Nottinghamshire County Council

# Social Care and Health Standing Committee

# Minutes

5 September 2011 at 10am

## 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
Geoff Merry
Carol Pepper
● Tom Pettengell
Alan Rhodes
Mel Shepherd
Chris Winterton
Brian Wombwell

**Officers**

Jon Wilson - Service Director, Personal Care and Support (Younger Adults)
Paul McKay - Service Director, Promoting Independence and Public Protection
Sandrina Mapletoft - Putting People First Project Manager
Paul Davies - Governance Officer
Martin Gately - Scrutiny Coordinator
Matthew Garrard - Policy Manager

**Also in attendance**

Phil Mettam - NHS Bassetlaw
Dr Steve Kell - Bassetlaw Commissioning Group
Karlie Thompson - NHS Nottinghamshire County
Tracy Gaskill - NHS Nottinghamshire County
John Holliday - NHS Nottinghamshire County
Deborah Jaines - NHS Nottinghamshire County
Dr Doug Black - NHS Nottinghamshire County
Tracey Lindley - NHS Nottinghamshire County
Terry Gallagher - Service User

## 1. Minutes

The minutes of the last meeting held on 4 July 2011 were confirmed and signed by the Chairman.

## 2. Membership

It was noted that Councillor Michelle Gent had been appointed to the committee in place of Councillor Brian Wombwell, but that subsequently, Councillor Wombwell had been re-appointed in place of Councillor Gent.

## 3. Apologies for Absence

Apologies for absence were received from Councillors Merry (on holiday) and Pettengell.

## 4. Declarations of Interest

There were no declarations of interest by members or officers.

## 5. Agenda Order

With the consent of the committee, the order of items was changed.

## 6. Bassetlaw Clinical Services Review

Phil Mettam updated the committee on the review of clinical services in Bassetlaw. He reminded members that the review arose from proposals two years ago to concentrate some services at Doncaster Royal Infirmary (DRI). Since then, the PCTs for Bassetlaw and Doncaster had conducted a strategic review which had focussed on these areas of activity:

1. Montague Hospital, Mexborough and Tickhill Road Hospital: these proposals would have very limited impact on Bassetlaw residents.

2. Acute Management of Fractured Neck of Femur: the original proposal was to move this service to DRI. However, it was now planned to make changes at DRI and Bassetlaw Hospital which would enable both sites to provide a service which met national standards.

3. Paediatric and Obstetric Services: external experts had been commissioned to review these two services. The hospital Trust's responses to the experts' recommendations had prompted the PCTs to establish two working groups, which were expected to report soon.

4. Assessment and Treatment Centre at Bassetlaw Hospital: this would be an enhancement to existing services. The proposal was supported in principle. A working group was costing the proposal, and would report in October at the earliest.

Dr Skell added that paediatric services were currently operated independently across two sites. The working group was considering

whether more coordination would raise standards and make the service more sustainable. Members commented on the report and presentation.

- There had been a lack of consultation with the committee since the PCT's last presentation in November 2010. - Mr Mettam apologised if the committee had not been kept sufficiently informed. So far, the trust had not developed proposals for change which required formal consultation. He offered to update the committee on a regular basis.

- It was noted that consultants and GPs had been consulted about proposals. However, it was unclear whether the public and other bodies had been consulted. - Local members and others had been involved in pre-consultation engagement, which had shown support for a consultant-led obstetric service and continued fractured neck of femur service at Bassetlaw Hospital.

- It was difficult for the committee to assess whether proposals were in the interest of the local health service without clarity about existing services and other options considered. Consequently, there was insufficient evidence to judge whether the review's conclusions were correct.

- The public in Bassetlaw remained sceptical, and opposed the proposals. Poor public transport between the hospital sites had not been addressed. - As there were no plans to transfer services, this was currently not an issue.

- GP practices had been consulted. How could the committee be assured that they had consulted their patients? - Most practices had patient participation groups. Dr Kell was confident that there had been a lot of public engagement.

- Where would the final consultation come from? - Mr Mettam emphasised that where proposals were to maintain or enhance services, there was no requirement for public consultation. It was anticipated that the working groups would recommend further enhancements.

- What were the plans for the next steps? - The working groups would report to the Programme Board, which would in turn report to the boards of the two PCTs. If services were to be retained locally, no public consultation was necessary. If changes to services were proposed, there would be a three month consultation period.

It was agreed to request a progress report (on a date to be agreed) on how services would be affected by the forthcoming working group recommendations; on how consultation had been carried out; and on how the proposals for Montague and Tickhill Road Hospitals might affect Bassetlaw Hospital.

## 7. Fostering Aspiration - Progress on Personalisation

Paul McKay introduced the report on the implementation of personal budgets in adult social care. Personal budgets gave service users choice and control, and brought advantages to the authority and its partners.

Everyone who was eligible would move to personal budgets, although not all would receive direct payments.

Terry Gallagher, who was a service user and carer representative on developing the new service, spoke positively about personal budgets. He said that the county council had involved users and carers from the start. He referred to a need for more "micro-providers", who would provide particular services. Services were being provided more quickly than previously. Other authorities were learning from the County Council's experience.

Mr McKay, Mr Gallagher and Ms Mapletoft responded to members' points:

- Were there risks that service users would be taken advantage of, or would receive poor value services? - The County Council website had a list of accredited, vetted and trained providers. All care plans should be signed-off by the local authority. The County Council would respond to complaints.

- What would happen if a service user overspent their budget? - This depended how the budget was set up. A managed budget had a weekly amount, so was difficult to overspend. If the service user was receiving direct payments, the authority would look at why they had overspent.

- What problems had been encountered? - Problems included there should have been more work with service users and staff at the outset, given the scale of the change; IT systems had become more complex for staff; links between community care and re-ablement had become stronger; it was intended to move 98% of service users to personal budgets.

- What numbers of older people and people with disabilities were on personal budgets? - Mr McKay offered to provide this information.

- If a service user believed the personal budget was insufficient for their care needs, could they complain or appeal? - The local authority was responsible for assessing eligible need. The personal budget could be used flexibly to meet that need. Increased costs should be identified through reviews. There had been few complaints about the personal budget being insufficient.

The committee noted with appreciation the progress made on the implementation of personal budgets, and thanked Mr Gallagher and the officers for their contribution to the programme.

## 8. NHS Walk-In Centres Review - Response to Referral

The standing committee on 4 April 2011 had decided to refer proposals for the walk-in centres in Stapleford and Kirkby-in-Ashfield to the Secretary of Health. The Secretary of State had invited the Independent Reconfiguration Panel to carry out an initial assessment. The Panel had concluded that a full review would not be appropriate, and made a number of comments, which the Secretary of State had accepted. The Secretary of State expected the PCT to clarify alternative services, provide implementation plans, have

comprehensive public communication programme, and evaluate and review the changed services.

Representatives of NHS Nottinghamshire County attended the meeting to explain how the PCT would address the Secretary of State's points (shown in bold type), and take forward the proposals for the walk-in centres.

**i. Clarity from the users' perspective about how enhanced primary care, better access to GP services and their local Accident and Emergency Departments will combine to match or better what is on offer now, both in normal hours and out of hours**

PCT's response:

- primary care streams at King's Mill Hospital and Queen's Medical Centre, both open 10.00 to 24.00
- out-of-hours service at King's Mill Hospital co-located with the Emergency Department.
- capacity for an additional 2000 patients to register at Kirkby Medical Centre.
- extended hours at GP practices near the walk-in centres, with hours ranging between 7.30 and 20.30.
- recruitment and training of GP and practice nurses at these practices

**ii. Implementation plans demonstrating the capability and commitment of the relevant providers (primary and secondary care) to deliver the proposed services to agreed standards**

PCT's response:

- all providers have performance reviews on standards on a regular basis
- increased clinical time and training in systems and processes
- primary care streams at both emergency departments with a single point of entry for patients
- there was currently no impact on the emergency departments

**iii. A comprehensive public communication programme**

PCT's response:

- a communication and engagement plan was in place, using a range of media

**iv. Effective evaluation of the changes and a process of review and amendment as required**

PCT's response:

- performance measures were reviewed monthly, including PALS (Patients' Advice and Liaison Service) and complaints data
- robust performance management by Primary Care Commissioning team
- quality assurance of general practice by Clinical Commissioning Groups
- patient surveys
- support local practices to evaluate access issues, using the Primary Care Foundation toolkit

With the steps outlined above being taken, there was a provision closing date of 30 September for both walk-in centres.

The PCT representatives responded to members' questions and comments.

- How would patients know their surgery was offering extended hours? - About 70% of surgeries in the county now offered extended hours, mainly after consulting their patient participation group (PPG). Urgent and pre-booked appointments were available. Furthermore, any patient could present themselves at any surgery with an urgent clinical need.
- Was there any requirement to continue to consult? - Surgeries had to consult their PPG on the findings of their annual patient survey and agree an action plan. The survey could include extended hours.
- Was there anything more to be done about the aggressive behaviour of some service users at the QMC emergency department? - This was a matter to be discussed with the QMC, where there was a zero tolerance policy about aggressive behaviour. The primary care stream at the emergency departments had its own waiting area. There was no evidence that the closure of the walk-in centres would create a pressure on the emergency departments which they could not cope with.
- Were the public aware of the changes to services and that they might be viewed as improvements? - It was hoped that people would go to primary care rather than the emergency departments.
- Extended hours were not widely known. Emergency appointments could be difficult to get. - There was a requirement for surgeries to provide emergency appointments. Members should raise any specific concerns with the PCT.
- Members had not seen performance figures for practices for a while. - The PCT could provide the National Patient Survey figures and other performance data for the practices near the walk-in centres.
- Closure could be seen as inevitable, but there remained concerns whether sufficient alternative provision would be in place for 30

September. - Alternative provisions were already in place. The decision about closure and the communication campaign were still to be decided.

- Fifty percent of the users of the Stapleford Walk-In Centre came from outside the immediate area. What services were proposed for them? - The PCT was confident that each practice could meet the additional demand for GP and nurse appointments. The PCT had liaised with Derbyshire PCT about patients from their area. It was emphasised that practices had created extra capacity at the times when the walk-in centres would have been open. Demand for primary care at weekends could be met by the primary care streams at QMC and King's Mill, and by the out-of-hours services.

- How would people be re-directed from the walk-in centres to other services? - Previous users of the walk-in centres would receive a letter about the closure and alternative services. At both locations there were GP practices in the same building.

- The Standing Committee would probably wish to receive a monitoring report after six months, including the impact on emergency departments and their primary care streams, and on GP practices and their urgent and same day appointments.

Members decided by six votes to five that they were not satisfied with the PCT's response to the Secretary of State's recommendations. PCT representatives sought clarification about the further information which the committee might require. There was an adjournment while confirmation was obtained from the Monitoring Officer that a second vote could not be held on the matter.

It was agreed that NHS Nottinghamshire County provide further quantifiable evidence to the Standing Committee on 20 September in support of the actions proposed by the local NHS to progress the recommendations of the Secretary of State.

The meeting closed at 1.15 pm.

CHAIR

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