

Health Scrutiny Committee

Tuesday, 20 November 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the meeting held on 9 October 2018 | 3 - 12 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Ashfield Homestart | 13 - 16 |
| 5 | Nottinghamshire Healthcare Trust Child and Adolescent Mental Health Services | 17 - 28 |
| 6 | Nottinghamshire Healthcare Trust Adult Services | 29 - 36 |
| 7 | Food and Nutrition in Hospitals - Sherwood Forest Hospitals and Nottingham University Hospitals | 37 - 56 |
| 8 | East Midlands Ambulance Service Update | 57 - 66 |
| 9 | Work Programme | 67 - 74 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 977 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Membership

Councillors

Keith Girling (Chair)
Richard Butler
Kevin Greaves
Vaughan Hopewell
John Longdon
David Martin
Michael Payne
Mike Pringle
Kevin Rostance
Steve Vickers
Muriel Weisz

Officers

Pete Barker
Martin Gately

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

Dr Aamer Ali
Nicole Atkinson
Hazel Buchanan
Louise Bussell
Sarah Collis
Cheryl Gresham
Fiona Illingworth
Hester Kapur
Katie Moore
Caroline Nolan
Nikki Pownall
Ann-Marie Riley

NUH
Greater Nottingham Commissioners
Greater Nottingham Commissioners
Rampton Hospital
Healthwatch Nottinghamshire
Greater Nottingham Commissioners
Rampton Hospital
Healthwatch Nottinghamshire
NUH
NUH
Greater Nottingham CCGs
NUH

1. MINUTES

The minutes of the last meeting held on 24 July 2018, having been circulated to all Members, were taken as read and were signed by the Chair.

In response to a query, Martin Gately informed Committee that he was waiting for a response from the Mansfield and Ashfield CCG regarding the timing of the report on the requested review of the Homestart service.

2. APOLOGIES

None

Councillor Mike Pringle replaced Councillor Liz Plant
Councillor John Longdon replaced Councillor John Doddy
Councillor Vaughan Hopewell replaced Councillor Martin Wright.

3. DECLARATIONS OF INTEREST

None

4. DEMENTIA IN HOSPITAL

Ann-Marie Riley (Deputy Chief Nurse), Dr Aamer Ali (Consultant, Healthcare of Older People) and Katie Moore (Head of Patient Public Involvement), all from the Nottingham University Hospitals Trust (NUH), gave a presentation to Committee on improving care for dementia patients, their carers and their families. The following points were raised within their briefing:-

- A commitment was made in October 2016 that patients would not leave the service in a worse state than when they entered it.
- 'Sit to Fit' – patients are encouraged to be up, dressed and moving around. Evidence is clear that function can be lost if patients do not do this.
- Consultation has been undertaken regarding menus. Nottingham people have been asked about what they want to eat with the result that 50% of the menu has been chosen by those consulted.
- A bank of clothes is available for patients to use, though this is not compulsory. A service now exists where patients' own clothes can be laundered.
- The priority is to improve services. A consultation period due to last 6 - 8 weeks has commenced and partners in and out of hospital have been contacted across all pathways asking what the priorities should be. The feedback to date has been clear – people want to be listened to, involved and supported. The results of the consultation are due to be signed off by the Board in November.
- The Trust's strategy aims to achieve the following:
 - Patients – to provide outstanding dementia and delirium friendly care. The aim is to modernise care to be delivered by a skilled, educated and trained workforce.

- Places – to provide a dementia-friendly environment which allows sufferers to achieve independence.
- Performance – to be assessed and measured.
- Partners – pathways to be transformed.
- Potential – increase the amount of research undertaken and increase the participation in that research.
- A clear vision exists, the difficulty lies in achieving it. Over a 3 year period the plan will be reviewed, monitored and developed.
- Plans for the next 12 months include:
 - Specific guidelines to be developed about how patients are treated when they are first received into care.
 - Information sharing guidelines to be developed concerning delirium recognition protocols.
 - Carers to be present at the pre op stage.
 - Leavers – a seamless service to be provide including transmission of information.
 - Improve sharing of information with GPs and pharmacists.
 - Inform carers of the links to community support that are available
 - The SWAN model (Sign, Words, Actions, Needs) is progressing
 - Improve the recognition of distressing systems.
 - Dementia – identify this as a leading element of work and get staff to recognise this.

During discussions, the following issues were raised:-

- A carer's passport was piloted 2 years ago and there is no good reason not to use it.
- Occasional use has been made of paid carers, though this can mean that care is effectively being paid for twice. Cases are examined on an individual basis.
- All patients are different and therefore require a personalised care plan. This includes patients who experience difficulties eating and drinking. Strategies do exist around nutrition and dementia. Flavouring in food is enhanced as the ability to taste and smell can be affected. Research indicates that food supplements do not enhance or extend life. Liquids can be thickened into a gel-like substance to encourage ingestion and research is ongoing into the use of jelly.
- Staff who advise against the use of spaying liquids into a sufferer's mouth are following guidelines that are designed to avoid mishaps. A degree of risk exists and a discussion is needed with clinicians, carers and patients to agree what level of risk is acceptable.
- The problem was highlighted of not being able to discharge patients from hospital as services to care for people in their home were not available. The

scope to discharge medically-fit patients is improving, in the past only 110/120 per week were discharged, now the figure is 160 per week.

- Work is being undertaken to improve communication between the hospital/doctors/pharmacists regarding prescriptions. Discharge information that describes the state of the patient is now emailed to GPs. The strategy includes a strand to develop electronic systems with the aim of auto-populating GPs' fields in order to avoid delays. It is the primary carer's responsibility to check the repeat prescriptions of those discharged, in most cases this will be the GP's responsibility.
- In the last 18 months work on developing a frailty pathway has been undertaken. If it is recognised that a patient is suffering from dementia then, where possible, they are admitted directly into the frailty service. This should minimise the trauma experienced by dementia sufferers who are readmitted to hospital. The opening hours for the frailty service have been extended and the service is now available from 8am to 8pm.
- The issue of services to Care Homes was highlighted and the problems encountered including long delays in the arrival of ambulances, long waits on trolleys once the patient has arrived at the hospital, the need for carers to accompany patients to provide reassurance and the need to move dementia sufferers swiftly into quiet areas in the hospital in order to calm them. Although the frailty service is available from 8am to 8pm this could still mean patients being admitted from care homes outside of these hours and therefore being unable to access that service. Robust evidence however, shows that the bulk of admissions occur between midday and 8pm, with a peak occurring at 4pm.
- Visitors from the Netherlands observed that there were patients admitted to hospital in this country that would be cared for outside hospital in their country, but similar 24/7 care in the UK would require a tripling of the budget.
- Concerning plates and cutlery, work is undertaken collaboratively to ensure the right strategies are in place and the appropriate items ordered.
- Work is ongoing to raise awareness of dementia. The aim is for the Trust to be a dementia-friendly organisation and the messages are embedded in all the Trust does, for example, in induction, through the use of Dementia Champions and it is mandatory for staff to undertake the relevant, on-line training.
- The subject of malnutrition was discussed. The Nottingham public have been consulted on what they like to eat when they are ill, partly to identify any favourite local foods. In Nottingham's case this included cucumbers in vinegar and cornflake tarts. Other dishes will be added to the menu to make the meal choices tempting and nutritionists will ensure the dishes chosen are nutritious. Patients are monitored on a day to day basis. Communal eating tables and dining rooms are used to encourage patients to eat and measures are in place to identify those at risk of malnutrition.
- Outreach workers placed in communities, including in ex-mining areas, liaise with GPs and visit patients in their homes. Existing services have been reviewed and feedback received confirms current understanding, that is, patients want

care delivered correctly the first time, they do not want to keep giving the same information again and again to different services, nutrition is a concern, carers want to be listened to and there is a demand for activities. There is a need to be more proactive in the community following the reduction in the number of care homes.

- In reply to what can be done to address the problem of dementia it was stated that the Trust does have a significant number of nursing vacancies which makes it difficult to complete enough calls. This was not a problem confined to Nottinghamshire. The lack of resources forces the Trust to look at things differently and it was important for the patient to be at the centre of the service. Frailty identification is undertaken and patients are assessed as mild, moderate or severe. The shortage of resources means the Trust focuses on those defined as severe. As no extra resources are available, existing resources will need to be reallocated and some services dropped, meaning some difficult choices will need to be made. A US study showed that 60% of all health expenses are incurred in a patient's last 60 days of life. The study showed a significant sum was saved in this case by reallocating resources.
- Electronic systems make it easier to find out if someone admitted suffers from dementia, patients' information held by GPs is accessible by NUH staff for example. Also, 'About Me' documents are held by care homes now and part of the work done on the first day of admission includes ringing carers and relatives.
- Social Services departments usually obtain power of attorney.

The Chair thanked Ann-Marie Riley, Dr Aamer Ali and Katie Moore for their attendance.

5. NOTTINGHAM UNIVERSITY HOSPITAL – SYSTEM PLANS FOR WINTER AND SHARED COMMITMENT TO IMPROVING URGENT AND EMERGENCY PATIENT CARE

Nikki Pownall (Programme Director, Urgent Care – Greater Nottingham CCGs) and Caroline Nolan (Project Director, Urgent Care and Flow – NUH) gave a presentation to Committee on the above plans. The following points were raised within their briefing:-

- Last winter was one of the busiest experienced. Planning for this winter commenced in March and the detail is unprecedented with all stakeholders and partners involved.
- Disappointed that the target of seeing 95% of those admitted to A&E within 4 hours has been missed.

Increase in Demand

- Average of 543 A&E attendances to QMC a day, a 1.3% increase on 2016/17.
- 4.6% overall increase in emergency admissions.
- 23.1% increase in respiratory-related admissions (900 extra patients)

Safety & Quality Monitoring

- 2 patients had 12 hr trolley waits in 2017/18 (6 in 2016/17). 3 in the year-to-date (mental health).
- There have been consistently strong patient experience scores regarding care.
- The A&E Delivery Board oversees the system's urgent and emergency care performance.

System Progress

- Since 1 October 2017 the aim has been for no patients to be assessed for their post-hospital care needs within NUH.
- There is now a frailty hub with integrated pathways
- An Integrated Discharge Team has been established.
- The best ambulance handover times in the region have been achieved.
- EndPJP Paralysis - patients are encouraged to get dressed daily and be assessed in a chair, not a bed.
- Red2Green – work is undertaken to ascertain what patients are waiting for (Tests? Results?).
- High rates of flu last year meant a high number of patients were admitted with respiratory problems. This is not expected this year. The 'hospital at home' service is in place this winter to deal with respiratory problems allowing people to be treated in the community rather than being admitted to hospital.
- The 'Home First' initiative is designed to ascertain why a patient is not at home. Every patient's pathway is now checked daily.
- Subject to Board approval, there is a plan to provide 116 extra acute beds this year, which equates to one more ward than last year.
- Hospital care has been invested in, including the provision of an additional 20 enhanced care beds.
- 48 community-run beds are now available at St Francis at the City Hospital for patients who no longer need acute care.
- QMC front door – the emergency and urgent care pathways are being redesigned and A Floor expanded thanks to £4.5M national funding for capital works. Also, the number of cubicles in majors is being increased from 20 to 30.
- NUH's nationally renowned Surgical Triage Unit is being expanded to cater for wider specialities.
- There will be a flu campaign and a drive to prevent infection.
- There will be a focus on staff health and wellbeing.
- A joined-up, NHS-wide, public-facing comms campaign will be run to include 'Home First' and 'Help Us To Help You' initiatives.

Challenges

- Tension between system demand and capacity.

- Staff shortages – particularly medical staff and home care staff.
- Environmental constraints – ie overcrowding.
- Staff morale

During discussions, the following issues were raised:-

- Elective surgery was cancelled last year because of demand elsewhere and this met with a negative reaction in the media. There are no plans to do so this winter but it may be an option considered depending on circumstances. There is now no backlog in surgery, partly as a result of increased weekend working.
- Last year saw EMAS ambulances queueing outside hospitals. Since then some investment in EMAS has taken place. Much work has been done with partners with meetings occurring fortnightly. Work is ongoing to upskill EMAS staff and a comms campaign will be run which will aim to manage expectations. The service has been a victim of its own success as because turnaround times are so good work is attracted from across the borders.
- In terms of respiratory problems, information is shared and monitored across the area which helps to predict bed allocations.
- It is not sustainable to expect staff to work long hours indefinitely but the direction of travel is positive.
- Discussion needed about the level of risk people are willing to tolerate to reduce the number of unnecessary admissions to hospital.
- Respiratory admissions/incidents of flu tend to peak in the first week of January with the first indication of a problem being an increased number of children being referred two weeks earlier.
- Referring to the figure of 116 beds, these beds will be available year round, though in the case of a major incident some of these would close. Flex capacity is required and it is not the intention to have all of these beds open all of the time.
- The Head of the Respiratory Service will attend a future meeting of the Committee and be able to answer questions relating to the incidence of such problems in former mining areas, the possible effects of crop spraying and the preventative work that is being undertaken.
- There is still a problem of people presenting at A&E inappropriately. To counter this there is a drive to provide services at the point where patients arrive, for example, students do not use the GP service as other patients do.
- There is a cultural problem, not unique to GPs, where people are referred to A&E rather than given a GP's appointment within a reasonable time or being given the option of being treated at home. This is partly because those involved will not get sacked for referring patients to A&E but might if patients are treated at home. Nikki offered to feedback the problems highlighted.

The Chair thanked Nikki Pownall and Caroline Nolan for their attendance.

6. RAMPTON HOSPITAL – IMPROVEMENT PLAN FOLLOWING CQC INSPECTION

Louise Bussell and Fiona Illingworth informed Members about the progress being made against the improvement plan. The following points were made:-

- The outcome of the CQC inspection in March 2017 was 'requires improvement.' The subsequent follow up visit in March 2018 found that considerable improvement had been made.
- It is difficult to turn round the situation in only 12 months, especially as the report is not received for 2 – 3 months.
- Meetings with the CQC to look at progress against the plan now take place on a quarterly basis. The CQC can see that improvement is needed in some areas but they are satisfied with the progress being made.
- The hospital is aware of what needs to be done. More qualified nurses are required and the retention of staff is a problem. There is the potential to lose further staff, with a high number of current staff nearing the retirement age of 55. Work also needs to be done on improving recording systems.

During discussions, the following issues were raised:-

- Changes have been made to who manages the hospital and how. Formerly the hospital was run in 'pockets' with a large hierarchy. A much flatter structure is now in place with the mind-set and how people work changed. Work has been done on changing the workplace culture and a drive is underway which focuses on staff wellbeing. Initially the quality of communication was criticised. A massive listening exercise has been undertaken and the 'Open Conversations' initiative means all staff can now speak to members of the Board.
- The public do regard Rampton as a prison whereas in fact it is a hospital first and foremost. The mental health field suffers from a lack of political support generally and the secure services in particular. Support is available through the National Oversight Group which has an independent Chair and allows the 3 hospitals to work together.
- Staff prefer 13 hour shifts as this gives more recovery time between shifts. When an attempt was made to impose shorter shifts the staff went on strike.
- 55 is the usual retirement age for mental health nurses. Half of those that do retire at 55 do return in some capacity as the hospital is a good place to work and 55 is still a young age.
- In terms of support, all staff have supervision, both clinical and management. Counselling is available and staff are debriefed after each significant incident. Staff can say they are struggling at any time.
- Assaults are taken seriously and monitored. Work is underway to see if the process can be managed better. There is a high level of reporting but the aim is to deal with a situation before it escalates. There are more staff days lost through stress and musculoskeletal problems than through assaults.
- The unqualified staff tend to live locally, the qualified staff tend to live farther away. The remote location of the hospital is a problem when trying to attract staff.

The Chair thanked Louise Bussell and Fiona Illingworth for their attendance and invited them to return in a year's time to update the Committee on progress.

7. GLUTEN FREE PRESCRIBING

Hazel Buchanan, Cheryl Gresham and representatives from the Greater Nottingham Commissioners presented a report which informed members of the decision of the NHS Greater Nottingham Clinical Commissioning Partnership's Joint Commissioning Committee to stop the prescribing of gluten free food. The following points were raised:-

- The outcome from the national consultation regarding the prescription of gluten free products was announced on 1st February 2018, with the Government deciding to restrict gluten-free prescribing to gluten-free bread and mixes only. This did not affect the statutory right of CCGs to determine the availability of gluten-free foods in their local area.
- There are inconsistencies in the provision of gluten-free foods by CCGs in Nottinghamshire.
- The Greater Nottingham Clinical Commissioning Partnership decided to undertake a public consultation to support decision making around the prescribing of gluten-free foods for their population.
- The outcome of the consultation was that the prescribing of gluten-free products for all patients in Greater Nottingham would cease. This is in line with the mid Notts CCG.

During discussions, the following issues were raised:-

- Some members felt that the evidence was not strong enough to justify the decision to stop prescribing gluten-free products. There were pockets of deprivation in Nottingham and gluten-free products are more expensive than standard items. It has been known for supermarkets to sell out of suitable products.
- The Greater Nottingham CCG needs to save £52m this year and all areas of potential savings need to be examined.
- Concern was expressed that there might be financial consequences in the long term as a result of the proposed course of action.
- The situation will be evaluated over the next 12 months. Other areas, including the Mid Notts CCG, that have taken similar decisions, have not reported any fundamental concerns at maintaining a diet. The approach can be changed if it becomes apparent at any time that the decision is having negative consequences for patients.
- Some members spoke of the lack of support available to those suffering from coeliac disease and the time it can take to be diagnosed. The situation was compared unfavourably with those suffering from other complaints, diabetes for example.
- There is an issue around how people can be supported in maintaining a healthy lifestyle. There is a dietician in the management team that works with GPs and patients informing them about nutritional needs. People do need to take more responsibility for their own health. This can be encouraged by issuing cook books, dispensing nutritional advice and running self-management programmes. The long term aim is to educate not medicate.

An amendment to the motion as set out below was moved by Councillor Payne and duly seconded:

‘That the Greater Nottingham CCG prescribes gluten-free bread and mixes in line with Department of Health regulations’

The amendment was put to the meeting and the Chairman declared it was lost.

The requisite number of members requested a recorded vote and it was ascertained that the following 5 members voted ‘**For**’ the motion:-

Councillor Greaves
Councillor Martin
Councillor Payne
Councillor Pringle
Councillor Weisz

The following 6 members voted ‘**Against**’ the motion:-

Councillor Butler
Councillor Girling
Councillor Hopewell
Councillor Longdon
Councillor Rostance
Councillor Vickers

No members abstained.

The Chairman declared that the amendment, which would have affected the decision of the Greater Nottingham CCG to cease prescribing all gluten-free products, was lost.

The Chairman thanked the representatives from the Greater Nottingham Commissioners for their attendance.

8. REVIEW OF HEALTH SCRUTINY WORK PROGRAMME

Martin Gately introduced the report which looked back at some of the work of the Committee during 2017 and 2018. No further actions were required as a direct result of the contents of the report.

9. WORK PROGRAMME

Martin Gately confirmed that he was waiting for a response from the Mansfield and Ashfield CCG regarding the timing of the report on the requested review of the Homestart service. It was hoped that the report would be ready to take to the November meeting of the Committee.

The meeting closed at 1.28pm.

CHAIRMAN

20th November 2018**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****HOMESTART ASHFIELD****Purpose of the Report**

1. To receive information on the requested review by stakeholders on the decommissioning of the Homestart Ashfield service.

Information

2. The Health Scrutiny Committee previously received a briefing from commissioners regarding the decommissioning of the Ashfield Homestart Service in June 2018.
3. Members heard that Homestart Ashfield was a voluntary home visiting service which promoted the welfare of families with at least one child under 5 years of age. The service had multiple funding sources, including Councils, health and charitable organisations.
4. The Clinical Commissioning Group (CCG) ceased to fund the service in August 2017, following a review. This was because the service was not direct health interventions, and alternative sources of support were available through health visiting, Sure Start, and Family Nurse Partnerships.
5. Members were disappointed by the decision to decommission this service and wished for it to be reconsidered by way of a review conducted by stakeholders and partners properly informed by the impact of the loss of the service.
6. Senior representatives from the commissioners will attend the Health Scrutiny Committee to brief Members and answer questions as necessary. In addition, a written briefing is provided as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comment on the information provided.
- 2) Schedules further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council Health Scrutiny Committee

Briefing on the Mansfield & Ashfield CCG review of the CCG decision to decommission Ashfield Home Start

Background

In June 2018 the Health Scrutiny Committee received a briefing and presentation on the Mansfield and Ashfield Clinical Commissioning Group (CCG) decision to decommission funding to support Ashfield Home Start.

The Health Scrutiny Committee were advised the CCG had completed a review following our Service Benefit Review Policy and made the difficult decision to decommission the funding support in August 2017 as similar statutory services are available.

The Service had been reviewed by various committees in the CCG including Clinical Effectiveness Committee, Quality and Risk Committee and the Governing Body.

The Health Scrutiny Committee in receiving this briefing acknowledged engagement with social care, but the chair felt that there should be more of a joint commissioning approach and requested a review of the decision with all stakeholders and partners be undertaken, informed by the impact of the loss of the service.

CCG Review

The CCG has therefore undertaken a review. The review has involved consultation with the following stakeholders:

- Nottinghamshire County Council – review of previous and current funding support
- Ashfield District Council – review of previous and current funding support
- Integrated Children's Commissioning Hub (County) – review of commissioned services that have and continue to provide alternative support
- Home Start – current position re service offer in Ashfield

In addition the CCG has:

- Reviewed its Service Benefit Review & Decommissioning Policy
- Reviewed a number of performance metrics to assess, where possible, the impact of service change:
 - MASH referrals
 - A&E attendances – under 5's
 - PAL enquiries/Patient Complaints

It is recognised that these are relatively short-term measures. The CCG proposes that longer-term impacts and measures are developed in partnership with the Council through the ICS prevention work stream and the mid-Nottinghamshire Alliance.

Summary of Findings

In summary the findings of the review are as follows:

The Committee requested further information regarding funding sources. Funding for Home Start includes a number of different partners. Home Start has received three years of Local Infrastructure Funding which commenced from July 2018. There is currently no performance

data available from Nottinghamshire County Council to evidence the service delivery. However, it was confirmed that the funding supports a service to the locality of Ashfield, representing 50% of the original offer.

Ashfield District Council advised they had provided in kind support through providing accommodation for use by Home Start until Home Start advised it was no longer required.

The Integrated Children's Commissioning Hub (County partnership between the NHS and Council) confirmed that service provision for alternative statutory services remains constant and that the service providers have absorbed any additional referrals.

The CCGs Service Benefit Review and Decommissioning Policy did and still does emphasise the need for joint commissioner dialogue as part of the review process.

The CCG has reviewed a number of performance metrics to assess, where possible, any potential negative impact of service change. These metrics were;

- MASH referrals
- A&E attendances – under 5's
- Patient Experience reports/Patient Complaints

None of these lines of enquiry evidenced any increase or specific correlation to the service changes as a result of the CCG decision. No complaints have been received. It is recognised that these measures not comprehensive measures of child wellbeing, but they give an indication of immediate measurable indicators that may show adverse impacts on safety. The CCG will contribute to the development of different measures with public health colleagues.

Conclusion

The CCG does recognise the need to continue to monitor the situation and work with partners to ensure the highest quality of services, recognising the considerable financial constraints for all parties.

The CCG remains willing to work in more integrated ways. As part of the approaches through the Better Together Transformation and wider system delivery the CCG has established a Staying Independent and Healthy Delivery Group working with partners across the health and social care sectors. This will enable partners to better understand each other's contribution to the current delivery of prevention and community centred approaches and develop integrated commissioning and delivery approaches with all provider sectors. The connectedness of community assets, service providers and service users is fundamental to this endeavour. The CCG has encouraged Home Start to make the connections at both a mid-Nottinghamshire and county wide level and to be involved in the system engagement approaches and co-production opportunities.

This will be kept under review and future services will be jointly commissioned with the Council where possible.

20th November 2018

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAMSHIRE HEALTHCARE TRUST – CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Purpose of the Report

1. To allow the Health Scrutiny Committee to receive an initial briefing regarding Child and Adolescent Mental Health Services (CAMHS).

Information

2. Senior representatives of Nottinghamshire's NHS commissioners will attend the Health Scrutiny Committee to brief Members on the following points:
 1. Progress in implementing the local transformation plan for children's mental health since the last report to the Nottingham and Nottinghamshire Joint Health Scrutiny Committee in 2016
 2. Performance against the CCG "must do" areas in children's mental health (increasing numbers of children's accessing evidence based treatment, access and waiting time standards for children with eating disorders)
 3. Previous, current and planned spend on children's mental health (in line with Five Year Forward View requirements)
 4. Specific plans to improve the mental health of looked after children and care leavers
3. A written briefing is provided as an appendix to this report.
4. Members will see that the Educational Psychology Service at Nottinghamshire County Council has worked in partnership with CAMHS to produce written guidance on both self-harm and suicide. This may be of particular interest to the committee since it has already undertaken some work on self-harm prevention and suicide prevention plans.
5. An important CAMHS development is the implementation of self-referral for all CAMHS services – this allows young people, parents and carers direct access to the service without seeing a GP in the first instance.
6. Regarding specific plans to improve the mental health of looked after children and care leavers, an independent review of the CAMHS Looked After and Adoption Service has taken place. This resulted in a number of recommendations, including on data quality and direct work with children and young people. It resulted in a new model of delivery and service

specifications. Members will wish to comprehensively explore the new model of delivery and the service specifications, as well as how these aspects were consulted on with carers and service users.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comment on the information provided.
- 2) Schedules further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

1. Progress in implementing the local transformation plan for children's mental health since the last report to joint health scrutiny (2016)

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:

- **Promoting resilience, prevention and early intervention:** acting early to prevent harm, investing in early years and building resilience through to adulthood
- **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
- **Care for the most vulnerable:** developing a flexible, integrated system without barriers
- **Accountability and transparency:** developing clear commissioning arrangements across partners and identified leads
- **Developing the workforce:** ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence based care

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. It should be noted that from a Sustainability and Transformation Partnership (STP) perspective NHS Bassetlaw CCG sits within the South Yorkshire and Bassetlaw Integrated Care System (ICS).

Following the development of the Sustainability and Transformation Plan for Nottingham and Nottinghamshire in 2016, the two original (Nottingham City and Nottinghamshire County) local transformation plans were combined to align with this footprint.

The Local Transformation Plan is refreshed every October and includes details of developments over the last year and plans for the following year. The refresh is co-ordinated by Commissioners within the CCG in consultation with wider partners from Local Authority, Providers, NHS England Specialised Commissioning and young people and their families. NHS England provide a 'Key Lines of Enquiry (KLOE)' to ensure that key information is provided within the plan and they assure the plans against the KLOE. Once the plans have been assured by NHS England it is signed off by Nottinghamshire County Children and Young People Mental Health Executive and circulated through CCG governance for information. A paper is also provided to the Health and Wellbeing Board and Children and Young People Committee within the Local Authority.

Key achievements

Since the LTP was first published, there has been a significant amount of transformation undertaken in order to improve support for children and young people in relation to their emotional wellbeing and mental health. A summary of these are detailed below in line with the key areas identified above.

Promoting resilience, prevention and early intervention

The primary mental health team within Nottinghamshire Healthcare NHS Foundation Trust CAMHS has become well embedded in Nottinghamshire, providing case consultation, advice and training to GPs, Healthy Families teams and schools. The team has also worked collaboratively with educational psychology in developing joint guidance for schools around responding to young people who self-harm.

As part of the CAMHS model, a new role of Peer Support Worker has been introduced. The workers have lived experience of mental health problems and recovery, and are therefore able to offer essential emotional and practical support to people experiencing similar challenges whilst building hope inspiring relationships. Within CAMHS they will also play an important role in making mental health support more visible and easily accessible for children, young people and their families.

In the spring of 2018 the Educational Psychology Service within Nottinghamshire County, in collaboration with specialist colleagues from CAMHS produced written guidance entitled 'Young People & Self-harm: Guidance for Schools'. This guidance compliments documents previously made available by the Educational Psychology Service last year, including 'Life is for Everyone: Supporting pupils who present with suicidal feelings; and 'Suicide postvention guidance: responding to a pupil suicide'. In order to support schools further, the Educational Psychology Service and CAMHS delivered training around awareness raising of self-harm and suicide and resources available including how to access support for young people.

Improving access to effective support

In Nottinghamshire, targeted and specialist CAMHS are commissioned by the six Nottinghamshire clinical commissioning groups (NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham North and East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG) from Nottinghamshire Healthcare NHS Foundation Trust, and since April 2016 capacity has been strengthened and the two teams have been integrated into **one community CAMHS service** with a single access point. The service is configured into three localities, aligned to Nottinghamshire County Council's Early Help and Children's Social Care services.

As of January 2018 Nottinghamshire Healthcare NHS Foundation Trust implemented **self-referral** for all CAMHS services, including specialist services such as CAMHS Eating Disorder Service and CAMHS Crisis Resolution, Home Treatment and Liaison Service. Young people and their parents and carers can now complete an online self-referral form giving them **direct access** to the service without seeing a GP in the first instance. The **Single Point of Access** reviews the referral and ensures the referral is directed to the most appropriate provision. Self-referrers can also contact the Single Point of Access for **advice and guidance** prior to making a referral. The aim of this change was to **simplify** the referral process for young people and their families. Details regarding self-referral can be found on Nottinghamshire Healthcare NHS Foundation Trust's website.

There is a dedicated CAMHS **Community Eating Disorder Service** for young people which includes paediatric input. The service is part of the Quality Network for Community Eating Disorder Services for Children and Young People (QNCC-ED). The skill mix within the team is in line with the suggested workforce outlined in the Access and Waiting Time Standard document and the service is providing NICE concordant evidence-based practice.

In 2016 new access and waiting time standards for community eating disorders were implemented 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 allow the service to offer parent and sibling groups which have been piloted during 17/18 and evaluated as successful.

Nottinghamshire County have a recurrently funded **Crisis Resolution and Home Treatment Service** for young people in mental health crisis, offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospitals and inpatient mental health settings, and intensive home treatment to those young people deteriorating into crisis. During 17/18 the CAMHS Crisis Resolution and Home Treatment Service was enhanced to include a **CAMHS liaison** function which is for those young people attending emergency departments in emotional or mental health crisis. The CAMHS liaison function has been rolled out across the two main acute settings, Queens Medical Centre and Kings Mill Hospital, with the aim of **reducing admissions** where safe, and ensuring an appropriate, joined up follow-up support in the community. Early indications are that this new function, which operates from 10am to 10pm, is having an **extremely positive impact**, with young people, parents/carers and hospital staff reporting the difference it is making in terms of timely assessment, and avoiding admissions where safe to do so.

A national priority is the improvement of treatment for young people experiencing **first episode psychosis**, as measured through new access and waiting time standards for early intervention in psychosis (EIP) which took effect in April 2016. In Nottinghamshire, this cohort of 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 CAMHS, providing mental health services to vulnerable young people including young offenders, young people using substances and young people who sexually harm. It should be noted that whilst psychosis can affect all ages, it is rare in young people and is not seen until older teenage years. During 18/19 Nottinghamshire Healthcare Foundation Trust have met the access and waiting time standard of 53% of young people should receive NICE compliant treatment within 2 weeks of referral. Due to small numbers we are unable to include exact figures due to data protection.

Transition has been recognised as a priority both locally and nationally. A national CQUIN was developed as part of the NHS contract covering the period 2017-2019. Collaborative work has been undertaken between commissioners, CAMHS and Adult Mental Health teams at Nottinghamshire Healthcare NHS Foundation Trust to **improve transition** for young people moving into adult mental health services. In order to achieve the CQUIN, Nottinghamshire Healthcare Trust have been required to develop a joint process and procedure between CAMHS and adult mental health, undertake a case note audit of those young people who have transitioned and complete transition surveys with young people pre transition. It is the responsibility of Adult Mental Health Services to conduct the post transition questionnaires and evidence within the quarter 2 CQUIN report shows that the required questionnaires are being conducted via survey monkey. Quarterly reports from the Trust are reviewed by the Quality Team within the CCG and Commissioners review progress towards the targets and ensure continued service development to improve the transition process.

A lot of work has been undertaken to build relationships between CAMHS and adult mental health services and improve the transition process. These include the following;

- A **transition protocol** has been developed utilising NICE guidance with regard to 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. Each CAMHS Transition Champion reviews case load on a fortnightly basis to identify which young people are reaching 17.5 years old.
- Three transition questionnaires have been developed to monitor transition from young person perspective at three points of the transition process.
- CAMHS Eating Disorder service has appointed a **transition worker** to work specifically with eating disorder patients. This is in addition to the wider transition process.
- CAMHS Intellectual Disability Service has previously established relationships with Adult Intellectual Disability Services and a specific pathway has been developed.

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 implemented.

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 NHFT opened the new Hopewood site which is a 'state of the art' mental health facility. NHFT t invested significantly in Child & Adolescent Mental Health and Perinatal provision for patients from Nottingham, Nottinghamshire, and the wider region. 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. The impact and improved outcomes for young people and for their families will be significant. Although the unit has only been operational from June of 2018, the informal feedback has been positive.

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

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

- Psychology
- Dietetics
- Occupational Therapy
- Healthcare Assistants
- Family Therapy
- Creative and Activity Therapies
- Social Work
- Education
- Specialist Community Teams

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

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 introduction of a senior nurse on site, joint training and supervision opportunities along with rotational offers for preceptorship nurses really does make a difference to the workforce and overall patient care.

Nottinghamshire Healthcare NHS Foundation Trust also provide a new Forensic CAMHS Service for the region (not commissioned by CCGs). This service will support young people with complex needs who have had an offending history and comorbid mental health needs, and those where there is significant risk but who struggle to access services.

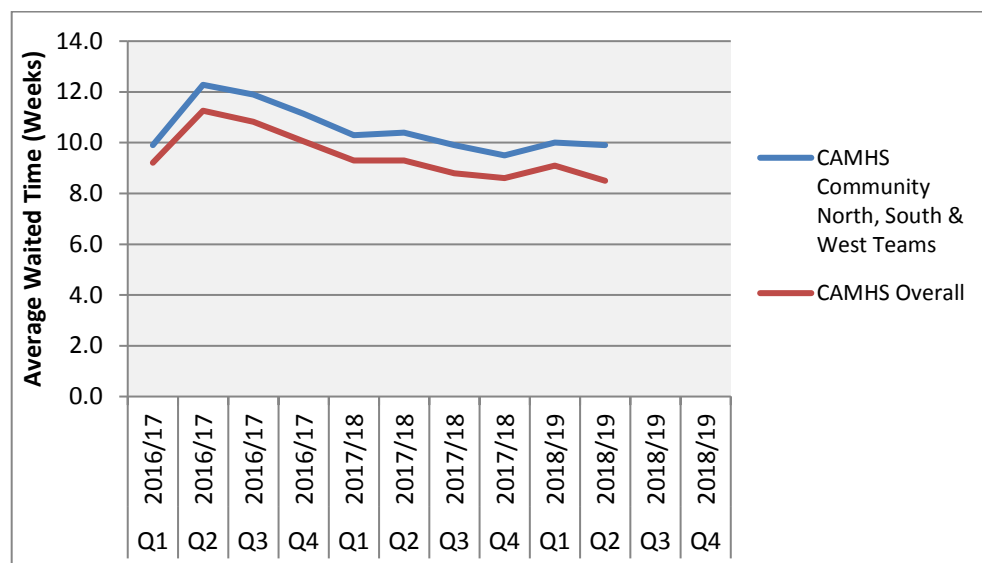
Accountability and transparency

Improving data quality and availability continues to be a priority and has still been challenging over the past year. It 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. Work will continue over the next year and 19/20 to ensure that 'indirect contacts' flow to the MHSDS so that we are capturing all relevant data.

In line with the requirements of CYP-IAPT, we have **embedded the use of routine outcomes measures** in practice across CAMH services provided by Nottinghamshire Healthcare NHS Foundation Trust. Work will continue through 18/19 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.

There is currently no mandated waiting time standard for community CAMHS but Commissioners and NHFT are working together to ensure the time children and young people wait for treatment continues to decrease.

Table 1: Average waited time to treatment for community CAMHS



Workforce development

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 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.

From commencement of CYP IAPT those members trained are:

- Leadership – 9
- CBT – 7
- CBT supervision – 5
- Recruit to Train CBT – 3
- SFP – 5
- SFP supervision – 3
- IPTA - 3
- EEB – 9
- WP’s - 5

NHFT will be advertising a further CBT training post and 3 WP training posts over the next few months.

All of this training has brought a wealth of skill and knowledge to the workforce, and resulted in quicker access to specialist treatment for young people. Sustainability of this training will need to be considered during 18/19 as funding streams will change from NHS England/Health Education England to CCGs.

What's next 18/19 and 19/20:

- In order to ensure young people access CAMHS and other provision across the footprint, we need to ensure that we are **promoting our services** as effectively as possible. We will be taking an **STP approach** to engagement and communication so that young people, parents and carers, and other stakeholders are aware of the services available and how they can be accessed.
- 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.
- 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.
- The CAMHS Eating Disorder Service will embed the **same day 'assess and treat'** model to ensure that they achieve the **access and waiting time standard**. They will also develop sessions for parents/carers and siblings.
- Further work is required to assess the workforce requirements to deliver the full **core 24** offer by 2020, including considering the interface with existing mental health liaison psychiatry services for adults.
- Nottinghamshire County have been successful in securing funding for NHS England CAMHS Transformation Innovation Project. During 18/19 we will implement **speech and language therapy** which will sit within the CAMHS Head2Head team and work with City and County **Youth Offending Teams**.

The evidence of need is significant for speech and language therapy within CAMHS. The research indicates the high incidence of speech, language and communication needs that are too frequently undiagnosed. Communication problems are often viewed as behavioural and not recognised as communication. Diagnostic overshadowing of communication needs leads to misdiagnosis and mis-management.

Evidences suggests:

- 1 in 10 young children are affected by communication disability. This figure rises to over 60% of young people in contact with Youth Offending teams^[1]

^[1] Bryan et al, (2007) Bryan, K. Freer, J. and Furlong, C. (2007) Language and Communication Difficulties in Juvenile Offender. International Journal of Language and Communication Disorders 42/5. 505-520

- One third of children with developmental speech and language difficulties develop mental health problems with criminal involvement resulting for half of these
- Two-thirds of 7 to 14 years olds with severe behaviour problems have communication needs
- People with autism have lifelong communication impairments around social communication, social interaction and social imagination.^[2]
- As communication difficulties increase, behaviours that are considered challenging typically increase in frequency, intensity or duration.^[3]
- 60% - 70% of screened juvenile offenders had specific difficulties with speech, language and communication

The benefits to having SLT within the Head2Head Team:

- Reduced diagnostic overshadowing – at present SLCN are a hidden disability, contributing to slow progress with treatment programmes. CYP adopt unhelpful “coping strategies” and appear to be participating and fitting in with programmes
- Reduced detrimental impact to social, academic and personal development

Alongside the project above we have also been successful in securing funding for another **NHS England CAMHS Transformation Innovation Project** which again will be implemented during 18/19. This project will see a full time specialist clinical psychologist embedded within the Head2Head CAMHS team. This will be a training and consultation model to enable YOT case manager and other working in the **youth justice system** to develop a better understanding of trauma, including the use of trauma informed practice and psychologically informed work to support young people who are already in contact the police and are at risk of continued, escalating offending behaviour. The work of the specialist clinical psychologist will include the implementation of a screening tool to **identify trauma** and training around trauma-informed practice, formulation and risk assessment.

2. **Performance against the CCG “must do” areas in children’s mental health (increasing numbers of children’s accessing evidence based treatment, access and waiting time standards for children with eating disorders)**

We have been set national priorities through the Five Year Forward View for Mental Health implementation guidance and NHS Operational Planning Guidance. “Must-do’s” include:

Providing more 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.

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’.

^[2] Department of Health (2010) Fulfilling and rewarding lives: the strategy for adults with autism in England. NICE

^[3] Challenging Behaviour: a unified approach (1997) Royal College of Psychiatry, British Psychological Society and Royal college of speech and language therapists

At the end of 17/18 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 Nottinghamshire STP (including Bassetlaw) was achieving a 23% access rate against a target of 30%.

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.

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 by 2020

Since the inception of the access and waiting time standard for community eating disorder teams, Nottinghamshire Healthcare Foundation Trust CAMHS Eating Disorder Service have not been able to achieve the standards. It was identified that the service did not have enough capacity to meet the standards and therefore, as per above, additional funding has been released by CCGs in order to increase capacity. NHFT are currently recruiting to additional posts, once these are in place the service will move to a same day 'assess and treat' model. It is anticipated that by Q4 the CAMHS Eating Disorder Service will be meeting the waiting time standard.

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

As per the above number of young people experiencing a first episode psychosis are very small. Due to small numbers we are unable to publish data due to data protection. However, the EIP service, delivered by CAMHS Head2Head, have achieved the target in Q1 and Q2 18/19.

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.

As detailed in the report above Nottinghamshire Healthcare Foundation Trust are commissioned to provide a Crisis Resolution, Home Treatment and Liaison service. This service offers out of hours provision (up to 10pm and weekend provision), however we do not yet commission a dedicated children and young people 24/7 service. For young people requiring crisis support outside of these times, they can access adult liaison psychiatry on call within the acute trusts and these young people will then be handed over to CAMHS Crisis team at the most appropriate point.

3. Previous, current and planned spend on children's mental health (in line with Five Year Forward View requirements)

The financial information below relates specifically to investment made by CCGs to Nottinghamshire Healthcare NHS Foundation Trust for the provision of CAMH services. Please note this is not the total spend on CYP mental health provision.

Table 2: CCG's Previous, current and planned spend on children's mental health provided by NHFT

CCG	15/16 (£)	16/17 (£)	17/18 (£)	18/19 (£)
Mansfield and Ashfield	1,391,298	1,601,491	1,711,242	1,767,754
Newark and Sherwood	675,694	808,346	878,435	914,451
Nottingham North and East	931,508	1,082,872	1,161,895	1,202,882
Nottingham West	616,462	717,296	769,973	795,939
Rushcliffe	892,483	1,011,580	1,073,211	1,104,310
Bassetlaw	1,166,000	1,196,000	1,232,000	1,270,000
Total spend	5,673,445	6,417,585	6,826,756	7,055,336

4. Specific plans to improve the mental health of looked after children and care leavers

During 17/18 we have had an independent review of our CAMHS Looked After and Adoption Service to ensure that the model within this service provides an evidence based approach to support young people and their support network. A number of recommendations were made as part of the review including improved data quality and increase in direct work with children and young people, where appropriate, including self-referral for children and young people. A new model of delivery has been developed and a new service specification based on these recommendations which will be implemented within the financial year. The responsibility for commissioning this provision has transferred from the Local authority to the Clinical Commissioning Groups. Clinical commissioning groups are working with NHFT to ensure the team is fully established. NHFT are currently recruiting to the health related posts. It is expected that all posts will be recruited to within the financial year.

20th November 2018

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAMSHIRE HEALTHCARE TRUST – ADULT SERVICES

Purpose of the Report

1. To consider the latest information from Nottinghamshire Healthcare Trust on Adult mental health transformation plans.

Information

2. Nottinghamshire Healthcare Trust is responsible for providing adult mental health services within Nottinghamshire. Members will see from the briefing the wide range of services provided by the Trust, including Acute Mental Health Inpatient Care, Mental Health Crisis Services and psychotherapy (amongst others).
3. As part of their transformation plans the Trust has developed a programme of works to review and develop all key pathways including:
 - Local Inpatient Beds Provision
 - Crisis And Home Treatment Transformation
 - Admission, Stay and Discharge – Patient Flow
 - Local Mental Health Teams Development (Community Pathways)
4. Members will see from the briefing attached as an appendix to this report that Strategic Outline Case was presented to the Trust Board in August outlining the requirement to increase the Trust Bed stock in the Greater Nottingham area. Initial thinking is the development of two 16-18 bed wards and 5 female PICU beds on the Highbury Hospital site. An Outline Business Case is being developed and will be presented to the December Board for consideration.
5. Members will wish to ascertain what consultation has taken place or is planned in relation to these transformation plans.
6. Senior representatives of the Trust will attend this Health Scrutiny meeting to brief Members and answer questions as necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided
- 2) Schedule further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Report for Nottinghamshire County Council Health Scrutiny Committee: 20 November 2018

Adult Mental Health Transformation Plans

1. Introduction

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

2. About Adult Mental Health Services

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

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

* This can vary depending on transition requirements.

3. The Background and Context to the Review

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

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

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

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

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

4. Local Inpatient Beds Provision

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

These are provided across three sites:

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

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

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

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

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

4.2 Recent Changes to Inpatient Services

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

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

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

- Increase in community teams and crisis team

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

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

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

4.3 Crisis and Home Treatment Transformation

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

Four teams cover:

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

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

4.4 Community Mental Health Teams

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

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

The 11 Local Mental Health Teams within AMH cover:

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

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

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

5. Details of the Transformation plans

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

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

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

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

6. Timeline

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

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

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

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

7. Consultation

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

8. Conclusion and Next Steps

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

8.2 The Committee is asked to:

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

Kazia Foster
Service Improvement and Development Manager
October 2018

20th November 2018

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

FOOD AND NUTRITION IN HOSPITALS – SHERWOOD FOREST HOSPITALS AND NOTTINGHAM UNIVERSITY HOSPITALS

Purpose of the Report

1. To introduce information on food, nutrition and hydration in Nottinghamshire hospitals.

Information

2. In 2015, NHS England was asked by the Department of Health to review the Council of Europe's '10 key characteristics of good nutrition and hydration care.' These were reviewed and amended following feedback from stakeholders and are presented below:
 1. Screen all patients and service-users to identify malnourishment or risk of malnourishment and ensure actions are progressed and monitored.
 2. Together with each patient or service user, create a personal care/support plan enabling them to have choice and control over their own nutritional care and fluid needs.
 3. Care providers should include specific guidance on food and beverage services and other nutritional & hydration care in their service delivery and accountability arrangements.
 4. People using care services are involved in the planning and monitoring arrangements for food service and drinks provision.
 5. Food and drinks should be provided alone or with assistance in an environment conducive to patients being able to consume their food (Protected Mealtimes).
 6. All health care professionals and volunteers receive regular training to ensure they have the skills, qualifications and competencies needed to meet the nutritional and fluid requirements of people using their services.
 7. Facilities and services providing nutrition and hydration are designed to be flexible and centred on the needs of the people using them, 24 hours a day, every day.
 8. All care providers to have a nutrition and hydration policy centred on the needs of users, and is performance managed in line with local governance, national standards and regulatory frameworks.
 9. Food, drinks and other nutritional care are delivered safely.
 10. Care providers should take a multi-disciplinary approach to nutrition and hydrational care, valuing the contribution of all staff, people using the service, carers and volunteers working in partnership.

3. Senior officers from Sherwood Forest Hospitals and Nottingham University Hospitals will attend the committee to brief Members and answer questions as necessary.
4. Presentations from the Trusts are attached as appendices to this report.
5. Members may wish to schedule consideration of any matters that arise further to discussion.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedule further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All



Delivering excellence in nutrition and hydration care for our patients

Janet Crowe, Therapy Services Manager
Scott Purser, Divisional Nurse for Clinical Support
Chris Neale, Assistant Head of Facilities (Catering)
Nicola Strawther, Chief Dietetic Technician

Why?



Nutrition & hydration standards

National standards

Hospital Food Standards 16/17

CQC

NICE Nutrition Support 2016

NICE Quality Standards

NCEPOD

PLACE

Central Alerting System



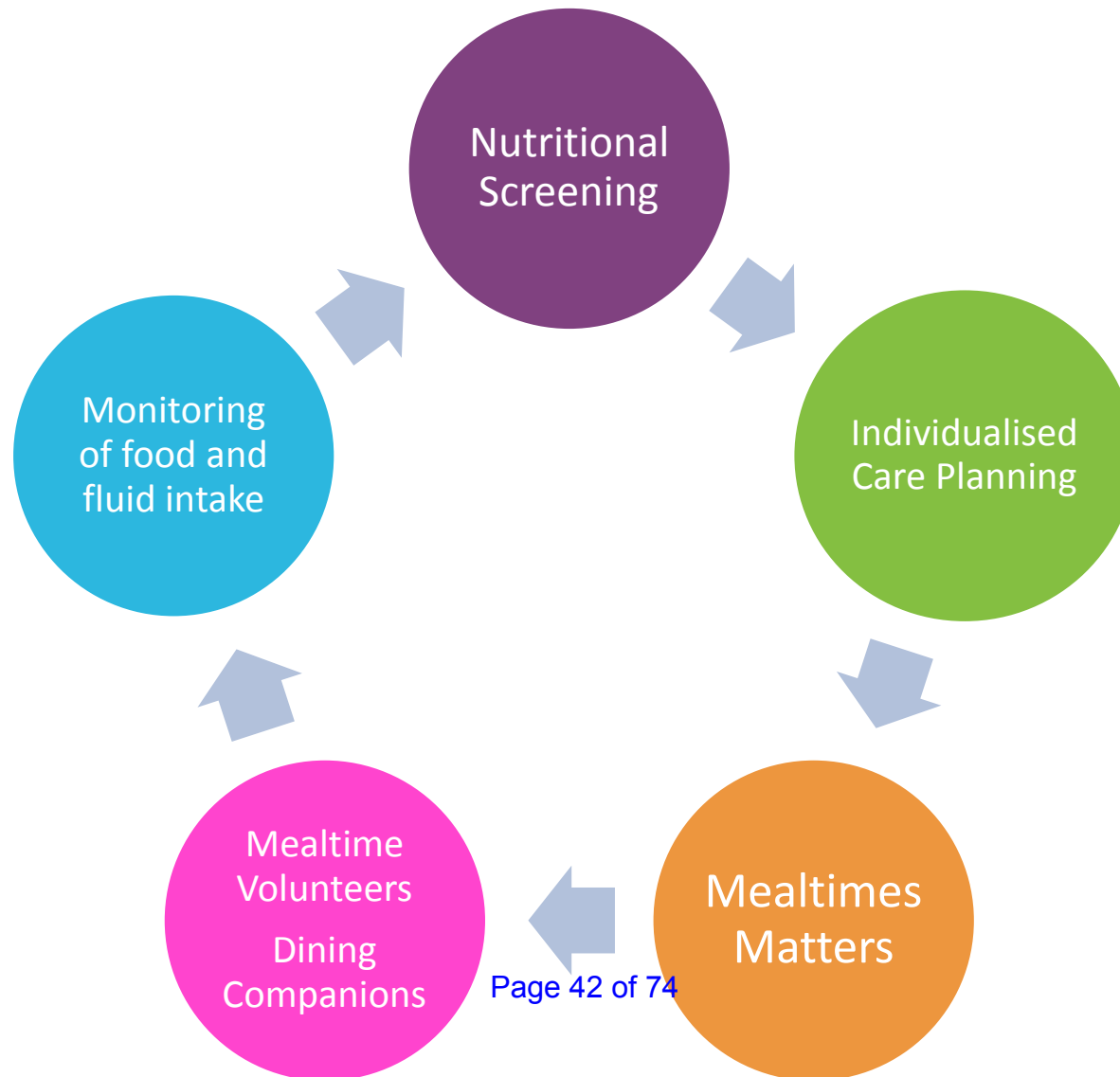
Key objectives

High quality and consistent food provision to meet the nutritional needs of all our patients

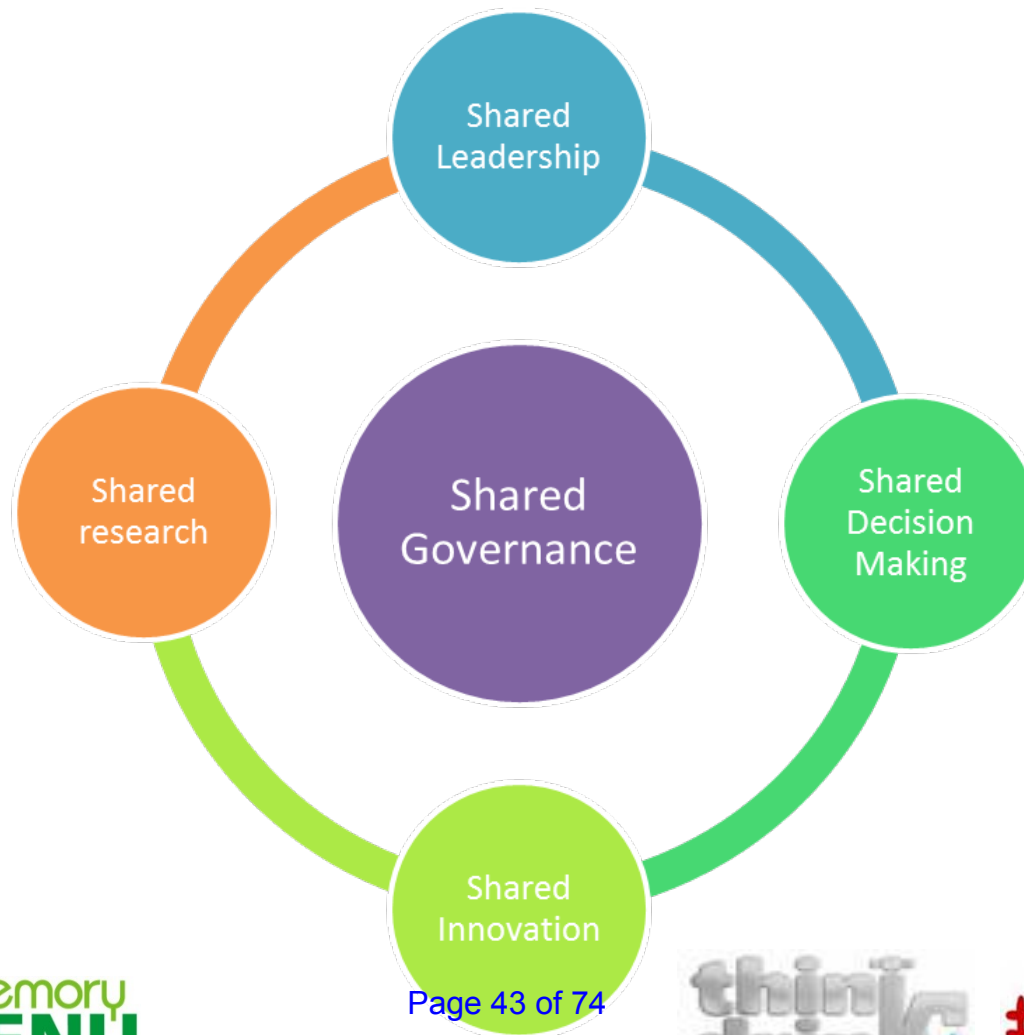
Optimise nutritional care and patient experience

Provision of artificial nutrition support to national best practice and in doing so improving safety and reducing harm

Safe, timely, high quality nutrition and hydration care

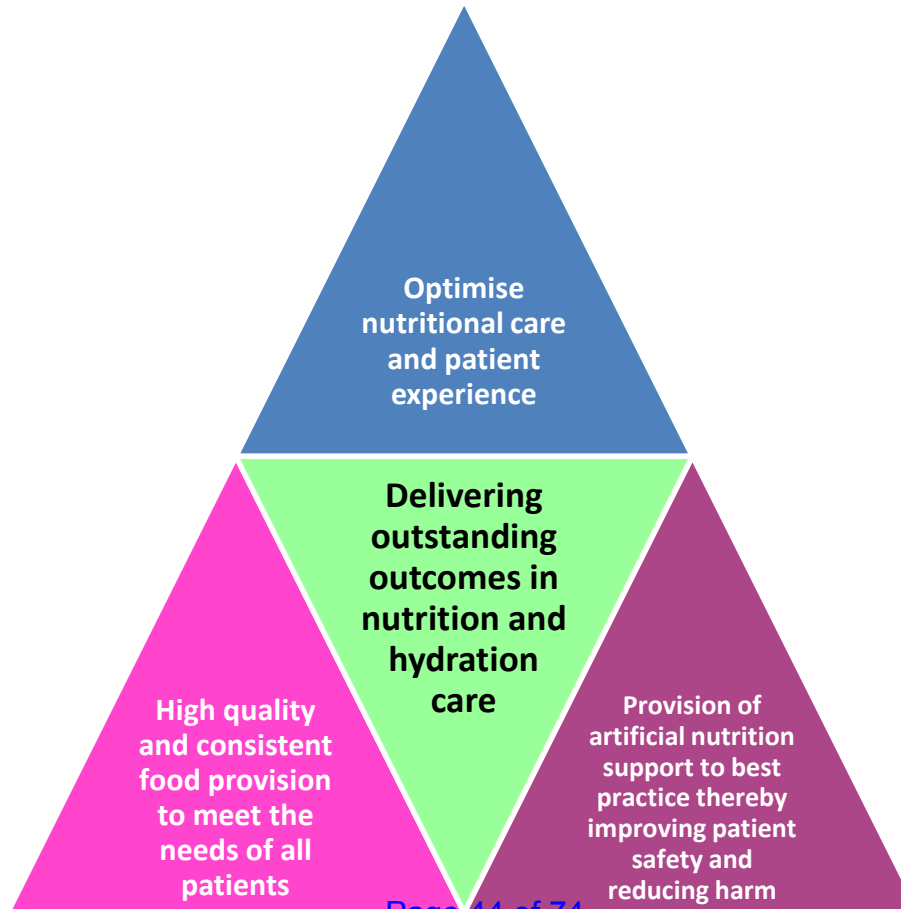


Our team



Page 43 of 74

Strategic plan: 2018-2021



Steamplicity



Business Overview

What is Steamplicity

Insight and Product Development



What makes Steamplicity unique?

- Steam-cooking “Micro Steaming”
- Cooking fresh, raw ingredients safely and consistently
- Cooking food at point of service
- User friendly, delivering consistent meal quality
- 7 days shelf life allows <2% waste



Patient Centered Solution

- Patients Association research
 - Choice, Temperature, Quality
- 29 hot options to select from
 - Light bites, meal soups and finger food
- Cooked at point of service
- Consistency and Quality delivered
- Flexibility in offer, light bites , meal soups and finger food



Menu's

Standard menu

Healthier Choice
High Energy
Easy to chew
Vegetarian
Gluten free
Finger food



Diet menu's

Religious, Cultural and Vegan
Allergy menu
Dysphasic – IDDSI
Low sodium/potassium menu



Standard Steamplicity Menu



Welcome to
our new menu
of the best
freshly cooked,
nutritious food.

To Start

Soup of the Day

White or brown roll and spread on request

Fruit Juice

Ask the Ward Host/Hostess for today's choice

Fish

All fish is from sustainable sources
NB - Fish dishes may contain small bones

Steamed Fillet of Salmon in Hollandaise Sauce

Steamed salmon fillet in a hollandaise sauce served with boiled potatoes and a green vegetable medley

Fish and Chips

Battered white fish served with chunky chips and garden peas

Fish Fingers and Chips

Fish fingers served with chips and broccoli

Steamed Fish Mornay

Steamed white fish in a cheese and chive sauce served with mashed potato and carrot and swede mash

Using this menu

• This menu has been translated into 11 additional languages; pictorial and Braille versions are available upon request. The following additional menus are also available: Halal, Kosher, Caribbean, Asian Vegetarian, Vegan, Allergy and Modified Textures.

• If you are having difficulty finding food you can eat, please speak to a member of the Catering Team.

• A choice of drinks will be offered to accompany your meals.

• Please inform us of any allergies or intolerances. The ingredients, we cannot guarantee that traces of nuts may not be present. Please ask for our **Allergy Menu** or alert your nurse if you have a nut or other severe food allergy.

• For the nutritional information of our dishes, including **carbohydrate content**, ingredients and allergens, or if you need help **opening food packaging**, please ask a member of the team who will be happy to assist you.

Beef & Lamb

Chilli Con Carne

Served with steamed rice

Cottage Pie

Minced beef in a rich gravy topped with fluffy mashed potato and served with carrots

Beef Casserole and Dumpling

Tender beef in a rich gravy served with a steamed vegetable medley, boiled potatoes and a fluffy dumpling

Savoury Minced Lamb

Minced lamb in a rich gravy, served with boiled potatoes and carrots

Chicken

Roast Chicken

Roast chicken breast in a rich gravy served with roast potatoes, broccoli and a vegetable medley

Chicken, Tomato and Mascarpone Pasta

Tender pieces of chicken in a tomato and mascarpone cheese sauce with red pepper and spinach

Chicken Goujons and Potato Wedges

Southern fried style chicken goujons served with seasoned potato wedges, carrot batons and broccoli florets

Sweet and Sour Chicken

Tender chicken in a sweet and sour sauce served with steamed rice

Chicken Tikka Masala

Tender pieces of chicken breast in a spicy tikka masala sauce served with steamed yellow rice

Nutritional symbols

If you have a special dietary requirement which the dietitian has told you about, look for the relevant symbol on the menu next to each dish.

♥ **Healthier Choice.** These meals have less fat and salt. Desserts have a lower sugar content making them a better choice for people with diabetes.

⬆ **Higher Energy.** Each main course contains more than 450kcal.

⬇ **Easier to Chew.** These meals are regular texture (DSDS level 7) but some people may find them tender and easier to chew. These are not designed for people at risk with a swallowing difficulty who will be given a separate menu.

🌱 **Vegetarian.** Meals suitable for vegetarians.

🍷 **Gluten Free.** These meals are tested to ensure they are suitable for people with coeliac disease.

🍴 **Finger Food.** Suitable to eat without cutlery.

Pork

All Day Breakfast

Traditional English breakfast with a Cumberland sausage, streaky bacon, fluffy omelette, baked beans, fresh tomato and a hash brown

Sausage and Mash

Traditional Cumberland sausages in a rich red onion gravy served with mashed potato and garden peas

Vegetarian and Vegan

Cheese and Tomato Pasta

Fusilli pasta in a rich tomato sauce with fresh courgette topped with Cheddar cheese

Quorn Biryani

Quorn pieces with curried rice, peas, sweetcorn and peppers

Chickpea and Sweet Potato Curry (vegan)

Mild chickpea and vegetable curry served with steamed rice

Vegetarian 'Meatballs' and

Roast Potatoes (vegan)

Vegetarian 'meatballs' served with roast potatoes, carrots and broccoli

Macaroni Cheese

Pasta in a mature Cheddar cheese sauce

Vegetarian Bean Chilli (vegan)

Mixed beans in a spicy tomato and pepper sauce served with steamed rice

Cheese and Tomato Omelette

Cheese and tomato omelette served with chips and baked beans

Plain Omelette

A plain omelette served with boiled potatoes and garden peas

Please turn over for a selection
of smaller and light meals,
salads and sandwiches

Sandwiches

Traditional Favourites

Tuna Mayonnaise (Dolphin Friendly)

and Cucumber on Oatmeal Bread

Free Range Egg Mayonnaise and Cress
on Malted Bread

Plain and Simple - white bread, no mayonnaise and no fuss

Ham

Cheddar Cheese

Something Different

Ham, Cheddar and Pickle on Malted Bread

Coronation Chicken on Oatmeal Bread

Houmous and Carrot Wrap (vegan)

NB: A small selection of sandwiches made with gluten free bread
is available from the diet bay

Salad Selection

Chicken Salad

Greek Salad

With feta cheese, olives and red onion

Tuna Salad

Egg Salad

Cheddar Cheese Salad

Jacket Potato

A plain jacket potato (vegan)
served with your choice of filling:

Grated Cheddar Cheese

Tuna Mayonnaise

Plain Tuna

Baked Beans (vegan)

Optional side salad on request

Hearty Soups

A nourishing soup for when you have a poor appetite.
White or brown roll and spread on request

Cream of Chicken Soup

Cream of Tomato Soup

Codes apply to soup without roll

Small, Simple and Light Selection

If you would like a lighter meal, something plainer or if you
have a poor appetite and would prefer something smaller,
please choose from the following sections.

Pasta Bolognese

A smaller portion of our beef Bolognese sauce
served with pasta

Cauliflower and Broccoli Cheese

A small but tasty serving of cauliflower and broccoli
in a rich cheese sauce

Beef Casserole and Dumpling

A smaller portion of our tasty beef casserole in
a rich gravy served with a fluffy dumpling

Hot Desserts

Served with custard

Chocolate Sponge

Steamed Raspberry Jam Sponge

Apple Crumble (vegan)

Rhubarb and Apple Crumble (vegan)

Sticky Toffee and Date Pudding

Apple and Raisin Sponge

Cold Desserts

Fresh Fruit or Tinned
Fruit in Natural Juice

Fresh Apple

Fresh Orange

Fresh Banana

Peaches in Juice

Pears in Juice

Fruit Cocktail in Juice

Ambrosia Devon

Custard Pot

Ambrosia Chocolate

Custard Pot

Traditional English

Trifle

Jelly or Sugar

Free Jelly

Thick and Creamy

Yoghurt

Diet Fruit

Yoghurt

Ambrosia Rice

Pudding Regular

or Light

Served hot or cold

Cheese and Biscuits

Vanilla Ice Cream

(Where available)


Religious, Cultural and Vegan menu


Kosher Main Courses


(Meals are made under Kedassia supervision)

Meals with a K code are stocked *



Inside M25


Spaghetti Bolognese 


Steak & Mushroom Pie 


Stuffed Chicken 

Lamb Provencal 

Grilled Salmon  

Cod Goujons 

Fisherman's Pie 

Vegetable Lasagne 

Omelette with Mushrooms and Tomato  

Outside M25*

Meatballs in Tomato Sauce   K1



Chicken & Mushroom Pie 

Roast Chicken

Sliced Lamb 

Beef Goulash 

Grilled Cod

Chopped Fish Cutlet   K2

Vegetable Platter   K3

Desserts

Please choose a suitable dessert from the Lunch & Supper Steamplivity menu



Religious, Cultural and Vegan menu

This menu contains a wide selection of dishes for religious, cultural and vegan preferences





This menu is designed to offer you a varied choice of meals with the reassurance that they meet your dietary needs. All main courses include potato/rice/pasta and vegetables.

All dishes are subject to availability which may vary locally from time to time. Occasionally, some meals may not be offered in every hospital. Your ward host/hostess will tell you which ones are available locally to you.




For details of ingredients and allergens in all our dishes, please ask a member of the team. Alternative menus, including Allergy Aware and Texture Modified, are available on request.

Nutritional symbols


If you have a special dietary requirement which the dietitian has told you about, look for the relevant symbol on the menu next to each dish.


-  **Healthier Choice.** These meals have less fat and salt. Desserts have a lower sugar content making them more suitable for people with diabetes.
-  **Higher Energy.** Each main course contains more than 450kcal.
-  **Easier to Chew.** These meals are regular texture (IDDSI level 7) but some people may find them tender and easier to chew. These are **not** designed for people at risk with a swallowing difficulty who will be given a separate menu.
-  **Vegetarian.** Meals suitable for vegetarians.

To Start

Fruit Juice   


Halal Main Courses


Chicken Korma, Masoor Dal and Rice  H1


Chicken Jalfrezi, Whole Moong Dal and Rice  H2


Chicken Biryani, Mixed Lentils and Vegetable Rice  H3

Minced Lamb and Peas, Masoor Dal and Rice  

Lamb Biryani, Whole Moong Dal and Rice  H4

Lamb Korma, Masoor Dal and Rice  H5


Lamb served with Arabic Rice and Vegetables 


Cod served with Arabic Rice and Vegetables  H6



Additional halal meals can be found under the African/Caribbean section



Meals with a H code are stocked

Vegan Main Courses



Bean Goulash   (Vegan) V1

Harvester Casserole  (Vegan) V2

Vegetable Chilli   (Vegan) V3


Lentil Bolognese   (Vegan) V4



Mediterranean Stew    (Vegan) V5


Savoury Bean Casserole   (Vegan) V6



Additional vegan meals can be found within the African/Caribbean and Asian/Vegetarian sections as well as on our Lunch & Supper Steamplivity menu





African and Caribbean Main Courses



Jerk Chicken with Spicy Vegetables and Rice  AF1

Curried Mutton, Spicy Vegetables and Rice   AF2

West African Chicken Stew 

West African Jollof Rice with Chicken   AF3




Minced Lamb and Okra with Spicy Vegetables and Rice     AF4



Spinach, Cabbage and Okra with Spicy Vegetables and Rice   (Vegan) AF5



Asian Vegetarian Main Courses



Meals with an AV code are stocked



Aloo Gobi, Whole Moong Dal and Rice   (Vegan) AV1

Brinjal with Potato, Chana Dal and Rice    (Vegan)

Green Bean Masala, Urad Dal and Rice   (Vegan)

Mixed Vegetable Curry, Masoor Dal and Rice   (Vegan)

Vegetable Jalfrezi, Mixed Lentils and Vegetable Rice   (Vegan) AV2

Vegetable Korma, Masoor Dal and Rice  



Allergy Menu

Meals Without SOYA		
Starters	Cheese and Tomato Omelette	Main Courses from Diet Bay
Fruit Juice	Quorn Biryani	Tuna Salad
Main Meals	Vegetarian Bean Chilli	Cheese Salad
Steamplivity Meals	MINI Pasta Bolognese	Egg Salad
Beef Casserole & Dumpling	MINI Beef Casserole	Desserts
Cottage Pie	Jacket Potato served plain or with Plain Tuna, Baked Beans or Grated Cheese	From Standard Menu
Savoury Minced Lamb	Cream of Tomato Soup	Ambrosia Rice Pudding
Chilli Con Carne	Cream of Chicken Soup	Ambrosia Chocolate Custard Pot
Sausages and Mash		Ambrosia Devon Custard Pot
All Day Breakfast	Sandwiches	Fresh or Tinned Fruit
Roast Chicken	Tuna Mayonnaise and Cucumber	Fruit Yoghurt or Diet Fruit Yoghurt
Chicken Tikka Masala	Free Range Egg Mayonnaise and Cress	Fruit Jelly
Chicken, Tomato and Mascarpone Pasta	Ham, Cheddar and Pickle	Trifle
Fish and Chips	Coronation Chicken	Vanilla Ice Cream
Fish Fingers and Chips		
Fish Mornay	Houmous and Carrot Wrap	
Cheese and Tomato Pasta	Plain Ham	
Chickpea and Sweet Potato Curry	Plain Cheddar Cheese	
Plain Omelette		

Free From RANGE		
The following special allergy meals are free from all 14 major allergens including cereals containing Gluten, Milk, Egg, Soya, Fish, Crustaceans, Molluscs, Peanuts, Tree Nuts, Sesame Seeds, Celery, Mustard, Lupin or Sulphites.		
Allergy Range (F coded meals)		
Beef Casserole with New Potatoes, Sweetcorn and Green Beans F1	Ratatouille with Rice and Peas F4	
Chicken Casserole with Parmentier Potatoes, Cauliflower and Green Beans F2	Savoury Bean Casserole with Roast Potatoes, Carrots and Mixed Vegetables F5	
Lamb Casserole with Parmentier Potatoes and Broccoli F3	Chilli Con Carne & Rice and Mixed Vegetables F6	



Allergy Aware Menu

We consider the enjoyment of your meals to be very important and we have planned this allergy menu to include dishes we hope you will like.

This allergy menu is designed to offer you an interesting choice with the reassurance that it meets your dietary restrictions.

We have a range of meals free from all 14 major allergens as well as sections free from the more common allergens; egg, milk, soya and gluten.

For details of ingredients and allergens in all our dishes, please ask a member of the team. We hope you enjoy your meals during your stay.

Meals Without MILK		
Starters	Chickpea and Sweet Potato Curry	Main Courses from Diet Bay
Fruit Juice	Vegetarian Bean Chilli	Chicken Salad
Main Meals	Vegetarian "Meatballs" and Roast Potatoes	Tuna Salad
Steamplivity Meals	MINI Pasta Bolognese	Egg Salad
Beef Casserole & Dumpling	MINI Beef Casserole	Desserts
Savoury Minced Lamb	Jacket Potato served plain or with Plain Tuna or Baked Beans	From Standard Menu
Chilli Con Carne		Fresh or Tinned Fruit
Roast Chicken	Sandwiches	Fruit Jelly
Chicken Goujons	Houmous and Carrot Wrap	Diet Bay
Sweet and Sour Chicken		Provamel Soya
Fish and Chips		Milk Custard
Fish Fingers and Chips		

Meals Without GLUTEN		
These meals are also free from wheat containing ingredients		
Starters	MINI Cauliflower and Broccoli Cheese	Desserts
Fruit Juice	Jacket Potato served plain or with Tuna Mayonnaise, Plain Tuna or Grated Cheese	From Standard Menu
Main Meals	Cream of Tomato Soup	Ambrosia Rice Pudding
Steamplivity Meals		Ambrosia Chocolate Custard Pot
Cottage Pie	Main Courses from Diet Bay	Ambrosia Devon Custard Pot
Savoury Minced Lamb	Tuna Salad	Fresh or Tinned Fruit
Chilli Con Carne	Cheese Salad	Fruit Jelly
Roast Chicken	Egg Salad	Diet Bay
Chicken Tikka Masala	Greek Salad	Provamel Soya
Steamed Fillet of Salmon		Milk Custard
Fish Mornay		
Cheese and Tomato Omelette		
Plain Omelette		
Chickpea and Sweet Potato Curry		
Quorn Biryani		
Vegetarian Bean Chilli		

Meals Without EGG		
Starters	Macaroni Cheese	Main Courses from Diet Bay
Fruit Juice	Cheese and Tomato Pasta	Chicken Salad
Main Meals	Vegetarian Bean Chilli	Tuna Salad
Steamplivity Meals	Vegetarian "Meatballs" and Roast Potatoes	Cheese Salad
Beef Casserole & Dumpling	MINI Pasta Bolognese	Greek Salad
Cottage Pie	MINI Beef Casserole	Desserts
Savoury Minced Lamb	MINI Cauliflower and Broccoli Cheese	From Standard Menu
Chilli Con Carne	Jacket Potato served plain or with Plain Tuna, Baked Beans or Grated Cheese	Ambrosia Rice Pudding
Sausages and Mash	Cream of Tomato Soup	Ambrosia Chocolate Custard Pot
Roast Chicken	Cream of Chicken Soup	Ambrosia Devon Custard Pot
Sweet and Sour Chicken		Fresh or Tinned Fruit
Chicken, Tomato and Mascarpone Pasta	Sandwiches	Fruit or Diet Fruit Yoghurt
Chicken Goujons	Ham, Cheddar and Pickle	Fruit Jelly
Chicken Tikka Masala	Plain Ham	Diet Bay
Fish and Chips	Houmous & Carrot Wrap	Provamel Soya
Fish Fingers and Chips	Plain Cheddar Cheese	Milk Custard
Fish Mornay		
Chickpea and Sweet Potato Curry		

Meals Without EGG & MILK		
Starters	Chickpea and Sweet Potato Curry	Main Courses from Diet Bay
Fruit Juice	Vegetarian "Meatballs" and Roast Potatoes	Chicken Salad
Main Meals	Savoury Minced Lamb	Ham Salad
Steamplivity Meals	MINI Pasta Bolognese	Tuna Salad
Beef Casserole & Dumpling	MINI Beef Casserole	Desserts
Chilli Con Carne	Jacket Potato served plain or with Plain Tuna or Baked Beans	From Standard Menu
Roast Chicken		Fresh or Tinned Fruit
Chicken Goujons	Sandwiches	Fruit Jelly
Sweet and Sour Chicken	Houmous & Carrot Wrap	Diet Bay
Fish and Chips		Provamel Soya
Fish Fingers and Chips		Milk Custard
Vegetarian Bean Chilli		



Modified texture menu

MODIFIED
TEXTURE

FORK MASHABLE
DYSPHAGIA
DIET MENU

6

SOFT &
BITE SIZED

MAIN COURSES

Lamb

E1 Roast Lamb with Mint, Mashed
Potato and Swede

Beef

E2 Cottage Pie, Cauliflower Cheese,
Carrot & Swede

Poultry

E3 Chicken Casserole with Mashed
Potatoes & Carrots

Fish

E4 Fish in Cheese Sauce with
Mashed Potatoes & Mushy Peas

Vegetarian

E5 Vegetable Tikka Masala, Bombay
Potatoes & Lentil Daal

E6 Vegetable Cottage Pie, with
Carrots & Peas

COLD DESSERTS

Ambrosia Chocolate Custard Pot

Smooth Thick & Creamy Yoghurt

Ambrosia Rice Pudding Pot

Ambrosia Devon Custard Pot

Traditional English Trifle

HOT PUDDINGS

Hot Puddings from C
Texture Menu



MODIFIED TEXTURE MENUS

This menu is designed to offer you a varied choice of meals with the reassurance that they meet your dietary needs.

Food and drink textures are classified using letters and this 'language' ensures consistency. Some new descriptors are now in use so this menu uses the original letters and the new numbers.

B
MODIFIED
TEXTURE

3

C
MODIFIED
TEXTURE

4

D
MODIFIED
TEXTURE

5

Only choose from one section of this menu as prescribed by your Speech and Language Therapist or Dietitian.

Most dishes listed are available but occasionally, some are offered in every hospital. Your ward host/hostess will advise you if they are available locally to you.

For details of ingredients and allergens in all our dishes, please see the member of the team.

We hope you enjoy your meal

NUTRITIONAL SYMBOLS

If you have a special dietary requirement which the catering team is aware of, look for the relevant symbol on the menu next to the dish name.

♥ **HEALTHIER CHOICE:** These meals have less fat and sugar. Desserts have a lower sugar content making them a healthier choice for people with diabetes.

⚡ **HIGHER ENERGY:** Each main course contains more than 100g of carbohydrates.

🌱 **VEGETARIAN:** Meals suitable for vegetarians.

🌾 **GLUTEN FREE:** These meals are tested to ensure they are safe for people with coeliac disease. A further list of dishes containing ingredients is available on request from the catering team.

DIETARY MEALS FROM SIMPLY

B
MODIFIED
TEXTURE

THIN PURÉE
DYSPHAGIA
DIET MENU

3

LIQUIDISED

MAIN COURSES

B1 Chicken & Potato Pie

B2 Bean & Veg Casserole

B3 Beef Stew & Dumpling

B4 Lancashire Hotpot

DESSERTS

Muller Healthy Balance Yoghurt

Ambrosia Chocolate Custard Pot

Ambrosia Devon Custard Pot

B5 Thin Puree Fruit

D
MODIFIED
TEXTURE

PRE-MASHED
DYSPHAGIA
DIET MENU

5

MINCED & MOIST

MAIN COURSES

D1 Lancashire Hotpot with Mashed
Potatoes & Mushy Peas

D2 Cottage Pie with Cauliflower
Cheese, Carrots & Swede

D3 Chicken Casserole, with Mashed
Potato & Carrots

D4 Fish in Cheese Sauce, Mashed
Potatoes & Mushy Peas

D5 Veg Tikka Masala, Lentil Daal &
Ground Rice

D6 Vegetable Lasagne, Mashed
Potatoes & Carrots

DESSERTS

Smooth Thick & Creamy Yoghurt

Ambrosia Rice Pudding Pot

Ambrosia Custard Pot

Ambrosia Devon Custard Pot

HOT PUDDINGS (Available
from C texture Menu)

Sticky Toffee Pudding

Jam Sponge & Custard

C
MODIFIED
TEXTURE

THICK PURÉE
DYSPHAGIA
DIET MENU

4

PURÉED

MAIN COURSES

Lamb

C1 Lancashire Hotpot with Mashed
Potato, Carrots & Peas

Beef

C2 Beef Stew & Dumpling, Mashed
Potatoes, Carrots & Peas

C3 Cottage Pie with Carrots
& Broccoli

Poultry

C4 Chicken Curry

C5 Hearty Chicken Casserole,
Potatoes & Peas

Fish

C6 Salmon in Dill Sauce, Mashed
Potato, Carrots & Peas

Vegetarian

C7 Cheesy Macaroni, Mashed
Potato, Carrots & Peas

C8 Bean & Veg Casserole, potatoes
& Vegetables

C9 Baked Beans on Toast

COLD DESSERTS

Muller Smooth Thick & Creamy
Yoghurt

Ambrosia Chocolate Custard
Pot

Ambrosia Devon Custard
Pot

C10 Thick Puree Fruit

HOT PUDDINGS

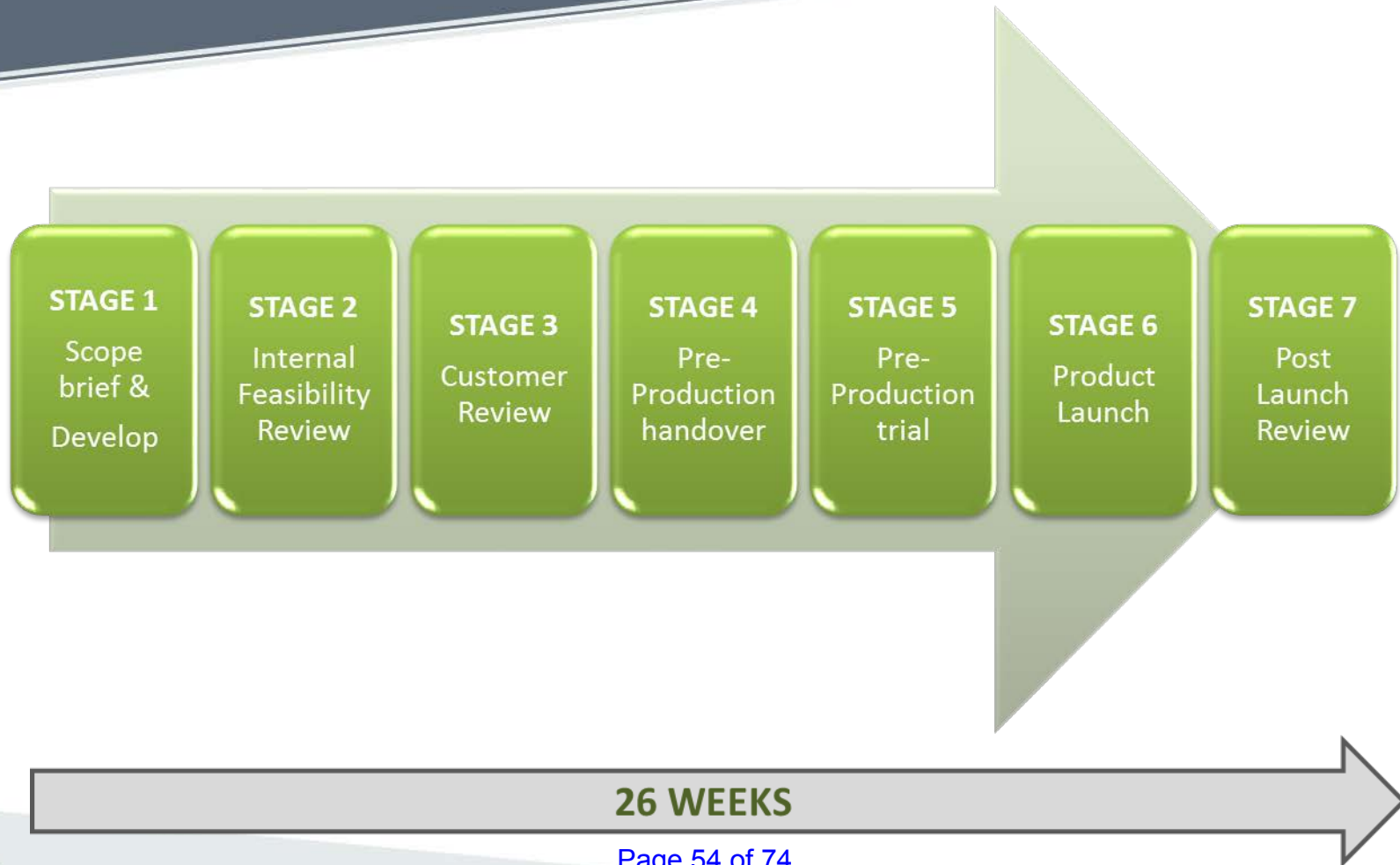
C11 Sticky Toffee Pudding

C12 Jam Sponge and Custard

A full range of Kosher
and Spicy Halal meals
are also available to
everyone.

Please ask a member
of the catering team
for more information

New Product Development



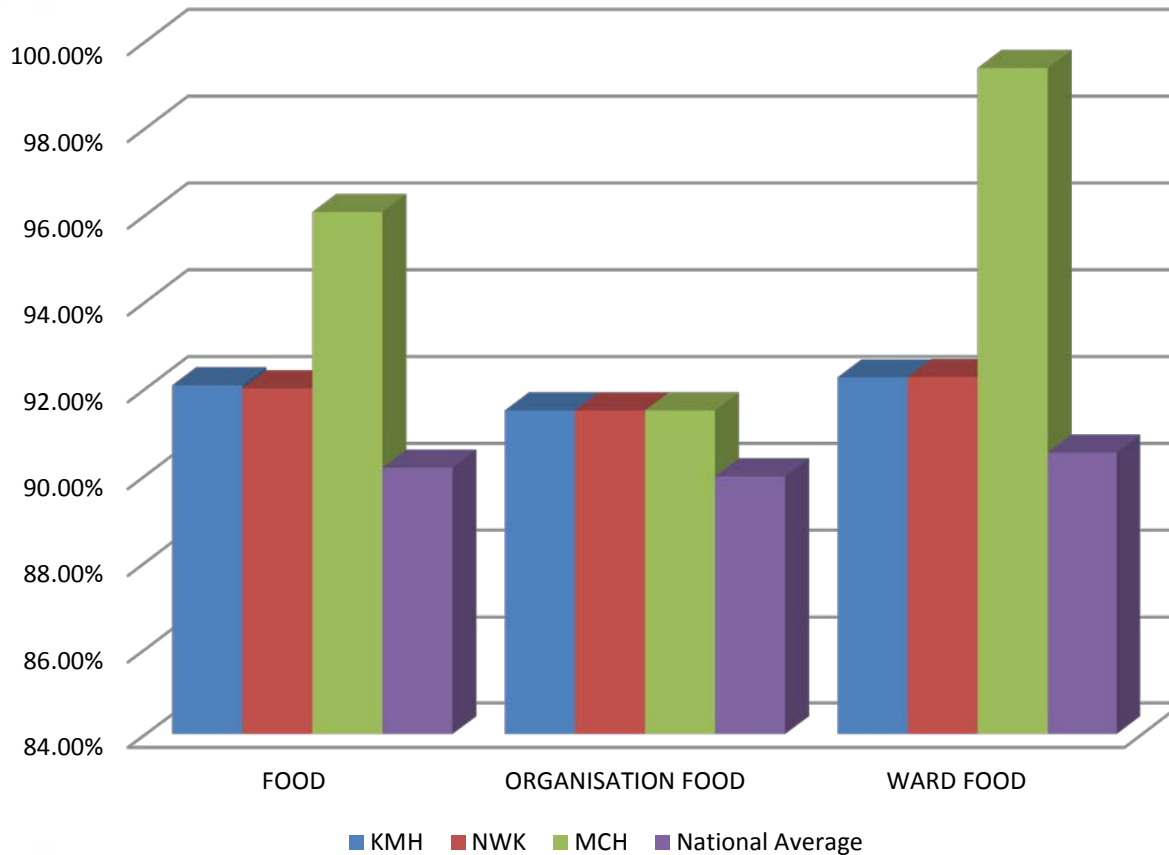
Responsible Approach

- 40% less energy used with Steamplicity
- Less food wastage
- Zero waste to landfill
- 66% of materials UK supplied



Protecting the environment

PLACE FOOD SCORES 2018



20th November 2018

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

EAST MIDLANDS AMBULANCE SERVICE UPDATE

Purpose of the Report

1. To introduce the latest performance and winter planning information from the East Midlands Ambulance Service (EMAS).

Information

2. East Midlands Ambulance Service provides emergency 999 care and telephone clinical assessment services for a population of 4.8 million people. On average, EMAS receives a new 999 call every 32 seconds – around 2700 calls per day.
3. Members will recall that back in January this year, EMAS escalated to the National Ambulance Resilience Unit's Resource Escalation Plan (REAP) level 4. REAP 4 is the highest escalation alert level for ambulance trusts and was a response to:
 - Huge pressure in the NHS system
 - Lengthy delays with hospital handover
 - 999 demand
4. Last winter, EMAS services were stretched to the limit. When representatives from EMAS last attended Health Scrutiny Committee in July, Members heard that there would be more vehicles on the road and 296 more frontline staff over the next two to five years (with half of these in post this winter).
5. Senior representatives from EMAS will attend the committee to brief Members and answer questions.
6. A written briefing from EMAS is attached as an appendix to this report. Significantly, Members will see that the briefing makes reference to an additional £9m in funding for clinical staff, ambulances and other resources, potentially rising to £19m dependent on performance targets being met.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedule further consideration, as necessary.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

19 October 2018

Briefing for Nottinghamshire Health Overview and Scrutiny Committee

Meeting: Tuesday, 20 November 2018

East Midlands Ambulance Service provides emergency 999 care and telephone clinical assessment services for a population of 4.8 million people.

On average we receive a new 999 call every 32 seconds – around 2,710 calls a day.

Managing demand over the winter period

Last winter was a particularly challenging period for the NHS and we, like other organisations, experienced pressures which impacted our ability to reach patients in a timely manner.

The key issues we anticipate facing again this year include:

- Increase in emergency, urgent and hospital admissions/discharges and call demand.
- Availability of fleet and equipment for additional resources
- Increase in hospital turnaround times
- Increase in staff sickness levels
- Outbreaks of pandemic influenza/infectious diseases (e.g. norovirus)
- Adverse weather

We have plans in place to face huge pressures in the NHS system, lengthy delays for our ambulance crews waiting at hospitals to handover patients, and an increase in 999 demand. These include

- Planning resources to meet predicted demand and additional managerial cover throughout the winter period.
- Ensuring maximum coverage from Community First Responders (CFRs) and Emergency Fire Responders (EFRs) during high activity for two week period over the winter period.

- Identify and promote care pathways that are available over the seasonal period.
- Proactively manage hospital turnaround and mobilization times, initialising Ambulance Managers if appropriate.
- Promoting alternative pathways and self-care to our patients, and encouraging our ambulance crews to utilise alternative care pathways to prevent unnecessary hospital admissions.
- Offering and encouraging our staff to have the flu jab.
- Proactively managing sickness absence.
- We have a UK Contingency and Business Continuity Plan

We have been working closely with our colleagues in other Trusts and CCGs to explore ways of improving patient experience and reducing pressures, such as the ongoing stroke trial.

Where necessary, we will continue to escalate through the levels of our Capacity Management Plans (CMP) and National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP). This allows our senior team to take appropriate action based upon capacity level.

Following the severe weather last winter, our Fleet team have ensured that snow socks are available on all our vehicles should they need them, and all vehicles have all-weather tyres fitted.

Within the division we also have 4x4 capability and all stations will have an adequate supply of grit, anti-freeze, shovels and de-icers.

Transformation Plans

In May this year, it was announced that we have agreed new contract terms with Hardwick Clinical Commissioning Group (CCG).

Hardwick CCG – which manages the EMAS contract on behalf of 22 CCGs across the region – has signed off the terms, which will see £9m extra funding for clinical staff, ambulances and other resources being provided in the first year, potentially rising to approximately £19m next year, dependent on performance targets being met and other financial agreements made as part of the contract terms.

The additional funding has been agreed following a jointly commissioned, independent 'demand and capacity review'. The review identified a gap between the resources presently available, and what is needed to deliver national performance standards for ambulance services.

The new funding will directly address this gap, and is expected to result in a stepped improvement in EMAS ambulance response times and consistency of response across all areas of the East Midlands region.

In Nottinghamshire, we are in the process of recruiting additional frontline colleagues. We also introduced our new Urgent Care Service on 2 April 2018. These ambulance crews are specifically mobilised to provide care and transport for patients requiring urgent admission to hospital as determined by their GP or Health Care Professional (HCP). They can also transport patients requiring hospital admission but who do not need ongoing emergency medical treatment, as determined by our Clinical Assessment Team.

Nottinghamshire performance figures

Following the demand and capacity review, a set of performance trajectories were set for each division. This was based on six elements.

Nottinghamshire division in Quarter 2 which is July, August and September, achieved three of those targets, two of them being Category 1 – our highest priority patients.

The trajectories did include a 2.1% increase in responses for 2018/19 against 2017/18. Nottinghamshire division have seen an increase in overall responses from 2017/18 of 4.1% in July up to 5.34% in September. This includes a specific increase of up to 18.64% in Quarter 2.

In real terms, this means that our crews responded to an additional 41 Category 2 response patients per day throughout Quarter 2.

Nottinghamshire Quarter 2			
Category 1			
Tjr-Mean	Mean	Tjr-90th	90th Centile
00:07:30	00:07:01	00:15:00	00:12:15

Category 2				Category 3		Category 4	
Tjr-Mean	Mean	Tjr-90th	90th Centile	Tjr-90th	90th Centile	Tjr-90th	90th Centile
00:24:24	00:29:00	00:49:47	01:06:41	02:48:45	03:32:11	03:04:25	02:49:59

Appendix 1

Issued to council members on Wednesday 3 January.

3 January 2018

Stakeholder update

Huge pressure on NHS emergency ambulance service

Today we escalated to the National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 – equal to hospital Opel 4 status.

REAP 4 is the highest escalation alert level for ambulance trusts, and is our response to the:

- huge pressure in the NHS system,
- lengthy delays many of our ambulance crews are experiencing with hospital handover, and
- 999 demand.

It remains our priority to get clinicians on scene for patients waiting in the community reported to be in a life-threatening or very serious condition.

REAP 4 actions agreed by our Executive Directors and Senior Management team today include:

- **Set up of a REAP Incident Cell** at our Headquarters in Nottingham.
- **Alternative use of some Community First Responder Schemes (CFR).** We are looking to task the fifteen EMAS cars (without blue lights and sirens) operated by CFR schemes to transport 'walking patients' to hospital instead of a double crewed ambulance. Our Clinical Assessment Team (paramedics and nurses based in our Emergency Operations Centre) to ensure patient safety.
- **Statutory and mandatory training and clinical education to be rescheduled.**
- **Doctor cover in our Emergency Operations Centre.** We will have a rota for a doctor to be in our control centre for the next seven days to support our Clinical Assessment Team

- **No send for Category 3 patients.** We have introduced a clinical safety net to support this REAP 4 action: a set of criteria including age and clinical condition is used by our clinicians to review each call Category 3 call and a senior clinician is involved in the final 'no send' decision, e.g. patients are advised that they need to arrange to get themselves to a treatment centre via car or taxi, or a relative or friend's car. Category 3 patients include people with uncomplicated diabetic needs, while Category 4 patients are clinically stable cases including dermatology, gynaecology and neurology. You can read more about the four response categories in the National Ambulance Response Programme by visiting the NHS England website here: <https://www.england.nhs.uk/urgent-emergency-care/arp/>

New Year at EMAS

It's been incredibly challenging for the NHS since 30 December 2017 and this has impacted on how quickly we have reached some patients.

Our management and clinical teams had planned for a busy New Year to give us the best possible level of resource to meet the predicted increase in demand, including:

- Over 145 ambulances and 50 fast response cars were manned by EMAS clinicians on duty to respond to emergency calls.
- Temporary triage centres in Derby, Leicester, Lincoln, Northampton, Nottingham and Scunthorpe allowed us to treat more minor injuries on scene rather than send a fully kitted emergency ambulance.
- Over 120 colleagues worked in our two Emergency Operations Centres to receive and respond to the 999 calls received.
- Over 25 managers and leaders worked to support our crews, many of them working out on the frontline.
- Good management cover in our Emergency Operations Centres, at busy hospitals and in the temporary triage centres to support our staff and other NHS colleagues.
- A strategic command cell was set up throughout the night and early hours of the morning to manage demand.
- On-duty and on-call managers were based at busy hospital emergency departments to support patient flow and to get ambulances back on to the road to respond to patients waiting in the community.

What happened?

The New Year period resulted in:

- 1,027 calls received during the first six hours of 2018. We answered each call within two seconds.
- Many calls related to illness or injury suffered as a result of too much alcohol.
- Just under 8,500 emergency calls received between 30 December to 1 January with 25% of calls put through to EMAS by NHS111. On average we receive 2,500 calls per day.
- We lost over 500 hours on New Year's Day due to delays experienced by our crews at hospital. When emergency department staff are not able to accept a clinical handover from our ambulance crews we are delayed from getting back out on the road to respond to patients waiting for a response in the community Lincolnshire, Northamptonshire and Leicestershire were the worst affected. Hospital handover delays occur because of other pressures in the wider NHS and social care system and we are all working together to address this.

What did EMAS do in response?

We had plans in place to help us manage the increase in calls and pressure faced on the wider NHS. We escalated our Capacity Management Plan (CMP) to Level 4 (equal to major incident situation and the highest level in the plan), for periods between 30 December to 2 January.

- This was due to very large numbers of patients in the community waiting for an ambulance response.
- It was our priority to get clinicians on scene for patients reported to be in a life-threatening condition.
- We liaised with the hospital emergency departments to ask that our ambulance crews were able to return to their vehicle as soon as possible.
- We asked patients who were fit to sit to do so in a hospital chair on arrival rather than wait on an ambulance stretcher.
- Community First Responder and Emergency First Responder volunteers provided support where available, as well as St John Ambulance, private

ambulance services and schemes such as East Midlands Immediate Care Scheme (EMICS doctors) and LIVES in Lincolnshire.

- Off-duty frontline colleagues were asked to report for duty if they were able to provide support.
- We deployed our Derbyshire Patient Transport Service (PTS) to support hospitals with discharges and transfers. Note: PTS in Northamptonshire, Leicestershire and Rutland, Nottinghamshire and Lincolnshire are provided by different organisations.
- Our social media channels and proactive media work promoted when to use 999 and the alternative NHS care available.

Level of ambulance service given

- Some patients unfortunately experienced a delay and we are sorry that we were not able to provide the service that we endeavour, and had planned to give. Patients with a less serious condition were advised to seek alternative care, to seek alternative transport if appropriate, or advised that they would experience a delayed response because of demand on the service.
- Our temporary triage centres helped by treating several patients on scene, keeping ambulances available for other 999 incidents, and reducing the amount of patients taken to the very busy hospital emergency departments.

In conclusion

The continued dedication, commitment and hard work of our EMAS colleagues, volunteers and partners is helping us manage this exceptional period of high demand would have had on more people if it were not for the actions taken. We continue to monitor activity and identify any opportunities for learning. We're also working with our commissioners and regulators to identify how the increase in demand impacted on the patient care we were able to give.

My heartfelt thanks go to all that worked with us over the festive period and into the beginning of January to provide the best possible patient care.

Ben Holdaway, EMAS Director of Operations

20th November 2018**Agenda Item: 9**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2018/19

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
08 May 2018				
Bassetlaw Children's Ward	Further consideration.	Scrutiny	Martin Gately	Richard Parker, Chief Executive DBH
Suicide and Self-Harm prevention – Rampton Hospital	An initial briefing on suicide and self-harm prevention at Rampton Hospital as part of the committee's ongoing look at suicide prevention.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital (Nottinghamshire Healthcare Trust)
19 June 2018				
Ashfield Homestart	Examination of the decommissioning of the Ashfield Homestart Service	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield CCG
Shortage of capacity – Head and Neck Cancer Service	Examination of the decision to direct Nottinghamshire patients to out of county services due to the shortage of capacity	Scrutiny	Martin Gately	Dr Keith Girling, NUH Medical Director
Circle	Briefing on the services provided by Circle and how Circle fits within the wider health service (and STP governance structure)	Scrutiny	Martin Gately	Claire Probert, Service Transformation Manager
24 July 2018				
Chatsworth Neuro-rehab Ward	Consideration of final proposals	Scrutiny	Martin Gately	Dr Amanda Sullivan, Sherwood Forest CCG
Gluten Free prescribing consultation and other	Consideration of consultation and initial evidence gathering on	Scrutiny	Martin Gately	Greater Notts CCG (TBC)

prescribing restrictions	prescribing restriction issues.			
East Midlands Ambulance Service Transformation Plans	Continuing examination of EMAS improvement plans.	Scrutiny	Martin Gately	EMAS
Treatment Centre Procurement Update	An update on the latest position with commissioning/procurement of Nottingham Treatment Centre	Scrutiny	Martin Gately	Greater Nottingham CCG representatives
09 October 2018				
Dementia in Hospital	Initial briefing/commencement of a review	Scrutiny	Martin Gately	TBC
Rampton Hospital – Improvement Plan following CQC inspection	Further to the recent CQC inspection, an examination of progress against the improvement plan.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital
Gluten Free Proposals	Consideration of the proposals for gluten free prescribing	Scrutiny	Martin Gately	Hazel Buchanan, Cheryl Gresham/Toni Smith
NUH Winter Plans & A&E Modernisation	An examination of winter plans and changes to the ‘front door’ of A&E.	Scrutiny	Martin Gately	Dr Keith Girling TBC
Review of Health Scrutiny Work Programme 2017/18	A summary of the issues examined by the Health Scrutiny Committee in the last municipal year.	Scrutiny	Martin Gately	None
20 November 2018				
Food and Nutrition in Hospitals (Sherwood Forest Hospital and NUH)	An initial briefing on nutritional standards, including hydration.	Scrutiny	Martin Gately	Sherwood Forest Hospitals/NUH TBC
Ashfield Homestart	Update on the review by stakeholders on the decommissioning of the Ashfield Homestart service.	Scrutiny	Martin Gately	Newark and Sherwood CCG/Mansfield and Ashfield CCG
Nottinghamshire Healthcare Trust Services	An initial briefing on mental health services within Nottinghamshire with a	Scrutiny	Martin Gately	Kazia Foster Nottinghamshire

	focus on adult services			Healthcare Trust
Child and Adolescent Mental Health Service (CAMHS)	An initial briefing on mental health services for children and young people	Scrutiny	Martin Gately	Nottinghamshire Healthcare Trust/Nottinghamshire Commissioners
East Midlands Ambulance Service Transformation Plans and Performance	Further consideration	Scrutiny	Martin Gately	TBC
08 January 2019				
Rampton Hospital – Improvement Plan following CQC Inspection	A further update on progress against the improvement plan following the CQC inspection.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital
Treatment Centre Procurement Update	A further update on procurement of services at the Nottingham Treatment Centre	Scrutiny	Martin Gately	Greater Nottingham CCG
Bassetlaw Children's Ward – Update (TBC)	Update on the current position regarding overnight closure of the Children's Ward at Bassetlaw Hospital.	Scrutiny	Martin Gately	Doncaster & Bassetlaw Hospital
12 February 2019				
Public Health (TBC)	Overview of the work being undertaken by the Public Health Dept.	Scrutiny	Martin Gately	Jonathan Gribbin, Director of Public Health
07 May 2019				
18 June 2019				
23 July 2019				

To be scheduled				
Hospital Transport/Arriva				
Hospital Car Park Charging				
Social Prescribing				
Healthwatch				

Potential Topics for Scrutiny:

CCG Finances

Recruitment (especially GPs)

The pathway for Muscular Dystrophy

Allergies and epi-pens

Diabetes services

Air Quality

Overview Sessions (To be confirmed)

Nottinghamshire Healthcare Trust – 16 October

Urgent Care Pathway (QMC visit) – 11 December (AM)

Nottingham University Hospitals (NUH) – January 2019

VISITS

Medium secure mental hospitals - TBC

Sherwood Forest Hospitals Trust - AutumnTBC

