

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE
12 February 2013 at 10.15am

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor Rev. T. Irvine
Councillor E Kerry
Councillor P Tsimbiridis
Councillor C Winterton
Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
Councillor E Campbell
A Councillor A Choudhry
Councillor E Dewinton
Councillor C Jones
A Councillor T Molife
A Councillor T Spencer

Also In Attendance

Sara Allmond	- Nottinghamshire County Council
Martin Aylott	- MHUR Programme Support
Sara Deakin	- Acute Medicine NUH
Tessa Diment	- Group Manager, Mental Health, Nottinghamshire County Council
Anthony Dixon	- Strategic Commissioning Manager, Nottingham City Council
David Ebbage	- Nottinghamshire County Council
Jane Garrard	- Nottingham City Council
Martin Gately	- Nottinghamshire County Council
Sarah Howarth	- Commissioning Officer, Nottinghamshire County Council
Steve Harris	- MHUR Housing Consultant
Jayne Lingard	- Programme Manager, Mental Health Utilisation
Rob Morris	- Health Care for Older People
Stewart Newman	- Head of Urgency Care, Nottingham CCG
Naomi Sills	- New Lifestyles Team Manager, Nottinghamshire County Council
Dawn Smith	- Clinical Commissioning Chief Operations Officer, NHS Nottingham City
Caron Swinscoe	- Clinical Lead for DIRC
Barbara Venes	- Nottingham City LINKs
Ruth Willis	- Mansfield & Ashfield CCG

MINUTES

The minutes of the meeting held on 15 January 2013 were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors A Choudhry (other), T Molife (Medical/Illness) and T Spencer (Medical/Illness)

DECLARATIONS OF INTERESTS

None

DEMENTIA CARE IN HOSPITAL

Caron Swinscoe of Nottingham University Hospital gave a presentation to Members outlining the activity that had taken place over the last 12 months to help improve the care provided in hospitals for people with dementia.

The Committee was asked to consider and comment on the information provided, and to determine whether, as a result, they were satisfied that people with dementia in hospitals were receiving good quality care, appropriate to their dementia and wider medical needs.

The following information was provided during the presentation and in response to questions:-

- When patients were discharged, they still tended to develop other problems alongside dementia so they still ended up in care quite frequently. The community teams had to work extra hard in supporting their needs.
- 79% of a patient's day in B47 Medical Mental Health Unit (MMHU) was in a positive mood. In a standard ward, the figure shown was 68%.
- Tables illustrated the satisfaction levels between MMHU and standard care; the results were generally high with overall satisfaction on MMHU at 91% and 83% on a standard care ward. However, there were some areas where carers were much less satisfied, on matters such as being kept informed over discharge arrangements.
- Every member of staff had a minimum of Level 1 in dementia training, along with other aspects of training, regarding their patient's values and how to deal with different behaviours.
- Over the next year, more information from the Royal College of Nursing (RCN) would be available for families who had relatives suffering from dementia.
- When people were diagnosed with dementia, making sure they were receiving the correct care in hospital and communication between the primary care and hospital was vital.
- RCN were supporting a project to involve families and carers more in care planning and the delivery of their care.
- To help the patients recognise where they were, Red Bay/Yellow Bay had been introduced with the bays being painted the relevant colour. This was so the

patient could identify which ward was theirs by the colour. Making sure they had something personal that belonged to them to make them feel safe and comfortable was important.

- Learning beyond Registration (LBR) funding had been secured for monthly Level 2 dementia training from Alzheimer's Society throughout 2012 with 325 places available.
- Activity co-ordinators got patients engaged in different activities to make their day more interesting and to decrease the level of loneliness which they might feel.

The Chairman welcomed the latest information which had been presented to members.

The Committee requested an update in the early autumn once the 2nd stage of the national report had been published in July 2013 as this is a vitally important matter for healthcare..

OUT OF HOURS HEALTH SERVICES PROCUREMENT FOR NOTTINGHAMSHIRE

Dawn Smith gave an update to Members on how the procurement for Out of Hours (OOH) Services was going. A short presentation was shown to Members to consider the latest information on the development of GP out of hours services and the following points were made:-

- That there were financial and performance pressures on commissioning and provider organisations.
- Marked variation in deprivation, life expectancy and health needs across Clinical Commissioning Groups.
- A stakeholder event in March was to be held giving feedback on previous engagement and provide final opportunity for feedback. Dawn Smith invited Members to attend if interested.

Members asked questions regarding the latest information they had been given and in response the following points were made:-

- Advertising campaigns were needed to help the service take off. Most people worked throughout the day and if taken ill they tended to go to walk in centres rather than go to their local GP.
- The NHS 111 service would help to reduce waiting times. A home assessment would take place over the phone with the average call taking no more than 8 minutes. By the end of this, the patient would know what the next step of action would be and who to contact. NHS 111 service had been running since November 2010 but it would officially go live after Easter.
- That two walk in centres in the county had moved into Accident and Emergency departments which had caused confusion for some patients. So the communication between both had to be correct and extremely regular.
- There were safeguards in place regarding medical staffing and the appropriate staff training to help deliver the service.
- Mondays appeared to be the busiest day for GPs as patients waited until the Monday for treatment regarding their illness. It would be very expensive for GPs to be open seven days a week.

The Chairman thanked them for the progress report and how it is an important development for the health services. The Chairman requested them back for a further update.

EAST MIDLANDS AMBULANCE SERVICE CHANGE PROGRAMME - RESPONSE

The Chairman informed Members of the current position in relation to the East Midlands Ambulance Service (EMAS) change programme 'Being the Best'.

The decision making by EMAS that flowed from the consultation had been delayed from their Board Meeting on 28th January to their meeting on Monday 25th March. A written update describing the current position had been provided and was attached to the report as Appendix 1; the full 'Being the Best' consultation response papers were also attached.

The Committee noted the information provided by the trust and agreed that EMAS would report back with the changes proposed following the consultation at the April meeting.

MENTAL HEALTH UTILISATION REVIEW

Jayne Lingard introduced the report which allowed members the opportunity to consider the latest information on the Mental Health Utilisation Review.

Members heard that across Nottinghamshire the NHS spent £150 million annually on mental health services, including £10m on residential rehabilitation services. The purpose of the review undertaken in 2011 was to determine if residents were in the right place receiving the right care at the right time and delivered by the right people. The review involved visits to service units by a team which included general practitioners and clinical staff.

The main conclusions of the review were that:

- a) The pathway into and out of the service needed to be redesigned.
- b) The service model needed to be revisited.
- c) A priority was to secure appropriate accommodation.
- d) Changes had to be supported by the reconfigured workforce with strong community team input to ensure the continuation of the therapeutic, clinical relationship.

By the end of January, Nottingham City Council had carried out assessments on 19 of the 24 people identified for discharge in September 2012. Two could turn out to be the responsibility of the County and two others were not ready for discharge. One person had already been discharged meaning that all required assessments were now complete.

41 people discharged with ordinary residence in Nottinghamshire County were identified in September 2012. 17 discharge assessments had been completed. Appendices C and E of the report showed a detailed account of the progress.

Members asked questions regarding the information which was presented to them and the following points were made:-

- The process itself, from being discharged, to moving into accommodation was taking longer than expected. Every patient has different specific needs.
- Both Nottingham City Council and Nottinghamshire County Council were embracing the process very well, things were happening now and it had taken many years to get where they were currently.
- Personal budgets were being used for people who had moved already in Worksop, 24 in a supported living environment but it was still at quite an early stage. For the City, personal budgets were not yet being allocated.
- 37% of patients were in inappropriate accommodation for the City. They were named as priority discharged patients. They were allocated accommodation which was right for their needs. 66 patients were discharged in December 2012.
- Supported accommodation in the City had been blocked due to issues relating to long term provision which reduced options for patients who were discharged from the NHS. Supported accommodation would be short term in future.

The Committee requested further information once the review had finished in 6 months' time.

WORK PROGRAMME

Members discussed the work programme and agreed that a report on the Francis Report and an update from EMAS on the Change Programme be added to the work programme for the next meeting.

The meeting closed at 1.29pm.

Chairman