

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES

of the meeting held on **28 MARCH 2013** at Loxley House from 11.00 am to 12.25 pm

- ✓ Councillor G Klein (Chair)
- ✓ Councillor T Molife (Vice Chair)
- ✓ Councillor M Aslam
- ✓ Councillor M Bryan
- ✓ Councillor E Campbell
- ✓ Councillor A Choudhry
- ✓ Councillor E Dewinton
- ✓ Councillor B Ottewell
- ✓ Councillor S Parton
- ✓ Councillor T Spencer

- ✓ indicates present at meeting

Also in attendance

Andrew Hall	- Acting Director of Health and Wellbeing Transition	- NHS Nottingham City/ Nottingham City Council
Jane Garrard	- Overview and Scrutiny Co-ordinator) Nottingham City Council
Mark Leavesley	- Constitutional Services Officer)
Matthew Mitchell	- East Midlands Area Manager	- Nottinghamshire Healthcare NHS Trust

44 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Spencer (annual leave), Campbell, Choudhry and Molife.

45 DECLARATIONS OF INTERESTS

No declarations of interests were made.

46 MINUTES

RESOLVED that the minutes of the last meeting held on 29 January 2013, copies of which had been circulated, be confirmed and signed by the Chair.

47 NHS TRANSITION ARRANGEMENTS

(a) Report of Head of Democratic Services

Consideration was given to a report of the Head of Democratic Services, copies of which had been circulated, briefly summarising the transition to date.

RESOLVED that the report be noted.

(b) Update by Andrew Hall, Acting Director of Health and Wellbeing Transition

(i) Transfer of public health functions to the local authority

- the necessary arrangements were in place for the local authority to take on its public health responsibilities from 1 April 2013;
- the majority of public health contracts had been agreed by the Leader / Executive Board Commissioning Sub-Committee and transferred to the local authority. Subject to agreement regarding its urgent nature from the Chair of Overview and Scrutiny, the contract with Nottingham CityCare Partnership would be signed today, and there was ongoing discussion around the final Nottingham University Hospitals Trust contracts (hopefully to be finalised within the next week or so);
- the Leader had signed-off all spend as appropriate;
- Appointments and Conditions of Service Committee had agreed the appointment of Dr Chris Kenny as Director of Public Health, a joint post with the County Council, for a period of 12 months from April 2013;
- the Secretary of State had now issued guidance on the transfer of public health staff to the local authority. Staff consultation had been underway since January 2013 and, where appropriate, staff were transferring into existing Council departments, for example, procurement.

(ii) The establishment of HealthWatch

- a Chair (Martin Gawith) and Vice-Chair (Adele Cresswell) had now been appointed, and other positions on the Board were being recruited to;
- the Board would be appointed for an interim period, with a view to holding elections for a permanent Board to be in place for the 2013/14 financial year. The constituency for elections would be members of HealthWatch and interested individuals engaged with the Health and Social Care Network;
- HealthWatch Engagement and Liaison Partnership (HELP) had been appointed to support HealthWatch Nottingham.

RESOLVED that

(1) information regarding the Healthwatch election process be forwarded to Panel members;

(2) the Chair and Vice-Chair (HealthWatch) be invited to attend the May 2013 meeting.

(iii) NHS Nottingham City Clinical Commissioning Group (CCG)

- the CCG had been authorised and was on track to go live from 1 April 2013.

(iv) Health and Wellbeing Strategy

- consultation closes in May, and the Strategy would be submitted for approval to the June 2013 Health and Wellbeing Board meeting.

48 EX-SERVICE PERSONNEL – MENTAL HEALTH ISSUES

(a) Report of Head of Democratic Services

Consideration was given to a report of the Head of Democratic Services, copies of which had been circulated, briefly summarising the mental health issues affecting ex-service personnel, and including a leaflet entitled 'Nottinghamshire Ex-Armed Forces and Families Partnership'.

RESOLVED that the report and leaflet be noted.

(b) Discussion with Matthew Mitchell, Nottinghamshire Healthcare Trust regarding Nottinghamshire Veterans Partnership

- the Veterans Partnership was set up 2 years ago following recognition by Nottinghamshire Healthcare Trust that ex-service personnel were a particular group with issues around accessing mental health trauma services. Working with partners it was then recognised that there were also issues in accessing other services, such as housing and social care. While most ex-service personnel transfer to civilian life without any problems, and support services were available if needed, there were issues around access and engagement;
- there were currently over 20 partner organisations involved with the Partnership, including the City and County Councils, Framework, Royal British Legion and Rethink. Ex-service personnel were involved in providing support to service users and Chetwynd Barracks were informing returning personnel of the services available (and assessing prior to discharge if any problem was evident);
- it was often the families of ex-service personnel, rather than they themselves, that contacted the Partnership regarding issues, the majority of which were about substance misuse, finance, mental health or housing;
- when an organisation in the Partnership was contacted by an individual, an initial assessment was completed and information was passed to other relevant partners, ensuring a 'joined-up' provision of services;
- across Nottinghamshire, the Partnership dealt with approximately 3,000 cases per year, mostly referred from the Royal British Legion;
- most cases dealt with were relatively straight forward, but figures for the first quarter of 2013 showed 16 particularly complex cases relating to mental health issues. 50% were diagnosed with PTSD, 90% had a history of substance misuse and over 75% had housing problems. Of these 16 cases, 14 were not already known to Nottinghamshire Healthcare Trust. All 16 cases were stabilised and transferred to mainstream services;

- a large proportion of problems stemmed from the fact that people joined the Forces at 16/17 years of age and stayed in for 20/30 years, therefore not having any real knowledge of how to access services, such as banking or housing, when they left the Forces. Also, when in Service, if personnel became unwell they would go directly to the Medical Officer, whereas when they had left the Service, it could take weeks to get an appointment with NHS health services, assuming they had organised registering with a surgery/health centre;
- sometimes ex-service personnel were reluctant to access support services because of a sense of mistrust and feeling that the impact of their military experience would not be understood. One way of addressing this had been to involve ex-service personnel in delivering support and one of the mental health nurses was a veteran themselves;
- Chetwynd Barracks provided information about available support when Service personnel leave, but this could get lost within the vast amounts of information provided, and often issues did not arise until 10-15 years later in response to a specific trigger incident. If individuals left with a medical discharge, then a pre-release assessment was completed and jointly managed;
- GPs should be aware of the Partnership and support available, but more publicly needed to be done. This would take place during the coming year;
- although it could be difficult to assess the level of need, there was capacity within the system to cope with current understanding of need within Nottinghamshire. There was likely to be a rise in Service leavers due to impending redundancies (as part of the proposed Armed Forces restructure), but the rise in mental health issues may not happen for up to 10 years (dependent on how those leavers coped with civilian life);
- there was no extra funding available to support the work of the Partnership;
- there were still some gaps which had been identified and plans were in place to address these. Areas for improvement included developing specialised trauma services for veterans, support for those with a criminal justice history and whether, in some cases, offenders could be referred to support services rather than being imprisoned, further development of peer support and advocacy as a more effective referral route and scoping the potential to utilise inpatient substance misuse services. Consideration was also being given to whether the model could be transferred to other locations throughout the country.

RESOLVED that

- (1) the thanks of the Panel to Mr Mitchell for his attendance be recorded;**
- (2) as the Nottingham Veterans Partnership was providing a comprehensive service in signposting to support available, and plans were in place to address identified gaps, the Panel agreed that no further scrutiny, in regard to mental health issues of ex-service personnel and their families, was required at the present time.**

49 FRANCIS ENQUIRY: ISSUES ARISING FOR HEALTH SCRUTINY

Consideration was given to a report of the Head of Democratic Services, copies of which had been circulated, briefly summarising the implications for health scrutiny arising from the findings of the Mid-Staffordshire NHS Foundation Trust Public Inquiry (the Francis Inquiry) into care at the Stafford Hospital during 2005 and 2008.

It was stated that in light of recommendations contained in the report regarding scrutiny (numbers 47, 119, 147, 149 and 150), this Panel needed to ensure that it was more challenging and proactive and that this was evidenced through clear and comprehensive minutes.

RESOLVED that

- (1) the Panel supported the creation of a training programme for all City Councillors dealing with scrutiny of health issues (Health Scrutiny Panel and Joint City/County Health Scrutiny Committee members);**
- (2) the Panel agreed that a more focussed and in-depth scrutiny of issues would ensure more robust outcomes.**

50 WORK PROGRAMME 2013/14 (DRAFT)

Consideration was given to a report of the Head of Democratic Services, copies of which had been circulated.

RESOLVED that

- (1) subject to the following, the draft work programme for the municipal year 2013/14, be approved:**
 - (i) removal of 'Any Qualified Provider' from May 2013;**
 - (ii) inclusion of Nottingham CityCare Partnership Quality Account 2012/13 (May 2013);**
 - (iii) inclusion of Nottingham CityCare Partnership Quality Account 2013/14 (January and May 2014);**
 - (iv) inclusion of HealthWatch Nottingham City (May 2013);**
 - (v) inclusion of Integration of Health and Adult Social Care (May 2013);**
- (2) the Chair of Health Scrutiny Panel contact the Nottingham City Clinical Commissioning Group regarding concern about GP waiting times, with a view to potentially including an item on the future work programme.**