be realised;
- (f) Further consideration of the ambulance dispatch strategy will take place and the amendments made as part of an on-going review schedule;

- (g) Work continues with partners to resolve patient hand-over delays;
- (h) The Fire and Rescue Service are involved with co-responding but only to specific incident types within categories 1 and 2;
- (i) The changes to the ARP and substantial commissioning investment have resulted in more achievable targets against the actual demand, resulting in a more evenly spread service delivery.

RESOLVED

- (1) to note the Committee's appreciation for the presentation and welcomed changes;**
- (2) to request that the following additional information be provided to the Committee:**
 - a. rates at which staff are leaving EMAS and how this compares to other Trusts; and**
 - b. use of private ambulances by EMAS; and**
- (3) to request that EMAS Nottinghamshire Division provide information to the Committee during Summer 2018 regarding the impact of the new ambulance service standards on performance and the service received by Nottinghamshire residents.**

27 SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH

This item was postponed.

28 REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES - IMPLEMENTATION OF RECOMMENDATIONS

Jane Garrard, Senior Governance Officer, introduced the report outlining progress in implementation against the one outstanding accepted recommendation arising from the Committee's review of end of life/ palliative care services. She highlighted that, following a review, Nottingham University Hospitals NHS Trust had decided to develop a business case to fund a permanent seven day specialist palliative care service, and that this addressed the Committee's recommendation that the Trust review the level of need for the services of the Hospital Palliative Care Team at weekends and ensure services are in place to meet that need.

RESOLVED

- (1) to note that Nottingham University Hospitals NHS Trust had decided to develop a business case to fund a permanent seven day specialist palliative care service; and**
- (2) that no further scrutiny of the recommendations arising from the Committee's end of life/ palliative care services review was required.**

29 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, introduced the report regarding the Committee's work programme for 2017/18. In addition to the report circulated with the agenda she informed the Committee that:

- a) The scrutiny session with the Portfolio Holder for Adults and Health would be rescheduled for a future meeting;
- b) It had been proposed that the Committee's meeting scheduled for 19 October 2017 is cancelled. This would mean that the items scheduled for that meeting would need to be rescheduled;
- c) NHS England had announced that it intended to take a decision about the future commissioning of congenital heart disease services at its meeting on 30 November 2017. Therefore it should be possible to provide information about this decision to the Committee at its December meeting;
- d) The Portfolio Holder for Adults and Health had requested that the Committee consider scrutinising the approach to managing the organisational and budgetary challenges of the City Council, Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Foundation Trust to ensure that the decisions that result support the strategic commitments made by partners within the City's Health and Wellbeing Strategy, the Nottingham and Nottinghamshire Sustainability and Transformation Plan, and in the City's joint mental health strategy 'Wellness in Mind'; and to ensure that together partners are prioritising mental health as they transform the health system and design a modern care system for Nottingham and Nottinghamshire.

RESOLVED to

- (1) reschedule the scrutiny session with the Portfolio Holder for Adults and Health;**
- (2) cancel the Committee's meeting scheduled for 19 October 2017 and reschedule those items for future meetings; and**
- (3) scope a piece of work to scrutinise the approach to managing the organisational and budgetary challenges of the City Council, Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Foundation Trust to ensure that the decisions that result support the strategic commitments made by partners within the City's Health and Wellbeing Strategy, the Nottingham and Nottinghamshire Sustainability and Transformation Plan, and in the City's joint mental health strategy 'Wellness in Mind'; and to ensure that together partners are prioritising mental health as they transform the health system and design a modern care system for Nottingham and Nottinghamshire.**