



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 22 November 2018

Time: 1.30 pm (pre-meeting for all Committee members from 1pm)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

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

Corporate Director for Strategy and Resources

Senior Governance Officer: Zena West **Direct Dial:** 0115 8764305

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| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
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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

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NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 18 October 2018 from 1.30pm to 4.21pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Merlita Bryan (Vice Chair) (minutes 34 -42 inclusive)
Councillor Eunice Campbell-Clark (minutes 36-43 inclusive)
Councillor Ginny Klein
Councillor Georgia Power
Councillor Adele Williams (minutes 36-43 inclusive)
Councillor Cate Woodward
Councillor Jim Armstrong

Absent

Councillor Ilyas Aziz
Councillor Chris Tansley
Councillor Brian Parbutt
Councillor Andrew Rule,
Councillor Mohammed Saghir

Colleagues, partners and others in attendance:

Councillor Sam Webster - Portfolio Holder for Adult Social Care and Health

Michelle Malone	- Interim General Manager Adult Mental Health	) Nottinghamshire Trust) Healthcare NHS
Luba Hayes	- Head of Performance	) Foundation
Cheryl Gresham	) Associate Chief Pharmacists in	) Greater Nottingham
Beth Carney	) Medicines Management	) Clinical Commissioning
Hazel Buchanan	- Director of Strategy and Partnerships	) Partnership
David Pearson	- STP Lead	) Sustainability and
Rebecca Larder	- South Nottinghamshire Director	) Transformation Partnership
Caroline Shaw	- Chief Operating Officer	) Nottingham University Hospitals
Julie Pomeroy	- Non-Executive Director of NUH Board)
Nicky Powell	- Program Director of Urgent Care	- Greater Nottingham Clinical Commissioning Partnership
Sarah Collis	- Chair	- Nottingham and Nottinghamshire Healthwatch
Zena West	- Senior Governance Officer	
Cath Ziane-Pryor	- Governance Officer	

34 APOLOGIES FOR ABSENCE

Councillor Chris Tansey - personal
Councillor Saghir - other Council business
Councillor Andrew Rule - personal

35 DECLARATIONS OF INTEREST

None.

36 MINUTES

The minutes of the meeting held on 20 September 2018 were confirmed as a true record and signed by the Chair.

37 NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST WAITING TIMES

Michelle Malone, Interim General Manager for Adult Mental Health, and Luba Hayes, Head of Performance, were in attendance to update the Committee on the current position regarding waiting lists for Mental Health Services as a response to the Healthcare Trust's priority 'to reduce waiting times in services where delays in access could potentially cause harm, and to improve the experience whilst waiting'.

Whilst the report provides an outline view and statistical information, the following points were highlighted:

- (a) The data provided in the report relates to patients referred to services between April and August 2018;
- (b) Complaints by service users and careers regarding waiting times have fallen from 280 in 2016/17 to 210 in 2017/18, with the service quality rating remaining consistent at 91.3% for 2017/18 and the first year quarter of 2018/19;
- (c) The target for referral to treatment of patients is 26 weeks but locally the target is set at 18 weeks, and of the 3,202 patients referred during April to August 2018, 97.07% were assessed within 18 weeks, 2.93% were assessed within 19-26 weeks, and 1.40% were assessed after 26 weeks. By August 1,269 patients were still waiting to be assessed;
- (d) There is a 2 week target for Early Intervention Psychosis, which is met for 53% of patients;
- (e) For Improving Access Psychological Therapies (IAPT) the 6 week access target of 75% is exceeded at 82%;
- (f) There are 4 Local Mental Health Teams which deal with referrals from GPs having first received primary care but needing further help. There is a small number of referrals which are not seen within 26 weeks but this can be for a variety of reasons including that patients want to see a specific gender doctor, elective waiting, and lack of appointment availability;
- (g) It is proving very difficult to recruit Consultant Psychiatrists but as a result of vacant posts (particularly in 'Step 4') locums and non-medical prescribers have been appointed. It is predicted that once the newly appointed consultants are in post during late October, waiting lists will be a significantly reduced within the next 6 months;
- (h) If a patient is still waiting at 18 weeks, they are contacted and a telephone triage takes place to determine the current needs of the patient and confirm if treatment is still wanted. If wanting to remain on the waiting list patients are contacted at regular intervals;
- (i) There are between 8,550 - 9,000 adult mental health patients in the City at any one time but as there is a lot of movement the total receiving treatment during the year is significantly higher;

- (j) The Trust provides a wide range of services but some are commissioned so not directly provided. Some services produce assessments based on needs but as the needs of the patient may change, the way in which the services operate needs to change;

The following responses were provided to the Committee's questions:

- (k) Some patients may feel that they are being moved from one service to another without help, but it's important that the treatment is right for that person and to acknowledge that their needs may change. For access to Step 4 services, the patient must be motivated to access and fully engage with the treatment which is why a questionnaire is sent out and is required to be returned before treatment can commence. If the patient isn't motivated to engage and respond with the questionnaire, then it is wholly unlikely that treatment will be beneficial. If the questionnaire is not returned there is an initial follow-up to ensure that there are no literacy or language issues, but if still not engaging the patient is removed from the waiting list and another treatment route sought;
- (l) The Healthcare Trust needs to identify the needs of society and the proportions of which services are needed by citizens along with the broader issues relating to poor mental health. Some people are willing to feedback on these issues, but it is believed that the current data is not a true reflection of the reasons why people seek mental health care, and this needs to be known to ensure that services are appropriately shaped;
- (m) It is very difficult to gauge the success level of treatment as services deal with a range of conditions and presentations. Early Intervention Psychosis has clear national standards around timescales to treatments but it can take several years for some people to successfully complete treatments. Guidance does exist for some other services and whilst the needs of each person are different, holistic assessments can take place and a collaborative approach taken;
- (n) Patients are referred to the Local Mental Health Teams by GPs so it's important that close relationships are maintained with GPs invited to the monthly meetings where information and ideas for service development are shared.

Comments from the Committee included:

- (o) Assessment and the access to services need to have a person centred approach;
- (p) The Healthcare Trust needs to have a better understanding of the work that charities are doing in 'mopping up' where citizens approach charities as they don't know where else to go. Some charities are not equipped to support people but it's not clear as to where people should be directed. The Healthcare Trust needs to provide more information, better communications and consider liaising more closely with the voluntary sector to get a broader understanding of the wider issues.

The Chair thanked Michelle Malone and Luba Hayes for their attendance and presentation.

RESOLVED

- (1) to note the update and activity to address waiting times for adult mental health services;**

- (2) **for a written update to be provided to the Committee in January / February 2019, from which a decision will be made if the Committee requires further formal consideration of waiting times for Adult Mental Health Services.**

38 PROPOSALS FOR GLUTEN FREE FOOD PRESCRIBING

Cheryl Gresham and Beth Carney, both Associate Chief Pharmacists in Medicines Management, and Hazel Buchanan, Director of Strategy and Partnerships, all from Greater Nottingham Clinical Commissioning Partnership, were in attendance to discuss the future of gluten free food prescribing, highlighting the following points:

- (a) The document submitted from the Commissioning Partnership outlines what coeliac disease is, that it requires a gluten free diet, and what alternative foods can be eaten;
- (b) With an estimated annual cost of £156,528 for prescribing gluten free foods, the Clinical Commissioning Partnership has undertaken consultation on several options for the future of gluten free food prescribing including not to change the current arrangements, to stop prescribing gluten free food, and to limit gluten free prescribing to bread and flour mixes;
- (c) The overall result of the public consultation was 49% in favour of continuing prescribing at some level, and 47% in favour of stopping prescribing. 86% of responders with coeliac disease favoured some level of gluten free food being available on prescription;
- (d) The Commissioning Partnership is recommending that gluten free food prescribing is stopped for all for all patients within the Greater Nottingham Area. The Committee is asked to consider if the recommendation to stop prescribing gluten free foods is a substantial variation to services;
- (e) A representation against the recommendation has been received from the Coeliac UK and is published and circulated as a supplement to the agenda.

The following responses were provided to the Committee's questions:

- (f) Although non prescribing of gluten free food will be advised to GPs across the whole Partnership area, as of December a very limited number of gluten free food will remain on the prescribing list so GPs will be still have the ability to prescribe bread and flour mixes to patients who they may feel are particularly vulnerable;
- (g) The Partnership is not promoting prescribing on a social basis and is asking GPs to support its decision. The NHS is supporting patients to choose alternative healthier diets and foods. Dietary advice is readily available and referral to dieticians can be provided where necessary;
- (h) The impact of the prescribing change on pregnant women is included within the Equalities Impact Assessment;
- (i) GPs supporting patients with dietary advice is already an accepted element of the role so should not be considered as an extra/additional element. GPs are comfortable with the decision and some are already having conversations with patients in advance withdrawal. It

should be noted that although a GP representative was unable to attend the meeting, GP executives and representatives have been involved in discussions at every stage;

- (j) There will be an evaluation of the impact of withdrawing prescribing of gluten free foods in twelve months' time. However, the evaluation by other CCGs in the county which have withdrawn gluten free food prescribing, has not provided any clear evidence that there has been a negative impact on gluten free diets.

Comments from the Committee included:

- (k) The cost of gluten free products in the supermarket is prohibitive for anyone on a low income and gluten free foods, such as bread, are rarely available in food banks;
- (l) It's important for young people with coeliac disease to feel normal so access to bread on prescription would be beneficial and would prevent the introduction of social barriers;
- (m) The consultation, though extensive, appears not to have taken into account the views of consultees;
- (n) Where the impact assessment identifies negative impact, such as pregnant women, it is concerning that there's no specific evidence of how this will be addressed.

RESOLVED

- (1) to note the report form the and submission from Coeliac UK;**
- (2) that the recommendation to stop prescribing gluten free foods is accepted as a substantial variation to services, but that it can proceed;**
- (3) for the Greater Nottingham Clinical Commissioning Partnership to submit the findings of the twelve month review to the Committee, with a GP representative in attendance to respond to the Committee's questions.**

39 PRESCRIBING OF OVER THE COUNTER MEDICINES

Beth Carney, Associate Chief Pharmacist in Medicines Management, Greater Nottingham Clinical Commissioning Partnership, presented the report which outlines proposals, consultation, and recommendations on prescribing over-the-counter medicines, in line with NHS England guidance.

It is noted that some clinical commissioning groups within the county have already implemented the restriction and it is intended that a standard approach is adopted throughout the Greater Nottingham area. It is proposed that with the exception of vulnerable groups and those with long-term disabilities, medication is not prescribed for self-limiting conditions or minor illness, or where there is no clinical evidence of efficacy (such as vitamins, minerals or probiotics).

The report details the minor illnesses for which prescriptions will no longer be available, and identifies patients who are considered exceptions and exceptional circumstances. However, ultimately the decision to prescribe remains with the GP. The following points were highlighted and committee members' questions responded to:

- (a) The CCG will work with GPs to try and ensure the new approach is implemented to the same level across the area but where guidelines are not met, the CCG will discuss issues with GPs;
- (b) Patients' individual circumstances can be considered, but if it is found that there is a wider issue in that GPs are not comfortable following the guidelines, then further examination by the CCG will take place;
- (c) Self-care will be will be promoted and support put in place;
- (d) National guidance states that there is evidence only in a limited number of situations that vitamins are of benefit, so these are included in the exceptions;
- (e) An advisory form/leaflet with tick boxes is available for GPs to use for non-prescription medication and the CCG is asking pharmacists to accept and support the recommendations of GPs;
- (f) The GP is expected to consider the vulnerability of the patient and their long-term conditions when deciding if medications which are available to buy should be prescribed. There is no limitation on treatment, however there are some medications which patients need to buy themselves;
- (g) With regard to some medications, including treatments for vaginal thrush, it is cheaper to buy them over the counter than pay the prescription charge.

Comments from the Committee included:

- (h) It is a concern that if medicines are only advised by the doctor and not prescribed, patients may not take them seriously and not consider them as necessary;
- (i) Advising and supporting self-help needs to be very carefully considered, including preventative self-help such as taking vitamin D.

RESOLVED

- (1) to note the report, the consultation process and proposals for implementing the national guidance on withdrawing the prescribing of over the counter medications;**
- (2) for the Greater Nottingham Clinical Commissioning Partnership to provide the Committee with an update on progress in implementing the guidance to a future meeting.**

40 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GREATER NOTTINGHAM INTEGRATED CARE SYSTEM

David Pearson, Sustainability and Transformation Partnership (STP) Lead, Rebecca Larder, South Nottinghamshire Director of Transformation and Councillor Sam Webster, Portfolio Holder for Adult Social Care and Health, were in attendance to update the Committee on the Partnership's activity and progress in improving outcomes for the people of Nottingham and Nottinghamshire.

David Pearson delivered a presentation, a copy of which is circulated with the initial publication of the minutes. The following points were highlighted and responses given to committee members' questions:

- (a) The partnership is taking a collaborative approach to focusing on what is required to meet the needs of the population;
- (b) There is an ageing population with a longer life expectancy but with more complex conditions. This also includes citizens with disabilities, for instance in the 1980s the average life expectancy for someone with Down Syndrome was 23 years of age, in 2018 the life expectancy is 60 years of age but with 40% of Down Syndrome patients over the age of 50 experiencing some level of dementia;
- (c) With increasing demand and the challenging financial position, it is vital that changes take place to current, often disjointed, services to ensure sustainability. This includes ensuring that services and treatments can provide improved and joined up care as part of an integrated care system;
- (d) In addition to ensuring integrated care, preventative work is vital in ensuring that citizens remain healthy and do not experience avoidable conditions and complications, such as strokes. As a result of a trial of proactive diagnosis and treatment of atrial fibrillation (an irregular heartbeat) approximately 44 strokes and 12 deaths are being prevented each year in the borough of Rushcliffe alone, with the preventative scheme now rolled out across the county;
- (e) Previously, it has been accepted that approximately 27% of patients requiring end-of-life care will receive that care in an emergency department hospital environment. However, with better co-ordination and integration of services it is anticipated that admissions to hospital at end of life can be reduced by 10%, which will provide savings in the region of £450,000 and provide an improved experience for patients, their families and carers;
- (f) Integrated personal care commissioning is helping people to better coordinate and take control to meet their specific needs;
- (g) A study in December 2017 by Nottingham Trent University and Peopletoo (service design and implementation practitioners) showed that Integrated Health and Care Teams deliver better outcomes for service users who have a combination of health and care needs, than staff working in separate teams to support people;
- (h) Further work is required to integrate services, including development of a new integrated care model where multiple care co-ordinators are not required;
- (i) Many current services may be considered fragmented but a more coherent approach and shared vision which is sensitive to local needs, including revised care strategies, is providing significant savings, improving efficiency and patient experience;
- (j) Ensuring that mental health and physical health services are co-ordinated will also provide improved outcomes for patients;
- (k) With regard to care packages, where further assistance is required Nottingham City Council implements the Better Care Fund and is the highest provider of the fund in England;

- (l) The Partnership is looking at healthcare services across the county and whilst there are some which will require a longer-term approach, improvements by integration are achievable and will provide saving and improve patient experience;
- (m) Prevention will require investment but this approach will achieve significant savings in treatment and care. At the moment there isn't enough focus on and investment in prevention so the funding gap appears substantial. The city and county are working together to prevent alcohol issues which impact on both health and wellbeing. Collaborative working is taking place and ambitious with regard to prevention but it's a big agenda;
- (n) The STP works with external partners to try and support people to stay independent for longer. However, some aspects of the system are fragmented and whilst there is change, embedding the practice to seek earlier diagnosis and therefore often prevent hospital admission, is likely to take several years;
- (o) Historically the drive for early intervention has been lacking nationally so there is a lot of work to be done to realise the longer-term investment, which may not become apparent for several years. However this must be addressed and the barriers preventing early intervention broken down.

Committee members welcomed the update.

RESOLVED for a further update to be submitted to the Committee in 6 months' time.

41 PLANNING FOR WINTER PRESSURES

Caroline Shaw, Chief Operating Officer of Nottingham University Hospitals (NUH), Nicky Powell now Program Director of Urgent Care Greater Nottingham Clinical Commissioning Partnership, and Julie Pomeroy, Non-Executive Director of NUH Board, were in attendance to inform the committee of the actions taken and planned in preparation for the predicted winter pressures on health services. Hazel Buchanan also contributed during the item.

Julie Pomeroy delivered a detailed presentation, a copy of which is included in the agenda, and highlighted the following points and responded to the Committee's questions:

- (a) Planning for the known winter pressures started in March 2018 for winter 2018;
- (b) Last winter was particularly harsh and a lot has been learnt following the excessive demand on services;
- (c) Safety and quality remain top priorities regardless of the level of pressure. Although there is a national requirement for at least 95% of Emergency Department patients to pass through the department within 4 hours, the flow of patients through all services is important so good discharge co-ordination is vital;
- (d) Not only did services have to cope with the primary condition for which patients were admitted to hospital last winter, but 25-30% of mental health issues were unknown prior to presenting at the Emergency Department, and the hospital was the patient's first point of contact with a medical professional;

- (e) The A&E Board meet weekly to prepare all providers for winter. The Board membership includes NUH Executive Leaders, NEMS, ARIVA, CityCare and other partners;
- (f) A new process has been established of 'discharge to assess' where patients are well enough to be discharged, they are discharged home and then assessed for further care. This has proved very successful in releasing hospital beds at times of extreme pressure;
- (g) For winter 2018 an additional 116 acute beds are planned which equates to an extra ward, additional community based (care home) beds and 48 community run beds are prepared;
- (h) The QMC 'front door' will be redesigned with regard to emergency and urgent care pathways;
- (i) Flu prevention and staying well will be promoted across the NHS and focus on 'home first' and 'help us help you' campaigns;
- (j) The workforce is being asked how the hospital can help them to prepare for the demands of winter, including a staff flu immunisation programme (with incentives) for which take-up has been 50% in the first 2 weeks;
- (k) Further physical space and capacity is required at QMC for the demand on services. A national grant of £4.5m is enabling Floor A of the hospital to be modernised and expanded, including 30 additional cubicles, from 2020. Further development will be considered as part of the system wide clinical services strategy within the Sustainability and Transformation Plan;
- (l) There have initially been some issues with the availability of the flu vaccine, but this is only a temporary issue and vulnerable groups will be prioritised to receive the jab;
- (m) With regard to recruitment and retention of the workforce, more regular recruitment is taking place across the system. There are approximately 40,000 nursing vacancies across the country at the moment but NUH is doing everything possible to mitigate the impact on its services;
- (n) As a training hospital, NUH tries to ensure that when nursing students undertake placements, the experience is as positive as possible and a good relationship is established to encourage them to apply to the hospital on qualification;
- (o) An exit interview is held for staff leaving and asks the reason for leaving NUH. The most common reason is to join another organisation as there is so much choice available. Younger members of staff tend to move around quite a lot, seemingly to gather experience;
- (p) There is a lot of promotion of the '111' phone number (as a pre-front door facility to NUH) for citizens to seek medical advice (from NEMS) prior to considering presenting at hospital. NEMS act as care organiser and in addition to offering appointments with a doctor can refer to pharmacists, dentists and mental health services, including for emergency treatments;
- (q) Back-door services support patients post-treatment and discharge and can be based in community hubs, but further work needs to be done in this area;

- (r) NUH is taking part in the 'Building Better Health' scheme with officers enthusiastic to attend steering group meetings, as it provides an exciting opportunity to better understand the possibilities and work more closely with the voluntary sector.

RESOLVED to note the planning and preparations in place, including preventative, to cope with the anticipated rise in patient admissions during winter.

42 GYNAECOLOGY SERVICES

The Greater Nottingham Clinical Commissioning Group submitted a written report which outlines changes to gynaecology services. Following a successful pilot scheme, it is more appropriate for some conditions (listed in the report) to be treated within primary rather than secondary care.

RESOLVED to note the report.

43 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Zena West, Senior Governance Officer, presented the proposed work programme for the remainder of the municipal year and a list of topics yet to be scheduled.

RESOLVED to note the work programme.

HEALTH SCRUTINY COMMITTEE
22 NOVEMBER 2018
ADULT MENTAL HEALTH SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review proposals for future provisions of inpatient adult mental health services

2 Action required

- 2.1 The Committee is asked to review and comment on proposals from Nottinghamshire Healthcare NHS Foundation Trust for future provision.

3 Background information

- 3.1 Nottinghamshire Healthcare NHS Foundation Trust provides a range of mental health services to residents in Nottingham City.
- 3.2 Following feedback from the Committee, the Trust has been asked to provide information on provision of services and the impact on Nottingham residents and on links to the new Mental Health Strategy.
- 3.3 The Committee has been informed that Primary Care Mental Health Services, formerly funded by the Better Care Fund, gave twelve months' notice in January 2018. Due to uncertainty surrounding the service, staff have been moving onto new roles resulting in risks in continuing to run the service, and the Trust have opted to stop any new referrals into the service. Councillor Anne Peach, Chair of Health Scrutiny Committee, requested a specific update in relation to Primary Care Mental Health Services.
- 3.4 Kazia Foster (Service Improvement and Development Manager, Nottinghamshire Healthcare NHS Foundation Trust) will be attending to update the Committee and answer any questions.

4 List of attached information

- 4.1 Information from the Nottinghamshire Healthcare NHS Foundation Trust relating to adult mental health service transformation;
- 4.2 Information from Nottingham City NHS Clinical Commissioning Group relating to Primary Care Mental Health service provision.

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 None.

7 Wards affected

7.1 All.

8 Contact information

8.1 Zena West, Senior Governance Officer
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01158764305

Report for Nottingham Council Health Scrutiny Committee: 22 November 2018

Adult Mental Health Transformation Plans

1. Introduction

1.1 This paper informs the Health Scrutiny Committee of the current work by Nottinghamshire Healthcare NHS Foundation Trust to review and develop Adult Mental Health Services across Nottinghamshire.

2. About Adult Mental Health Services

2.1 The Nottinghamshire Healthcare Adult Mental Health Service Directorate provides a wide range of services for patients aged between 18 and 65* across the Nottinghamshire and Nottingham City area. These include:

- Acute Mental Health Inpatient Care
- Psychiatric Intensive Care Inpatient Facilities.
- S136 Places Of Safety
- Community Mental Health Services.
- Mental Health Crisis Services
- A&E Liaison Services
- Psychology And Psychotherapy
- Recovery College

* This can vary depending on transition requirements.

3. The Background and Context to the Review

3.1 The Mental Health Five Year Forward View sets out a number of standards and targets to improve Mental Health Services by 2020/2. This requires changes in the way that we work and developing the wider system to support patients across the whole pathway.

3.2 There is significant pressure on both Acute and Psychiatric Intensive Care Unit (PICU) inpatient capacity with daily demand exceeding our current inpatient capacity by around 40 beds per day despite year on year reductions in length of stay. This results in patients being placed in private inpatient care around the country.

3.3 It is recognised that placing patients away from their usual support networks can have a negative impact on their recovery and can place a significant pressure on a patient's family and carers.

3.4 Another significant factor for the Trust is the financial impact of the bed pressures resulting in cost pressure of £6million 17/18 and a £10 million cost pressure forecast for 18/19.

3.5 There is recognition that the issues identified are multi-factorial and will require multiple interventions to support our patients in the most appropriate level of care close to home.

4. Local Inpatient Beds Provision

4.1 The Trust currently provides **124** Acute Mental Health beds (55 Female and 69 Male).

These are provided across three sites:

- Highbury Hospital, Bulwell, Nottingham
- Millbrook MH Unit, on the King's Mill Hospital site, Mansfield
- Bassetlaw District Hospital, Bassetlaw

The Trust also provides 10 Male Psychiatric Intensive Care Beds (PICU) beds at Highbury Hospital.

A summary of the Acute and PICU bed provision is set out in Table 1 below. This also shows Section 136 provision:

Site	Area	Type of beds				
		Female Acute	Male Acute	Male PICU	136 suite	Total
Highbury Hospital	Nottingham	32	32	10	2	76
Millbrook MH Unit	Mansfield	11	25		2	38
Bassetlaw District Hospital	Bassetlaw	Mixed gender Acute (24)				
		12	12			24
Total		55	69	10	4	138

The Trust also provides AMH Rehabilitation Inpatient beds at Thorneywood, Nottingham (18 beds) and Locked Rehabilitation beds (18 beds) in Mansfield.

4.2 Recent Changes to Inpatient Services

Between 2013 and 2016, the Trust closed a number of AMH beds as follows:

- In 2015 – 42 Acute beds, provided from the Queens Medical Centre campus in Nottingham, closed due to the poor quality of the environment on the wards and to divert funds into alternative community provision (see below)
- Over a 2 year period from 2013-2015 – the phased closure of 60 Rehabilitation beds following a Mental Health Utilisation Review for rehab beds undertaken in 2011 by the CCGs.

Resources from bed closures were reinvested into more community-based care and support services e.g:

- Increase in community teams and crisis team

- Development of a crisis house - Haven House (5 beds), where care is provided by Turning Point
- Development of a step down service - Beacon Lodge (12 beds), service provided by Turning Point
- Dedicated bed management team.

At the time of the Acute bed closures, it was anticipated the additional investment into community alternatives would compensate for the reduction in beds. However, we have not seen the reduction in occupied bed days that was expected, in part because this internal reinvestment was insufficient to meet national core fidelity standards for crisis services.

As a result, there have been increasing local pressures on inpatient provision and this is resulting in high levels of out of area placements

4.3 Crisis and Home Treatment Transformation

The Trust currently offers Crisis Home Treatment Service to over 18s in the Nottinghamshire area. Commissioned access standards vary across the County. Patients in the South can access a 4 hour response and North teams offer a 24 hour response. The service offers a telephone support offer after 9pm.

Four teams cover:

- Nottingham City
- County South
- Mansfield and Ashfield
- Bassetlaw

The Five Year Forward View sets out the standards for Crisis Team Services that are able to provide a real robust alternative to admission. This is known as the Core Fidelity Standard. A proposal for a model to support the move to Core Fidelity Standards has been developed and submitted to CCGs for consideration. This would also standardise the offer across the County ensuring more equitable access.

4.4 Community Mental Health Teams

The Local Mental Health Teams provide mental health services for people aged 18 to 64 years across Nottingham City, Nottinghamshire County and Bassetlaw. There are eleven Local Mental Health Teams, each of which includes the following specialist staff: Mental Health Nurses, Occupational Therapists, Psychologists, Psychiatrists, Community Support Workers, Peer Support Workers and Employment Specialists.

The Local Mental Health Teams have brought together the following services: Assertive Outreach, Community Rehabilitation, Community Assessment Treatment Services, City Recovery Service, Early Intervention in Psychosis, Social Inclusion and Wellbeing, Community Occupational Therapy Service, Medical Services.

The 11 Local Mental Health Teams within AMH cover:

- Ashfield Local Mental Health Team
- Bassetlaw Local Mental Health Team

- Broxtowe & Hucknall Local Mental Health Team
- City Central Local Mental Health Team
- City East Local Mental Health Team
- City North Local Mental Health Team
- City South Local Mental Health Team
- Gedling Local Mental Health Team
- Mansfield Local Mental Health Team
- Newark & Sherwood Local Mental Health Team
- Rushcliffe Local Mental Health Team

Nottinghamshire Healthcare is currently working with local CCGs to transform the Community Mental Health Services supported by the development of Primary Care and Third Sector Services to provide a more holistic approach to patient care.

5. Details of the Transformation plans

5.1 As part of the transformation and Inpatient Beds plans the Trust has developed a programme of works to review and develop all key pathways including:

- Local Inpatient Beds Provision
- Crisis And Home Treatment Transformation
- Admission, Stay and Discharge – Patient Flow
- Local Mental Health Teams Development (Community Pathways)

There are key areas of required investment into Mental Health Services that are set out in the Five Year Forward View. These include the A&E Liaison and Crisis Services, in which the Trust has identified the requirement to increase the Local Mental Health bed stock. This also needs to be developed in parallel to the transformation of services to improve patient flow and support more timely discharge. This will require working with system partners to offer more timely access to appropriate packages of care, enhanced support through Primary Care and the Third Sector and the development of more appropriate accommodation for patients.

A Strategic Outline Case was presented to the Trust Board in August outlining the requirement to increase the Trust Bed stock in the Greater Nottingham area. Initial thinking is the development of two 16-18 bed wards and 5 female PICU beds on the Highbury Hospital site. An Outline Business Case is being developed and will be presented to the December Board for consideration.

6. Timeline

6.1 The overall programme has various key timescales as part of the project implementation plans. The main timescales for the purposes of this briefing are around the capital plans.

- OBC for capital development of **36** acute beds and **5** PICU beds to be presented to the Trust Board of Directors in December 2018
- FBC presented March 2019

- March 2019 onwards - 18 month – 2 year development programme (subject to full Board approval)

As plans develop within the programme Board and implementation dates are more clear updates can be provided to the OSC.

7. Consultation

7.1 Each of the work programmes are will ensure that patient and care involvement is a key part of the transformation plans. We will work in a collaborative way to build future provision across the Nottinghamshire area.

8. Conclusion and Next Steps

8.1 The Adult Mental Health Transformation Programme Board oversees a wide range of complex service and system wide developments. Nottinghamshire Healthcare is keen to work with all partners to develop high quality services that can meet future requirements.

8.2 The Committee is asked to:

- NOTE this report
- ADVISE how it wishes to be involved and what issues it wishes to raise through the review.

Kazia Foster
Service Improvement and Development Manager
October 2018

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Primary Care Mental Health Service in Nottingham City: Briefing for Nottingham City Health Scrutiny Committee

The Primary Care Mental Health Service was implemented in January 2017 and funded by the Better Care Fund (BCF). The aim of the service was to meet the mental health needs of City patients that GPs felt required additional treatment to what they could offer, but did not meet the criteria for secondary mental health care.

In December 2017, faced with financial pressures on the Better Care Fund budget, the decision to withdraw the funding was taken by various committees, including the Health and Wellbeing Sub-Committee. Notice was served to the provider, Nottinghamshire Healthcare, in January 2018 with a contract end date of 31 January 2019.

Affected patients have received a letter from Nottinghamshire Healthcare. Patients in active treatment have been reassured that their treatment will be completed. Patients on the waiting list have been advised to contact their GP for a review and made aware of other sources of support such as talking therapies and Wellness in Mind.

The CCG remains committed to its obligations on mental health spending. Across Nottingham City this year, the CCG expects to spend £55.5M on mental health services across a range of primary, secondary and specialist mental health services.

It is important to acknowledge that the Better Care Fund decision was informed by the CCG's intention at the time to review the entire primary care mental health pathway. Following a scoping exercise, it became apparent that a redesign of this service would not be possible due to a significantly reduced financial envelope. The CCG confirmed this with the Trust on 4 October 2018 and is working closely with them to deliver the exit strategy for the service.

In early 2019, the CCG will be carrying out a review of mental health services and will keep the Committee updated.

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HEALTH SCRUTINY COMMITTEE
22 NOVEMBER 2018
EMERGENCY PATHWAYS TRANSFORMATION
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To update the Committee on the emergency pathway transformation programme, including the QMC front door development.

2 Action required

- 2.1 The Committee is asked to review and comment on proposals for the emergency pathways transformation programme, and on proposed changes to the front door of QMC.

3 Background information

- 3.1 Nottingham University Hospitals NHS Trust has undertaken major work to the Emergency Department entrance at QMC, and transforming their emergency pathways. They have requested the opportunity to update the Committee on this work.
- 3.2 Committee members were invited to visit the new Emergency Department. One visit took place on 9 November, and one on 16 November.
- 3.3 Jen Beaumont (General Manager for Medicine Division, Nottingham University Hospitals NHS Trust) and Dr Mark Simmonds (Deputy Divisional Director for Medicine and Consultant in Acute Critical Care, Nottingham University Hospitals NHS Trust) will be attending to update the Committee and answer any questions.

4 List of attached information

- 4.1 Information from Nottingham University NHS 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 None.

7 Wards affected

7.1 All.

8 Contact information

8.1 Zena West, Senior Governance Officer
Zena.west@nottinghamcity.gov.uk
0115 8764305



Improving the timeliness of urgent and emergency care and experience for patients and staff

October 2018



To cover:

- Context:

- System performance
- Increase in demand
- Ongoing challenges
- Improvements

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Emergency Pathway Transformation Programme

- 'Front Door' expansion and redesign
- Redesign of admitted pathways at NUH
- Ensuring efficiency and maximising capacity 7/7
- Culture & leadership

- Questions





System performance

- National requirement: at least 95% through ED within 4 hours
- 17/18: 81.4%
- 18/19 (YTD): 83.7%

Increases in demand

- Last winter busiest on record
- **17/18**
 - 1.3% increase in ED attends vs 16/17
 - 4.6% increase in emergency admissions
 - 23.1% increase in respiratory-related admissions (900 extra patients)
- **18/19 (YTD)**
 - Since April, 7.6% more emergency admissions than planned
 - & 3.9% more emergency attends than planned





Ongoing challenges

1. System demand vs capacity
2. Staffing - particularly medical staff (ED)
3. Environmental constraints (overcrowding)
4. Consistency of NUH processes
5. Staff morale



Improvements to date

- Discharge to Assess
- Frailty hub with integrated pathways
- Integrated Discharge Team
- Best ambulance handover times in region
- EndPJPparalysis/EDFit2Sit
- Red2Green and SAFER
- Respiratory service at home developments
- Home First
- System-wide discharge policy

NUH's Emergency Pathway Transformation Programme

- Trust-wide re-engineering programme (NUH)
- Working with patients & staff to improve our urgent and emergency care pathways
- National monies (£4.5m) to expand and modernise our existing ED
- 18-month project (phase 1: completed Dec)
- Review of emergency patient pathways
- Maximising capacity at NUH





1.

‘Front Door’ redesign

- Expanding QMC front door – redesigning emergency and urgent care pathways and modernising and expanding A Floor (£4.5M national funding for capital works)
- 30 cubicles in majors (from 20) – 50% increase
- New Urgent Treatment Centre (minors will move to old Fracture Clinic)

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8

‘Front Door’ redesign



2.

Streamlining patient pathways

- Expanding NUH's nationally-renowned Surgical Triage Unit model to:
 - Head & Neck, 24/7 (opened October)
 - Neuro & Spines (opening November)
- Streamlining pathways directly from the Urgent Care Front Door to improve the timeliness of care
- New medical admissions pathway
- City Hospital admission review
- New End of Life & Mental Health pathways



3.

Capacity at NUH

- Focus on:
 - Excellence in Discharge
 - Criteria-led discharge
 - Reduce long stay patients
 - Seven day services to reduce variation (all areas under review)
 - Increase number of patient discharges at the weekend
 - Roll-out of new model, which involves patients' discharge plans being reviewed with the wider MDT, IDT and social care

Capacity at NUH



4.

Culture & leadership

- Reviewing workforce requirements for newly-configured urgent and emergency care pathways
- Quality improvement training
- Skills training where required
- Roles and responsibility clarification
- Accountability
- Embedding new ways of working

Culture & leadership



Measuring our progress

- Key indicators
 1. Improve 4-hour emergency access performance to 92% through transformation driven by NUH teams and internal actions/change in pathways, processes and ways of working (wider system improvements will aim to further improve performance to >95%)
 2. Minors and non-admitted performance to >99%
 3. Admitted performance to 95%
 4. Number of patients waiting for a bed in ED
 5. Length of stay in admission areas
 6. Daily discharge target to reach 92% occupancy at NUH
 7. Long stay patients >20 days to <199

Questions?

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HEALTH SCRUTINY COMMITTEE
22 NOVEMBER 2018
WORK PROGRAMME 2018/19
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1. Purpose

- 1.1 To consider the Committee's work programme for 2018/19.

2. Action required

- 2.1 To discuss the work programme for the remainder of the municipal year and make any necessary amendments.

3. Background information

- 3.1 The Committee is responsible for setting and managing its own work programme.
- 3.2 In setting the work programme, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities.
- 3.3 The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.
- 3.4 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.
- 3.5 Changes and / or additions to the work programme will need to take account of the resources available to the Committee.

4. List of attached information

- 4.1 Health Scrutiny Committee 2018/19 Work Programme

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 None.

7. Wards affected

7.1 All

8. Contact information

8.1 Zena West, Senior Governance Officer.
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0115 876 4305

Health Scrutiny Committee 2018/19 Work Programme

Date	Items
13 December 2018	<ul style="list-style-type: none"> <p>• Homecare services To review provision, including waiting times and quality of care, of homecare services under the new framework. (Nottingham City Council)</p> <p>• Children and Young People's Mental Health and Wellbeing To review progress in implementation of the Transformation Plan and the impact on outcomes for children and young people. (Commissioners/ Nottinghamshire Healthcare Trust)</p> <p>• Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update To review the implementation (including transition period) of service provision at Hopewood – new CAMHS and perinatal mental health services site (Nottinghamshire Healthcare Trust)</p> <p>• Work Programme 2018/19</p>
24 January 2019	<ul style="list-style-type: none"> <p>• Inpatient Detoxification Services (originally due November) To review the effectiveness of current arrangements following closure of The Woodlands Unit and move to Framework as the provider; and intentions for the service specification for future commissioning of inpatient detoxification services (Nottingham City Council/ Framework)</p> <p>• Carer Support Services Review To consider the progress in implementing recommendations of the review of service user experience of carer support services; and how service user feedback is used to improve services.</p> <p>• Work Programme 2018/19</p>

21 February 2019	<ul style="list-style-type: none"> • General Practice Services in Nottingham To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future (Nottingham City Clinical Commissioning Group) • Nottingham City Council's fulfilment of its public health responsibilities (originally due Nov) To review progress in implementation of changes to Targeted Intervention services agreed as part of the Council's budget in March 2018; and review the Council's strategic approach to fulfilling its public health responsibilities and improving the wellbeing of citizens (Nottingham City Council) • Work Programme 2018/19
21 March 2019	<ul style="list-style-type: none"> • Review of 2018/19 and work programme 2019/20

To schedule

- **Role of local pharmacies**
To speak to local stakeholders about the future role for pharmacies within local communities
Contact: Local Pharmaceutical Committee/ NHS England/ local pharmacy? KLOE: context of GP access issues; financial pressures on local pharmacies; Healthy Living Pharmacies
- **Suicide Prevention Plan**
To scrutinise progress in implementation of the Suicide Prevention Plan and review proposals for the refreshed Suicide Prevention Plan for Nottingham
(Suicide Prevention Steering Group)
- **East Midlands Ambulance Service – Nottinghamshire Division**
To review the impact of the new national ambulance service standards on performance in the Nottinghamshire Division
(East Midlands Ambulance Service)
- **Future configuration of head and neck cancer services**
To engage with NHS England on proposals for future configuration of head and neck cancer services
(NHS England)

- **Nottingham Treatment Centre Procurement**

To hear about the outcome of the procurement process and review plans for contract mobilisation

(Greater Nottingham CCGs)

Additional evidence gathering sessions e.g. visits, informal meetings

- QMC Emergency Department visit – 9 & 16 November

Study groups

- **Carer Support Services** (Conclusion to January 2019 meeting)

To explore how service user feedback is used to inform the commissioning and provision of carer support services to ensure that services meet the needs of carers

- **Quality Accounts** (March/ April 2019 tbc)

- Nottinghamshire Healthcare Trust
- EMAS Trust
- Nottingham University Hospitals Trust
- Circle (Treatment Centre)

CityCare as a separate item to City HSC, as only affects City, obvs.

Other informal meetings attended by the Chair

- Briefings with Greater Nottingham Clinical Commissioning Groups
- Briefings with Portfolio Holder for Adult Social Care and Health
- Nottinghamshire County Council Health Scrutiny Committee Chair
- Regional health scrutiny chairs network
- Nottingham University Hospitals NHS Trust Chief Executive
- Nottinghamshire Healthcare NHS Foundation Trust Chief Executive

Items to be scheduled for 2019/20

- **Out of Hospitals Service Contract**

To review the provision of services by Nottingham CityCare Partnership under the Out of Hospital Community Services contract
(Nottinghamshire CityCare Partnership/ CCGs)

- **Reducing Unplanned Teenage Pregnancies**

To review progress in reducing levels of unplanned teenage pregnancy in areas with the highest levels of teenage pregnancy

(Nottingham Teenage Pregnancy Taskforce)

- **Seasonal Flu Immunisation Programme** (tbc)

To review the performance of the seasonal flu immunisation programme 2018/19 and the effectiveness of work to improve uptake rates

(NHS England/ Nottingham City Council)

- **Hospital Cleanliness**

(NUH Trust)