**Nottinghamshire County Council** Minutes

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| Meeting | JOINT CITY/COUNTY HEALTH SCRUTINY COMMITTEE |
| Date | Tuesday,12th December 2006 (commencing at 10.00 am) |

**membership**
Persons absent are marked with `A'

**COUNCILLORS**

**Nottingham City Councillors:-**

A Saghir Akhtar
A Brent Charlesworth
Gill Haymes (Vice-Chair)
Eileen Heppell
A Afzal Khan
David Liversidge
A Tim Spencer
A Carole Stapleton

**Nottinghamshire County Councillors:-**

A Steve Carr
Mrs K Cutts
A Pat Lally
Edward Llewellyn-Jones (Chair)

**Co-opted Members:-**

A Councillor Simon Harris, Ashfield Borough Council
A Councillor Jacky Williams, Broxtowe Borough Council
A Councillor Stella Lane - Gedling Borough Council
A 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 |
| Ms S Palmerone | ) Nottinghamshire Healthcare Trust |
| Mr G Molumby | ) Nottingham University Hospitals NHS Trust PPIF |
| Ms B Venes | ) Nottinghamshire Healthcare Trust PPI Forum |
| Mr T Dailide | ) Nottingham City Council Adult Services, Housing Health |
| Dr S Fowlie | ) Nottingham University Hospitals NHS Trust |

**MINUTES**

The minutes of the last meeting held on 14th November 2006 were agreed.

**APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Tim Spencer, Pat Lally, Jacky Williams, Stella Lane and Mrs M Males.

**DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

Councillor David Liversidge declared a personal interest in agenda item 6 – Nottinghamshire Healthcare Trust – Consultation – Wellbeing and Social Inclusion Service as his brother works for the Trust but in another area.

Councillor Llewellyn-Jones declared a personal interest in agenda item 4 – Nottingham University Hospital Trust – as a member of his family was employed there.

**NOTTINGHAM UNIVERSITY HOSPITALS TRUST – FIRST TRANCHE RECONFIGURATION**

Dr Fowlie, the Medical Director at Nottingham University Hospitals NHS Trust gave a presentation to the Committee. He reported on the re-scheduling turnaround which had given the Trust more time and given a greater opportunity to mitigate the clinical and financial risks. They were working with Primary Care colleagues around service transfers but difficult decisions and actions remained and were now into 2007/08. He indicated that the staff reductions had also been re-scheduled. In April 2006 there was an actual workforce of 10,757 and, that in December 2006 there were 300 vacancies with 26 staff under notice of compulsory redundancy. The planned position at April 2007 was now a workforce of 10,510 which meant a reduction of 247 posts compared with the original merger document and turnaround plan which had been a reduction of 1,200 posts. The April 2008 forecast was for a workforce of 9,833 which

was a reduction of 924 from the baseline of April 2006. He indicated that the Trust would redeploy staff into vacancies where they could and this was being considered at the moment. They were considering whether there was a need to fill vacancies for the quality of service. He reported that the staff turnover rate was 5-10% which had fallen last year.

Dr Fowlie reported that a number of services had been reconfigured. The cleft lip and palate service had been moved to the Queens campus and the Cedars based services had been relocated. The stroke service had been consolidated on the City campus and healthcare for older people had been consolidated on the Queens campus. This had involved swapping wards and the move had gone smoothly in November. He indicated that the medium term position for stroke service was at the City Hospital but the long term position may be for it to be based at the Queens campus. He stated that if a person felt they had a stroke they should phone for an ambulance and the paramedic would diagnose and if necessary take the patient to the City Hospital. He added that the Accident and Emergency Department could deal with strokes if patients were referred to Accident and Emergency where they would be assessed promptly.

In relation to the proposed reconfigurations, Dr Fowlie indicated there was currently consultation on children's services being consolidated on the Queens campus. Lung cancer services would be consolidated on the City campus in 2007 which would improve quality. There were relatively few staff currently based at the Queens campus and it was more practical to have specialists services on one site. It was proposed that the relatively small lung cancer unit would move from Queens to the City campus. This was one weekly clinic, one weekly bronchoscopy list which was largely diagnostic and 8 beds for chemo. Some diagnostic services would remain at Queens such as x-ray and CT scans. He added that they had struggled to meet the 62 day target for treatment which was caused partly by the current fragmentation of the service. The proposed lung cancer reconfiguration would provide a centre of excellence for lung cancer care and facilitate multi-disciplinary team meetings. There would be a dedicated inpatient facility for lung cancer with improved specialist cover and reduced waits. There would also be the same site treatment following diagnosis. He indicated that the changes had the support from staff, lung cancer patients support group and the PPI.

With regard to other reconfigurations, Dr Fowlie indicated that it was proposed to consolidate on the Queens campus in 2007/08 the general medical emergency service as they wanted this adjacent to Accident and Emergency. He added that it was proposed to have a general medical/long term condition centre on the City campus in 2007/08. With regard to surgical specialities they were considering the best configuration – Nottingham University Hospital's direction was elective at City and emergency at Queens. There was national guidance on surgical specialities and emergency/trauma care and a national debate had been stimulated by the Department of Health. He indicated that if other accident and emergency departments downsized the Queens site would need to expand. Some specialities in the Trust, including cardiac and neurosurgery, may increase capacity.

He referred to some ward changes for infection control which were ongoing and "winter reallocations" between medical and surgery wards. He explained that these changes were not trying to circumvent consultation but were about tackling pressing issues because of infection control or winter pressures.

Councillor Llewellyn-Jones commented that it was the first time the Committee had heard of the proposed lung services reconfiguration. He asked whether this presentation was meant to be part of the consultation process. He also asked where the Patient and Public Involvement Forum had been involved in the proposals. Dr Fowlie explained that the lung cancer reconfiguration was likely to be the first in a series in the context of the long term direction of travel. He added that there was a dialogue to be had about what needed to be consulted on. He indicated that the lung cancer services were by and large already based at the City campus. He added that those involved in the service, the patients groups and the Patient and Public Involvement Forum recognised the rationale and strength of the argument. He pointed out that there were underlying issues such as the 62 day target and that there were powerful drivers for change. Councillor Gill Haymes felt that this highlighted the need for clarification about what was considered significant and needed to come to the Joint Committee. Dr Fowlie explained that the proposals had arisen since the last meeting as the hospital was keen to take opportunities to reconfigure in line with the direction of travel.

In response to a question from Councillor Gill Haymes, Dr Fowlie outlined the financial implications of re-scheduling. He indicated that the Trust wished to achieve as near break even as it could this year. He added that the issue for the Strategic Health Authority and the Department of Health was that to reduce posts they had to incur significant redundancy costs. It became clear that these were significant and over a short time would pose a financial challenge. Over a longer period this would be easier to achieve. The current end of year forecast for the Trust was a deficit of £19m compared with £60m at the start of the year. They were mindful of the need to reduce the shortfall as much as possible this year.

In response to a question from Councillor Llewellyn-Jones, Dr Fowlie indicated that there were changes in capital funding. He added that it was even clearer that the only sources of capital money attracted interest payments and there was a need to bid against a national pot. He pointed out that there was an expectation that any monies raised from the sale of land and buildings would very likely remain with the Trust – which was a change in policy.

In response to a question from Councillor Gill Haymes, Dr Fowlie stated that the proposals concerning the general medical emergency service would be available for consultation in the first quarter of next year and it was hoped to make the changes in the Autumn. Councillor Gill Haymes reported that the City Council had been undertaking a scrutiny of the Walk In Centre, the results of which would be fed back to the Trust and to this Committee. Mr Molumby stated that the Forum would welcome clarification about what was formal consultation. Mr Garrard, Scrutiny Officer indicated that it was for the Trust to involve the Forum in planning services, developing and considering proposals for change to the provision of services and any

decision affecting how services operate. This should not be reserved only for changes identified as "substantial". Dr Fowlie indicated that the Forum had helped shape the proposals.

It was agreed that the proposals concerning the General Medical Emergency Service needed to be included in the work programme for January/February 2007.

## CEDARS REHABILITATION UNIT

Dr Fowlie reported on the relocation of the services at the Cedars Rehabilitation Unit which had taken place in June 2006. The orthopaedic service was now based 50% at the Queens campus and 50% at the City campus. They had had the capacity to absorb the Cedars work. The neurology outpatient team were in a newly refurbished unit at Linden Lodge on the City campus with their own access. They had access to a gym and the transfer between inpatient and outpatient services was better. The Pain Management Team were in a newly refurbished unit on the City campus which was located adjacent to the occupational and physiotherapy departments. There was a large unit with 4 assessment rooms, and they had access to the City campus pool. The unit was large enough to carry out light workshop activities but they had not been able to relocate the heavy workshop. Patient feedback had been obtained anonymously which was positive although there were some comments about the hydrotherapy pool being not available whilst unscheduled maintenance was carried out. The Nottingham Back Team was now based on the City campus and was assessing patients in Carlton, Eastwood, Stapleford, the City campus and shortly in Clifton. They were still treating patients at 10 leisure centres throughout Nottinghamshire. The early indication was that there had been no deterioration in service. He indicated that the planned 6 months evaluation of the Cedars service reallocation was that the changes had allowed these services to be better integrated. He added that many of the concerns of staff and patients had been allayed. In response to a question from Councillor Llewellyn-Jones, Dr Fowlie indicated that the hydrotherapy pool at the City campus still had a viable life and required less maintenance than the pool previously at the Cedars.

## NOTTINGHAMSHIRE HEALTHCARE TRUST – CONSULTATION – WELLBEING AND SOCIAL INCLUSION SERVICE

Additional information was circulated to the Committee provided by the Nottinghamshire Healthcare Trust in relation to questions which had been asked of them. A report of a visit by Members of the Patient and Public Involvement Forum for Nottinghamshire Healthcare Trust to SPAN (Skills in Practical Activity Network) was circulated.

Councillor Llewellyn-Jones commented that the formal consultation started on 1st November and ran to the end of January 2007. He felt that part of what came across was that consultation was about things which had been decided on and that the consultation was not entirely open. He added that one to one meetings for SPAN students had not been mentioned before. Councillor Gill Haymes felt that there seemed to be misunderstandings about the meetings. She thought it was difficult to

understand how robust the consultation was as there only seemed to be feedback in relation to SPAN. Councillor Llewellyn-Jones pointed out that SPAN was only part of the services which were being consulted on.

Ms Palmerone explained that the key issue was the Trust were trying to consult on a model to take forward for the next 5 years. The aim was to meet the needs of long term service users and get people back into work to prevent them becoming long term users. The impact therefore was on SPAN. Since May last year they had tried to include SPAN users and staff to look at new models. They had tried to say that the consultation was larger than SPAN. Five thousand leaflets had been produced and work was being done with the City and County Councils. She added that it was a complex direction of travel. There had been a full day of consultation for users of SPAN and staff. Issues had been highlighted in leaflets and on the web which were well publicised. Two public meetings had been well attended.

Councillor Liversidge felt that the Trust was trying to consult on a model of how to provide services. The reality was if they got the service right for low level sufferers of mental health problems SPAN would die as no one would need its services. The issue was how we got from where we were to where the Trust wanted to be. He added that he was not sure how the estimate of 4,500 people not using the service had been obtained. He indicated that he lived in St Anns and he had people with mental health issues coming to his surgery. He added that people were around and had not got any services and were on park benches. He was not convinced that the way consultation was undertaken got to the heart of the problem. Ms Palmerone stated that the Trust were trying to change services and that some of the buildings did not reach out well to the communities they served. They tended not to be good at reaching out to those with mental health issues and that part of these proposals was to try and make them included. She added that every individual at SPAN would have a care programme approach provided. She explained that the service would always be there for those who needed a meaningful day; it was not just about work. It was about having a meaningful day in buildings where people felt safe. Councillor Eileen Heppell felt that people with mental health problems should have a say. Councillor Gill Haymes felt that the issue came back to timelines and she understood the concerns. She thought that the “devil was in the detail”, and to close SPAN without other robust services in place would be foolish. With regard to the issue of personal safety she commented that society felt threatened and that had to be a consideration.

Ms Venes from the Patient and Public Involvement Forum felt that in the first few weeks of attending SPAN the person’s confidence improved. She thought it important if the services were relocated that they were kept together.

Councillor Llewellyn-Jones felt that the Committee needed to consider three things – firstly had the consultation been properly carried out with the information being sufficient to make a decision; had the public interest been considered throughout and was there robust public consultation. The third issue was about the interests of patients and would the closure and relocation of SPAN be in their interests. He felt that one of the strengths of the present service was that it was in one place connecting internally and it was not clear that would that still be there.

Mr Dailide from the City Council Adult Services, Housing and Health Department commented that there were lower level mental health needs in the community and that they were a key vulnerable population which we needed to consider. He added that there was an improving relationship with the Trust over planning and growing better communications. Ms Palmerone stated that planning included officers from the City and County Councils. She added that the whole process was planned jointly and that they were working together to meet the breadth of needs of the public.

Councillor Llewellyn-Jones felt that the Committee had had a good dialogue with the Trust. Councillor Haymes felt that there was a lot of detail which was difficult to follow. Councillor Llewellyn-Jones commented that the "devil was in the detail" and that it was easy to agree general views but not sure about individual parts. With regard to the public interest there was a feeling that what had taken place in consultation had caused confusion. He added that he was not too happy about the way the process had gone so far. With regard to the interest of the patients because there was not enough detail on this he was not sure that the interests of patients had been taken into account in the wider sense. He added that the case in relation to SPAN had not been made out in the consultation booklet. He pointed out that concerns had been expressed about the speed of change and there was a feeling that the proposals were being rushed.

Councillor Gill Haymes referred to the positives in the proposals which were outreach work and working in the community and responding to lower levels needs. Councillor Llewellyn-Jones agreed that there were positive aspects in the proposals.

It was agreed that a response would be drafted on behalf of the Committee encompassing the views expressed by Members. The Chair and Vice Chair would agree the final response to be forwarded to the Nottinghamshire Healthcare NHS Trust.

**WORK PROGRAMME**

It was reported that the work being undertaken by PriceWaterhouseCooper on the older people's services – implementation plan was not yet completed and this would now need to be moved to the February meeting. It was suggested that the Chair and Vice Chair take advice from officers on the need for a meeting in January. The possibility of a report on Section 28 payments by Primary Care Trusts to support the voluntary sector was raised.

The meeting closed at 12.14 pm.

**CHAIR**

**Ref: ctee/select ctees/jt health/2006/m_12dec 06**