



NOTTINGHAM CITY COUNCIL
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 15 December 2015

Time: 10.15 am

Place: LB31-32 - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Corporate Director for Resilience

Governance Manager: Nancy Barnard **Direct Dial:** 0115 87643152

AGENDA

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IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF

POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG on 10 November 2015 from 10.15 - 11.55

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Pauline Allan
Councillor Merlita Bryan
Councillor Richard Butler
Councillor John Clarke
Councillor Mrs Kay Cutts MBE (left after item 6)
Councillor John Handley
Councillor Stan Heptinstall MBE
Councillor Carole-Ann Jones
Councillor Anne Peach

Absent

Councillor Ilyas Aziz
Councillor Eunice Campbell
Councillor Colleen Harwood
Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Jacky Williams

Colleagues, partners and others in attendance:

Vicky Bailey	-	Rushcliffe CCG
Lisa Carroll	-	Circle
Dr Stephen Fowlie	-	Nottingham University Hospitals
Martin Gately	-	Lead Scrutiny Officer
Peter Homa	-	Nottingham University Hospitals
Owen Jones	-	NHS England
Dr Guy Mansford	-	Nottingham West CCG
Christine Richardson	-	NHS England
Clare Routledge	-	Health Scrutiny Lead
Helen Tait	-	Circle
Dr John Wallace	-	Nottinghamshire Healthcare
James Welbourn	-	Governance Officer

34 APOLOGIES FOR ABSENCE

Councillor Ilyas Aziz
Councillor Eunice Campbell
Councillor Colleen Harwood
Councillor Chris Tansley
Councillor Jacky Williams (sent substitute)

35 DECLARATIONS OF INTERESTS

None.

36 MINUTES

The minutes of the meeting held on 13 October 2015 were confirmed and signed by the chair.

37 NOTTINGHAM UNIVERSITY HOSPITALS ENVIRONMENT, WASTE AND CLEANLINESS UPDATE

Dr Stephen Fowlie, Medical Director and Deputy Chief Executive at Nottingham University Hospitals (NUH) presented an Environment, Waste and Cleanliness update, highlighting the following points:

- (a) between 15-18 September, there was a planned Care Quality Commission (CQC) visit to NUH, following a previous inspection that took place 18 months before. Following the planned inspection, there was an unannounced visit on 28th September, which garnered complimentary feedback. The CQC rating was expected in December, but no major issues of concern had been raised;
- (b) Patient-led Assessments of Care Environment (PLACE) scores relating to the environment including cleanliness, food, privacy, dignity and wellbeing were slightly better in 2015 than in 2014. At Queen's Medical Centre (QMC), the dementia PLACE score is currently below the national average, due to the facility not being well suited to patients living with dementia. Work is progressing to improve the environment for patients living with dementia;
- (c) there is now a dedicated decant ward at QMC. Between ten and twelve wards will be deep cleaned and decontaminated by Christmas 2015. There was no increase in CDiff cases over the summer when cleanliness issues were raised over the summer;
- (d) where possible NUH signposts both patients and staff to Smoking Cessation Services and there is focussed targeting of parents of children in hospital. Visitors are encouraged not to smoke at entrances and an enhanced cleaning programme is underway but there is still a way to go to resolve this matter;

Disciplinary measures have been taken against some NUH staff;

The existing smoking policy is being reviewed, including the use of e-cigarettes (hospital policy currently does not include e-cigarettes). Work is also underway with Nottingham City Council to explore the issuing of fines;

A patient led social media campaign has been highly effective in asking visitors not to smoke;

- (e) behavioural disturbance at night can feature as part of some patient's condition and is unavoidable. However, staff are trying to reduce the number of call bells and buzzers on the wards, and have asked families, carers and other staff to refrain from using electronic devices at night.

There has been a reduction in noise levels generated by bin collection, but there is still further work to do in this area.

Following questions from Councillors and attendees, the following points were discussed:

- (f) the number of staff employed within the cleaning service has increased since Carillion took over the contract. A significant improvement plan has been undertaken including specific cleaning training within the team and cleaning supervisors spending more time on wards;
- (g) CQC's 'unannounced inspection' is part of the CQC methodology, so organisations are prepared and gear up for this. NUH was notified ten working days prior to the visit and were informed that inspectors could potentially visit out of hours services, including weekends and/or during the night. Peter Homa confirmed that CQC inspectors speak to 1000's of patients during their visits;
- (h) PLACE scores do not include external quality assurance so it is very difficult to compare performance;
- (i) a new meal ordering system is resulting in less food waste. Previously, 24-25% of food taken to wards was wasted due to over-ordering. Now, the smart system takes the meal order from the patient 2 hours in advance of food delivery.

This service has been implemented across both campuses in Nottingham. Food waste is now down to 5%;

- (j) there is a close relationship between NUH food assistants and patients and there has been positive feedback on the new ordering system. A Gold Standard Award has been achieved for food produced at the City Campus;
- (k) work on Biofuel from waste food is ongoing, and should be completed by the end of the year;
- (l) cleaning arrangements and services are now more demanding than the previous in-house system;
- (m) there are currently twelve different service lines to the Carillion contract so negotiations are very complex. It was acknowledged there have been some issues to address in the first year of the Carillion contract but work is underway to resolve these;
- (n) response time for cleaning up spills, and dealing with areas exposed when furniture is moved, as well as other reactive circumstances is monitored and addressed through auditing;
- (o) NUH is very aware that responsive cleaning needs to be robust. Coffee spillage is problematic at the QMC site. There is a 24 hour helpdesk for all NUH Estates located on the City Campus;

- (p) staff suspected to be under the influence of alcohol can be tested in association with Trade Unions. Carillion has a Drugs and Alcohol Policy in place;
- (q) there has been an increased robustness of how staff are challenged about smoking. However, many staff work 12 hour shifts, which can be a long time for a smoker to be without a cigarette;
- (r) although there is a certain satisfaction that decontamination can control cdiff, it is still vitally important to track each case very carefully. There are weekly meetings held, but by and large, cdiff cases are relatively low and were under trajectory in the last quarter at NUH;
- (s) there is a consistent approach to sharps waste across QMC and City campuses. Recycle bins are now replaced more effectively, and where a new arrangement is piloted it generally operates on one site prior to being rolled out across the Trust;
- (t) NUH encourages and facilitates where possible for carers/family members of dementia patients to stay overnight.

RESOLVED to:

- (1) note the update;**
- (2) ask NUH to return in August 2016 for a further update.**
- (3) request that NUH provide the Committee of numbers of children in hospital known to have parents that smoke;**

38 RAMPTON SECURE HOSPITAL VARIATIONS OF SERVICE

Christine Richardson, and John Wallace, presented the report on The Decommissioning of the Dangerous and Severe Personality Disorder Service (DSPD) at Rampton Hospital, highlighting the following points:

- (a) the facility at Rampton currently has capacity for 115 patients,, currently there are 100 patients in beds;
- (b) NHS England is running a modelling tool which has been developed by Nottingham University and which should be completed by December 2015.

It is currently forecast that Rampton will close a ward by October 2017.

- (c) there is a guiding principle regarding the patients interests. If a patient thinks that something is awry in the way they are being treated, their advocates and solicitors will be consulted;
- (d) Rampton is a top-level secure hospital. The main routes in are through the courts system, or admission from a lower level security hospital. On discharge, the patient would move back down the system, or alternatively, back through the prison service if that was their route in. Very occasionally,

high security hospitals might transfer patients (if there has been collusion for example).

RESOLVED to:

- (1) note the report;**
- (2) arrange a visit to the facility for interested members before the next presentation at this Committee. To be organised through Martin Gately;**
- (3) come back with a detailed presentation in February.**

39 DERMATOLOGY ACTION PLAN

Vicky Bailey, Chief Executive of Rushcliffe Clinical Commissioning Group (CCG), introduced the Dermatology Action Plan monitoring report. The following points were highlighted:

- (a) local health partners continue to collaborate, and the structures in process around dermatology are constantly fine-tuned. An audit from NUH predicted small transfers of patients to Leicester, and this is what is being seen;
- (b) national training places of Dermatologists will not be growing in the medium term, so Dermatologists will need to be attracted to Nottingham from other areas;
- (c) work is ongoing to protect the existing Paediatric Dermatology Service;

Following questions from members, the following points were highlighted:

- (d) from an adult service perspective, waiting times naturally increase over the summer period. Currently, the wait is around 3 months for a general appointment. All CCGs are now engaged in Tele Dermatology with 70% of patients remaining in primary care. 22% of patients have been converted to a two week wait;
- (e) patient experience and feedback seems to be consistently high;
- (f) 1 consultant has been attracted to Nottingham. In addition to this, 5 training grades to work across the region have also been approved;
- (g) Healthwatch reported that it had attended a one off Dermatology Action Group involving patients; a Memorandum of Understanding between organisations has been developed and monthly meetings are taking place to discuss progress, but this may not continue if no new Dermatologists can be recruited.

RESOLVED to:

- (1) ask a further report to come back to the Committee in five months' time;**

- (2) **write to the Secretary of State as a Committee highlighting concerns regarding the demise of Dermatology services in Nottingham.**

40 JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

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

- (a) Rampton Secure Hospital Variations of Service presentation to be delivered to the Committee in February 2016;
- (b) Long Term Neurology Conditions item will be deferred to March 2016;
- (c) An update on the Dermatology Action Plan will be presented to the Committee in April 2016.

RESOLVED to note the Work Programme, subject to the addition of the above items.

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
15 DECEMBER 2015
UPDATE ON PROGRESSION OF PROPOSED SERVICE REDESIGN PROJECTS WITHIN THE ADULT MENTAL HEALTH DIRECTORATE IN 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES

1 Purpose

- 1.1 To consider an update on the proposed service redesign and improvement initiatives within Adult Mental Health services during 2015/16.

2 Action required

- 2.1 Further to information considered by the Committee in the summer, the Committee is now asked to consider the progress made by the Trust in moving forward with its work on:
- the delivery of non-crisis community mental health services for adults in the city and the county;
 - the increase in community provision and decrease in in-patient rehabilitation services;
 - a review of the progression and impact of the reduction in in-patient beds and enhancement of Mental Health Crisis Services.

3 Background information

- 3.1 During the summer representatives of the Healthcare Trust attended the committee to present their proposals for the development of adult mental health services.
- 3.2 The proposals relating to a shift to community based care are in line with a national directives and guidance for mental health care.
- 3.3 Since coming to the committee in the summer consultation and engagement work has been carried with a range of stakeholders. This is detailed in the paper provided by the Trust and appended to this report. Previously the committee had expressed interest in the consultation and engagement process and may wish to explore how the outcomes of the consultation and engagement have impacted upon the Trust's plans and activity.
- 3.4 The Committee also previously recommended the commissioning of a 24/7 mental health service in the County to ensure adequate mental health provision is available.

4 List of attached information

4.1 Paper from the Healthcare Trust.

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 Reports to and minutes of the meetings of this Committee held in June and July 2015 and 7 October 2014

7 Wards affected

7.1 All

8 Contact information

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NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

DETAILED UPDATE ON THE PROGRESSION OF SERVICE REDESIGN PROJECTS WITHIN ADULT MENTAL HEALTH DIRECTORATE IN 2015/16 FOR THE DECEMBER 2015 JOINT HEALTH SCRUTINY COMMITTEE

1. INTRODUCTION

This paper provides a detailed update of the progression of the Adult Mental Health Directorates (AMH) service redesign and improvement initiatives within Adult Mental Health services during 2015-2016, alongside a review of the outcomes and impact of previous service transformation initiatives implemented in 2014-2015.

It is intended to provide the Joint Health Scrutiny Committee with a detailed overview of progression with regard to the Community Service Review, the implementation of changes to AMH rehabilitative care with a move from inpatient to community based provision, and the impact and outcomes of the reduction in inpatient acute beds and development of the Enhanced Crisis Resolution and Home Treatment Team (eCRHT).

There are three service transformation schemes discussed in this paper, one relating to the delivery of non-crisis community mental health services for adults across the City and County of Nottingham, the second with regard to the progression of the Adult Mental Health Directorates rehabilitation strategy focusing on increased community provision and decrease of in-patient rehabilitation services, and the reduction in acute inpatient beds and enhancement of Mental Health Crisis Services.

2. COMMUNITY SERVICE REVIEW

The Adult Mental Health Directorate has conducted a wide ranging review of the delivery of non-crisis community services. Engagement activity has been undertaken to elicit views from a diverse range of stakeholders including, staff groups, service users, carers, GP's, commissioners and partner agencies. Existing feedback processes such as the Service User and Carer Experience (SUCE) questionnaire, complaints, compliments, incident investigation and Patient Opinion have been utilised alongside planned events such as staff focus groups and feedback sessions with partner agencies. The improvement themes from this feedback were that current service structures were:

- Over complicated and confusing for refers and patients
- Have too many internal barriers causing unnecessary delays to accessing care
- Not able to be responsive and reactive to need, including individual needs
- Not involving service users and carers enough
- Not focusing enough on community/locality needs and relationships
- Repetitive with multiple assessments

The Directorate has incorporated this feedback into the community services review which aspires to improve responsiveness and reactivity of all services, improving navigation and understanding of our services for service users, carers and professionals, and assuring that

services can be accessed in a timely way when required. Taking this feedback into account and recent data analysis undertaken within the Directorate to include caseload sizes, cluster groups, medical provision and staffing numbers, the Directorate, with agreement from the Local Services Senior Management Team has taken the decision for a locality based community model as the preferred model for community service delivery across the City and County of Nottinghamshire. This model allows the specialist skills and knowledge of the current teams to be retained and developed whilst delivering within a locality based model. The intended model is outlined within the appendix (appendix A) and will aim to provide the following benefits to service provision:

- A pathway model of mental health care that is simple to access, understand and navigate for service users and carers
- Focussed on timely early intervention
- Responsive and reactive services to meet peoples needs
- Involvement of service users and carers within decision making
- Clear and coherent to navigate for GP's and other referrers
- Delivers a strong MDT approach
- Able to work closely and effectively with other Trust Directorates and divisions and partner agencies to meet all care needs in an integrated way
- Ensures a highly skilled workforce can use their skills effectively in the provision of evidence based interventions to meet the needs of service users
- Productive and efficient, making best use of all available resources
- Is able to be accurately measured on the quality of the service provided
- Achieves longevity with the basis to grow and develop over time without a need to substantially alter the key tenets of the model.

An implementation plan has been put together which outlines the steps needed over the coming months to be able to operationalise these changes, planning work has already commenced and with agreement from Commissioners operationally the changes will begin to take place on the 1st April 2016. An overview of the plan is as follows:

1. Communication to staff teams in December
2. Data to be compiled in relation to staffing numbers, medical input, GP demographics, caseload sizes and cluster numbers for each locality which will allow for the development of a detailed implementation plan for each locality
3. Implementation of agreed model including staff organisational change process, redeployment, team relocation and updating of operational policies and procedures as required
4. Audit and evaluation tool to be developed to measure service user satisfaction and outcomes
5. Agreed medical staffing models for community services. Review of consultant caseloads & activity including a review of all patients on either 6 month or 12 month only appointments
6. Continued development of nurse led clinics delivering time limited interventions
7. Review and measurement of current processes used within community teams to identify any opportunities for increased productivity and efficiency incorporating the use of new technology, utilising the Productive Community services model.
8. A team development and workforce plan will support this change process and identify supports and training needed to deliver the new models.

This work will be overseen by the AMH Task & Finish Group.

3. CONTINUED IMPLEMENTATION OF THE ADULT MENTAL HEALTH REHABILITATION STRATEGY

In the detailed paper presented to Joint Health scrutiny Committee on the 16th June 2015 the Adult Mental Health Directorate provided a detailed outline of proposals relating to:

- The expansion of the community rehabilitation team serving the City and South County of Nottinghamshire
- The development of a community rehabilitation service for the population of Mansfield and Ashfield
- The closure of Heather Close inpatient rehabilitation unit in Mansfield
- The closure of Broomhill House Inpatient Rehabilitation Unit in Gedling

Following this a formal consultation and engagement process began on the 22nd June 2015 which included three public engagement events in Mansfield, Netherfield and Gedling and two meetings for current service users and their families at Broomhill House and Heather Close. Staff were also extensively consulted via a number of routes. This provided an opportunity for the proposals to be presented, discussed and for people's views to be heard and incorporated into the service development plans. The Trust also took further steps to engage people whose opinions are sometimes seldom heard during engagement processes, information relating to our proposals was sent to a number of local faith groups, cultural communities, and special interest groups, along with details of the planned engagement events and offers to meet with interested groups directly should that be preferable. An extensive mailing list was also put together where information was disseminated to relevant stakeholders, including CCG's, City and County Councils, Police, Healthwatch, voluntary and charitable organizations and the Trust's Involvement Centre's. The themes from the analysis of this consultation are:

- There was strong support for the development of a community rehabilitation team in the Mansfield area
- There was good evidence that rehabilitation in the community had good patient outcomes
- The proposal to support patients to recover in their own environment with their family is welcomed.
- The bed closures will increase pressure on acute beds which cannot be met
- It will put more pressure upon families and carers
- It will lead to relapse and increased pressure upon crisis/emergency services who are already overstretched
- Community services are inadequate and cannot provide the level of care needed by this patient group – not a like for like service
- Not enough money is being reinvested back into the community to be able to cope with the demand
- The outreach service was really valued

Alongside this feedback there was a large amount of praise for the current services at Heather Close and Broomhill House, in-particular Broomhill House prompted the majority of the public opposition resulting in a petition entitled 'keep Broomhill open' being signed by 2,172 people.

The Directorate team analysed these concerns and made changes to their proposals as follows:

1. Revision of the workforce profile of the CRT in Mansfield and Ashfield
2. Increase in the proposed staffing into the City and County South CRT
3. Review of how CRT will support the outreach clients at Broomhill House
4. Review of our key performance indicators in relation to the closure of 42 acute beds last year
5. Review of readmission data from rehabilitation units
6. Further meetings with key partners to address concerns
7. Dedicated expert clinical oversight of care pathway development

In addition to this the Directorate also took into account information available from already established rehabilitation teams which showed that we have been able to offer expert rehabilitative care to a much wider group of service users than ever before. The three established teams serving the City, County South, Bassetlaw and Newark and Sherwood areas have a current combined caseload of 260 clients. This is in comparison to the 71 inpatient rehabilitation beds we would have offered in the traditional rehabilitation model, offering an almost 73% increase in the capacity of the specialist rehabilitation service.

The development of the Community Rehabilitation Teams has allowed us to make the most efficient and clinically effective use of this specialist resource leading to fewer service users requiring a stay in an inpatient rehabilitation setting to meet their rehabilitation needs, and often needing a decreased length of stay should a period of inpatient care be required. This has been evidenced by the effective management of previous reductions in rehabilitation beds allowing the Directorate to have ample capacity to meet the needs of those that require inpatient rehabilitation. On reviewing the current inpatient population at Broomhill House, Heather Close, and 145/106 Thorneywood Mount it was recognised that many service users were ready for discharge from these settings to other appropriate care settings to meet their future needs. It was also noted there was no current waiting list for inpatient rehabilitation beds, highlighting the excellent work being done by the community rehabilitation teams in conjunction with partner agencies to support service users in community settings. The ongoing provision of 18 open rehabilitation beds at 145 Thorneywood Mount will continue to provide an appropriate number of inpatient rehabilitation beds to meet the needs of the service user population.

The proposals were presented at the Trust Board on the 29th September 2015 and the agreement to proceed with the proposals was extensively communicated with all stakeholders. Following this an implementation plan was operationalised and the Adult Mental Health Directorate has achieved all of these proposals with the closure of Broomhill and Heather Close on the 31st October 2015.

The on-going impact of these changes will be monitored via regular audits at 6 months to evaluate any changes and outcomes.

4. A REVIEW OF AMH SERVICE TRANSFORMATION 2014/15

This section provides a review of the progression and impact of acute service transformation within the Adult Mental Health (AMH) Directorate in 2014/15. It will give feedback on service transformation undertaken across the city and county of Nottinghamshire in relation to closure of acute inpatient beds at QMC site and development of Enhanced Crisis Resolution and Home Treatment Team (eCRHT) and a crisis house.

The impact of eCRHT on acute mental health care and patient experience

The Enhanced Crisis Resolution and Home Treatment Team has been providing a 24 hour a day, seven day a week service to those in mental health crisis since September 2014 offering a true multi-disciplinary alternative to both admission to hospital and attendance at an emergency department for those experiencing a mental health crisis. This enhanced community provision has effectively supported people in crisis reducing the need for admission. By increasing the availability of consultant psychiatrists to include evenings and weekends and employing nurse prescribers the team have been able to respond to people's needs more effectively, thus preventing the need for admission to hospital. The introduction of support staff to the team has enabled a more intensive support package to be put in place, increasing the availability and responsiveness of the team.

In order to meet the needs of families and carers staff have been trained in behavioural family therapy. Staff have also received training in distress tolerance and mindfulness to improve care and treatment of people with personality disorder.

Service user outcomes and experience

Review of patient feedback from various sources such as patient opinion and the trusts SUCE (service user and care satisfaction) audits, complaints and compliments from PALS indicates an improved satisfaction from patients and carers. There has also been a reduction in serious incidents across the services following the enhanced provision.

Readmission rates to inpatient mental health beds have reduced and length of stay has reduced throughout 2015 due to improved discharge facilitation. Improved systems and processes and better partnership working have also resulted in a reduction in delayed transfers of care.

Since the opening of Haven House, a six bedded crisis house, in January 2015, 180 guests have been supported, many of whom would have required admission to hospital if Haven House wasn't available. Following review of occupancy and guest satisfaction the maximum length of stay was extended from 5 days to 7 days to further enhance recovery opportunities. Feedback from this alternative provision has been very positive and following re tender process, Haven House will be delivered by Turning Point from January 2016. Turning Point has national recognition for delivering quality crisis house services which will further enhance this provision.

Performance indicators and future service monitoring

Since the 01/09/2014 The Enhanced Crisis Resolution and Home Treatment Teams serving City and County south have been able to support 2,9772 service users in crisis. Admission rates for those services users referred to the teams by our GP colleagues have been less than 5% when reviewed month on month. Following review of referrals and client feedback

and consultation with commissioners a new protocol for response times has been agreed. This enables the team to respond in 4 hours or 24hours depending on client presentation and risk factors, increasing flexibility and responsiveness of the team. The new community model will provide GP's and services users to have a single point of access that is available in localities. This will enable referrers and services users to have contact with medical and nursing staff at the point of need to identify the most appropriate care pathway in to services.

Mental Health 111 pilot review

The NHS 111 Mental Health pilot commenced in February 2015 following a successful proposal submitted by Nottingham City CCG to NHS England. The pilot is for 12 months funded by NHS England and has recently been evaluated by Newcastle University on their behalf (receipt of the evaluation is pending) .

Crisis Resolution and Home Treatment Team Mansfield and Ashfield deliver the service 24 hours a day and take all calls from Nottinghamshire county postcodes, excluding Bassetlaw, that are assessed by a NHS 111 call handler as requiring attendance at an 'emergency treatment centre within 1 hour' or contact with a 'Primary care service within 1 hour' due to a mental health presentation. Approximately 80% of these calls are 'Warm Transfers' (The caller remains on the line during the transfer from NHS 111 to Crisis Resolution and Home Treatment Team) so triage is immediate. Callers ranged in age from 17-83 years and to date there have been in excess of 265 calls. Following triage of the calls by Crisis Resolution and Home Treatment Team the outcomes include offering support and advice, and needs based referral. Referrals include a) local area Crisis teams for further assessment reducing the requirement to attend GP for Crisis Resolution and Home Treatment Team referral and improving accessible care 24 hours a day b) MHSOP IRIS teams c) GP for further medical intervention. A proportion of calls were received from family members/carers seeking support and guidance.

The triage and NHS 111 service has proved successful in reducing the attendance to ED by 90%. 80% of these calls were warm transfers (those that remained on the phone during the transfer from NHS 111 to Crisis Resolution and Home Treatment Team) with an immediate triage. 60% of the calls received reached "attend emergency treatment center within 1 hour". Following triage of these calls by Crisis Resolution and Home Treatment Team circa 10% were advised to attend ED. Police were called for a further 10 referrals due to disclosure of imminent risk to either caller subject or public. This evidences excellent outcomes for patients and their families with an immediate response for support and triage of appropriate care at the time of need.

The impact of bed reduction on bed availability over the past six months and the AMH Directorates strategy for improving accessibility to local beds for those requiring admission

There has been an increased demand for acute beds recently, which mirrored the national picture. This has caused concern across the local health and social care community and has been reported through meetings with Commissioners and local Safeguarding Boards.

To ensure sufficient bed availability at times of increased demand private beds have been sourced, primarily within the local area but when not available out of area beds have been used. Bed availability and private bed usage is closely monitored by the Trust and commissioners. A bed management protocol has been developed and shared with

commissioners and partner organisations to ensure a robust and efficient process to bed management. To further enhance the bed management process the trust is developing a bed management team which will provide improved management and co-ordination of all acute beds across Nottinghamshire. This team will be responsible for the prioritisation, review and allocation of acute beds across Nottinghamshire. It will also support discharge facilitation and the reduction of delayed transfers of care.

To improve reporting, monitoring and response to this increased demand a daily demand management meeting has been developed. This has enabled improved escalation and bed management processes.

The Trust is carrying out a detailed review of acute admissions to understand the fluctuating demand and seasonal variations. Consideration is being given to the development of step down beds, which would reduce the length of stay on acute admissions wards, better meet people's recovery needs and increase acute bed availability.

Personality disorder pathway review

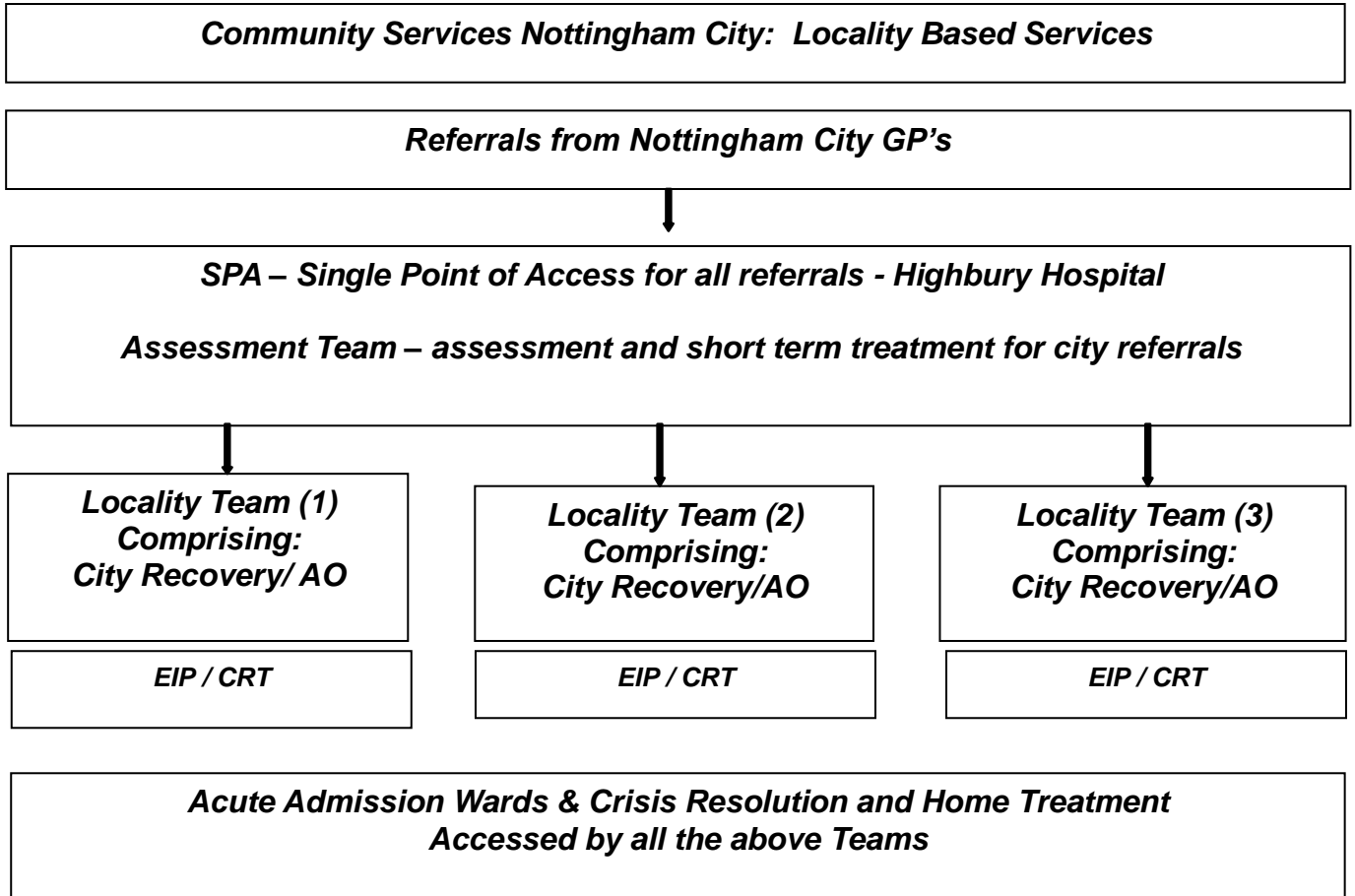
Research evidences that admission to hospital for people diagnosed with personality disorder is often counter productive for maximising wellbeing and recovery. A review of patients admitted under cluster 8 is being carried out to explore if enhanced community provision could reduce admissions and length of stay of this client population.

5. CONCLUSION

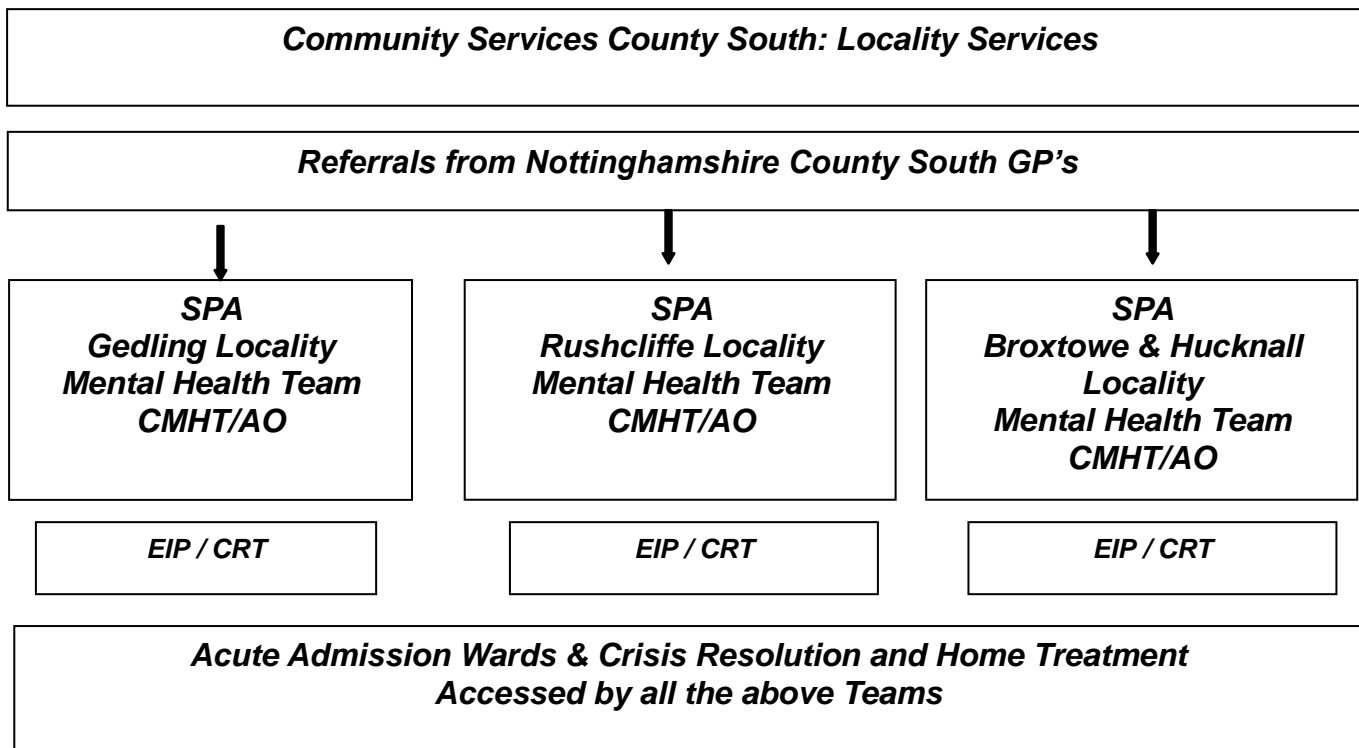
Nottinghamshire Healthcare NHS Foundation Trust asks that the committee note the above update and will provide further detail regarding progression on each in due course.

Appendix A - Proposed New Locality Community Services

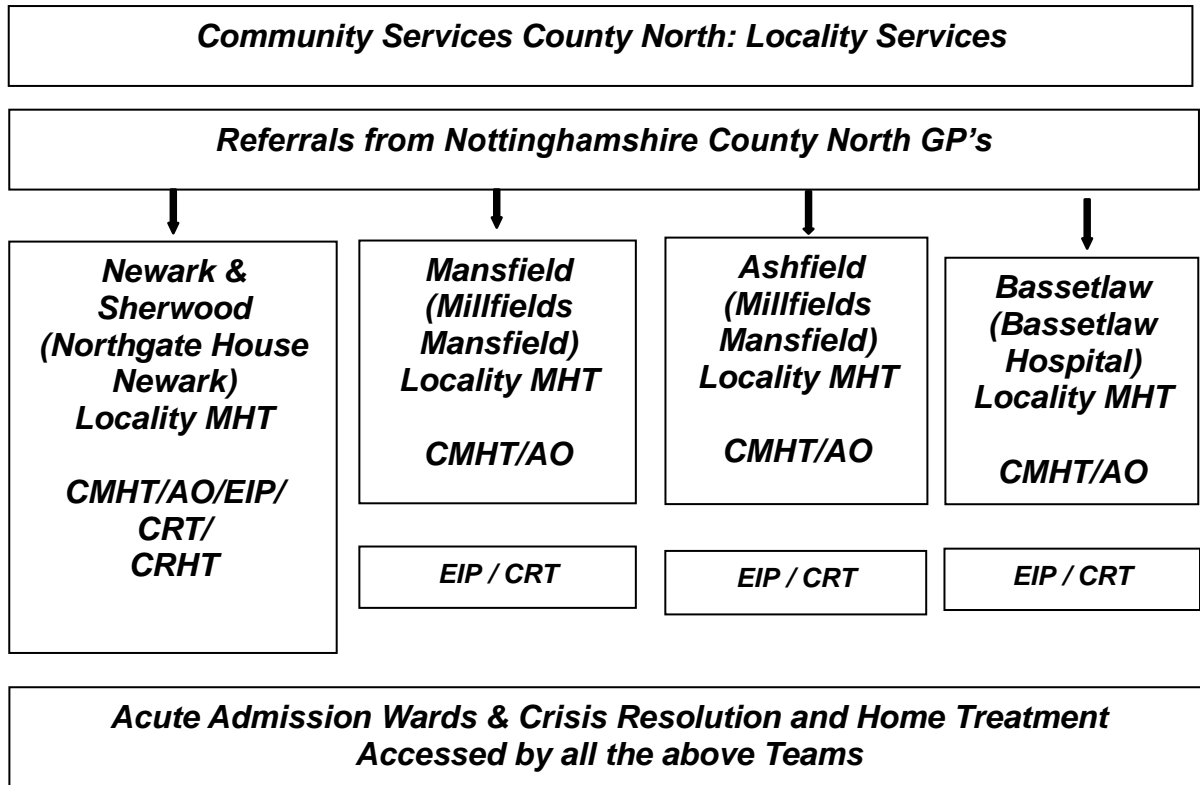
1. City Community Services



2. County South Community Services



3. County North Community Services



17 December 2015

REPORT OF THE VICE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

ROYAL COLLEGE OF NURSING

Purpose of the Report

1. To introduce a briefing from the Royal College of Nursing.

Information and Advice

2. Members may recall that the Royal College of Nursing (RCN) representatives are invited to attend the Joint Health Committee on an annual basis to update on the issues currently faced by nurses.
3. Ms Marie Hannah, Regional Officer, Nottinghamshire will again provide a briefing and answer questions as necessary.
4. A written briefing from Ms Hannah is attached as an appendix to this report.
5. Members may wish to share and explore with Ms Hannah the sorts of issues that the Joint Health Committee has recently scrutinised, such as the variation of service relating to the treatment of people with dangerous and severe personality disorders or the issues relating to the dermatology service.
6. Members are requested to receive the briefing, ask questions and schedule further briefing as necessary.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

- 1) Receive the briefing on the issues currently faced by nurses
- 2) Ask questions
- 3) Schedule further consideration

Councillor Parry Tsimbiridis

Vice Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Briefing for Joint City and County Health Scrutiny Committee: December 2015

CURRENT ISSUES AND CONCERNS FOR NURSES AND NURSING

1.0 Impact of nurse staffing shortages and vacancy levels in the NHS

- 1.1 The RCN remains concerned about nurse staffing shortages and vacancy levels across the range of NHS provision and particularly in acute hospital services – such as A&E, critical care and older people’s care – and the potential for this to have an adverse impact on patient care experience and outcomes and on the workloads, wellbeing and morale of nursing staff.
- 1.2 Research¹ by *HSJ* reported in November 2015 shows that 92% of acute hospitals in England did not achieve planned staffing levels for registered nurses working during the day; 81% also missed their night shift registered nurse staffing target.
- 1.3 Research² by the RCN in October 2015 also shows that 59% of nurses say they are too busy to provide the level of patient care they would like, with 43% reporting an increase in the number of patients they are being asked to care for.
- 1.4 Nottingham University Hospitals NHS Trust’s most recent quarterly staff survey³, as reported to the Trust’s Board in October 2015, reveals a decline in the proportion of staff who would recommend NUH as a place to work. Staffing and work pressures were cited among the more negative comments by staff.
- 1.5 The RCN welcomes the interim inclusion of nursing on the Shortage Occupation List (SOL) following intervention by the Home Secretary in October 2015. This decision should help cushion the impact of the current shortage in the supply of UK-trained nurses because it means that the requirement for nurses recruited from outside the European Economic Area to earn at least £35,000 a year to qualify for indefinite leave to remain after six years no longer applies to anyone in a nursing role who would otherwise have had to leave the UK. The interim decision applies until February 2016, when the Migration Advisory Committee will report on its review of whether nursing should stay on the SOL list thereafter.

¹ ‘Exclusive: Fewer than one in 10 hospitals meet their own nurse staffing targets’ – *HSJ*, 16 November 2015 (based on NHS Choices data analysis)

² RCN Employment Survey conducted by Labour Research Department on behalf of the Royal College of Nursing. A stratified random sample of the RCN membership was surveyed. 4,137 responses were received.

³ Staff Survey Feedback Q2 15-16 – Report to NUH Board, 29 October 2015

- 1.6 We remain concerned, nonetheless, about the acute sector's ability to cope with demand as it approaches winter 2015/16 against a backdrop of cutbacks in spending on social care and community health services – access to which helps to avoid unnecessary hospital admission – as well as the shortage of permanent NHS nursing staff and the impact of the recently-implemented cap on agency nursing staff spending by NHS organisations.

2.0 Pay and morale issues in the nursing workforce

- 2.1 Research⁴ by the RCN in October 2015 shows that the experience of five years of pay restraint in the public sector is taking its toll on NHS nursing staff, their living standards and morale.
- 2.2 53% of RCN members who responded to this survey said they work extra hours to earn money for the purposes of paying bills and meeting everyday living expenses, whilst 32% said they work additional night or weekend shifts to help pay bills and meet the costs of living.
- 2.3 Almost third of all respondents (31%) were seeking a new job, and nearly a quarter were looking to leave health care completely. Consequently, fewer than half (45%) said they would recommend nursing as a career and 29% said they do not feel nursing will offer them a secure job in the future.
- 2.4 Increasingly, our members are reporting feeling overworked and undervalued.
- 2.5 In addition, a survey⁵ of more than 2,000 British adults commissioned by the RCN found that only 13% believe that nurses' current salaries reflect the level of skills needed for the job. Furthermore, 76% believe that nurses are paid too little and 46% say they would be willing to pay extra in income tax to go directly towards nurses' salaries.

3.0 Local authority public health grant 2015/16 in-year savings

- 3.1 The RCN opposed the Government's plans to reduce local authority public health grant allocations by 6.2% in-year in 2015/16. We are disappointed that

⁴ RCN Employment Survey conducted by Labour Research Department on behalf of the Royal College of Nursing. A stratified random sample of the RCN membership was surveyed. 4,137 responses were received.

⁵ ComRes interviewed 2,014 British adults aged 18+ online between 30 October and 1 November 2015. Data were weighted to be nationally representative of all British adults aged 18+ by age, gender and region. ComRes is a member of the British Polling Council and abides by its rules.

a universal 6.2% savings requirement⁶ has been imposed on local authority commissioners.

- 3.2 We are concerned about the impact of reduced availability of preventative public health services, such as school nursing and nurse-led stop-smoking and weight management initiatives, both on people who manage their conditions with support from these services and on increasing potentially-avoidable demand on other parts of the NHS.

4.0 Nursing and Midwifery Council Revalidation process

- 4.1 The Nursing and Midwifery Council, the nursing regulator in the UK, recently confirmed that a new registration and assurance process called Revalidation will apply to registered nurses and midwives from April 2016.
- 4.2 Replacing the Prep standards, Revalidation will be the way in which registrants demonstrate to the NMC that they continue to practise safely and professionally and are eligible to remain on the register.
- 4.3 As the professional body for nursing, the RCN, nationally and regionally, is helping registered nurses and midwives to prepare for the introduction of Revalidation via information and resources on a dedicated website and at face-to-face awareness events.
- 4.4 Nottingham CityCare Partnership, the community health provider in Nottingham City, and GP practices in north Nottinghamshire are among the employers with whom we are working to deliver Revalidation sessions for the registered nurses they employ.
- 4.5 In addition, Health Education East Midlands has also organised a series of half-day workshops on revalidation for NMC registrants, irrespective of whether or not they work in the NHS, between November 2015 and May 2016.

Marie Hannah
RCN Senior Officer – Nottinghamshire and Derbyshire
Royal College of Nursing

19 November 2015

⁶ Local authority public health grant allocations 2015/16 – Government response to public consultation on in-year savings, November 2015

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JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
15 DECEMBER 2015
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

Purpose

- 1.1 To consider the Committee’s work programme for 2015/16, based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

- 2.1 The Committee is asked to note the work that is currently planned for municipal year 2015/16 and make amendments to this plan if considered appropriate.

3. Background information

- 3.1 The Joint City and County Health Scrutiny Committee is responsible for setting and managing its own work programme to fulfil its role in relation to health services accessed by both City and County residents, including:
- scrutinising the commissioning and delivery of local health services
 - holding local decision makers to account
 - carrying out the statutory role in relation to proposals for substantial developments or variations in NHS funded services
 - responding to consultations from local health service commissioners and providers.

The detailed terms of reference for the Committee can be found in the respective Council Constitutions.

- 3.2 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities as outlined above. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.
- 3.3 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area

of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

- 3.4 The work programme for the remainder of the municipal year is attached at Appendix 1, based on areas of work identified by the Committee at previous meetings and suggestions already put forward by Councillors. Councillors are asked to put forward any other possible suggestions of issues for scrutiny.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – Joint Health Scrutiny Com 2015/16 Work Programme

5. Background papers, other than published works or those disclosing exempt or confidential information

None.

6. Published documents referred to in compiling this report

Reports to and Minutes of Joint Health Scrutiny Committee meetings held during the 2015/16 municipal year.

7. Wards affected

All.

8. Contact information

Clare Routledge, Health Scrutiny Project Lead

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Joint Health Scrutiny Committee 2015/16 Provisional Work Programme

<p>16 June 2015</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 29</p>	<ul style="list-style-type: none"> <p>• NUH Pharmacy Information To receive information as part of an ongoing review (Nottingham University Hospitals)</p> <p>• South Notts Transformation Partnership To receive information relating to the establishment, remit and work plan of the Partnership (South Notts Transformation Partnership)</p> <p>• Proposed Transitional Changes Within Nottinghamshire Healthcare Trust Adult Mental Health Service For 2015/16 (Nottinghamshire Healthcare Trust)</p> <p>• Independent Review of Nottingham Dermatology Services 2015 To receive the report following the independent review (Nottingham Dermatology Services Independent Review Team)</p> <p>• Work Programme To consider the provisional 2015/16 Work Programme</p>
<p>14 July 2015</p>	<ul style="list-style-type: none"> <p>• Transformation Plans for Children and Young People To receive an update on the preferred site (Nottinghamshire Healthcare Trust)</p> <p>• Public Consultation regarding Gluten free Prescribing (Rushcliffe CCG)</p> <p>• Changes in Adult Mental Health Care Provision in Nottingham City and County To receive the latest update on the changes (Nottinghamshire Healthcare Trust)</p>

	<p>To receive an update on addressing the findings of the Report produced in March 2015</p> <ul style="list-style-type: none"> • Healthwatch – Renal Patient Transport Review (Healthwatch Nottinghamshire and Arriva Transport Solutions) • Work Programme To consider the 2015/16 Work Programme
<p>15 September 2015</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 30</p>	<ul style="list-style-type: none"> • Nottingham City Council - JHSC Delegation change Regarding Urgent Referrals to the Secretary of State • Outcomes of the Primary Care Access Challenge Fund Pilots Evaluation of Results (South Nottinghamshire CCGs and Area Team) • Patient Transport Service – Performance Update (Arriva /CCG lead) • NHS 111 Performance Update (Nottingham City CCG) • East Midlands Ambulance Service – New Strategies Update Update on the implementation of new Strategies (EMAS) • Work Programme To consider the 2015/16 Work Programme
<p>13 October 2015</p>	<ul style="list-style-type: none"> • East Midlands Clinical Senate and Strategic Clinical Networks To receive a briefing on the remit and work undertaken by the Senate and Clinical Networks (EMSNC & Senate) • Urgent Care Resilience Programme 2015/16 To receive an update on the preparation and planning for Winter 2015/16 (Nottingham City CCG and NUH)

	<ul style="list-style-type: none"> • Work Programme To consider the 2015/16 Work Programme
<p>10 November 2015</p>	<ul style="list-style-type: none"> • NUH Environment, Waste and Cleanliness Update To receive the latest update (NUH) • Rampton Secure Hospital Variations of Service To receive an update on treatment and care of people with personality disorders (NHS England and Nottinghamshire Healthcare Trust) • Dermatology Action Plan To receive an update on the Action Plan developments and redesign (Rushcliffe CCG) • Work Programme To consider the 2015/16 Work Programme
<p>15 December 2015</p>	<ul style="list-style-type: none"> • Royal College of Nursing Further briefing on the issues faced by nurses (RCN) • Update on Progression of proposed service redesign projects within the Adult Mental Health Directorate in 2015/16 To receive the latest update on changes (Nottinghamshire Healthcare Trust) • Work Programme To consider the 2015/16 Work Programme

<p>12 January 2016</p>	<ul style="list-style-type: none"> • Child Immunisation To receive information relating to performance and impact of Child Immunisation (Public Health) • NHS and Adult Social Care Workforce Challenges To receive a briefing on the local workforce challenges (Health Education England)
<p>9 February 2016</p>	<ul style="list-style-type: none"> • Primary Care Access Challenge Fund Pilots To receive the latest update on the pilots (NHS England/CCGs) • Rampton Secure Hospital Variations of Service To receive a presentation on the issues for consideration within the Variation of Service on treatment and care of people with personality disorders (NHS England and Nottinghamshire Healthcare Trust) • NHS 111 Update To receive the latest update on NHS 111 developments and performance (Nottingham City CCG) • Long Term NUH Strategy (5 years and beyond) To receive a presentation (NUH)
<p>15 March 2016</p>	<ul style="list-style-type: none"> • Patient Transport Service – Performance Update (Arriva CCG lead) • Greater Nottingham Transformation Partnership (formerly South Notts Transformation Partnership) To receive an update on the SNTP developments (South Notts Transformation Partnership)

	<ul style="list-style-type: none"> • Long Term Neurology Conditions (NUH and Commissioners)
19 April 2016	<ul style="list-style-type: none"> • Urgent Care Resilience Programme 2015/16 To receive an update on the delivery of Winter 2015/16 (Nottingham City CCG and NUH) • Dermatology Action Plan To receive an update on the Action Plan developments and redesign (Rushcliffe CCG) • Daybrook Dental Service Report of findings and lessons learnt (NHS England)
10 May 2016	<ul style="list-style-type: none"> • Transformation Plans for Children and Young People To receive an update on the progress of the transformation plans (Nottinghamshire Healthcare Trust) JG • Progress on developing 7 day NHS Services • Work Programme To consider the 2015/16 Work Programme JG

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To schedule:

NUH Environment, Waste and Cleanliness Update - September 2016

East Midlands Clinical Senate and Strategic Clinical Networks Update - October 2016

NHS England Area Team and Quality Surveillance Groups (QSC)

End of Life Care

Nottingham University Hospital Maternity and Bereavement Services
NHS Out of Hours Dental Services
The Future of Clinical Commissioning Groups
NUH Catering Contract Savings

Visits:

Urgent and Emergency Care Services
Rampton Secure Hospital
Arriva Control Centre (undertaken 18/11/15)
NHS 111
EMAS Control Centre

Study groups

Quality Accounts