

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE
10th February 2015 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chair)
Councillor N Brooks
Councillor R Butler
Councillor J Clarke
A Councillor Dr J Doddy
Councillor C Harwood
Councillor J Handley
Councillor J Williams

Nottingham City Councillors

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

Also In Attendance

Lucy Allsop	- Consultant Psychiatrist at Thorneywood
Julie Brailsford	- Nottinghamshire County Council
Catherine Cook	- Strategy and Partnerships manager, Housing Liason Group (HLG)
Sharon Creber	- Programme Director, Notts Healthcare Trust
Martin Gawith	- Healthwatch, Nottingham.
Martin Gately	- Nottinghamshire County Council
Claire Grainger	- Healthwatch Nottinghamshire
Gavin Orr	- Head of Service for Eye Casualty, Nottingham University Hospitals
Kim Pocock	- Nottingham City Council

MINUTES

The minutes of the last meeting held on 13th January 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor E Campbell, Councillor Dr J Doddy (other), Councillor T Molife and Councillor B Parbutt.

DECLARATIONS OF INTERESTS

There were no declarations of interest.

Eye Casualty

Mr Gavin Orr, Head of Service for Eye Casualty at Nottingham University Hospitals gave a briefing to the committee about Eye Casualty and the triage system used. There had been extensive consultation prior to the release of the triage tool by the Commissioning Group but it was still in the early stages of use and work was being undertaken to improve the communication between all parties concerned.

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

- Mr Orr stated that there was a lack of confidence in the 111 service to advice patients correctly and it was unclear if the 111 service had the triage tool.
- It was unclear to Mr Orr who had commissioned the 111 service and he had not had any contact with them.
- The Eye Casualty phone number was available for public use but there was a still a need for the public to be provided with more information to assist them with eye problems.

After Mr Orr had left the meeting the committee decided that when NHS 111 returned they should pursue the issues around Eye Casualty and in particular triage and communication.

Information Gathering From The Third Sector

Catherine Cook, Strategic and Partnership Manager from HLG gave a presentation to the committee on HWB3, the Third Sector Health and Wellbeing Provider Forum. One hundred and twenty one member organisations form HWB3, all of whom deliver a diverse range of health and wellbeing services. HLG were contracted by Nottingham City Council to develop and administrate this work.

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

- HLG was founded in 1986 and HWB3 had been running since 2012, it had been developed by the City Council and then HLG had taken it over. There were City specific but lots of providers were providing services in the County. HWB3 had offered their services to the County but the offer had not been accepted yet. The offer was still open but funding would be required.

- The practice around consultation with HWB3 was patchy and very much depended on who was dealing with the consultation. The message was not always getting through to the correct people and when HWB3 had flagged up issues they were not always listened to.
- HWB3 were accountable to the Health and Wellbeing Board and funding was provided by core contract money of £8k per annum.
- Third sector providers were becoming more important as services were privatised. The public used 3rd sector services, it was some health professionals that were not aware of them and the services that they provided.
- HWB3 had helped to raise awareness of the difficulties that the Deaf Group, in particular, were facing. They were always looking to increase their network membership and the suggestion that the Ear Foundation could join the network was welcomed.
- They had a mailing list of over 200 people and a website. They surveyed their membership and asked them questions and opinions. They also had a steering group who facilitated questions and discussions.

The committee thanked Catherine Cook for her presentation and offered their help in promoting HWB3.

TRANSFORMATION PLANS FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

Sharon Creber, Programme Director, Notts Healthcare Trust and Lucy Allsop, Consultant Psychiatrist at Thorneywood gave a presentation to the committee on transformation plans and early proposals in relation to Child and Adolescent Mental Health Services and Perinatal Psychiatric Services. The aim being to bring the specialist services together within a single site.

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

- There were currently 12 beds, due to rise to 13 beds in 2015, for 12 to 18 year olds in Nottinghamshire and Derbyshire, fewer beds than anywhere else in the Country. Young people and their families had to travel long distances in times of need, this fractured their community health links and lengthened their stay in hospital. The average stay was 55 days, shorter than the national average.
- Thorneywood was an isolated ward that did not have enough space for visitors, the temperature was never right and the whole environment did not help patient care. The ward environment needed to be able to manage short, as well as long, patient stays of up to a year.
- The Cedars, one of the proposed sites, was a very therapeutic environment with lots of established trees but moving there would mean that they lost the educational gardens currently at Thorneywood.

- The CCG commissioned area would have a perinatal unit, one in Nottingham and one in Derby.
- There was the need for flexibility for patient use of the beds. There was no evidence that specialist units for specific presentations, including eating disorders, helped patients to recover quicker.
- Presentations by young people at Accident and Emergency department were often due to self-harm but these patients did not always require the Services of the Mental Health team. There was a need for a high quality Outpatient Service.
- Public transport and car parking facilities at the new site were an important consideration for patients and their families.
- Consultation was currently being undertaken, including patients, former patients and their families to help shape the planning, design and implementation of the new unit.
- Healthwatch would be helping and supporting the whole process.
- The business plan was due to go before the board for approval at the end of March 2015, following this the preferred site would be known.

The committee requested that Sharon Creber and Lucy Allsop return to the June meeting for a further update once the preferred site was agreed.

WORK PROGRAMME

The contents of the Work Programme were noted.

The meeting closed at 12.08pm.

Chairman