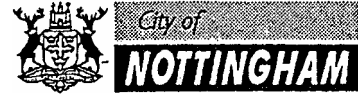




**Nottinghamshire** Minutes  
**County Council**



Meeting JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE

Date Tuesday, 11<sup>th</sup> July 2006 (commencing at 10.30 am)

**membership**

Persons absent are marked with `A`

**COUNCILLORS**

**Nottingham City Councillors:-**

- Saghir Akhtar
- A Brent Charlesworth
- Gill Haymes (Vice-Chair)
- Eileen Heppell
- Afzal Khan
- A David Liversidge
- Tim Spencer
- A Carole Stapleton

**Nottinghamshire County Councillors:-**

- A Steve Carr
- Mrs K Cutts
- Pat Lally
- Edward Llewellyn-Jones (Chair)

**Co-opted Members:-**

- Councillor Simon Harris, Ashfield Borough Council
- Councillor Jacky Williams, Broxtowe Borough Council
- Vacant - Gedling Borough Council
- Councillor Mrs M Males, Rushcliffe Borough Council

**ALSO IN ATTENDANCE**

- Mrs B Cast )
- Ms N Watson ) Nottingham City Council

Ms C Coleman-Wood        )  
 Mr M Garrard                )  
 Mr C Gilbert                )  
 Mrs R Rimmington         ) Nottinghamshire County Council  
 Mrs H Lee                    )  
 Ms J Leggott                ) Nottingham University Hospitals NHS Trust  
 Ms Jill Martin                )  
 Ms Trish Cargill            )  
 Mr B Brewster                )  
 Ms S Creber                 ) Rushcliffe PCT  
 Mr S Newman                )  
 Mrs B Venes                 ) Patients' Representative PPF

**MINUTES**

That subject to it being noted that on page 8 of the minutes the name Jenny Williams should be Jacky Williams and Mrs M Males be included in the list of apologies for absence, the minutes of the last meeting held on the 13<sup>th</sup> June 2006 having been circulated were confirmed and signed by the chair.

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Steve Carr and David Liversidge.

**DECLARATIONS OF INTEREST**

There were no declarations of interest.

**MODERNISING OLDER PEOPLE'S SERVICES**

Ms N Watson, Nottingham City Council introduced the report to the Scrutiny Committee. In doing so, she referred to the letter that had been sent to Mr Brewster, Acting Chief Executive, Rushcliffe PCT following the last meeting of the committee requesting further information on the proposals. A copy of this was appended to the report together with his response to assist the committee in its considerations on the proposal. Ms Watson also drew the committee's attention to the response that had been received from the Clinical Directors of the Nottingham University Hospitals Trust, a copy of which had been circulated to members.

Mr Brewster confirmed that they had agreed to receive any response from the committee after the close of the consultation period so long as it was received by 14

July in order that it could be shared with their consultation scrutiny panel alongside all other responses received.

A final report would be available at the end of the month.

Councillor Williams asked for the clarification of some of the figures in the report and how they had been calculated. Mr Brewster said that they were based on current figures. Ms Creber, Rushcliffe PCT, added that current investment levels had been looked at and calculations made on how money from the closure of wards could be used to purchase more services in the community for more patients. Mr Brewster said that the level of growth would support many more people in the community; the remodelled service would provide additional capacity for demographic growth. Councillor Llewellyn-Jones was concerned that the figures related to a theoretical model and were therefore just a possibility.

In response to a question, Mr Brewster said that he felt that the two main themes emerging from the consultation were transport issues and availability of support in the community. Sharon Creber said that 60-65 responses had been received from members of the public, meetings had been held with affected groups, a petition had been received from the Friends of Granby Ward and key health partners had been consulted. Most comments were general and did not express a preference for one system but anxiety had been expressed about the change as no one wanted to see a loss of service.

Councillor Haymes felt that the impact assessment was crucial to the changes. Mr Brewster responded that the impact assessment was taking evidence from City and County Adult Services and the PCT and a wider impact assessment was planned for the next stage when social care professionals would be consulted.

Councillor Mrs Cutts felt it important to ensure that no adverse effects occurred and wanted to know exactly what was being proposed. Mr Brewster said there would be a rehabilitation service; an expansion in community based treatment; community matrons and the district nursing service would be modified with additional support services; mental health patients would have health and social care designed through the Mental Health Strategy Group.

Councillor Mrs Cutts queried the role of the community matrons and how the district nursing service would be remodelled. Mr Brewster explained that community matrons would have an individual case load of about fifty patients who had had multiple admissions to hospital and that it was envisaged that district nurses would work closely with GP's surgeries to make a much more integrated model. Sharon Creber said that this was an evolving model of care, and the remodelling would allow money to be channelled into other areas. Care would be jointly funded, with the community matrons nursing the most complex cases and it was envisaged that 50% of current patients would return home.

Councillor Mrs Cutts was concerned about what would happen when a patient was discharged. Mr Brewster felt it was important that care plans were in place prior to discharge, these would combine health and social care needs. Ms Creber added that it was estimated that between 300 and 500 patients would transfer to intermediate care at home and a multi-disciplinary team including occupational health and physiotherapists would be available. Councillor Williams wanted to know how these services would be co-ordinated. Mr Brewster said that the planning process for discharge should be started soon after admission as multi-agency working was complex.

Councillor Llewellyn-Jones highlighted the concerns expressed in the letter from the Joint Clinical Directors (paragraph 4) which said the proposed new ways of working had not been fully costed, problems not resolved and the document did not make clear how the seamless model of care would work. Mr Brewster replied that all figures used in the model were available; the models proposed were guidance and he was aware that if the system did not work it could result on pressure being put on other services. Councillor Llewellyn-Jones referred to the reduction in beds that had been identified. He felt that this appeared to be a cut rather than just remodelling and wondered if the new model was capable of meeting need, given that details about the length of the transition seemed unclear. He was also concerned about the involvement of Adult Services. Mr Brewster said there was still work to be undertaken and that more detail would be available for the meeting in September.

Councillor Haymes expressed his concern about the issue of carers since they were a very important part of a patient's rehabilitation and felt they should be consulted and considered when travel plans were being drawn up. Councillor Males queried what would happen to patients who went through the system but then had to be admitted to residential care. Ms Creber said there were systems in place at the present time and it was envisaged that the re-modelled service would have a positive impact on the transfer of people into long term care.

Councillor Lally felt that this was just the beginning of a new process and hoped it could be discussed and changes negotiated. Mr Brewster agreed that the planned change would have to be phased in and have the potential to be modified.

Councillor Llewellyn-Jones concluded that a more positive perspective had been reached and that the sense of direction was right, but it was necessary to make sure the new arrangements were correct as there was so much at stake. It was agreed that that the committee's response would be made by the 14<sup>th</sup> July.

The Committee went on to discuss its proposed response and concluded that the proposals were only a starting point and should include the following points:

- That the responses to the consultation should be published.
- That in future the PCT consult and work with other stakeholders and partners, i.e. City and County Adult Service, earlier in the process.

- That upon completion of the impact assessments the commissioning remits should be made clear and available.
- That more detail about the proposals and the implementation plan should be available

It was agreed that the Committee's response be drawn up for the Chair and Vice-Chair to approve before it was sent to the PCT in time to meet the deadline of 14<sup>th</sup> July 2006.

It was also agreed to send a copy of the response to the relevant Primary Care Trusts.

### **NOTTINGHAM UNIVERSITY HOSPITALS TRUST – PAEDIATRICS**

Jenny Leggott, Acting Chief Executive of the Nottingham University Hospitals Trust gave a presentation to the Committee on the proposed transfer of Paediatric Services to the Queens Medical Centre (QMC) campus. She explained that the best option for the provision of these services would be a purpose-built children's hospital, but this was not viable at the present time. The provision of services on a single site which would in future include a children's block and a designated entrance was the next best preference. She gave details of the general paediatric medical and surgical services for young people in Nottingham and the surrounding area, including inpatient, day care and outpatient services, in addition to emergency services (A&E) and specialist services for children in the East Midlands.

In response to Councillor Jacky Williams' question concerning the effect the extension of the tram network would have on the QMC campus, Jenny Leggott said she felt it would have little effect but it could make access easier for people attending the hospital and help with parking problems on the campus. Councillor Williams was also concerned about the transition of young people from children's to adult services. It was explained that this was an issue that particularly affected Cystic Fibrosis and renal patients and that the City Hospital had a very good system in place to help with the transition and this would also be used at the QMC.

Councillor Williams queried what would happen to patients who remained in hospital over the weekend if the proposal of closing wards at the weekend took place. Ms Leggott said it is not envisaged that patients would be moved from ward to ward and that the specialist help would follow the patient. Councillor Williams was also concerned about the threat of job losses caused by the move. Ms Leggott felt it was difficult to say what would happen, but natural wastage would account for some loss of posts and that a vacancy management system has been put in place to help minimise the effect.

Councillor Eileen Heppell wanted to know what impact the transfer would have on the specialist service provision for children in the East Midlands and beyond. Ms Leggott felt that Sheffield, Derby and Leicestershire Trusts would have to decide which one

was going to specialise and in what; stand alone practitioners had not in the past provided a model of good care or best practice. Referring to cancer service provision, she said there was a programme of work that would go forward. Councillor Heppell wanted to know if services for teenage pregnancies and sexually transmitted diseases would be affected by the change, and was assured that there was nothing planned and that the provision would remain with the midwifery service. She was also concerned about access to and availability of parental accommodation at the hospital. Ms Cargill, from the Trust said that the provision of accommodation for parents close by was crucial, and that access to facilities for parents during the day was also needed. Different models of how to provide this had been looked at. It was possible that a partnership arrangement between various charities may be the answer. Ms Martin from the Trust referred to the consultation that was taking place with families concerning what they would like to be provided and said a business case would be drawn up.

Councillor Heppell enquired if children had been consulted about the changes and also how provision of school services for children in hospital would be affected. Ms Cargill said it was very important that children were able to continue with their education whilst in hospital and that discussion was taking place with the schools which already provide this service. Councillor Mrs Cutts enquired what the average length of stay was for a child. Ms Leggott said that the majority of children, due to the nature of their illness, were admitted for two days but obviously this was longer for those with more serious conditions. Councillor Mrs Cutts asked which block of the QMC was to be used as the children's wing. Ms Leggott said it was envisaged that the East Block would be allocated and a new entrance would be created. She added that Accident and Emergency (A&E) would not be affected by the move. Councillor Mrs Cutts commented that the tram would only help with access problems to the site for those people who lived near the tram line. Ms Leggott said there were multiple problems with access to the site and talks had taken place with the bus companies to try and improve services. It was recognised there was a need to create a better bus exit system. She also said that the hospital was looking at making it possible for the helicopter to land on the roof rather than disrupt the whole of the traffic system around the campus as at present.

Councillor Mrs Males welcomed the creation of a unit for children with a single point of access. She enquired if it was possible to have designated parking spaces for parents. Ms Leggott said that a short stay drop-off zone for families could be created but it was not fair to other users to do more than that. It was felt important that people be encouraged to use public transport in particular the Park and Ride system, which was fully wheelchair accessible. Councillor Males wanted to know whether the new unit would create any additional emergency beds. Ms Cargill said there would be a reduction in the total number of beds, but the numbers available for emergencies was likely to increase after remodelling. She commented that there had never been a situation where there were not enough emergency beds.

Councillor Haymes wanted to know what effect this would have on the City and County Adult Social Care and Health Services and would there be any change to

maternity services. Ms Leggott said there had been some discussions and this would continue throughout the process and that there would not be any changes to maternity services.

Concern was expressed about the cleft lip and palate unit moving to the QMC before the consultation process had been completed. Ms Leggott explained this was a very small unit which helped about one hundred cases per year and by moving to QMC it would be nearer services that linked in with the condition, for example orthodontics. A formal request was made for information regarding this area.

In response to a question from Councillor Llewellyn-Jones, Ms Leggott said that there would be very little impact on other hospitals. It was pointed out that some surgeons were already operating in other hospitals which were nearer to where the patient lived.

Councillor Llewellyn-Jones thanked every one for their contribution to the discussion.

### **JOINT HEALTH COMMITTEE PROTOCOL**

Matthew Garrard, Scrutiny Officer, introduced the report that provided the Members with the opportunity to review the protocol for the operation of the Joint Committee. In doing so, he drew their attention to the suggested amendments in paragraph 4 of the report.

The Committee agreed the amendments to the protocol as set out in the report.

### **WORK PROGRAMME**

Chris Gilbert, Scrutiny Officer introduced the 2006-2007 Work Programme to the Committee. He explained that it was only a draft and was therefore subject to change. Other items that should be included were the QMC/City Hospital merger and the Nottingham Health Care Trust.

Councillor Haymes suggested that the independent diagnostic and treatment centre on the QMC campus should be included. Other items for consideration were LIFT and the Annual Health Checks.

Discussion also took place about a proposed change to the dates of discussions and it was agreed that a more finalised programme would be available for the next meeting.

The meeting concluded at 1.00pm

### **CHAIR**

Ref: ctee/select ctees/jt health/2006/m\_11july 06