

Health Scrutiny Committee

Monday, 21 January 2013 at 10:30

County Hall, County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

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|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1 | Minutes of the Last Meeting Held on 12 November 2012 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Sherwood Forest Hospitals NHS Foundation Trust Update | 9 - 10 |
| 5 | Integrated Care Team Programme Update | 11 - 14 |
| 6 | Ashfield Health Village Proposals Update | 15 - 28 |
| 7 | Work Programme | 29 - 34 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

Membership**Councillors**

Sue Saddington (Chairman)

Wendy Quigley (Vice-Chair)

Stuart Wallace

June Stendall

Chris Winterton

A Brian Wombwell

District Members

Trevor Locke – Ashfield District Council

A Paul Henshaw – Mansfield District Council

Tony Roberts – Newark and Sherwood District Council

June Evans – Bassetlaw District Council

Officers

Martin Gately – Nottinghamshire County Council

Ruth Rimmington – Nottinghamshire County Council

Also in attendance

Zoe Butler – Newark and Sherwood CCG

Nina Ennis - Project Manager Mansfield and Ashfield Clinical
Commissioning Group

Iain Fletcher - Head of Communications

Eric Morton - Interim Chief Executive, Sherwood Forest Hospitals NHS Trust

Dr Amanda Sullivan - Chief Executive Mansfield and Ashfield CCG

Carolyn White - Deputy Chief Executive, Sherwood Forest Hospitals NHS
Foundation Trust

MINUTES

The minutes of the last meeting of the Committee held on 17 September 2012 were confirmed and signed by the Chair.

Matters arising

Councillor June Stendall expressed her concern that some meetings had taken place with parish councils concerning EMAS rural response times, without prior notice being given to members despite a request having been made to do so at the last meeting.

APOLOGIES FOR ABSENCE

An apology for absence was received from:-

Councillor B Wombwell (OCCB)
Councillor Paul Henshaw

DECLARATIONS OF INTEREST

Members declared private interests as follows:-

Councillor Sue Saddington in item 4 – Sherwood Forest Hospitals NHS Foundation Trust briefing, in light of her daughter's medical profession

Councillor Wendy Quigley in item 4 - Sherwood Forest Hospitals NHS Foundation Trust briefing as member of the Bassetlaw Health Scrutiny Committee.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST - BRIEFING

Eric Morton, Interim Chief Executive, Sherwood Forest Hospitals NHS Trust gave a presentation on recent developments at the Trust and proposed plans for going forward. He explained that the Trust had been found to be in breach of two terms of its authorisation in September 2012; the general duty to exercise its functions effectively, efficiently and economically; and its governance duty. Government watchdog Monitor had stepped in due to the deterioration of the Trust's financial performance.

Mr Morton explained about the need to stabilise the Trust in order to be able to attract and recruit high calibre candidates including a substantive Chief Executive and Chairman. In the intervening period the newly appointed Chairman would be making arrangements to co-opt suitable individuals to the Board until substantive replacements were in place.

Three reviews had been commissioned concerning board governance, quality governance and its financial position. The Trust was currently working with the Care Quality Commission in a review of standards across the organisation.

Mr Morton praised the facilities and staff at Newark Hospital. He believed that use of the hospital should be maximised as an integral part of the Trust. In his view, its services could be better promoted. He saw no prospect of the hospital closing. Meetings were planned over the next couple of weeks to discuss local needs and expectations.

At the end of the Trust's final financial quarter in March 2013, he hoped that the hospitals would be delivering like all acute hospitals in the Country. The Trust would have to live within its means. While the PFI contract was an additional burden, without the contract, there would not have been the new hospital. The Trust would talk to partners about the options.

The following additional information was provided by the Deputy Chief Executive Carolyn White and Mr Morton in response to questions:-

- A strategy for Sherwood Forest Hospitals was necessary to develop and maximise its assets. It was important to understand the pattern of referrals, that showed patients from the King's Mill and Newark Hospital catchment areas, sought treatment elsewhere. King's Mill was an expensive PFI. At the time it was commissioned there was no alternative. It was always difficult to manage PFI's in a local community. It was necessary to get everything else right before dealing with the PFI.
- The Trust had been introspective. It was hoped that this would change. The Partnership Board would be a useful way forward.
- Mr Morton believed that he and the interim Chairman had the necessary expertise and experience to reassure people.

Members made the following comments:-

- People were frightened that Newark Hospital might close. Mr Morton was urged to publicise his views as soon as possible in the local press to renew the confidence in the people of Newark and disperse with any rumours that the Newark Hospital is going to close.
- People had felt that a lot was being done behind closed doors.
- Derbyshire's Community hospitals were cited as an example of how services were working.
- Nationally Community hospitals were changing to maximise services and be best placed to treat people as close to their homes as possible.
- It was pleasing to note the enthusiasm from Mr Morton for tackling the issues currently faced by the Trust.

In her conclusion, the Chairman suggested the Trust also looked to work with EMAS in its independent consultations. She asked that consideration be given for spare capacity at Newark hospital to be utilised by raising its status to include category B admissions and avoid transfers to the King's Mill hospital, whose outpatients numbers were on the increase. Mr Morton said this was a discussion to be had between the Trust and the Clinical Commissioning Group in order to determine if there were the resources for patients to be treated there. Mr Morton was reassured that people wanted to work together.

The Chair thanked Mr Morton for his honest account of the Trust and hoped to see his thoughts brought to fruition. Mr Morton was invited to attend the next meeting on 21 January 2013 to provide the committee with an update on progress.

ASHFIELD HEALTH VILLAGE – PROPOSED CHANGES

Dr Amanda Sullivan Chief Executive Mansfield and Ashfield Clinical Commissioning Group (CCG) gave a presentation on the findings to the public consultation set up by NHS Nottinghamshire County to explore a Vision for a Healthier Ashfield that had closed on September 9 2012, which included preliminary feedback independently evaluated by the Business School of the University of Lincoln. A summary of the key findings was attached as an appendix to the report.

Based on its findings, firm proposals had been drawn up for initial investment in Ashfield Health Village (AHV) and recommendations developed for the PCT Board meeting on 30 November 2012. A separate report into transport issues had been commissioned in response to its emergence as a key theme early on in the consultation process.

The consultation had included the distribution of 9,000 copies of the detailed consultation document, which had been developed and tested through partner organisations and patients. 348 feedback forms had been received as well as additional feedback from individuals, patient groups and other organisations with a particular interest in AHV, from other sources, including face to face meetings, online in response to media coverage.

Details of the final report and proposals for Ashfield Health Village would be publicised as soon as possible after the Board's meeting in November. The Board would also be holding a final public meeting in Ashfield in December.

Officers responded to comments and questions:-

- The Lincoln report had recommended a travel study.
- 348 responses had been recognised as a low response rate, but efforts had been made to share the proposals with as many people as possible. The forms had been analysed independently by University of Lincoln.
- It was recognised that recovery was far better for people away from an acute setting.
- Whilst the petition had been disregarded by the Lincoln report it had been recognised by NHS County.
- There was a national drive for all PCT assets to move a new property company.
- Concern was expressed in connection with the potential associated travel costs for some patients and their visiting relatives. The CCG would provide taxi fares for patients who had to travel from Newark to Ashfield to access services.

The Committee was pleased to note the improved intentions and anticipated targets in respect of the Ashfield Health Village proposals. Following discussion, it was agreed that officers would be invited back to its meeting in January, to provide an update on the implementation of changes and comment further on future developments.

INTEGRATED CARE TEAMS PROGRAMME

Zoe Butler Head of Service Improvement and Engagement, Newark and Sherwood Clinical Commissioning Group (CCG), gave a presentation to the Committee on the Integrated Care Team Programme known as PRISM (Profiling Risk, Integrated Care and Self-Management). PRISM aimed to join up key primary care, community, mental health and social care services into Local Integrated Care Teams to provide care to support people with one or more long term conditions, the frail elderly and people with cancer in their homes. Delivering services where patients needed them and making access available seven days a week with specialist teams from community services.

The first of these integrated care teams was to commence in Ollerton, Edwinstowe and Clipstone by December 2012 and was intended to roll out into the South and Newark and Trent localities by March 2013. A copy of the briefing was attached as an appendix to the report.

The strategy underpinning the Integrated Care Programme had been developed around three core principles of long term conditions; understanding the needs of the populations; integration of care and services and systematic self management and shared decision making. This evidence based model of care had been shown to significantly reduce the need for unplanned admissions, provide better patient outcomes and satisfaction and improved quality of care. Uniquely in Newark and Sherwood, cancer care would be included within the long term conditions model.

PRISM was Newark and Sherwood's response to the long-term conditions challenge. £1million funding had been secured to support the implementation of the programme.

The following additional information was provided in response to questions:-

- Multi-disciplinary meetings would be used in some cases to determine the right support package for a person.
- The health care profession would carry out a full assessment of the patient and carer. The Newark and Sherwood CCG was looking to increase its respite capacity.
- Reduced hospital admissions, doctors and nurses already in the system and the use of Newark hospital as a hub would create savings.
- Further information was requested on the consultation leading up to the introduction of the Integrated Care Teams.

The Chair thanked Ms Butler for her presentation and invited her back to the meeting on 21 January 2013 to provide an update on the programme along with financial information.

WORK PROGRAMME

Members were reminded that they had been invited to attend the Joint City County Health Scrutiny Committee on 13 November 2012 for the item on the East Midlands Ambulance Service Change Programme Consultation.

The Committee noted the draft work programme along with the addition of updates at the next meeting on the Integrated Care Teams; Ashfield Health Village - Proposed Changes and from Eric Morton, Interim Chief Executive, Sherwood Forest Hospitals NHS Trust on 21 January 2013.

The meeting closed at 1.10pm.

CHAIR

21 January 2013

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST UPDATE

Purpose of the Report

1. To introduce a further briefing from Sherwood Forest Hospitals NHS Foundation Trust.

Information and Advice

2. On 28 June, the Health Scrutiny Committee requested a briefing on the work of the Sherwood Forest Hospitals NHS Foundation Trust with an emphasis on provision of services at Kings Mill and satellite hospitals and continuity of management. Since that time, the Trust has received an intervention from Monitor, the Independent Regulator for Foundation Trusts in relation to failure to comply with its terms of authorisation. The Trust also has a new interim Chief Executive, Mr Eric Morton who attended the Health Scrutiny meeting on 12 November.
3. An updated briefing on the current position of the Trust has been requested and will be circulated once received. Mr Morton will again attend the Health Scrutiny Committee to brief the committee and answer questions as necessary.
4. Members may wish to identify any further areas associated with the work of the Trust on which they require information.

RECOMMENDATION

- 1) That the Health Scrutiny Committee receive the briefing and asks questions, as necessary.
- 2) Identify any additional requirements for information.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

21 January 2013**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****INTEGRATED CARE TEAM PROGRAMME UPDATE****Purpose of the Report**

1. To introduce a further briefing on Newark and Sherwood Clinical Commissioning Group's Integrated Care Team Programme.

Information and Advice

2. The Integrated Care Team Programme addresses the large and increasing numbers of people living with one or more long term conditions. The care teams bring together a range of services including community nursing, mental health and social care. The first integrated care team will commence in Ollerton, Edwinstowe and Clipstone by December 2012. Further teams will be implemented in the South and Newark and Trent localities by March 2013.
3. On 12 November, the Health Scrutiny Committee received a briefing on the Integrated Care Team Programme from Zoe Butler, Head of Service Improvement and Engagement at Newark and Sherwood Clinical Commissioning Group (CCG). Following this briefing, Members determined that they would like further information on the financial aspects associated with the programme. Dr Amanda Sullivan, Chief Officer of the Newark and Sherwood Clinical Commissioning Group and Jan Balmer, Integrated Care Team Manager will attend to provide the briefing and answer questions as necessary.
4. Following this additional briefing, Members may wish to determine if they require any further information on these proposals and, if they do not, proceed to indicate whether or not the proposals are in the interests of the health service.

RECOMMENDATION

- 1) That the Health Scrutiny Committee determine if further information is required and indicate if the proposals are in the interests of the local health service, as necessary.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

NHS Newark & Sherwood Clinical Commissioning Group Integrated Care Team Programme

Briefing for Health Scrutiny Committee

10 January 2013

Background

Newark and Sherwood district has a registered population of 127,000 and around 37,000 of these patients are living with one or more long-term condition. Currently, these patients account for around 50% of GP consultations, and 70% of stays in hospital. The average cost of caring for a patient with a long-term condition is estimated to be £3000 per year (compared to £1000 per year for a person with no long term condition), and this rises to £8000 per patient per year with three or more long-term conditions. The Department of Health estimated that the number of people living with one or more long-term condition is set to increase by 253% between now and 2050. For Newark and Sherwood, that will mean an additional 50,000 patients requiring significant health and social care input.

The long-term conditions challenge

The growing challenge of long term conditions and the expected rise in the number of people with multiple and complex needs requires a seismic shift in approach from the current **disease specific and reactive model of care**, whereby a patient may be cared for by 2, 3 or even more different teams, all looking at their own specialty, to one where patients are **proactively managed in a holistic way by multidisciplinary and integrated teams who can support all of the patient's needs**.

There is a need to provide more care for more people in their own homes and reduce the reliance on secondary care services so that secondary care can reduce capacity and focus on delivering acute complex care, for patients who appropriately need to be in hospital.

The strategy underpinning the Integrated Care Programme has been developed around the 3 core principles of Long Term Conditions management:

1. Understanding the needs of the population through systematic risk stratification of every patient.
2. Integration of care and services
3. Systematic Self-Management and Shared Decision making

This evidence-based model of care has been shown to significantly reduce the need for unplanned admissions, provide better patient outcomes and satisfaction, and improved quality of care.

Uniquely in Newark and Sherwood, cancer care will be included within the Long Term Conditions model, and Macmillan Cancer Support are a key partner in delivering this programme. PRISM

(Profiling Risk, Integrated care and Self-Management) is Newark and Sherwood's response to the long-term conditions challenge.

Implementing PRISM in Newark and Sherwood

PRISM is a whole-system change to the way long term conditions management is approached, and has required significant financial and people resource to enable it to happen. Through a partnership across the health and social care community, redesign of roles, teams and approaches is underway. Significant funding has been secured from the Nottinghamshire NHS Transformation Fund to pump prime the programme, with funding from Macmillan Cancer Support to develop the cancer pathways. In total, the programme has received £1.2 million funding.

In order to ensure that the model is sustainable, the CCG recognises that ongoing investment is needed in additional infrastructure, particularly in staffing the Integrated Care Teams and Specialist Teams. Around £500,000 recurrent funding has been agreed to ensure this is a sustainable model for patients. This money will be invested in new posts, including additional Community Matrons, dedicated Social Workers and Mental Health professionals, as well as specialist Diabetes, Heart Failure and Respiratory nurses.

The investment in care closer to home for our patients is based on our ability to reduce unplanned admissions into hospitals with the right level of support in the community. The PRISM programme will divert the required resources from secondary care into the community services to ensure that patients are receiving the right care, in the right place.

Progress so far

The first PRISM team has been established in the North locality of the District, covering Clipstone, Edwinstowe and Ollerton. Plans to roll out the next team in the West of the District covering Southwell, Farnsfield, Rainworth, Blidworth and Bilsthorpe are in the final stages of development, followed by the final phase in Newark and Trent by the end of March 2013. Multi-disciplinary team meetings are taking place within GP practices with the Integrated Care Teams, and the learning from this first phase is informing the future plans.

21 January 2012**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****ASHFIELD HEALTH VILLAGE PROPOSALS UPDATE****Purpose of the Report**

1. To introduce further briefing on the proposed changes at Ashfield Health Village.

Information and Advice

2. Representatives of the Mansfield and Ashfield Clinical Commissioning Group (CCG) previously attended the Health Scrutiny Committee on 17 September 2012 to describe the results of the consultation. At this time the Health Committee agreed that a proper consultation had been carried out. Further to this, the descriptive analysis of the consultation undertaken by the University of Lincoln was presented to the Health Scrutiny Committee.
3. The Health Scrutiny Committee requested a further update on the proposals at its January 2013 meeting.
4. Dr Amanda Sullivan, the Chief Executive of the Mansfield and Ashfield CCG will attend Health Scrutiny Committee to brief Members on the current position with the proposals. A written briefing is attached as an appendix to this report.
5. Following this briefing, Members will wish to determine if the Health Scrutiny Committee has been sufficiently consulted in relation to these proposals and if the proposals are in the interests of the local Health Service. Further to this, the Health Scrutiny Committee may wish to ask for updates on the progress towards implementation of these proposals.

RECOMMENDATIONS

That the Health Scrutiny Committee:

- 1) receive the briefing and ask questions as necessary
- 2) indicate if the committee has been sufficiently consulted
- 3) determine if the proposals are in the interests of the health service
- 4) request updates on the implementation of the proposals

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil.

Electoral Division(s) and Member(s) Affected

All

Vision for a healthier Ashfield

Background

Representatives of the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG) have previously attended the Nottinghamshire Health Scrutiny Committee to describe the consultation relating to proposed changes at Ashfield Health Village (AHV). These focus on the clinical case for the relocation of the four wards at AHV, and the development of a range of new clinical services that will be developed and based at AHV to enable local people to have their needs met closer to home.

At the public meeting on 29 November 2012, the Joint PCT Board considered the analysis of the results of the full 90 day consultation, and they:

- **NOTED** the consultation feedback and next steps to refine the vision for AHV.
- **NOTED and COMMENTED** on the proposals for increased investment in services at the site, in line with local health needs.
- **APPROVED** the project management arrangements to ensure the delivery of the vision for Ashfield rests with the CCG.
- **NOTED** the plans for further public engagement in December.
- **NOTED** the transfer of the dementia wards in December 2012.
- **AGREED** to receive a further paper in January 2013, detailing the outcomes of the public events in December and overall plans for AHV services in the future. Action – Dr Amanda Sullivan

PCT Chairman Mr Buchanan said there was broad support for the proposals. The additional engagement events would allow further consideration of the new services and the moves of Chatsworth and Stroke rehab wards which will not take place until consultations have been completed.

This report provides an update on progress to date.

Relocation of the dementia wards

Nottinghamshire Healthcare Trust had declared their intention to move these wards throughout the overall consultation for Ashfield Health Village. This has now taken place.

Bronte ward (ward for people with dementia displaying challenging behaviours) relocated to Highbury Hospital on 30 November 2012. At that time there were only two patients on the ward – one from Newark and one from Ashfield – a further two patients had been discharged to nursing homes earlier that week. The families of both patients who transferred were offered taxi transport twice a week to help with visiting – this was accepted by one relative who lives in the Newark area. One of these patients has now been transferred to the new assessment ward at Kings Mill Hospital.

Since the transfer there has been one further patient admitted to the unit from Ashfield. The Trust has informed us that his wife is happy that he is on the Dementia Intensive Care Unit receiving the care he requires and she has not raised any concerns about travelling to the hospital.

Shelley ward (ward for the assessment of people with dementia) relocated to the newly refurbished ward at Kings Mill Hospital on 11 December 2012. The move of the six patients on the ward went very smoothly. Feedback from the ward manager has been very positive:

“The patients appear to have settled in well without any major issues and the environment seems to suit our client group much better, more room, more quiet areas, etc. We have received some positive comments from carers especially those who have previously visited on Shelley. The staff team all seem very positive and happy with the new ward / facilities.”

Transport issues

During the consultation issues relating to travel were raised - especially in connection to the relocation of Bronte ward to Bulwell. However concerns were raised generally regarding transport difficulties and costs even when services were a short distance away e.g. at Kings Mill Hospital.

The CCG's Citizens Reference Panel has also been discussing transport issues as they are aware that people can find travel to their own GP Practice difficult and sometimes pay for taxis journeys.

Within the Mansfield and Ashfield area there are a number of community/volunteer transport schemes that may be accessed to transport patients to health care appointments (see attached). The CCG is working with these providers to understand how best to make patients and their families aware of these schemes, whilst ensuring they have the capacity to respond. As the schemes rely mostly on volunteers, the CCG is exploring how it can help promote volunteering. It is expected that by April 2013, that there will be a sustainable agreed way forward that will promote the use of these existing transport schemes to local people to help with transport to health related appointments. There is a one off cost to users to register with these schemes but thereafter the cost is relatively low as it only covers re-imbursement of volunteers' expenses. The CCG will consider supporting these schemes if there is sufficient demand for the services

Proposed new developments at Ashfield Health Village

The proposal considered by the Joint PCT Board included investment of £1.6m in new services:

Service Description	New or improve/expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
<u>Services for older people</u> 'One Stop' service for older people	New: Approx 1800 patients per year	Reduce emergency hospital admissions for older people. Improve information and support available to older people, enabling better self-care management. Improve patient experience of access to care of the elderly services due to reduction in number of contacts on separate days. Improve access to the appropriate professionals.	490	Contract awarded in May 2013. Service commences July/August

Service Description	New or improve/ expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
<u>Support for people with dementia</u>				
Intermediate care	New: 180 patients and their families per year	Prevent avoidable admissions to hospital (acute & mental health) Support timely hospital discharge Prevent inappropriate admissions to long term care Prevent avoidable admissions to urgent short term care Improve access to memory assessment services Improve accommodation with enough rooms to enable people to be seen, including for follow-up support from the Alzheimer's society	531	April 2013
Memory clinics	Re design, expansion and relocation of existing service: Additional 559 patients per year	Provision of information and support and referral to other agencies as appropriate Improved overall patient and carer experience Reduction in crises and emergency admissions to hospital (over 5 years) Delay in admissions to care homes (over 5 years) Improve the quality of life and independence of vulnerable older people by supporting them. Keep people within their own homes for longer, supporting them	54	Full expansion completed April 2013

Service Description	New or improve/ expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
Memory Clinics (cont) Voluntary sector community support service	New at AHV Support 420 people per year	in their locality Support carers of people with dementia Offer a safe non-clinical space where people with dementia and their carers can express themselves and be listened to Share information and good practice about caring for people with dementia Offer a regular, structured event with activities Offer a safe non-clinical space where people with dementia can take part in activities and receive social stimulation enabling carers to take a break from caring for the person with dementia	32	July 2013
<u>Support for carers:</u> Increased breaks for carers	Expand and re-design	To provide additional opportunities for carers to have a break To work with the local community to find different ways to help carers to maintain their health and wellbeing	100	Immediate
<u>Support for young mothers:</u> Family Nurse Partnership	New Support for 75 first time young mothers at any one time	Improve pregnancy outcomes Improve child health and development Improve parents' economic self-sufficiency.	404	March 2013
Resource and information centre	New	Provide health information to public and staff including leaflets		TBC

Service Description	New or improve/ expand existing service?	Key Objectives	Estimated revenue cost (£'000)	Estimated start date
		Enable staff and public to access other health information on the internet		

Initial design work is taking place to see how these new services would be best sited within AHV (see attached). It should be noted this work is at a very early stage and there will be several iterations of the plans to ensure that services are placed in the best location to ensure ease of access for patients whilst making sure that key functional and clinical relationships are addressed.

Further engagement with local people

Further public engagement has been undertaken to obtain the views of local people on the proposals outlined above and identify further services that local people would like to see delivered from AHV, and to help determine the optimal opening times for AHV. The financial evaluation demonstrated that services operating five days per week at AHV releases the maximum amount of revenue funding for re-investment in community based services to meet the health needs of people in Ashfield. If the site were to be in use seven days per week, the savings are reduced by £140k. It is important that savings are maximised and used where they will have greatest benefit to local people. Therefore the further engagement asked local people whether the additional £140k of potential savings would be better spent opening AHV at weekends or by using the money elsewhere. It should be noted that the £140k reflects only the costs of opening the building – heating lighting, support services etc – and does not fund the delivery of any direct patient services

There were two engagement events organised:

- 12 December from 4 – 8pm at Summit Centre, Kirkby in Ashfield
- 13 December from 10 – 4pm at the Civic Centre, Mansfield

These were Big Health Forum events for people to deliberate on the priority areas to be addressed by the CCG in 2013/14, and 'vote' for their preferred areas of spend, as well as commenting on the issues relating to AHV specifically. Both events were well publicised in the local media and on the website but unfortunately the turnout was low.

With regard to the question of five or seven day opening, some respondents clearly felt AHV should be a 24-hour 365-day hospital facility. However some respondents preferred that more direct patient care was provided over 5 days with effective outreach and out of hours support at weekends. Where a view was expressed regarding opening times over five or seven days, responses were variable but fell within the hours of 8 am to 8 pm. A range of additional services were suggested for carers aimed at providing advice, peer support, crisis intervention and respite care provision. Many of the additional services respondents indicated they would like to see at AHV in the future are included as part of the plans already. Additional services suggested include: increased access to x-ray services, rehabilitation therapy following fracture, reintroducing a walk-in centre and enhanced access to services/GPs with special interests for people with long term conditions.

NHS Mansfield and Ashfield CCG is providing further opportunities for local people to have a say about the development of services at Ashfield Health Village. Two informal drop-in events will be held on:

- Monday **7 January** 2013 between 2 pm and 4 pm
- Tuesday **8 January** 2013 between 2 pm and 4 pm

These will be followed by a public meeting on Thursday **17 January** 2013 from 5.30 pm to 7.30 pm

All events will be held at Ashfield Health Village.

These events will help CCG to finalise the plans for new services to be provided from AHV.

Summary

The Joint PCT Board approved the direction of travel for AHV at its meeting in November. The relocation of the dementia wards has taken place successfully with the offer of taxi transport to Bulwell being taken up by one relative. Some further public engagement has taken place regarding the new services to be provided at AHV, with further engagement planned during January.

Nina Ennis
31/12/12

Voluntary Transport Schemes in Mansfield and Ashfield

1. Introduction

At the last meeting of the Citizen's Reference Panel, discussion took place about the range of schemes available to transport patients to health care appointments, particularly within primary care. The information contained within this report provides details of a number of schemes within Mansfield and Ashfield:

2. Service Provider - Our Centre, Kirkby-in-Ashfield

Car Scheme



This is a service provided by volunteer drivers using their own vehicles, for people in the community who have difficulty accessing, or are unable to use, public transport.

Scheme users must register annually as *our centre* users and there is a small charge for the service.

Mileage charges start from the driver's home or last job, which could mean that the cost of a regular trip may vary from week to week. Fares are payable at the time of travel.

To book a trip, contact the car scheme co-ordinator on 01623 753192 giving your name, address, contact telephone number, trip date, pick-up / return times and destination. Also give details of any large items of luggage, wheelchairs or walking aids, as not all vehicles have the capacity to carry larger items. Pets are carried only at the driver's discretion, so please mention at the time of booking.

Volunteer Drivers

Drivers are always required, mileage rates are paid and training is given. Please contact us for more information. You can make a real difference in your community.

Minibus Scheme, Ring & Ride and Out & About

We have 8 minibuses available for use by community groups that register with *our centre*. Capacities range between 12 and 16 passenger seats, most vehicles being wheelchair accessible. We also have 2 MPV's with 7 passenger seats, one of which is wheelchair accessible. Vehicles are provided with a driver, rates and quotes available on request. For all enquiries on this page, telephone 01623 753192 or email the address below.

Ring & Ride

This is a scheme similar to Dial-a-Ride that offers a local transport solution for Individuals and families who struggle to use public transport, and need to access a range of services including transport to and from hospital. It bridges the gap between the minibus and car schemes and is wheelchair accessible.



Out & About

Fancy a trip out? We run a variety of day trips ranging from local shopping to full days out with pub lunches. Local pick up points are in Kirkby, Sutton, Hucknall, Mansfield and the area of Selston Parish. Contact us for our diary of destinations, or check out our members' quarterly newsletter.

Community Shopper buses operate in Sutton in Ashfield (Mondays), Underwood (Tuesdays) & Jacksdale and Selston (Fridays). Timetables are available on request.

Volunteers

Volunteers always required and expenses are paid.

3. Service Provider – Ashfield Voluntary Action



VOLUNTEER CAR SCHEME

Our Clients are people who, find it difficult or impossible to use public transport, this could be due to mobility problems or simply because they do not live near a bus route. Clients register with our service once a year, once registered they can phone one of our offices to book a journey. The cost of the journey is based on mileage from the drivers home, there is a minimum cost of 5 miles. Our clients use the service for visits to hospital, GP surgeries, day and community centres, hairdressers or perhaps to visit friends. Drivers will often wait for the client if they have an appointment. We have numerous clients who have been using our service for many years, building up trust and friendship with our drivers. We receive good feedback and often praise for the service they provide.

Ashfield Voluntary Action Car Scheme covers Sutton in Ashfield, Huthwaite, Skegby, Stanton Hill and Hucknall

If you would like to register for this service please ring 0115 9637261

(For Kirkby in Ashfield, Selston and Mansfield areas 01623 753192 - Our Centre)



Our Drivers are volunteers who use their own cars and time to help others. Drivers are all interviewed and CRB checked prior to joining our team and they can pledge as much or little time as they want. The drivers are reimbursed for fuel costs which is classed as out of pocket expenses therefore not affecting any benefits that they may receive. Most of our drivers have been working with us for many years and enjoy getting out and about meeting people whilst providing a valuable service.

4. Service Provider – Ashfield Voluntary Action

A pilot scheme has been funded by NHS Nottinghamshire County through Central Nottinghamshire Cancer Patients and Carers Forum (3Cs) to provide a volunteer driver scheme to transport patients from Mansfield or Ashfield to the City Hospital, Nottingham for radiotherapy treatment. Patients are referred to the scheme by staff at the City Hospital, Nottingham

5. Service Provider - Community Centrepont , Kirkby

Community Centrepont, Kirkby offer a community mini bus service.

21 January 2013**Agenda Item: 7**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Purpose of the Report

1. To introduce the Health Scrutiny Committee work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by County residents – specifically, those located in the Northern part of the County.
3. The draft work programme is attached at Appendix 1 for the Committee to consider, amend and agree.
4. In order to balance the work programme for this meeting, the briefing on the development of Nottinghamshire County Council's public health responsibilities has been deferred to the March meeting of this committee. The briefing on the principles of Health Scrutiny has been deferred to a date to be advised.

RECOMMENDATION

- 1) That the Health Scrutiny Committee consider and agree the content of the draft work programme.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
25 June 2012				
Terms of Reference		For Noting	Martin Gately	
Proposed changes – Ashfield Health Village	The Committee will be consulted on the movement of a ward from Ashfield Health Village to Mansfield Hospital	Scrutiny	Martin Gately	Rhiannon Pepper Notts PCT
East Midlands Ambulance Service Change Programme – Being the Best	The Committee will receive an initial briefing on this change programme (which is also directly relevant to estates management).	Briefing	Martin Gately	Phil Milligan and Rob Walker, EMAS
17 September 2012				
Proposed changes - Ashfield Health Village	Further consideration of Ashfield Hospital changes	Scrutiny	Martin Gately	Iain Fletcher and Deborah Jaines
EMAS – Rural response times	Initial briefing on this issue. Possible topic for future Scrutiny.	Briefing	Martin Gately	Rob Walker, EMAS
East Midlands Ambulance Service Change Programme – Being the Best	An update on consultation in relation to the change programme	Scrutiny	Martin Gately	Rob Walker, EMAS

12 November 2012				
Proposed Changes - Ashfield Health Village	Update on current position with the consultation	Consultation Update	Martin Gately	Amanda Sullivan and Iain Fletcher, Mansfield and Ashfield CCG
Integrated Care Teams	Changes in Newark and Sherwood – possible topic for Scrutiny	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Trust	Briefing	Martin Gately	Carolyn White, Deputy Chief Exec, SFHT
21 January 2013				
Proposed Changes - Ashfield Health Village	Update on current position with the consultation	Update	Martin Gately	Amanda Sullivan and Iain Fletcher, Mansfield and Ashfield CCG
Sherwood Forest Hospitals Foundation Trust	Update on Progress	Scrutiny	Martin Gately	Eric Morton, Interim Chief Executive, Sherwood Forest Hospitals Trust (TBC)
Integrated Care Teams	Changes in Newark and Sherwood – possible topic for Scrutiny	Scrutiny	Martin Gately	Zoe Butler, Newark and Sherwood CCG
18 March 2013				
Operation of Health and Wellbeing Board	Briefing on the operation of the Health and Wellbeing Board	Briefing	Martin Gately	TBC
Public Health	Progress Report on the development of NCC's public health responsibilities	Update	Martin Gately	Dr Chris Kenny

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Local Immunisation Services

End of life Care

Arrangements for Local Healthwatch

To be rescheduled

Bassetlaw Clinical Services Review	Progress Report on gynaecology/fractured neck of femur changes	Update	Martin Gately	Phil Mettam, Bassetlaw PCT
Principles of Health Scrutiny	Briefing from the Centre for Public Scrutiny	Briefing	Martin Gately	Centre for Public Scrutiny

