



MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE 11 October 2016 at 10.15am

Nottinghamshire County Councillors

Councillor J Clarke Councillor J Creamer Councillor Mrs K Cutts MBE Councillor C Harwood Councillor J Handley Councillor P Owen Councillor L Plant Councillor J Williams

Nottingham City Councillors

Councillor A Peach (Chair for this meeting)

- A Councillor M Bryan
- A Councillor E Campbell
- Councillor C Jones
- A Councillor G Klein
- A Councillor B Parbutt
- A Councillor C Tansley
- A Councillor M Watson

Officers

David Ebbage	- Nottinghamshire County Council
Jane Garrard	 Nottingham City Council
Martin Gately	- Nottinghamshire County Council

Also In Attendance

Officers

Lucy Anderson	- Nottingham City CCG
Hazel Buchanan	 Nottingham North & East CCG
Lynette Daws	- Nottingham City CCG
Helene Denness	- Nottingham City Council
Karon Glynn	- NHS England
Peter Homa	- Chief Executive, NUH & SFH
Peter Herring	- Managing Director, SFH
Lucy Peel	- Nottinghamshire County Council
Sarah Skett	- NHS England
Rachel Towler	- Nottinghamshire Healthcare Trust
Dr John Wallace	- Rampton Hospital, Nottinghamshire Healthcare Trust

MINUTES

The minutes of the last meeting held on 13 September 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES

Apologies were received from Councillor Bryan, Campbell and Councillor Tansley.

MEMBERSHIP

It was noted that the following changes were made for this meeting only:-

Councillor Plant replaced Councillor Tsimbiridis Councillor Owen replaced Councillor Butler Councillor Creamer replaced Councillor Bosnjak

DECLARATIONS OF INTEREST

There were no declarations of interest.

NOTTINGHAM UNIVERSITY HOSPITALS AND SHERWOOD FOREST HOSPITALS TRUST MERGER – PROGRESS UPDATE

Peter Homa, Chief Executive of NUH and SFH and Peter Herring, Managing Director of SFH gave a short presentation with an update on timescales and issues associated with the proposed merger of Nottingham University Hospitals and Sherwood Forest Hospitals.

During discussion the following points were raised:-

- By September 2016 all of the section notices on SFH were lifted by CQC, these were Section 10 (medical assessment/Mental Health Act) Section 31 (sepsis management) and Section 29 (governance/systems).
- The major clinical and non-clinical vacancies are around medical and nursing staff. In relation to staff, there is a design plan in place to prevent staff travelling long distances at unreasonable times between the two hospitals. Talks are in place to expand the medi-link bus service from the QMC and City campuses to Kings Mill. It was anticipated that the merged Trust would be able to offer more interesting career opportunities which would hopefully attract new employees to the organisation, helping to address vacancy challenges.
- The legal work delaying the merger is the responsibility of the regulator (NHS Improvement) and not the trusts. To form a combined organisation is taking longer than planned. One of the challenges to be overcome is that there is no precedent for merging an NHS Trust and an NHS Foundation Trust and the legal framework is having to be developed.
- SFH has had 7 Chief Executives over a 5 year period, staff have been poorly led and there has been no consistent direction.

- NUH are doing everything possible to bring the 4 hour A&E waiting time down. The A& E department receive over 600 patients daily, the infrastructure for that department was originally built for 350.
- SFH Trust is developing a plan to get the new organisation into financial balance over the coming years. With the PFI debt, the Trust is unable to strategically plan at present. The NUH Trust Board has said that it is not prepared to take on the PFI debt and this needs to be resolved before a merger can take place
- At the moment both SFH & NUH will remain separate organisations but continued joint working and integrating services will take place where appropriate.
- Services within Sherwood Forest remain fragile, Members were reassured that patients are not suffering as a result of the service being labelled as 'Fragile'.

The Chair thanked the Trusts for their update to the Committee and for answering questions which Members had.

RESOLVED to agree that

- 1) The information provided by the Trust be noted
- 2) Further consideration be scheduled to update the Committee at a future date as work towards a merger progresses.

COMMUNITY CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Representatives from Nottingham City Clinical Commissioning Group, Nottinghamshire Healthcare Trust and Nottinghamshire County Council updated the Committee on CAMHS in Nottingham and Nottinghamshire, including progress in implementing local transformation plans to improve children and young people's mental health.

During discussion the following points were raised:

- Residents in both the City and the County have a single point of access -Behavioural, Emotional and Mental Health access for the City and Nottinghamshire Healthcare NHS Foundation Trust for the County.
- Within the City, in 2015/16, the service accepted 1001 cases for assessment. Average waiting time (for Q3 and Q4 only) from referral to assessment was 35 days and from referral to treatment was 57 days. In Q1 of 2016/17, the service accepted 175 cases for assessment, with a further 32 being jointly assessed with specialist CAMHS. Average waiting time from referral to assessment was 39 days and from referral to treatment was 52 days. The CCG commissions specialist child and adolescent mental health services from Nottinghamshire Healthcare NHS Foundation Trust. In 2015/16, the service accepted 778 cases for assessment. Average waiting time from referral to assessment was 2.22 weeks and for referral to treatment was 5.07 weeks. In Q1 of 2016/17, the service accepted 200 cases

for assessment. As at 8 September 2016 (most recent monitoring information available), the average waiting time from referral to treatment was 3.59 weeks.

- Within the County, in 2015/16, targeted CAMHS accepted 3430 referrals for assessment. The average waiting time from referral to assessment ranged by CCG area from 46 to 71 days. The average waiting time from referral to treatment ranged by CCG area from 80 to 136 days. In 2015/16, specialist CAMHS accepted 2426 cases for assessment. The average waiting time from referral to assessment was 3.10 weeks and from referral to treatment was 7.15 weeks. In terms of the new integrated service, average waiting time for referral to treatment as at 8 September 2016 (1 April 2016 to this date), was 9.36 weeks.
- Members were impressed with the improvements within the service so far but had concerns about the waiting times from referral to treatment and expressed the hope that further implementation of the transformation plans will, in addition to other outcomes, translate into shorter waiting times for treatments
- A suggestion was made to see if an information leaflet could be sent to parents via schools who have children at the age of 16-17. Both Councils are doing the upmost to make the information available as much as possible. Nottinghamshire Healthcare Trust website also holds lots of information which is available for parents and children.
- There is a texting system in place to remind young people to attend scheduled appointments to help reduce the amount of failed appointments.
- There has been a large emphasis on prevention work through schools to raise the awareness of mental health and the stigma around coming forward. Alternative education providers also need to raise it and receive the same amount of information around it. There is scientific evidence to show that the brain changes around the teenage years and it becomes more plasticity when it becomes more developed.

RESOLVED to

That the Chair requested this item to return with a further update in a year's time on progress in implementing the transformation plans, including information on waiting time performance.

That the contents of the report were noted.

DANGEROUS AND SEVERE PERSONALITY DISORDER SERVICES AND PSYCHOLOGICALLY INFORMED PLANNED ENVIRONMENTS

Ms Karon Glynn, Head of Specialised Mental Health and Learning Disabilities PoC and High Secure Lead, NHS England, Sarah Skett, NHS England Joint Lead, Offender Personality Disorder Programme and Dr John Wallace, Consultant Psychiatrist, Rampton Hospital provided an update on the Dangerous and Severe Personality Disorder Service and information on the Psychologically Informed Planned Environments.

Members were happy with the detailed report which was within the meetings papers and no questions were asked.

RESOLVED to

That if any further changes to the service were made, the Committee would be informed.

THE WILLOWS MEDICAL CENTRE, CARLTON

Hazel Buchanan from Nottingham North and East CCG updated Members on the future arrangements for access to GP services. She outlined the following in her report:-

- Over 1,000 patients were on the Willows Medical Centre list at the time of closure. Around 700 of those patients have looked for alternative GP services. Over 200 patients who were registered at the practice haven't needed to access the practice for the past 5 years. This could be down to not needing any treatment or down to relocating elsewhere.
- The two main practices which have had to increase their intake is Peacock House and Park House. Peacock House has had to temporarily close their list for 3 months to allow time to 'catch up' with the large number of new patients.
- Within the area, there is over 2,700 registered places available for patients so there was sufficient capacity to accommodate all patients registered at The Willows.
- The Willows Centre building has now been repossessed and will be up for auction in the coming weeks.
- Work is being carried out in contacting the remaining patients still registered with The Willows informing them of the closure and advising them to where there are places in the local area.
- Patient feedback has been reasonably positive. Surveys have been circulated to see whether the closure has affected them. This process will continue on a regular basis to monitor the situation.

Following questions from Members, the following points were raised:-

- Patient's notes and records will transfer to the new practice in which they are registered with. These notes are then summarised and recoded.
- That the CCGs are working very closely with the CQC and NHS England. A review will be taking place in November.
- The staff at The Willows were offered alternative employment and most of the staff who took up those opportunities are still currently at their alternative location.
- There is a high number of single handed GP's over the age of 55 particularly in the City. The GP fellowship scheme will hopefully attract more GPs into Nottinghamshire.

RESOLVED to:

That the Chairman confirmed no further consideration was required specifically in relation to the initial response to closure of The Willows Medical Centre but requested an overview of GP capacity in the Carlton area and work taking place to ensure access to good quality GP services for all residents in that area going forward.

WORK PROGRAMME

RESOLVED to:

That the contents of the Work Programme be noted.

The meeting closed at 12.45pm.

Chairman