



BASSETLAW

DISTRICT COUNCIL
NORTH NOTTINGHAMSHIRE

HEALTH AND PUBLIC SERVICES SUB-COMMITTEE

AGENDA

Meeting to be held in
The Ceres Suite,
Worksop Town Hall,

on

Monday, 3rd June 2013

at

6.30pm

(Please note time and venue)

(Please turn off mobile telephones during meetings.

**In case of emergency, Members/officers can be contacted on the Council's
mobile telephone: 07702 670209)**

Bassetlaw-Serving North Nottinghamshire

District Council Offices, Potter Street, Worksop, Notts. S80 2AH

HEALTH AND PUBLIC SERVICES SUB-COMMITTEE

Membership 2013/14

Councillors: B. Barker, S. Fielding, M. Gregory, A. Mumby, D. G. Pidwell, J. Potts, D. R. Pressley, J. Sanger, J. C. Shephard, A. Simpson, K. Sutton and T. Taylor

Substitute Members: Any Member except those appointed to the Cabinet

Quorum: 3 Members

Lead Officer for this Meeting

Mrs. R. Theakstone - Ext 3160

Administrator for this Meeting

Miss C. Crossland – Ext 3254

HEALTH AND PUBLIC SERVICES SUB-COMMITTEE

Monday, 3rd June 2013

INDEX OF AGENDA ITEMS

1. APOLOGIES FOR ABSENCE
2. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS
(Members' and Officers' attention is drawn to the attached notes and form)
 - (a) Members
 - (b) Officers

SECTION A – ITEMS FOR DISCUSSION IN PUBLIC

Key Decisions

None

Other Decisions

3. REPORT(S) OF THE DIRECTOR OF CORPORATE SERVICES *
 - (a) Proposed Health and Public Services Sub-Committee Programme 2013/14
(pages 7 - 10)
 - Appendix 1 – Draft Works Programme (pages 11 - 12)
 - Appendix 2 - Scope – Future Services at Bassetlaw Hospital (pages 13 - 20)
 - Appendix 3 – Scope - Patient Advocacy in Nottinghamshire (pages 21 - 24)
 - Appendix 4 - Health and Well-Being Board (pages 25 -28)

Exempt Information Items

The press and public are likely to be excluded from the meeting during the consideration of the following items in accordance with Section 100A(4) of the Local Government Act 1972.

SECTION B - ITEMS FOR DISCUSSION IN PRIVATE

Key Decisions

None

Other Decisions

None.

4. ANY OTHER BUSINESS WHICH THE CHAIRMAN CONSIDERS TO BE URGENT
- * Report attached

NOTES:

1. The papers enclosed with this Agenda are available in large print if required.
 2. Copies can be requested by contacting us on 01909-533254 or by e-mail:
cara.crossland@bassetlaw.gov.uk
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DECLARATION OF INTERESTS

HOW TO USE THIS FORM

There are now only two types of Declaration of Interest:

Disclosable Pecuniary Interests)	Details can be found in the Councillors Code of Conduct which is contained in the Council's Constitution (a summary is printed below)
)	
)	
Non Pecuniary Interests)	

Upon receipt of the attached form you will need to enter the name and date of the Committee and your own name. By looking at the Agenda you will no doubt know immediately which Agenda Items will require you to make a Declaration of Interest.

Fill in the Agenda Item number in the first column of the form.

Enter the subject matter and any explanations you may wish to add in the second column.

In the third column you will need to enter **either** if you are declaring a disclosable pecuniary interest, **or** a non pecuniary interest.

The form must then be signed and dated. Please remember that if during the actual meeting you realise that you need to declare an interest on an additional Agenda Item number please simply amend the form during the meeting.

The form must be handed into the Committee Administrator at the end of the meeting.

NB. The following is a summary prepared to assist Members in deciding at the actual meetings their position on INTERESTS it is not a substitute for studying the full explanation regarding INTERESTS, which is contained in the Council's Constitution and the Code of Conduct for Councillors, which is legally binding.

Members and Officers are welcome to seek, PREFERABLY WELL IN ADVANCE of a meeting advice from the Council's Monitoring Officer on INTERESTS.

Disclosable Pecuniary Interests

May relate to employment, office, trade, profession or vocation carried on for profit or gain
May relate to sponsorship
May relate to contracts
May relate to interests in land
May relate to licences to occupy land
May relate to corporate tenancies
May relate to securities

Action to be Taken

Must disclose to the meeting
- existence of the interest
- the nature of the interest
- withdraw from the room
- not seek improperly to influence a decision on the matter

Non Pecuniary Interests

May relate to any body of which you are a member or in a position of general control or management and to which you are appointed or nominated by the Council
May relate to any person from whom you have received a gift or hospitality with an estimated value of at least £25
A Member may also have a non pecuniary interest where a decision in relation to that business might reasonably be regarded as affecting wellbeing or the wellbeing of other council tax payers, or ratepayers or inhabitants in the electoral division or ward, as the case may be, affected by the decision.

Action to be Taken

Must disclose to the meeting
- existence of the interest
- the nature of the interest
- not seek improperly to influence a decision on the matter.

(Note – there are special provisions relating to “Sensitive Interests” which may exclude the above provisions in certain circumstances.)

BASSETLAW DISTRICT COUNCIL

HEALTH AND PUBLIC SERVICES SUB-COMMITTEE

3 JUNE 2013

REPORT OF DIRECTOR OF CORPORATE SERVICES

PROPOSED HEALTH AND PUBLIC SERVICES SUB-COMMITTEE PROGRAMME
2013/14

Portfolio Holder: Policy and Community
Engagement/Performance and Strategy

Contact: Gillian Blenkinsop

Ext: 3142

1. Public Interest Test

- 1.1 The author of this report has determined in preparing this report that the contents are not of a confidential nature.

2. Purpose of the Report

- 2.1 To provide members of the Sub-Committee with an overview of the Committee's meeting programme for 2013/14.
- 2.2 To seek Member agreement to vary the delivery of the work programme for 2013/14, where circumstances demand.

3. Background and Discussion

- 3.1 The main purpose of the report is to seek agreement from Members on the meeting programme for the year 2013/14, working within the revised Committee structure – see Appendix 1.
- 3.2 The Health and Public Services Sub-Committee replaces some of the work that has been carried out in recent years by Scrutiny Select Panels.
- 3.3 It is important, therefore, that we manage the Sub-Committee in a way that we can still effectively scrutinise external bodies and review issues of community concern within the confines of a Committee setting.
- 3.4 To help facilitate this process we propose to present draft scopes for review to the Committee. This will be done in advance of inviting witnesses and receiving evidence on a particular topic at the Committee. In this way Members can shape what we scrutinise, advise on information they would wish to receive, and agree lines of questioning.

3.5 At the first meeting of this new Sub-Committee we therefore want to discuss and agree scopes for our next two meetings to be held on 15 July 2013 and on 9 September 2013.

3.5.1 Future of Services at Bassetlaw Hospital – To be reviewed at 15 July Meeting

The Scope at Appendix 2 addresses the issues identified by the Select Panel that reviewed 'The Future of Services at Bassetlaw Hospital'.

We have summarised the issues that this review looked at and the areas where Members recommended developments, progress on key issues or monitoring information.

The Scope also gives some initial feedback on progress against the Select Panel's recommendations and some potential lines of questioning that Members may wish to pursue.

On 3 June we can discuss this scope and receive feedback/comments from Members on its content.

3.5.2 Patient Advocacy in Nottinghamshire – To be reviewed at the 9 September Meeting

The Scope at Appendix 3 sets out details of the newly created Healthwatch organisation and its partner organisation POhWER. These organisations act on behalf of patients and NHS service users. It is proposed that written evidence is presented to the Committee from these organisations to allow greater time to receive evidence regarding the Health and Well-being Board.

Members feedback is invited on this Scope.

3.5.3 Health and Well-Being Board – To be reviewed at the 9 September Meeting

The Scope at Appendix 4 provides background information on the purpose and membership of the Health and Well-Being Board and the monitoring arrangements that are in place to oversee the delivery of the Health and Well-Being Strategy.

The health of the population is something that the Council can have a positive impact upon and Members will wish to understand how we can link in and support the delivery of the Health and Well-Being Strategy in Bassetlaw.

3.6 Members should note that the Committee programme may be subject to change should witnesses be unable to attend the Committee or provide information by the due date.

3.7 If Members have any queries about the Work Programme this can clearly be raised at the Committee, or with the Policy and Scrutiny Unit.

4. Implications

- a) For service users

None from this report.

- b) Strategic & Policy

This links with the Council's ambition to be a Well Run Council.

- c) Financial – 14/184

None from this report.

- d) Legal – 161/06/13

In carrying out scrutiny reviews the Council is exercising its scrutiny powers as laid out in s.21 of the Local Government Act 2000 and subsequent legislation which added/amended these powers e.g. the Local Government and Public Involvement in Health Act 2007.

- e) Human Resources

None from this report.

- f) Community Safety, Equal Opportunity, Environmental

The Overview and Scrutiny Committee is committed to equality and diversity in undertaking its statutory responsibilities and ensures equality impacts are considered as part of all Committee Reviews.

- g) Whether this is a key decision, and if so the reference number.

No

5. Options, Risks and Reasons for Recommendations

5.1 This report has been prepared on behalf of the Health and Public Services Sub-Committee with a view to informing members of the Committee's meeting programme for the forthcoming year.

5.2 Members have the option to receive the scopes set out at Appendices 2, 3, and 4 or to suggest amendments.

6. Recommendations

6.1 That Members agree the Work Programme for the Committee for 2013/14 set out at Appendix 1.

6.2 That Members note that the Work Programme could be subject to change throughout the year.

6.3 That the Scopes at Appendices 2, 3 and 4 be debated and approved – incorporating any suggested changes from Members of the Sub-Committee.

Background Papers

Committee Programme (archive copies)

Location

Policy and Scrutiny Unit, QB



Health and Public Services Sub-Committee Proposed Programme 2013/14

Date of Meeting	Report/ Presentation	Contact Officer
03.06.13	<ul style="list-style-type: none"> • Proposed Health and Public Services Committee Programme for 2013/14 – Agreement of Scopes for July/September 	Policy & Scrutiny Unit
15.07.13	<ul style="list-style-type: none"> • Health and Public Services Committee Programme for 2013/14 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Post-Scrutiny Monitoring – The Future of Services at Bassetlaw Hospital (Hospital; CCG; Healthcare Trust) 	Policy & Scrutiny Unit
09.09.13	<ul style="list-style-type: none"> • Health and Public Services Committee Programme for 2013/14 – Agreement of Scope for December 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Patient Advocacy in Nottinghamshire 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Health and Well-Being Board/New Public Health Arrangements 	Policy & Scrutiny Unit
21.10.13	<ul style="list-style-type: none"> • Health and Public Services Committee Programme for 2013/14 - Agreement of Scope for January 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • BNSCSP – 6 month update 	Community Safety Manager
	<ul style="list-style-type: none"> • Progress of PCC/PCP and Police and Crime Plan 	Community Safety Manager/Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Report on The Future of Services at Bassetlaw Hospital 	Policy & Scrutiny Unit
02.12.13	<ul style="list-style-type: none"> • Health and Public Services Committee Programme for 2013/14 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Patient Transport Service - Arriva 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • EMAS – (Review of Community Paramedic trial and update on progress of implementation of Being the Best) 	Policy & Scrutiny Unit

Date of Meeting	Report/ Presentation	Contact Officer
	<ul style="list-style-type: none"> • Report on Review of Patient Advocacy 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Report on Review of New Public Health Arrangements 	Policy & Scrutiny Unit
13.01.13	<ul style="list-style-type: none"> • Health and Public Services Scrutiny Committee Programme for 2013/14 – Agreement of Scope for March 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Review of Dementia Agenda – Dementia Friendly Communities 	Policy & Scrutiny Unit
10.03.14	<ul style="list-style-type: none"> • Health and Public Services Committee Programme for 2013/14 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Review of Bassetlaw Academies/North Notts College 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • Report on Review of Dementia Agenda 	Policy & Scrutiny Unit
28.04.14	<ul style="list-style-type: none"> • Health and Public Services Committee Programme for 2013/14 	Policy & Scrutiny Unit
	<ul style="list-style-type: none"> • BNSCSP – 6 month update 	Community Safety Manager

Health and Public Services Sub-Committee

Topic to be reviewed/Title of Review:	The Future of Services at Bassetlaw Hospital
Date of Review	15/07/2013
Method of Review	Witnesses attending the Committee
Links to Corporate Priorities	Ambition 3: Involved Communities and Locality Working

What is our Ambition?

To determine if the issues raised by the Health Panel have been addressed and to understand the current issues facing the future of Bassetlaw Hospital.

To secure the best possible range of services at Bassetlaw Hospital that can be delivered safely and achieve the optimum outcomes for patients.

What do we want to change and why?

Where there are issues with service provision or proposed changes to services we want to know how these issues are being addressed and ensure sustainability of services.

Who and how shall we consult?

Who	How
Mike Pinkerton – Chief Executive Doncaster & Bassetlaw Hospitals NHS Foundation Trust	Invite to Health and Public Service Sub-Committee on 15 th July 2013
Dr Steve Kell Chairman Bassetlaw Clinical Commissioning Group	Invite to Health and Public Service Sub-Committee on 15 th July 2013
Phil Mettam – Chief Operating Officer Bassetlaw Clinical Commissioning Group	Invite to Health and Public Service Sub-Committee on 15 th July 2013
Paul Smeeton – Chief Operating Executive County Health Partnerships	Invite to Health and Public Service Sub-Committee on 15 th July 2013
Julie Walker – Service Manager Bassetlaw Health Partnership	Invite to Health and Public Service Sub-Committee on 15 th July 2013

Do we need any experts/Specialists? (Internal/ External)

As above

Further information/research required

Post Scrutiny report
Performance information

What are the key outcomes?

Ensuring Bassetlaw residents continue to get access to the best possible hospital services from Bassetlaw Hospital

Context/background Scene Setting:

Bassetlaw District Council's Health Panel was tasked to review 'The Future of Services at Bassetlaw Hospital' by the Overview and Scrutiny Committee as part of its Annual Programme of Work for 2011/12.

The main reason for the review was the level of public concern about hospital services. In particular the potential changes to the Maternity Unit – changing it from a consultant led unit to a midwifery led unit. Also there was uncertainty about the impact of required budget savings on needed to be made would have on hospital services.

During the review Members also explored and made recommendations on:

- Sustainability of paediatric service – and the effectiveness of staff rotation between Bassetlaw Hospital and Doncaster Royal Infirmary.
- The need to provide a quality training opportunity for junior doctor – to prevent the risk of losing this key resource for the Trust.
- The quality, treatment times and patient outcomes for fractured neck of femur (hip).
- The investment plans and efficiency of the A&E Department.
- The reduction in out patient referrals to Bassetlaw Hospital.
- The lack of capacity at the Westwood 8 - 8 Primary Care Centre (Manton Walk in Centre) for emergency patients.
- The need for further investment in transport to Bassetlaw Hospital and between Bassetlaw Hospital and Doncaster Royal Infirmary.
- A GP incentive scheme that had been introduced by NHS Bassetlaw (now the Clinical Commissioning Group) – where patients should be treated in the most appropriate setting – which could be in primary care settings rather than at Bassetlaw Hospital.
- Levels of investment in community services – that help Bassetlaw residents live independently.
- The need for co-ordinated, consistent communication with the public from both the hospital and the commissioners about service plans/changes.
- The need to improve internal communications so that patients only need to provide their details once on admittance.
- The need for clearer communication about which health services can be accessed from which locations/providers in the District (to reduce demand at A&E).
- On the establishment of the Assessment and Treatment Centre that would speed up the assessment and onward referral of patients.
- The Quality, Innovation, Productivity and Prevention (QIPP) programme. This is a large-scale programme developed by the Department of Health to drive forward quality improvements in NHS care, at the same time as making up to £20 billion of efficiency savings by 2014/15. Members required feedback on how Bassetlaw Hospital had achieved these savings without adversely impacting on hospital services.

It was agreed following the review that members and health partners would meet annually to provide updates and information around key areas.

What is working?

Progress – Updates received from Mike Pinkerton Chief Executive of DBHFT (23rd April 2013) and Paul Smeeton Nottinghamshire HealthCare Trust (NHT) (21st April 2013)

Maternity Services

A commitment was given to retaining a consultant led Maternity Unit during the review and there have been no changes to this level of service at Bassetlaw Hospital. A new Early Pregnancy Assessment Unit at Bassetlaw Hospital is to be opened in May 2013 next to the Gynaecology Ward to facilitate best practice, ensure a high standard of assessment planning and provide a better patient experience for women accessing early pregnancy services. A successful bid to the Birth Environment Capital Fund will provide 3 single rooms with en-suite facilities on ward A2 at Bassetlaw Hospital.

Paediatric Services

An additional four consultant paediatricians have been recruited in addition to the five already in post. From November 2012 an integrated consultant paediatrician rota has been implemented to cover the two main sites and improve the provision of care. The next step is to work with the Sheffield Medical School to integrate the rotas for more junior medical staff to further ensure the sustainability of paediatric services in Bassetlaw.

Fractured Neck of Femur

Best practice standards for fractured neck of femur continue to be a priority for the organisation. During 2012/13 (April 2012 to February 2013) at Bassetlaw Hospital, we achieved on average, 65.4% against all best practice tariff criteria – the national average being 48%. The Trust is looking at how they can increase ortho-geriatric consultant support for this client group in order to further improve patient care and experience.

The role of the Specialist Nurse sits within NHT Community Falls Team, funded through Re-ablement funding. Feedback from patient and stakeholders has been very positive. All new schemes are currently being evaluated by the multi-agency Patient Care Strategy Group.

Accident & Emergency Services

The Trust has developed with local Commissioners a number of action plans to improve staff morale, patient experience and performance in our Emergency Departments. A key action was to recruit eight middle grade doctors. The Trust has successfully recruited seven of these posts. This has released three Associate Specialists to work as part of the Consultant Rota. We are now able to provide senior consultant cover in the Emergency Department at Bassetlaw Hospital between 8am and 11pm weekdays and 9am and 6pm weekends (previously 9am to 5pm).

Across the Trust ten of twelve substantive Medical Consultant Posts in our Emergency Departments have been recruited. The recruitment process to recruit to the two remaining Consultant posts is in progress. Extra investment of £70,000 has been made for additional equipment in the Emergency Department at Bassetlaw Hospital.

Patient Referrals

Following the reported drop in outpatient referrals to Bassetlaw Hospital in the first quarter of 2012/13, referrals have remained steady throughout the year. The linear trend continues to show a small but steady increase.

Communication between staff

The Trust has now begun the procurement process to acquire an improved Patient Administration System (PAS). Responses have been shortlisted and we are expecting to appoint a preferred provider in July 2013.

Replacement of our PAS system is part of the Trust's iHospital Programme which will also include the development of an electronic patient record – a single place for patient information available to our clinicians.

Joint Communication to the Public

The Trust remains committed to working with colleagues at NHS Bassetlaw Clinical Commissioning Group (CCG) to communicate information and engage the public regarding changes to the services we provide to people in Bassetlaw.

By way of example, we are about to start public communications on two areas of service re-design. Firstly, how we are working together with the CCG to ensure that emergency patients arriving at Bassetlaw Hospital are seen, assessed and treated by the relevant specialists and senior clinicians much more quickly and secondly, on the community paediatric model.

Community Outreach Services

NHT community staff have been working closely with Doncaster and Bassetlaw Hospital to support seamless pathways of care through in reach, e.g. Community Matrons visit the wards daily to ensure patients with long term conditions have a smooth and timely discharge. The Rapid Response Team in reach to Accident & Emergency and Assessment and Treatment Centre to prevent unnecessary admissions to hospital and pro-actively support timely discharge.

The level of investment in community services

NHS Bassetlaw has maintained the level of investment in community services, details of which can be provided for the Committee.

Junior Doctors

The Trust continues to work with the Yorkshire and the Humber Postgraduate Deanery to improve the training experience for junior doctors at Bassetlaw Hospital. The Deanery revisited the Trust on 28th November 2012 and noted significant improvement in the quality of training delivered and that all their previous concerns were resolved.

Hospital Press Release

The Hospital Trust has announced it will be investing £7m from cash reserves and capital and with support from local Clinical Commissioning Groups to increase the number of beds across the Trust. Bassetlaw Hospital will have 11 extra beds. Montagu Hospital 10 extra beds and Doncaster will have 48 extra beds. There is also going to be recruitment drive for more nurses that will continue on a rolling basis so that vacancies can be filled as they arise. There is also to be a Trust wide review of nursing levels.

Areas of Concern – Evidence gathered from Monitor (NHS Foundation Trust regulator) (23rd April 2013) and Clinical Commissioning Group Board Minutes (15th March 2013)

Monitor's main duty is to protect and promote the interests of patients.

Issues raised by Monitor

Emergency Targets

Bassetlaw Hospital has failed to meet the target for treating 95% of emergency patients within four hours of arrival for quarters 3 and 4. Expected to be resolved by first quarter 2013/14.

Patient Referrals

Doncaster & Bassetlaw Hospitals NHS Foundation Trust missed the target for treating 90% of patients who need to be admitted to hospital for non-emergency care within 18 weeks of referral in quarters 2, 3 and 4 of 2012. Planned actions should resolve issues by October 2013.

Areas of Concern Continued....

C Difficile infections

The Trust failed to achieve the quarterly targets for reducing C Difficile to no more than 12 cases per quarter and failed the annual target of no more than 48 cases. There were 64 cases reported across the Trust. However, Bassetlaw Hospital had 18 cases against a target of 29 cases in 2012/13. 12 of these cases originated in the community.

Governance

Monitor has requested a governance review by external experts.

Issues noted by CCG

Training Grade Doctors

A Surgical Clinical review was carried out following the loss of training grade Doctors on the Bassetlaw site. A rotational programme has been developed for all consultants to spend a week at Bassetlaw undertaking elective and out-patient work.

Accident & Emergency Department

The Clinical Commissioning Group (CCG) has been working with the Doncaster & Bassetlaw Hospitals NHS Foundation Trust following poor performance. A number of the actions recommended to improve performance relate to workforce practices, so there will be a lead in time.

Media Reports

Recent letters in the Press highlighted concerns of nurses within in Bassetlaw Hospital about staffing levels (Worksop Guardian 26th April 2013).

Key Lines of Questioning

Plans/key service changes

Are there any significant plans to change service delivery in the next 12-24 months?

Maternity Services

Has there been any change to the number of Obstetric Consultant hours?

How has the issue of out of hours anaesthetic cover been addressed?

Paediatric Services

There were concerns about the provision of supervision for junior doctors if the shared rota for Gynaecology, Obstetrics and Paediatrics was separated out. Has this been addressed?

Is Bassetlaw performing any paediatric surgery?

Have the issues threatening the sustainability of the service been addressed?

Fractured Neck of Femur

Are the Best Practice Tariffs continuing this year?

Will the resources necessary to continue to provide the best practice standards be available once the Best Practice Tariffs comes to an end?

Has the number of cases of fractured of neck of femur decreased in the last year?

Is the funding for the Specialist Falls Nurse continuing?

*Key Lines of Questioning Continued.....***Accident & Emergency Services**

What measures have been taken to improve the performance of the Accident and Emergency Department?

Are there still issues with non-emergency cases attending the A&E Department? How is this being addressed?

Can you explain how patient safety is managed when there is no senior consultant in attendance at A&E?

Patient Referrals

GP patient referrals have increased, has the number of referrals to Bassetlaw Hospital increased proportionately?

Has there been any reduction in the number of out-patient clinics or the frequency of clinics in the last year?

Can the CCG provide details of the care pathways of patients – particularly for patient conditions that have been historically treated at Bassetlaw Hospital? The committee are interested in the changes in referral practices over the last 12-24 months.

Are the referral practices of the Bassetlaw CCG comparable to CCGs that serve a similar geographical area and population with comparable size and needs?

Junior Doctors

Why have we lost training grade doctors at Bassetlaw Hospital within the surgical department (as reported in the Clinical Commissioning Group Board papers – March 2013)?

When will training grade doctors return to the surgical department at Bassetlaw Hospital?

Communication between staff

How has the Trust improved joint working and communication staff based at DRI and at Bassetlaw Hospital?

Joint Communication to the Public

How has DBHNFT/CCG ensured residents are aware of out of hours' services other than A&E?

Quality Innovation Productivity and Prevention programme (QIPP)

Can members be advised on the levels of efficiency savings achieved over the last 12-24 months and what savings must be made in the next two years? How has the achievement of these efficiency savings impacted upon service delivery?

Staff Welfare

What is the Hospital's response to the comments of nursing staff featured within the *Workshop Guardian* on 26th April?

Is the goodwill of nursing staff keeping the hospital running?

Community Outreach Services

During the review, community paediatric posts were discussed, have these posts been recruited?

Has there been any further development of nursing support for patients with long term illnesses in the community?

Key Lines of Questioning Continued.....

The level of investment in community services

Will the level of investment in community services remain at its current level?

Are there community services that are to be developed?

Westwood 8-8 Centre

Has the contract been amended so more people can walk in off the street?

How has NHS Bassetlaw/CCG ensure residents are aware of out of hours' services other than A&E?

Transport

Are patients advised that there is a shuttle bus when having to attend Doncaster Royal Infirmary?
With more integrated rotas are more staff using the shuttle?

Improvements

Assessment and Treatment Centre is now up and running, have there been any issues and has it delivered the desired outcomes?

Which wards will the extra beds at Bassetlaw be sited?

Health and Public Services Sub-Committee

Topic to be reviewed:	Healthwatch and POhWER
Title of Review	Patient Advocacy in Nottinghamshire
Date of Review:	September 2013
Method of Review:	Witnesses attending the Sub-Committee
Links to Corporate Priorities:	Ambition 3: Involved Communities and Locality Working - Working in partnership in support of local services

What is our Ambition?

To understand the role and remit of the Nottinghamshire Healthwatch and POhWER its operation in Bassetlaw.

What is working and why? (including current levels of performance)

Progress of organisation set up and effectiveness of move from LINK

What do we want to change and why?

Comparison of Healthwatch and POhWER in other areas in the East Midlands

Who and how shall we consult?

Who	How
Representative of Healthwatch	Written Evidence and attendance at the meeting on 09.09.13
Representative of POhWER	Written Evidence and attendance at the meeting on 09.09.13
East Midlands comparison data	Written Evidence
Representative of Nottinghamshire County Council	Written Evidence on commissioning arrangements/monitoring arrangements and attendance at the meeting on 09.09.13

Do we need any experts/specialists? (Internal/ External)

No

Further information/research required

Examples of the organisational structures in other areas in the East Midlands.

What are the key outcomes?

To understand the new structures and how to signpost residents to their services
To understand the forward plan of work.

Possible Key Lines of Questioning

Describe the role of your organisation (Healthwatch Nottinghamshire/POhWER/Nottinghamshire County Council)?

What communication and engagement will there be with the residents of Bassetlaw?

How did Nottinghamshire County Council determine the advocacy commissioning arrangements and how are these monitored?

How will the Healthwatch company performance be monitored against the service specification?

What is your forward plan of work?

Why were all of the tenders submitted for delivery of Healthwatch deemed not to meet the required quality threshold by the Evaluation Panel?

How are the services provided by Healthwatch and POhWER funded and is this money ring-fenced?

What customer standards are in place for patients using POhWER?

Is there a Healthwatch Board Member for Bassetlaw?

How many staff does the Healthwatch company have and what type of contracts do they have i.e. 12month or longer?

How many staff have been TUPE from LINK to the new organisation, allowing for continuation/familiarity for Nottinghamshire residents?

Context/background Scene Setting:

Healthwatch is the new consumer champion for both health and social care which was set out in the Health and Social Care Act 2012. It will exist in two distinct forms – Healthwatch England, at a national level and local Healthwatch, at a local level,.

Healthwatch England was established in October 2012 as a national body that enables the collective views of the people who use NHS and social care services to influence national policy.. It is a statutory committee of the Care Quality Commission (CQC). More information is available on the following link: <http://www.healthwatch.co.uk/>

A local Healthwatch is an independent organisation and aims to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch is funded and commissioned by top tier local authorities and held to account by them for their ability to operate effectively and be value for money.

The Act also sets out that local authorities will have to provide an advocacy service to people who wish to make a complaint about their experience of the local NHS from April 2013. Local authorities have the responsibility to commission the service from any provider including their local Healthwatch.

Healthwatch Nottinghamshire officially launched on 1st April 2013 and has now replaced the Local Involvement Network (LINK) as the consumer champion for health and social care in Nottinghamshire. It operates as an independent social enterprise and was awarded the contract by Nottinghamshire County Council to look at general health issues and gather feedback. The organisation is currently in the process of appointing a Chief Executive. The Board is working on

establishing priorities and a work plan. Further information is available on the following link: <http://www.healthwatchnottinghamshire.co.uk/>

In some areas Healthwatch is responsible for providing the advocacy service but in Nottinghamshire the contract for these services have been awarded to POhWER. This is a national charity and membership organisation that provides information, advice, support and advocacy to people who experience disability, vulnerability, distress and social exclusion. It is one of the largest providers of advocacy services in the UK and England's largest provider of NHS Complaints Advocacy. They can be contacted via the website using the complaints advocacy toolkit or by calling the Information, Advice and Signposting team at the National Support Centre to provide people with information and advice on a whole range of issues. Further information can be found on the following link: <http://www.pohwer.net/>

Health and Public Services Sub-Committee

Topic to be reviewed:	Health & Well-Being Board New Public Health Arrangements
Title of Review:	New Public Health Arrangements – what it means for Bassetlaw
Date of Review:	09/09/2013
Method of Review:	Witnesses attending the Committee
Links to Corporate Priorities:	Ambition 3: Involved Communities and Locality Working – Working in partnership in support of local services.

What is our Ambition?

To understand the role and remit of the Nottinghamshire Health and Well-Being Board and how Bassetlaw District Council can be part of the process.

What is working and why? (including current levels of performance)

- Close links with the BLSP Health group which is integrated in to the new public health arrangements
- Good working relationships with the CCG.

What do we want to change and why?

- Comparison of the governance arrangements in other areas in East Midlands and their priorities for service delivery – is there anything else to consider.
- To consider the current district council representation on the Board as there is not a representative for each district in Nottinghamshire.

Who and how shall we consult?

Who	How
Representatives of the Nottinghamshire Health and Well Being Board - Dr Chris Kenny, Director of Public Health	Witness evidence and attendance at the meeting on 09.09.13
Representative of Healthwatch	Written witness evidence
Representative of POhWER	Written witness evidence
Representative of NHS Clinical Commissioning Group – Dr. Steven Kell, NHS Bassetlaw CCG	Witness evidence and attendance at the meeting on 09.09.13
Representative of BLSP Health Group – Cheryl George	Witness evidence and attendance at the meeting on 09.09.13
Representative of Bassetlaw and Newark and Sherwood Community Safety Partnership	Written witness evidence
Nottinghamshire Police and Crime Commissioner	Written witness evidence

Do we need any experts/specialists? (Internal/ External)

Health professionals as per invite list above.

Further information/research required?

No.

What are the key outcomes?

To ensure that the new public health arrangements are effective and meet the needs of the residents of Bassetlaw.

Possible Key Lines of Questioning

How is the Health and Well-Being Board currently performing and impacting on service delivery?

How does the Board establish performance targets for the Health and Well-Being Strategy and measure how effectively these are being delivered?

What is the role of Nottinghamshire CC Health Scrutiny Committee in monitoring the effectiveness of the Health and Well-Being Board?

What is the relationship of the Health and Well-Being Board to the Nottinghamshire CC Public Health Sub-Committee?

What role does a District Council have to contribute to public health in their local area?

How are the key linkages operating at a local level?

How does Healthwatch and POHWER link to the Health & Well-Being Board?

Context/background Scene Setting:

As the LGA has stated the transfer of public health from the NHS to local government in April 2013 is one of the most significant extensions of local government powers and duties in a generation. It offers a unique opportunity to change the focus from treating sickness to actively promoting health and wellbeing. The Health and Social Care Act 2012 established the new public health system. The responsibility was given to upper tier and unitary authorities. Upper tier authorities will be supported by the expertise in the district councils such as environmental health. The new public health function includes a duty to improve health, to protect the health of the population and provide public health advice to NHS Commissioners.

Locally Bassetlaw is part of the Nottinghamshire Health and Well-Being Board. The aim of the Board is to find out what Nottinghamshire needs to improve health and well-being. The Board comprises elected Members of the County Council, District Councillors, Officers including the Director of Public Health, the NHC Clinical Commissioning Group and Local Healthwatch. It has to produce a Joint Strategic Needs Assessment (JSNA), which is a mandatory requirement of central government, to identify the current and future health and well-being needs of the local population. The JSNA covers three groups – adults and vulnerable adults, older people and children and young people. The Board uses this information to develop the Health and Well-Being Strategy. From April 2013 the Board has a duty to produce a Strategy and to advise on work to improve the health and wellbeing of the Nottinghamshire population. Further information is available on this

link: <http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/>

The Health & Well-being Strategy concentrates on areas where joint working across health, local government and other partners can make further improvements to health & well-being. However, health and local government organisations still have their own plans in place in addition to the joint health & well-being strategy. The first Health & Well-Being Strategy 2012-2013 for Nottinghamshire brought together common priorities across partner organisations. The priority areas:

- Environment, Community Satisfaction & Engagement
- Crime & Safety
- Dementia
- Disability in Children & Young People
- Substance Misuse (Drugs & Alcohol)
- Emotional health & well-being in Children & Young People
- Education & aspiration
- Learning Disability & Autism
- Long Term Conditions
- Mental Health & Emotional Well-being
- Obesity
- Older People
- Physical Disability & Sensory Impairment
- Smoking
- Teenage Conception & Pregnancy

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