Health & Wellbeing Standing Committee

Minutes

6 December 2010 at 10 am

Membership

Councillors ● absent

Ged Clarke (Chairman)
Fiona Asbury (Vice Chair)
● Victor Bobo
John Clarke
Barrie Cooper
● Mike Cox
Jim Creamer
● Bob Cross
Vincent Dobson
Rod Kempster
● Bruce Laughton
Geoff Merry
Alan Rhodes
Mel Shepherd
Chris Winterton
Brian Wombwell
Vacancy

Officers

Paul Davies – Governance Officer
Matthew Garrard - Senior Scrutiny Officer
Helen Lee - Scrutiny Officer
Ashley Jackson - Researcher
Mark Hudson - Service Head, Transport Services

Also in Attendance

Karlie Thompson - NHS Nottinghamshire County
Tracy Gaskill - NHS Nottinghamshire County
Gill Oliver - NHS Nottinghamshire County
Tammy Coles - NHS Nottinghamshire County
Doug Black - NHS Nottinghamshire County
Nigel Marshall - General Practitioner
Jane Warder - Sherwood Forest Hospitals NHS Foundation Trust
Richard Henderson - East Midlands Ambulance Service
Rob Swallow - East Midlands Ambulance Service
Peter Hardy - JMP Consultants

1. Minutes

The minutes of the previous meeting held on 1 November 2010 were confirmed and signed by the Chairman.

2. Apologies for Absence

Apologies for absence were received from Councillors Bobo, Creamer, Cross and Laughton.

3. Declarations of Interest

Matthew Garrard declared a personal interest in connection with the work programme and discussion about the future of scrutiny.

4. Alcohol

Tammy Coles gave a presentation about action by NHS Nottinghamshire to tackle alcohol related problems. She referred to the launch on 18 October 2010 of the Nottinghamshire Alcohol Strategy, and to the three themes of prevention, risk management and treatment. She answered questions from members.

- The risk of people lapsing back into dependency was recognised. They would still be supported, as it was recognised that intervention might not have been at the right time for the individual.

- For courts dealing with offenders who were alcohol dependent, there was no equivalent to the drug rehabilitation requirement for drug misusers. Where a crime was the result of alcohol dependency, magistrates could impose an alcohol treatment requirement.

- Licensing was the responsibility of district and borough councils. A lack of consistency had been identified in both the conditions attached to licences, and in enforcement. The approach taken by Bassetlaw District Council was commended.

- A mapping exercise was under way to locate the addresses of people admitted to hospital with alcohol related conditions. The conditions could arise from one of many socio-economic factors.

It was agreed to request an update in due course, when the implications of the Public Health White Paper had been considered; and to recommend an alignment of licensing practices in the districts and boroughs.

5. Review of NHS Services in Newark

Officers from the various trusts gave a presentation to update the committee on action on healthcare in Newark since the committee had last considered proposals on 5 July 2010. A review group had met earlier in the year, and made recommendations about the proposed changes to services

at Newark Hospital. In response to the three recommendations, officers assured the committee that

- The urgent care centre at Newark Hospital would be a 24 hour, seven days a week service, offering treatment for minor injuries, minor illness and urgent care.

- Modelling of ambulance journeys showed that having an urgent care practitioner based at Newark Hospital would free up over 800 journeys for more urgent work.

- Consideration was being given to transport for patients and carers to other Sherwood Forest hospitals.

Following liaison with neighbouring hospitals, lists had been devised of what would and would not be treated at Newark Hospital. Some conditions were still under consideration.

Mark Hudson outlined the work undertaken on transport, which had concluded that links to Lincoln and Nottingham were satisfactory, but less so to King's Mill Hospital or Ashfield Community Hospital. Given likely levels of demand, it had been concluded that flexible and responsive services, such as community transport, offered the most appropriate solution.

Karlie Thompson briefed members on the consultation process, points raised by the public, and the steps to be taken with a view to implementing the changes from April 2011.

At the invitation of the Chair, Paul Baggant, Secretary of Save Newark Hospital, gave his organisation's view. He expressed support for the criticism of the review from the governors of Sherwood Forest Hospital Trust. He observed that A&E was to be retained at Bassetlaw General Hospital. He drew attention to the forecast that Newark's population would grow to over 100,000 and to calls for a review of the consultation process.

Officers responded to comments from members in the light of the presentation.

- Newark Hospital was a new building. It should be staffed properly, or specialists brought in, so that its facilities could be fully used. - The review had looked at the most appropriate use of the hospital, and the clinical case mix was now almost agreed. Requests for Newark Hospital to be a fully developed district hospital had been considered, but could not be supported because there would not for example be enough intensive care patients nor access to back-up specialists such as anaesthetists or surgeons.

- Parking difficulties at Kings Mill Hospital. - These were recognised, but it should be remembered that the building was unfinished. The hospital had acquired a new car park adjacent to the nearby supermarket.

- Grouping clinic appointments at Newark Hospital. - This would possible. Some specialists were already on site, and other clinics would be arranged to assess demand.

- The impact of the newly widened A46 on ambulance journey times. - This had been taken into account.

- Services were now being fitted around what had already been decided. Had sufficient attention been given to transport issues? - The review had been driven by clinical factors. There was a balance to keep with transport issues. The review had recognised that the journey to Lincoln Hospital had become easier, and that some 130 mental health patients in the Newark area would now be treated at home. Follow-up care would be provided in Newark wherever possible. Transport issues were recognised as complex, with the NHS only able to influence them.

- How had ambulance journeys been modelled? - Based on patient flows and pathways, journeys to Newark A&E, transfers to and from other hospitals, and the impact of new services, including the new role of emergency care practitioner, who would be able to give some treatment at the scene.

- Families and carers of mental health patients at Ashfield Community Hospital could face difficult journeys from Newark. The average length of stay for such patients was ten weeks. - It was estimated that 4 to 5 patients at the Community Hospital would be from Newark. They would not create sufficient demand for transport to run any bespoke public transport. Taxis were likely to be the most suitable form of transport. It was already the case that the NHS would pay for two return taxi journeys per week, at a cost of approximately £56 per return journey. Any voluntary transport scheme would supersede these arrangements, of which there was currently not much take up. The transport review had been published in draft, and would be complete in late December.

It was agreed to note the action being taken, and request an update in due course.

6. Programme of Work

Matthew Garrard introduced the report on the committee's work programme, drawing particular attention to the formal consultation by Bassetlaw PCT on their clinical services review on 17 January. He offered to arrange briefings on recent white papers and forthcoming legislation, either for the committee or for all members.

In response to a question, Mr Garrard explained that current scrutiny arrangements would continue until the Council decided otherwise and that the scope for change would be set out in the forthcoming Localism Bill. In terms of officer support for scrutiny, the Council had already decided that this should be conducted by departments. Work had begun on how this could be achieved.

A discussion ensued about the future of health scrutiny, GP commissioning and the impact of the County Council's proposed budget reductions. Points made included:-

- At the Adult Social Care Conference, Conservative councillors and ministers had foreseen a continuing role for health scrutiny, which should therefore be adequately resourced.

- Concern about PCT funds being divided between GP consortia. Would specialist services be ring fenced? How would consortia be shaped?

- What would be the impact of County Council budget reductions on health and wellbeing? (The proposed reduction in the Supporting People budget was given as an example.) What alternative provision would be available where the County Council was withdrawing services?

The Chairman expressed the view that the proper place to debate the budget was the County Council, and that it would be premature for the budget to be scrutinised before Cabinet had proposed it. He reminded members of the decision at the last meeting that they could discuss their ideas with scrutiny officers with a view to presenting more fully developed suggestions to the committee.

Mr Garrard explained that Overview Committee would be scrutinising the budget consultation process, and considering the budget's impact on, and how it would be affected by, the PCT and Police budgets. It was also possible that Overview Committee would look at the impact on services which overlapped providers, for example PCTs and Adult Social Care and Health, or the County Council and District Councils.

Some members remained of the view that it would be too late to wait until the budget had been approved before deciding what aspects to scrutinise.

It was moved by Councillor Wombwell and seconded by Councillor John Clarke that the Committee should scrutinise the potential impact of the budget proposals where reduced funding to outside organisations might have an adverse effect on health and wellbeing. On a show of hands, five members voted for the motion, and five against. Since an equal number of votes had been cast, the Chairman then cast a second vote against the motion, which was declared to be lost.

The programme of work, as appended to the report, was agreed.

The meeting closed at 12.10 pm.

CHAIR

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