



Meeting JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE
Date Tuesday, 14th November 2006 (commencing at 10.00 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
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:-

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

ALSO IN ATTENDANCE

Mrs B Cast)
Ms N Watson) Nottingham City Council

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| Mr M Garrard |) |
| Mr H C Holmes |) Nottinghamshire County Council |
| Prof Justine Schneider |) Nottingham Healthcare Trust |
| Dr M Harris |) |
| Ms E de Gilbert |) Nottinghamshire County Teaching Primary Care Trust |
| Ms S Creber |) |
| Ms S Smith |) |
| Mr C Kerrigan |) |
| Mr G Molumby |) Nottingham University Hospitals NHS Trust PPIF |
| Ms B Venes |) Nottinghamshire Healthcare Trust PPI Forum |
| Mr S Wildgust |) SPAN Training Centre Group |
| Dr J Thornton |) |
| Mr J Wilson |) Nottinghamshire County Council – Adult Social Care and |
| Mr P McKay |) Health Department |

MINUTES

The minutes of the last meeting were agreed, subject to the inclusion on page 5 of the minutes, Healthcare Trust (Adult Mental Health Directorate) after paragraph 3 “Councillor Mrs Males expressed concern that patients may slip through the net and end up on the street”.

MATTERS ARISING

Councillor Llewellyn-Jones referred to the last paragraph on page 3 of the minutes which referred to discussions by the County Council’s Health Scrutiny Committee about proposals concerning Millbrook. He indicated that it had subsequently been clarified that the non attendance by the Trust was because the invitation had not arrived in time.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Steve Carr and Simon Harris.

DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillor David Liversidge declared a personal interest in agenda item 4 – Nottinghamshire Healthcare Trust – Adult Mental Health Directorate as his brother worked for the Trust.

Councillor Jacky Williams declared a personal interest in agenda item 6 – as she has an honorary post at the Nottingham University Medical School.

Councillor Llewellyn-Jones declared a personal interest in agenda item 6 – Nottingham University Hospital Trust as a member of his family was employed there.

Councillor Tim Spencer declared a personal interest in agenda item 6 – as a relative was employed at the Queens Medical Centre.

NOTTINGHAM HEALTHCARE TRUST: CONSULTATION – WELLBEING AND SOCIAL INCLUSION SERVICE

Professor Schneider gave a presentation to the Committee. She indicated that severe mental health problems such as schizophrenia and bi-polar disorders were relatively rare. She added that GPs spent a third of their time on mental health issues. She commented that mental health problems can have a strong effect on families and that carers were twice as likely to have mental health problems. She stated that the social exclusion report was about everyone having a stake. There was a great deal of emphasis on employment as a way to overcome social exclusion. She indicated that the vision was a future where mental health patients would have the same opportunities as any other citizen.

Professor Schneider explained that she had been involved with mental health patients for 26 years. Originally there had been a screen print shop on the hospital site which was an institution providing occupational activities. Since then the hospitals had closed and the workshops had moved to industrial estates and were in community settings. The next step was to move to an integrated service in community settings which was what was proposed with the wellbeing service. The proposals were 100% compliant with best practice and in accordance with Government policy. They would make vocational activities a central part of the care plan.

Dr Harris stated that in 1978 there were a large number of hospital beds for mental health patients in Mapperley Hospital, Saxondale Hospital and Coppice Road. The day services were all institutionally based. Since then they had modernised the day services. At that time heavy industrial work was no longer in existence so they looked at how community facilities could prosper. SPAN was part of that and was designed to get patients to use normal community facilities and where possible get back into work. The services had continually changed in that SPAN was originally based in Mapperley and subsequently had 2 moves. He stated that there had been a need for the Trust to prepare their thoughts first and they had brought forward proposals in July which went for consultation from 1st November. He indicated that the proposals were on their web site and paper copies had been prepared. He explained that they were just at the beginning of the consultation period and that there would be further meetings with users as well as public meetings. The Trust Board in February 2007 would consider all the submissions in response to the consultation.

There was a discussion about whether to allow a representative from the SPAN Training Centre Group and other members of the public to speak to the Joint Committee. It was agreed on the casting vote of the Chair to agree to this.

Mr Wildgust from the SPAN Group circulated to the Joint Committee details of his case history as a SPAN student, his notes of a SPAN student meeting held on 28th June 2006, his notes of a meeting with Trust representatives held on 8th November 2006, together with a letter from Nottinghamshire Police about his work on the supported committed work scheme. He felt that the meeting with Trust representatives on 8th November had been a shambles. Basic questions had been asked but they had been met by non answers. He felt that service users had failed to be consulted which was in contravention of Section 11 of the Health and Social Care Act 2001. He asked what had happened to the dossier which had been prepared by Steve Behan, an occupational therapist from the SPAN student meeting held on 28th June 2006. He stated that because of the nature of the illness people had who attended SPAN they would not speak up in large meetings and there was a need for smaller groups. He pointed out that SPAN was in a purpose built building. He emphasised that SPAN supported people 100% and had brought him through his bad times.

In response to a question from Councillor Llewellyn-Jones, Mr Wildgust stated that they had the impression that SPAN was closing as most of the consultation document pointed to that. He added that at the meeting on 8th November only 4 users turned up as there was only 24 hours notice of the meeting. He indicated that the Trust had agreed to hold another meeting but it was felt that this was a token gesture. In response to a question from Councillor Eileen Heppell, Mr Wildgust stated that patients had to be referred to SPAN, they could not access the service direct. In response to a question from Councillor Mrs Cutts, Mr Wildgust stated that SPAN was in a purpose built building. He added that other service users had been elsewhere but SPAN provided support and that people turned up. If the service was fragmented people would not turn up at colleges. He added that when people were upset and had difficult times they would not go to such places as colleges whereas at SPAN they would. He thought a valuable service would be lost. He stressed the importance of having people in similar circumstances that a person could talk to.

Dr Thornton from the SPAN Training Centre Group indicated that at the last meeting he had asked what evidence there was to support the change to move the service into mainstream. He commented that Professor Schneider had pointed to the evidence and indicated that there were trials which showed that people did better if they went straight to mainstream activities with support. The proposed changes were therefore evidence based. It was disappointing however that it was difficult to get this evidence and that it had not been presented to the SPAN users. He added that whilst the evidence suggested that it was better to go straight into the community, over half failed to get employment after one year. These people still needed to be supported and therefore he felt there was a need for both approaches. Professor Schneider stated that they would pay attention to individual needs and support them through the transition. It would be a careful process which would be person-centred. There was a strong evidence base for the proposals. The best programme would achieve an

employment rate of 50% and there were others for whom it would take longer to achieve employment. She accepted that there were some people for whom short term employment was not a realistic option which was why the review indicated that there would be a spectrum of support, e.g. art etc, which was designed to meet the needs of all users. The transition team was there to help people bridge the gap. The task of the Trust was to ensure that social opportunities were not lost. Dr Harris referred to one of the slides in the presentation which indicated that a range of options were proposed and that it was not just about getting people back into employment. He added that SPAN was part of the process and was one centre among many in the county. He pointed out that the core of the SPAN services was the support the users had from the workers and the document suggested no change to this.

Councillor Liversidge commented that the problem was that people were not interested in the strategy but how it affected them. He asked how intensive would the care be in the community and whether there would still be a centre for the users to meet. He had the feeling that the consultation exercise was not asking these questions. He added that one of the problems was that the people who would be affected by these proposals were outside the system. He thought there was a need for basic consultation with people to explain what was happening so that they understand. He referred to the situation when Mapperley Hospital was closed and there was no community to care for them. Dr Harris accepted the concerns. He stated that the reality was that the vast majority of people with mental health had always lived in the community even when the health service had 2,500 beds. He stated that the Trust would want consultation to be as effective as possible. He commented that the feedback was that they had obtained a lot of information from the user meeting. He indicated that the Trust was interested in the documentation and if there was a need for more meetings they were happy to have them. He explained that the statutory consultation period was for 90 days and they did want to hear people's views and that the plans may change as a result.

Councillor Gill Haymes commented that it felt difficult to argue with the direction of travel and the national context. She felt the stumbling block was the timeline around consultation. The fear was that by agreeing the direction of travel then the decision was made on each individual aspect. She asked for reassurance that if the direction of travel was approved they were not giving support for specific actions to be made. She thought it seemed an issue of personal safety in having a familiar centre which was meaningful and important. She commented that there were no details of the number of people using SPAN. Dr Harris agreed that the consultation was about the strategy as a whole and that consultation would be held in the future on specifics at the appropriate time. He added that they had details of the number of people attending SPAN. He indicated that the Trust spent £440,000 running SPAN of which half went on the building. He was not sure that this was the best use of resources.

Mr Wilson from the County's Adult Social Care and Health Department stated that the City and County Councils were working in partnership on mental health issues. They broadly welcomed the proposals. He commented that for many who attended the day centres the majority of problems were social crises more than medical. They welcomed the transition team but did not think that 2 years was long enough. There

were changing expectations of the public on these issues. The current day centres and rehabilitation did not meet current expectations. He added that a number of people would find it difficult to access the new services proposed and there was therefore a need for a mixed provision. He commented that direct payments could perhaps be used to allow people the freedom to purchase services which would give them self determination. He emphasised that the review was more than just SPAN and covered a broad range of services including services run by the City and County Councils and voluntary organisations. There was a need to look at how this will tie in with the Primary Care Trusts Section 28 proposals where, for example, a couple of schemes in Rushcliffe were affected.

Councillor Mrs Cutts asked that if only 50% of patients became employed what happened to the other 50%. She asked if the building closed would that leave a deficit for those who needed to be supported. Dr Harris stated that the consultation process started on 1st November and finished on 31st January 2007 and the responses would be considered by the Trust Board in February 2007. It was not proposed to close all building based services. There would be a range of options available, local authority, voluntary and health. They still ran a drop in coffee bar on The Wells Road and there would be a range of other facilities across the conurbation. In response to further questions from Councillor Mrs Cutts, Dr Harris stated that a further 2 meetings would be held with SPAN users. He added that he would like the money to be invested in staff and that a major benefit for the users would be staff.

In response to a question from Councillor Lally, Dr Harris stated that the purpose of the transition team was to be there to support and help people into mainstream. It was recognised that some people had ongoing needs and these would be dealt with as part of a planned process.

Councillor Jacky Williams commented that the only figure of the cost of £440,000 for SPAN had been given. She asked for details of the numbers of service users and did not feel there was enough detail. Dr Harris stated that approximately 5,000 people were treated for mental health services in the county excluding secure services. There were 700 inpatient beds and 10,000 outpatients being seen.

Councillor Liversidge commented that the strategy was there but the problem was “the devil in the detail”. He asked whether the transition team had the capability to take current users through the process so that they did not fall by the wayside. He also asked if there was no centre where would people go to have a one to one with staff. Dr Harris stated that the documents did flesh out but did not cover every aspect of the service. He explained that the care programme approach had been introduced to prevent people falling through the net. He believed that the new service would be more effective. They were not ignoring the importance of SPAN but that was only one part of a very large service.

Councillor Llewellyn-Jones stated that the Committee had difficulty grappling with the detail and the numbers of people and where the service would operate from. A response from the Joint Committee to the consultation exercises needed to be agreed. He suggested that a list of further questions be sent to the Trust following

discussion by himself and the Vice-Chair. The matter would then be considered at the next meeting when a response would be agreed. This was agreed.

NOTTINGHAMSHIRE COUNTY TEACHING PRIMARY CARE TRUST – OLDER PEOPLE'S SERVICES – IMPLEMENTATION PLAN

Ms de Gilbert reiterated that there were 2 separate proposals. She stated that there were problems of recruitment and retention and therefore there was a need to move forward to make the final decision. She added that the Trust had made progress in the last few weeks. It was clear that both Adult Social Care and Health Departments supported the proposals in principle. It had been agreed to bring in independent validation and work was beginning and they would meet in December. They were therefore not ready to bring the implementation plan which it was proposed to take to the Trust Board in January 2007. She emphasised that the proposals were not about cost shifting or reducing the service but were about improving the patient experience. The proposals were about more care at home. They were trying to reduce the length of stays in hospitals which were higher than other parts of the county or country. She stressed that in the last 2 or 3 weeks they had made progress and that there was a meeting in early December to agree the implementation plan.

Ms Creber stated that the partnership agenda seemed positive and they had now got to the position where it had been agreed to have external support. She stated that the protocol of safe transfer of mental health patients had been approved. She pointed out that the carers were very anxious about the uncertainty for mental health patients. They had carried out reassessments on continuing care wards and only a third met the needs. The Trust were committed to meet the costs for the rest of these patients lives and would therefore pay for nursing homes. Many carers had asked the Trust to support their wish to transfer as soon as possible. As a result Granby Ward which had 24 beds only had 3 to 4 patients remaining. There was therefore need to take quick action. The business plan for reinvestment and Social Services wanted to employ more hands on care with crisis support. There was a commitment to invest in a range of services but the Trust also wanted some of the money to go to inpatient services to improve the patient experience.

Councillor Llewellyn-Jones stated that the Joint Committee had been concerned at how the proposals would be implemented and the detail. He was reassured with the progress which had been made. Councillor Jacky Williams asked who was the organisation that had been brought in and whether there was an agreement to accept their recommendations. She felt there was a shift to have less skilled staff e.g. healthcare assistants and volunteers but there was an issue about who paid. Ms de Gilbert stated that the consultants were PriceWaterhouseCooper and that the brief had come from the Adult Social Care and Health Departments. She stated that the Trust had said they were prepared to have an honest discussion about the findings but had not made a commitment to accept them. She added that it was clear there would be a skill mix of staff and that this would include the voluntary sector. Ms Creber stated that they had been working with the Alzheimer's Society and it was clear that the voluntary sector could play an important role. They were looking to develop services. These would be free to the service user and funded by health.

Councillor Gill Haymes stated that it sounded as though they were getting an understanding between the Adult Social Care Departments and the Primary Care Trust and she was reassured by that. She felt that there needed to be a clear joint understanding. On the user side she stated that visiting to Lings Bar can be difficult. She thought that there was a perception that there was a lot of single, elderly people who had no relatives and were isolated and she thought this issue needed looking at. Ms de Gilbert stated that work had commenced to look at this issue.

Councillor Liversidge referred to capacity issues. He wondered whether people would be squeezed out of the system because there was not enough room for mental health patients. Ms Creber stated that they had been looking at capacity with the Healthcare Trust and Adult Social Care and Health Departments. They were using an impact analysis to try to look at the impact of this. They expected that 100 patients would move into the community. They accepted that the Adult Social Care and Health Departments' views were that they did not want more pressure on their long term budgets. The Primary Care Trust was happy to work to joint targets. She added that there were some examples of extra care for mental health patients – one was in Scotland. She added that as funds were released they could look at this but there were not any in the county at the moment.

Mr McKay from the County's Adult Social Care Department stated that significant progress had been made. He added that both City and County Council's Adult Health Care Departments did not want there to be an adverse affect on performance. He agreed that extra care may be an option for the future. He stated that there was capacity in residential and nursing homes if that was the need of the individual. The aim however was for people to stay longer in their own homes. The impact analysis was looking at the whole approach and there was a commitment to do this together with the Trust.

In response to a question from Councillor Eileen Heppell, Ms Creber stated that the Healthcare Trust was tracking patients transferred. They would be putting some investment into special support for people in care homes and had a pilot in the City at the moment. As patients funded by Health they would have a reassessment by a small team. In response to a question from Councillor Mrs Cutts, Ms Creber stated that the criteria which were used were local ones for continuing care which decided whether the NHS paid. National criteria were being consulted on. In response to a question from Councillor Llewellyn-Jones Ms Creber stated that as part of the consultation process they were making the case to reduce the number of beds. They had got to the stage where they wanted to move forward with the closures. She pointed out that all parties had agreed to the strategic direction. She stated that the Trust would now like to move forward and in November ratify the decision of Rushcliffe PCT which would confirm the closure of Granby Ward and bring all the rehabilitation wards to Lings Bar. This would enable the PFI Scheme to be confirmed at Highbury. The Trust would then pause and continue the work with Adult Social Care and Health Departments and come back in January 2007 with the detail as to what would be the replacement. She stated that if they reduce the number of beds they must reduce the length of stay. Detailed work had been done on this and it was agreed PriceWaterhouseCooper would look at this. As a provider they found the services

under stress. One ward had closed in January 2005 and another in August 2006 and there was pressure to close another ward. This was due to staffing difficulties because of recruitment. They wished to confirm the reduction in beds. They had 110 and wanted to reduce to 96 and move to Lings Bar. They intended not to make any further closures until Spring 2007. Mr McKay stated that Social Services Departments had expressed concern on the performance and budgets. There was a commitment to work through the report from PriceWaterhouseCooper. There was an acceptance that there would be improved care pathways and that it would be quicker. They wanted to measure the impact and take into account changes in demography and the impact of rehabilitation. They wanted to see the impact assessment before they agreed the proposals. He stated that he spoke for the City Council's Adult Care Department as well.

Councillor Llewellyn-Jones commented that it was pleasing to hear of the progress being made. He suggested that a letter be sent from the Committee to indicate that they appreciated progress being made and look forward to seeing the details in January 2007.

The Committee agreed to support the proposed closure of Granby Ward at Lings Bar Hospital and the movement of the rehabilitation wards from Highbury Hospital to Lings Bar. The detailed implementation plan would be considered at the January meeting of the Joint Committee.

NOTTINGHAM UNIVERSITY HOSPITALS TRUST – CONSULTATION ON THE FUTURE OF SERVICES FOR YOUNG PEOPLE AT NOTTINGHAM UNIVERSITY HOSPITALS TRUST

Comments were circulated from the Nottingham University Hospitals NHS Trust Public and Patient Involvement Forum. Mr Molumby indicated that he needed to point out that the Children's Centre was managed by Broxtowe and Hucknall Primary Care Trust and not the Nottingham University Trust as shown in his comments. He indicated that he had been reassured that the Hospital Trust had done extensive consultation on the proposed changes.

Councillor Mrs Cutts stated that it was a sad fact that there were children who would not improve and would have long stays in hospital. She felt that the Queen's Medical Centre was not a particularly friendly place and that there were no outdoors facilities. There was also schooling which would be necessary for long stay young patients. She felt there was a need to be reassured that children would be looked after properly. Councillor Jacky Williams referred to cystic fibrosis patients who would have inpatient needs and support at home. She commented that the community nursing team had been reduced.

Councillor Mrs Males stated that there had been concern about young people and they had a separate day room for older children. She hoped that this would continue. She pointed out that there was an outdoor area on the roof of the hospital. Councillor Liversidge felt that access to the Queen's Medical Centre site seemed more difficult than the City Hospital. Councillor Jacky Williams asked what ages were covered as a

child. Councillor Gill Haymes expressed concerns for the need for sensitivity around the pace of change and levels of staffing. Councillor Mrs Cutts stated that parents had problems when they had other children if they were visiting one of their children in hospital. She thought that there was a need for somewhere for them to play and that there might be a need for a crèche. Councillor Jacky Williams felt there was a need to include provision for carers as well. She thought there was a need for a separate entrance with drop off facilities and parking for those with long term conditions.

Councillor Gill Haymes asked for some clarity about what was happening at the City Hospital site. Councillor Mrs Males asked about what arrangements there were for pharmacy facilities for children.

It was agreed to support the proposals for the children and young people's unit on the QMC campus as it was felt that the proposals were in the interest of patients. It was agreed that the Chair and Vice-Chair would agree a response to the proposals which would highlight the concerns which had been expressed at the meeting.

WORK PROGRAMME 2006/07

The work programme was agreed subject to the following additions:-

- 12th December 2006: response to the Nottinghamshire Healthcare Trust – Adult Mental Health Directorate
- 9th January 2007: the modernising of older people's services – implementation plan
- 13th February 2007: the responses to the Nottinghamshire Healthcare Trust consultation
- 17th April 2007 meeting: the Route Map

The meeting closed at 1.00 pm.

CHAIR

Ref: ctee/select ctees/jt health/2006/m_14nov 06