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Our ref: MC/CLS/sps/rw

Chief Executive Office

The Resource
Duncan Macmillan House
Porchester Road
Nottingham NG3 6AA

26 March 2012

Councillor G Klein
Chair, Joint City and County Health Scrutiny Committee
Constitutional Services
L H Box 28
Loxley House
Station Street
Nottingham
NG2 3NG

Dear Councillor Klein

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE – ENGAGEMENT WITH NOTTINGHAMSHIRE HEALTHCARE TRUST

Thank you for your letter of 22 March 2012 raising issues from recent meetings of the Committee. In particular you requested further information about Psychological Therapies provided by the Trust and also about transition arrangements from CAMHS to Adult Mental Health Services.

1) Proposed Changes to Step Four Psychological Therapies

Further to the paper that Simon P Smith presented about the changes to the Step Four Psychological Therapies service, I am able to confirm that there are currently 1,431 patients with an open referral to that service at the moment. Of that number 119 (8.3%) have had more than 30 sessions. NHS Nottinghamshire are aware of this and we have agreed to monitor length of treatment and report this monthly to commissioners. However, where service users require longer than 30 sessions, we have been assured that this will still be provided. A copy of the agreed exception reporting process is enclosed together with the risk assessment and the equality impact assessment as requested.

The Trust is committed to service user involvement in all its services about their current care and treatment and about plans to change and further develop services. The General Manager of the Psychological Therapies services has acknowledged that consultation specifically about possible reduction of the length of treatment offered has not happened on this occasion and will ensure that if any further changes are requested by commissioners, that effective involvement takes place.

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2) Transition from CAMHS to Adult Mental Health Services

We are pleased that the committee was generally reassured about transition arrangements for the young people of Nottinghamshire. There are examples throughout the Trust of innovative approaches being implemented to improve the experience of service users and maximise their recovery. For example in our eating disorder services this includes the development of lifespan pathways.

With regard to the increasing prevalence of neurodevelopmental conditions and the need to ensure effective pathways from children's services through to adult services; several transformation projects are ongoing involving both the Trust and commissioners.

The Centre for ADHD and Neurodevelopmental Disorders across the Lifespan (CANDAL) has just been established and aims to create a flagship, clinically-focused partnership between the University and local NHS Trusts (Nottinghamshire Healthcare NHS Trust and Nottingham University Hospitals Trust) to deliver academic and clinical excellence. In addition we are key contributors to work led by Professor David Daley at Nottingham University delivering either the New Forest Parenting Programme or the Incredible Years to parents of preschool children with preschool Attention deficit Hyperactivity Disorder.

Work is ongoing developing the ADHD pathway and a proposal has been drafted which will shortly be submitted to commissioners to enhance the provision of specialist ADHD services to adults. A meeting was held earlier this month to agree a shared care protocol with GPs supported by Marcus Bicknell. We have asked commissioners to consider building this into the Heads of Agreement plan for next year.

The Trust led work during 2011 scoping the current service provision to people with Tourettes Syndrome in Nottinghamshire which found a need to develop a pathway involving primary and secondary care. A multi-agency group was established in December 2011 to progress work around referral pathways; transition; diagnostic overlap and co-morbidity; and risks associated with fragmentation. This group meets next on 25th April 2012 and is being led by Professor Chris Hollis who is also instrumental to the ongoing development of national guidelines for young people with Tourettes.

Transition arrangements for young people with Autistic Spectrum Disorders are in place but vary slightly depending on whether a person also has a learning disability in which case the Trust's adult learning disability services would provide a service.

For adults with mental health needs, NHS Nottingham City commission a dedicated service which offers a full diagnostic and treatment service for people with Asperger Syndrome. NHS Nottinghamshire although not commissioning a separate service, have agreed that our general Adult Mental Health Psychiatrists will do an initial assessment and if specialist input is required, they purchase this either from the City Aspergers service or refer to Sheffield depending on issues of choice and access.

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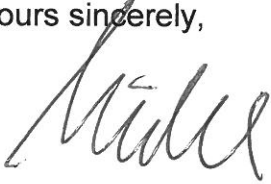
I would be pleased to update you on progress on this and would suggest we update you in September 2012 prior to commencement of our business planning processes for 2013/2014.

3) Future Communication and Engagement

I too, am keen to build and develop good relationships between ourselves as providers and the Joint City and County Health Scrutiny Committee. This is as you reflect, especially important in the complex and fast changing environment we face. In order to ensure that these relationships build and are not compromised by lack of response, I would suggest that Simon P Smith, Executive Director of Local Services, who came to your meeting on 13 March 2012, should be our principal point of contact, acknowledging as you have, Dr Peter Miller's extending responsibilities for the Strategic Health Authority.

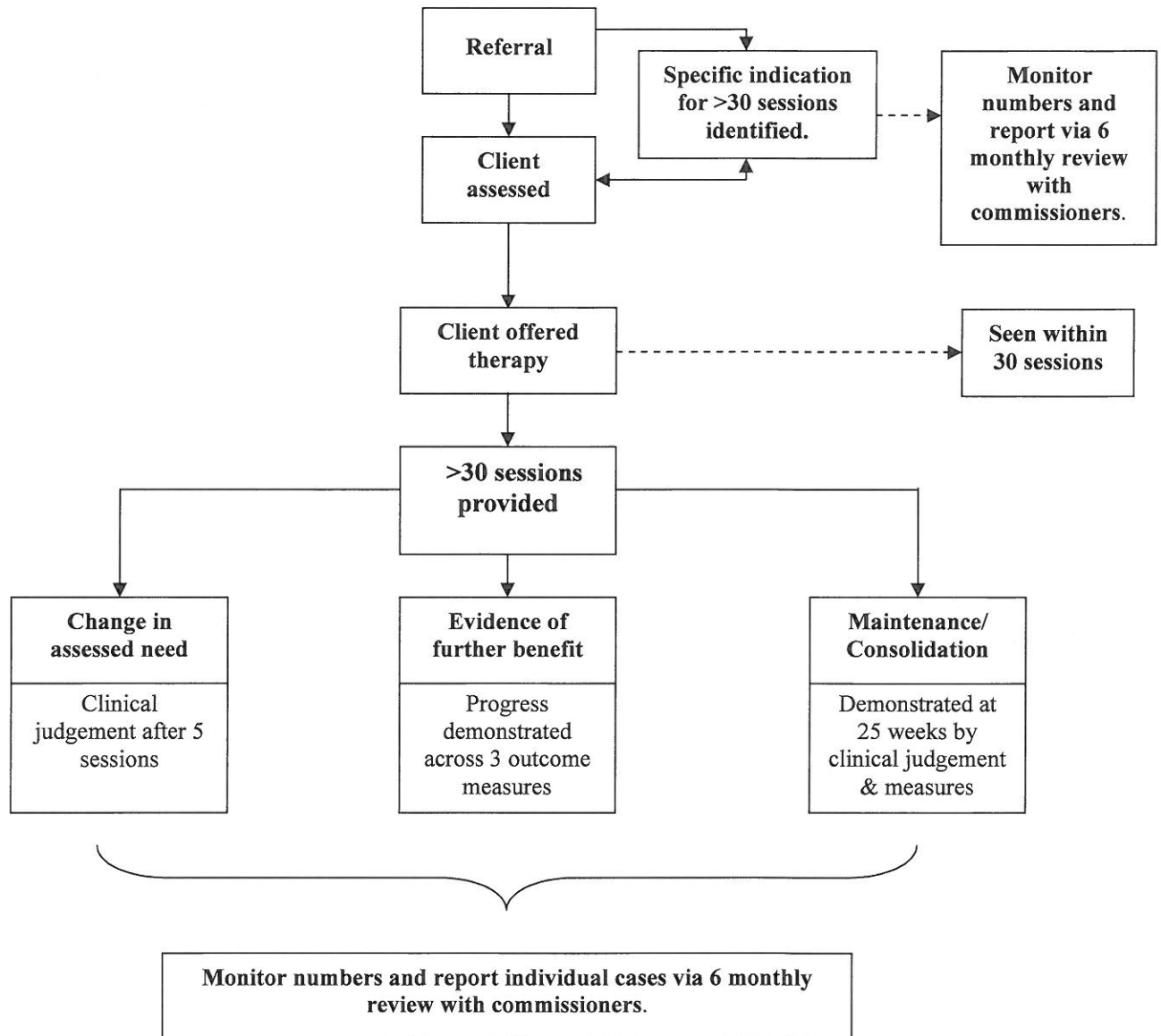
I trust this answers the relevant issues for Councillors

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Mike Cooke', written over the typed name.

Professor Mike Cooke CBE
Chief Executive

Exception Reporting Process (>30 sessions) – Step 4 Psychological Services



EQUALITY IMPACT ASSESSMENT (EIA) SCREENING TOOL

Name of policy/procedure/strategy/plan/function etc being assessed:	Disestablishment of 5 posts (1 band 8c, 1.6 wte band 8a CBP, 6 wte band 8a Psychodynamic Psychotherapist, 6 wte band 3 Admin) of psychology and psychotherapist posts with the Psychological Therapy clinical stream following disinvestment from the commissioners into this clinical stream
Brief description of policy/procedure/strategy/plan/function etc and reason for EIA:	Nottinghamshire health care Trust aims to provide all staff with the highest possible level of employment security, however it is recognised that services developments including disinvestments and the needs to continual improve organisational effectiveness may sometimes necessitate changes to staffing levels, structures, roles and was of working. In these circumstance the trust is committed to ensuring that any change is managed in away that is sensitive, consistent, fair and inline with statutory requirements and best practice
Names and designations of EIA group members:	Bernie Dolan and Shirley Lavender Service Managers
List of key groups/organisations consulted	Senior managers
Data, Intelligence and Evidence used to conduct the screening exercise	Staff, staff side representatives, NHS Nottingham and Nottinghamshire Commissioners

Equality Strand	Does the proposed policy/procedure/ strategy/ plan/ function etc have a positive or negative (adverse) impact on people from these key equality groups? Please describe	Are there any changes which could be made to the proposals which would minimise any adverse impact identified? What changes can be made to the proposals to ensure that a positive impact is achieved? Please describe	Have any mitigating circumstances been identified? Please describe	Areas for Review/Actions Taken (with timescales and name of responsible officer)
Race	No impact identified			
Gender Inclu. Transgender	No impact identified			
Disability Inclu. Mental Health and LD	No impact identified			
Religion/Belief	No impact identified			
Sexual Orientation	No impact identified			
Age	No impact identified			
Social Inclusion ^{*1}	The proposal of disestablishing a post and therefore possibly making an individual redundant could have a negative impact by contributing to an individual's potential of being excluded from society due to unemployment	The mitigation against this will be adherence to the Trusts Organisational Change Policy	The mitigation against this will be adherence to the Trusts Organisational Change Policy	Timescale as per policy will be followed
Community Cohesion ^{*2}	No impact identified			
Human Rights ^{*3}	No impact identified			

^{*1} for **Social Inclusion** please consider any issues which contribute to or act as barriers, resulting in people being excluded from society e.g. homelessness, unemployment, poor educational outcomes, health inequalities, poverty etc

*2 **Community Cohesion** essentially means ensuring that people from different groups and communities interact with each other and do not exclusively live parallel lives. Actions which you may consider, where appropriate, could include ensuring that people with disabilities and non-disabled people interact, or that people from different areas of the City or County have the chance to meet, discuss issues and are given the opportunity to learn from and understand each other.

*3 **The Human Rights Act 1998** prevents discrimination in the enjoyment of a set of fundamental human rights including: The right to a fair trial, Freedom of thought, conscience and Religion, Freedom of expression, Freedom of assembly and association and The right to education

Conclusions and Further Action (including whether a full EIA is deemed necessary and agreed date for completion)	No further action required as it is deemed full EIA is not necessary
Screening Tool Consultation End Date	June 2011
Name of Equality and Diversity (E&D) Group Approving EIA (i.e. Directorate E&D Group, Divisional E&D Forum or Trustwide E&D Steering Group)	To go to next meeting of SSD Social Inclusion group the terms of reference which include receiving all EIAs and equality and diversity agenda items.
Name of Responsible Officer Name and Contact Details (tel. e-mail, postal)	Debbie Abrams, General Manager, Specialist Services Directorate 07500064634 debbie.abrams@nottshc.nhs.uk

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COST IMPROVEMENT PROGRAMME CLINICAL RISK RATING MATRIX

Specialist Services Directorate

Directorate: Psychological Therapies step four and five (Version 3)

Date: June 2011

Completed by: Debbie Abrams, General Manager and Shirley Lavender Operational Manager

Based on the Total Risk Score, according to the grid:

Likelihood	1	L	M	L	M	H	H	H
2	M	L	M	M	M	H	H	E
3	M	L	M	M	H	H	E	E
4	M	M	M	M	H	H	E	E
5	M	M	H	E	E	E	E	E
	1	2	3	4	5			

Impact/Consequence

Low	Green	No Major Concern
Medium	Yellow	Action and Needs Regular Monitoring
High	Orange	Needs Actions and Periodic Management
Extreme	Red	Needs Immediate Active Management

To be completed for all revised and onward Cost Improvement Schemes and to be tabled with the Finance template for agreement at the Facing the Future Project Board

Scheme No	Description of CIP Scheme	Principal Risk	Implications (Potential Harm)	Key Controls (Existing controls)	Assurances on Controls (Evidence)	Identified Gaps in Controls	Proposed measures (Action Plans)
	Retraction of funding for step 4/5 psychological therapies services in Nottinghamshire	Reduction in available clinical expertise	Re-referrals might increase the discharge of patients currently receiving therapy could increase risk of self harm and lead to increased use of other services	Monitoring of referral rate completion of therapy and staff supervision.	Supervision records	Yes	Monitoring tool to be put in place
		Reputational risks for the Trust	Patients and referrers who in the past this kind of resource to be available may be disappointed complaint to the Trust and Pct re loss of expert resource	The development of an integrated strategy for providing step 1-5 psychological therapies across IAPT and local services may lessen the impact	Development of integrated strategy for providing step 1-5 psychological services in local services		To develop an integrated strategy for steps one to five psychological therapies
		Communication between Trust and Commissioners with regard to patient who require more than the stated 30 sessions in the service specification	Delay in treatment for distressed and risky patients				To develop a clear community tool between clinicians and the PCT that response in a timely manner
		Loss of an experienced clinical resource	May be a barrier to effective working (direct and indirect) with people requiring step 4/5 interventions.				

Date of Next Review: November 2011	
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