

Membership

Councillors

- Ged Clarke (Chair)
- Fiona Asbury
- John Clarke
- Bob Cross
- Vincent Dobson
- Rod Kempster
- Stuart Wallace

● absent

Officers

Paul Davies – Governance Officer
Matthew Garrard – Senior Scrutiny Officer
Ashley Jackson – Researcher

Also in Attendance

Tracy Gaskill - NHS Nottinghamshire County
Karlle Thompson - NHS Nottinghamshire County
Gill Oliver - NHS Nottinghamshire County
Andrea Ward - Nottinghamshire Community Healthcare Trust

1. Minutes

The minutes of the last meeting held on 26 January 2010 were confirmed and signed by the Chair.

2. Apology for absence

An apology for absence was received from Councillor John Clarke.

3. Declarations of interest

There were no declarations of interest by members or officers.

4. Mental Health Services

Tracy Gaskill and Andrea Ward gave a presentation on the proposals for mental health services in Newark. The starting point had been a recognition that current services were not fit to meet future demands. Friary Ward, which provided assessment and treatment for patients with

dementia, was currently closed, having had two out of 15 beds occupied at the time of taking the decision to close. The ward's isolation from other mental health services had led to difficulty in recruiting staff. The ward did not meet best practice guidance from the Royal College of Psychiatrists. Based on previous and forecast occupancy levels, and with enhanced community care, five beds would meet demand. An option would be for people to receive acute care outside Newark, and to return for "step down care" in the town. Day services could be provided on the hospital site at Byron House, with enhancements to other services. Possible uses of the space vacated at Friary Ward were outlined.

Karlie Thompson updated the review group on the consultation process, which would end on 6 March.

Officers responded to members' questions and comments as follows:

- What were the arrangements for people with dementia who were recovering from surgery? - 25% of people in acute hospital beds had mental health problems. QMC was testing a different model, with a separate mental health and medical crisis ward. There was a trade-off between patients' physical and mental health needs. They were entitled to the same standard of treatment as patients without mental health difficulties. Support to the medical staff from specialist mental health workers might be the best model.
- What would be the facilities for treatment at home, and when would they be put in place? - In Rushcliffe, a community-based team provided intermediate care, including assessment, rehabilitation and dealing with crises. Members were assured that no reconfiguration would take place until new services were in place.
- Carers had a valuable role in helping elderly patients with feeding, washing and difficult behaviour while in hospital. The proposal to treat patients away from Newark would make carers' journeys more difficult. - There was currently a shortage of care beds in Newark. The PCT was working with the County Council on new pathways for Newark patients. The PCT recognised that people should be treated as close to home as possible, and carers be supported to look after them.
- Did the proposals take account of the predicted expansion of Newark, and the ageing population? - The number of older people would have to double in order to fill the beds in Friary Ward. The ward would remain isolated from other mental health facilities, and the resources used by the ward could be better used on community facilities.
- What plans were there for respite care? - Respite care had never been provided by Friary Ward. The PCT was, alongside the County Council, looking at support for carers, including breaks for dementia and end-of-life carers.

The review group was assured that any savings from the closure of Friary Ward, approximately £1m, would be made available for community services, hospital liaison etc. Any step-down unit would provide medical

rather than mental health services, and be funded by Sherwood Forest Hospitals NHS Trust.

6. Programme of Work

The Chair reminded members that the meeting on 15 March would also be in Newark, and was expected to be followed by a visit to Newark Hospital.

The meeting closed at 11.35 am.

CHAIR

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