

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 17th JULY 2014

Present:

Councillor M Mitchell (Chairman)

Councillors

D Coleman Hunter Elmes Stansfield

Benson Owen H Mitchell Mrs Henderson MBE

In attendance:

Mr R Fisher and Mr D Bonson, Blackpool Clinical Commissioning Group.
Mrs N Ingham, Mrs S Clarkson and Mr P Baines, Blackpool Teaching Hospitals NHS Foundation Trust.
Mr T Butcher, North West Ambulance Service NHS Trust.
Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.
Councillor E Collett, Cabinet Member for Public Health.

Also Present:

Mr G Quick, Healthwatch Co-optee.

1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

Councillor Benson declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that she was an employee of that Trust.

Councillor Owen declared a personal interest in all agenda items, the nature of the interest being that he was an officer of Blackpool, Fylde and Wyre 38 Degrees Support Group.

2. MINUTES OF THE MEETING HELD ON 12th JUNE 2014

The Committee agreed that the minutes of the meeting held on 12th June 2014, be signed by the Chairman as a correct record.

3. PUBLIC SPEAKING

The Chairman informed the Committee that an application to speak that had been submitted on behalf of Blackpool, Fylde and Wyre 38 Degrees Support Group had been declined. This was due to the request having been tabled immediately prior to

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commencement of the meeting and there being insufficient time for prior consideration of the matters raised.

4. JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE

Mr S Sienkiewicz, Scrutiny Manager, reported that following recent changes of Committee membership, there was now a vacancy for a member from Blackpool Council's Health Scrutiny Committee on the joint Lancashire Health Scrutiny Committee.

The Committee agreed to appoint Councillor Hunter, to replace Councillor O'Hara on the joint Lancashire Health Scrutiny Committee.

Background papers: None.

5. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

Mrs N Ingham, Director of Workforce and Organisational Development at Blackpool Teaching Hospitals NHS Trust, delivered a presentation to the Committee on the topic of recruitment and retention of staff at the Trust.

She began by informing members of the issues that had been identified in relation to recruitment and retention. It was acknowledged that findings from both the Keogh review and Care Quality Commission (CQC) inspection had highlighted staff shortages, particularly in the mental and nursing workforce. Although progress had been made, it was accepted that there was still a lot of work to be done in these areas. Mrs Ingham pointed out that there appeared to be difficulties in attracting applicants to work in Blackpool and that there were perceived accessibility issues in relation to working on the Fylde Coast. More work was being done to market Blackpool in a positive way and to highlight the diversity that it has to offer. It was pointed out however that national recruitment shortages existed within certain clinical specialisms.

The Committee was informed of a number of initiatives that were being taken to address the recruitment issues, together with the recruitment figures for new employees over the past 12 months, during which time 285 nurses and 55 Doctors had been employed, from which approximately 30% were from outside of the UK.

In terms of future plans, a number of actions were being taken, including measures to attract past nurses back into post, a review of attraction packages and the launch of the Trust 'Workforce Strategy', which was focussed on attracting, recruiting and retaining staff. On the subject of retention, members were informed that the turnover of nurses was a particular issue, mainly due to retirement as a result of an ageing workforce. The Trust was gathering information as to the reasons people were leaving prior to retirement and details were given to the Committee of a strengthened induction programme and the development of collaborative approaches to recruitment alongside other Trusts.

The Officers from the Trust responded to a number of questions from the Committee. On the subject of the aggregate figures for persons leaving, against those being recruited, it was reported that 15 nurses per month were leaving and 23 per month were being

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recruited. In order to fill the vacancies completely, 28 per month would need to be recruited.

In response to questions about whether Blackpool's recruitment difficulties were worse than elsewhere, it was explained that in terms of the medical workforce, it was the same as anywhere else and that the shortage of nursing staff was a national issue. There were however no issues in relation to the recruitment of community nurses.

Mr P Baines, Acting Recruitment Manager at the Trust, addressed questions in relation to overseas recruitment. He provided assurance to the Committee that in taking employees from overseas, the Trust was not depriving other countries from much needed staff. He explained the difference in the overseas labour markets that existed in comparison to the UK. There was a very good success rate in retaining staff from overseas and the Committee was informed that they were employed on the same terms and conditions as UK staff. In terms of the language and written test that was undertaken, the success rate (as a recent example that was given) was just under 50%. Constructive feedback was given to those who failed to pass the tests.

To conclude, Mr Baines explained the reasons as to why the Trust did not engage in local newspaper advertising. This was due to both the high cost and a falling circulation of readers. In addition, the demographic was now changing and it was proven that the majority of recruitment was now done via IT methodology.

The Committee agreed to note the presentation and report.

Background papers: None.

6. BLACKPOOL CLINICAL COMMISSIONING GROUP

Mr D Bonson, Chief Operating Officer at Blackpool Clinical Commissioning Group (CCG), presented the Committee with an explanation of the Group's proposals for the co-commissioning of primary care services for Blackpool.

The Committee had been issued with a copy of the letter which the Group had forwarded to NHS England on 20th June 2014, expressing an interest in the co-commissioning of the services. Mr Bonson explained the background and content of the letter.

The Committee was informed that when the CCG was formed, the commissioning of GP services was taken on by NHS England, with the Lancashire Area Team at Preston holding the contract for GP's in Blackpool. Since then, the new Chief Executive for NHS England had reviewed the arrangements and recognised that the fragmentation of services was not always effective. Following that, an offer had been made to CCG's to take on the responsibility for primary care commissioning.

Mr Bonson went on to inform Members that Blackpool CCG had taken the view that in future, there was a risk of funding being taken away from Blackpool if commissioning arrangements were to remain with NHS England. A decision had therefore been taken to submit an expression of interest for Blackpool CCG to take on full commissioning responsibility. If successful, this would mean that NHS England would still hold the

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contract and deal with performance issues, but the commissioning of GP services would be undertaken by the CCG.

The Committee received assurance from Mr Bonson that should the application be successful, a Committee of the Governing Body would be formed without any GP membership, in order to avoid a conflict of interest. The application for co-commissioning was currently being assessed and a decision was expected in early August.

In response to questions from the Committee, Mr Bonson explained that the CCG was looking to provide more local flexibility and to provide additions to the standard contract, including targeting vulnerable patients, helping to maintain people in their own homes and clear care plans. He confirmed that GP's would continue to plan and commission services as part of the Clinical Leadership Team, but the separate Committee of the Governing Body would be there to oversee decisions and ensure there was no conflict of interest.

The Committee agreed to note the content of the report.

Background papers: None.

7. NORTH WEST AMBULANCE SERVICE NHS TRUST

Mr T. Butcher, Assistant Director for Quality and Improvement at North West Ambulance Service NHS Trust, presented the Committee with an overview of the content of the Trust's completed Quality Account for 2013 / 2014.

He began by explaining that the Quality Account was focussed on quality as a whole and not just response times, with a view to delivering the right care at the right time and in the right place.

The Committee was informed that 2013/14 had been a very successful year for the Trust. Blackpool in particular had achieved ambulance response times that were amongst the best in the region, although it was acknowledged that in certain remote areas of Cumbria (for example), constantly achieving response time targets remained a prevailing challenge. The Trust was in a sound financial position and a new Chief Executive had been appointed, along with a number of new non-executive director roles. The foundation trust application was currently on hold, pending the revision of certain governance issues, although the process was about to be restarted.

Mr Butcher informed the Committee that four additional areas had been identified for quality and improvement during 2013/14, as follows:

- Improving care for patients with mental health issues
- Safer care closer to home (falls prevention)
- Management of patient waiting times on arrival at hospital
- Isolated lower limb fracture.

Mr Butcher reported good progress in relation to each category.

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The Committee went on to receive information on the Clinical Performance Indicator targets, all of which had been exceeded, with the exception of Asthma Management and Pain Management, each of which had failed by only a small margin. The targets for all the indicators would be increased by 5% for the 2014/15 year. The non-emergency patient transport services statistics showed more variable results, although the targets were now showing significant signs of improvement. The Trust acknowledged that problems had been experienced during the early stages of the transport contracts.

In terms of patient experience, there was now an increased focus on gathering information from all patients, including patient transport services, emergency and urgent care. Continued high levels of satisfaction were reported, with over 97% of completed patient surveys showing that patients either agreed or strongly agreed that they had been treated with dignity, respect, kindness and compassion. Complaint levels across the North West region had remained constant at approximately 2500 per year, with the majority relating to waiting times.

The presentation concluded with an outline of the quality improvement areas for 2014/15, together with the anticipated challenges faced within a tightening financial position.

Mr Butcher answered a number of questions from the Committee. He explained that in terms of staffing issues, there was a shortage of paramedics and a lot of work was underway to remedy the situation. The Committee questioned the time that staff might spend on completing clinical performance indicator forms, thus reducing their time spent dealing with patient issues. Mr Butcher emphasised the imperative need to maintain proper health records, although there was a debate as to whether paper or electronic versions were the most effective.

In view of the tightening budget situation, the Committee asked Mr Butcher whether there would be a need to consider the more sophisticated management of ambulances in the future. In response, he explained that some people will call an ambulance because they do not know what else to do. There were in fact very few hoax or time wasting calls, although certain did appear to know exactly what to say to obtain an ambulance, rather than receive advice on a more appropriate form of service. In that regard, the ambulance service was working with other agencies to reduce the number of frequent callers.

The Committee agreed to note the presentation and report.

Background papers: None.

8. BLACKPOOL HEALTH AND WELLBEING BOARD

The Committee considered the minutes from the meeting of the Health and Wellbeing Board on 4th June 2014.

The Committee agreed that the content of the minutes be noted.

Background papers: None.

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9. COMMITTEE WORKPLAN

The Committee considered its Workplan for the remainder of the 2014/2015 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

10. DATE OF NEXT MEETING

The Committee noted the date of the next meeting as Thursday 25th September 2014 at 6.00 p.m.

Chairman

(The meeting ended at 7.40 pm)

Any queries regarding these minutes, please contact:
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