JOINT CITY AND COUNTY

HEALTH SCRUTINY COMMITTEE

M I N U T E S

of meeting held on **25 APRIL 2006** at the

Council House from 10.30 am to 12.50 pm

Nottingham City Councillors

- ✓ Councillor Haymes (Chair)
- Councillor Akhtar
- Councillor Heppell
- ✓ Councillor Mathews
- Councillor Mir
- Councillor Packer
- Councillor Price
- Councillor Urquhart

Nottinghamshire County Councillors

- Councillor Napier (Vice-Chair)
- Councillor Carr
- ✓ Councillor Cutts
- ✓ Councillor Lally

Co-opted members

- Councillor Blagden - Ashfield District Council
- ✓ Councillor Williams - Broxtowe Borough Council
- Councillor McCrossen - Gedling Borough Council
- ✓ Councillor Males - Rushcliffe Borough Council

✓ indicates present at meeting

Also in Attendance

Mrs B Cast	-	Overview & Scrutiny Manager	)	
Mr R Gabbitas	-	Committee Administrator	)	Nottingham
Ms S Johnson	-	Corporate Director, Adult Services, Housing and Health	))	City Council
Ms N Watson	-	Overview and Scrutiny Review Co-ordinator	)	

Mr M Garrard	-	Scrutiny Officer	) Nottinghamshire
Mr C Gilbert	-	Scrutiny Officer	) County Council
Mrs C Bouri	-	Matron	)
Ms A Bright	-	Director of Clinical Services	) Rushcliffe PCT
Ms S Creber	-	Project Director	)
Ms M Foster	-	General Manager, Mental Health Services for Older People	) Nottinghamshire) Health Care
Ms H Scott	-	Executive Director	) (NHS) Trust

Observers

Ms J Cooper	-	Journalism Student, Nottingham Trent University	
Mrs B Higgins	-	Non-Executive Director, Nottingham City PCT	
Mr G Molumby	-	Nottingham University Hospitals,	) Patient and Public
Ms B Venes	-	Nottinghamshire Health Care (NHS) Trust	) Involvement Forum

63 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors McCrossen, Mir, Napier and Urquhart.

64 DECLARATIONS OF INTERESTS

Councillor Mathews declared a personal and prejudicial interest in minutes 67 and 68, insofar as he was employed by the Queen's Medical Centre, and left the meeting during the discussion on these items.

65 MINUTES

RESOLVED that the minutes of the last meeting held on 21 February 2006, copies of which had been circulated, be confirmed and signed by the Chair.

66 SERVICES FOR OLDER PEOPLE - CONSULTATION

Further to minute 32 dated 18 October 2005, consideration was given to a report of the Overview and Scrutiny Manager, copies of which had been circulated.

Members welcomed representatives of Rushcliffe PCT to the meeting and it was suggested that, in anticipation of the issues likely to be discussed, largely around effective consultation and partnership working, it might be prudent to use today's opportunity through question and comment to elicit more information from Rushcliffe PCT in readiness for further consideration and the agreement of a response to the consultation at the June meeting.

Ms Bright explained that the formal consultation on the proposals to improve health care for older people had commenced approximately three weeks ago and that various

documents had now been widely circulated. Consultation with this Joint Committee was welcomed and the representatives were available to respond to member questions.

The Chair invited Sharon Creber to give a presentation on the progress which had been made. Ms Creber explained the rationale for the proposed changes with the overriding aim to improve patient care. In recognising that the existing service pattern was no longer sustainable, it was now necessary to tackle inequities, the over reliance on bed based services and to plan more support around the retention of people in their own homes as long as possible and the overall promotion of independence. She referred to the informal and formal consultation processes which were now in place and made reference to an expert panel which would be established to review consultation comments and make recommendations.

Members were referred to a number of proposals relating to the redevelopment of both rehabilitation and mental health services and, as part of the overall consultation exercise, invited members of this Joint Committee to voice their concerns and comments.

The following comments and issues were raised:-

- concern was expressed that Broxtowe Borough Council had its own Older Persons Strategy and had established close links with the voluntary sector and yet there had been no consultation with Broxtowe around proposals to develop health services for older people. Furthermore there was a deep concern that the housing service had not been built into the consultation process given, in particular, that a number of people would be discharged into sheltered housing schemes from Lings Bar and Highbury Hospitals;

  in response, Ms Creber explained that this project was not about improving the whole infrastructure and that issues relating to housing fell outside its remit;

- it was asked whether the PCT had considered the impact of the release of patients on the infrastructure and, in particular, other services such as elderly peoples housing;

  in response to this question, Ms Creber explained that the PCT was looking to use key workers and co-ordinators to act as an important link for patients transferring into the community;

- Members of the Joint Committee were given an assurance that the PCT was in consultation with Social Services;

- in terms of intermediate care, it was noted that patients transferring from hospital care were receiving four visits a day, seven days a week, for a six week period and members questioned the cost of this particular service provision. In response, it was noted that the interim care service had been designed to cope with this level of visiting and that some money from the PCT budgets would be reinvested into care at home services;

- the opinion was expressed that, from the information contained in the reports, the exercise looked more about addressing a budget problem as opposed to meeting the needs of patients and there appeared to be little evidence to suggest that actions were being pursued and services redesigned around patient perspective;

- Members of this Joint Committee were keen to see hard evidence in relation to how many patients were likely to be affected by any proposals, where they were from and the likely impact on Social Services. It was felt that such fundamental issues were not being properly addressed;

- In response to a number of questions about the level of care received by those older people being discharged from Lings Bar and Highbury Hospitals, the PCT explained that the project so far centred on the care packages, the provision for older people relative only to inpatients and the consequences and service provision around those patients discharged from these hospitals. The care of older people in the community generally was a much larger issue. Ms Bright explained that, as a follow-up to this piece of work, the PCT would be looking at the services required by older people in the community, concentrating specifically on care within older persons' own homes;

- there was concern that the report did not address timescales and specific actions required;

- Members noted the reference to an expert panel and suggested that, once assembled, a detailed list of representatives should be made available to members of this Joint Committee;

- the PCT was mindful that Social Services were facing considerable budget restraints and that this would impact on discharge arrangements and the levels of support offered;

- in terms of staffing ratios and the number of staff per bed space, it was noted that at Lings Bar Hospital the numbers of qualified and non-qualified staff was now significantly less than those recommended by best practice and that, following a revision exercise, the level would be brought up to the national standards for rehabilitation wards. The skills mix would also be improved. The PCT was adamant that this exercise was not about staffing cuts, It was about reducing the number of beds and improving the ratios on existing wards given that it was almost impossible to manage the current situation safely across two sites. The problem which the PCT was trying to address was one of reducing the length of the stay and not of reducing the number of patients. It was also noted that detailed profiling work had been carried out in relation to the through put of stays and that this information would be made available to members of the Joint Committee;

- with regard to the nursing aspect of care, the PCT was investing more in the role of Community Matrons and developing a more preventative approach to be provided by the PCTs linked to GP practices;

- strong concerns were voiced by Ms Johnson with regard to the lack of information and the failure to address the impact on any new phasing in arrangements. These new shifts to community social care had not been fully shared with Social Services. Ms Johnson explained that it was not possible to reduce the length of stay in beds without it having a consequential impact on other services, such as housing and social and primary care. A shared approach to supporting both social care and health performance indicators was required;

- with reference to continuing care arrangements, it was noted that as a result of a District Audit Review only one third of inpatients currently occupying bed spaces met the top level criteria for twenty-four hour care, thereby attracting 100% Health funding. It was noted that, on occasion, the top level spaces had been filled by people who did not meet the criteria and that patients and carers had been led to believe that they were provided for for life. Since April there had been a more rigorous application of the rules whilst honouring the assurances about long-term care which had been given to existing in - patients. In those cases where patients did not now require all the 'add-on support', these cases would be subject to a re-assessment of needs and, if they did not require fully funded health care, they would be transferred to a nursing home;

- in response to a question about health care bed provision at Highbury, Ms Creber indicated that continuing health care beds would be reduced in order to meet future needs, leading to the closure of the residential unit at Peasehill and Granby ward. Ms Creber also emphasised that the Healthcare Trust did have other acute wards for older persons mental health care but these were, specifically, acute services. It was noted that, if the proposals were approved, Rushcliffe PCT would look at some of the accommodation that became vacant at the Highbury site with a view to carrying out a refurbishment programme. Ms Creber explained that the plans for new and refurbished buildings were produced in close consultation with clinical staff and also with involvement from patients and carers. The first phase included a new 22 bed ward for mental health services for older people (Birch Ward) to replace the continuing care inpatient facilities currently provided on Hastings Ward;

- Members asked for clarification on the process for consulting and informing the local community on the likely changes to the programme of care for older people and reference was made to various rumours which were beginning to circulate. In response, Ms Creber confirmed that there had been a significant amount of consultation on the proposals and that information had been made available in differing formats to suit different audiences. Nonetheless, Members felt that the consultation documents included with this agenda were very confusing and that this message should be clearly communicated back to the Trust;

- in response to concerns expressed by Members about staffing ratios at Highbury, Ms Creber agreed to provide detailed information on this to all Members;

- it was noted that patients being referred to an in-patient ward tended to be transitory rather than long-term patients and therefore it was not proposed by Rushcliffe PCT to offer transport for visiting relatives, noting that any funding for transport purposes would create a reduction in resources for nursing care;

- the Trust had looked at the support to those relatives and/or carers looking after people with long-term care commitments;

- Members asked for an assurance that the Highbury premises would be secure in terms of access and egress.

Prior to the Rushcliffe PCT representatives leaving the meeting, the Chair summarised the issues which had been under discussion and indicated that the Members of the Joint Committee would give further thought to those issues which it felt were of most importance.

To summarise, at this stage, the Chair made the following comments:-

(a) that the timelines for consultation and the project should be readdressed,

(b) that it would have been better if the consultation had shown evidence of a partnership approach and been 'badged' accordingly - this should have led to the production of documents which were more 'fit for purpose';

(c) that the transition could have been better managed with partners, including the voluntary sector;

(d) that more work would be required to understand the detailed financial implications;

(e) that representation on the Expert Panel needed to be clarified.

The Rushcliffe PCT representatives left the meeting at 12.05pm.

Prior to listing various further issues which Members considered worthy of raising in response to the proposals by Rushcliffe PCT for the care of older persons, Ms Johnson explained that the City and County Councils were working together but that rehabilitation proposals affected the County more; mental health affecting both similarly. Whilst the principles of the proposals were accepted, the timescales for releasing money had now been reached and it was not possible to sign up to the project because a number of key issues remained uncertain, for example, costings, timescale and staffing implications. In noting this, Members asked for the following further information to be made available:-

- evidence on which all the proposals were based, including demographic analysis and in which model of care Rushcliffe PCT proposed to re-invest;
- financial breakdown, quantifying any savings;
- who would pay for patients returning home and needing community care?
- how care packages / care processes be delivered?
- the current timescale for the project
- the number of patient deaths in in – patient care
- the impact on housing and social services, particularly in relation to the discharge of patients into the community. Rushcliffe PCT needed to provide the Joint Committee with its assessment of the impact of such discharge arrangements on the following health organisations:-

  - ☐ all local authorities in the Greater Nottingham area;
  - ☐ PCTs;
  - ☐ patient and public involvement fora;

- ☐ voluntary sector;
- ☐ healthcare trusts;
- ☐ other organisations (impacts on their budgets, including East Midlands Ambulance Service and carers organisations).

- in recognising that this proposal would depend on a good assessment before patients were discharged from the QMC or City hospitals, what the implications were for the Hospital Trust and its services;

- whether the current provision for respite beds for carers would remain in place at Lings Bar Hospital;

- Members accepted that any interim issues should be dealt with by the Chair and Vice-Chair.

RESOLVED

(1) that Rushcliffe PCT be requested to provide this Joint Committee with the following information:-

(a) a list of organisations represented on the Expert Panel;

(b) data relating to the throughput of stays at Lingsbar and Highbury hospitals;

(c) clarification on the process for consulting and informing the local community on the likely changes to the programme of care for older people

(d) staffing ratios at Highbury hospital.

(2) that the concerns of this Joint Committee relating to the lack of clarity in the consultation documents be brought to the attention of Rushcliffe PCT;

(3) that the summary comments listed by the Chair in points (a) to (e) above be also noted.

67 ANNUAL HEALTH CHECK - FINAL DECLARATIONS

Consideration was given to a report of the Annual Health Checks Study Group, copies of which had been circulated. Members expressed their thanks for the opportunity to enter into real dialogue and considered the Annual Health Check process to have been a very useful exercise.

RESOLVED

(1) that the following Final Declarations, together with the commentaries under each heading, be forwarded to the following Trusts for inclusion in their Final Declaration to the Healthcare Commission:-

East Midlands Ambulance Service (EMAS)
Nottingham City Hospital
Nottinghamshire Health Trust
Queen's Medical Centre

(**a) Commentary on East Midlands Ambulance Service**

(C17) The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

The Joint Committee was aware of difficulties the East Midlands Ambulance Service Patient and Public Involvement forum have had in recruiting members due largely to the size of the area covered by the Trust. This was likely to create difficulties in formally involving patients and public but was not the fault of the Trust.

(C18) Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

The Joint Committee was impressed with the range of activity taking place to ensure that EMAS' emergency services were accessible to all ethnic groups. These included the collection of data regarding the ethnicity of patients, mandatory Equalities and Diversity Training for all staff and booklets in all emergency ambulances to aid communication between staff and patients who did not speak English.

However, the Trust had not yet analysed the data received to assure themselves that they were reaching all ethnic groups as would be expected. They also did not monitor their patient transport users by ethnicity.

The Trust was making efforts to deliver services in more accessible ways, for example, staff were being trained to carry out more treatment on site.

(b) Commentary on Nottingham City Hospital

(C17) The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

The Joint Committee agreed that the Trust was working well to involve patients and carers in any changes to healthcare services. The Joint Committee had evidence of the involvement of patients and carers on the project groups that developed plans for the relocation of the Cedars Rehabilitation Unit and were informed of a number of other service changes and the involvement of patients and carers. The Hospital also had positive relationships with its Patient and Public Involvement Forum.

(C18) Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

The Committee had evidence that the Trust collected data on the ethnicity of patients and that a training programme on equalities and diversity was being rolled out to all staff.

However, the data was not analysed in such a way that the Trust could be assured that all ethnic groups were accessing their services equally.

The Joint Committee had heard about the efforts made by the Trust to ensure that its services were accessible, for example, having a drop-in diabetes clinic and evening renal clinics as well as back services being delivered in the community.

Car parking remained an issue on the site.

(C22a) and (C22c) Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and C22c Healthcare organisations promote, protect and demonstrably improve the health of the community served by making appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

The Hospital worked closely with other organisations, both local authority and NHS.

(C22b) Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

One of the Public Health priorities for Nottingham and the surrounding area was smoking cessation. Nottingham City Hospital was now a smoke free campus and staff were offered smoking cessation support.

(c) Commentary on Nottinghamshire Healthcare Trust

(C17) The views of patients, their carers and others were sought and taken into account in designing, planning, delivering and improving healthcare services.

The Committee was aware that patients, carers, and the Patient and Public Involvement Forum were involved in service developments. They were also aware that service user involvement had been reviewed by the Trust.

(C18) Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Efforts were made to record ethnicity and religion but the Trust stated improvements could be made in this area.

(C22a) and (C22c) Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and C22c Healthcare organisations promote, protect and demonstrably improve the health of the community served by making appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

The Committee acknowledged that the Trust was working with Local Strategic Partnerships and had been involved in the development of local area agreements.

(C22b) Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

The Committee acknowledged that mental health was not specifically mentioned within the Directors of Public Health's reports but welcomed the work the Trust were doing to improve the physical health of their patients, for example, through support with smoking cessation and tackling obesity and working to improve access to mainstream health services.

(d) Commentary on Queen's Medical Centre

(C17) The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

The Committee had evidence from earlier work regarding the close involvement of patients and others in the planning of the NHS Treatment Centre which was currently being developed on the site. The Committee was also aware that the Hospital had a positive working relationship with their Patient and Public Involvement Forum.

(C18) Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

The Committee learnt that the diverse needs of population were well catered for in, for example, menu choices, a multi-faith centre, and interpretation services. The ethnicity and religion of patients was also

recorded and analysed.

However, the data was not compared to the population served and, therefore, potential information about which communities were accessing services could be lost.

There were good public transport links from the city and the hospital was engaged in talks on a possible extension of Nottingham's tram.

The Trust had a target to provide five percent more care in community settings per year for five years leading to easier access.

However, thus far, only brief discussions had been held with primary and social care on delivery of services through LIFT sites.

(C22a) and (C22c) Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and C22c Healthcare organisations promote, protect and demonstrably improve the health of the community served by making appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.

The Committee was aware of positive relationships between NHS Trusts and positively developing relationships with social services.

Although the hospital was not invited to take part in LSP or CDRP, commissioners were involved and the hospital therefore took the view that it wouldn't become involved unless invited, relying on PCTs to relay information. The hospital was positive about being involved in these partnerships if invited to.

(C22b) Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.

The Hospital's catchment area covered a number of PCTs and, therefore, had a large number of Public Health Reports to incorporate. It was a completely non-smoking campus and, therefore, was encouraging smoking cessation amongst patients and staff. A Q-Active scheme was encouraging exercise amongst staff. These were priorities in all of the Directors of Public Health Reports.

(2) that the following comment be applied to all four Trusts for inclusion in their Final Declaration to the Healthcare Commission:-

The Joint City and County Health Scrutiny Committee was pleased to have received evidence of compliance with the majority of the core standards. The

progress made between the draft and final declarations was recognised, as was the significant effort that had been put in to maintaining services in a time of disruption and uncertainty. The Committee acknowledged the largely positive way in which the Trusts had worked with them over the last year and looked forward to taking things forward in the coming year.

68 CEDARS REHABILITATION UNIT

Consideration was given to correspondence received from the Acting Chief Executive, Nottingham City Hospital, relating to the practical and financial implications of transferring services from the Cedars Rehabilitation Unit to City Hospital and QMC campuses, copies of which had been circulated.

Members made a number of points and asked questions, as follows:-

- the Joint Committee would wish to be kept informed of any reconfiguration proposals with the new hospital;
- the Rehabilitation Service was a valuable service and its future was regarded seriously and, as such, appropriate and adequate rehabilitation provision must be provided;
- information was required on the Healthcare Trust's intentions for the Cedars site and building;
- more detail was required on the location of rehabilitation services.

RESOLVED that the impact of any changes following the transfer of rehabilitation services from the Cedars be monitored and a further report be requested from the Nottingham University Hospitals NHS Trust in six months' time.

69 REVIEW OF SCRUTINY ACTIVITY 2005 – 06

Consideration was given to a report of the Overview and Scrutiny Manager, copies of which had been circulated. Members were invited to consider new areas for consideration during the next municipal year.

RESOLVED

(1) that the following issue be included in the Work Programme for 2006/07:-

progress on the merger of the Nottingham hospitals

(2) that all Members be provided with a more in-depth resume of the Joint Committee's activities during this past year.

70 THANKS

The Chair, Councillor Gill Haymes, thanked Members and officers for their support during this last year and, in turn, Members returned their thanks to Councillor Haymes for her contribution to the development of the Joint Committee.