



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 13 December 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

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

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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 22 November 2018 from 1.30 pm - 2.45 pm

Membership

Present

Councillor Brian Parbutt (Chair for the meeting)
Councillor Anne Peach (Chair)
Councillor Adele Williams
Councillor Eunice Campbell-Clark
Councillor Brian Parbutt
Councillor Ginny Klein
Councillor Andrew Rule
Councillor Mohammed Saghir
Councillor Cate Woodward

Absent

Councillor Ilyas Aziz
Councillor Merlita Bryan (Vice Chair)
Councillor Georgia Power
Councillor Chris Tansley

Colleagues, partners and others in attendance:

Doctor Mark Simmonds - Deputy Divisional Director for Medicine) Nottingham University
and Consultant in Acute Critical Care) Hospitals(NUH) NHS Trust

Kazia Foster - Service Improvement and Development)
Manager) Nottinghamshire Healthcare
Sandra Crawford - Associate Director of Transformation) NHS Foundation Trust
Debbie Dolan - Local Partnerships, Mental Health)

Zena West - Senior Governance Officer
Catherine Ziane-Pryor - Governance Officer

44 APPOINTMENT OF CHAIR FOR THE MEETING

In the absence of the Councillor Anne Peach as Chair at the start of the meeting due to personal reasons, and Councillor Merlita Bryan as Vice-Chair, Councillor Brian Parbutt was appointed Chair for the meeting.

45 APOLOGIES FOR ABSENCE

Councillor Georgina Power – personal
Councillor Chris Tansey – ill health
Councillor Anne Peach – late, personal
Sarah Collis (Chair, Nottingham and Nottinghamshire Healthwatch)

46 DECLARATIONS OF INTEREST

None.

47 MINUTES

The minutes of the meeting held on 18 October 2018 were confirmed as a true record and signed by the Chair.

48 EMERGENCY PATHWAYS TRANSFORMATION

Doctor Mark Simmonds, Deputy Divisional Director for Medicine and Consultant in Acute Critical Care at Nottingham University Hospitals (NUH) NHS Trust, delivered a presentation (which is included in the agenda) on the progress to date and scheduled for the Emergency Pathways Transformation.

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

- (a) The transformation schedule has been developed as a multi-faceted change programme in response to the increasing demands on the Emergency Department (ED);
- (b) NUH regularly does not meet the national requirement for 95% of patients to pass through the ED within 4 hours and attainment against this target has been declining. This is a result of multiple and often unique factors including the City's rapidly growing population of 1.2million being served by only one ED (when most other similar sized cities have more than one), having a Major Trauma Unit and Neurosurgery Section which attract patients from further afield, and the national factor of an aging population;
- (c) Last winter proved an exceptional challenge nationally with a significant increase in complex presentations. NUH reached 99.8% capacity which proved a serious strain on services and staff, so increased and more in-depth planning with partners for this winter started during the spring;
- (d) Challenges continue to increase and since April 2018, there have been 7.6% more emergency admissions and 3.9% more citizens presenting at ED than planned for;
- (e) The Queens Medical Centre main building is now 48 years old. In 2000 the ED was designed to facilitate 350-400 patients per day, but in 2018 regularly sees 600-650 patients per day. The construction methods used for the building has made it difficult to expand, but further physical ED capacity was required;
- (f) Having consulted staff, patients and other citizens, NUH compiled a business case to expand the ED by 50% by reconfiguring the existing space allocation within the building. Funding of £4.5m was approved from Central Government to undertake this work but in addition to the physical changes, cultural and process changes, including improved ICT, were required to enable patients to move more quickly through ED, either to discharge or to move to the appropriate onward support. The improvement programme is scheduled to take 18 months and is currently at the 6 month point and is on schedule with the new ED anticipated to be opened on 19 December 2018;
- (g) The whole 'front door' to 'back door' patient pathway and experience was closely examined and largely reconfigured to include integrated discharge and discharge to assess, to remove and prevent unnecessary delays, reduce the length of time patients spend in hospital (to a maximum of 3 weeks) and release bed space wherever appropriate. This has included enabling appropriate nurses to discharge patients;

- (h) NUH achieves the best ambulance handover times in the region and maintains a good relationship with East Midlands Ambulance Service (EMAS). However, in addition to the specialist units within the hospital, it is believed that this efficiency results in a further increase in ambulance admissions;
- (i) Several areas of individual interventions have been introduced such as the 'EDFit2Sit', 'EndPJPParalysis', 'Red2Green', and 'SAFER', some of which were devised within NUH and have since been adopted by hospitals nationally;
- (j) Clinical staff recruitment and retention is an issue nationally but NUH is actively encouraging culture change which will benefit patients, resources and also staff by improving the working environment. NUH is considered a fairly attractive employer within the region due to the additional specialist units and the prestige that this offers. Approximately 150 existing staff have been involved in a working group to help identify what changes NUH could make to provide an environment in which people want to work. One of the highest priorities identified was a 'calm and controlled environment', which is what NUH is aspiring to;
- (k) The longer-term plan is for QMC to only have a single 'front door' for rapid access to urgent care through the Urgent Care Centre, to replace the 7 different admission units on site. This will include the ED but the ED will not necessarily be the initial contact;
- (l) A full review of the services and use of the City Hospital site is also being undertaken to examine how underutilisation and duplication of services can be prevented and ensure that the greatest efficiency across both sites is achieved;
- (m) For the extension of the ED, neighbouring physical space was released by services, including the fracture clinic, being moved elsewhere so that work was not taking place around patients; although there are hoardings up in some areas. Some members of the Committee had accepted the offer to tour the ED development work and were pleased with progress;
- (n) Delays in discharge have consistently been blamed on the slow issuing of medication by the Pharmacy Section, but this has been scrutinised and it has been found that once the information is received by the pharmacy, the turn-around for issuing medications is reasonable. The delay can be attributed to the time taken in registering the medication request and the IT systems processing that information before it appears at the pharmacy. There is significant investment in NUH's ICT, but not all upgrades and system replacements can take place at the same time and so have to be carefully plotted and co-ordinated;
- (o) Front door mental health specialist services are the subject of complex commissioning arrangements and whilst changes to the way of working have been requested, with a lack of funding and capacity, these changes are not likely to be achieved in the immediate future. There have been 10 'treatment within 12 hours' breaches since January 2018 and 9 of these were due to primary or additional mental health issues which require assessment by mental health professionals who, due to capacity, were not able to respond promptly .

Members of the Committee welcomed the progress of the Emergency Pathways Transformation programme, the achievements to date and particularly the opportunity to tour the building.

RESOLVED to:

- (1) formally record the thanks of the Committee to Dr Simmonds for his thorough presentation;**
- (2) note the progress of the Emergency Pathways Transformation;**
- (3) request an update presentation to the May 2019 Committee meeting.**

49 ADULT MENTAL HEALTH SERVICES

Kazia Foster, Service Improvement and Development Manager, was accompanied by Sandra Crawford, Associate Director of Transformation, and Debbie Dolan, Local Partnerships - Mental Health, all from Nottinghamshire Healthcare NHS Foundation Trust, to present the report which provides information on the current work to review and develop Adult Mental Health Services across Nottinghamshire.

A briefing note from Nottingham City Clinical Commissioning Group is also included in the agenda.

The following points were highlighted and questions from Committee members responded to:

- (a) Adult Mental Health Services 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
- (b) By 2021/22 mental health service providers need to have developed a broad system to support patients across the whole pathway;**
- (c) As awareness of mental health rises, so too does the demand on services at a time when budgets need to be tightened. Therefore, new approaches need to be considered to ensure pathways are effective and efficient and with some previously used facilities now considered unsuitable, the potential for an purpose built facility;**
- (d) Since last year, it is anticipated that the cost of additional demands for mental health beds has significantly contributed to the increase mental health costs from £6m to £10m. Current facilities do not have the capacity to cope with the additional demand and so it has been necessary to place patients 'out of area' until local beds become available. This is not beneficial to the patient or their family, but currently there are no other alternative options, particularly as within the last few years 42 acute care beds and 60 rehab beds have been withdrawn within the City. This shortfall of facilities against the rising demand needs to be addressed;**
- (e) The four key areas identified for transformation are:**
 - Local Inpatient Beds Provision

- Crisis and Home Treatment Transformation
 - Admission, Stay and Discharge – Patient Flow
 - Local Mental Health Teams Development (Community Pathways)
- (f) A business case will be presented to the Trust's Board in December, recommending the increase in beds and facilities. If approved, a financial case will be put before the Board in March 2019, which if approved, will aim to have the additional capacity in place locally within 18 months;
- (g) Work Stream Leaders will ensure that all clinical staff will have the opportunity to be involved in the development of a transformation plan along with service users and carers. It is important that everyone engages;
- (h) The Trust is planning to recruit more staff and aims to be an attractive employer. A key part of this is to achieve the national standards and high quality care in a high quality environment in which people want to work. Staff turnover is currently closely monitored with leavers asked for the reasons why they are leaving;
- (i) Currently the Trust is in partnership with private operators to ensure that as many patients as possible are able to be placed locally, and those placed out of area are moved back within 20 days. Part of the rise in the cost of the care is due to the reliance on private beds which obviously have a higher cost;
- (j) If the approval is given and funding obtained for a purpose built facility, possibly on the Highbury Hospital site, it is intended that it will be built to cater for a higher number of patients than the current demand as a future-proofing measure and to ensure that the need to remain locally can be met for all local patients;
- (k) There was an increase of investment in community mental health services, partly as a direct result of beds being withdrawn, but further focus is required to help support citizens in the community and prevent the need for admission to hospital. The profile of service users is becoming broader and more complex with more complex needs so services need to adapt to remain relevant and effective;
- (l) It is vital that community mental health services are able to provide a 24 hour service with face-to-face gate keeping, robust in-reach for inpatients and home treatments where necessary. Changes are due to be made to crisis provision. As the City and County Mental Health Teams have different levels of resourcing, there will be a comprehensive examination of the services offered with the aim to provide cost effective community services and meet the Mental Health 5 year plan target by 2020;
- (m) Although the number of rehabilitation beds has been reduced, there has been a huge amount of work to ensure that the majority of service users are able to live within the community and feel supported to rehabilitate in their own communities. Care doesn't have to be attached to beds and all areas of the pathway will be reviewed with the aim to increase early intervention and reduce the need for rehabilitation beds;
- (n) Ensuring that citizens can access appropriate support at an early stage is core to the aims of the Trust in its review, with patients receiving the right service in the right way and at the right time, including urgent care. However, this requires services to have appropriate resources available to prevent escalations to urgent care;

- (o) Community based social prescribing would be massively beneficial and work is underway to identify what form this should take by examining existing successful models, but it is reassuring that all relevant agencies are already engaged with each other. However, it is historically very difficult to obtain funding for preventative work and existing budgets have already been reduced;
- (p) The review is at a very early stage but the Trust was keen to engage with the Committee at this time and can bring further proposals to the Committee at a later stage to gain member's views prior to progressing.

The Chair thanked Kazia Foster, Sandra Crawford and Debbie Dolan for their attendance and interesting and encouraging presentation.

RESOLVED to:

- (1) note the intentions in the review of Adult Mental Health Services;**
- (2) request that the Committee is informed (via Zena West, Senior Governance Officer) of any significant changes develop from the information provided today.**

50 WORK PROGRAMME 2018/19

Zena West, Senior Governance Officer, presented the revised 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 and that there will not be a meeting held in April 2019 due to the local elections being held on 2 May 2019.

HEALTH SCRUTINY COMMITTEE
13 DECEMBER 2018
HEMOCARE SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review provision, including waiting times and quality of care, of Homecare services under the new framework

2 Action required

- 2.1 The Committee is asked to comment on Homecare services and any issues arising or improvements made in the six months since new provider contracts have been in place.

3 Background information

- 3.1 The Homecare service enables people to live in their own home for as long as possible by offering help for day-to-day tasks such as cleaning, shopping and food preparation/cooking, through to personal care that helps with tasks like dressing, bathing, toileting and prompting the taking of medication.
- 3.2 Under a new framework agreement, new provider contracts have been in place for the Homecare service for six months.
- 3.3 Christine Oliver (Head of Commissioning, Nottingham City Council); Clare Gilbert (Commissioning Lead, Nottingham City Council) and Linda Sellars (Director for Quality and Change, Nottingham City Council) will attend the meeting to provide a presentation, update the Committee and answer any questions.

4 List of attached information

- 4.1 None.

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 876 4305

HEALTH SCRUTINY COMMITTEE
13 DECEMBER 2018
PRIMARY CARE MENTAL HEALTH SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review current service provision for Primary Care Mental Health Services.

2 Action required

- 2.1 The Committee is asked to review and comment on information from the Nottingham City NHS Clinical Commissioning Group.

3 Background information

- 3.1 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 Rachel Millband (Communications Manager, Greater Nottingham Clinical Commissioning Partnership) will be attending to update the Committee and answer any questions.

4 List of attached information

- 4.1 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
 Zena.west@nottinghamcity.gov.uk
 01158764305

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
13 DECEMBER 2018
CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review progress in implementation of the Transformation Plan and the impact on outcomes for children and young people.

2 Action required

- 2.1 The Committee is asked to review and comment on any issues arising from the implementation of the Transformation Plan, and review and comment on the impact on outcomes for patients and their families.

3 Background information

- 3.1 Local areas are required to implement a Local Transformation Plan to improve and support children and young people's mental health and wellbeing, and Nottingham's has now been in place for three years.
- 3.2 The Plan is reviewed annually in October.
- 3.3 Rachel Towler (Operations Manager, Nottinghamshire Healthcare NHS Foundation Trust) and Catherine Pope (Service Director, Nottinghamshire Healthcare NHS Foundation Trust) will be attending to report on delivery of the Plan, update the Committee, and answer any questions.

4 List of attached information

- 4.1 Information from the Nottinghamshire Healthcare NHS Foundation 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 Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health and NHS England, 2015) - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

7 Wards affected

7.1 All.

8 Contact information

8.1 Zena West, Senior Governance Officer
Zena.west@nottinghamcity.gov.uk
0115 876 4305

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

Purpose of the Report

The purpose of this report is to update the Health Scrutiny Committee on Child and Adolescent Mental Health Services (CAMHS) in Nottingham including progress in implementing the local transformation plan to improve children and young people's mental health.

Context

Following the publication of Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (Department of Health and NHS England, 2015) local areas were required to develop a Local Transformation Plan (LTP) which detailed how the local system would transform services in line with the key areas below:

1. **Promoting resilience, prevention and early intervention:** acting early to prevent harm, investing in early years and building resilience through to adulthood
2. **Improving access to effective support – a system without tiers:** changing the way services are delivered to be built around the needs of children, young people and families.
3. **Care for the most vulnerable:** developing a flexible, integrated system without barriers
4. **Accountability and transparency:** developing clear commissioning arrangements across partners and identified leads
5. **Developing the workforce:** ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence based care
6. **Increase the number of children and young people receiving treatment** from the NHS commissioned community service by 32%.
7. **Make progress towards delivering the 2020/2021 eating disorder waiting time** standard whereby 95% of patients receive their first definitive treatment within four weeks for routine cases and within one week for urgent cases.

It is now three years since partners developed the local transformation plans for Nottingham and Nottinghamshire. The footprint covered by the plan includes Nottingham and Nottinghamshire local authorities and services commissioned by NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

The Local Transformation Plan is refreshed every October and includes details of developments over the last year and plans for the following year. NHS England reviews the plan using 'Key Lines of Enquiry (KLOE)' to ensure the plan meets all the required criteria. Once the plans have been assured by NHS England it is signed off by Nottingham City CAMHS Executive and circulated through CCG governance for information. A paper is also provided to the Health and Wellbeing Board within the Local Authority.

The Five Year Forward View for Mental Health Implementation guidance and NHS Operational Planning Guidance details the "Must-do's" for 2017-2019. These include:

- Providing more high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP-IAPT) by 2018.

- Expanding capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE recommended package of care within two weeks of referral
- Commissioning community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases and
- Ensuring delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

Service Delivery

In Nottingham City there are a number of Child and Adolescent Mental Health Services (CAMHS) which are delivered by the following providers:

- Community Specialist CAMHS provided by Nottinghamshire Healthcare NHS Foundation Trust
- Targeted CAMHS provided by Nottingham City Council
- Behavioural and Emotional Health support provided by Nottingham CityCare Partnerships
- Face to face and online counselling provided by KOOTH
- Face to face counselling provided by Base 51
- Early intervention and prevention services provided by the SHARP team (Nottingham City Council)

Key achievements

Since the LTP was first published, there has been a significant amount of transformation undertaken to improve support for children and young people's emotional wellbeing and mental health. A summary of the developments are detailed below, which cover the key areas of the local transformation plan identified above.

1. Promoting resilience, prevention and early intervention

A task and finish group has been established in December 2017 to co-ordinate the approach to support schools around emotional health, and a charter identifying best practice has been developed as a means to further embed whole school approaches to emotional health in Nottingham City.

Zippy and Apple's Friends academic resilience programmes were piloted in 8 primary schools in 2017. The University of Belfast is currently analysing the collected data and the final report is due to be published soon.

From April 2017 to December 2017, 14 schools attended training sessions from the **Character Curriculum Programme** which was delivered by the Council's Personal, Social and Health Education Team and 17 schools received resources to support their curriculum.

Nottingham Trent University undertook an independent evaluation of the Character Curriculum Framework and its use in schools. They found that :

- Staff consistently articulated how Character Education helps equip children with essential life skills
- Character Education was considered as enabling school staff in complementing their academic curriculum to the ultimate benefit of academic achievement
- Character Education was viewed as a means of engaging reluctant students in their learning to meet academic targets

- Staff mentioned that Character Education has some limitations, but that these are generally outweighed by the benefits

A task and finish group was established to coordinate the approach to supporting schools around emotional health, and a charter identifying best practice was developed as a means to further embed whole school approaches to emotional health.

A **Best Start Children's Public Health Service** for 0-19 year olds, with a focus on emotional health and wellbeing, has been commissioned and will work closely with the Early Help Team on delivering an integrated service for the 0-5 year old age group from April 2020.

The **New Forest Parenting Programme** (NFPP) is an evidenced based parenting programme for children and young people whose symptoms and behaviours are associated to ADHD, up to the age of 12 years (however it can be adapted for teenagers too). From January 2017 to date 132 families have been worked with on a one to one basis or as part of the group. Of these, 76 parents/carers saw an improvement in their child's symptoms.

Targeted CAMHS and SHARP

Targeted CAMHS has a **Universal Services CAMHS Practitioner** who works directly with schools and universal services around children and young people. The role offers support and training to staff in schools/services, to help them to gain confidence in working with mental health needs, and prevents them referring to CAMHS when this is not required.

Targeted CAMHS have also been developing their links with local schools to offer support such as an initiative call **Time4Me**, where young people can access direct monthly support in their secondary school from a consistent CAMHS professional. There is also a project for primary schools called '**Amazing Me**' which provides early Intervention to promote Emotional Wellbeing in primary schools. Primary Schools are encouraged to use this and it has been embedded into 'The Routes to Inclusion' for schools to be included as part of good practice.

Next Steps is a joint partnership venture between Targeted CAMHS and NSPCC Childline developing ways Targeted CAMHS can help children and young people achieve their next steps and goals following their support from CAMHS.

The SHARP team is commissioned to provide early intervention and prevention activities to support children and young people, professionals, families and carers where there are behavioural, emotional or mental health needs for children and young people in Nottingham City to reduce self-harming behaviours in children and young people has achieved the following:

- SHARP offers monthly self-harm clinics to **City secondary schools, Nottingham College and the Children Looked After team**. Approximately **80% of young people seen over a 2.5 year period have received support from universal Services and not required input from Targeted/Specialist MH Services**.
- The SHARP team delivers assemblies in schools and colleges raising awareness about support available in the City. The team also delivers various workshops on 'Exam Stress-Less', 'harmful and risk behaviours', and awareness around transgender/gender dysphoria.
- The team runs the Trans4Me group which supports young people who identify as transgender/non-binary and the SHARP4 Parents which offers support to parent/carers.

During 2017/18 and early 2018 Nottingham City Council (Targeted CAMHS and the SHARP team) have undertaken the following participation work:

- Teens 4 Change came together to support each other, undertake projects and consulted to co-design Targeted CAMHS to fit their needs, develop a mental health passport, website development and team communications.
- Launch of the CAMHS Newsletter to help better communicate and tackle the misconceptions of CAMHS, to promote mental health and wellbeing using an anti-stigmatising approach.
- Your Voice participation day at Splendour Festival where the service engaged with 120 people to share their views on CAMHS and participation. The themes from the event will be used to inform future participation.

Kooth

Kooth is commissioned to provide open access support to young people across Nottingham City, providing face to face and online counselling as well as a range of other online emotional health support tools such as moderated forums and self-care tools. The Integration and Participation lead within Kooth has visited a number of schools to promote the service at staff meetings and schools assemblies and this will continue through 18/19, with a particular focus on engaging young males.

Base 51

Base 51 is commissioned to provide face to face counselling services and access to wider health support such as sexual health. The service runs drop-in sessions and over 400 sessions have been run from April 2016 to March 2018. Base 51 also provides targeted projects and open access services to young people that aim to create a holistic approach to wellbeing. The open access provision had 1,706 new members during the period April 2016 to March 2018.

Behavioural and Emotional Health Team

The Behaviour and Emotional Health Team has been commissioned for 2 years until 31 March 2020. The service provides 1:1 support for children and young people who require bespoke support for behaviour management. This service provides support where universal services have undertaken a package of care and there has been no improvement.

MH:2K Project

MH:2K - a youth led approach to exploring mental health, was commissioned to undertake an innovative engagement programme. The programme recruited 31 diverse young people as the project's 'Citizen Researchers'. The Citizen Researchers explored information about youth mental health and their own experience and views and identified top five mental health challenges facing young people in the area. The areas identified were:

- Stigma and public awareness
- Treatment and therapies
- Education and prevention
- Cultures, minorities and genders
- Family, friends and carers

Over three months, the Citizen Researchers co-led 30 workshops for their peers, engaging 647 other young people in Nottingham and Nottinghamshire. Through the Roadshows, the Citizen Researchers collected a wealth of information ensuring representation from a diverse group of young people which identified their views on the mental health challenges they face and their ideas for solutions.

The Citizen Researchers presented the project's findings and recommendations to range of stakeholders from Nottingham and Nottinghamshire at a Big Showcase, and took part in a panel-style question and answer session.

- The recommendations from the MH:2K project is seen as an integral part of driving the ongoing work to improve children's emotional and mental health outcomes through the local Future in Mind transformation plan
- Young people from the project attended a Targeted CAMHS Team Day on 21st November 2018 to give the team feedback on their views on the importance of participation for young people and also to give ideas on how to improve the service and how to gain further participation from young people and their families
- A poster will be co-designed detailing support available that children and young people can access when they need it. This is one of the recommendations from the project

The **Small Steps Big Changes programme** continues to aim to improve child development outcomes through universal maternal mental health screening and preparing for parenthood and building adult capacity and capability.

2. Improving access to effective support

Targeted CAMHS Single Point of Access (SPA) works alongside the Nottingham City Multi-Agency Safeguarding Hub (MASH). This model has ensured that over the last 4 years 95% of cases remain at a Targeted CAMHS or universal level, only escalating to specialist community CAMHS when required. There is a clinician from the Specialist Community CAMHS team co-located within the SPA with the aim to improve access to specialist community CAMHS and further develop joint working.

A new multi-agency Access Working Group led by **Targeted CAMHS** has been reviewing how children and young people and families self-refer to the service and get **access to help quickly**. This includes guided **self-help** as a first line of treatment, or to provide support while waiting for their CAMHS appointment. This review will be completed by March 2019.

Joint work is taking place to support integration between Targeted and Specialist CAMHS to ensure services are streamlined and children and young people can access the service which best meet their needs.

Nottingham City have recurrently funded **Crisis Resolution and Home Treatment Service**, which is commissioned from Nottinghamshire Healthcare NHS Foundation Trust, for young people in mental health crisis, offering crisis assessments in the community and in acute hospitals. This service operates from 10am to 10pm. The service will be evaluated in March 2019 which will include feedback from service users and wider stakeholders.

Early Intervention in Psychosis (EIP)

The national target for this service is for 53% of young people referred to EIP should receive NICE concordant treatment within 2 weeks. In Nottingham and Nottinghamshire young people are assessed and treated within the Head to Head Service, which provides NICE compliant treatment for psychosis, bipolar disorder and schizophrenia. Head to Head is a specialist team within Specialist CAMHS. It should be noted that whilst psychosis can affect all ages, it is rare in young people and is not ordinarily apparent until older teenage years. During 2018/19 Nottinghamshire Healthcare Foundation Trust has met the access and waiting time standard. Due to small numbers we are unable to include exact figures due to data protection.

Transition

Transition between CAMHS and adult mental health services has been recognised as a priority both locally and nationally. A national Commissioning for Quality and Innovation (CQUIN) was agreed as part of the NHS contract for 2017-2019.

The following has been undertaken:

- A **transition protocol** has been developed utilising NICE guidance for the management of transitions from CAMHS to adult mental health
- A **transition panel** has been created to facilitate the process. This is jointly staffed by CAMHS and adult mental health
- Each CAMHS team has an identified **CAMHS Transition Champion** and this is being replicated in adult mental health.

3. Care for the most vulnerable

An early priority has been to consider the mental health support to young people with learning disabilities, in line with the national programme '**transforming care for children and young people with Autistic Spectrum Disorder or Learning Disability, and challenging behaviour/mental health needs**'. A risk register for children and young people at risk of admission to an inpatient mental health bed has been put in place within CAMHS and the Care and Treatment Review process has been implemented.

There is a priority to ensure that young people requiring **inpatient mental health provision** are cared for as close to home as possible, with as short a length of stay as possible. These services are commissioned by NHS England Specialised Commissioning Teams. A regional collaborative commissioning group has been established to review bed provision required locally and also to enhance community CAMHS Crisis provision to provide as much support as possible in the community and reduce the need for an inpatient admission.

Within Targeted CAMHS there have been a number of developments during 2017/18 in to improve care for the most vulnerable: This includes

- Pilot of **Time Limited Adolescent Psychodynamic Psychotherapy (TAPP)** to support adolescents who require more in depth assessment and therapy for more complex or trauma history presentations such as attachment disorders and emotional dysregulation. It is hoped that in two years' time this will be embedded.
- **Self-harm** joint-protocol ensures the Targeted CAMHS and the SHARP team respond jointly, alongside social care colleagues, within 48 hours when there are serious concerns about a child/young people's self-harm or suicidal behaviours.
- **Animal assisted therapy** – the service has a trained and qualified therapy dog working with children and young people who need more support to feel comfortable to develop therapeutic relationships that have additional needs making accessing talking therapy more difficult.

There is a commitment to ensuring that young people requiring inpatient mental health provision are cared for as close to home as possible, with as short a length of stay as possible. Commissioners are therefore working with Specialised Commissioning through the regional collaborative commissioning group, both to influence the bed types required locally by our young people, but also to ensure that as we enhance our community CAMHS Crisis provision, we have the right skill mix to provide support to young people with evidence based approaches in relation to the particular types of presentations that young people are being admitted with. Part of this work includes improving the pathway between community and

inpatient services, particularly for young people with social care needs as well as mental health needs.

In June 2018 Nottinghamshire Healthcare NHS Foundation Trust (NHFT) opened the new Hopewood site which provides Specialist community CAMHS for children and young people in the Nottingham. The Hopewood environment and workforce model enables the highest standards of care to patients from across the county who may have previously had to travel to a hospital bed far from home.

Hopewood Inpatient Facilities are:

- 12 bed Specialist Eating Disorder Unit (Pegasus Ward)
- 12 bed General Adolescent Unit (Phoenix Ward)
- 8 bed Psychiatrist Intensive Care Unit (Hercules Ward)
- 8 bed Perinatal Mother and Baby Unit (Margaret Oates)
- The Lookout Educational Unit

Hopewood aims to support, young people, and new Mothers through a period of significant difficulty and distressing time for them and their parents/carers.

4. Accountability and transparency

Improving data quality and availability continues to be a priority and is a requirement that all NHS commissioned services, including non-NHS providers flow data for key national metrics in the Mental Health Services Data Set (MHSDS). CAMHS at Nottinghamshire Healthcare NHS Foundation Trust have been able to flow data through the MHSDS since 2016/17 and work has continued to ensure that data reported locally reflects data reported from the MHSDS. Targeted CAMHS provided by Nottingham City Council has been flowing data through the MHSDS but due to some technical issues the system is returning a 'nil' for access. Nottingham City Council is working with the North of England Commissioning Support Unit to resolve the issues. Work will continue for the remainder of 2018 and in 2019/20 to ensure that 'indirect contacts' flow to the MHSDS and all relevant data is captured and reported.

In line with the requirements of CYP-IAPT, **the use of routine outcomes measures has been embedded** in CAMHS. Work will continue through 2018/19 to develop systems across all providers to ensure that by April 2019 outcome measures are flowed to the MHSDS as recently mandated by NHS England.

5. Developing the Workforce

Nottinghamshire is part of the **CYP-IAPT (Improving Access to Psychological Therapy)** programme (Oxford and Reading Collaborative) and continue to engage with the training provided. Since 2015 members of CAMHS staff at Nottinghamshire Healthcare NHS Foundation Trust (NHFT) participated in a range of training including Cognitive Behavioural Therapy (CBT), Systemic Family Practice and Interpersonal Psychotherapy for Adolescents. Team Leads have also accessed Transformational Leadership training.

NHFT have also recruited to new "recruit to train" CBT and Children and Young People's Wellbeing Practitioner (CYPWP) posts, initially funded by Health Education England, which aims to address the national workforce challenges. Staff who have been accepted into service on these temporary contracts have been offered permanent posts within the service.

The role of the CYPWP within CAMHS is an exciting development, offering low-intensity, evidence-based, short term interventions for children and young people with mild mental health difficulties.

50% of the **Targeted CAMHS** workforce are trained in specific evidenced based therapies. The offer includes; Interpersonal Psychotherapy for adolescents (IPT-A), Systemic Family Practice (SFP), Enhanced Evidence Based Practice (EEBP) and a pilot of Time Limited Adolescent Psychodynamic Psychotherapy (TAPP).

Nottingham City Council has continued to roll out the Mental Health First Aid training. During 2017/18 12 courses have been delivered with 128 Youth Mental Health First Aiders being trained across the Children's workforce.

6. Increase the number of children and young people receiving treatment from the NHS commissioned community service by 32%.

The Five Year Forward View for Mental Health has outlined targets to improve access treatment for children and young people, these include:

Commissioning and providing high-quality mental health services for children and young people, so that at least 35% of children with a diagnosable condition are able to access evidence-based services by 2020, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018.

At the end of 2017/18 NHS England conducted a one off data collection from all providers to reconcile the year end position in relation to the increasing access target. This showed that Nottingham City was achieving a 25% access target rate against a target of 30%.

Nottinghamshire Healthcare Foundation Trust has been flowing data to the Mental Health Services Data Set (MHSDS) since April 2016 and both commissioners and provider are now confident that data reported via the MHSDS accurately reflects direct and indirect contacts young people receive, with 2 contacts equating to a young person being in 'treatment'.

It should be noted that Nottinghamshire Healthcare Foundation Trust do not hold sole responsibility for delivering all activity linked to this measure. There are a number of CCG commissioned services whose activity helps to deliver against this measure. A Recovery Action Plan is in place in order to improve data quality issues not only with NHFT, but our other commissioned providers which will have a positive impact on our access rate.

7. Make progress towards delivering the 2020/2021 eating disorder waiting time standard whereby 95% of patients receive their first definitive treatment within four weeks for routine cases and within one week for urgent cases

In 2016 new access and waiting time standards for community eating disorders were introduced which mandated that by 2020 95% of young people with a diagnosed eating disorder will start treatment within 1 week for an urgent referral and within 4 weeks for a routine referral. To ensure that the CAMHS Eating Disorder Service can achieve the access and waiting time standard by 2020 CCGs have committed **additional recurrent funding** to increase the capacity within the service. This will allow the service to remodel and offer a same day 'assess and treat' model to ensure young people start treatment at the earliest opportunity. This additional funding will also enable the service to offer parent and sibling groups which have been piloted during 2017/18 and evaluated as successful.

Priorities and Actions for 2018/19 and 2019/20

The following section outlines priorities and actions for the remainder of 2018 and for 2019:

- In order to ensure young people access CAMHS – a Sustainability and Transformation Partnership wide approach to engagement and communication is planned so that young people, parents and carers, and other stakeholders are aware of the services available and how they can be accessed. Key actions and timescales will be agreed at the Integrated STP Mental Health and Social Care Partnership Board in November 2018
- Work will continue to develop the **Crisis response** for children and young people. Work is already underway to develop a multi-agency CAMHS Discharge pathway, particularly for those young people who self-harm. A working group has been established including representatives from across community, acute and social care in order to map current pathways and develop a joint policy and procedure across Nottingham City and Nottinghamshire County. The joint policy and procedure will be finalised by January 2019. Once the procedure has been signed off and agreed by all partners, commissioners will assess how the impact can be evaluated
- Further service development will be undertaken with the CAMHS Eating Disorder Service and CAMHS Crisis and Home Treatment Service to ensure that the crisis response and out of hours offer for children and young people with an eating disorder is effective and equitable. This will include a review of current practice which will take place during quarter 1 2019/20 once the new model has been embedded. Depending on the findings of the service review and the level of transformation required, commissioners will aim to embed any changes during quarter 2 2019/20
- The CAMHS Eating Disorder Service will introduce the **same day ‘assess and treat’** model to ensure that they achieve the **access and waiting time standard** in January 2019 once recruitment has been completed. They will also develop sessions for parents/carers and siblings. A review will take place in Q1 2019/20 once the new model has been embedded
- The Crisis Resolution Home Treatment (CRHT) and Liaison service are not currently able to offer a 24/7 service, in line with Core 24 recommendations. Children and young people presenting at Emergency Departments outside of the hours of 10 am to 10 pm receive support Rapid Response Liaison Psychiatry within Adult services who have received additional investment to deliver the Core 24 standard, therefore 24/7 provision is available. Further work will be undertaken to review the service model for Children and young peoples’ CRHT
- Further work is being undertaken to ensure that children and young people requiring specialist CAMHS are assessed as quickly as possible and that there is sufficient capacity in the system to enable this. This will be completed by December 2018
- An Action Plan is in place in order to improve data quality issues with commissioned providers to **Increase the number of children and young people receiving treatment** from the NHS commissioned community service by 32%, this continues to be a priority area
- Recruitment for additional staff for the team is in progress and on track to have posts recruited to and operating a new model by March 2019 to meet the **eating disorder**

waiting time standard whereby 95% of patients receive their first definitive treatment within four weeks for routine cases and within one week for urgent cases

- Work will continue to align the newly commissioned **Best Start Children's Public Health Service** and Nottingham City's internal **Early Help Services for 0-5 year olds** in order to deliver an efficient and effective integrated service model that promotes emotional health and wellbeing.
- City schools will be supported to achieve the **Emotional Health and Wellbeing Charter**
- Work will continue to support and embed the **Small Steps Big Changes** programme in Nottingham City through universal maternal mental health screening, preparing for parenthood and building adult capacity and capability to improve child development outcomes
- Continue to offer Mental Health First Aid training to the children's workforce

Conclusion

Significant work has been undertaken to improve the mental health and wellbeing of children and young people in the city. However, there is further work to do to ensure that services are meeting the needs of children and young people. There are a number of priorities including increasing the numbers of children and young people who are able to access CAMHS and ensuring that the CAMHS Eating Disorders Standards are met. In addition, it is important that Targeted and Specialist CAMHS are fully integrated to ensure that children and young people are supported as quickly and effectively as possible.

Appendix – Testimonials from Citizen Researchers from the MH:2K Project

“Those who know me well will know I’ve suffered from social anxiety for as long as I can remember and how debilitating the effect of this has been. I never write status’ or really share my personal life with people but after today I feel inspired to do so, for anyone who needs to hear it.

This time two years ago I struggled to do class presentations in front of around 20 people without having an anxiety attack, to the point I would feel like I couldn’t breathe.

After making the first step and seeking help for my anxiety, I became more confident and was able to do so many things that I would never have been able to do previously (as ‘minor’ as going to the shops by myself). This inspired me to join a mental health project that aims to give young people a voice and improve mental health services for young people - both within Nottinghamshire and nationwide. A few months ago during a public speaking exercise, I challenged myself to have the same ‘confidence’ I have on stage when I’m dancing, in my public speaking endeavours. Since then, not only have I co-led two group sessions for young people on our mental health roadshow, I have just presented some of our key findings and recommendations at our ‘MH:2K Big Showcase Conference’ in front of around 100 people, including key decision makers and industry professionals.

I’ve met so many strong individuals during this project and I’m very proud of myself and my MH:2K family for coming this far and giving young people a voice. My mental health journey hasn’t been easy and is far from over yet, but it has been worth it.

Mental health is SO important and something that EVERYBODY has, yet when we have problems with our mental health, they are negatively stigmatised and misunderstood.

We must gain a better understanding of mental health problems and learn to accept and support the people who suffer from them - not judge and ostracise them. You never know what somebody is going through”.

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HEALTH SCRUTINY COMMITTEE
13 DECEMBER 2018
CAMHS AND PERINATAL MENTAL HEALTH SERVICES UPDATE
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review the implementation (including transition period) of service provision at Hopewood, a new CAMHS and perinatal mental health services site.

2 Action required

- 2.1 The Committee is asked to review and comment on the new service and education facilities at Hopewood since its opening in June 2018.

3 Background information

- 3.1 Nottinghamshire Healthcare NHS Foundation Trust provides a range of mental health services to young residents in Nottingham City;
- 3.2 Facilities include Inpatient Child & Adolescent Mental Health Services at the Lookout (CAMHS), Perinatal mental health services, and Community Child and Adolescent Mental Health Services (CAMHS);
- 3.3 Hopewood offers an educational programme for all young people who are receiving care within The Lookout;
- 3.4 Rachel Towler (Operational Manager, Nottinghamshire Healthcare Trust) and Catherine Pope (Service Director, Nottinghamshire Healthcare Trust) will be attending the meeting to introduce the report and answer the Committees questions.

4 List of attached information

- 4.1 Information from Nottinghamshire 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 None.

7 Wards affected

7.1 None.

8 Contact information

8.1 Zena West, Senior Governance Officer
Zena.west@nottinghamcity.gov.uk
0115 876 4305

Child, Adolescent and Perinatal Mental Health Inpatient Services – Hopewood
Nottingham City Health Scrutiny Committee – 13th December 2018

1.0 PURPOSE

The purpose of this paper is to update the Committee on Nottinghamshire Healthcare NHS Foundation Trust's progress in transforming child, adolescent and perinatal mental health inpatient provision.

2.0 BACKGROUND

Details of the Trust's transformation plans have been shared previously with the Joint Health Scrutiny Committee. Previous papers have outlined a set of proposals for transforming children, young people and perinatal mental health services, supported by capital investment totalling c£21m, incorporating:

- **Inpatient Child & Adolescent Mental Health Services (CAMHS)** – the new unit (*The Lookout*), has an increase in the number of beds from 13 (previously at Thorneywood) to 24 (including 12 new specialist eating disorders beds), plus an 8 bed Psychiatric Intensive Care Unit (PICU). On the Hopewood site, the education unit (*The Lookout Education Centre*) is located to the side of The Lookout. The education unit supports children and young people to continue their education whilst admitted to the unit. The Lookout inpatient ward configuration:
 - 12 beds – Phoenix ward (General Adolescent Unit)
 - 12 beds – Pegasus ward (Specialist Eating Disorders Unit)
 - 8 beds – Hercules ward (Psychiatric Intensive Care Unit)
- **Perinatal Mental Health Services** – the new perinatal inpatient unit (*The Margaret Oates Mother and Baby Unit*), has an increase in beds from 6 (previously at the Queens Medical Centre) to 8. Incorporated in the building is a new community outpatient facility for mothers and their babies (*Green Haven*).
- **Community Child and Adolescent Mental Health Services (CAMHS)** - new facilities for delivery of community CAMHS services for children and young people from the city and south of county (*Pebble Bridge*)

These services have been brought together on a single site, named *Hopewood*, to create a child and family friendly 'campus'.

Hopewood provides support for young people and mothers, who are experiencing mental health difficulties.

The site provides specialist inpatient care and support for those whose mental health difficulties can no longer be managed in the community. With over twice as many beds

than previously available, Hopewood means that more young people and mothers can be treated locally, staying close to their homes, families and communities. Hopewood includes the first dedicated specialist Eating Disorders inpatient service and first Psychiatric Intensive Care Unit (PICU) for young people in the East Midlands.

Our dedicated and specialist staff provide the highest quality care in facilities designed with patients, their families and staff. Together we have created the modern, warm and welcoming environment that is Hopewood – a place of support, hope and recovery.

Each Ward provides specialist assessment and treatment covering a broad spectrum of mental health conditions and presentations. The multidisciplinary team supporting our dedicated and dynamic Psychiatry & Nursing teams include:

- Psychology
- Dietetics
- Occupational Therapy
- Psychotherapy
- Healthcare Assistants
- Family Therapy
- Creative & Activity Therapies
- Social Work
- Nursery Nurses
- Peer Support Workers
- Support staff
- Advocacy services

3.0 PROGRESS UPDATE

Hopewood opened on the 4th June 2018.

The opening of the wards was undertaken via a carefully considered phasing plan. The numbers of beds open for admissions occurred over a four to six week period to ensure a safe transition period, to ensure safe staffing and to provide a contained and settled ward environment.

- Phoenix Ward (General Adolescent Unit) opened June 2018
- Pegasus Ward (CAMH Specialist Eating Disorders Unit) opened June 2018
- Hercules Ward (CAMHS Psychiatric Intensive Care Unit) opened September 2018
- Green Haven (Margaret Oates Mother and Baby Unit), including the Community teams opened June 2018
- The Lookout Education Unit opened June 2018
- Pebble Bridge (Community CAMHS) opened June 2018

Collaborative Model

On all the wards we provide care that includes a range of medical and therapy options. We offer young people psychology sessions, occupational therapy sessions, one to one meetings with keyworkers, group sessions and therapeutic activities. We provide meal

time support where needed and family therapy is also offered to the young person and their family.

While with us, young people can continue their education at The Lookout Education Centre and we work closely with their own schools to make sure transitions run as smoothly as possible. During evenings, weekends and in the holidays we provide a range of activities.

The site as a whole provides a supportive and containing infrastructure via a more integrated and aligned pathway between inpatient services and community services.

The CAMHS Crisis Response Home Treatment Team are colocated within The Lookout, this arrangement enables an in-reach/out-reach approach to the wards and community services.

The colocation of CAMHS and Perinatal Mental Health services has provided the opportunity to develop partnerships and support structures. A new role has been introduced to the workforce model that has been pinnacle to how the services operationally function. This is the senior nurse on site role, this allows oversight to all the wards and enables workforce to be reviewed on a shift by shift basis providing a more flexible and responsive workforce where clinically required. The senior nurse also reviews all referrals received as requests for admission, this provides clinical consistency in the screening processes.

A nursing response team has been another significant improvement to the workforce and patients, this team respond to any urgent clinical need when required.

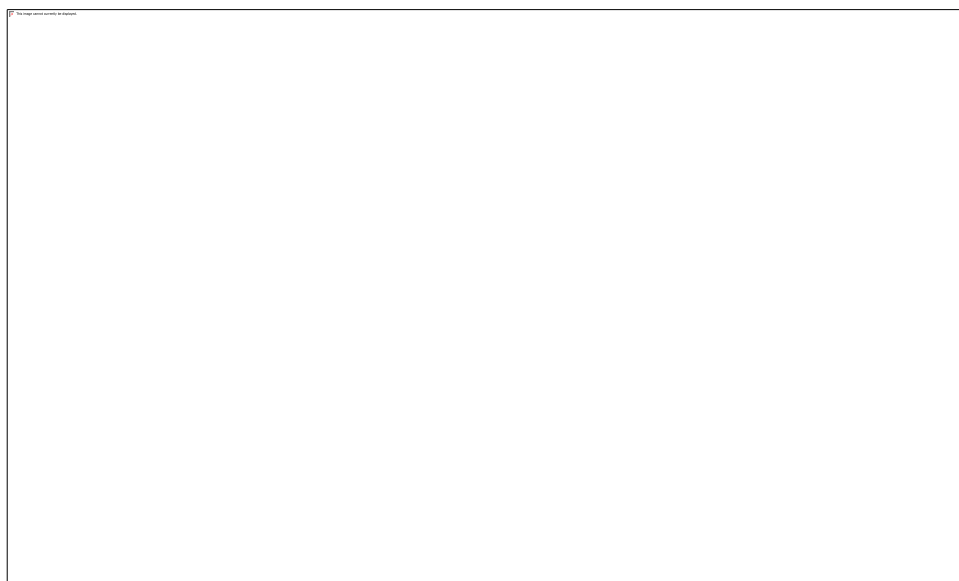
The workforce model that we have developed provides joint induction, joint training and supervision opportunities along with rotational offers for preceptorship nurses. All of which really does make a difference to the workforce and overall patient care.

Impact and Outcomes

- ✓ Hopewood has provided an increase in overall local capacity and has therefore reduced the need for so many young people to be placed out of area, enabling sustained family relationships.
- ✓ The services are better placed to meet individual needs. The service can now support privacy and dignity and achieve gender separation. All of the bedrooms have en-suite bathrooms.
- ✓ The therapeutic and caring environment has been significantly enhanced, meeting national quality standards.
- ✓ Reduced length of stays has also been noted, this is due to care being delivered close to home and also due to closer relationships with the Community Teams.
- ✓ Locally we can now provide highly specialist PICU and Eating Disorder beds, which have until opening our unit, unavailable in the East Midlands.
- ✓ Co-location of the PICU with the general CAMHS unit is essential and will mean the Trust can achieve safe, timely transfers of those needing a more intensive inpatient approach, reducing risks and achieving more rapid control over symptoms and a faster return to good levels of functioning for the young person.

- ✓ The site location in Nottingham is very well placed to serve PICU and Eating Disorder patient from other areas within and outside of the East Midlands.
- ✓ The re-location of all of the Perinatal Mental Health Services at Green Haven has created a countywide team resource and space for peer and professional support, although the team will continue to be provide clinical capacity at various sites in the north of the County, including Millbrook at the King's Mill Hospital site, at Bassetlaw Hospital and a number of other bases to ensure continued local accessibility.
- ✓ The key concept for Hopewood is "together but separate", meaning that appropriate separation is maintained between adults and children/young people service areas, without undermining the benefits to be realised through co-location. Appropriate adjacencies, e.g. CAMHS general acute ward and PICU, will facilitate the smooth transfer up and down the care pathway.
- ✓ Hopewood is unlike traditional mental health sites. These are often adjacent to existing acute or mental health buildings and do not have the privileges that this site offers. More generally CAMHS units have been sited on or near mental health hospital sites. The site offers green open spaces due to being in a conservation area.
- ✓ Improved access for families due to public transport links.
- ✓ The improved working environment has improved recruitment, and also allowed a greater opportunity for student placements which will longer term assist with our succession planning.

The graph below demonstrates the reduction in the number of admissions out of area:



Involvement and Engagement

- Ward review

The ideal ward review project has been undertaken in CAMHS and is supporting in ensuring that families are heard and supported and plans are developed collaboratively with young people, staff and families / carers.

- Young People and their carers have asked for more relevant and timely information

Leaflets have been co-produced. This work meant involvement in the leaflet design, a photography day using our patients and staff and the leaflet content being co-developed.

- Developing more recovery focused opportunities for young people who use services

A task group has been developing opportunities for YP to volunteer in CAMHS giving consideration to the process and age of the volunteer in relation to the opportunities available.

- Improving least restrictive practice

The three wards at the Lookout at Hopewood are part of the Trust Quality Improvement Violence reduction project. Engagement in this process will be developed by linking the project with the collaborative partnership process.

- Involvement in appraisals

An approach to ensure young people contribute to the workforce appraisal process is being progressed.

- Information for young siblings

A sibling task group has been established to develop appropriate information for siblings and how to support their brother or sister with their emotional and mental health needs, and also how to manage their own feelings. The confetti institute for technology and design are also continuing to develop this educational game template.

- CYP Recovery College

The co-production process has commenced to develop three recovery college modules/workshops for both CAMHS and Perinatal Mental Health services. The aim is for the first of the workshops to be delivered in the spring of 2019.

- Hopewood charity appeal

Both staff, young peoples, families and mothers are all engaging in the fundraising for the Hopewood charity. To date there have been some exciting strategies completed to raise funds, for example skydiving and abseiling. The funds raised will be spent on items identified by both young people and mothers for their respective units and also to enhance the outside space at Hopewood.

Education Unit

The Lookout Education Unit at Hopewood offers an educational programme for all young people who are receiving care within The Lookout. The General Adolescent ward and the Specialist Eating Disorders ward provide the opportunity for the young people to go to school at The Lookout Education Unit. Those young people placed at the PICU are educated within the ward environment.

Joint operating procedures, training and induction programmes have been developed for the workforce as a whole at Hopewood, inclusive of education staff.

4.0 CONCLUSIONS

The benefits Hopewood has created are significant, transforming the quality of care and support we provide for vulnerable patients, often at a time of great distress for them and their families.

5.0 RECOMMENDATIONS

The Committee is asked to:

1. Note progress achieved to date.

Rachel Towler
Operational Manager
Integrated Specialist Services Directorate
Local Partnerships Division

December 2018

For further information, please contact:
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HEALTH SCRUTINY COMMITTEE
13 DECEMBER 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

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Health Scrutiny Committee 2018/19 Work Programme

Date	Items
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 <div style="text-align: right;">(Nottingham City Council/ Framework)</div> </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"> <p>• 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 <div style="text-align: right;">(Nottingham City Clinical Commissioning Group)</div> </p> <p>• 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 <div style="text-align: right;">(Nottingham City Council)</div> </p> <p>• Nottingham City Council's relationship to the Integrated Care System – update To receive an update from Councillor Sam Webster of Nottingham City Council's</p> <p>• Work Programme 2018/19</p>

Date	Items
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, after work completed – date TBC

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)

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