

## 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 15 December 2015 from 10.15 - 12.33**

#### **Membership**

##### Present

Councillor Ginny Klein (Chair)  
Councillor Eunice Campbell  
Councillor Carole-Ann Jones  
Councillor Parry Tsimbiridis (Vice Chair)  
Councillor Pauline Allan  
Councillor Richard Butler  
Councillor John Clarke  
Councillor John Handley  
Councillor Merlita Bryan  
Councillor Corall Jenkins (left after item 45)  
Councillor Chris Tansley  
Councillor Ilyas Aziz  
Councillor Rosemary Healy  
Councillor Stuart Wallace (left midway through item 45)

##### Absent

Councillor Mrs Kay Cutts MBE  
(Substituted by Councillor Stuart Wallace)  
Councillor Colleen Harwood  
Councillor Jacky Williams  
Councillor Anne Peach,  
(Substituted by Councillor Rosemary Healy)  
Councillor Mrs Kay Cutts MBE

#### **Colleagues, partners and others in attendance:**

Nancy Barnard - Governance Manager  
Debbie Dolan - Nottinghamshire Healthcare Trust  
Marie Hannah - Royal College of Nursing  
Amanda Kemp - Nottinghamshire Healthcare Trust  
Louise Randall - Nottinghamshire Healthcare Trust  
Ciara Stewart - Nottingham City Clinical Commissioning Group  
James Welbourn - Governance Officer

#### **41 APOLOGIES FOR ABSENCE**

Councillor Mrs Kay Cutts MBE  
Councillor Colleen Harwood  
Councillor Anne Peach  
Councillor Jacky Williams

Martin Gately  
Martin Gawith  
Pete McGavin

#### **42 DECLARATIONS OF INTERESTS**

None.

#### **43 MINUTES**

The minutes of the meeting held on 10 November 2015 were confirmed and signed by the chair.

#### **44 UPDATE ON PROGRESSION OF PROPOSED SERVICE REDESIGN PROJECTS WITHIN THE ADULT MENTAL HEALTH DIRECTORATE IN 2015/16**

Amanda Kemp, Deputy Director of Local Services at Nottinghamshire Healthcare Trust (NHT) provided an update on progression of proposed service redesign projects within the Adult Mental Health Directorate in 2015/16. The following points were highlighted:

- (a) feedback from a diverse range of stakeholders has shown that services are quite difficult to navigate, with too many internal barriers.  
  
Further feedback has suggested that it is quite difficult for GP's to call up and speak to senior nursing colleagues. This can mean that patients have to have repeated assessments;
- (b) NHT are looking to set up a much more locality based focus on services, bringing together skills of specialist teams. This will aid seeing patients more quickly. With a much stronger multidisciplinary team approach, staff from different medical teams can work together more closely;
- (c) in Nottingham City there are approximately ten teams operating. NHT have proposed a single point of access for the three localities;
- (d) following formal consultation, there was strong support for the development of a Community Rehabilitation team in the Mansfield area;
- (e) questions were raised around whether enough money was being reinvested. Programmes such as outreach at Broomhill House were really valued and important to service users and families. Data on this topic will continue to be reviewed;
- (f) service users from homes that have previously shut down, such as Enright Close in Newark, have been tracked and some have had very positive outcomes, including being discharged from the service;
- (g) eCRHT (Enhanced Crisis Resolution and Home Treatment Team) has reduced the need for admission to hospital by supporting people in crisis;
- (h) the Mental health 111 service commenced in February 2015 and is funded by NHS England for one year as a pilot study. Of the services users who contacted 111, 90% were diverted from the Emergency Department;

- (i) the eight week period from the start of September 2015 up until the start of November 2015 was exceptionally challenging for staff. This was part of a national trend. NHT was able to secure private beds in Nottingham for people requiring acute admission. Some out of county beds were also used.

The picture has stabilised over the past six weeks, with only four out of area beds being used from week beginning 23 November. Previously, this figure was higher;

- (j) NHT will review their bed capacity, and examine whether step-down beds are needed. A high number of delayed transfers of care had a big impact on the number of beds used;
- (k) a review of patients with personality disorder is underway to see if community provision could reduce admissions to hospital. There is NICE (National Institute for Health and Care Excellence) guidance that can help with managing this.

After questions from Councillors, the following information was provided:

- (l) historically, services have been delivered from a centralised point; this can lead to services in the north of the County looking different to service provided in Nottingham City. The City does provide services that can be mirrored throughout the County; NHT would like to go out to communities to advertise that there are satellite services elsewhere;
- (m) work is ongoing to have an implementation plan in place in the new year that contains information on any locality offer;
- (n) KPI's (Key Performance Indicators) are monitored every day with regards to beds. Any delays a patient experiences in getting a bed when sectioned has also been monitored.

There seems to be an exodus of patients leaving beds around Christmas time, although conversely there is an increase of elderly patients over the same period;

- (o) to deal with the expected surge in patient numbers in January, doctors are going onto wards every day of the week, in addition to consultant psychiatrists operating once a week. Decisions on discharge are being monitored, so that people aren't delayed and remaining in beds when they don't need to be there;
- (p) a crisis appointment can be secured in four hours, but unfortunately the gap after this initial appointment could be between two-eight weeks. In the city, only 16% of people in the city took up the offer of being seen in crisis within 4 hours;
- (q) to get information out to hard to reach individuals, the key is to engage well with communities, whilst delivering a consistent and correct message;

- (r) there is some involvement between NHT and third sector organisations, although engagement with these organisations is still in its infancy. Funding is being looked at to stop people being detained under section 136 (Police custody) in Nottingham.

Haven House is one such example of a positive collaboration between NHT and the third sector;

- (s) recruitment of staff in certain areas, such as consultant psychiatrists, Cognitive Behavioural Therapists and Psychological Wellbeing Practitioners is challenging. In addition, some doctors are working long shifts, and have some work at the weekends, which can make posts look unattractive to prospective new doctors.

Amongst nurses the most numerous age range is between 50-54 years old; there could be a big reduction in the numbers of nurses when this group of staff reaches retirement age;

- (t) the Comprehensive Spending Review offered a large sum of national funding to pay for services, but this payment will last for four months only. This would make it hard to recruit an individual to work for this short period of time;
- (u) a trial at NUH (Nottingham University Hospitals) will place senior members of specialist staff on the telephone so they are available for GPs to consult should they need advice; there will be GPs available in every Clinical Commissioning area. The plan is for this scheme to be an ongoing feature;
- (v) a not insubstantial amount of money has been used to pay for out of area beds. However, none of the patients that attended, or have come from Broomhill were part of this figure, only patients with acute mental health problems would potentially be sent out of area;
- (w) the student population within Nottingham is a challenging demographic because of their transient nature. The needs of individuals with asylum or immigrant status can also be challenging as these individuals can come along with no historical information, as well as having a language barrier.

Lastly, a lot of people who suffer from stress and unhappy experiences may not suffer from a defined mental illness, but it is important that their health needs are discovered and met;

- (x) it can be difficult to recruit nurses when private providers are able to compete with more favourable working conditions. In addition, acute mental health is a very difficult sector to work within.

**RESOLVED to:**

- (1) ask Nancy Barnard to circulate paper to members containing groups of people that NHT have worked with;**
- (2) ask NHT to return in 6 months' time following an audit of the changes.**

#### **45 ROYAL COLLEGE OF NURSING**

Marie Hannah, Regional Officer (Nottinghamshire) at the Royal College of Nursing (RCN) provided an update to the Committee regarding the issues currently faced by nurses. The following information was provided:

- (a) staffing shortages and vacancy levels are barriers to recruiting new nurses as newly qualified nurses are aware of the challenges of working on understaffed wards from the placement experience;
- (b) RCN is concerned about staffing shortages across the NHS, particularly within acute care for Emergency and elderly cases.

Further concerns including care homes and acute beds facing closure; these all impact on workloads;

- (c) acute hospitals in England have had an issue with their staffing levels. Trusts are in competition with one another. An NUH staff survey shows a reduction in the proportion of staff that recommends the trust as a place to work;
- (d) the government is planning to replace student nurse bursaries with loans. This could affect the number of young people from applying as they do not want to take on significant debt with limited earning capacity and also older people who may have applied as a significant proportion of them carry existing debts, and may be unlikely to want to take on additional debt.

The bursary funds a lot of travel expenses, and funds the educational package. The starting salary for a nurse is comparably low, so they will struggle to pay the loan off. Trainee Midwives will also be affected by the withdrawal of the bursary;

- (e) members of the nursing workforce are often patients or carers themselves, and can endure mental health problems; there have been examples of lack of support for this from managers. There is also a growing concern for nurses that fall foul of policies such as sickness absence; RCN is seeing a large number of nurses exiting trusts as they cannot meet the targets they have been set. In addition, members are reporting being overworked and undervalued;
- (f) RCN Council revalidation process starts next year, involving a lot of work with organisations around the meaning of the workforce and the employer;
- (g) NUH use staff from Europe, but as yet, there has been any recruitment from outside of this area. Traditionally, some of the cultural difficulties of settling combined with delays in gaining registration can prevent nurses coming from abroad;
- (h) work continues with Health Education East Midlands on targeting nurses from further education, however the uncertainty around bursaries can make it difficult to recruit. There are also career talks in schools through the RCN, but

with a small team, this is becoming increasingly hard to do, and might be more suitable for organisations such as Health Education England;

- (i) one of the difficulties with the career pathway in nursing is the transition from support worker to nurse. Another route to becoming a nurse can be through the Open University (OU) – degrees through the OU can be fully funded by the RCN but there will be a duty to the RCN as a result;
- (j) degree entry for nurses has been required for some time, and RCN would like this to continue. At the same, RCN recognises that there is a huge raft of very skilled capable people with no degree who can bring their common sense approach to nursing;
- (k) there is campaigning on a national level through Citizens UK to get the contract care certificate accepted;
- (l) most organisations have been told that if they want to use agency staff, different caps are applicable. These are in the region of 3-4% of agency staff.

**RESOLVED to ask Marie Hannah to return in a year's time for a further update.**

#### **46 JOINT HEALTH SCRUTINY COMMITTEE 2015/16 WORK PROGRAMME**

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

**Resolved to note the work currently planned.**