Health & Wellbeing Standing Committee

Minutes

28 February 2011 at 10 am

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
Bruce Laughton
Geoff Merry
Alan Rhodes
Mel Shepherd
Chris Winterton
● Brian Wombwell
Vacancy

Officers

Paul Davies – Governance Officer
Matthew Garrard - Senior Scrutiny Officer
Steve Edwards - Children, Families and Cultural Services Department

Also in attendance

Karlie Thompson – NHS Nottinghamshire County
Chris Kenny - NHS Nottinghamshire County
Cheryl George - NHS Nottinghamshire County/NHS Bassetlaw
Keith Reynolds - Nottingham University Hospitals NHS Trust
Anne Cowley - Nottingham University Hospitals NHS Trust
Phil Mettam - NHS Bassetlaw
Felicity Cox - NHS Bassetlaw
Denise Nightingale - NHS Bassetlaw/NHS Doncaster

1. Minutes

The minutes of the previous meeting held on 17 January 2011 were confirmed and signed by the Chairman.

2. Apologies for Absence

Apologies for absence were received from Councillors Asbury, Bobo and Wombwell.

3. Declarations of Interest

There were no declarations of interest by members or officers.

4. Child Protection - Update on the Safeguarding Improvement Programme

Steve Edwards introduced the report on progress being made on implementation of the Safeguarding Improvement Programme in children's social care. Improvements included: the target for completing initial assessments had been met, the target for completing core assessments almost met, continued reductions (up to December 2010) in referrals and re-referrals for children's social care, a vacancy rate for social work staff of 0%, and a downward trend in sickness absence. Initial feedback from an unannounced OFSTED inspection on 8-10 February was positive. Mr Edwards responded to members' questions and comments.

- Were the 222 re-referrals in January 2011 a high number? - It was healthy to have some re-referrals, since they told social workers what was happening in a child's life, and might arise from a new incident.

- Were the highest caseloads still in Ashfield and Mansfield ? - Caseloads were reducing overall. The Ashfield and Mansfield teams had been reorganised with a view to reducing workloads, though a few high case loads did remain.

- Given an increase in referrals in January, could the committee be assured that the overall trend was downward? - Some monthly variations should be expected, but the overall trend was downward. 589 referrals in January 2011 compared favourably with monthly averages of over 1000 in June - August 2010.

- In relation to sickness absence, was it still the case that social workers received extra annual leave? What was the target? - Social workers had an additional six days leave per year. Further reductions in sickness absence were being sought, with a move away from a culture of long term sickness absence. To this end, Mr Edwards reviewed sickness absence cases regularly with HR. He also pointed out that reduced caseloads should mean less stress. The improvement plan target for sickness absence was ten days per year. Records were kept of unpaid hours worked by social workers.

- How was the transformation programme managed? - By an internal change team, with some external support. The aim was for children to exit the child care system sooner. Some authorities operated multi-agency teams, which might be considered for Nottinghamshire. Given that accountability was key in child protection, governance issues would have to be addressed before establishing multi-agency teams.

It was agreed to note the progress being made, and to request an update to the July meeting.

5. Introduction to Myalgic Encephalopathy (ME)

The Chairman introduced the item by reminding members that it arose from concern expressed by a member of the public for support to people with ME. Members had received information about the disease. Officers from NHS Nottinghamshire County and Nottingham University Hospitals Trust (NUH) gave a presentation on local services for people with ME. The replied to members' comments and queries.

- There was still scepticism about ME, with some people more able to live with the symptoms than others, and other conditions having similar symptoms. - Some patients had very real symptoms and were desperate to get better.

- Some GPs were reported as not recognising ME. Patients could become frustrated from being passed around, feeling that there was no cohesive plan for diagnosis. - Some patients could become disillusioned with the medical model, having been passed around a number of specialisms. The ME team did input to GP development, and was seeking to raise its profile by being on Choose and Book.

- How chronic could ME be? - Symptoms were of varying severity, ranging from acute onset to symptoms lasting decades.

- Procedures for diagnosis and treatment seemed slow. - The team sought to develop fluid pathways which suited the individual patient. They were developing a community-based approach in the county, equivalent to that in Bassetlaw and the City. Assessments would be done in a hospital setting, and services provided in the community.

Members discussed whether to scrutinise services for ME patients more fully, with differing views being expressed. It was agreed that the Chairman should discuss the possibility of a review with the officers from NUH and the PCT, with conclusions reported back to the committee.

6. Bassetlaw and Doncaster Clinical Services Review

Felicity Cox updated the committee on the review of clinical services in Bassetlaw and Doncaster, which was at a pre-consultation stage. Information on the review had previously been presented on 1 November 2010. She outlined the vision for services, the principles which underlined them, and the benefits to patients which were predicted. For Bassetlaw Hospital patients, the benefits would be a larger A&E facility, a maternity service offering births and all antenatal care, an assessment and treatment service, planned elective centre, more outpatient specialities, and redesigned site and services to treat patients as individuals. Consultation would be in two stages, to be completed by October 2011. Ms Cox, Phil Mettam and Denise Nightingale responded to members' comments and questions.

- There was strong opposition in Bassetlaw to the proposals, which seemed to be a reaction to feelings previously expressed. Public relations had been poor. - It was acknowledged that public relations could have been better. There had never been an intention to close A&E. There was a need to develop services to meet new standards, and attract junior doctors who would otherwise prefer to go to centres of excellence.

- It had been sensible to delay the review processes, in order that everyone could have their say. It was important that public confidence should be maintained by keeping promises. - It was acknowledged that elements of the previous strategy had not been credible, which had impacted on the PCT's reputation. The review was now in a new phase, with a new timetable. There was much greater GP involvement, with the PCT looking for a clinically led consensus on which to consult the public.

- There should be an independent assessment of the proposals. Local GPs were too close to the issues. - Before the PCT consulted on proposals, there would be independent clinical assessments of whether the proposals were sound, and consistent with national standards. The assessments would be by national experts identified through the Department of Health. Their findings would be made public.

- Re-ablement processes must be thought through. - There were clear national standards for surgery, which must be followed up with re-enablement. There was a window of opportunity for this. Re-enablement formed part of the Fractured Neck of Femur Review.

- Would the public have any choice about proposals, given that they would have already been considered by GPs and independent assessors? - The PCT expected to consult on up to three viable options.

It was agreed to establish a review group in due course to consider the proposals.

7. Programme of Work

Further to discussion at the previous meeting, there was consideration of the request by the Save Newark Hospital Campaign Group to make further representations to the committee. The Chairman stated that Save Newark Hospital Campaign Group had indicated that they had no new points to raise, and that they did not wish to attend the meeting on 4 April. He pointed out that the committee would receive more information on the new services at Newark Hospital and transport arrangements at the meeting on 16 May. The Save Newark Hospital Campaign Group would be able to observe such meetings. Matthew Garrard reminded members that the review of NHS Services in Newark had been completed a year earlier, in March 2010. Members had then reviewed the proposals in the light of new Government guidelines in July 2010, with the conclusion that there were no grounds to refer the proposals to the Secretary of State. In the absence of any new or additional information, there would be no grounds for reappraising the committee's previous position.

Members agreed to re-invite Save Newark Hospital Campaign Group to the committee on 4 April to express their views.

The programme of work, as appended to the report, was agreed, subject to the addition of:

- An invitation to Save Newark Hospital Campaign Group to attend on 4 April

- The establishment of a review group in due course to scrutinise the Bassetlaw and Doncaster Clinical Services Review.

The meeting closed at 12.40 pm.

CHAIR

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