Joint City / County Health Scrutiny Committee

Tuesday, 12 February 2013 at 10:15

County Hall, **County Hall, West Bridgford, Nottingham NG2 7QP**

AGENDA

Notes

(1) 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

(2) 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 Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

(3) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(4) A pre-meeting for Committee Members will be held at 9.45 am on the day of the meeting.

MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE
15 January 2013 at 10.15am

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor Rev. T. Irvine
Councillor E Kerry
Councillor P Tsimbiridis
Councillor C Winterton
Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
Councillor E Campbell
A Councillor A Choudhry
Councillor E Dewinton
Councillor C Jones
A Councillor T Molife
A Councillor T Spencer

Also In Attendance

Dr Kate Allen – Public Health, NHS Nottinghamshire County
Beverley Brooks – Nottinghamshire Hospice
Brian Drury – Arriva Transport Solutions
Martin Flanagan – EMPACT
Dr Stephen Fowlie – Nottinghamshire University Hospitals (NUH) NHS Trust
John Gibbon – Nottinghamshire Hospice
Wendy Hazard – East Midlands Ambulance Service (EMAS)
Dean Howells – Nottinghamshire Healthcare NHS Trust
Jonathan May – Arriva Transport Solutions
Neil Moore – Mansfield & Ashfield NHS Clinical Commissioning Group and Newark & Sherwood NHS Clinical Commissioning Group
Holly Scothern – NUH NHS Trust
Roger Watson - EMAS
Paul Willetts – Ambuline/Arriva
Tom Turner – Nottinghamshire County LINKs
Barbara Venes - Nottingham City LINks
Sara Allmond – Nottinghamshire County Council
Martin Gately - Nottinghamshire County Council

Noel McMenamin – Nottingham City Council
Manasee Tripathy – Nottingham City Council

MINUTES

The minutes of the meeting held on 11 December 2012 were confirmed and signed by the Chairman.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors A Choudhry (other), T Molife (Medical/Illness) and T Spencer (Medical/Illness)

DECLARATIONS OF INTERESTS

None

AGENDA ORDER

The Chairman agreed to take item 7 – Eating Disorders – feedback on review recommendations as the first item to enable Dr Allen to leave early to attend another meeting.

EATING DISORDERS – FEEDBACK ON REVIEW RECOMMENDATIONS

The Committee undertook a review of issues associated with health messages and eating disorders and the recommendations were passed to the Department of Health and the Department of Education for comment. The report contained the responses provided by these departments as appendices 1 and 2. Dr Kate Allen provided responses to the recommendations from the local prospective and attended the meeting to provide an update and answer questions.

Dr Allen provided the following information in response to questions:-

- The suggestion of working with youth services was important and was an area that would be looked at.
- Some families struggled to afford healthy food. The environment was of consideration in dealing with an eating disorder as well as the individual.
- The number of schools taking up of the services of the nutrition teams could be collated and would be provided to Members.
- The high cost and calorie levels in many snacks and fizzy drinks could be part of the message to children, to encourage healthy snacking.

The Joint Committee noted the update on responses to the recommendations from the eating disorders review.

PATIENT TRANSPORT SERVICE (PTS)

Councillor Shepherd introduced the report and revised appendix circulated at the meeting, which provided a contract performance review for Nottinghamshire Patient Transport Services from 1st July 2012 to 1st December 2012. Jonathan May, Neil

Moore, Martin Flanagan, Paul Willetts and Brian Drury attended the meeting and briefed members on the performance report and answered questions.

The following information was provided during the presentation and in response to questions:-

- Arriva/Ambuline took over the contract for providing patient transport services on 1st July 2012 and there were initial problems with staff shortages due to not all staff transferring over from EMAS. The service had recruited and further recruitment was ongoing to get to full establishment.
- Performance was monitored monthly and there were penalties for not achieving the targets set. Targets included waiting time on vehicle, appointment time within 60 minutes, appointment time out (within 60 minutes of booked ready) and specific targets relating to Renal dialysis patients. Targets relating to time on the vehicle were all being achieved. No other targets were currently being met but generally improvements were being made bringing performance nearer to the targets.
- In relation to renal patients, the target was for patients to arrive within 30 minutes of their appointment time. Currently 90% of the patients not arriving with within the 30 minute window were arriving earlier than 30 minutes before the appointment, rather than arriving late. The service was working with the renal unit regarding managing getting patients to the unit on time and the performance had improved in December. Members raised concerns that targets relating to renal patients were not being met and felt that there should be assessment on why patients weren't arriving within the 30 minute window and steps taken to quickly improve performance in this area.
- There were dedicated drivers for renal patients, enabling the drivers to get to know the routes and any issues on the journey and the patients to get to know their drivers.
- In relation to complaints, the service used the standard NHS process and new procedures had just been brought in, which would improve the logging of complaints and provided a robust complaints procedure. There was a need to promote how to make complaints and comments, which could be made via telephone, email and a freepost address.
- There were action plans in place to improve performance, progress was being made and improvements would be seen over the coming months. The priority for the service was the make sure the patient survey was the best possible.
- There had not been any drop off in take up of the service and the service was currently providing approximately 5,500 journeys per week in Nottinghamshire. Information on the service was provided in outpatient letters and during discharge procedures. The service had regular contact with discharge teams and there were communications to all GP surgeries.
- There was an eligibility criteria for receiving the service based on medical need. It was not a means tested service.
- Every vehicle had a tracker meaning the control room were able to see where all vehicles were at all times. This helped in allocating work when I new job was received. Tracking the vehicles also helped in identifying any delays. The recent snow had not caused any issues, but the flooding had posed some challenges. Weather forecasting was used to plan and additional staff and resources could be deployed during bad weather.
- Arriva received regular information on any roadworks taking place or due, which enabled contingency planning to take place and alternative routes to be sought where required.

- The use of text messaging and other technology to improve the patient service was being investigated. If there was a problem getting to a patient, they would be contacted and kept up to date.
- The dedicated renal resource in Ilkeston, Kings Mill and Lings Bar had been recent addition and the city resource would be available soon. Having dedicated drivers should improve performance.
- Concern was raised regarding the control room and changes to patient journeys to allow annual leave to be taken, which would be investigated.
- Patient surveys would be carried out which provide information on where improvements could be made.

The Joint Health Scrutiny Committee noted the report, requested a further update to the Committee in 6 months with a written report to Members in 3 months.

QUALITY ACCOUNTS

The Chairman informed Members that healthcare provider organisations were required to involve their stakeholders in identifying priorities for its Quality Account in regard to patient safety, clinical effectiveness and patient experience. The Committee were asked to comment on the draft Quality Accounts of provider organisations, enabling them to respond or action accordingly prior to the final document being presented to Committee for comment before its publication in June 2013.

Nottinghamshire Healthcare NHS Trust

Dean Howells provided Members with a presentation on the proposed priorities for the Quality Accounts for 2013/14. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

The nine priority areas proposed by Nottinghamshire Healthcare NHS Trust were:-

1. Reduce the level of harm and the number of assaults on service users and staff
2. Ensure organisational learning is embedded and sustained
3. Improve record keeping to ensure compliance with required standards and demonstrate compliance with CQC Essential Standards
4. Eliminate acquired, avoidable stage 4 pressure ulcers, and reduce the number of acquired, avoidable stage 1,2 and 3 pressure ulcers
5. Improve medicine management to reduce medication errors
6. Improve the overall experience of patients, carers and service users
7. Ensure physical and mental health care needs of all users of Trust services are met and given equal priority
8. Ensure any costs improvement programmes (CIPs) do not impinge on the quality of services
9. Improve the quality and uptake of workforce measures e.g. supervision and appraisal which act as a proxy measure for quality

In response to questions, Members were advised that the Trust had a well established carers policy and a great reputation with BME communities. This would be reflected within the Account.

The Trust were looking at how things could be done differently so were not creating more pressure for staff. Analysis was being carried out based on patient need and the service was driven by quality, not cost.

The Trust had established relationships with local communities to become a meaningful partner to those communities.

Members were advised that the performance of waiting list for talking services had greatly improved in the last six months.

The Trust was investing in better services and facilities within a specialist hospital and was trying to break down the stigma associated with mental health issues.

Nottingham University Hospitals NHS Trust

Dr Stephen Fowlie provided Members with a presentation on the proposed priorities for the Quality Accounts for 2013/14. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

Following a consultation process with patients the following priorities had been identified which would be used to prepare appropriate priorities for the Trust for 2013/14:-

- Better communication (with patients, between staff and to other organisations)
- Continued focus on staff attitude (values)
- Improved patient environment
- Fewer cancelled operations
- Reducing harm from falls and infection

In response to questions Members were advised that the Trust had a number of carers groups and a care strategy. This would be highlighted within the document.

Members were advised that there would be emphasis in the Account regarding falls and dementia as there was a lot of overlap. There was a dementia champion in each area of the hospital.

The Essence of Care Group looked at issues with ward standards and there were some wards that were not up to standard and were being monitored. The issue was not to do with the number of staff but the quality of leadership and training.

Nottinghamshire Hospice

Beverley Brooks and John Gibbon provided Members with a presentation on the proposed priorities for the Quality Accounts for 2013/14. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

The four priorities for Nottinghamshire Hospice were:-

1. Inclusivity of our diverse community
2. Improving communication channels
3. Establish increased service parity

4. Registration of professional staff

In response to questions Members were advised that the Hospice engaged with a wide range of services. The Hospice had its own GP who would liaise with the patients own GP to ensure continuity of care and appropriate medication management. The Hospice also provided GP training.

The Hospice were building relationships with a number of BME communities, focussing on the Pakistani community first, then the Indian community, with the Afro-Caribbean community next. These relationships helped the Hospice to ensure that the service provided met the needs of people within different communities. Relationships with local communities took time to build.

Members were advised that patients seemed to be coming into the Hospice at a later stage of their illness meaning they had more complex needs and there was a greater demand of the nursing teams and required high skill levels. The Hospice was also becoming known for its care provision for people suffering from conditions such as Motor Neurone Disease meaning younger patients accessing services who required more nursing time than other patients. Nurses with patient palliative care experience were recruited and the nurses employed had a wide range of experience.

East Midlands Ambulance Service NHS Trust

Wendy Hazard and Roger Watson provided Members with a presentation on the outcomes of the 2012/13 Quality Accounts and the consultation being carried out to establish the 2013/14 priorities. Due to the reorganisation of the service currently being undertaken the priorities were still being formulated and would be provided to Members as soon as available. The presentation was uploaded to the electronic agenda on the County Council's website following the meeting.

In response to questions Members were advised that EMAS did a lot of work to link with carers and information leaflets were now available for carers and families where for example the patient had suffered a stroke, explaining where and why the patient was being taken to a specific hospital. This would be highlighted within the Quality Account.

In relation to the priority from 2012/13 regarding Domestic Violence, Members welcomed the focus and were advised that staff took the matter very serious and it was unfortunately a large part of the job. EMAS worked with the Council, the Police and Fire Service and the priority for EMAS was to ensure the patient received the right care at the time and that the correct pathways were in place.

Members were advised that response times were being looked at in detail to determine what was causing any hold ups. Once any hold ups had been identified processes would be put in place to make improvements.

EMAS staff had use of Language Line via a mobile or handheld radio to help with an language barriers when speaking to patients.

Identifying and access appropriate pathways could be very difficult as that required clinical knowledge. Paramedics needed additional assessment skills. GP led training had been offered which was giving paramedics better skills to get patients on the

correct pathway. There were particular difficulties accessing the Stroke pathway currently and some issues regarding the length of time the call was taking between the paramedic at the scene and the Stroke Nurse, which had been raised as an issue and was being investigated.

It was commented that on all the Accounts where a target had not been met in 2012./13, it should become of particular focus for 2013/14.

The Joint Health Scrutiny Committee noted the presentations and additional information provided and the Quality Accounts would be brought to the April meeting.

WORK PROGRAMME

The Joint Health Scrutiny Committee were advised that whilst there were delays in the EMAS Change Programme it was hoped that EMAS would still attend the next meeting to provide an update on progress.

The meeting closed at 1.00pm.

Chairman

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
12 FEBRUARY 2013
DEMENTIA CARE IN HOSPITAL
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

ITEM 4

1 Purpose

The meeting will be attended by representatives of Nottingham University Hospitals (NUH) Trust, who will outline activity that has taken place over the last 12 months as a part of ongoing improvements to the care provided in hospital to people with dementia. This follows a review of dementia care in hospital that was carried out by this Committee in 2010.

2 Action required

2.1 The Committee is asked to consider and comment on the information provided, and to determine whether, as a result, it is satisfied with that people with dementia in hospital are receiving good quality care appropriate to their dementia and wider medical health needs.

3 Background information

3.1 This Committee conducted a review of dementia care in hospital in the latter part of 2010, focusing on what actions NUH was taking to ensure that people with dementia in hospital received good quality care appropriate to their dementia and wider medical health needs, and that hospital professionals received better training and support.

3.2 The Committee delayed completing its recommendations pending a presentation on the findings of the Royal College of Psychiatrists' National Audit of Dementia interim report, received at its February 2011 meeting. The NUH formally responded to the Committee's recommendations at the March 2011 meeting. In February 2012 Mr Wozencroft, Associate Director of Strategy, and Ms Swinscoe, Senior Nurse, NUH provided an update on the implementation of the Committee's recommendations and the first round of the National Audit of Dementia.

3.3 On the basis of this update the Committee decided to close its review. However it requested that a further update be provided on ongoing work to improve the care for people with dementia in hospital, including follow up to the recommendations of the National Audit. NUH is participating in the second round of the National Audit of Dementia. The local report is due to be published in February 2013, with the national report published in July 2013.

4 List of attached information

None

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Reports to and minutes of the Joint Health Scrutiny Committee meetings of 7 December 2010, 8 February 2011, 8 March 2011 and 14 February 2012.

7. Contact details

Contact Colleague

Jane Garrard
Overview and Scrutiny Co-ordinator
jane.garrard@nottinghamcity.gov.uk
0115 8764315

22 January 2013

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 February 2013

Agenda Item: 5

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

OUT OF HOURS HEALTH SERVICES PROCUREMENT FOR NOTTINGHAMSHIRE

Purpose of the Report

1. To allow Members the opportunity to consider the latest information on the development of GP Out of Hours (OOH) services.

Information and Advice

2. On 10 July 2012, representatives of NHS Nottinghamshire County and NHS Nottingham City attended the Joint Health Committee to provide information on the procurement of GP Out of Hours Service Procurement for Nottinghamshire.

3. The committee heard that a procurement process for the out of hours services for the City and County had commenced in November 2011 and had involved a number of stakeholders including clinical commissioning groups and the emergency care networks.

4. In addition, Members were informed that the current services had both been benchmarked as being good quality and value for money and had contracts due to expire on 31 March 2013. Following earlier stakeholder consultation regarding the procurement it had been agreed to extend the current contracts until 31 March 2014, due to the parallel procurement of NHS 111, which was being introduced for 21 March 2013.

5. The procurement process was overseen by EMPACT (East Midlands Procurement and Commissioning Transformation) in order to ensure openness and fairness, and that all relevant procurement requirements were adhered to. A local project steering group was also put in place to manage and oversee the process and this included how best to involve patients and the public in the tendering and procurement processes.

6. Joint Health Members raised the issue of the management of potential conflicts of interest during the procurement process and were reassured that no persons on the steering group had a direct interest. The majority of the steering group were not clinicians and had no potential conflicts of interest. The steering group could also decide to use clinicians from outside Nottinghamshire to inform the assessment of bids.

7. Potential providers would be given the opportunity to attend a provider marketing event, at which commissioners would provide general detail about current health needs and describe the emerging service model which would inform the service specification.

8. Members agreed to receive further information on the process in January 2013 (subsequently deferred to February). NHS representatives have been invited to attend to present information and answer questions. A written briefing is attached as an appendix to this report.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:-

1) receive the briefing and ask questions as necessary

2) determine when further information on the Out of Hours Service is required

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Councillor Mel Shepherd
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Patient and Public Engagement Reports.

Electoral Division(s) and Member(s) Affected

All

Nottingham City and
Nottinghamshire County

Update for Overview and Scrutiny Joint Health Committee

Out Of Hours Health Services Procurement for Nottinghamshire

January 2013

Introduction

In 2011, the then separate PCT Boards for Nottinghamshire County and Nottingham City gave approval to initiate the procurement process for Out Of Hours (OOH) services across the region. Agreement was made for a joint collaborative approach between commissioners; following a single procurement process for provision of services for both the north and south of the County.

Developments impacting procurement

Existing OOH services are provided by Nottingham Emergency Medical Services (NEMS) in the south of Nottinghamshire and Nottingham City, and by Central Nottinghamshire Clinical Services (CNCS) in North Nottinghamshire. Contracts for both providers were due to expire in March 2013.

In April 2012, the joint PCT Cluster Board agreed to extend the existing provider contracts by 12 months to April 2013.

Recent Progress

The new services will start from 1st April 2014. The procurement process is ongoing, with potential providers invited to marketing events so that they can develop an understanding of the current health needs and the emerging service specification.

The OOH Procurement Steering Group has continued to progress development of the service specification, which incorporates feedback from the initial public and stakeholder engagement work which took place in 2011/12. Please see embedded copies of the reports from the initial engagement work.


OOH Report final
Notts South and City


OOH Report
Engagement Report f

Further engagement with the public and stakeholders is underway and consideration is being given to a number of issues, for example:

- Should the OOH service offer walk in access?
- How should the service be promoted?
- What level of access to medicines on site should be given?
- What are the key staffing skills / attributes / attitudes needed from the OOHs provider?

- Should the OOH service have systems to allow them access to patient records held by other providers e.g. GP practice, secondary care?
- Should the service be located in a hospital or community setting?
- How far is a reasonable distance to the OOHs centre?
- are the National Quality Requirements for GP OOHS services sufficient as performance measures or should additional / alternative standards be procured

A range of focus group sessions have been held for patients and public, and stakeholders are encouraged to provide further feedback on these or any other issues by 8 February 2013.

Ends/

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 February 2013

Agenda Item: 6

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

EAST MIDLANDS AMBULANCE SERVICE CHANGE PROGRAMME RESPONSE

Purpose of the Report

1. To inform Members of the current position in relation to the East Midlands Ambulance Service (EMAS) change programme “Being the Best.”.

Information and Advice

2. Members will be aware that the Joint Health Committee has previously undertaken a review of the issues related to.the EMAS Change Programme “Being the Best” consultation by way of a sub-committee which produced recommendations for onward transmission to EMAS that were ratified by the full committee.

3. It was anticipated that senior representatives from EMAS would attend this meeting of the Joint Health Committee to provide a response to the recommendations. Mr Phil Milligan, Chief Executive was invited to attend and subsequently sent his apologies. No alternative representation has been offered to the committee.

4. In any event, the decision making by EMAS that flows from this consultation has been delayed until Monday 25 March rather than at the 28 January board meeting. A written update describing the current position has been provided and is attached to this report as Appendix 1, the full “Being the Best” consultation response papers are attached as Appendix 2.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:-

1) Consider the information provided by the Trust

2) Schedule consideration of the response, as appropriate

Councillor Mel Shepherd

Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil.

Electoral Division(s) and Member(s) Affected

All

Being the Best programme update

In 2012, EMAS launched its 'Being the Best' programme. It's designed to improve response times and the services offered to the people of the East Midlands as well as provide better support for staff. To do this EMAS proposed changes in its management structure, the properties owned and leased by the organisation, the service delivery model and working practices.

As part of EMAS' commitment to involve staff and the public it held a three month consultation exercise, which complied with statutory obligations and took place between 17 September and 17 December 2012. The consultation also used the guidelines as set-out by the Cabinet Office.

Activities were wide-ranging and comprised: distribution of over 37,000 consultation documents and 5000 leaflets and posters; 4500 page views on dedicated web pages; Facebook and Twitter presence; 42 public meetings and; attendance at 76 existing stakeholder meetings/forums as well as 33 staff meetings. More than 3.5 million people across the region read, listened-to or watched media coverage about the consultation.

Details were also included in the monthly EMAS Aspect stakeholder newsletter which is stored on the EMAS website and is emailed to over 700 stakeholders including councils, MPs and healthcare providers. 'Being the Best' was included in the following issues: April, June, July, September, October, November and December 2012.

EMAS staff were actively involved in the consultation. They attended the public meetings alongside the 33 staff meetings and provide a total of 364 formal and informal responses.

Overall 1461 consultation responses were received via the post, online form and Freephone number. In addition there were 1450 individual comments received either via e-mail, letter or in the additional comments box on the feedback form. Petitions were also received on the proposals – numbering some 80, 000 signatures opposing the plans.

Responses in the formal feedback form within the consultation document demonstrate a marginal overall agreement with the proposals which detail facilities at Community Ambulance Posts (CAPs) and new 'hubs' where vehicles can be maintained, cleaned and stocked.

The report detailing the results is available online at www.emas.nhs.uk/about-us/trust-board

As a direct result of the feedback from the consultation, EMAS is now looking at additional options which will allow the service to meet its 'Being the Best' ambitions.

On the EMAS estate, in particular, it means carrying out further analysis to make sure the final proposals work operationally and financially. Options include to 'do nothing'; recruit more staff and have more vehicles; run with the 13 hub and 118 community ambulance posts model (as described before and during the consultation); or to have more than 13 hubs/stations (this option includes the possibility of having 27 hubs supported by 108 Community Ambulance Posts). More detail via http://www.emas.nhs.uk/get-involved/being-the-best-consultation/

Different estate options better meet different criteria and different options have different costs associated to them.

Therefore, the Estates Business Case will now go to the Monday 25 March 2013 Board meeting rather than the 28 January 2013 meeting. The additional time will allow us to continue to work closely with staff representatives to review the alternative options with the aim of developing final proposals for the Board to consider.

Alan Schofield
Assistant to the Chief Executive – Corporate Affairs **25 January 2013**

East Midlands Ambulance Service NHS
NHS Trust

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Paper No.	PB/13/005

Report to: PUBLIC BOARD OF DIRECTORS' MEETING
Date: 10 January 2013

Subject:	**'Being the Best' Consultation Response Report**
Report by:	Andrew Spice – Commercial Director

Purpose of Report

To outline the findings of the formal consultation undertaken between 17 September and 17 December 2012 into proposed estates reconfiguration as part of the "Being the Best" initiative.

Implications:

Quality (including Patient Safety, Staff Safety, Dignity and Patient Experience) • Implications will be addressed under the subsequent business case
Human Resources including Equality • Implications will be addressed under the subsequent business case
Legal • Implications will be addressed under the subsequent business case
Policy • Implications will be addressed under the subsequent business case
Financial (including any funding requirements) • Implications will be addressed under the subsequent business case
Media/Communications • Considerable media engagement has taken place as outlined in the report and continued media attention is expected as the business case develops.

Details of any identified risk(s): Risks will be addressed as part of the business case development.	**Risk Assessment**		
	Consequence (A)	**Likelihood** (B)	**Score** (A x B)
Details of mitigation of identified risk(s):	Not applicable		
This paper links to the following	Estates Strategy, "Being the Best"		

Trust Strategies:	
This paper links to the following Strategic Objectives:	• Delivering high quality, patient focused services; • Through a highly skilled, motivated and engaged workforce within an organisation that is innovative and responsive; • Ensuring clinical and financial viability and providing value for money.

Recommendation(s)

That the Trust Board is asked to consider the Being the Best consultation response report.		
Management of Item *(delete tick boxes as appropriate)*	PMO: Level 1 ☑ Level 2 ☑	Function ☑

1.0 Executive Summary

1.1. This report summarises the results of the engagement, pre-consultation and statutory consultation work carried out across the East Midlands during 2012. The East Midlands Ambulance Service (EMAS) proposes to improve response times and the service provided to the people of the region by reconfiguring the current estate, developing its service-model and addressing workforce issues (such as management structure and the alignment of rotas with demand).

1.2. A period of pre-consultation was carried out between February 2012 and September 2012. This was undertaken by the Executive Management Team and Trust Chairman with MPs, Councillors and Clinical Commissioning Groups. Those stakeholders were briefed on proposed changes and had the opportunity to feedback and help shape the plans.

1.3. The formal Consultation complied with statutory obligations and took place between 17 September 2012 and 17 December 2012. The consultation also used the guidelines as set-out by the Cabinet Office.

1.4. The analysis contained in this document was produced by an independent company, 'Participate', who are skilled in running formal consultations. 'Participate' is an Approved Partner of the Consultation Institute with extensive experience of working with NHS Organisations across the UK.

1.5. Activities were wide-ranging and comprised: distribution of over 37,000 consultation documents and 5000 leaflets and posters; 4500 page views on dedicated web pages; Facebook and Twitter presence; 42 public meetings and; attendance at 76 existing stakeholder meetings/forums as well as 33 staff meetings. More than 3.5 million people across the region read, listened-to or watched media coverage about the consultation.

1.6. Details were also included in the monthly EMAS Aspect stakeholder newsletter which is stored on the EMAS website and emailed to over 700 stakeholders including councils, MPs and healthcare providers. 'Being the Best' was included in the following issues: April, June, July, September, October, November and December 2012.

1.7. Members of staff at EMAS were actively involved in the consultation. They attended the public meetings alongside the 33 staff meetings and provide a total of 364 formal and informal responses.

1.8. Overall 1461 consultation responses were received via the post, online form and Freephone number. In addition there were 1450 individual comments received either via e-mail, letter or in the additional comments box on the feedback form.

1.9. Responses in the formal feedback form within the consultation document demonstrate a marginal overall agreement with the proposals which detail

facilities at Community Ambulance Posts (CAPs) and new 'hubs' where vehicles can be maintained, cleaned and stocked.

1.10. Many respondents took the opportunity to use the 'additional comments' section. There are some common themes in the responses 'for' and 'against' the proposals summarised below in paragraphs 1.10 to 1.17.

1.11. Those in agreement with the proposals stated that they hoped they would result in improved efficiency and make better use of facilities. Some staff stated that they felt it would enable their vehicles to be ready to go at the start of each shift, having been cleaned and fully stocked prior to them starting

1.12. Some respondents felt that the opportunities for joint working would be a positive outcome of the proposals, making better use of regional facilities for all the emergency services especially fire-stations. It was also acknowledged that EMAS do not actually treat patients in ambulance stations and a feature of the current way ambulances are deployed left stations largely empty for most of the day.

1.13. Those that agreed with the proposed changes stated that if implemented they could produce a more efficient service. It was also recognised that the EMAS approach was based on evidence from other emergency-response organisations that have made similar reforms with resulting improvements in service to the public.

1.14. While most respondents support the change in principle, some suggested additional estate facilities should be funded. Others suggested further resources be spent on improving the range of treatments available on-board ambulances rather than at ambulance stations.

1.15. Those respondents in disagreement with the proposals highlighted the impact upon staff travel times and rotas. Respondents asked for reassurance that staff would still be able to fulfil their roles effectively. Some questioned whether staff would have to drive out to hubs to re-stock.

1.16. The perceived increase in travel for staff and ambulances between hubs and standby points/CAPs raised concerns about negative environmental effects. This related to increased fuel usage and the carbon footprint of the proposed changes.

1.17. Responses from the High Peaks largely disagreed with the proposals. There were concerns about the hub being in Chesterfield – a location many considered to be too remote from the High Peak to be able to provide a good service.

1.18. There was a concern about the provision of ambulance services for rural/remote locations within the proposed changes – in particular the choice of locations for the hubs. Respondents questioned whether ambulance crews would have local knowledge of road networks if they were not locally based. Further concerns were in regard to accessibility during adverse weather conditions, general journey times and the perceived effect on response times.

1.19. Petitions were also received on the proposals. It is not clear whether or not those signing the petition had given consideration to all the proposals as formally set out by EMAS. Ten petitions were delivered to the trust opposing 'closures' of ambulance stations in specific areas. One further petition, organised by UNISON, contains signatures from across the region. All give little or no information or opinion on plans for the creation of hubs, Community Ambulance Posts, changes to the service model and workforce issues. Some petitions contained duplicate names. Others contained addresses from outside the region. Petitions received are as follows;

Bassetlaw Petition	19,034 signatures
Grantham Petition	12,876 signatures
Louth Petition	3,119 signatures
Bourne Petition	949 signatures
Hinckley Signed Petition	793 signatures
Derbyshire Petition	485 signatures
Hinckley Online Petition	180 signatures
UNISON Regional Petition	51, 000 signatures
New Mills Petition	6,277 signatures
Barton Petition	168 signatures
High Peak Petition	269 signatures

1.20. There is clearly no doubt about the strength of feeling on the proposals as set out. All stakeholders and other respondents have a strong desire to make sure EMAS offers the very best ambulance service to the people of the region. The fact that so many people have been able to have their say gives EMAS comfort that consulting on the improvement programme was the correct course of action.

1.21. This report is to be considered at the EMAS Trust Board on the 10 January 2013. The Trust board is asked to note the consultation results. A further meeting on the 28 January will discuss the new business case for EMAS.

2.0 Reason for change

2.1 The principal reason for change is to improve speed of response and the quality of care delivered on-scene and en-route to a treatment unit. For staff, proposals would provide better working conditions and facilities and give greater support from operational and clinical managers.

2.2 The change to our estate would mean a faster response to emergency calls. Unlike current practice, skilled clinicians would be available at the start of their shift with vehicles ready to go (i.e. fully stocked, cleaned & checked). This means they would spend more time being clinicians out on the road responding to calls. They would be dispatched from prime positions within the community, to help deliver a faster response to all emergency calls. When not responding to a call, staff would access Community Ambulance Posts allowing them to rest in comfort rather than sit in a vehicle on a road lay-by or car park with no toilet or drink making facilities (staff rarely sit in ambulance stations waiting for calls to come in).

2.3 The proposals would mean staff have 24/7 access to operational and clinical managers at each of the Hubs. Currently a staff member can return to base after a traumatic 12+ hour shift and not have the opportunity to talk about it or get the support they need because managers are not based at every ambulance station. By having better and more regular access to each other, both staff and managers would see a benefit with improved engagement and communication. The Hubs would also provide better facilities for clinical training and importantly, the way in which vehicles are cleaned, serviced and re-stocked ready for clinicians to use at the beginning of each shift.

2.4 For three years the EMAS has failed to consistently meet its national response-time targets. This does not compare well with other ambulance services in the UK and places EMAS in the lower quartile of performers. Change is necessary to ensure the Trust can not only meet the challenge of national targets and patients' needs, but also achieve local targets and improve the support provided to its staff.

2.5 The key national targets are as follows;

A8: to provide an emergency response to 75% of patients with life threatening emergency conditions within 8 minutes of the call, and,
A19: to provide an ambulance to 95% of patients with the most life threatening conditions within 19 minutes of the call.

2.6 Although EMAS has not generally achieved its performance goals for 3 years, A8 standard was achieved in 2011/12.

	2009/10	2010/11	2011/12	2012/13 Q1
A8	73.72%	72.38%	75.15%	75.03%
A19	96.53%	93.54%	92.32%	94.84%

2.7 The performance standards are set at regional level, yet many local authorities and clinical commissioning groups are keen to ensure response times are the same in rural areas as in town and city centres.

2.8 The response at county level is varied, with some counties being able to achieve the national standards and others that have not.

		2009/10	2010/11	2011/12	2012/13 Q1
Leicestershire/ Rutland	A8	74.97%	74.13%	77.41%	79.33%
	A19	97.19%	94.75%	93.39%	97.02%
Nottinghamshire	A8	72.37%	71.64%	75.25%	73.19%
	A19	97.48%	95.32%	95.71%	96.52%
Derbyshire	A8	70.43%	70.51%	75.48%	73.94%
	A19	95.68%	93.68%	93.71%	95.78%
Northamptonshire	A8	77.04%	73.26%	71.13%	73.57%
	A19	97.60%	95.43%	93.54%	94.78%
Lincolnshire	A8	75.39%	72.70%	74.79%	75.06%
	A19	95.10%	89.45%	86.35%	90.68%

2.9 The EMAS Estate – a chance to realign and invest

2.9.1 Over recent years EMAS has seen a significant increase in the number of emergency calls it receives and this has resulted in most being responded to by ambulance crews already out on the road. For the majority of the day the stations are empty.

2.9.2 EMAS is a mobile healthcare organisation and the crews work in the community delivering emergency care and transport where it is most needed. EMAS do not treat patients in ambulance stations and whilst many may have fulfilled an important role in years gone by (when call volumes were significantly lower) frontline staff now spend the majority of their working day 'on-the-road.'

2.9.3 As the pattern of emergency calls has changed over the last few decades the stations are no longer in the best locations and there is an opportunity to improve services to patients by operating from optimal locations. There is an opportunity for the Trust to sell parts of the EMAS estate and re-invest the money into providing a better service for patients.

2.9.4 Many of the Trust's existing premises are very dated and in poor physical condition with substantial backlog maintenance requirements. To bring

the Trust's existing estate fully up to NHS standards would require a financial investment of circa £12.5m.

2.9.5 There are too many stations relative to need and in many cases, they are larger than required, which has been exacerbated by the loss of the Patient Transport Service. In sustainability terms, they are inefficient and have a significant impact on the environment.

2.9.6 In the Trust's Estates Strategy presented in April 2012, a focus on improving the following areas was prioritised.

a) Service Performance;
b) Quality of Estate
c) Staff Welfare
d) Equality
e) Health & Safety;
f) The Environment
g) Value for Money

2.9.7 It is also very important for clinical personnel to have the opportunity to meet with their team leader either at the beginning or end of their shift so their support and development needs can be met. This happens very infrequently at present.

2.9.8 The trust also want its clinical staff to spend less time checking and preparing their vehicles as their skills are better deployed treating patients.

2.10 The Current Estate

2.10.1 The current Trust estate comprises a total of 73 properties distributed throughout the counties of Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Rutland and Northamptonshire.

2.10.2 There are 65 operational ambulance stations ranging from freehold purpose-built premises to leased rooms in Community Hospitals; some ambulance stations also incorporate other functions such as local administration and support offices, training accommodation and vehicle maintenance facilities.

2.10.3 EMAS currently operate a system of 88 Standby Points - where crews respond from. These points are un-facilitated locations not owned by the Trust and are largely car parks or roadside lay-bys.

2.10.4 The majority of EMAS estate is owned, and mostly built in the 40 year period between 1955 and 1994 although some are older still. Located to suit operational and boundary conditions then in force, the estate is no longer ideally suited to current operational requirements or the make up of the regions population.

2.10.5 The total gross internal area (GIA) of the properties is 47,655 square metres and the total land area of Trust sites is approximately 20 hectares (49.4 acres).

2.10.6 The 2011 valuation (by the District Valuer) of the land and buildings owned by the Trust is £39.1m.

2.10.7 Other than the new Trust Headquarters and Hazardous Area Response Team (HART) facility, the existing premises - most of which are ambulance stations - are of variable quality, very dated with components reaching or beyond their design life, in poor physical condition with substantial backlog maintenance requirements, operationally in poor locations with too many stations relative to need and in many cases larger than required. In sustainability terms they are inefficient and have a significant impact on the environment.

2.10.8 The Trust lost a significant proportion of its Patient Transport Services (PTS) business in July 2011 and this has created a significant surplus space as the Trust now has 260 fewer vehicles to support.

2.10.9 This strategy aims to deliver a fit-for-purpose estates infrastructure that meets the needs of a modern ambulance service and provides a configuration that supports the way the Trust will need to operate in the future.

2.11 Estates Modelling

2.11.1 EMAS studied the changes made in South East Coast Ambulance Service and West Midlands Ambulance Service. Both Trusts are in the process of implementing the changes, South East Coast commenced in 2009 and West Midlands' during 2012. They have maintained their performance whilst seeing an increase in calls against a backdrop of national NHS efficiency savings.

West Midlands Ambulance Service

	2009/10	2010/11	2011/12	2012/13 Q1
A8	72.5%	76.8%	76.3%	77.3%
A19	97.5%	98%	98%	97.6%

South East Coast Ambulance Service

	2009/10	2010/11	2011/12	2012/13 Q1
A8	76.3%	76.02%	76.8%	77.2%
A19	98.2%	97.68%	98%	97.6%

2.11.2 The Trust engaged specialist external consultants with a successful track-record in helping other emergency services improve response times. The organisation concerned – Process Evolution – has done similar work for:

Ambulance

- Great Western Ambulance Service
- South Western Ambulance Service
- West Midlands Ambulance Service

Fire and Rescue

- Cheshire Fire and Rescue Service
- Hampshire Fire and Rescue Service
- Lancashire Fire and Rescue Service
- Merseyside Fire and Rescue Service
- South Yorkshire Fire and Rescue Service
- West Midlands Fire Service

Police

- Avon and Somerset Constabulary
- Durham Constabulary
- Gwent Police
- Her Majesty's Inspectorate of Constabulary
- Metropolitan Police
- National Policing Improvement Agency (now College of Policing)
- North Wales Police
- South Yorkshire Police
- Staffordshire Police

2.11.3 They used modelling software to identify the optimal locations to position crews in the region, taking account of actual call data and geography of the region. This has informed the proposed estates model.

2.11.4 In addition, chartered surveyors have prepared a portfolio which provides a clear insight into the condition of EMAS premises. This allowed the Trust to develop an economic model for the overall plan taking into account likely disposal values for potentially surplus estate (and cessation of lease payments where premises are leased) and likely investment costs for new estate.

2.11.5 The Trust have sought to identify Hub formations with sufficient scale to allow frontline staff to have access to a team leader, to be able to provide staff training, vehicle servicing and make ready activities on site.

2.12 Proposed Solution

2.12.1 The proposal under consideration advocates closing the existing operational infrastructure - which currently consists of 65 ambulance stations - and replacing them with 13 large Hub-Stations and 118 Community Ambulance Posts (CAPs). Most CAPs will include facilities for staff and, where possible, would be co-located with a partner organisation, such as another emergency service.

2.12.2 The analysis found that the locations of the Hub Stations would have relatively little impact on performance compared to the location of Community Ambulance Posts but the Hubs would provide the basis for a range of other improvements.

2.12.3 Hubs would be where our staff start their shift and collect a fully equipped, well-maintained and clean vehicle. They would also be a base for providing training and support for clinicians and support staff.

2.12.4 The Hubs would be energy efficient and reduce our carbon footprint.

2.12.5 EMAS expect more than 120 clinicians would be based at each Hub to ensure sufficient team leader cover.

2.12.6 It is recognised that hubs would have an impact on the time taken for staff to travel to work. This has been modelled – using postcodes where staff live – and shows an average increase of 4.1 minutes.

2.12.7 13 Hubs would present the opportunity of having fit-for-purpose buildings with low maintenance costs. Indicative staff numbers by hub are as set out in the table below:

Hub	**Indicative staff Numbers**
Derby	213
Chesterfield	217
Nottingham	245
Kings Mill	147
Leicester	253
Loughborough	133
Northampton	129
Kettering	132
Lincoln	101
Algarkirk	102
Elsham	146
Skegness	103
Sleaford	69

2.12.8 When crews are not responding to emergency calls it is proposed that in future they would be based at Community Ambulance Posts. It's vitally important that ambulances are close to the people they serve.

2.12.9 These posts would be physical buildings that would provide rest facilities for staff in between responding to patients and would allow them to make a drink, have a meal break and use the toilet.

2.12.10 Community Ambulance Posts would be designed and located so that EMAS can easily respond to any future change in road networks or the size of communities.

2.12.11 The choice of location of the Community Ambulance Posts would be made to ensure a fast response to patients.

3.0 Communication and Engagement

3.1 Pre-Consultation

3.1.1 As part of the pre-consultation activity a stakeholder mapping exercise was conducted. This resulted in a database of stakeholders that would be communicated with during the consultation. By the end of the consultation the database contained many individuals and groups, who received targeted and timely information. See Appendix 3.

3.1.2 A period of pre-consultation was carried out between February 2012 and September 2012. This was largely undertaken by the Executive Management Team and Trust Chairman.

3.1.3 Meetings were held with 24 MPs and 1 MEP, Councillors and Clinical Commissioning Groups during the pre-consultation period. They were briefed around the proposed changes and had the opportunity to feedback and help shape the proposals.

3.1.4 Between February 2012 and September 2012 the EMAS Chief Executive Phil Milligan attended Overview and Scrutiny Committees (OSC). The meetings provide the opportunity for the Committees to discuss the proposed changes and provide feedback on the plans. Meetings were attended on the following dates:

- 2 May 2012 – Derbyshire County Council OSC
- 15 May 2012 - Nottinghamshire Joint (City and County) OSC
- 30 May 2012 – Newark and Sherwood District Council OSC
- 18 June 2012 – Derby City Council OSC
- 19 June 2012 – Leicestershire OSC
- 27 June 2012 – Lincolnshire County Council OSC

3.1.5 Details of the proposals were included in the monthly EMAS 'Aspect' stakeholder newsletter which is stored on the EMAS website and emailed to over 700 stakeholders including councils, MPs and healthcare providers. 'Being the Best' was included in the following issues: April, June, July, September, October, November and December 2012

3.1.6 Between February and the start of the consultation in September, twelve of the EMAS Chief Executive weekly bulletins included information on the 'Being the Best' programme. These bulletins are e-mailed to all staff and put on every station notice boards to ensure all staff had sight of key messages.

3.1.7 The 'Being the Best' programme was also discussed at the monthly managerial video conference delivered by the EMAS Chief Executive Phil Milligan. This provided managers with the opportunity to ask questions around the proposals.

3.1.8 On the 23 July 2012 a detailed paper 'Being There for Patients – Our Programme to Improve Response Times' was presented to the Trust Board during the public board session. This paper provided the Outline

Business Case that underpinned the estate proposals. It was published on the EMAS website and remained available throughout the consultation

3.1.9 During the pre-consultation stage there was regular media coverage of the proposed changes. Following the publication of the Estates Strategy and the 'Being There for Patients – Our Programme to Improve Response Times' paper there was a significant number of media reports (TV, radio, press, web) across the East Midlands.

3.1.10 During this period EMAS conducted a range of interviews with television and radio, which included hosting BBC Radio 5live allowing Richard Bacon to present his show live from the Emergency Operations Centre.

3.1.11 There were regular articles in the local press leading up to the consultation highlighting the proposed changes which EMAS actively engaged with.

3.1.12 Independently verified media-monitoring figures (Precise Media) show that more than 3.5 million people across the region read-about, heard, or watched coverage of the 'Being the Best' consultation during the period.

3.2 Formal Consultation

3.2.1 The formal Consultation ran from the 17 September 2012 until 17 December 2012. Activities were designed to involve as many people across the region as possible.

3.2.2 32,000 consultation documents were printed, distributed and made available to residents across the East Midlands. They were sent to stakeholders and Foundation Trust members on our database along with being distributed to GP surgeries, leisure centres, hospitals and council buildings.

3.2.3 A further 5,000 consultation documents were e-mailed to stakeholders and Foundation trust members on our database.

3.2.4 Over 5,000 leaflets and posters were distributed around the East Midlands to promote the consultation.

3.2.5 Posters were sent to Libraries, Leisure Centres and Post Offices across the East Midlands.

3.2.6 Other health service-providers and organisations helped by linking their websites to the EMAS Consultation web pages. They also carried articles in their internal and stakeholder newsletters.

3.2.7 Dedicated pages on the East Midlands Ambulance Service website were set up which provided details of all of the public events along with relevant information and documents and a formal electronic feedback form.

3.2.8 There were over 4,500 hits on the website during the consultation, with 29% of responses received via the on-line form.

3.2.9 A dedicated Facebook and Twitter page was set up to promote the proposals and the consultation – this was in addition to the main EMAS Twitter account which has over 2,500 followers

3.2.10 42 public events were set up across the East Midlands by EMAS during the consultation period. Each meeting was led by a member of the Executive Management Team. The meetings were advertised in the local press along with media releases being issued and promoted through the EMAS website and social media pages.

3.2.11 There were 33 staff meetings during the consultation to provide them with the opportunity to discuss and feedback on the proposals. Members of staff also attended the public meetings held during the consultation period.

3.2.12 EMAS also attended 76 pre-existing stakeholder and community group events.

3.2.13 Each County and City Overview and Scrutiny Committee (OSC) considered the proposals at a range of meetings. Visits to both stations and to the Emergency Operations Centre were also set up on request for the Committees.

3.2.14 A Clinical Advisory Group was established and attended by representatives from a range of Clinical Commissioning Groups, EMPACT and the East Midlands Ambulance Service. The meeting was chaired by EMAS Medical Director, Dr James Gray.

3.2.15 The Clinical Advisor Group was convened to evaluate the proposals and to answer the following questions:

- Are the changes designed to improve the quality of the service?
- Will the changes proposed improve the service to patients?
- Do the proposals represent a change in service delivery?

3.2.16 The group agreed that improving response times should be the priority and also supported proposals to improve clinical support for frontline staff. The group also wanted EMAS to make sure that improving response times across the region was not at the expense of performance in rural areas.

3.2.17 See Appendix 2 for the full list of meetings organised/attended during the consultation phase.

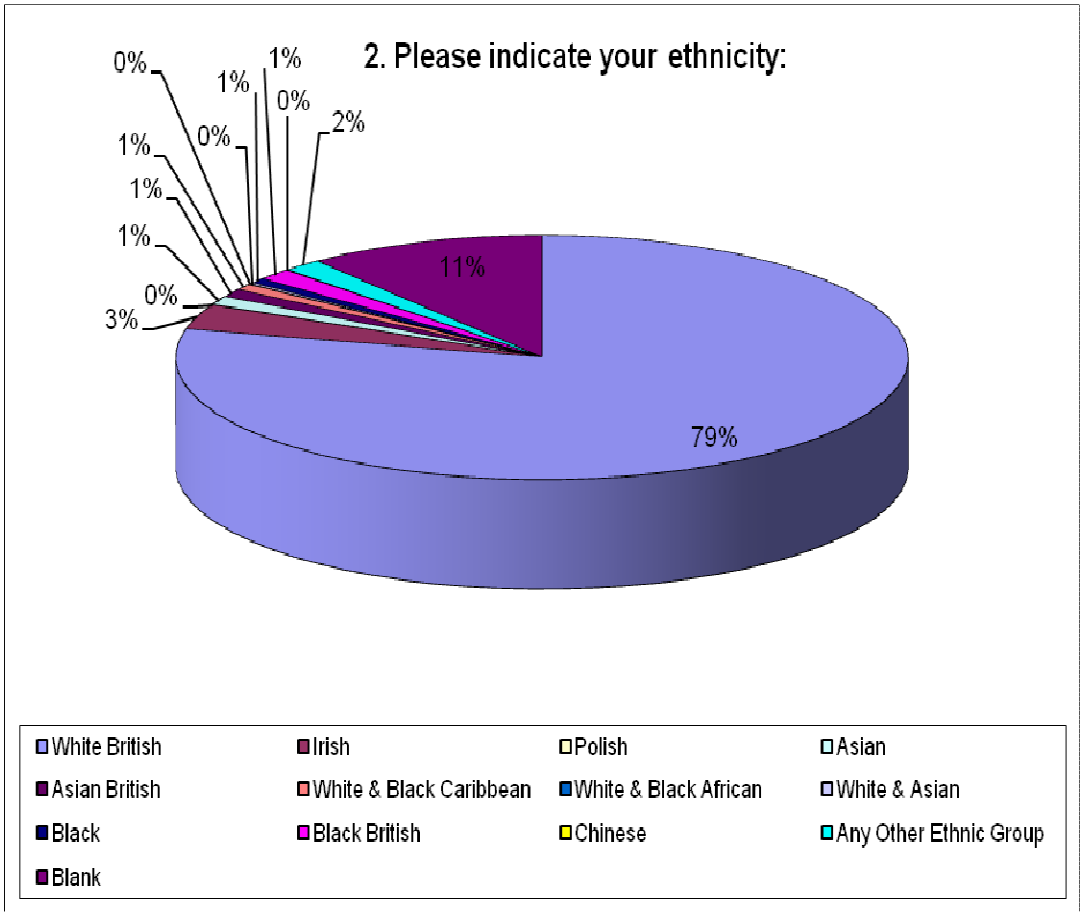
3.3 Equality and Diversity

3.3.1 An equality impact assessment was carried out on the 'Being the Best' Proposals.

3.3.2 The proposals were translated into the top 7 languages spoken in the East Midlands. We produced easy read and large print documents along with a Braille version.

3.3.3 Equality monitoring was included on the feedback form and results were monitored to ensure representative responses from across the region. The ethnic breakdown of respondents was in line with Office for National Statistics analysis of the East-Midlands.

3.3.4 A breakdown of respondents by ethnicity:



3.3.5 A number of community engagement events were also set up and attended to ensure under-represented groups in society could participate in the consultation. These included Northampton Association for the Blind; BME (Black Minority Ethnic) group in Leicester; Carers group in Market Harborough; Learning Disability groups in Leicestershire & Rutland; Older People's Day in Derby and further education colleges across the region.

3.4 The review was of great local interest.

3.4.1 The consultation received wide coverage in both local and national media.

3.4.2 On the day of the launch there was a live interview with the Chief Executive, on BBC East Midlands Today. Regular interviews were conducted with regional and national news programmes with significant coverage through the Channel 4 national news.

3.4.3 The BBC 1 local magazine programme 'Inside Out' ran a 20 minute headline article focusing on the proposed changes.

3.4.4 Local radio interviews and question and answer session were held in all counties across the East Midlands on both BBC and Independent stations.

3.4.5 The Chief Executive Officer, Phil Milligan, took part in a web chat hosted by the local newspaper in Northampton for an hour answering questions put to him live from the public.

3.4.6 Consultation events and details were available on the East Midlands Ambulance Service website throughout the consultation process. This was continually updated as more meetings were organised.

3.4.7 The Facebook and Twitter pages set up for the consultation continually promoted the meetings prior to them taking place and send out key messages about the proposal and these were re-tweeted by the main EMAS Twitter account which has over 2,500 followers.

4.0 Response Review

4.1 Responding

4.1.1 Individuals and groups were able to respond to the consultation in a variety of ways. These were designed to ensure that it was as easy as possible to participate:

- A freepost address was set up for people and organisations wishing to contact us by post.
- The consultation had a form included in the back page of the document that could be detached, completed and sent to the freepost address.
- A free telephone number was provided to allow people to complete the feedback form, ask for more information and make additional comments.
- An online duplicate of the consultation form could be completed via the EMAS website.
- Detailed notes were recorded on a set template at all public events and meetings to ensure the themes and responses were captured.
- An email address – Beingthebest@emas.nhs.uk – was also available for people to send in their response and feedback

4.2 Overall Response Rate

4.2.1 The Cabinet Office issues clear guidelines on organising consultations, which were followed as part of this project. Analysis of the figures was carried out by the independent company 'Participate.' See Appendix 1.

4.2.2 Overall 1,461 responses were received via the post, online form, e-mail and free phone number. In addition there has been 1450 of individual comments received either via e-mail, letter or in the additional comments box on the feedback form.

4.2.3 Of all the feedback received, 63 formal and 301 informal responses were provided by members of EMAS staff.

4.2.4 The following petitions were received expressing opposition to proposals to close local stations.

Bassetlaw Petition	19,034 signatures
Grantham Petition	12,876 signatures
Louth Petition	3,119 signatures
Bourne Petition	949 signatures
Hinckley Signed Petition	793 signatures
Derbyshire Petition	485 signatures
Hinckley Online Petition	180 signatures
UNISON Regional Petition	51, 000 signatures
New Mills Petition	6,277 signatures
Barton Petition	168 signatures
High Peak Petition	269 signatures

4.3 Consultation Feedback from key groups and organisations

4.3.1 During the consultation period collective feedback from key groups and organisations were received and recorded. The summary of these responses is provided below.

4.3.2 Over 200 pieces of feedback were received from key Stakeholder groups and organisations. The common themes which emerged from these groups are listed in the table below is descending order, with the most common theme stated at the top.

Table of common themes to have emerged from stakeholder groups:

Supportive
Feel proposals could improve service efficiency
The proposals could prove beneficial for community cohesion by working with other services such as fire-stations
The proposals are positive
Positive proposals as they are cost effective

Negative
Concerns over proposed hub locations covering wide geographic areas
Perception that proposals will result in longer response times giving cause for safety concerns
Concerns over effects on staff travel times and rotas
Feel proposals will leave rural/remote localities isolated with diminished accessibility and poorer response times
Chesterfield location is inappropriate to serve the area
Concerns regarding potential effect on the environment in regard to carbon footprint and increased fuel usage
Concerns about locations of CAPs and service points
Would prefer to keep existing stations/happy with existing service

Recommendations
Feel more detail needs to be provided as part of consultation i.e. evidence for need for change, how service will improve, staffing implications etc
Alternative solution needed: code calls and/or develop handover system
Alternative solution: provide additional resources for increased need

4.4 Overview and Scrutiny Committee views

4.4.1 As a regional service EMAS is obliged to consult with the five County Overview and Scrutiny Committees (OSCs) but engaged at town and district level in order to evaluate more feedback and opinion.

4.4.2 The major Overview and Scrutiny Committees in the East Midlands are:

- Nottinghamshire Joint (City and County) OSC
- Derbyshire OSC
- Leicestershire OSC
- Northamptonshire OSC
- Lincolnshire OSC

4.4.3 Nottinghamshire Joint Overview and Scrutiny Committee meetings were attended on the following dates:

- 24 September 2012
- 17 October 2012
- 13 November 2012
- 29 November 2012

4.4.3.1 The formal response stated that "The Committee is broadly in agreement with the hub and spoke model that is the basis of the change programme, but has some concerns about the impact of the proposals on rural areas". It has set out a number of recommendations which includes providing another hub in the North of the County – to cover the Bassetlaw and Newark areas.

4.4.4 Leicestershire Overview and Scrutiny Committee meetings were attended on the following dates:

- 1 October 2012
- 31 October 2012
- 6 November 2012
- 27 November 2012

4.4.4.1 The Committee "supports the underlying principles of the review and proposed changes". It has also set out a number of recommendations which includes reviewing the locations of the CAPs especially in the South and East of the county.

4.4.5 Derbyshire County Overview and Scrutiny Committee meetings were attended on the following dates:

- 29 October 2012
- 7 November 2012
- 12 December 2012

4.4.5.1 The Committee is concerned by the inequity of provision proposed for the County as set in the 'Being the Best' consultation. The Committee requests, therefore, that EMAS reconsiders its proposal for one Hub in the County, accepting that the City Hub would also provide some service across parts of the County. The County Council "recognises and supports the need for change set out in the consultation. We appreciate that the challenges brought about by reducing funding and the need to improve performance mean that the status quo is not an option". However it does not feel that an adequate level of service will be provided for the current and future demands of the High Peak, North Dales, and South Derbyshire areas.

4.4.6 Northamptonshire Overview and Scrutiny Committee meeting was attended on the following date:

- 3 October 2012

4.4.6.1 The Committee "agrees with the principles of change" it also highlighted that "efficiency could be improved if clinicians were not required to clean vehicles". However, they stated a list of concerns and recommendations which included considering a third hub close to Daventry.

4.4.7 Lincolnshire Overview and Scrutiny Committee meetings were attended on the following dates:

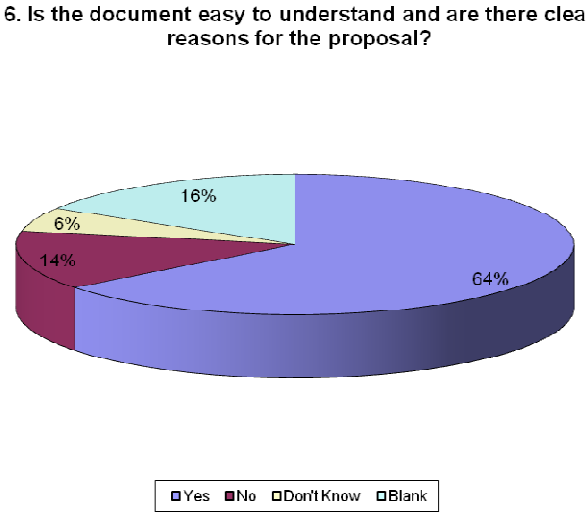
- 3 October 2012

4.4.7.1 The Committee "does not support the proposal" and "would also like to reiterate that EMAS's main priority should be meeting response times throughout its region". The Committee detailed a number of concerns and recommendations including the lack of details provided, the number of hubs and locations of hubs and CAPs, response times and the impact upon staff.

5.0 Responses from Local People to Consultation Proposals

5.1 Question 6: Is this document easy to understand and are there clear reasons shown for the proposals?

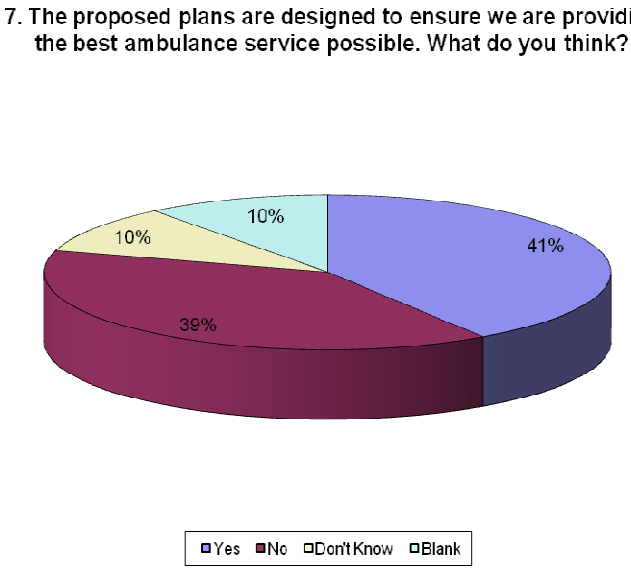
5.1.1 Result: 64% of respondents answered 'yes' to Question 6.



5.1.2 Those respondents that left a comment mainly questioned the basis for the content of the document and requested more information.

5.2 Question 7: The proposed plans are designed to ensure we are providing the best ambulance service possible. What do you think?

5.2.1 Result: 41% answered 'yes' to question 7 and 39% answered 'no'.



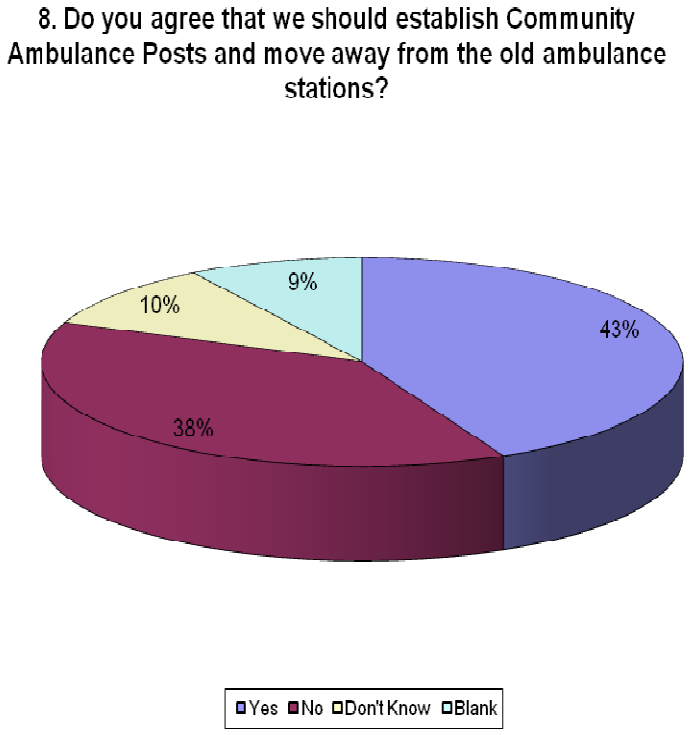
5.2.2 Breakdown of responses by area:

Q7	Yes	No	Don't Know	Blank
Derbyshire	21%	65%	9%	5%
Leicestershire and Rutland	65%	16%	13%	6%
Lincolnshire	39%	45%	10%	6%
Northamptonshire	42%	33%	15%	10%
Nottinghamshire	53%	30%	7%	9%
Total	40%	39%	10%	11%

5.2.3 Those respondents that left a comment questioned the validity of the question and the evidence presented.

5.3 Question 8: Do you agree that we should establish Community Ambulance Posts and move away from the old ambulance stations?

5.3.1 Result:43% of respondents answered 'yes' to Question 8 and 38% answered 'no'.



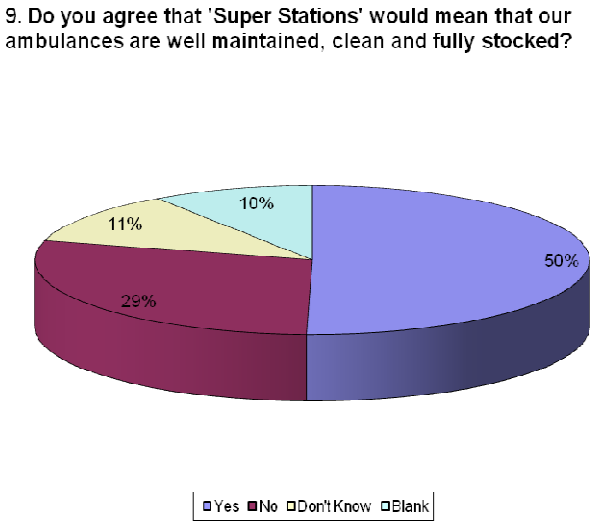
5.3.2 Breakdown of responses by area:

Q8	Yes	No	Don't Know	Blank
Derbyshire	24%	**61%**	10%	5%
Leicestershire and Rutland	65%	19%	12%	4%
Lincolnshire	39%	45%	12%	4%
Northamptonshire	44%	36%	15%	6%
Nottinghamshire	56%	29%	8%	7%
Total	42%	39%	10%	9%

5.3.3 Most comments agreed with the proposal stating that it would help road networks and it was needed to 'move with the times'. Those that did not agree were mainly concerned about location.

5.4 Question 9: Do you agree that 'Super Stations' would mean that our ambulances are well maintained, clean and fully stocked?

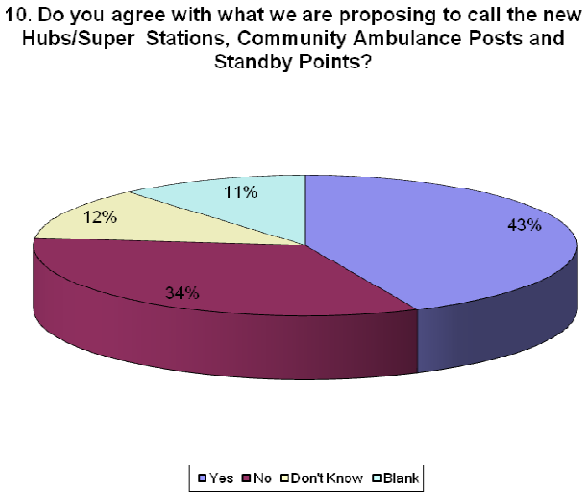
5.4.1 Result: 50% answered 'yes' to Question 9 and 29% answered 'no'.



5.4.2 Those respondents that left a comment mainly stated that they happy with the existing arrangements and questioned the need for change. Those that did agree with the proposals stated that they felt it may improve operational productivity.

5.5 Question 10: Do you agree with what we are proposing to call the new Hubs/Super Stations, Community Ambulance Posts and Standby Points?

5.5.1 Results: 43% answered 'yes' to Question 10 and 34% answered 'no'.



5.5.2 This question received 384 comments. Those that agreed with the proposed names stated they felt improvement was needed; they were happy with the names as long as the service improved and/or remained patient focused. Those respondents that didn't agree stated a dislike for the term 'super'; they felt the names were ambiguous or; they disagreed with the consultation proposals and therefore the names were deemed irrelevant.

5.6 Question 11: Our Medical Director, Dr James Gray, said: "The fact is there is no direct link between clinical care and ambulance stations because we don't treat patients in our stations." Do you have any comments on this?

5.6.1 There were 645 comments stated in regard to this question. Those that agreed with the statement mainly stated that they felt the proposals could produce a more efficient service. The majority of comments left disagreed with the statement. The common themes were concerns in regard to remote rural locations and how they would be served with the proposed system (especially travelling out from Chesterfield); the locations of the proposed hubs in terms of being close enough to potential patients; the effects on staff and travel times for staff; concerns about response times and the effects on patient safety and; questioning the need for change at all.

5.7 Question 12: Please state any additional comments overleaf.

5.7.1 There were 850 additional comments. Out of these 12 were comments which agreed with proposals, stating that they felt efficiency may be improved, it may make better use of facilities and encourage closer working between services. The majority of comments stated concerns about losing stations in rural locations especially taking into account adverse weather conditions; concerns in regard to the potential effect on response times and patient safety; questioning a need for change; concerns in regard to the effect on staff travel times and rotas and; questioning the validity of the consultation.

6.0 Key Messages to inform Business Case

6.1 Overall Agreement with Proposals

6.1.1 Responses to the formal feedback to the consultation demonstrate a marginal overall agreement with the proposals. Comments received across all forms of dialogue from residents, OSCs and stakeholder groups highlight key areas for concern as detailed in this section of the report.

6.1.2 It should also be noted that the majority of responses in disagreement were from the high peaks area, Derbyshire, where due to accessibility for remote areas, there are concerns about the Hub being located in Chesterfield.

6.2 Concerns in regard to the provision for remote/rural locations

6.2.1 There was a general concern in regard to the provision of ambulance services for rural/remote locations within the proposed changes. Respondents questioned whether ambulance crews would have local knowledge of road networks if they were not locally based. Further concerns relating to this theme were in regard to accessibility during adverse weather conditions, general journey times and the perceived effect on response times.

6.2.2 Some respondents asked for further investigation into how remote/rural areas would be served, especially those that put forward a petition:

- Derbyshire (High Peak and Buxton)
- Bourne
- Grantham
- Bassetlaw
- Hinckley
- Louth.

6.3 Questioning Choice of Locations for Hubs

6.3.1 Respondents also questioned the choice of locations for the hubs, not just in serving rural locations but also, being central enough to serve large geographic areas. There was a fear that CAPs would not be crewed and, therefore, there would not be the local knowledge or local service required to serve the population. In addition some respondents were concerned that hubs and CAPs were not in the right location – leading to potentially longer response times.

6.4 Questioning Case for Change

6.4.1 A common theme which emerged questioned the need for change at all. Respondents stated that they needed clearer evidence as to why the proposals would result in an improved service.

6.5 Dissatisfaction with the Consultation

6.5.1 Some respondents felt the consultation did not give them sufficient information to fully understand the proposals. Others stated that the feedback form was misleading in terms of the 'yes/no' questions and the map visuals

6.5.2 It should be noted that many of these respondents took the opportunity to use the 'additional comments' section where their responses have been inputted and coded, ensuring their concerns have been taken into account.

6.6 Concerns about the Impact on Staff

6.6.1 The impact of the proposals upon staff travel times and rotas was a key concern that emerged. Respondents asked for reassurance that staff would still be able to fulfil their roles effectively. Others questioned whether additional resource would be required as a result of the proposals or whether additional resource should be put in place as an alternative to the proposals to cover increased need.

6.6.2 Restocking was also a concern and respondents questioned whether staff would have to drive out to hubs to restock

6.6.3 There was also a fear of losing 'good' local staff that had in-depth knowledge of the area if they had to be relocated as a result of the proposals.

6.7 Environmental Concerns

6.7.1 The perceived increase in travel for staff and ambulances between hubs and standby points/CAPs raised concerns about negative environmental effects. This related to increased fuel usage and the carbon footprint of the proposed changes.

6.8 Support for Enhanced Efficiency

6.8.1 Those in agreement with the proposals stated that they hoped it would result in improved efficiency and make better use of facilities. Some staff stated that they felt it would enable their vehicles to be ready to go at the start of each shift, having been cleaned and fully stocked prior to them starting.

6.8.2 There were also suggestions that 999 calls should be coded to understand level of importance so that ambulance services can be used more effectively.

6.9 Opportunities for Improved Joint Working

6.9.1 Some respondents felt that the opportunities for joint working would be a positive outcome of the proposals, making better use of regional facilities for all the emergency services especially fire-stations.

APPENDIX 1

1.0 Statutory Obligations

1.1 Under the NHS Act (2006) section 242 (1B), Ambulance Services are obliged to make arrangements for users to be involved. This always applies when NHS organisations are planning the provision of services.

1.2 Under section 244 of the NHS Act 2006, as amended by the NHS Act 2012 , Local Authorities need to be consulted on proposals.

1.3 The Trust Board made a decision to run a full consultation to ensure the public, stakeholders and staff could shape the future estates model.

1.4 The Trust Board are offered reassurance that both sections of the Act have been followed, including the statutory 90 day consultation period and the organisation of public meetings.

1.5 The formal consultation process for the 'Being the Best' consultation commenced on 17 September 2012 and concluded on 17 December 2012, resulting in a 92-day consultation.

1.6 Further details on the guidelines followed during the formal consultation can be found at http://www.cabinetoffice.gov.uk/resource-library/consultation-principles-guidance

'Being the Best' Consultation Meetings

Derbyshire

Date	Meeting Type	Where
8 October 2012 18.30	Stakeholder	Glossop One Stop Shop, Municipal Buildings, Glossop
8 October 2012 15.00-16.00	Stakeholder	Derby Health Forum, Guinness Trust, Derby
9 October 2012 19:00-21:00	Public	Chesterfield Parish Centre, Chesterfield
15 October 2012 Am	CCG	Southern Derbyshire Clinical Commissioning Group, EMAS Training room, Matlock
15 October 2012 Am	CCG	Erewash Clinical Commissioning Group, EMAS Training room Matlock
15 October 2012 Am	CCG	Hardwick Clinical Commissioning Group, EMAS Training room Matlock
15 October 2012 Am	CCG	North Derbyshire Clinical Commissioning Group, EMAS Training room Matlock
23 October 2012 18:00-19.30	Public	Derby City Lecture Theatre Level 2 of Education centre
29 October 2012 AM	OSC	Buxton & Chesterfield EMAS Ambulance Station
5 November 2012 18:00	OSC	Derbyshire City Council Derby
6 November 2012 18.00 – 20.30	Public	The Octagon Lounge, Buxton, Derby
6 November 2012	LINk	Committee Room One, County Hall, Matlock
7 November 2012 10.00-12.00	OSC	Derby County Council Improvement and Scrutiny Committee, Matlock
13 November 2012 10.00-12.00	Stakeholder	EMAS Training room Matlock (LRF, Police, Fire, Acute)
13 November 2012 13.00 – 15.00	Stakeholder	EMAS Training room Matlock Urgent Care Network
13 November 2012	OSC	Alfreton District Council OSC EMAS Matlock Station
16 November 2012 19.00-20.30	Public	New Mills Town Hall High Peak
19 November 2012 13.30 – 16.30	Stakeholder	EMAS Matlock Station
21 November 2012 18.00	Public	Lecture Theatre, Chesterfield Royal Hospital, Derbyshire
3 December 2012 16.00	Stakeholder	EMAS HQ -Horizon Place Nottingham

4 December 2012 14.00	Stakeholder (PPG)	New Mills Surgery High Peak, Derby
5 December 2012 18.00-19.30	Public	Green Bank Leisure Centre Derbyshire
12 December 2012	OSC	Council Chamber, Civic office, Derbyshire

8 October 2012 14.00 -16.30	Staff Meeting	Buxton Station
0 9 October 2012 10.00 to 12.00	Staff Meeting	Chesterfield Station
16 October 2012 10.00 to 12.00	Staff Meeting	Training room Matlock Station
23 October 2012 14.00-16.00	Staff Meeting	Raynesway Station
28 November 2012 16.00- 20.00	Staff Meeting	Raynesway Station
3 December 2012 10.00-14.00	Staff Meeting	Ripley Station
6 December 2012 10.00-14.00	Staff Meeting	Bakewell Station
7 December 2012 13.00-17.00	Staff Meeting	Mickleover Station

Date	Meeting Type	Where
20 September 2012 14.00	LINk	The Peepul Centre Leicester
26 September 2012 13.20	CCG	Blaby & Lutterworth locality meeting Westfield House Hotel Leicester
27 September 2012 14.00	All LINk Task Groups	The Peepul Centre Leicester
27 September 2012 10.00	Stakeholder	Rutland Learning & Disability Partnership Board Council Chamber Rutland
1 October 2012 14.15-14.45	OSC	Leicestershire CC Adults, Communities & Health, Council Hall, Glenfield
1 October 2012 19.30	Stakeholder (PPG)	Patient Participation group Dr Masharanis Practice Lutterworth
9 October 2012 13.30-15.00	Public	Anglian Bird Watching centre, Egleton Leicester
10 October 2012 10.00	Stakeholder	Leicester Health & Wellbeing board meeting Fosse House, Leicester
10 October 2012 18:00-20:00	Public	The Peepul Centre, Leicester
12 October 2012	Stakeholder	LFRS Headquarters, Leicester
17 October 2012	Stakeholder	SHA Octavia House Nottingham
22 October 2012 10.30-12.00	Public	Lutterworth Town Hall Leicestershire
22 October 2012	Stakeholder	Hinckley and Bosworth Council Hinckley
23 October 2012 14.00-14.30	Stakeholder	Rutland Health and Wellbeing Group Council Chambers, Oakham
24 October 2012 10.00-12.00	All LINk Members Group	The Peepul Centre Leicester
24 October 2012	Stakeholder	Locality Meeting Narborough, Leicester
24 October 2012 16.00	Stakeholder	Charnwood Borough Council, Meeting Room 14, Loughborough
29 October 2012 14.00-15.30	Public	St Marys church, Hinckley
31 October 2012 10.10-15.20	OSC	EMAS Narborough/Loughborough Station and Horizon Place (EMAS HQ)
6 November 2012	OSC	EMAS Loughborough Ambulance Station

6 November 2012 16.30-18.00	Public	Snibston Discovery Park, Coalville, Leicester
8 November 2012 18.00-19.30	Public	Harborough Council Offices, Market Harborough, Leicester
8 November 2012 18.30	OSC	Hinckley OSC Council Offices, Leicestershire
12 November 2012 10.30	Stakeholder	Leicester City VCS & public sector strategy group Voluntary Action Leicester
14 November 2012 10.00-13.30	Stakeholder	Year 12 Health morning - Lutterworth College
14 November 2012 19.30	Public	Enderby Parish Council, Civic Centre, Leicestershire
15 November 2012 13.30 – 15.00	Stakeholder	Knit & Natter Carers group, Market Harborough
19 November 2012	Stakeholder	LFRS Senior Management Team Leicester
21 November 2012 10.00	Stakeholder	Better Health Reference Group Netherhall Community Centre, Leicester
22 November 2012 19.00	OSC	Rutland County Council Rutland
27 November 2012 14.00	OSC	Leicestershire OSC, County Hall, Glenfield
28 November 18.00 – 19.30	Public	Sysonby Knoll Hotel, Melton Mowbray
29 November 2012	Stakeholder (PPG)	Lutterworth Patient Participation Group, Lutterworth Practice Lutterworth, Leicester
14 December 2012 14.00	Stakeholder	Leicestershire Shadow Health and Wellbeing Board Guthlaxton Committee Room, Glenfield, Leicester

3 October 2012	Staff Meeting	Hinckley Station
25 October 201	Staff Meeting	Oakham Station
1 November 2012	Staff Meeting	Market Harborough Station
15 November 2012	Staff Meeting	Hinckley Station
29 November 2012	Staff Meeting	Lutterworth Station

Date	Meeting Type	Where
24 September 2012 11.30-13.00	OSC	Nottingham County Hall, Nottingham
4 October 2012	LINk	Christopher Cargill House, Nottingham
9 October 2012 18.00 -20.30	Public	Worksop Town Hall Nottingham
10 October 2012 18.00 – 20.30	Public	EMAS Beechdale Conference Centre
10 October 2012 10.00-16.00	Stakeholder	Bassetlaw District Council Nottingham
11 October 2012 18:00-20.30	Public	The Towers, Nottingham
12 October 2012 16.00	Stakeholder	HQ John Buckley Fire Station Lead
15 October 2012 13.30	Stakeholder	Beechdale Emergency Care Network
16 October 2012 18:00	Public	Newark town hall Nottingham
17 October 2012	OSC	North Nottingham, Nottingham County Hall, Nottinghamshire
17 October 2012 18:00-20.30	Public	EMAS Beechdale Conference Centre
18 October 2012 13.30	Stakeholder	Mansfield Emergency Care Network
26 October 2012 12.30 – 14.00	Stakeholder	Union Meeting, EMAS Beechdale Conference centre
30 October 2012	Stakeholder	Newark and Sherwood Forest Stakeholder review, Edwinstowe house, Nottingham
8 November	OSC	Rushcliffe Borough Council
8 November 2012 12.30	OSC	Gedling Borough Council, Civic Centre, Arnold
13 November 2012 10.00	OSC	Nottingham County Hall
13 November 2012	CCG	Retford Hospital Chair and Chair Clinical Commissioning Group
15 November 2012	Stakeholder	Ransom Hall, Mansfield
15 November 2012	Stakeholder	Greater Nottingham Emergency Care Network
19 November 2012	Stakeholder	North Nottingham Emergency Care Network
28 November 2012 18.00	Public	Best Western Hotel, Retford, Nottingham
28 November 2012	Stakeholder	Nottingham Council
29 November 2012	OSC	Nottinghamshire Health Scrutiny

10.00		Committee
29 November 2012 18.00	Public	Aura Commerce and Technology Centre, Newark

9 October 2012 13.00-14.30	Staff Meeting	Arnold Station
11 October 2012 13.00-14.30	Staff Meeting	Retford Station
11October 2012 15.30-17.00	Staff Meeting	Worksop Station
16 October 2012	Staff Meeting	Newark Station
17 October 2012 15.30 – 17.00	Staff Meeting	Beechdale Conference Centre
18 October 2012 10.00-11.30	Staff Meeting	Kingsmill Station
22 October 2012 15.30-17.00	Staff Meeting	Hucknall Station
23 October 2012 15.30-17.00	Staff Meeting	Carlton Station
24 October 2012 15.30-17.00	Staff Meeting	Stapleford Station
25 October 2012 13.00-14.30	Staff Meeting	West Bridgford Station
25 October 2012 15.30-17.00	Staff Meeting	Wilford Station

Date	Meeting Type	Where
24 September 2012 19.00	Stakeholder	Louth Town Council, Louth Town Hall, Louth
25 September 2012 14.00	Stakeholder	Louth Health Watch, Town Council, Louth town Hall, Louth
3 October 2012 10.00	OSC	Lincolnshire County Council, County Hall, Lincoln
8 October 2012 10.30 – 13.30	Public	The Crown Hotel, Skegness
10 October 2012 14.00 – 16.45	Public	Meridian Leisure Centre, Lincoln
10 October 2012 17.30-18.20	Stakeholder	East Lindsey District Council Tedder Hall, Louth
11 October 2012 10.00- 13.00	Public	South Holland Centre, Spalding
12 October 2012 18:00-20.00	Public	The Source, Sleaford.
15 October 2012 18:00- 20.00	Public	Berkley Hotel, Scunthorpe
18 October 2012 12.00-16.00	Public	Cleethorpe Memorial Hall, Grimsby
22 October 2012 14.00- 17.00	Public	Princess Royal Sports Arena, Boston
24 October 2012 18.00-20.00	Public	The Bentley Hotel, Lincoln
29 October 2012 14.00-17.00	Public	South Kesteven District Council, Grantham
30 October 2012 10.00-12.00	Public	Lincoln Drill Hall, Lincoln
31 October 2012 10.30-13.00	Public	The George Hotel Stamford Business Centre, Stamford
6 November 2012 10.00- 12.00	LINk	The Kings Hotel, Grantham.
6 November 2012 12.30	Stakeholder	The Civic Centre Scunthorpe
6 November 2012 14.00	OSC	The Civic Centre Scunthorpe
21 November 2012 19:00	Stakeholder	Stamford Parish Council, Ryhall Methodist church, Ryhall, Stamford
22 November 2012 18.00	Public	Best Western Kings Hotel, Grantham
26 November 2012 19.00	Public	Corn Exchange, Town Hall, Bourne
27 November 2012 10.00	OSC	South Kesteven District Council, Council Chambers Grantham

27 November 2012 19.00	Stakeholder	Stamford Queen Eleanor School Stamford, Lincolnshire
28 November 2012 16.30	OSC	Grimsby Town Hall, Grimsby, Lincolnshire
29 November 2012 14.30	Public/CCG	Health Place, Brigg
7 December 2012 10.30	Stakeholder (PPG)	Mablethorpe Patient Participation Group, Marisco Health Centre Mablethorpe
14 December 2012 10.00	Who Cares Exec. Group (part of LINk)	Carers Support Centre Brigg
18 December 2012 16.00	Stakeholder	Skegness Town Council, Town Hall, Skegness

11 October 2012 15.00	Staff Meeting	Sleaford Station
15 October 2012 15.00	Staff Meeting	Skegness Station
16 October 2012 15.00	Staff Meeting	Boston Station
17 October 2012 15.00	Staff Meeting	Grimsby Station
19 October 2012 15.00	Staff Meeting	Lincoln Station

Date	Meeting Type	Where
3 October 2012 14-17.00	OSC	Room 28, County Hall, Northampton
9 October 2012 14.00	Public	Northampton Association for the Blind, Church Rooms, of the Holy Sepulchre, Northampton
12 October 2012 10.00-1.00	Public	Saints Rugby Club Northampton
17 October 2012 19.00	Stakeholder	Corby Council
18 October 2012 15.00-16.00	CCG	Northampton & Corby Clinical Commissioning Group, Francis Crick House, Northampton
24 October 2012 14.00-17.00	Public	Kettering Conference Centre, Northampton
1 November 2012 10.00-13.00	LINk	White-Water Rafting Centre Northampton
9 November 2012 9.30 – 13.00	Public	Saints Rugby Club Northampton
22 November 2012 18.15 – 21.00	OSC	Council Chambers Daventry District Council Daventry
26 November 18:30 – 21:00	OSC	Corby. The Council Chambers, The Corby Cube, , Corby, Northamptonshire
3 December 2012 18:30 – 21:00	Public	The Abbey, Daventry Northamptonshire
5 December 2012 18.00-21.00	Public	The Council Chambers, The Corby Cube, Northamptonshire
6 December 2012 18.00	Public	9-11 High Street Rushden Northamptonshire
20 December 2012 12.00-13.00	Stakeholder	Northamptonshire Fire & Rescue Service County Fire Headquarters, Moulton Way, Northampton

1 October 2012 15.00-17.00	Staff Meeting	Brackley Ambulance Station
1 October 2012 18:00-20:00	Staff Meeting	Wellingborough Ambulance Station
23 October 2012 18.00-20.00	Staff Meeting	Mereway Ambulance Station
31 October 2012 15:00-17.00	Staff Meeting	Kettering Ambulance Station

Full List of Stakeholders/Groups consulted

- Alfreton District Council
- Andrew Bingham MP
- Andrew Bridgen MP
- Andrew Gwynne MP
- Andy Percy MP
- Arnold Hill Academy
- Austin Mitchell MP
- Bassetlaw District Council
- Beechdale Union
- Better Health Reference Group
- Brooke Weston College (Northants)
- Charnwood Borough Council
- Chesterfield College
- Choice Unlimited
- Chris Heaton Harris MP
- Chris Williamson MP
- Corby Council
- Daventry District Council
- Derby City Council
- Derby College
- Derby County Council
- Derby Health Forum
- Derbyshire Clinical Commissioning Group
- Derbyshire Local Involvement Networks (LINKs)
- Derbyshire Local Resilience Forum
- Derbyshire Older Peoples Forum Event
- Derbyshire Patient Participation Group
- Derbyshire Urgent Care Network
- Dereck Clarke MEP
- Djanogly Academy
- East Leicestershire and Rutland Clinical Commissioning Group
- East Lindsey District Council
- Enderby Parish Council
- Erewash Clinical Commissioning Group
- Gedling Borough Council
- GMB Union
- Greater Nottingham Emergency Care Network
- Hardwick Clinical Commissioning Group
- Heather Wheeler MP
- High Peak Borough Council
- Hinckley and Bosworth Council
- John Mann MP
- Karl McCartney MP

- Knit and Natter Carers Group
- Leicester Patient Participation group
- Leicestershire County Council
- Leicestershire Fire and Rescue Service
- Leicestershire Health and Wellbeing Group
- Leicestershire Local Involvement Networks (LINKs)
- Leicestershire Primary Care Trust
- Leicestershire Shadow Health and Wellbeing Board
- Lincolnshire County Council
- Lincolnshire Community Health Services
- Lincolnshire Local Involvement Networks (LINKs)
- Louth Health Watch
- Louth Town Council
- Lutterworth College
- Mablethorpe Patient Participation Group
- Mansfield Emergency Care Network
- Mark Simmonds MP
- Martin Vickers MP
- New College Nottingham – Clarendon Campus
- New Mills Surgery Patient Participation Group
- Newark and Sherwood District Council
- Newark and Sherwood Forest Stakeholder Review
- NHS Nottinghamshire Community In Unity
- Nicky Morgan MP
- Nigel Mills MP
- Nik Dakin MP
- North Derbyshire Clinical Commissioning group
- North East Lincs Council
- North Nottingham College
- North Nottingham Emergency Care Network
- Northampton and Corby Clinical Commissioning Group
- Northamptonshire Association for the Blind
- Northamptonshire County Council
- Northamptonshire Division Community Engagement Event
- Northamptonshire Fire & Rescue Service
- Northamptonshire Local Involvement Networks (LINKs)
- Nottingham City Council
- Nottingham County Council
- Nottingham Emergency Care Network
- Nottingham Local Involvement Networks (LINKs)
- Patient Participation Group Mablethorpe
- Patrick McLoughlin MP
- Patrick Mercer MP
- Pauline Latham MP
- Peter Bone MP
- Phillip Hollobone MP
- Public Sector Strategy Group
- Regent College

- Residents of Mahatma Gandhi House
- Retford Clinical Commissioning Group
- Rt Hon Alan Duncan MP
- Rushcliffe Borough Council
- Rutland County Council
- Rutland Health and Wellbeing Group
- Rutland Learning and Disability Partnership
- Skegness Town Council
- South Derbyshire Clinical Commissioning Group
- South Kesteven District Council
- South Leicester College
- Stamford Parish Council,
- Stamford Town Council Meeting
- Steven Phillips MP
- Strategic Health Authority
- The Masharani Practice Patient Participation Group
- The Race Equality Council
- Toby Perkins MP
- Unions
- Who Cares Executive Group

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 February 2013

Agenda Item: 7

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MENTAL HEALTH UTILISATION REVIEW

Purpose of the Report

1. To allow Members the opportunity to consider the latest information on the Mental Health Utilisation Review..

Information and Advice

2. On 10 July 2012, the Joint Health Committee received a presentation from Lucy Davidson, Assistant Director of Commissioning, Mental Health, NHS Nottingham City CCG and Jayne Lingard, Programme Manager Mental Health Utilisation Review.

3. Members heard that across Nottinghamshire the NHS spent approximately £150 million annually on mental health services, including £10m on residential rehabilitation services. The purpose of the review undertaken in 2011 was determine if residents were in the right place – receiving the right care at the right time and delivered by the right people. The review involved visits to service units by a team which included general practitioners and clinical staff.

4. The Mental Health Utilisation Review concluded that many patients remained 'stuck' in long term psychiatric care and this needed to change, the pathway in and out of service required re-modelling; service models needed to be revisited and a priority given to obtaining appropriate accommodation.

5. The review produced 41 recommendations for implementation over two years. The primary objective was to facilitate the discharge of people from mental health services if they had ceased to make progress. The purpose of residential rehabilitation services would be re-established as to promote independence and autonomy and lead to successful community living.

6. The committee also heard that there due to the shift in commissioning responsibilities from the NHS to local authorities in order to rebalance mental health services pathways. Funding has been provided to Nottinghamshire County Council and Nottingham City Council by their partner CCGs in order to enable local authorities to make their contribution to a two year programme.

7. The Programme Manager for the Mental Health Utilisation Review has been invited to attend this meeting with relevant housing officers/consultants to provide a briefing to the committee and answer questions. A written briefing is attached as an appendix to this report.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:-

1) receive the briefing and ask questions as necessary

2) determine when further information on the implementation of the Mental Health Utilisation Review is required

.

Councillor Mel Shepherd
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Full Mental Health Utilisation Review Report.

Electoral Division(s) and Member(s) Affected

All

MENTAL HEALTH UTILISATION REVIEW (MHUR) PROGRAMME

An update report to the Joint Overview and Scrutiny Committee Meeting of 12.02.13

Report Draft: 23rd January 2013

Overview:
The purpose of this (draft) report is to provide members of the Joint Overview and Scrutiny Committee with an update on a two-year programme to implement the recommendations of a review of the use of inpatient Mental Health Rehabilitation Services which took place in 2011. This report provides updates on action by partner organisations to implement the recommendations and on how various stakeholders are being involved in the programme.

Reviewing the Utilisation of Residential Mental Health Rehabilitation Services
An initial report on this programme was made to the July '12 JOSC meeting. A full account was given of the review of Residential Rehabilitation services in the City and County of Nottinghamshire. The services reviewed were six inpatient units (110 beds) provided by Nottinghamshire Healthcare trust at a cost of £10 million. At the time of the review, of the 95 inpatients, 55 (50%) were thought to be in the wrong care setting.

The Review Findings
The main conclusions of the review were:
a) The pathway into and out of the service needs to be redesigned
b) The service model needs to be revisited
c) A priority is to secure appropriate accommodation
d) Changes must be supported by a reconfigured workforce with strong community team input to ensure the continuation of the therapeutic, clinical relationship

The detailed review report is 165 pages long, available from jaynelingard@btinternet.com

The MHUR Programme
The MHUR Programme is a two-year programme consisting of existing projects which were already underway and additional actions to deliver the recommendations of the review. The change programme's first objective is to enable the discharge of people who, due to various factors, have become 'stuck' in mental health services beyond the point at which they are progressing and to address these factors, creating processes to prevent this happening in future

An inter-agency programme board meets bi-monthly to identify ways to manage programme risks, resolve issues and recognise progress made. Membership includes Nottinghamshire City and Nottinghamshire County Councils, Newark and Sherwood Clinical Commissioning Group (CCG) leading for County CCGs), Nottingham City CCG and Nottinghamshire Healthcare Trust. The programme board is chaired by Nottingham City CCG.

A programme Quality Group identifies risks and issues and holds the programme to account. The fixed membership of 14 people was invited from NHS and voluntary sector providers of services as well as patients and their relatives. The group has met monthly since July 2012 to challenge, advise and encourage commissioners and the programme manager. The group shares a monthly account of its work in the form of an update.

All stakeholders have been advised how they can contribute to, be included in and remain informed about planned changes. A monthly update to staff has invited their comments. An involvement forum run by the Trust is open to inpatients and their families. This has a quarterly meeting underpinned by consultative processes within each inpatient unit.

Progress on the programme to date:
A clear action plan has been developed with all partners. A summary is at Appendix A.

Pump-Priming the changes:
The July report noted that non-recurrent funding of £900,000 has been provided to Nottinghamshire County Council and £800,000 to Nottingham City Council by their partner Clinical Commissioning Groups to enable the two-year programme of change. Both councils have been asked to report monthly to the board on how this funding is being deployed.

Progress on Actions:

- *Discharges*
  By the end of January, Nottingham City Council will have carried out assessments on 19 of the 24 people identified for discharge in September 2012. In fact two may turn out to be the responsibility of the County and two others are not ready for discharge. One person has already been discharged so that all required assessments are now complete.

  41 people with ordinary residence in Nottinghamshire County were identified for discharge in September 2012. 17 discharge assessments have been completed.

  Please see Appendices C and E for a detailed account of progress

- *Service specification*
  A draft service specification for inpatient mental health rehabilitation services is now in first draft and awaiting comment from an expert group before circulation for wider comment. The quality group and Making Waves (a service user led organisation) provided rich input to the specification. However, people are most interested in what can be provided to help patients leave the service. To this end, work is being done to model the current service or care pathway for someone with complex mental health needs so that different scenarios can be modelled. This is being done using sophisticated software which was used as part of the review (see page 55).

- *Understanding Demand for inpatient care*
  The review found that 55 inpatients were no longer in need of an inpatient rehabilitation service in September 2011. By September 2012 this number had risen to 66. Work is now being done to understand how many of these people were ready for discharge and not unduly delayed other than by inefficiency which can be improved and how many were delayed due to a lack of suitable discharge options or other reason. Analysis of the waiting lists for inpatient services is also being undertaken.

A third layer of analysis is still needed which is more difficult because data is not easily available. This is needed to understand the numbers of
a) people not being referred because it was known there were no available beds and
b) people who could have been discharged if increased or a different pattern of community based mental health rehabilitation provision was available.

- *Improving service quality*
  Nottinghamshire Healthcare NHS Trust (NHT) have an action plan to address the issues of service quality raised by the review. These actions do not have an inter-agency dimension (other than responding to the commissioner's new service specification) and the outcomes will be related to an improved patient focus and service effectiveness.

- *Reorganising for best value*
  NHT are also developing and implementing an action plan to improve the way services are organised to ensure value for money is achieved. This plan will also deliver changes proposed by the programme in relation to working with other organisations particularly from the work being done by the pathways working group.

- *Future Pathways*
  A working group is being led by a senior manager from the County Council with input from all other organisations to look at how well health and social care work together to move people as quickly as possible to get them in the right place in the service and care pathway. They are looking at referral and assessment processes and the communications needed to deliver effectively around the patient. A detailed report on this can be found at Appendix F.

  Both the City and County Councils are also looking at what accommodation options are available to people and how they can be improved and maximised. This includes a dialogue with their strategic housing partners and also housing providers. Detailed reports can be found at Appendix B and Appendix D.

Report prepared by Jayne Lingard, Programme Manager

Appendix A MHUR Programme Action Plan (*Summarised)*

The MHUR programme action plan has 6 outcome areas against which the MHUR recommendations have been mapped. All actions are the responsibility of a named programme board member and there is a named lead manager. Those who will support the action are also named.

OUTCOME AREAS & Action Plans

1. **Individual Change: People using the service need the service**
   Action: Discharge patients who no longer need Residential Rehabilitation
   - 1.1 *Undertake social care led Priority Discharge Assessments*
   - 1.2 *Enable nursing staff to participate in discharge planning*
   - 1.3 *Use a modern legislative protocol to support discharges*
   - 1.4 *Use Personal health budgets and personal social care budgets*

2. **Purpose: There is a clear service purpose**
   Action: Proactively commission RR services
   - 2.1 *Commission recovery-focussed rehabilitation services*

3. **Quantity: the service is the right size**
   Action: Manage demand effectively
   - 3.1 *Manage an inter-agency service change process*
   - 3.2 *Establish the level of demand for inpatient services*
   - 3.3 *Model the demand in an effective pathway*

4. **Quality: the service is effective and efficient**
   Action: Deliver good outcomes
   - 4.1 *provide inpatient services to the new service model (see 2.1)*
   - 4.2 *share service monitoring information with commissioners*
   - 4.3 *involve carers in workforce*
   - 4.4 *plan ahead for discharge from early in the admission*
   - 4.5 *develop activities of daily living skills*
   - 4.6 *ensure patients have support with their finances*
   - 4.7 *enable patients to have access to the internet*

5. **Reorganisation: Services are well organised for best value**
   Action: Use resources efficiently
   - *5.1. review role and function of all residential rehabilitation units*
   - *5.2 explore efficiencies across the service*
   - *5.3 standardise processes/documentation across the service*
   - *5.4 operate clear criteria for community services to improve capacity*
   - *5.5 review how the services are resourced*
   - *5.6 review the recovery team caseload to improve capacity*

6. ***Pathway: There are clear overall service pathways***
   Action: Create and maintain a dynamic service pathway
   - *6.1 Establish an inter-agency recovery network to promote excellence*
   - *6.2.1 provide social care support to enable proactive discharge planning*
   - *6.2.2 develop a discharge policy for people with no local rights*
   - *6.3 increase accommodation options for people leaving inpatient care*
   - *6.4 Include needs of res'l rehabilitation patients in social care commissioning*
   - *6.5 Ensure timely access to tenancies*
   - *6.6.1 Regularise the use of the Hughenden 'respite bed'*
   - *6.6.1 Explore spot contracting opportunities for other respite services*
   - *6.8 Develop clear discharge planning processes*
   - *6.9 Develop community-based Clozapine and depot medication clinics*
   - *6.11 Frequently review the Mental Health Act status of patients*

Lead board members are responsible for ensuring progress against the recommendations they lead on. **Lead managers** will

- develop a project plan with SMART objectives and take it forward, involving everyone who needs to contribute to the work, confirming how their contribution will be taken forward, utilising existing forums or set up specific Task and Finish Groups
- keep the Programme Manager informed of progress and notify any risks or issues falling outside their remit or that of colleagues involved

Appendix B **NOTTINGHAM CITY COUNCIL MHUR PROGRAMME Action Plans for Recommendations 6.2 - 6.4 *WHERE NCC IS LEAD***

OUTCOME AREA: PATHWAYS: Clear overall service pathways

OUTCOME: A suitable range of robust housing and social care options is available within the pathway to enable people a) to avoid unnecessary admission to inpatient services or b) to leave inpatient services as soon as possible

6.2 Support the development and delivery of proactive discharge planning practices across mental health services (see 6.8) ensuring social care resources are available at the right time such as care management and personal budgets and support to access accommodation options including a clear procedure for those people with no known housing and social care rights e.g. those seeking asylum			**Lead Board member** Colin Monckton	**Lead manager** Oliver Bolam	**Supporting the work** Geoff Culpin
6.2 Objectives - • **What needs to be done?** • **What steps do we need to take?**	**How will we measure this / know when we have completed this?**	**Who will do this? And / Or Which forum will be used?**	**What are the timescales for this?**	**Narrative Update: Progress / Risks and Issues**	
Reorganisation of referral pathways for discharge from acute and new residential rehabilitation service model Develop effective referral pathways from the wards and rehab facilities for both reablement and assessment for Personal budgets Develop clearer pathway that is understood and used by ward staff in a timely manner	Timely referrals from wards Reduction in delayed discharges from acute and rehab Reduction in emergency residential placements Evidence that ward staff are using systems that have been developed	Oliver will work with Social Care CMHT Team Managers and SenPract	April 2013	*Risk that ward staff will not engage in agreed referral processes- need for acute rep on Key group other risks are that ward staff may be have unrealistic expectations about ability to accommodate all people with housing needs*	
Develop and implement a clear discharge planning policy across mental health services for people with no housing and social care rights including those seeking asylum	Local Guidance note available to health and social care staff	as above	April 2013	Liaise with County colleagues to develop a shared process *Risk of differing City/County legal/political perspectives*	

6.3Increase responsive and accessible accommodation options: LAs to work with a range of providers to open up suitable accommodation for OATs residents and all needing to step down from mental health services			**Lead Board member**	**Lead manager**	**Supporting the work**
			Colin Monckton	Antony Dixon	Alan Lowen, Rasool Gore, Geoff Culpin, Charlotte Wilcockson, Bev Johnson
6.3 Objectives -	**How will we measure this?**	**Who will do this?**	**Timescales**	**Narrative Update: Progress / Risks and Issues**	
Development of new model of accommodation provision in the City	New model approved	Alan Lowen Steering Group	**Feb 13**	New model developed and currently out for consultation **On Track**	
New Resettlement Service commissioned	Service accepting new placements	Alan Lowen	**March 13**	Contract awarded to NCHA. Current residents of Stephanie Lodge to be resettled prior to new service going live. Provider plan in place to deliver this **On Track**	
Regular liaison with NHS Trust residential co-ordinators	Understanding of likely accommodation needs of current and future residential residents	Geoff Culpin	**Ongoing**	This work has commenced as part of care pathways programme of the MHUR **On Track**	
New model Floating Support Service (independent Living Support Service) commissioned	New service operational	Alan Lowen	**April 13**	Revised service spec to be developed. Call off from framework to be undertaken. Referral process to be developed with assessment function **Some Slippage Likely**	
New model of supported accommodation provision commissioned	New services operational	Alan Lowen Steering Group	**Oct 13**	Fit of current model against new model to be assessed – procurement options identified Development of revised service specifications Tender of new provision (if required) **Some Slippage Likely**	
Development of New Residential Care Framework	Specification agreed Framework in Place	Rasool Gore	**Oct 13**	Initial steering group formed **Some Slippage Likely**	
Development of process for accessing personal budgets for those with long-term accommodation needs	Citizens able to choose support care and support options with own accommodation	Alan Lowen Geoff Culpin Steering Group	**Oct 13**	Part of the new model of accommodation pathway **On Track**	
Development of new Care support & Enablement Framework	Choice of providers able to support those with mental health needs in their own homes	Sharon Bramwell Steering Group	**Oct 13**	Consultation ongoing as to requirements for new service specification **On Track**	

6.3Increase responsive and accessible accommodation options: LAs to work with a range of providers to open up suitable accommodation for OATs residents and all needing to step down from mental health services			**Lead Board member**	**Lead manager**	**Supporting the work**
			Colin Monckton	Antony Dixon	Alan Lowen, Rasool Gore, Geoff Culpin, Charlotte Wilcockson, Bev Johnson
Identification of OATS residents and likely future accommodation needs	Report produced	Geoff Culpin	**Oct 13**	Not commenced	
Creation of specific social work post to source accommodation options and assist transition through services for all of those in contact with Statutory Mental Health services	Worker in post	Alan Lowen and Geoff Culpin Steering Group	**Oct 13**	Work has commenced as part of the development of the mental health accommodation pathway **On Track**	
Ensure the scope of supported living tenders and reviews include the needs profile of rehabilitation service residents who will need accommodation in the future (was 6.4)	Evidence in tender documents	NCC commissioning teams	**Sept 12**	**Achieved**	

6.4 Ensure timely access to good quality tenancies for people leaving mental health services through effective strategic and operational links with housing authority partners			**Lead Board member**	**Lead manager**	**Supporting the work**
			Colin Monckton	Antony Dixon	Alan Lowen, Sarah Andrews, Geoff Culpin
6.4Objectives -	**How will we measure this**	**Who will do this?**	**timescales**	**Progress / Risks and Issues**	
Support bids for new accommodation that can be accessed outside of the Homelink bidding process	Self contained accommodation available reserved for those with acute mental health needs	Antony Dixon Sarah Andrews	January 2013 and Ongoing	2013 HCA bids supported **On Track**	
Mechanism created for dialogue between housing providers and social care re accommodation requirements	Quicker access to permanent accommodation for those with acute mental health needs	Sarah Andrews Geoff Culpin Housing Strategic Partnership	October 2013	Not commenced	
Provision of accessible information on likely demand for accommodation for those with acute mental health needs	Publication of market position statement	Irene Andrews Internet	March 2013 and ongoing	MPS Drafted **On Track**	

Appendix C

Nottingham City Council MHUR Programme Priority Discharge Social Work Assessments
Report from G. Culpin, Social Work Team Manager Jan 13

Enright Close (0 City patients)

- It was initially thought one person was from the City but they had been discharged when the social worker made contact to assess

Dovecote House (10 City patients)

- All Community Care Assessments are now complete
- Once healthcare assessments are complete, we will attend a multi-agency meeting to identify each person's discharge options and to agree how to engage patients and their families in the next steps

Broomhill House (3 City patients)

- All assessments now completed

Thorneywood Mount (6 City patients)

- All assessments will be complete by the end of January after which discharge options will be considered with the multi-agency team and the person and their family (where relevant)

Heather Close (1 City patient)

- This assessment will be undertaken in February

Macmillan Close (3 City patients)

- Assessments will be undertaken in February

General Update

- The social worker appointed to do this work has spent a great deal of time laying the foundations of each patient's assessment process and how to engage them in that

- The patients' needs are very complex and their communication requirements need a lot of consideration. Assessments are taking longer than anticipated because of this.

Appendix D: NOTTINGHAMSHIRE COUNTY COUNCIL MHUR PROGRAMME Action Plans 6.3 and 6.4 Report from Sarah Howarth, Commissioning Officer

6.3 Increase responsive and accessible accommodation options: *"LAs to work with a range of providers to open up suitable accommodation for OATs residents and all needing to step down from mental health service" and*

Development of supported living across the County. All the properties will be staffed 24 hours and aimed at people leaving rehabilitation services (open and locked) and people leaving acute wards who would otherwise have gone onto a rehab ward or into residential care. The aim is to develop these services across the whole of the county and so far the following has been developed or is in the process of being developed.

- **Supported Living scheme in Bassetlaw** - ongoing Supported Living service for 4 people (Sept 12). Possibility of 6 additional units in Worksop or Retford – (April 14)

- **Supported Living in Newark** - Lombard street will be available from June 13. There will be 10 self-contained units with some communal space and a possible respite unit. We are starting to identify potential tenants with priority given to people moving from Enright.

- **Supported living in Mansfield/Ashfield -** Midworth street (5 beds) is currently being refurbished. Available from February 13. Five prospective tenants identified - 2 from Heather, 1 from Enright and 2 from Bracken. We may have the option to use more units at Midworth. We are still considering 8 flats at Clipstone as potential supported living but making sure that there is no recent evidence of ASB before we pursue this further. Also possible capital bid for the development of supported living (see below).

- **Rushcliffe Supported living- Radcliffe Road -** we have identified a 4 bedroomed property to be used for supported living. This is still at an early stage but as the property requires minimal work we are hopeful that this will be available from June/July 2013. We have identified one person from Heather so far who may be suitable from this property.

  We are hopeful that additional units will be developed via the use of the £160m Department of Health capital funding for housing to meet the needs of older people and adults with disabilities outside of London. This funding may be supplemented by up to a further £80m capital funding in the first two years of the programme. We are supporting bids by Framework and NCHA to develop additional supported living schemes for people with MH needs: 5/6 flats in Broxtowe, 6 flats in Gedling and 6 flats in Mansfield or Ashfield. Bids have to be in mid Jan with an outcome within a couple of months.

6.4 ***Ensure timely access to good quality tenancies*** *for people leaving mental health services through effective strategic and operational links with housing authority partners.*

Work with Strategic housing authorities
Having met with him in December, the strategic housing lead for Rushcliffe and Gedling has subsequently met with the relevant managers from the ALMOs in these areas. Metropolitan do not have accommodation of the type needed in Rushcliffe i.e. 3 and 4 bedroom bungalows. They do not have any difficulty in letting their sheltered schemes, so there is probably not much chance of finding anything other than through the general Choice Based Lettings route. Gedling Homes are prepared to discuss further the mental health client group. I have arranged to meet the appropriate person to discuss options. They did assure us that any client currently in NHS residential rehab is effectively bed blocking in hospital, and so should be Band 2 under their joint housing allocations policy, which is a high priority.

Appendix E: Nottinghamshire County Council MHUR Programme Priority Discharge Social Work Assessments Jan 13 Report from N. Sills, New Lifestyles Team Manager

Enright Close (9 county patients)

- All nine Community Care Assessments (CCAs) are completed
- Seven assessments have been completed of people's mental capacity to make a decision about their discharge options
- Potential accommodation has been identified for four individuals. This is 'core and cluster' accommodation with staff support on site at all times. Additional individual support will be made available as required. This will be determined by each person's CCA. One person's accommodation will be ready in February 2013, the others in June 2013. These four people do not have the mental capacity to make their own decision so best interest decisions[1] under the mental capacity act are needed and then the options will need to be discussed with the individuals and their families as appropriate
- There is a potential idea for three other people to live together but further work is needed as to their compatibility.
- More information needs to be gathered in relation to the remaining two residents

Dovecote House (2 county patients)

- One person potentially needs nursing care and a CCA has been completed.
- Discussions are required about how to discuss issues about being discharged with the other person in order to assess their capacity. There are worries that this could be very anxiety provoking and cause some difficult behaviour. A CCA has been completed.

Heather Close (13 county patients)

- 5 of the 13 people have now moved out
- 1 person's assessment is fully completed with a firm plan for move on
- Potential accommodation has been identified for two further individuals. If this is appropriate they will be moving in February. CCAs have been started.
- 5 other people are awaiting assessment

Broomhill House (4 county patients)

- Assessments not yet started

Thorneywood Mount (4 county patients)

- Assessments not yet started

Macmillan Close (9 county patients)

- Assessments not yet started.

General Update

- The first round of recruitment of social workers to undertake this work was not successful. A further recruitment round took place in early January. Suitable candidates were identified. Once these candidates are in place we will have a full team of Social Workers (2.5 wte).
- No applicants attended the occupational therapy (OT) interviews so we will need to make alternative arrangements for OT assessments.
- Good engagement is reported from staff teams at the Residential Rehab Units so that joint working between social workers and nursing staff is positive.

[1] See http://www.nhs.uk/CarersDirect/moneyandlegal/legal/Pages/MentalCapacityAct.aspx

Appendix F: NOTTINGHAMSHIRE COUNTY COUNCIL
MHUR Pathways Group Report from Tessa Diment, Group Manager Mental Health

6.2 Support the development and delivery of proactive discharge planning practices across mental health services ensuring social care resources are available at the right time, such as care management and personal budgets and support to access accommodation options including a clear procedure for those people with no known housing and social care rights e.g. those seeking asylum.

Objectives

- Ensure good communication across all partners so county wide mapping is effective.
- Ensure all issues from health and social care workers are identified and responded to
- Total reorganisation of referral pathways for discharge from acute and new residential rehabilitation service model.
- Develop effective referral pathways from the wards and rehab facilities for both reablement and assessment for Personal budgets.
- Develop a clearer pathway that is understood and used by ward staff in a timely manner.
- Develop and implement a clear discharge planning policy across mental health services for people with no housing.
- Develop supported Living Alternatives across the County.
- Integrate the referral for housing related support into the care pathway.
- Ensure the scope of supported living tenders and reviews include the needs profile of rehabilitation service residents who will need accommodation in the future.
- Make contact with the seven District Housing Authorities to notify them of the MHUR programme to ensure they are aware of the housing rights of patients.
- Promote opportunities for mutual information exchange between inpatient MH services and housing staff (as per planned City exchange).

Outcomes

Clear pathways from
- community to acute ward and from acute ward to community.
- acute ward to residential rehab unit
- residential rehab unit to the community
- community to residential rehab

All the above pathways are communicated and understood by staff

A pathways working group has met to work on the above action points from the MHUR Programme in relation to Nottinghamshire County Council's responsibilities. Nottingham City Council were invited to attend in relation to 6.2 to develop consistency when working in partnership with the inpatient services. The group now has representation from all of agencies working on mental health care, admission and discharge processes i.e. Nottinghamshire Healthcare NHS Trust, the Clinical Commissioning Groups and the two local authorities. Meetings are being held monthly from October to April 2013 after which there will be a report back to the programme board.

The meetings look at 'what's working...what's not working' in relation to how people move between services and how they are assessed and supported. The aim is to bring together everyone to understand what each other does now. The aim is clear and effective pathways both now and in the future.

Work was been done to identify the present Pathways model in Diagram form. The group concurred with the review findings that discharge options are limited and Supporting People accommodation services full. Differing views were found as to whether people should only have one move when leaving residential rehabilitation or whether they should be discharged to a shorter term Supported Living project and then onto an individual tenancy. Further work is needed on this point as the new model will have options for permanent tenancies but it is uncertain how many will be needed or possible at this stage: the affordability of individually commissioned services has to be borne in mind. However, it was agreed there is a need for a combination of long term support and flexible support for people whose needs change and want to move on. Transitional arrangements need to be in place to enable people to have continued support from the same staff when leaving and going into their own tenancy.

Some people with tenancies may need to access support or support groups to enable this to be sustained such as the Key Ring model of mutual and neighbourhood support. The core and cluster approach of Broomhill house was discussed although it is not known how many people this will this suit although it works well for the current group of people.

It was agreed that there is a need to set up a service to unblock residential rehabilitation beds on a continuing basis. Once the NHS trust has implemented the new model of service, the Local Authorities need to understand it to avoid duplication.

- November's meeting focussed on a patient's journey from the community to an acute inpatient ward.
- January's meeting focussed on the journey from the acute ward to residential rehabilitation.
- February's meeting will focus on the journey from residential rehabilitation back to the community.

All of this work will be drawn together in a report for the programme board meeting in April.

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

12 February 2013

Agenda Item: 8

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Joint City and County Health Scrutiny Committee work programme.

Information and Advice

2. The Joint City and County Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by both City and County residents – specifically, those located within the City and in the Southern part of the County.

3. The work programme is attached at Appendix 1 for the Committee to consider, amend and agree.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee agree the content of the draft work programme.

Councillor Mel Shepherd
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

15 May 2012	• **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 (new)** To consider the reasons for the recent spate of cancelled operations, to find out what actions are being taken to address the situation, and to agree any follow-up action by the Committee (Nottingham University Hospitals Trust) • **Quality Accounts** To consider Trust's Quality Accounts 2010/11 and whether to make a statement for inclusion (Nottinghamshire Healthcare Trust / Nottingham University Hospitals Trust / East Midlands Ambulance Service/NHS Treatment Centre/Nottinghamshire Hospice - new) • **East Midlands Ambulance Service (EMAS) NHS Foundation Trust consultation (new)** To consider review of EMAS Service Delivery Model and Operating Strategy as part of formal consultation. (EMAS)	
12 June 2012 (revert to County)	• **Review of Specialist Palliative Care Services across Nottinghamshire - update** To consider proposals and the consultation process for changes to improve access to day care for people with life limiting diagnoses (NHS Nottingham City / Nottingham University Hospitals Trust) • **Integrated Health and Social Care Discharge Project - update** To consider how to partners are working together to deliver more efficient services on discharge from hospital (Nottingham University Hospitals Trust and partners – to be identified)	
10 July 2012	• **Out of Hours Services** To consider an update on the procurement exercise being planned for Out of Hours Services in Nottinghamshire (NHS Nottingham City / NHS Nottinghamshire County) • **Mental Health Utilisation Review** To receive the findings of the review undertaken by NHS Nottingham City CCG and NHS Nottinghamshire County CCG in conjunction with the local authorities	

	(NHS Nottingham City/NHS Nottinghamshire County)	
11 September 2012	• **Psychological Therapies Service Changes – update** To consider how the changes to the Service have been delivered, and their impact on service users (Nottinghamshire Healthcare NHS Trust) • **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)	
9 October 2012	• ***Care Quality Commission (CQC)*** *To consider the work of the CQC in the City and County and the implications for scrutiny (CQC)* • **Contraceptive and Sexual Health Services** (from June 2012) To consider findings informing the new service model (NHS Nottingham City / NHS Nottinghamshire County / Nottingham University Hospitals Trust)	
13 November 2012	• **East Midlands Ambulance Service (EMAS) NHS Foundation Trust consultation – Change Programme (new)** To consider the EMAS Change Programme as part of formal consultation ▪ **Royal College of Nursing – Presentation** To consider an introductory presentation on the work of the RCN ▪ **Healthcare Trust Foundation Status** To consider the Healthcare Trust's application for Foundation Status	

11 December 2012	• **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 – progress report** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust) ▪ **East Midlands Ambulance Service Change Response**	
15 January 2013	• **Patient Transport Service (PTS)** Update on performance of Arriva Group following takeover of PTS contract from EMAS (NHS Nottinghamshire County / NHS Nottingham City) • **Quality Accounts** Preliminary consideration of priorities for Trusts' Quality Accounts 2012/13 (Nottinghamshire Healthcare Trust/Nottingham University Hospitals Trust/NHS Nottingham Treatment Centre/Nottinghamshire Hospice) ▪ **Eating Disorders – feedback on review recommendations** To consider responses to the study group recommendations (Department for Education , Department of Health, others to be confirmed) TBC	
12 February 2013	• **Dementia Care (ongoing Scrutiny)** Annual update on dementia issues, including national audit on dementia (Nottingham University Hospitals Trust) • **Out of Hours Services (ongoing Scrutiny)** To consider an update on the procurement exercise being planned for Out of Hours Services in Nottinghamshire (NHS Nottingham City / NHS Nottinghamshire County) • **Mental Health Utilisation Review (ongoing Scrutiny)** To receive an implementation update undertaken by NHS Nottingham City CCG and NHS Nottinghamshire County CCG in conjunction with the local authorities ▪ **EMAS Change Programme – response to recommendations** (East Midlands Ambulance Service)	

12 March 2013	• **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 – progress report** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust) ▪ **Lings Bar Update** (NHS Nottinghamshire City/Nottinghamshire County**)** ▪ **East Midlands Regional Stroke Pathway Proposals** (NHS Midlands and East)	
16 April 2013	▪ **Consideration of Quality Accounts** ▪ **Psychological Therapies Service Changes (ongoing Scrutiny)** To consider how the changes to the Service have been delivered, and their impact on service users (Nottinghamshire Healthcare NHS Trust)	
May 2013		

To schedule:

Review of Specialist Palliative Care Services across Nottinghamshire – further update (June 2013)
Integrated Health and Social Care Discharge Project – further update (June 2013)
Children's Cardiac Services
Psychological therapies update
Care Quality Commission (postponed from October 2012)

EMAS control centre visit

Date in May 2013 –as part of consideration of dates in June 2012