

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE
15 July 2014 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chairman)
Councillor P Allan
Councillor R Butler
Councillor J Clarke
A Councillor Dr J Doddy
Councillor J Handley
Councillor C Harwood
Councillor J Williams

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
A Councillor M Aslam
A Councillor A Choudhry
Councillor E Campbell
Councillor C Jones
Councillor T Molife
A Councillor E Morley
A Councillor B Parbutt

Also In Attendance

Councillor Roberts - Member for Newark West
Julie Brailsford - Nottinghamshire County Council
Jane Garrard - Nottingham City Council
Martin Gately - Nottinghamshire County Council
Claire Grainger - Healthwatch Nottinghamshire
Simon Smith - Executive Director Notts Healthcare NHS Trust
Jenny Leggott - Executive Lead for Operations NUH
Nicki Pownall - Deputy Director of Operations NUH
Teresa Cope - Director of Quality & Delivery Nottingham City CCG
Ciara Scarff - Head of Contracts Mental Health & Learning Disabilities NC CCG

MINUTES

The minutes of the meeting held on 10 June 2014 were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors B Parbutt (other), E Morley (other), Dr J Doddy (other).

DECLARATIONS OF INTERESTS

None

DEVELOPMENTS IN ADULT MENTAL HEALTH SERVICES

Mr Simon Smith, Executive Director for Local Services, Nottinghamshire Healthcare NHS Trust gave a presentation to the committee detailing the 'Service Transformation Programme for Adult Mental Health'. The key strategic priority for this project was to provide care in an appropriate place, from 'in patient' beds to enhanced provision in the community and residential rehabilitation process. The Clinical Commissioning Group (CCG) were very supportive of this.

The provision of service needed to be changed to fit the £4.3m reduction of funding. Prevention and intervention at an earlier stage in a patient's life could change the way that the NHS Trust used their professional workforce.

Following the presentation the additional information below was provided in response to questions: -

- In relation to the consultation regarding the closure of both the wards at the Queens Medical Centre (QMC) and Enright Close in Newark Members were advised that there would be a 6 week consultation process taking place in August and September including engagement with hard to reach communities. The consultation would take place in conjunction with Clinical Commissioning Groups (CCGs) and Healthwatch. Consultations regarding ward closures at QMC and Enright Close would be undertaken separately.
- Enright Close was no longer providing for patients' needs and consequently was under occupied. There was a range of options, according to individual needs, for the patients from Enright Close, they would not be made homeless. Dovecote Lane and Macmillan Close had already been closed and patients were successfully transferred from those sites. 39 people were discharged from these sites and only one person required readmission, due to breakdown in their social care package. Each individual was monitored to ensure needs were met.
- The wider consultation regarding the Service Transformation had taken place over a two year period with patients, carers, Nottinghamshire County Council, Nottingham City Council and the CCG, and it had been as transparent as it could be in the context of the work. Young patients did not want to be institutionalised or the traditional services provided, they wanted support in the community.

- Community rehabilitation was based on treating the patient in their home and community rather than removing them from it, to help people move on, rather than be 'mentally ill' all of their lives. There was early intervention by 'Care Delivery Groups', comprising of integrated teams of social workers, Health and Social Care workers. There was a natural pool of staff from the wards due for closure and there would be skills training provided, there might be a short term problem with staff recruitment but medium-long term challenges were not expected.
- The staff consultation had consisted of meetings with staff both in groups and individually to keep them informed of the changes.
- The Mother and Baby Unit would be moved from the QMC and relocated but it would not be decided until May/June 2015 where it would be relocated to.
- There would be a dedicated team to monitor the impact of the changes and to provide timely access to services by patients.
- The transformation did have significant risks associated with it. For example there would be a £1m investment in the new approach but one of the risks was that the new model did not sufficiently reduce the number of inpatients, and this would have financial implications. The risk to the quality of patient care and patients' experiences was being monitored.
- £30m had been spent at Highbury hospital remodelling the rooms and £10m at Millbrook to modernise it and make it more appropriate for younger people.
- Sufficient inpatient beds would still be available at Highbury Hospital, the Millbrook Unit at Kingsmill Hospital and Bassetlaw General Hospital. Psychiatric intensive care beds would be split between Highbury Hospital and Millbrook.

The Committee requested that outcomes from the consultation regarding these proposals due to be carried out be reported back to this Committee in October.

The meeting adjourned from 11.25am until 11.30am.

MENTAL HEALTH SERVICES FOR OLDER PEOPLE

Mr Simon Smith, Executive Director for Local Services, Nottinghamshire Healthcare NHS Trust gave a presentation to the committee detailing the developments in Mental Health Services for Older People in Nottingham and Nottinghamshire. The presentation discussed proposals to close Bestwood and Daybrook wards at the St Francis Unit at City Hospital and expanding the community model of care supporting older people to remain in their homes known as Intensive Recovery Intervention Services (IRIS). Implementation of IRIS would enable effective care planning, encourage active intervention and rehabilitation and reduce the demand for acute beds both medical and mental health. The details of the consultation plan were outlined.

Following the presentation the additional information below was provided in response to questions: -

- Teaching about Access to Services was crucial in addressing care in the community issues. One in four people had or would experience mental health issues and research showed that this was now more likely to be one in three. The model of delivery was keeping patients in the community with the GP at the centre of this. Assessing carer needs and signposting to services were important in helping people to understand issues. Nottingham City offered to share their Awareness training with Nottinghamshire County.
- An analysis had been carried out for dementia patients who received care in the community. All patients with dementia were visited weekly by the Outreach Dementia Team. Tom Denning, Professor in Dementia had been researching interventions that a multi professional team could use in the environment that the patient is most likely to use.
- To monitor the change in care across the care homes within Nottingham and Nottinghamshire information would be gathered by the Outreach Dementia teams, who made weekly visits to those with ongoing healthcare needs. Clinical Commissioning Groups also carried out quality monitoring visits and information was shared with the Care Quality Commission. All care homes had been assigned a GP.
- The 'admission' of a patient was classed from when a patient was admitted for assessment; this was for a period of up to six weeks.
- Consultation had already been carried out with current users and carers and those who had used services within the last three months, and staff. A variety of responses had been received in response to the consultation which ranged from 'not wanting any change' to being positive about seeing the need for change. As expected a variety of responses had also been received from staff. This information would be fed into outcomes from wider public consultation about the proposed changes.
- The need for a skilled multidisciplinary workforce required intensive training in a variety of different ways and the Trust had an ongoing training plan in place. A play about dementia awareness was successfully shown to staff in the County and was now touring the Country.

The Committee requested that outcomes from the consultation regarding these proposals due to be carried out be reported back to this Committee in October.

NOTTINGHAM UNIVERSITY HOSPITALS PERFORMANCE AGAINST FOUR HOUR EMERGENCY DEPARTMENT WAITING TIME TARGETS

Jenny Leggott, Executive Lead for Operations, gave a presentation on the performance of Nottingham University Hospitals NHS Trust (NUH) against the operational standard for Accident and Emergency (95% of patients seen and admitted, transferred or discharged within four hours) and action that was being taken to improve performance. The Trust was currently at 93.3% against a target of 95%. A

number of factors affecting the ability to meet this target included capacity within the Emergency Department (ED), an increase in patients needing to be admitted and bed availability. QMC was at near full capacity (99-100%) and had difficulty admitting patients from ED in a timely manner. There had been an increase in patients aged 65-80 years and this had not decreased since the winter period. Their length of stay was also longer. Twenty more beds were occupied by patients over 65 this year compared to last. A team of analysts were looking at the data to find solutions to the bed occupancy issues.

NUH would be commissioning 41 extra beds and would be looking at commissioning a further 12 surgical beds.

NUH was struggling to recruit locum consultants who were being enticed away to other Trusts by better pay. Currently there were four consultant posts vacant. This was replicated throughout other staff groups. There has been some successful recruitment of nurses from Portugal and the Trust would also look at recruiting from Italy.

The Emergency Department would be redesigned to accommodate an extra 15 cubicles by December 2014 which should ease some pressures.

Other improvement plans included a discharge lounge so that patients could be moved from the wards as quickly as possible to free up beds. The Pharmacy Service would also have targets to help towards discharging patients before noon, and the Service was currently recruiting more pharmacists.

An 'App' was under development with GP colleagues which would help GPs see what alternative pathways are available, other than admission to hospital.

Following the presentation the additional information below was provided in response to questions: -

- To counter a perceived lack of communication between staff and patients the Trust was working with their Communications team and IT department to see if messages could be sent electronically, keeping people and patients informed about what was happening.
- Money has been allocated to support the opening of additional beds however recruiting nurses was a bigger issue as registered nurses, and not healthcare assistants, were required.
- Community services needed to work better to free up hospital beds. The majority of patients came in to hospital between 4pm and midnight. Patients waited a long time before being admitted and it was hoped that the opening of GP surgeries 7 days a week, in line with national Policy, would help to ease this.
- There was an urgent need for research in to medical recruitment and retention. The Local Education Board had done some work in to the requirements for health care, but nursing recruitment was a national problem with most Trusts having to go abroad to recruit. Problems had occurred with language but the nurses recruited from Portugal spoke good English and support was provided

with English classes. The National Nursing and Midwifery Council ensured tests were taken before potential staff were added to the register. NUH had obtained some benchmark data from Sheffield as they were having the same problems.

NEW HEALTH SCRUTINY GUIDANCE

The new guidance on Health Scrutiny issued by the Department of Health followed on from the changes to the regulations last year.

The Scrutiny officers from the City and the County Council would facilitate a more detailed discussion regarding the changes at the next meeting.

WORK PROGRAMME

The Committee was advised that the Work Programme was in a state of development. Following today's meeting the following items would be added to the Work Programme:

- Outcomes of the consultation on changes to Adult Mental Health Services
- Outcomes of the consultation on changes to Mental Health Services for Older People
- Discussion about the implications of the new health scrutiny guidance

The meeting closed at 12.55pm.

Chairman