NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 9 February 2016 from 10.15 - 12.10

Membership

Present	Absent
Councillor Eunice Campbell	Councillor Ginny Klein
Councillor Carole-Ann Jones	Councillor Colleen Harwood
Councillor Parry Tsimbiridis (Vice Chair)	Councillor Corall Jenkins
Councillor Pauline Allan	Councillor Mrs Kay Cutts MBE
Councillor Richard Butler	
Councillor John Clarke	
Councillor John Handley	
Councillor Jacky Williams	
Councillor Anne Peach	
Councillor Merlita Bryan	
Councillor Chris Tansley	
Councillor Ilyas Aziz	

Colleagues, partners and others in attendance:

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Caroline Baria	-	Nottinghamshire County Council
Jane Garrard	-	Senior Governance Officer
Martin Gately	-	Lead Scrutiny Officer
Pete McGavin	-	Healthwatch Nottingham Chief Executive
Noel McMenamin	-	Governance Officer
Sally Seely	-	Nottingham City Clinical Commissioning Group
Dr John Wallace	-	Nottinghamshire Healthcare NHS Foundation Trust

53 APOLOGIES FOR ABSENCE

Councillor Ginny Klein
Councillor Colleen Harwood
Councillor Kay Cutts MBE

54 DECLARATIONS OF INTEREST

None.

55 MINUTES

The minutes of the meeting held on 12 January 2016 were confirmed and signed by the Chair. The Committee noted that Councillor Jacky Williams did not attend the

January 2016 meeting because she was not a Committee member at the time, but was subsequently reinstated as a member.

56 TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/ OR AUTISM SPECTRUM DISORDERS

Sally Seely and Caroline Baria, Senior Responsible Officer and Deputy Responsible Officer for the Programme, gave a presentation on the Transforming Care Programme for People with Learning Disabilities and/or Autism who display challenging behaviours in Nottinghamshire, highlighting the following points:

(a) there is a national focus on building up community capacity and reducing inappropriate hospital admissions following the investigation into abuse at Winterbourne View;

(b) Nottinghamshire was one of 6 'fast track' areas chosen to form Transforming Care Partnerships (TCPs), involving CCGs, local authorities and NHS England specialist commissioners. A Transformation Plan to ensure affected citizens are kept healthy, well and supported in the community was submitted in September 2015, and public consultation on the Plan will commence in February 2016;

(c) those most affected will be citizens currently in in-patient care, for which a resettlement programme will be required. In future, the expectation is that hospital admission will only be when necessary, and will be time-limited;

(d) all 10 commissioning organisations in the area are involved with the programme's Transformation Board, under which a Professionals Reference Group of health and social care specialists sits. An Operational Committee manages 6 workstreams: Admission and Prevention, Strategic Commissioning, Operational Commissioning, Workforce Planning and Development, Integrating Care and Support/Finance, and Communications and Engagement;

(e) a number of key deliverables to June 2016 have been identified, including developing Strategic Commissioning and Workforce Development Plans, establishing multiagency pooled/aligned budgets, establishing emergency and longer term crisis support services, extending Care and treatment reviews to children and those with autism and no learning disability.

The following issues were raised and points made during discussion:

(f) a councillor criticised the lack of specific detail on numbers of children with disabilities in Nottingham City and Nottinghamshire County. In response, Ms Seely explained that commissioners were also frustrated by the lack of clarity on this issue within the Joint Strategic Needs Assessment;

(g) Ms Seely also shared councillors' concerns about challenges involved in securing a trained and dedicated workforce in the time available, and confirmed that the focus was on ensuring that the health and social care sector offered attractive career options. She also assured councillors that workforce concerns have been fed back to NHS England, Local Government Association and Association of Directors of Adult Social Services;

(h) it was very important to consult as widely as possible with both existing and potential service users, as well as through focus groups which reflected the demography of local populations. Ms Seely agreed with the assertion that it would have been preferable to consult current service users sooner, but explained that Nottinghamshire was not originally aware that it would be 'fast-tracked'. There was insufficient time to carry out full consultation within the nationally set timescales for submission of the Plan but some limited consultation did take place with existing inpatients and their families. She also stated that the Plan was open to significant alteration, depending on consultation outcomes;

(i) the Nottingham Healthwatch representative supported the aims of the Plan, but expressed concern about the deliverability of the Plan, especially around IT, service integration and simplified procurement, within the timescales. He also asked whether savings realised from reducing numbers of inpatient beds (approximately 40 beds) were ring-fenced for reinvesting in community services. In response, Ms Seely explained that not all beds are commissioned by the CCG. Some beds are commissioned by NHS England and currently there is no route for money released by decommissioning these beds to automatically flow to the CCG. Funding flows is a national issue that is still being worked out, but that this process should speed up now that the Programme was going live nationally;

(j) several councillors expressed surprise that the Programme was being launched nationally before outcomes from the 6 pilots areas were known;

(k) Ms Seely confirmed various models were being explored with existing providers to deliver crisis accommodation under the Plan, and that the proposed 'Skills Academy' will cover both new and existing skills;

(l) Ms Seely confirmed that currently crisis services are not available across the area but crisis provision needs to be operational quickly and therefore it is intended that interim arrangements are procured by June. There is a crisis house in the City and lessons can be learnt from that service for future procurement.

(m) Councillors and the Healthwatch Nottingham representative commented on the importance of having sufficient services available in the community, including crisis support, before any inpatient beds are closed.

RESOLVED to request that consultation outcomes and information on if/ how the Plan is changing in response to those outcomes; and progress against key deliverables to June for the Transforming Care Programme are presented to the Committee's July 2016 meeting.

57 RAMPTON HOSPITAL VARIATIONS OF SERVICE AND FEEDBACK FROM VISIT

The Committee received a presentation by Dr John Wallace, Clinical Director at Rampton Hospital on the High Secure Men's Personality Disorder Service and the decommissioning of the Dangerous and Severe Personality Disorder Programme (DSPD).

Dr Wallace explained that, following consideration of the decommissioning of the DSPD Programme by the Committee in November 2015 and subsequent visit by Committee members to Rampton Hospital in January 2016, it became apparent that the Committee should receive a further explanatory presentation of the proposals, pitched at a less clinical level.

Dr Wallace covered the following points in his presentation:

(a) the Mental Health Act allows people with a mental disorder to be admitted to hospital, detained and treated without their consent, and has safeguards in place to ensure these powers are not abused.

(b) To be detained, the individual must have a mental disorder, be of a nature or degree warranting detention and treatment because of the risk to self and to others, and there must be available treatment in hospital. This final requirement replaced the 'treatability test', a change triggered by the murders of Lin and Megan Russell by Michael Stone, who had a severe personality disorder but who was not deemed 'treatable';

(c) depending on the degree of risk and security, patients can access low-, medium- and high-secure hospitals. Rampton is one of 3 high-security hospitals in England – the others being Ashworth and Broadmoor – with almost 800 beds commissioned nationally;

(d) the DSPD programme was established in 2007 to deal with those with a severe personality disorder or disorders who had a high risk of harming themselves or others and where there was a link between the personality disorder(s) and the risk of harm. Patients often present with self-harm and violent behaviour, have complex co-existing symptoms of a range of mental disorders, have physical health concerns, are past victims as well as offenders and have committed offences such as murder, sex assaults, hostage taking, arson and sadistic acts;

(e) a consultant psychiatrist had to make a referral for admission and further 'gatekeeper' approval was required to ensure that the referral was appropriate. Assessment reports were then considered by an Admissions Panel, comprising clinicians not involved with the assessment process, and a further independent panel oversaw appeals against rejections by the Admissions Panel;

(f) a ministerial decision was taken in 2011 to decommission DSPD services, to be replaced by a new Offender Personality Disorder (OPD) pathway, delivering a majority of treatment in prisons. In July 2014, the decision was taken to decommission the DSPD service at Rampton Hospital, and a Task Group led by NHS England was established to oversee the process;

(g) a mitigation plan is in place to manage the impact of decommissioning the DSPD service at Rampton. This includes provision to increase the 'standard'

Personality Disorder service while phasing in a decrease in DSPD provision. Overall, around 35 beds will be lost through this process. The expectation is that a new suite of prison-based OPD services will reduce the number of prison referrals, while a High Secure Hospital capacity review will be carried out to inform future Personality Disorder bed capacity requirements at Ashworth, Broadmoor and Rampton hospitals.

The following issues were raised during discussion:

(h) while the provision of specialist services in prison was welcomed, the Prison Service was facing enormous financial and capacity pressures, and there was concern that the quality and care currently provided at Rampton would not be replicated in a prison environment;

(i) the decommissioning plan does not generate public protection issues and is centred on patient need;

(j) Sufficient capacity will be retained at Rampton to admit appropriate personality disorder patients. Dr Wallace assured councillors that if there was insufficient capacity then the Healthcare Trust would request a review with commissioners of capacity/ the pace of decommissioning;

(k) Dr Wallace expressed the view that in the past there was a tendency not to press charges if offences took place in hospital, but this had changed because of the importance of compiling accurate offender profiles;

(l) movement into, through and out of the system was both needs-dependent and needs-appropriate. Dr Wallace also confirmed that the Mental Health Act cannot be used to detain individuals on the basis of perceived risk;

(m) Dr Wallace acknowledged that there was a risk that the highly skilled workforce would be dispersed following full decommissioning of the DSPD unit in October 2017. There is a national shortage of such skills;

(n) Dr Wallace expressed the view that feeling secure, having a job and having sufficient support funding in place were the critical factors needed to ensure that former inpatient offenders establish a life outside hospital/prison. However, investment resources were at crisis point.

RESOLVED to:

1) thank Dr Wallace for his informative presentation and discussion, and to note Dr Wallace's offer to help arrange a further Committee visit to Rampton Hospital;

2) invite NHS England to a future Committee meeting to discuss how the quality of care provided under the Offender Personality Disorder Pathway will be assured;and

3) explore Psychologically Informed Placement Environments (PIPEs) and services for those with personality disorders in prison.

58 JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for 2015/16. Jane Garrard, Senior Governance Officer, provided the following information:

(a) both the Long Term NUH Strategy and GP Access Fund Pilots will be considered at the Committee's March 2016 meeting;

(b) the Daybrook Dental Service is still a live issue, so commissioners are not in a position to come before the Committee to share information on lessons learnt until the General Dental Council has concluded a current case relating to that practice;

(c) the Committee is to consider the Dermatology Action Plan in April 2016;

(d) the Committee will soon consider the Quality Accounts from the main Nottingham City/Nottinghamshire health service providers, and members were encouraged to volunteer to scrutinise individual Quality Accounts;

(e) the Committee's recommendation at its January 2016 meeting to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work has been well-received. Details of work that takes place in response to this recommendation will be reported to a future meeting.

Discussion focussed on recent criticism of the Joint Committee at Nottinghamshire County Council's full Council meeting. Several councillors identified frustrations with certain elements of the Committee's work, including at times a lack of engagement with issues at the appropriate level by service providers, and a 'mob-handed' approach to attending Committee meetings by others. However, there was consensus that the Committee did good work in holding health service commissioners and service providers to account, and that it was important to circulate 'good news' stories of the Committee's successes as widely as possible.

RESOLVED to note the work programme.