



**Nottingham
City Council**



**Nottinghamshire
County Council**

NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 14 July 2015 from 10.16 - 12.30

Membership

Present

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

Absent

Councillor Eunice Campbell
Councillor John Clarke
Councillor Corall Jenkins

Colleagues, partners and others in attendance:

Elizabeth Allcock	- Nottinghamshire Healthcare Trust
Dr Lucy Allsop	- Nottinghamshire Healthcare Trust
Jonathan Bemrose	- Nottingham East Clinical Commissioning Group
Louise Bettany	- Arriva
Richard Brown	- Nottinghamshire Healthcare Trust
Hazel Buchanan	- Nottingham East Clinical Commissioning Group
Sharon Crebor	- Nottinghamshire Healthcare Trust
Martin Gately	- Nottinghamshire County Council
Martin Gawith	- Healthwatch Nottingham
Claire Grainger	- Healthwatch Nottinghamshire
Asiya Jelani	- Arriva
Amanda Kemp	- Nottinghamshire Healthcare Trust
Dr Bert Park	- Nottinghamshire Healthcare Trust
Clare Routledge	- Senior Governance Officer
James Welbourn	- Governance Officer

11 APOLOGIES FOR ABSENCE

Councillor Eunice Campbell	-	other Council business
Councillor John Clarke	-	other Council business
Councillor Corral Jenkins	-	personal reasons

12 DECLARATIONS OF INTEREST

None

13 MINUTES

The minutes of the meeting held on 16 June 2015 were confirmed and signed by the chair.

14 REVIEW OF ADULT MENTAL HEALTH AND MENTAL HEALTH SERVICES FOR OLDER PEOPLE TRANSFORMATION 14/15

Amanda Kemp, Deputy Director of Nottinghamshire Healthcare NHS Trust, presented the report of the Head of Democratic Services on the review of Adult Mental Health and mental health services for older people during 2014/15. The following points were highlighted:

- (a) monthly meetings are held with commissioners as well as regular meetings with service users and carers regarding service delivery;
- (b) feedback on the Haven House crisis house located at Mapperley has been good. Services are now running 24/7, with consultant psychiatrists working over the weekend;
- (c) reinvested money has meant an increased number people being able to live independently within the community;
- (d) work with the Police and other agencies to better manage crises in the community are formalised within the Crisis Care Concordat;
- (e) mental health professionals working within the 111 service are helping to minimise patients with mental health issues presenting at A&E;
- (f) delayed discharge and housing related issues of mental health patients are challenging, however Nottinghamshire Healthcare Trust and Nottingham University Hospitals are working together to share good practice;
- (g) all staff who formerly worked on the Daybrook and Bestwood Mental Health Services Older People (MHSOP) wards at the city campus have been redeployed;

- (h) since the transformation of MHSOP there has not been an increase in untoward incidents or patients length of stay and there has been a decrease in complaints;
- (i) recruiting physiotherapists and occupational therapists into MHSOP is proving challenging;
- (j) on occasions there have been issues relating to patient discharge from health into social care services:

Following questions from Councillors, additional points were raised:

- (k) currently there is not a 24/7 mental health service available in the county; discussions are ongoing with commissioners regarding this matter;
- (l) all staff who previously worked at Enright Close have been redeployed to other areas. There were no redundancies;
- (m) data relating to the engagement with hard to reach communities and ethnicity will be forwarded to Committee members following the meeting;
- (n) Community Psychiatric Nurses (CPNs) can now travel in police cars when called to incidents involving citizens with mental health issues as the CPNs have access to patient history, leading to a reduction in admission to police cells. This service will continue to be monitored; currently there is only a further two years of funding available from commissioners;
- (o) statistics relating to patients frequently at risk of mental health issues are shared with commissioners and police colleagues;
- (p) if there is not sufficient mental health inpatient beds available locally beds are purchased outside of the county, to ensure patient safety. Where possible and safe, people will be treated at home, following consultation between patients, psychiatrists and carers;
- (q) nationally 75% of suicides are of individuals not known to mental health services. Inpatient suicide rates are very low;
- (r) all future presentations and reports to the Committee must not only focus on the positives of the service but also report back on areas of dissatisfaction;

RESOLVED to:

- (1) note the report and presentation;**
- (2) recommend a 24/7 mental health service be commissioned in the County to ensure adequate mental health provision is available;**
- (3) request that Nottinghamshire Healthcare Trust provide Committee members with data relating to the engagement with hard to reach**

communities and ethnicity of patients accessing adult mental health and mental health services for older people;

- (4) **recommend the inclusion of relevant ethnicity data in all future consultation exercises;**
- (5) **receive an update from Nottinghamshire Healthcare Trust on the Review of Adult Mental Health and Mental Health Services for Older People Transformation in six months.**

15 NOTTINGHAMSHIRE HEALTHCARE TRUST 5 YEAR STRATEGY FOR CHILDREN, YOUNG PEOPLE AND FAMILIES

Sharon Crebor, Associate Director of Transformation at Nottinghamshire Healthcare Trust introduced the 5 Year Strategy for Children, Young People and Families, highlighting the following points:

- (a) a twelve week consultation commenced on 15th June 2015 regarding the following proposals:
 - Community Child and Adolescent Mental Health Services (CAMHS) – new outpatient facilities for the city and south of county;
 - Inpatient CAMHS – a new unit with an increase in beds from 13 to 24;
 - A purpose built Education Unit for CAMHS inpatients;
 - Perinatal Services – a new Mother and Baby inpatient unit, with a small increase in beds from 7 to 8 and new outpatient facility for city and south of the county;
- (b) the proposal would bring the four services together onto a single site at the previously known Cedars Rehabilitation unit on Mansfield Road, Nottingham, therefore relocating services from both Thorneywood and QMC site;
- (c) the Cedars site would provide the ideal therapeutic setting and a major benefit would be that younger people accessing specialist services would have them provided closer to home as well as an overall improvement in quality of care;
- (d) a business case is being developed for consideration by the Nottinghamshire Healthcare Trust Board on 24 September 2015, but this is very complex due to the financial and capital investment required as well as planning consent;
- (e) service users including patients and carers will be involved in the detailed design of the proposed services if approved by the Nottinghamshire Healthcare Trust Board;

Councillors were introduced to Dr Lucy Allsopp (Consultant Child and Adolescent Psychiatry), Richard Brown (Associate Director Capital Planning), and Elizabeth Allcock (Service Improvement Facilitator). Following the introduction, members asked questions and the following points were discussed:

- (f) the Cedars site is within city council boundaries, so talks have been ongoing with the Nottingham City Council colleagues regarding planning, property design and education requirements. Discussions have also taken place with the integrated commissioning hub at Nottinghamshire County Council regarding funding for the project. Details of those organisations who have been involved in proposal discussions are to be included in the consultation pack;
- (g) a small number of residents attended the public consultation on 1 July. In addition to this, people have responded to an online survey and via telephone. There is a further public consultation meeting scheduled to take place on 28 July 2015;
- (h) the chair of Healthwatch Nottingham welcomed proposals as the current facilities are considered antiquated;
- (i) there is ongoing liaison with NHS England area commissioners regarding the proposals particularly as the psychiatric intensive care service will be East Midlands wide or wider service and the specialist eating disorder beds will be an East Midlands wide facility;
- (j) every patient who has accessed the CAMHS and perinatal services has been contacted regarding the proposals and Nottinghamshire Healthcare Trust is linking in with wider user group forums to engage with hard to reach groups and patients with disabilities. Alongside this work, there have been 60 hours of one to one sessions collating patient's stories and experiences of current services;
- (k) Committee members supported the use of digital technology to gauge the views of children and young people accessing services and the current proposals;
- (l) if the proposals are approved Thorneywood will continue to provide adult services within the site;

RESOLVED to:

- (1) give full support to the four proposals currently out for consultation as listed in point (a);**
- (2) consider the proposals to be a development of services rather than a substantial variation;**
- (3) ask Nottinghamshire Healthcare Trust to advise on the business case outcome decision of the Nottinghamshire Healthcare Trust Board;**
- (4) thank Nottinghamshire Healthcare Trust for the report.**

16 GLUTEN FREE PRESCRIBING

Hazel Buchanan, Director of Operations, Nottingham North and East Clinical Commissioning Group (CCG), and Jonathan Bemrose, Director of Finance, Nottingham North and East Clinical Commissioning Group (CCG), introduced the report on Maximising the Use of Our NHS Resources, highlighting the following points:

- (a) patients generally prefer to access services in primary care settings;
- (b) pathways of care are being redesigned to ensure there is better access to GP practices, care is provided closer to home, hospital admissions are avoided and there is better sharing of information across primary and secondary care;
- (c) patient and public engagement in NHS services is key to build intelligence and plan for the future;
- (d) medicine management must ensure evidence based choice and patient safety;
- (e) the gap between funding and the care costs will be around £140 million by 2018/19 if current trends continue;
- (f) coeliac disease is a common digestive condition and triggers by intolerance to protein gluten found in bread and many processed foods;
- (g) the south CCGs (Rushcliffe, North and East and North and West) spend approximately £250,000.00 providing gluten free products on prescription;
- (h) gluten free products are now widely available in supermarkets and restaurants and coeliac patients can eat a wide range of foods including rice, potatoes, fruit and vegetables;
- (i) the south CCGs are planning a 90 day consultation between August and October 2015 with key stakeholders, patients and public. Nottingham City CCG colleagues have been involved in dialogue regarding the consultation proposal. The three options for consultation are:
 - stop all prescribing;
 - restrict prescribing to bread and flour (Rushcliffe and Nottingham West);
 - restrict prescribing to flour only;

Following discussions with the committee the following additional points were noted:

- (j) children under 5 with multi-intolerances are to be excluded from the consultation regarding gluten-free prescribing;

- (k) Healthwatch Nottingham voiced concern that the report was not more explicit regarding key local public health messages, but it was confirmed that public health colleagues were involved in discussions and consultation detail;
- (l) additional dietetic support would be available to support coeliac patients;
- (m) pharmacists are working with GP practices to improve medicines management in this area;
- (n) in order for behaviour change to take affect there needs to be better relationships between GPs and patients and application of shared decision making;
- (o) it was requested that the consultation should be available online in order that anyone could contribute to the consultation exercise not just those targeted groups;
- (p) as yet, there hasn't been any feedback on NHS Nottingham North and East CCG restricted prescribing of gluten free products to bread and flour in December 2014 restrictions put in place. A clinical audit following the restrictions is taking place and Committee members felt this should be included in the consultation material.

RESOLVED to:

- (1) note the report;**
- (2) agree to a 90 day consultation between August and October 2015 regarding gluten free prescribing with key stakeholders, patients and public. The three options for consultation are:**
 - 1. stop all prescribing**
 - 2. restrict prescribing to bread and flour (Rushcliffe and Nottingham West)**
 - 3. restrict prescribing to flour only;**
- (3) the consultation should be available online for any member of the public to contribute to;**
- (4) be advised of the outcome from the consultation exercise at a later date.**

17 HEALTHWATCH NOTTINGHAMSHIRE RENAL PATIENT TRANSPORT REVIEW

Claire Grainger, Chief Executive of Healthwatch Nottinghamshire, Asiya Jelani, Head of Communications and Engagement at Arriva, and Louise Bettany, Service Delivery Manager at Arriva presented the Healthwatch Renal Patient Transport Review, and highlighted the following points:

- (a) the renal patient transport review report was presented to the Committee in March 2015, prior to publication. 45 interviews had taken place with patients who used the transport service, surveys were completed by both patients and renal staff and patient diaries were collated to contribute to the findings;
- (b) findings from the report demonstrated that Arriva was providing a poor experience patients requiring renal transport;
- (c) eight recommendations were developed and a meeting took place with Arriva and commissioners in April 2015 to discuss the recommendations and actions that would be taken;
- (d) findings were also presented to the NUH Quality Assurance Committee; patients were sent a copy of the report and copies were placed in the renal units. There was extensive media coverage and Derbyshire and Nottinghamshire Quality Surveillance Group also received the report;
- (e) next steps include updating meetings with Arriva to hear about progress, revisiting renal units in the autumn to talk to patients about their experiences after changes have been made to the services and a follow up report will be produced;
- (f) A dedicated renal co-ordinator commenced employment on 14 July 2015 and a transport working group was now in place involving NUH staff, community services, commissioners and patient transport staff;
- (g) Arriva have increased their "carry by" system, with 50% of groups of patients that want to/can travel together doing so;
- (h) Arriva is not a clinical organisation and cannot put in place safeguards to ensure that patients that need special transport requirements are prioritised for journeys home;
- (i) Arriva has reduced its reliance on subcontracted taxi companies. Arriva has undertaken a review of governance arrangements and the service level agreement will be revised. There has also been a re-alignment of patient transport staff rotas;
- (j) The Arriva renal co-ordinator will be responsible for making real time decisions as this person will have a full overview of the renal units;

- (k) Arriva's standard operating procedures will help to support staff and there will be further training provided for care assistants and planners;
- (l) there is now immediate notification of reduced dialysis treatment and summaries of weekly activity is submitted (including nil returns) to ensure a much clearer oversight and Arriva have absolute confidence in the this new arrangement;
- (m) dialysis patients are still under the care of the unit whilst awaiting their transport, but the renal co-ordinator will support this care;

Following questions from Councillors, additional information was provided:

- (n) Arriva recognises the support of the Committee, and acknowledges it is on a journey, but Arriva is confident it will provide the correct services;
- (o) Arriva have a specific list of taxi providers that they work with and taxi companies must work to a minimum standard of care and service level agreements are in place. Transport providers throughout the country rely on additional resources to compliment the service they provide. This flexibility in using other services is required due to peaks in demand for transport;
- (p) the renal co-ordinator is on site between the hours of 11am-7pm to ensure a robust service is in place;
- (q) Arriva have organised staff forums to inform staff of the necessary changes and work is ongoing to convey changes and improvements to patients, carers and NUH staff;
- (r) all volunteers involved in the Healthwatch report were trained, attended orientation sessions and asked patients a list of scripted questions. All interviews were recorded and transcribed.

RESOLVED to:

- (1) thank Healthwatch Nottingham for its excellent report;**
- (2) thank Healthwatch Nottingham and Arriva for their presentations;**
- (3) recommend Arriva continue to improve service delivery to renal transport patients in accordance with Healthwatch Nottinghamshire's recommendations;**
- (4) monitor results from the recommendations and receive a further update at a future Committee.**

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for 2015/16.

RESOLVED to note the work currently planned.