

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE

14 June 2016 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chair)
Councillor J Bosnjak
Councillor R Butler
Councillor J Clarke
Councillor Mrs K Cutts MBE
Councillor C Harwood
Councillor J Handley
Councillor J Williams

Nottingham City Councillors

Councillor A Peach (Vice- Chair)
Councillor M Bryan
A Councillor E Campbell
Councillor C Jones
Councillor G Klein
Councillor C Jenkins
Councillor B Parbutt
A Councillor C Tansley

Officers

Alison Fawley - Nottinghamshire County Council
Martin Gately - Nottinghamshire County Council
Jane Garrard - Nottingham City Council

Also In Attendance

Jo Hawsley - Nottinghamshire Health Care Trust
Hazel Johnson - Nottinghamshire Health Care Trust
Simon Smith - Nottinghamshire Health Care Trust
Jonathan Wheeler - POhWER
Lucy Dadge - Project Director, STP
Dr Taso Gazis - STP

CHAIRMAN AND VICE CHAIRMAN

The appointment by the County Council on 12 May 2016 of Councillor Parry Tsimbiridis as Chairman of the Committee, and Councillor Anne Peach as Vice-Chairman was noted.

MINUTES

The minutes of the last meeting held on 10 May 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor E Campbell and Councillor C Tansley.

DECLARATIONS OF INTEREST

There were no declarations of interest.

TERMS OF REFERENCE AND JOINT HEALTH PROTOCOL

RESOLVED to note the Committee's terms of reference and Joint Protocol.

UPDATE ON PROGRESSION OF SERVICE REDESIGN PROJECTS WITHIN THE ADULT MENTAL HEALTH DIRECTORATE OF NOTTINGHAMSHIRE HEALTHCARE TRUST

Representatives from Nottinghamshire Healthcare Trust (NHT) introduced a report which updated the Committee on the implementation of changes to the delivery of adult mental health services provided by NHT, including the impact of changes that had already been implemented.

During discussion the following points were raised:

- There was concern regarding NHT's ability to deal with an increase in demand for beds particularly for adults and to cope with acute mental health needs as it was often difficult to find beds. It was accepted that there would be pressure on beds but this fluctuated throughout the year. An examination of data was being undertaken to try and establish the reasons for demand and to help manage beds more appropriately. NHT explained that there was rapid access to beds when needed and that there was a clear protocol for managing beds to ensure thresholds were met. A daily teleconference was held each day to review bed allocation.
- A service was being developed to help with the transition of people who did not require 24 hour medical care but could not be discharged for other reasons. A Step Down provision would help patients with social needs and a Crisis House would support people who were in crisis due to social reasons rather than medical reasons and therefore would avoid medical admissions. The community rehabilitation advice team worked closely with social care colleagues.

- Work was on-going to examine the pathway, the impact on patient care and to ensure services were integrated with colleagues in primary care. A report would be available in September.
- Mr Smith informed Members that institutional changes had been underway for some years and linked acute services and rehabilitation services. He explained that sometimes patients were in acute services for too long and it was not always the right environment. Now they are moved through an improved pathway which had seen the number of days drop to below 40 which meant that clinical actions had led to fewer beds being required. CCGs supported the changes but there was no permanent long term investment as there had not been significant growth to support this.
- The Step Down House was established by NHT using existing funding and was economically successful.
- Mental health was given good support within NHT and stringent targets were set. However parity of esteem was not always met as it took much longer to discharge mental health patients due to the number of partners involved in care. Work was on-going to try to bring this inline with other areas of NHT.
- NHT was interested in developing locality based services to support people and ideas included a Crisis Café and other meeting hubs.
- Mr Smith described the services available throughout the City and County and agreed to circulate more detailed information on the spread of services.

RESOLVED to

- 1) thank Mr Smith and his colleagues from Nottingham Healthcare Trust for the progress report;
- 2) to note the progress made;
- 3) to request a further progress report in six months time.

POhWER – MENTAL HEALTH ADVOCACY

Jonathan Wheeler, Chief Executive, POhWER introduced a report which discussed the work of the organisation which was engaged in mental health and other advocacy. He described how the service had evolved over 20 years and now had contracts with over 60 Local Authorities and offered a range of services. The governance of the Charity is open and transparent and is led by service users. It uses board committees to make recommendations to the Board on various aspects of its work including finance, risk, staff, volunteers and members and service user involvement. It was important that teams were based in local communities so that local need was understood. The contract for this service would end in September 2016 and the Charity was in the process of submitting a bid to deliver services from October 2016.

During discussion the following points were raised:

- Members questioned the advertising strategy as several did not know of the Charity prior to the meeting. Mr Wheeler said that advertising was an issue as it was difficult to get the balance right and if a lot of interest was generated, there might not be sufficient resources to manage demand. He acknowledged that there

were several large advocacy organisations but POhWER was trying to work in partnership with local GPs across all contracts.

- Mr Wheeler stated that anyone can contact POhWER directly or could signpost people to them. Members discussed how the lack of feedback made it difficult to assess if signposting was useful or not. Mr Wheeler agreed to take this back to the team to discuss how feedback could be provided whilst maintaining user confidentiality.
- Reports on service KPIs were provided to the Local Authority commissioners and identified teams, trends and gaps in service as well as areas of good practice. There were two sets of KPIs; one set were specific to the terms of the contract, for example numbers of people supported and a second set were specific to POhWER's business plan, for example income targets.

RESOLVED to

- 1) Thank Mr Wheeler for his report and presentation;
- 2) To note the report and presentation.

NOTTINGHAM AND NOTTINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

A presentation by Lucy Dadge, Programme Director for the STP.

Lucy Dadge and colleagues from the STP team gave a presentation to the Committee to inform Members of the Nottingham and Nottinghamshire Sustainability and Transformation Plan. The plan would cover a five year period, with ambitions to improve health and wellbeing, care and quality and finance and efficiency. Priorities, work streams and governance arrangements had been identified.

During discussions the following points were raised:

- Timescales for the STP were evolving and a previously agreed deadline of June had been changed to December due to Local Authorities starting at different times. Ms Dadge confirmed that the Nottingham and Nottinghamshire STP would be submitted by 15 July for scrutiny by the regulators but was unsure what would happen between July and December.
- The STP was seen as an opportunity to bring together transformation projects that had been started prior to March 2016 and to use the analytical data to form the STP. The STP had a wider remit than health as it included planning, environment and spatial planning. The challenge would be how to bring all of these together and an example was given of how to prevent restaurants opening in particular areas if they were considered unhealthy.
- Dr Taso commented that there needed to be a greater connection with primary care, hospitals, social care and other services in order to meet the needs of the population and that there was a need to deliver more bespoke care. He said that services were getting more sophisticated in working with areas and specific groups and that engagement would be across all population groups.
- Key issues that the STP team would be developing solutions for included challenges for the workforce, sustainability of some acute specialties, fragmentation/duplication and gaps in services and differential CQC ratings in many sectors.

- The merger between NUH and Sherwood Forest Hospital would also be considered by the STP so that unnecessary variation would be reduced and the best clinical pathways implemented.

RESOLVED to thank Ms Dadge and her colleagues for their presentation and discussion on the STP.

WORK PROGRAMME

The Committee considered the report of the Chairman of the Joint City and County Health Scrutiny Committee about the Committee's work plan for 2016 -17.

It was agreed to add an item on the closure of GP surgeries to the work plan for July.

RESOLVED to note the contents of the work programme and suggested update.

The committee were informed that the next meeting on 12th July 2016 would be held at County Hall, West Bridgford.

The meeting closed at 12.45pm.

Chairman