



**Nottinghamshire  
County Council**



**Nottingham  
City Council**

# **Joint City/County Health Scrutiny Committee**

**Response to proposals on Improving Health  
Services from Older People in Greater Nottingham**

14 February 2007

# Joint Health Scrutiny Committee

## Background and Introduction

The **Joint City/County Health Scrutiny Committee** is pleased to provide further comments on the proposals from Nottinghamshire County Teaching Primary Care Trust to changes in the local NHS to improve health services for older people in Greater Nottingham.

The Joint Health Scrutiny Committee is the Overview and Scrutiny Committee designated responsible by Nottingham City Council and Nottinghamshire County Council for considering this proposal. The Chair of the Committee is Councillor Edward Llewellyn-Jones and the Vice-Chair is Councillor Gill Haymes. The Joint Committee is comprised of Members, who consider issues affecting the conurbation of Greater Nottingham, from the following local authorities:

- Nottingham City Council
- Nottinghamshire County Council
- Ashfield District Council
- Broxtowe Borough Council
- Gedling Borough Council and
- Rushcliffe Borough Council

The primary aims of health overview and scrutiny are to ensure that:

- health services reflect the views and aspirations of local communities
- all sections of local communities have equal access to services
- all sections of local communities have an equal chance of a successful outcome from services.<sup>1</sup>

The aim of formally consulting an Overview and Scrutiny Committee is to consider:

1. whether, as a statutory body, the Overview and Scrutiny Committee has been properly consulted within the consultation process;
2. whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
3. whether, a proposal for change is in the interests of the local health service.<sup>2</sup>

The Joint Health Scrutiny Committee considers the proposals to improve health services for older people in Greater Nottingham to be **substantial variations or developments** under the terms of the Health and Social Care Act 2001. An initial response to these proposals was submitted to Rushcliffe PCT in July 2006 and is attached as an appendix to this response.

The content of this response was agreed by the Chair and Vice-Chair of the Joint Committee following from the recommendations made by the Joint Committee on 13 February 2007. It forms the comments of the Joint Committee following from detailed review of the proposals since October 2005.

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<sup>1</sup> substantial variations and developments of health services – a guide – CfPS 2005

<sup>2</sup> see1

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## Response

In response to the Joint Action Plan presented to the Joint Health Scrutiny Committee on 13 February 2007:

**The Joint Health Scrutiny Committee welcomes the improved partnership working and joint action plan which addresses many of the concerns previously highlighted by the Joint Committee.**

In supporting the action plan, the Joint Health Scrutiny Committee makes the following recommendations:

1. The Joint Committee notes the significant progress that has been made working towards these proposals and strongly encourages the PCTs and Adult Social Care and Health Departments to further develop the partnership approach by ensuring that all other Trusts involved in the patient pathway are fully involved. The Joint Committee considers it vitally important that providers of public services work together in partnership to provide a high quality service for the people of Nottingham and Nottinghamshire.
2. The Joint Committee notes the worst case scenario identified by Price Waterhouse Coopers and whilst hoping that this situation would not arise asks the PCTs to ensure that there is sufficient capacity and flexibility available to address this scenario.
3. The Joint Committee welcomes the commitment to further consideration of access issues and reiterates the comments submitted in July 2006 that; issues of access to the reconfigured hospital sites be given further consideration, to include provision for carers whose role this Committee sees as vital to the successful rehabilitation and after care of people once they leave hospital: this access consideration should include travel plans, outreach treatment facilities and be produced in partnership with the PPIFs.
4. The Joint Committee asks the PCTs and Adult Social Care and Health Departments to complement the Action Plan by considering and including Joint Workforce Planning.
5. The Joint Committee requests that a report on progress be provided when appropriate. The Joint Committee suggests that feedback could be provided in September 2007.

The Joint Health Scrutiny Committee having considered the report of Price Waterhouse Coopers (PWC) at its meeting on 13 February 2007 **endorses the independent report and the recommendation for the early release of funding. The Joint Committee recommends that the independent report and the action plan be adopted.**

# Joint Health Scrutiny Committee

## Evidence

In making its recommendations the Joint Health Scrutiny Committee has considered commentary supplied by:

- Nottinghamshire Healthcare Trust PPI Forum,
- Nottingham City PCT PPI Forum,
- the City and County Adult (Social) Services Departments,
- Nottinghamshire Healthcare Trust,
- Broxtowe Borough Council,
- Broxtowe and Hucknall PCT PPI Forum,
- Nottingham City PCT,
- Nottingham University Hospitals PPI Forum.

The Joint Health Scrutiny Committee thanks all of these bodies for their contribution.

The Committee also considered the formal responses to the consultation made by:

- Nottingham University Hospitals Trust,
- Nottingham City PCT PPI Forum and
- Nottinghamshire County and Nottingham City Adult (Social) Services.

Information has been supplied directly by

- Rushcliffe PCT and
- Nottinghamshire County tPCT.

The Joint Health Scrutiny Committee thanks the officers of the PCT for their contribution.

The Joint Health Scrutiny Committee also considered the findings of independent analysis conducted by Price Waterhouse Coopers.

The Joint Health Scrutiny Committee has had regard to this information at meetings on:

- 18 October 2005,
- 23 April 2006,
- 13 June 2006,
- 11 July 2006,
- 12 September 2006,
- 10 October 2006,
- 14 November 2006 and
- 13 February 2007

## Response submitted - July 2006

The Joint Committee responds to the proposals as follows:-

**Whilst understanding and accepting the vision for older people's rehabilitation and mental health services, the Joint Committee regards the proposals as set out so far as being the starting point only, from which in depth impact analysis and planning will follow. This should be undertaken with the full involvement of all organisations which provide health and/or social care for older people and those likely to be involved in or affected by the proposals. The Joint Committee does not consider that sufficient evidence or assurance is available at this time to determine whether these proposals are in the interest of the local health service or patients.**

The recommendations which the Joint Committee makes are:-

1. Once the impact assessment is completed and implementation plans drawn up, the commissioning bodies (in the form of the County and City PCTs and the Healthcare Trust) should submit these to this Joint Committee.
2. The Joint Committee would expect to see the concerns and comments of all partners and those involved in this area of service to have been fully addressed: these include those of the PPIFs, the NUH, the City and County Social Services and the commissioning PCTs.
3. The primary concerns of this Joint Committee should also be addressed and these are:-
  - a That the proposals be drawn up with joint targets between the partner bodies and the implementation of the proposals phased as agreed by all the involved bodies;
  - b That there should be in place a detailed and achievable joint budgetary framework, including an investment plan based on actual financial information on the savings accruing from the reconfiguration of hospital services;
  - c That issues of access to the reconfigured hospital sites be given further consideration, to include provision for carers whose role this Committee sees as vital to the successful rehabilitation and after care of people once they leave hospital: this access consideration should include travel plans, outreach treatment facilities and be produced in partnership with the PPIF;
  - d That there should be provision for planned packages of care to be in place for each discharged patient which have been drawn up in conjunction with partners, including agreement on funding the package and the robust management and organisation of delivery.

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## Appendix

4. The responses of all those responding to the consultation should be addressed by Rushcliffe PCT and published.
5. When reviews or developments are to be commissioned in future, key stakeholders and/or key service providers should be involved at the earliest opportunity to explore the whole environment of the service in its widest context in order that there is a holistic and strategic approach to achieving the best outcomes for patients.
6. Consultations should provide stakeholders and partner organisations with sufficient detail to enable a full understanding of the issues and implications of the proposals and include a proposed forward or delivery plan for implementation of the proposals which has been drawn up in collaboration with partner organisations.