

# Nottingham City Council

## Health Scrutiny Committee

Minutes of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 16 January 2020 from 10.01 am - 12.26 pm

### Membership

#### Present

Councillor Cate Woodward (Vice-Chair)  
Councillor Samuel Gardiner  
Councillor Maria Joannou  
Councillor Kirsty Jones  
Councillor Angela Kandola  
Councillor Dave Liversidge  
Councillor AJ Matsiko  
Councillor Lauren O`Grady  
Councillor Anne Peach

#### Absent

Councillor Phil Jackson  
Councillor Georgia Power

### Colleagues, partners and others in attendance:

Caroline Keenan - Analysis and Insight, Nottingham City Council (NCC)  
Hazel Buchanan )  
Kate Burley ) Clinical Commissioning Group  
Gary Eves )  
Charlotte Reading )  
Bevan Dolan -Harmless/The Tomorrow Project  
Detective Inspector ) Nottinghamshire Police  
Pamela Dowson )  
Dr Geetinder Kaur - Public Health, NCC  
Rachel Lees )  
Rachel Towler ) Nottinghamshire Healthcare NHS Trust  
Tracey Gilford )  
Katharine Browne - Senior Public Health & Commissioning Manager, Nottinghamshire  
County Council  
Aileen Wilson - Head of Early Help Services, NCC  
Lewis Etoria - Nottingham and Nottinghamshire Integrated Care System  
Laura Wilson ) Senior Governance Officers, NCC  
Jane Garrard )  
Catherine Ziane-Pryor - Governance Officer, NCC

### 32 Chair

In the absence of Councillor Georgia Power, the Chair of the Committee, Councillor Cate Woodward, the Vice-Chair, chaired the meeting.

### 33 Apologies for absence

Councillor Phil Jackson - unwell  
Councillor Georgia Power – unwell

### **34 Declarations of interest**

None.

### **35 Minutes**

The minutes of the meeting held on 17 October 2019 were confirmed as a true record and signed by the Chair.

### **36 Suicide Prevention Plan**

Nottingham City Council has worked with partners to produce a revised Suicide Prevention Strategy for the period 2019 to 2023. Kate Burley and Gary Eves from the Clinical Commissioning Group, Bevan Dolan from Harmless/The Tomorrow Project, Nottinghamshire Police Detective Inspector Pamela Dowson, Dr Geetinder Kaur, Nottingham City Council Public Health, Caroline Keenan, Nottingham City Council Analysis and Insight, and Rachel Lees, Nottinghamshire Healthcare NHS Trust, were in attendance to provide information about the new Strategy and respond to the Committee's questions. They gave a presentation highlighting the following information:

- a) Nottingham has higher rates of suicide than the England average. Between 2010 and 2018, 29 deaths by suicide were recorded in the City;
- b) between 2016 and 2018, 85% of suicides were by men and 65% were aged between 20 and 49 years. There were fewer deaths amongst the least deprived groups in the population;
- c) the new Suicide Prevention Strategy covers both the City and County areas and was developed by a Steering Group that is a sub-group of the respective Health and Wellbeing Boards. Public consultation was carried out to inform development of the Strategy, which was endorsed by the Nottingham City Health and Wellbeing Board in September 2019;
- d) the Strategy has five key themes: 'at risk' groups; use of data; bereavement support; staff training; and media;
- e) over the last year Nottinghamshire Healthcare NHS Trust has developed its own strategy and framework identifying actions to put into practice and how that links to the local strategy. There had been concern within the Trust about the language and impact on staff of 'zero suicide' approaches so instead the focus is on 'towards zero suicide';
- f) Harmless supports people at the suicide intention, prevention and post-vention stages. Following notification, the organisation provides a quick response to referrals offering both emotional and practical support. Individuals are given a named worker who leads on supporting them and engaging with other professionals on their behalf. The organisation focuses on distress to individuals as well as a risk-based approach;
- g) Harmless also provides a self-harm pathway that supports individuals emotionally and practically, and can also provide therapeutic support for up to two years;
- h) the outcomes from Harmless' work on self-harm and suicide crisis are significantly different on discharge compared to intake;

- i) prior to 2016, there was limited focus on suicide by Nottinghamshire Police. Acknowledging a gap in support to the next of kin, a bereavement support pathway has been introduced with Harmless. This enables Police Officers who attend unexpected deaths to offer appropriate signposting and advice;
- j) an easy electronic way for Police Officers to refer people to Harmless, with their consent, has also been introduced. Officers are regularly reminded of the referral process and what they can do in terms of support. Between January and September 2019 there were 102 referrals from the Police and 660 support sessions were offered. A similar approach has also been introduced in Leicestershire and Derbyshire;
- k) Nottinghamshire Police are also focusing on high risk areas such as suspects being held in custody. Suspects who have voluntarily attended don't have access to mental health services in police stations, so a new policy has been developed on this. Signage, designed by the Tomorrow Project, has been installed at suicide hot spots such as Trent Bridge and staff at local businesses have been offered training. Other trigger incidents include when a suspect is charged and therefore a welfare assessment is carried out at this point;
- l) to support a better use of data, real time surveillance is being introduced so that data on issues such as methods used and circumstances of death is passed by the Police to partners as soon as possible rather than having to wait until after the inquest has been completed;
- m) Police and health partners have introduced a triage car, involving both a Mental Health Nurse and a Police Officer, to attend 'at risk' incidents. This has been so effective that the hours of operation have been extended;
- n) suicide prevention is a priority of the NHS Long Term Plan and this is informing future commissioning. The intention is to support more people in their communities alongside a 24/7 crisis service. There has been investment in community mental health teams to increase staffing and they are working across primary care networks to deliver primary mental health care. This includes links to social prescribing;
- o) work is underway to improve the therapeutic environment in inpatient settings.

Committee members' questions were responded to as follows:

- p) there will be a single point of access and measures to ensure that people get to the appropriate place in the treatment and support pathway for their needs;
- q) mental health support is provided in prisons, but with regard to initial contact, the Police are not equipped and do not have the knowledge and experience to support people with mental health issues. However, awareness is being raised and suicide prevention e-learning is available to Police Officers. The triage car is proving invaluable;
- r) Nottingham HealthCare Trust is looking at the pathways of patients and recording and examining incidents where people have reached crisis point, with particular focus on triggers. Where gaps are identified, they are taken into consideration;

- s) treatment pathways need to make sense and be challenged where this is not the case. Scenario working does take place between teams to ensure that patients get the right support and knowledge is shared;
- t) to meet the ambition to co-ordinate all services, partners meet regularly, share knowledge and liaise with broader partners such as universities to ensure there is an understanding of how systems work and ensure that the data gathered is robust so that patterns can be identified in future;.
- u) consideration of suicide patterns is still at an early stage and the data gathered is not yet for a long enough period to reliably reflect any seasonal or calendar patterns, but once it is, it will be used to try and address them;
- v) the comparison of the most recent data (which cannot yet be considered a robust comparison to reliably identify patterns) shows that numbers of suicide reduced slightly towards the end of the year but as numbers are quite small, a longer period is required for a valid comparison;
- w) it is planned to be able to offer 30 minute training sessions to partners to address what should and shouldn't be said to people in crisis and to re-enforce the best approach to take;
- x) cultural and religious beliefs are taken into account at the assessment stage and this is taken forward with regard to where people are comfortable accessing services. Further work is being undertaken to better engage members of the BAME communities where it is recognised that there are higher risk factors within these groups, along with some members of the LBG community;
- y) investment means that those in need can access services sooner and lessons must be learned from other areas where waiting times are already at 4 weeks. It's also important to ensure that people can get support via the range of Primary Care, from telephoning 111, through to the Crisis Team;
- z) the model for the Crisis Café will be agreed very soon and then sent out to tender with the intention for it to be fully operational during August 2020 and serving the whole City and County;
- aa) funding for the suicide bereavement work is only guaranteed for 2020 but discussions are ongoing with NHS England, with a further application received from the Suicide Steering Group.

Members of the Committee commented as follows:

- bb) in recognition of the challenges, the thanks of the Committee are recorded to those working with people with mental health issues;
- cc) it is a concern that waiting periods for some individuals have been too long when they are in extreme distress, and the focused efforts to reduce waiting times is welcomed;
- dd) the introduction of a Crisis Café is welcomed.

**Resolved to note the report and Suicide Strategy.**

### **37 Young People's Mental Health and Wellbeing Services**

Gary Eves and Charlotte Reading from the Clinical Commissioning Group, along with Katharine Browne, Nottinghamshire County Council, Tracey Gilford and Rachel Towler, both from Nottinghamshire Healthcare NHS Trust, and Aileen Wilson, Nottingham City Council, were in attendance to provide an update on activity during the past 12 months to improve children and young people's mental health, following the review presented to the committee in December 2018.

In addition to the comprehensive report provided, a presentation was delivered and provided information on the following areas:

- a) the local and national context of the Nottingham and Nottinghamshire Local Transformation Plan (LTP) 2015 to 2021;
- b) service delivery and key achievements, particularly with regard to the LTP;
- c) promoting resilience prevention and early intervention, with reference to organisations including Best Children's Public Health Service, New Forest Parenting Program, Targeted CAMHS, SHARP, Early Intervention Practitioners, Time4me, Amazing Me, Young Minds, Kooth, Base 51, MH:2K Project, Behaviour and Emotional Health Team, and support in schools;
- d) improving access to efficient support, including a single point of access (SPA) and how targeted CAMHS is working with partners to achieve this, particularly with the prediction that 345,000 young people will require access to services;
- e) care for the most vulnerable children and young people such as those with learning disabilities, autistic spectrum disorder, and challenging behavioural/mental needs;
- f) accountability and transparency with regard to improving data quality and availability, particularly with regard to all partners meeting the Mental Health Services Dataset requirements;
- g) developing the workforce, including taking advantage of professional training opportunities and courses whilst establishing dedicated role is to help route and train employees in the broader mental health topics;
- h) priorities and actions for 2020 including the roll-out of mental health support teams in schools;
- i) the developments of a comprehensive 0 to 25 years of age service which will also help enable a smooth transition to adult mental health services;
- j) increase dedicated support for looked after children and care leavers;
- k) regularly reviewing and piloting urgent and crisis care delivery models;
- l) working to achieve the 20/2021 95% target of those with eating disorders accessing treatment within four weeks or one week for urgent cases.

Questions from the Committee were responded to as follows:

- m) the parents and carers of children young people accessing services are able to access support, and there has recently been more of a concerted effort ensure that this is known. However, as the 0 to 25 years of age inclusion is not yet in operation, there is currently no provision for the partners of the young people, but this point can be taken back and raised as relevant within the wider support network;
- n) children and young people can be referred to the SPA by any of the services, and partner organisations such as Base 51 can make and receive referrals. Early intervention is valuable and the tools are available to ensure easy access to services. It is acknowledged that sometimes the young person is the last to recognise that there are issues, and it is teachers and youth workers who initially recognise potential issues;
- o) ideally, each young person will receive a holistic assessment which will identify where the young person is in the pathway and where best for them to enter and access services;
- p) a lot of young people are reluctant to seek help through their school, but schools play a key role so the aim is to integrate schools with early family care, with a view of social and mental health of the young person and the families. Accessing services will not be just through this one route, but as an integrated assessment including health visitors and family support workers;
- q) there is a lot of work being done with children and young people to reduce the stigma of talking about mental health problems and, whilst previously there may have been a perception that raising problems at school could result in social services intervention, there is now a strong message that it is safe to vocalise issues and ask for support. However, it is recognised that there is still work to do in this area but schools are encouraging pupils to come forward and anti-stigma videos been produced by young people to be shown in schools;
- r) whilst a longer-term 10 year plan is being developed, only short term funding has been agreed and, whilst Central Government has allocated ring fenced mental health funding, a proportion of which must be spent on children and young people, NHS England is very prescriptive on how the money can be spent with regard to staff and roles and set targets;
- s) in Nottingham there are now only half of the early health services which existed in 2010, with several specialist services lost as they were not considered statutory. To ensure the ongoing sustainability of current and emerging services, long-term financial assurance is needed. Central Government needs to commit and maintain financial investment to the NHS and Local Authority level.

Members of the committee welcomed school engagement..

### **Resolved to**

- (1) note the update and record the committee's thanks to the presenters for their attendance;**
- (2) request that ward by ward statistics on demand and activity are provided.**

### **38 National Rehabilitation Centre – Public Consultation**

Lewis Etoria, Nottingham and Nottinghamshire Integrated Care System, and Hazel Buchanan, Clinical Commissioning Group, were in attendance to provide an update on consultation activities focusing on a new rehabilitation centre, since attending September 2019 meeting of the Committee.

It is proposed to establish an NHS National Rehabilitation Centre (NRC) on the Stanford Hall Estate where the Ministry of Defence Medical Rehabilitation Centre is sited, enabling up to 800 non-military citizens per year to access a comprehensive range of specialist treatment facilities. It is proposed that the linked site will become a National Research and Innovation Hub and a National Training and Education Centre.

In addition to the report and presentation, the following points were highlighted:

- a) a high demand for rehabilitation services had been identified in the East Midlands, and as there is no national strategy and the land has been made available with a guaranteed ring fenced funding of £70 million for construction, this provides a good opportunity;
- b) existing rehabilitation services are based at Nottingham City Hospital's Linden Lodge, but the current building requires a substantial amount of investment and maintenance and cannot be adapted to facilitate modern medical approaches;
- c) nationally, the NHS approach towards rehabilitation is focused only on neurological, but this proposal will enable a broader treatment model to be provided, including complex fractures, mental health and every element of rehabilitation, including acting as a hub for community focused services;
- d) patients will be able have access to the defence site's facilities including a hydrotherapy pool, a simulator, an MRI scanner and x-ray facilities;
- e) although there is likely to be a transfer of existing staff and services, additional posts such as Rehabilitation Instructor and Case Manager will be established as part of the broader model;
- f) travel to the site for visitors (not patients) has previously been raised as a concern, but there will be free parking on site, a bus to and from Nottingham City Centre, and discussions are underway with the voluntary community transport teams, whilst other options will continue to be explored;
- g) consultation will start on 9 March 2020 for a period of 6 weeks and comment invited on issues, including patient isolation due to the location, travel and access for family and visitors visiting patients at the site.

Committee members' questions were responded to as follows:

- h) concerns around travel to the sites are acknowledged so some outpatient appointments will be held at City Hospital once patients been discharged back into the community;
- i) every patient will have a Case Manager who will help and support patients back into society, including forward planning for benefits applications, housing issues and

adaptations and where necessary, connecting with social workers and linking with wrap-around services, ensuring that everything required is in place in time for discharge;

- j) if the proposals are accepted, the new facility could be open and functioning by April 2024;
- k) once consultation is concluded, the findings will be scrutinised, it is anticipated that a recommendation will be presented to the governing body in May 2020.

Members of the Committee welcomed the proposals for the new facility but continue to express concern regarding accessibility for non-patients.

**Resolved for the Committee to receive the outcome of the consultation and proposed recommendations at the April or May meeting, prior to recommendations being submitted to the governing body.**

### **39 Treatment Centre Mobilisation**

Laura Wilson, Senior Governance Officer, introduced the written update from Nottingham University Hospitals NHS trust regarding the Treatment Centre Mobilisation, as requested by the Committee at the June meeting.

**Resolved to note the update and for Nottingham University hospital representatives to be invited to attend a future meeting of the committee to provide a further update.**

### **40 Work Programme**

Laura Wilson, Senior Governance Officer, presented the committee's work programme for the remainder of the 2019/20 municipal year.

The Clinical Commissioning Group (CCG) has requested to present an item on GP Access to the Committee at the February meeting.

**Resolved to approve the work programme, with the following additional item:**

**13 February 2020 - GP Access**