



**Nottingham
City Council**



**Nottinghamshire
County Council**

**JOINT CITY AND COUNTY
HEALTH SCRUTINY COMMITTEE**

MINUTES

of meeting held on **15 APRIL 2008** at the
Council House from 10.00 am to 11.50 am

Nottingham City Councillors

- ✓ Councillor Liversidge (Chair)
- ✓ Councillor Akhtar
- ✓ Councillor Aslam
- Councillor Dewinton
- Councillor Heppell
- Councillor Johnson
- Councillor Newton
- ✓ Councillor Price (substitute for Councillor Spencer)
- Councillor Spencer

Nottinghamshire County Councillors

- Councillor Winterton (Vice-Chair)
 - ✓ Councillor Cutts
 - ✓ Councillor Dobson
 - ✓ Councillor Lally
 - ✓ Councillor Lodziak
 - Councillor Sykes
 - ✓ Councillor Tsimbiridis
 - Councillor Wombwell
- ✓ indicates present at meeting

Also in Attendance

- | | | |
|---------------|-------------------------------------|--------------------|
| Ms N Barnard | - Overview and Scrutiny Team Leader |) Nottingham |
| Ms A Kaufhold | - Committee Administrator |) City Council |
| Ms K Pocock | - Overview and Scrutiny Review |) |
| | Co-ordinator |) |
| Mr M Garrard | - Scrutiny Officer |) Nottinghamshire |
| | |) County Council |
| Ms G Oliver | - | - Nottinghamshire |
| | | County Teaching |
| | | Primary Care Trust |

Mr J Walker	-	Divisional Manager Performance and Planning	-	Nottinghamshire Healthcare Trust
Dr P Homa	-	Chief Executive)	Nottingham
Ms R Larder	-	Deputy Director Strategy)	University Hospitals NHS Trust

64 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dewinton, Spencer, Sykes, Winterton and Wombwell.

65 MINUTES

RESOLVED that the following minutes, copies of which had been circulated be confirmed and signed by the Chair:-

(a) 12 February 2008;

(b) 11 March 2008.

66 DECLARATIONS OF INTERESTS

Councillor Tsimbiridis declared a personal interest in agenda item 4 (minute 67), Modernising Day Hospital Services for older people with Mental Health Problems, as he had a relative employed by MIND.

Councillor Liversidge declared a personal interest in agenda item 4 (minute 67), Modernising Day Hospital Services for older people with Mental Health Problems, as he had a relative employed by the Healthcare Trust.

67 MODERNISING DAY HOSPITAL SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS

Further to minute 54 dated 12 February 2008, consideration was given to a report of the Head of Overview and Scrutiny, Nottingham City Council, copies of which had been circulated.

Mr Walker updated members on progress and confirmed that a draft Action Plan had been produced incorporating a clearer direction of travel and consultation arrangements scheduled from April to July 2008. Case studies requested by members were included as Appendix A of the report.

During discussion the following additional information was provided in response to members' questions:-

- in the future it was hoped to have seamless care pathways to ensure people were supported at home once they had been discharged;
- in relation to case study 3, a 75 year old man with dementia and the proposal to provide additional care at home rather than attendance at the day centre, Mr Walker

confirmed that work was progressing on a system where direct payments could be used to provide respite care and support in the home. In the example cited, the patient was exhibiting challenging behaviour at the day centre because he was out of his normal surroundings and respite support could be provided at home. Naturally, this would be reviewed if the situation changed or care at home became untenable;

- the Primary Care Trust was now undertaking a great deal more screening of patients to identify early onset dementia and there were now a wider variety of drugs available;
- it was accepted that the draft Action Plan was ambitious in relation to timescales. However, it was essential that progress was made and a plan focusing more on patients needs should be developed by end of July 2008;
- Mr Walker confirmed that both authorities, as well as health agencies, had been consulted and involved in this process. As commissioners, both the local authorities and PCT would need to review the proposed model and decide how and who would be paying for which services.

The following concerns were raised by members:-

- it was suggested that it had taken too long to develop the action plan and that there did not appear to have been much involvement by patient representatives or groups to date;
- in providing more services in the home or through using direct payments it was placing more responsibility on carers;
- it was suggested that the steering group comprising representation from both local authorities, healthcare and social care commissioners should also include representation from patient groups.

RESOLVED

- (1) that the Committee recommend that the Healthcare Trust address the apparent lack of involvement of service users or carers in the development of the proposals (for example, the lack of service user or carer representation on the multi-agency steering group) before proposals are finalised for consultation;**
- (2) that a further report on progress be submitted by the Healthcare Trust to the September meeting of this Committee and that representatives of the City and County Adult Services Departments be invited to attend;**
- (3) that the report be noted.**

68 FIVE YEAR INTEGRATED BUSINESS PLAN UPDATE – NOTTINGHAM UNIVERSITY HOSPITAL'S TRUST

(a) Report of Vice-Chair of Joint City and County Health Scrutiny Committee

RESOLVED that further to minute 41 dated 11 December 2007, the report of the Vice-Chair of the Joint City and County Health Scrutiny Committee, copies of which had been circulated, be noted.

(b) Developing our strategic direction

Further to minute 21 dated 11 September 2007, consideration was given to a report of Nottingham University Hospitals NHS Trust (NUHT) and a presentation by Ms Larder, copies of which had been circulated.

During discussion the following information was provided in response to members' questions:-

- Dr Homa confirmed that it had been a difficult two years for the Trust in terms of regaining financial balance and reducing staffing levels by 1,000. Now the Trust was in a strong position to develop services, had demonstrated value for money and had in place strong clinical and managerial leaders;
- the aim was to provide the best services for patients using the existing six domains for patient care. The Trust was also exploring healthcare specialisms around the world with a focus on clinical care and patient experience;
- services were being reviewed with patient involvement on the whole spectrum from long-term conditions to end of life care. It was planned to develop services with the Primary Care Trust for long-term conditions, stroke and neurological disorders;
- the possibility of using LIFT buildings to provide services locally needed to be explored further to identify which services were most appropriate for this;
- the provision of home-birth maternity services was driven by patient choice.

Members raised the following concerns:-

- there appeared to be insufficient focus on neurological and long-term conditions, such as Parkinsons Disease;
- there were issues around the appointment system for renal services at Ilkeston, with patients being expected to travel from Beeston;
- there may be an impact on the NUHT financially if it was decided that the Diagnostic Treatment Centre should expand its range of services.

RESOLVED

- (1) that the congratulations of the Committee be recorded to the NUHT for being successful in their bids for biomedical research units and on the development of the Medicity site;**

- (2) that Dr Homa be requested to forward a briefing note to members of the Committee on the NUHT proposals for long-term and neurological conditions;
- (3) that members concerns about the appointments system at the satellite renal unit in Ilkeston be investigated by NUHT and a report be circulated to members;
- (4) that the Chief Executive of NUHT be requested to submit a progress report to the October meeting of this Committee;
- (5) that the report be noted.

69 THE ANNUAL HEALTH CHECK – DRAFT DECLARATIONS

Further to minute 62 dated 11 March 2008, consideration was given to a report of the Head of Overview and Scrutiny, copies of which had been circulated.

RESOLVED that, subject to the inclusion of any comments from the County Council on Nottinghamshire Healthcare Trust, the submissions from the Joint City and County Health Scrutiny Committee, for the Nottingham University Hospitals Trust and Nottinghamshire Healthcare Trust, be agreed and forwarded for inclusion in their declarations.

70 DISCHARGE FROM THE EMERGENCY DEPARTMENT

Consideration was given to a report of the Chair of the Joint City and County Health Scrutiny Committee, copies of which had been circulated, relating to a request of the City Council's Health Scrutiny Standing Panel for this Joint Committee to undertake a piece of work relating to discharge procedures at Nottingham University Hospital Trust's Emergency Department.

RESOLVED

- (1) that this item be included in the work programme for the municipal year 2008/09;
- (2) that the Committee include the development of an emergency village around the Emergency Department in the work programme for the municipal year 2008/09.

71 WORK PROGRAMME 2008/09

Consideration was given to a report of the Head of Overview and Scrutiny, Nottingham City Council, copies of which had been circulated.

RESOLVED that the work programme be agreed.

72 REVIEW OF THE JOINT HEALTH SCRUTINY COMMITTEE PROTOCOL

Consideration was given to a report of the Head of Overview and Scrutiny, Nottingham City Council, copies of which had been circulated.

Councillor Lally proposed a motion that membership of the Joint Committee be expanded to include district councillors. When put to the vote, this motion was not carried and fell by six votes against, one in favour and one abstention.

RESOLVED

- (1) that the proposal to expand the membership of the Committee be withdrawn;**
- (2) that the proposal to expand the remit of the Committee to cover the whole of the City of Nottingham and County of Nottinghamshire where relevant issues arose be accepted;**
- (3) that the report be noted.**

73 APPRECIATION FOR CHAIR

The Committee expressed its appreciation for the fair and open chairing exhibited by Councillor Liversidge during this municipal year.