

minutes



Meeting NHS CHANGE SELECT COMMITTEE (MILLBROOK)

Date Monday, 23rd October 2006 (commencing at 2.00 pm)

Membership

Persons absent are marked with 'A'

COUNCILLORS

Edward Llewellyn-Jones (Chair)
A Mrs K L Cutts (Vice-Chair)

John Allin	A Susan Saddington
VH Dobson	Parry Tsimbiridis
Andy Freeman	A Brian Wombwell
Pat Lally	

Co-opted Members:-

Rev. David Turner) Patient & Public Involvement Forum
Ms. Barbara Venes)

ALSO IN ATTENDANCE

Dr Mike Harris – Acting Chief Executive-NCHT
Dr Peter Rajan – Clinical Director-NCHT
Nick Daibell – General Manager – Adult Mental Health North Notts
Karen Glynn – Joint Strategic Development Manager
Sharon Eaton - Business Manager – Adult Mental Health North Notts

MINUTES

The minutes of the last meeting held on Monday 9th October 2006 were agreed, subject to the inclusion of apologies for absence received from Councillor Tsimbiridis, and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received for Councillors Cutts, Saddington and Wombwell.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

There were no declarations of interest by members or officers.

NHS CHANGES (MILLBROOK) – PROPOSALS FOR CHANGE OF USE BY NOTTINGHAMSHIRE HEALTHCARE TRUST

Councillor Llewellyn-Jones welcomed everyone attending from the Nottinghamshire Health Care Trust (NHCT) and the Millbrook Unit. He explained that, since the Joint Health Committee had no remit to deal with health matters in the north of the county, the Overview & Scrutiny Committee had commissioned a select committee to look specifically at the proposed changes at Millbrook.

Dr Mike Harris, Acting Chief Executive of the Trust, expressed regret at missing the last meeting, but a confusion with the correspondence had resulted in NHCT not attending, however, he confirmed their commitment to the consultation process and asked Nick Daibell, General Manager–Adult Mental Health North Notts, to present an historical perspective on the changes.

Mr Daibell explained that the Unit had seen a 30% reduction in bed occupancy, mainly due to changes in service provision and improvements to care in the community, and this had allowed the Trust the opportunity to reconfigure the three wards at Millbrook, and to redevelop Maun Ward in particular. Currently, patients in the north of the county requiring a secure Place of Safety and Psychiatric Intensive Care had to be transferred out of area for treatment, whilst patients from other units out of area took up the vacant beds. This caused problems with rehabilitation, made it difficult to assess the level of care that could be provided, and was distressing for families who wanted to visit and offer their support. The proposals offer a step approach to care by providing an appropriate Place of Safety (136 suite), a Psychiatric Intensive Care Unit for 5 patients and 15 acute beds for patients not restricted to a controlled environment. Financially, the Trust believes that the current overspend of the out of area treatment budget should produce an under spend of up to £500k.

Councillor Llewellyn-Jones asked when the drop in occupancy levels had become apparent. Mr Daibell explained that it was towards the end of 2005, and that it had increased gradually throughout the year. Ashfield and Mansfield Primary Care Trusts (PCT) have continued to admit to Millbrook, mainly because of its proximity to them, however, Newark & Sherwood PCT have achieved a large reduction in their in-patient admissions by managing patients in their own environment, using 'crisis home treatment teams' to assess whether admission was appropriate.

Councillor Freeman said that, after hearing the presentation, he was reassured that the Trust was investing in care in the community and providing treatment in a familiar environment, as patients recover more quickly when treated at, or closer to home. The savings achieved should then be used to provide more acute services where required. He asked for confirmation that, when calculating actual bed numbers, patients on home leave were still allocated a bed space. Mr Daibell agreed that this was so.

Councillor Tsimbiridis agreed that patients should be treated in their own locality and asked how beds come to be provided to people out of area. Mr Daibell explained that if an out of area PCT, with no available beds, asked if the Unit had a bed for a patient requiring an emergency admission, and the unit had 25 empty beds, they would not refuse even if the bed available wasn't ideal. Dr Harris assured the

Committee that there was no evidence of disadvantage caused to local patients as only 'empty beds' were used.

Barbara Venes had reservations about the level of support available in the community for the carers and families, especially when dealing with patients who could be violent, and that the reduction in beds would put extra pressure on them. Mr Daibell was confident that the risks could be measured, that assessments could be managed by 2 or 3 staff working together, and that where Mental Health Act assessments were required, support from the Police would be requested.

Dr Peter Rajan, Clinical Director of the Trust, assured Ms Venes that the focus will be on support for carers and families, and that the Trust will monitor the progress of that support. Dr Harris reported that response times were excellent in the north of the county as the emergency duty teams included psychiatrists and also had police back up. He said that NCHT would monitor the situation regarding the number of beds, and assured her that they were currently managing with the reduction.

Councillor Dobson expressed concern regarding the transfer of patients to out of area units for treatment and questioned whether it was necessary in all cases. Nick Daibell said it was the only option at the moment as Millbrook had no Intensive Care beds at all, and in an emergency situation it would be a random search for any available bed. Karen Glynn, Joint Strategic Development Manager-Mental Health, reported that the investment in Mental Health Intensive Care beds was part of the countrywide national programme.

In reply to a question from Councillor Lally, regarding the service provision for the whole of Nottinghamshire, Dr Harris explained that Nottingham City/Broxtowe/Gedling and Rushcliffe PCT's had beds in 3 centres south of the county; Ashfield/Mansfield and Newark & Sherwood PCT's used Millbrook, and, although Bassetlaw does have one admissions ward, their more challenging patients are treated at Millbrook. He assured the committee that, in the south of the county bed occupancy has fallen since single point admission was introduced at the Queens Medical Centre and patients were supported in the community by the outreach teams, Millbrook would not be expected to cope with any overflow, and explained that 'out of area' really means out of county.

Councillor Llewellyn-Jones was concerned that the focus of the committee was moving away from Millbrook, and was assured by Dr Harris that, although the Trust viewed service provision over the whole of the county, these changes were centred on the requirements of patients using the Millbrook Unit. Dr Peter Rajan confirmed that clinical need was driving the need for change in provision, and that ensuring services were provided in each area was the priority.

Councillor Allin asked for reassurance on staffing levels, and whether staff re-training would be required to cover the move to more acute service provision; Councillor Freeman asked whether any redundancies were planned in view of the reduction in the number of beds and ward closure. In reply, Mr Daibell said that ward staff numbers had been increased by a third, that additional training would be provided, and that the Trust was currently looking at future requirements. He explained how the Unit would manage the reduction in the number of beds with 40 acute in-patient beds, with an Intensive Care Unit for up to 5 patients, and 15 beds available on Kingsmill Ward for elderly mental health patients, benefits achieved by the new

rehabilitation area, plus improvements in the level of community care allowed more patients to be cared for at home, and less out of area patients being admitted.

Councillor Freeman requested information about the steps the Trust had taken regarding the consultation process and emphasised the need to ensure that this had been conducted properly. Mr Daibell said that Millbrook originally set up 4 open forums to discuss the proposals with service users and carers, consulted the Patient & Public Involvement Forum, and responded to individual and press concerns. Consultations with the staff took place once the funding was allocated. In July, the Trust were advised of the requirement to submit the proposals to the Overview & Scrutiny Committee, and subsequently notified the County Council.

Councillor Llewellyn-Jones said it was unfortunate that the County Council had been notified about the proposals so late in the process; and emphasised that the committee needed to be sure that proper consultations had taken place, and be properly presented with the results of those consultations. He pointed out that the information provided today gave no details about this process at all.

In his reply, Dr Harris explained that it had been difficult to get the sequence right. The proposals were put to the NHCT Board in July 2006, and to the public session of the Trust in September 2006. Councillor Llewellyn-Jones suggested that a simple notification of future plans sent in confidence to the chair and vice-chair of the Joint Health Committee, who have a similar arrangement with Nottingham University Hospital, would have been sufficient to alert the County Council to possible changes.

Councillor Freeman said it was vital that the committee looked at the outline consultations that Mr Daibell had conducted so far, plus a list of the organisations he had contacted and their replies.

Councillor Llewellyn-Jones thanked the representatives of NHCT and Millbrook for attending the meeting and the information they had provided, and they left the meeting.

The Committee went on to discuss what areas of information they would like to develop, and which other organisations would have a valid contribution to make to the consultation on the proposals. They could be invited to attend the next meeting of the committee personally, or send in written submissions. In particular, members wanted more information about levels of care in the community, the views of carer support groups, the plans for investing any budget savings achieved, representatives of the staff and patients or their advocates. The committee decided that two more meetings would be necessary, one in 3-4 weeks time to gather information on the consultation and another in December to reach a conclusion and draw up draft proposals.

It was agreed that representatives of the staff and patients, voluntary organisations and carers support groups should be invited to make written submissions to the committee on their view of these proposals, and the consultation to date.

It was agreed that the Committee would meet again on Monday 20th November 2006 at 2.00pm, and again on Monday 11th December 2006 at 2pm, both meetings to be held at the Ashwood Community Centre.

The meeting closed at 4.00 pm.

CHAIR

Ref: nhschanges(millbrook) /m_23 October 06