



Meeting	JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE
Date	Tuesday, 9 <sup>th</sup> September 2008 (commencing at 10.00 am)

**membership**

Persons absent are marked with `A`

**COUNCILLORS**

**Nottingham City Councillors:-**

Emma Dewinton  
Michael Edwards  
Penny Griggs  
Eileen Heppell  
Ginny Klein (Vice-Chair)  
Tony Marshall  
A Andrew Price  
A Mick Wildgust

**Nottinghamshire County Councillors:-**

Reg Adair  
Mrs K Cutts  
Pat Lally  
Ellie Lodziak  
Sue Saddington  
Parry Tsimbiridis  
Chris Winterton (Chair)  
A Brian Wombwell

**MINUTES**

The minutes of the last meeting held on 8<sup>th</sup> July 2008 were agreed and signed by the Chair.

Councillor Emma Dewinton pointed out that the issues she had raised in relation to discharges from the Emergency Department at Nottingham University Hospital had been discussed in the City Council's Scrutiny Panel.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Andrew Price and Councillor Brian Wombwell.

## **DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

None

## **MODERNISING DAY HOSPITAL SERVICES FOR OLDER PEOPLE WITH MENTAL HEALTH PROBLEMS**

Jim Walker from the Nottinghamshire Healthcare Trust gave a presentation to the Joint Committee to update Members on the progress made in developing the Trust's plans for changing day hospital services for older people with mental health problems. He indicated that a multi-agency review group had been established in November 2007 to review the function of day hospital services provided by the Healthcare Trust to ensure that it met both local and national expectations and also accepted models of good practice and guidance in relation to assessment and treatment. A service model had been identified which would provide better access to specialist mental health services for a wider range of people; and increased access to psychological therapies. It also met the requirements of the dementia strategy and other national drivers. Commissioners from both the Primary Care Trust and the local authorities would formally take over responsibility for taking forward this proposal from today. The three main areas of further work were transition planning, joint commissioning and service model specification. It was emphasised that there would be no change to services provided until appropriate alternative services had been commissioned and were available.

Councillor Emma Dewinton expressed concern that there was no mention of carers in the objectives. She commented that the proposal wanted more access in the community but did not mention carers. She pointed out that there were already problems with discharges into the community. It was pointed out that the officers would be looking at a detailed service model which would include looking at carers. Councillor Winterton commented that carers had responsibilities and felt there was a need for respite to be provided to help carers. Jim Walker explained that the Trust saw themselves as part of a broader menu of services. The day hospital had ended up as one size fits all. In future, the Healthcare Trust would not meet all needs as some might be better provided elsewhere, for example, respite care. Capacity would therefore be developed, but until this was developed the Trust would still provide respite. Shirley Smith from the Nottingham City Primary Care Trust stated that resources would need to be invested in community services. There were currently gaps and there were not enough capacity in specialist day services. There was a need to work up a commissioning plan and then allocate resources.

In response to a question by Councillor Lally, Jim Walker stated that the Trust would still provide specialist facilities and were not closing the day hospital, but that it would be more focused. A raft of different services could provide assistance and there would

be a move to other services and therefore more people would be helped than are at the moment.

Councillor Sue Saddington expressed concern at linking anxiety with mental health. It was explained that dementia and common mental health problems had separate pathways. It was hoped that anxiety issues would be dealt with locally at primary care level.

In response to a question from Councillor Winterton it was stated that a small commissioning group would be established to develop the plan and seek information from the trust. A PPI reference group of carers would be set up. They would be working at the resource requirements over quite a tight time scale.

In response to a question from Councillor Michael Edwards, Jim Walker stated that Pease Hill was an inappropriate site. They were reviewing the whole estate strategy of the Health Care Trust and looking at alternatives.

Concern was expressed by Members that carers had not been involved in the development of the proposals. Councillor Winterton stated that Members needed a proper timescale so that they could take a view that there were benefits.

The Joint Committee welcomed the information provided by the Trusts and local authorities and reiterated its view that patients and carers be involved in the planning of future changes.

The Joint Committee noted the assurance that no change will be made until appropriate alternative services were available and would welcome further details of the timescales for this project including dates of formal consultation and decision-making.

## **OUR NHS, OUR FUTURE – NOTTINGHAMSHIRE REVIEW**

Deborah Matthews from the Nottinghamshire County Teaching Primary Care Trust gave a presentation to the Joint Committee on the outcomes of the consultation and engagement process of the Our NHS, Our Future review of NHS services. She explained how the public had been engaged in the process and indicated that there had been over 1500 responses. There had been some consistent messages and provide the right care at the right time, first time was deemed the most important underpinning theme. She explained that the implementation phase of the programme would be driven by the programme board which comprised all the Chief Executives. A clinical leadership group made up of all the clinical directors would provide clinical leadership, support and advice to the programme and to the programme board. They would focus on outcomes of care through rigorous measurement and analysis.

Deborah Matthews gave details of the areas for priority action. These were strokes, primary angioplasty for STEMI heart attack, care planning for end of life, urgent care – single point of access, interface between physical and mental health services and community children's nursing service. Tackling health inequalities and industrial scale health promotion was an overarching priority.

Councillor Ginny Klein commented that health visitors did not get a mention and that the numbers were dropping with only three being trained this year. Deborah Matthews stated that the Trust needed to look at this.

Councillor Reg Adair referred to the governance arrangements and pointed out that doctors made pleas to get rid of bureaucracy. Deborah Matthews stated that the governance arrangements may look bureaucratic but the key was the clinical lead and support. She added that they were trying to put a light touch process in place.

In response to a question from Councillor Mrs K Cutts, Deborah Matthews stated that when the pathways were agreed, they would design and prepare hard copies and electronic so that the information could be made available. She stated that there was a need for a different approach between urgent and routine care.

Councillor Emma Dewinton asked what was meant by taking Children Services into the community. Deborah Matthews stated that this was having out-patients for children out in the community rather than in hospitals.

In response to a question by Councillor Pat Lally, Debra Matthews stated that it was about redesigning services rather than needing extra resources. There may however be some start up costs.

Members asked for a copy of the presentation slides and the consultation report. Further consideration needed to be given as to how scrutiny would sit alongside the proposed changes. It was felt there was a need for a progress report in due course.

### **WORK PROGRAMME 2008/09**

There was a discussion about whether to have a pre-meeting prior to the start of future committee meetings.

It was agreed:-

- (1) That a pre-meeting be held at 9:45 am on the day of the meeting with the actual meeting to commence at 10:15 am.
- (2) That the Healthcare Trust's application for foundation status be considered at the December meeting.
- (3) That information be circulated on social inclusion so that Members could decide whether to include it on a future agenda.

The meeting closed at 12.13 pm.

**CHAIR**

