Joint City / County Health Scrutiny Committee

Tuesday, 08 November 2016 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 Julie Brailsford (Tel. 0115 977 4694) 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.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE
11 October 2016 at 10.15am

Nottinghamshire County Councillors

Councillor J Clarke
Councillor J Creamer
Councillor Mrs K Cutts MBE
Councillor C Harwood
Councillor J Handley
Councillor P Owen
Councillor L Plant
Councillor J Williams

Nottingham City Councillors

Councillor A Peach (Chair for this meeting)
A Councillor M Bryan
A Councillor E Campbell
Councillor C Jones
A Councillor G Klein
A Councillor B Parbutt
A Councillor C Tansley
A Councillor M Watson

Officers

David Ebbage - Nottinghamshire County Council
Jane Garrard - Nottingham City Council
Martin Gately - Nottinghamshire County Council

Also In Attendance

Officers

Lucy Anderson - Nottingham City CCG
Hazel Buchanan - Nottingham North & East CCG
Lynette Daws - Nottingham City CCG
Helene Denness - Nottingham City Council
Karon Glynn - NHS England
Peter Homa - Chief Executive, NUH & SFH
Peter Herring - Managing Director, SFH
Lucy Peel - Nottinghamshire County Council
Sarah Skett - NHS England
Rachel Towler - Nottinghamshire Healthcare Trust
Dr John Wallace - Rampton Hospital, Nottinghamshire Healthcare Trust

MINUTES

The minutes of the last meeting held on 13 September 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES

Apologies were received from Councillor Bryan, Campbell and Councillor Tansley.

MEMBERSHIP

It was noted that the following changes were made for this meeting only:-

Councillor Plant replaced Councillor Tsimbiridis
Councillor Owen replaced Councillor Butler
Councillor Creamer replaced Councillor Bosnjak

DECLARATIONS OF INTEREST

There were no declarations of interest.

NOTTINGHAM UNIVERSITY HOSPITALS AND SHERWOOD FOREST HOSPITALS TRUST MERGER – PROGRESS UPDATE

Peter Homa, Chief Executive of NUH and SFH and Peter Herring, Managing Director of SFH gave a short presentation with an update on timescales and issues associated with the proposed merger of Nottingham University Hospitals and Sherwood Forest Hospitals.

During discussion the following points were raised:-

- By September 2016 all of the section notices on SFH were lifted by CQC, these were Section 10 (medical assessment/Mental Health Act) Section 31 (sepsis management) and Section 29 (governance/systems).

- The major clinical and non-clinical vacancies are around medical and nursing staff. In relation to staff, there is a design plan in place to prevent staff travelling long distances at unreasonable times between the two hospitals. Talks are in place to expand the medi-link bus service from the QMC and City campuses to Kings Mill. It was anticipated that the merged Trust would be able to offer more interesting career opportunities which would hopefully attract new employees to the organisation, helping to address vacancy challenges.

- The legal work delaying the merger is the responsibility of the regulator (NHS Improvement) and not the trusts. To form a combined organisation is taking longer than planned. One of the challenges to be overcome is that there is no precedent for merging an NHS Trust and an NHS Foundation Trust and the legal framework is having to be developed.

- SFH has had 7 Chief Executives over a 5 year period, staff have been poorly led and there has been no consistent direction.

- NUH are doing everything possible to bring the 4 hour A&E waiting time down. The A& E department receive over 600 patients daily, the infrastructure for that department was originally built for 350.

- SFH Trust is developing a plan to get the new organisation into financial balance over the coming years. With the PFI debt, the Trust is unable to strategically plan at present. The NUH Trust Board has said that it is not prepared to take on the PFI debt and this needs to be resolved before a merger can take place

- At the moment both SFH & NUH will remain separate organisations but continued joint working and integrating services will take place where appropriate.

- Services within Sherwood Forest remain fragile, Members were reassured that patients are not suffering as a result of the service being labelled as 'Fragile'.

The Chair thanked the Trusts for their update to the Committee and for answering questions which Members had.

RESOLVED to agree that

1) The information provided by the Trust be noted

2) Further consideration be scheduled to update the Committee at a future date as work towards a merger progresses.

COMMUNITY CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Representatives from Nottingham City Clinical Commissioning Group, Nottinghamshire Healthcare Trust and Nottinghamshire County Council updated the Committee on CAMHS in Nottingham and Nottinghamshire, including progress in implementing local transformation plans to improve children and young people's mental health.

During discussion the following points were raised:

- Residents in both the City and the County have a single point of access - Behavioural, Emotional and Mental Health access for the City and Nottinghamshire Healthcare NHS Foundation Trust for the County.

- Within the City, in 2015/16, the service accepted 1001 cases for assessment. Average waiting time (for Q3 and Q4 only) from referral to assessment was 35 days and from referral to treatment was 57 days. In Q1 of 2016/17, the service accepted 175 cases for assessment, with a further 32 being jointly assessed with specialist CAMHS. Average waiting time from referral to assessment was 39 days and from referral to treatment was 52 days. The CCG commissions specialist child and adolescent mental health services from Nottinghamshire Healthcare NHS Foundation Trust. In 2015/16, the service accepted 778 cases for assessment. Average waiting time from referral to assessment was 2.22 weeks and for referral to treatment was 5.07 weeks. In Q1 of 2016/17, the service accepted 200 cases

for assessment. As at 8 September 2016 (most recent monitoring information available), the average waiting time from referral to treatment was 3.59 weeks.

- Within the County, in 2015/16, targeted CAMHS accepted 3430 referrals for assessment. The average waiting time from referral to assessment ranged by CCG area from 46 to 71 days. The average waiting time from referral to treatment ranged by CCG area from 80 to 136 days. In 2015/16, specialist CAMHS accepted 2426 cases for assessment. The average waiting time from referral to assessment was 3.10 weeks and from referral to treatment was 7.15 weeks. In terms of the new integrated service, average waiting time for referral to treatment as at 8 September 2016 (1 April 2016 to this date), was 9.36 weeks.

- Members were impressed with the improvements within the service so far but had concerns about the waiting times from referral to treatment and expressed the hope that further implementation of the transformation plans will, in addition to other outcomes, translate into shorter waiting times for treatments

- A suggestion was made to see if an information leaflet could be sent to parents via schools who have children at the age of 16-17. Both Councils are doing the upmost to make the information available as much as possible. Nottinghamshire Healthcare Trust website also holds lots of information which is available for parents and children.

- There is a texting system in place to remind young people to attend scheduled appointments to help reduce the amount of failed appointments.

- There has been a large emphasis on prevention work through schools to raise the awareness of mental health and the stigma around coming forward. Alternative education providers also need to raise it and receive the same amount of information around it. There is scientific evidence to show that the brain changes around the teenage years and it becomes more plasticity when it becomes more developed.

RESOLVED to

That the Chair requested this item to return with a further update in a year's time on progress in implementing the transformation plans, including information on waiting time performance.
That the contents of the report were noted.

DANGEROUS AND SEVERE PERSONALITY DISORDER SERVICES AND PSYCHOLOGICALLY INFORMED PLANNED ENVIRONMENTS

Ms Karon Glynn, Head of Specialised Mental Health and Learning Disabilities PoC and High Secure Lead, NHS England, Sarah Skett, NHS England Joint Lead, Offender Personality Disorder Programme and Dr John Wallace, Consultant Psychiatrist, Rampton Hospital provided an update on the Dangerous and Severe Personality Disorder Service and information on the Psychologically Informed Planned Environments.

Members were happy with the detailed report which was within the meetings papers and no questions were asked.

RESOLVED to

That if any further changes to the service were made, the Committee would be informed.

THE WILLOWS MEDICAL CENTRE, CARLTON

Hazel Buchanan from Nottingham North and East CCG updated Members on the future arrangements for access to GP services. She outlined the following in her report:-

- Over 1,000 patients were on the Willows Medical Centre list at the time of closure. Around 700 of those patients have looked for alternative GP services. Over 200 patients who were registered at the practice haven't needed to access the practice for the past 5 years. This could be down to not needing any treatment or down to relocating elsewhere.

- The two main practices which have had to increase their intake is Peacock House and Park House. Peacock House has had to temporarily close their list for 3 months to allow time to 'catch up' with the large number of new patients.

- Within the area, there is over 2,700 registered places available for patients so there was sufficient capacity to accommodate all patients registered at The Willows.

- The Willows Centre building has now been repossessed and will be up for auction in the coming weeks.

- Work is being carried out in contacting the remaining patients still registered with The Willows informing them of the closure and advising them to where there are places in the local area.

- Patient feedback has been reasonably positive. Surveys have been circulated to see whether the closure has affected them. This process will continue on a regular basis to monitor the situation.

Following questions from Members, the following points were raised:-

- Patient's notes and records will transfer to the new practice in which they are registered with. These notes are then summarised and recoded.

- That the CCGs are working very closely with the CQC and NHS England. A review will be taking place in November.

- The staff at The Willows were offered alternative employment and most of the staff who took up those opportunities are still currently at their alternative location.

- There is a high number of single handed GP's over the age of 55 particularly in the City. The GP fellowship scheme will hopefully attract more GPs into Nottinghamshire.

RESOLVED to:

That the Chairman confirmed no further consideration was required specifically in relation to the initial response to closure of The Willows Medical Centre but requested an overview of GP capacity in the Carlton area and work taking place to ensure access to good quality GP services for all residents in that area going forward.

WORK PROGRAMME

RESOLVED to:

That the contents of the Work Programme be noted.

The meeting closed at 12.45pm.

Chairman

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
8 NOVEMBER 2016
EAST MIDLANDS CLINICAL NETWORKS AND CLINICALSENATE ANNUAL REPORT 2015/16
REPORT OF CORPORATE DIRECTOR FOR STRATEGY AND RESOURCES (CITY COUNCIL)

1. Purpose

1.1 To review the East Midlands Clinical Networks and Clinical Senate Annual Report 2015/16.

2. Action required

2.1 The Committee is asked to use the information provided to enhance its understanding of the work of the East Midlands Clinical Networks and Clinical Senate; and identify any issues of relevance to the Committee's future work programme.

3. Background information

3.1 The East Midlands is one of 12 regional clinical networks and clinical senates.

3.2 East Midlands Clinical Networks supports health systems to improve health outcomes of their local communities by connecting commissioners, providers, professionals, patients and the public across a pathway of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement. It focuses on cardiovascular disease, cancer, maternity and children, mental health, dementia and neurological conditions. It also has local priorities – respiratory, end of life, diagnostics and learning disability.

3.3 East Midlands Clinical Senate brings together a range of health and social care professionals, with patients to provide a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients, linking clinical expertise with local knowledge.

3.4 Further background information about the work of the Clinical Networks and Clinical Senate can be found at: http://emsenate.nhs.uk

4. List of attached information

4.1 East Midlands Clinical Networks and Clinical Senate 2015/16 Annual Report

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

5.1 None

6. Published documents referred to in compiling this report

6.1 Report to and minutes of meeting of the Joint Health Scrutiny Committee held on 10 October 2015

7. Wards affected

7.1 All

8. Contact information

Jane Garrard, Senior Governance Officer, Nottingham City Council)
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

East Midlands Clinical Networks and Clinical Senate

2015/16 annual report

2015/16 key achievements

Cancer

Over **300** East Midlands trainers and appraisers undertook the cancer awareness and early diagnosis GP train the trainer programme, with **97%** confident in using online resources

Identified support needs of acute hospital provider trusts to improve **62** day wait cancer performance, with agreed action plans being delivered

Provided access to clinical advice from **340** cancer specialists through **17** expert clinical advisory groups, including agreement of new timed pathways

Supported Health Education England to increase radiology training places from **one to three**

Cardiovascular disease

PULSE GP of the Year – Dr Yassir Javaid – for stroke prevention work

Lead implementer: National Diabetes Prevention Programme first wave site benefiting **3216** patients

Implemented sick day rules to prevent acute kidney injury in **170,000** high risk patients

Atrial fibrillation programme: prevented **159** strokes and **53** deaths. **7,010** additional patients diagnosed

Maternity and children

Supported **21** clinical commissioning groups and **10** local authorities in their response to Future in Mind

Developed commissioning guidance for paediatric orchidopexy, with Royal College of Surgeons, for the management of the **6,000** elective orchidopexies for undescended testes per year in England

Supported the formation of a new children and young people's improving access to psychological therapies learning collaborative in the East and West Midlands, with **123** trainees accessing training this year

Developed best practice standards of care to improve experience and outcomes of over **4,000** pregnant women with a raised body mass index

Mental health, dementia and neurological conditions

Care homes project supported formal diagnosis of **5,628** additional people with dementia

Initiated an innovative programme to identify pregnant and postpartum women with serious mental illness who are not being referred into perinatal mental health services

Commissioned physical health training sessions for early intervention in psychosis (EIP) services, with **49** EIP clinicians across five mental health trusts trained

Commissioned **12** innovations projects to support improvements in dementia care, crisis management and parity of esteem by testing new approaches to service delivery and application of technology

Local priorities

Produced personalised chronic obstructive pulmonary disease infographics for **19** clinical commissioning groups and **eight** acute hospital trusts

Produced a benchmarking report showing latest performance and variation in end of life care in the East Midlands

Supported local health communities to draw up plans to develop and pilot **4** multidisciplinary diagnostic centres to support earlier diagnosis for patients with vague symptoms

Clinical Senate

41 clinicians undertook four reviews of major health and social care transformation programmes (Lincolnshire, Leicester, Leicestershire and Rutland, North Derbyshire, Milton Keynes and Bedfordshire) covering a population of **2.8 million**

Worked with **38** clinicians to develop an advisory report for Meeting the Prevention Challenge in the East Midlands

Brought together **150** delegates to meet with the Sir Bruce Keogh, NHS England Medical Director, to drive forward improvements in 7 day services

Contents

Contact us:

ENGLAND.EastMidsSCNsandSenate@nhs.net

www.emclinicalnetworks.nhs.uk and www.emsenate.nhs.uk

@EMSenate @EastMidsCNs

01138 255 342

Fosse House, 6 Smith Way, Grove Park, Enderby, Leicester, LE19 1SX

Foreword

2015/16 has been a time of change and transition. The Five Year Forward View, published the previous year, advocated the need for a prevention focus, the redesign of urgent and emergency services, and with patients gaining control of their care. In practical terms, this has meant working with local health communities in 2015/16 to prepare for sustainability and transformation plans, with our area covering five footprints, and ensuring our work programme meets these national priorities.

Alongside the Five Year Forward View, independent taskforces for mental health, cancer and maternity services all highlighted variation in provision, equity of access and quality. We are collaborating across the region to help improve patient outcomes and experience in these areas.

The function and organisation of both the clinical networks and clinical senate was also reviewed. We are delighted that we have been recognised for our ability to provide independent clinical advice and facilitate clinical engagement – crucial for improving patient health in the region. However, we also faced reduced funding, details of which are on page 23.

2016/17 priorities for clinical networks across the country were also clarified nationally – preparation for which started this year. Revised national priorities are mental health, including dementia and children and young people's mental health, cancer, maternity, diabetes, and urgent and emergency care, with a focus on cardiovascular disease. However, we will continue to support local priority areas where resources are secured to enable this, including through our positive partnership with national charities. You can read more about our future plans regarding this on page 24.

We continued to forge close working links with national clinical directors and local partner organisations to ensure that our work is aligned as well as highlighting good practice and opportunities for improvement. As you can see from our stakeholder feedback on page 26, several national clinical directors have championed our work.

Despite this challenging time, financially and structurally, we are proud at what we have achieved in the last 12 months and our team's relentless focus on the patient. You can either read about our progress in detail between pages 10 and 22, or you can see a summary of our key achievements on pages 2 and 3.

Finally, we also have redesigned our website, which is packed with information and resources. Please use our new website addresses emclinicalnetworks.nhs.uk and emsenate.nhs.uk to access these.

Thank you for your interest and support and we look forward to working with you in the upcoming months. Should you wish to get in touch, our contact details are on page 4.

Aly Rashid
Medical Director with a lead for East Midlands Clinical Networks and Clinical Senate (NHS England, Central Midlands)

Roz Lindridge
Associate Director, East Midlands Clinical Networks and Clinical Senate

Partnership working

Partnerships are fundamental to all the work we do. One of our main strengths is bringing together clinical staff, commissioners, patients and the public from a variety of sectors.

Collaborative national working

We work nationally with other clinical networks and clinical senates to ensure that knowledge is shared and consistent approaches are taken. Our Associate Director and Clinical Senate Manager are chairs of their respective national groups. We work closely with the National Clinical Directors through our networks and are pleased that our locally based national clinical directors are an active part of our clinical leadership team.

Links across local commissioning

We work with colleagues in NHS England, specialised commissioning, local authorities, and clinical commissioning groups to support commissioning decision making through providing expert clinical advice.

Partnerships across the region

Within the East Midlands there are a number of health organisations with the same region-wide footprint. Whilst our remits are different we share a collective aim: to serve the East Midlands' 4.5 million residents, improving health outcomes for patients and the public. Our formal partnership agreement reinforces this commitment, and we are committed to collaborating to explore all opportunities to share resources, develop joint projects, and reduce the risk of duplication. The wheel shows these partners: in order to achieve best value for money and maximum patient benefit, we ensure our priorities complement, but do not overlap, those of others. To find out more information about each of our roles and remits, www.emwheel.org

Key:

- East Midlands Academic Health Science Network.
- National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care East Midlands.
- East Midlands Strategic Clinical Networks, now East Midlands Clinical Networks.
- East Midlands Clinical Senate.
- Public Health England East Midlands.
- Health Education England working across the East Midlands.
- East Midlands Councils.
- East Midlands Leadership Academy.
- National Institute for Health Research Clinical Research Network East Midlands.

About us

We are one of 12 regional clinical networks and clinical senates within England covering Leicestershire, Rutland, Lincolnshire, Nottinghamshire, Northamptonshire and Derbyshire.

East Midlands Clinical Networks

East Midlands Clinical Networks supports health systems to improve health outcomes of their local communities by connecting commissioners, providers, professionals, patients and the public across pathways of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement. In 2015/16, we focused on cardiovascular disease, cancer, maternity and children, and mental health, dementia and neurological conditions, as well as local priorities - respiratory, end of life, and diagnostics.

We can help to:

- **Enable clinical and patient engagement:** informing commissioning decisions
- **Define and drive quality improvement:** operating across complex pathways of care
- **Coordinate and support commissioners and providers:** identifying and reducing unwarranted variation, improving cohesion and ensuring sustainable services across pathways of care for staff and patients, both now and in the future.

East Midlands Clinical Senate

East Midlands Clinical Senate brings together a range of health and social care professionals, with patients, to provide a source of strategic, independent clinical advice and leadership on how services should be designed to provide the best overall care and outcomes for patients, linking clinical expertise with local knowledge.

We can support you by:

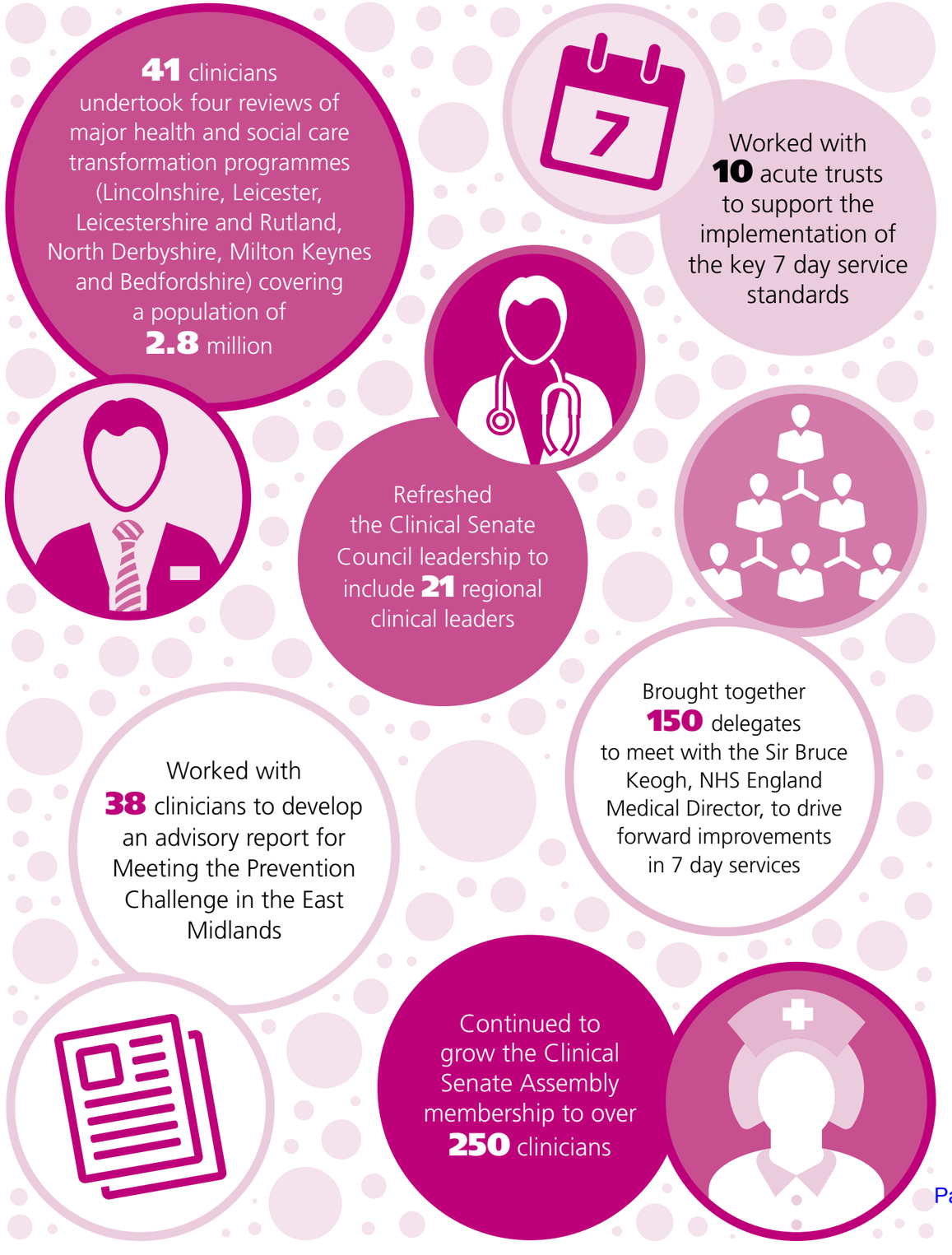
- **Providing clinical advice:** act as an honest broker, and if required, undertake reviews to areas where there may be lack of consensus in the local health system
- **Providing independent clinical advice to commissioners:** Focusing on major service change programmes, to inform the NHS England service change assurance process
- **Improving outcomes and value:** Working with you to identify aspects of health care where there is potential to improve outcomes and value. Provide proactive advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice.

2015/16 programme overview

Objectives	Deliverables
Cancer	
To contribute to halt the decline in cancer waiting times standards	Clinical advice and support, implementation of inter-trust transfer guidance and timed pathways, demand and capacity report
To evaluate current radiology services	Work plans for radiology diagnostics, interventional radiology and multidisciplinary teams, report on current state with recommendations for action
To address variation by improving and assuring cancer pathways	Expert clinical advisory group meetings and annual reports
To support Clinical Commissioning Groups and GPs to improve early diagnosis and one year survival.	Oesophagael straight to test metrics, upper gastrointestinal commissioning pathway, GP education work programme, Accelerate Coordinate Evaluate and Be Clear on Cancer campaigns
To develop upper gastrointestinal and prostate cancer high value pathways	Evidence based pathways
To engage commissioners and providers in the survivorship agenda, to enable improved support for patients living with and beyond cancer	Survivorship workshops
To support reduction in emergency admissions for patients with cancer	Emergency presentation audits, early awareness and diagnosis recommendations
Cardiovascular disease	
To support commissioners in recognising renal disease variation	Kidney quality improvement programme, acute kidney injury alerts switch on
To evaluate approach to early detection of deteriorating kidney function	eGFR surveillance package implementation
To support commissioners in addressing atrial fibrillation and heart failure variation	Heart failure upskilling, GP use of GRASP-AF
To reduce variation in access to renal transplant	Transplant list and live donation access audit
To review Clinical Commissioning Group pathways to prevent avoidable heart failure admissions	Current initiative review, best value pathways
To monitor regional stroke performance	Sentinel Stroke National Audit programme review, East Midlands neurology and stroke rehabilitation specification, thrombectomy review
To develop familial hypercholesterolaemia case for change	East Midlands action plan
To reduce diabetes growth	Referral pathway, staff training, training and quality assurance hub, programme evaluation, provision baselined
To establish vascular clinical advisory group and programme	Report card, work programme
To support Clinical Commissioning Groups and primary care to identify serious mental illness patients at risk of cardiovascular disease	Prevention and education programmes
To support Clinical Commissioning Groups to improve hypertension detection	Joint work with Public Health England Centre East Midlands
Maternity and children	
To facilitate sustainable, high quality, 24/7 networked pathway improvements	East Midlands hospital collaboration, paediatric transport consultation and commissioner committment to paediatric intensive care unit transport service
To support general paediatric surgery close to home	EastMidlands quality standards review
To reduce variation of care for children and young people with long term conditions	Palliative care audit, GP survey, general development review
To facilitate multi-agency approach for transformation of child and adolescent mental health services	Future in Mind self assessment tool, mapping report, transitions standards
To deliver effective transitional care	Great Ormond Street Hospital benchmark standards test, cystic fibrosis evidence base
To improve care for high risk, pregnant women	High risk pregnancy standards, standards included in service specifications, provider self-assessment tool
To scope a sustainable fetal medicine network	Existing fetal medicine services scope, agreed subspecialty training configuration, agreed approach to pregnancy associated plasma protein A testing
To reduce stillbirth and early neonatal death	Saving Lives care bundle

Objectives	Deliverables
End of Life	
To improve the quality and reduce variation in end of life care	Education standards, education provision review, do not attempt CPR communication and training practice, electronic palliative care coordination systems, deprivation of liberty safeguards processes dissemination
Mental health, dementia and neurological conditions	
To provide advice on improving access to psychological therapies provision	Improving access to psychological therapies network, training needs analysis, staffing model workshops, NHS Choices information
To advise how to achieve standards for early intervention in psychosis	Early intervention in psychosis network, current provision mapped, implementation resource guide
To improve the commissioning and provision of crisis care for people with acute mental illness	Section 136 audit, ambulance standards, crisis concordat key performance indicators
To contribute to the improvement in dementia diagnosis rates	Dementia network establishment, case finding audit
To improve post dementia diagnosis care and support	Training programme, dementia innovation pilot scheme evaluation
To improve care for dementia patients in acute hospital settings	Acute dementia standards pilot and audit
To identify shortfalls in neurological conditions service provision and develop commissioning guidance	Commissioning guidance
To provide advice to develop perinatal mental health community models	Training packages for new community models
To improve coordination of services across mental health and maternity pathways	Data linkage project
To support child and adolescent mental health services	Child and adolescent mental health services network, mapping exercise, implementation of self-assessment tool
To reduce the disparity in health outcomes for people with serious mental illness by supporting and evaluating innovative practice	Parity of esteem innovation projects
Respiratory	
To improve the diagnosis and management of lung disease, through audit, upskilling and the adoption of best practice and innovation	GRASP COPD pilot, COPD upskilling programme, promote educational opportunities, inhaler technique videos
To improve quality and reduce variation in management of respiratory disease	COPD and asthma infographics, COPD hospital audit report, clinical commissioning group COPD pathway survey, COPD event
To support improvements in end of life and palliative care for patients with chronic lung disease	Palliative care services map, model sharing
To review pathways to reduce frequent COPD admissions to hospital	Sparkler statement, emergency COPD admissions survey
To support implementation by clinical commissioning groups of self-management action plans and appropriate use of standby medication for COPD patients	Prescribing data on standby medication, prescribing guidance
To improve access to smoking cessation for people with respiratory disease	Working group establishment, smoking cessation services benchmarking
To complete evaluation of use of oxygen bands to support self-management	Evaluation report and roll out
To promote chest x-ray at time of COPD diagnosis to improve early detection of lung cancer	Chest x-ray promotion
To work with the East Midlands Academic Health Science Network to organise innovation event	Innovation event
To provide a platform to encourage innovation amongst healthcare professionals	Website to showcase best practice
To maintain patient involvement	Patient and carer involvement

Clinical Senate Achievements



Clinical Senate

Clinical Senate Co-chairs welcome

2015/16 has been a busy year for the East Midlands Clinical Senate. We have undertaken four reviews of major health and care transformation programmes, supported improvements in 7 day services in acute services, including hosting an event for 150 delegates, and worked with Public Health England to produce an advisory report in respect of Meeting the Prevention Challenge in the East Midlands.

Our co-chair, Professor Dave Rowbotham, retired in June 2015 and in December 2015 Dr Neill Hepburn, Deputy Medical Director at United Lincolnshire Hospitals NHS Trust, was appointed. We would like to extend our thanks to all of the Clinical Senate Council and Assembly members who have contributed their time and expertise to our reviews and advisory reports. We look forward to supporting commissioners and providers over the next year to improve health services.

Dr Neill Hepburn

Nigel Beasley

Transformation programme reviews

During 2015/16 we have undertaken reviews of large scale transformation programmes as part of the NHS England assurance process, including:

- North Derbyshire Transformation Programme
- Leicester, Leicestershire and Rutland Better Care Together Programme
- Lincolnshire Health and Care Programme
- Bedfordshire and Milton Keynes Healthcare Review

Spotlight on North Derbyshire

At the request of the chief officers of North Derbyshire and Hardwick CCGs, we were asked to undertake a review of the North Derbyshire Transformation Programme. The main focus of the review was to consider the case for change and planned approach to the development of the community hubs. In particular we were asked to consider if the vision in North Derbyshire for developing the options for integrated out of hospital based care, was based on sound evidence and best practice. Commissioners and providers were invited to meet with the review panel and a report produced. Feedback was received that the Clinical Senate input was extremely helpful in both approach and advice.

7 day services support and event

Last year we reported on the detailed baseline assessment work for urgent and emergency care 7 day services, undertaken with 10 acute trusts across the East Midlands. During 2015/16 we continued to bring together the 7 day service leads to support the implementation of the four priority standards identified. IIn June 2015 150 delegates joined NHS England National Medical Director Sir Bruce Keogh at a regional event to share learning and best practice for seven day services.

Sustainable services review

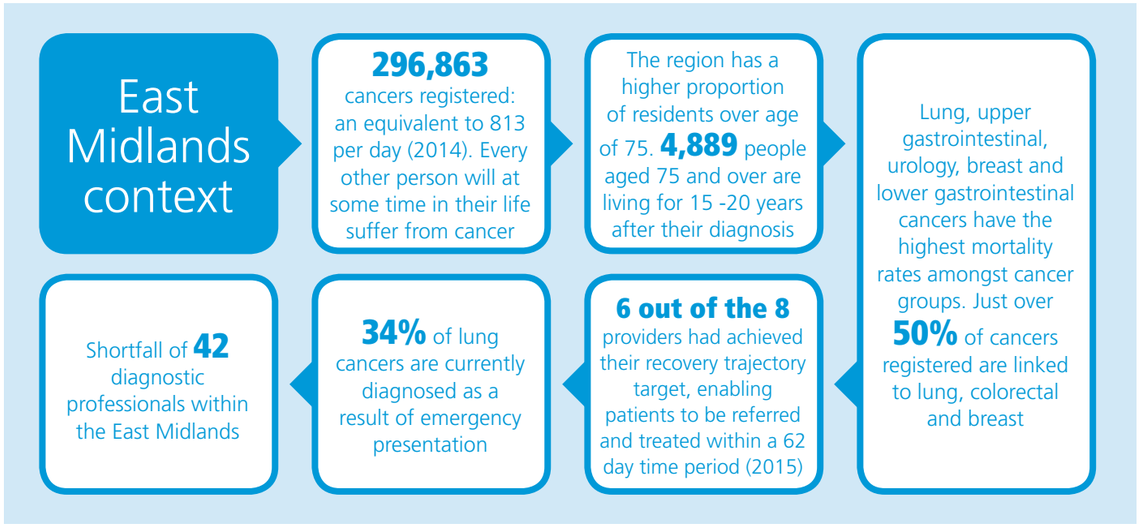
We carried out a mapping exercise as part of a collaborative review of services across the East Midlands at the request of the East Midlands Clinical Commissioning Group Congress, supported by the East Midlands acute chief executives group. Issues within the region had highlighted that a number of services were potentially at risk in terms of quality and sustainability despite significant transformational and QIPP plans being in place. The impact and potential solutions were recognised to extend beyond single clinical commissioning groups, providers or units of planning.

The sustainable services review brought together senior health leaders from multiple perspectives to share, confirm and challenge intelligence regarding current and future pressures across the health care system. Consensus was secured regarding the priorities for action at local, unit of planning and system level. The review identified a number of potential actions and future steps for the continued delivery of affordable quality care, in order to inform future sustainability and transformation plans.

Putting the Five Year Forward View into practice: Delivering the prevention challenge

In response to the Five Year Forward View prevention challenge, we, along with Public Health England East Midlands, brought together clinicians to develop an advisory report ***Delivering the Prevention Challenge*** in the East Midlands – A Call to Action to support the local health and care systems to implement the changes necessary to achieve a sustainable health and care system. The report highlighted projected rises in the demand for health and care services and provides a practical framework for prevention having identified areas for intervention. Two learning events were held in April 2016.

Cancer



Achievements

Cancer and diagnostics

Clinical Director welcome

This year has seen the publication of the Achieving World Class Outcomes Strategy for Cancer 2015-2020. Our focus in 2015/16 has been on performance improvement, supporting commissioners and providers to achieve the cancer waiting times, with specific areas including inter-trust referral, timed pathways and emergency presentations. We have also continued to support the early diagnosis agenda through the creation of mind maps for GPs when using the new NICE suspected cancer recognition and referral guidelines (June 2015).

The clinical leadership, through the expert clinical advisory groups, has strengthened and become invaluable in defining and moving the strategy through to implementation. The network has provided the forum for these clinicians to come together and have headspace to understand how this can be achieved.

Dr Steve Ryder,
Cancer Clinical Director

Expert Clinical Advisory Groups (ECAGs)

We continued to facilitate 17 Expert Clinical Advisory Groups, each delivering a defined work programme as set out in their annual report. These addressed NICE guidance, new national policy and guidance, and continued to review clinical pathways to improve patient experience and outcomes.

Each advisory group received data showing hospital cancer performance for each tumour site. This enabled the groups to recognise good practice and identify where improvements needed.

Collaborative working to improve cancer performance outcomes

Through collaborative working with hospitals, commissioners, support teams and regulatory bodies, we supported trusts in delivery of their cancer performance, allowing patients to be referred and treated more effectively. By the end of December 2015, six of eight trusts had achieved improved results.

Where acute hospitals reported similar difficulties, we organised workshops, to bring all stakeholders together to explore these problems, share good practice and identify possible and successful solutions.

Accelerate Communicate and Evaluate (ACE) programme

The overall aim of the national ACE Wave 1 programme aims to examine different approaches to early diagnosis of cancer helping to inform future commissioning of services. Locally, we examined a straight to test pathway to improve the timely diagnosis for patients referred with suspected oesophageal and gastric cancers.

Clinical pathway improvement and living with and beyond cancer

Developing, improving and reviewing implementation of clinical pathways has been a major focus for ECAGs.

This year we introduced the inter provider transfer guidance incorporating four timed pathways: oesophageal and gastric, lung, colorectal, and prostate. This guidance gives details on stages of the patient journey and describes appropriate transfer times to other acute hospitals to continue a speedy smooth patient transition. It was adopted by both the clinical commissioning groups and the acute hospital trusts.

Diagnostics and radiology

We created an East Midlands diagnostics group to identify key challenges across the area, linking with key stakeholders: providers, commissioners, Health Education East Midlands, East Midlands Academic Health Science Network, the East Midlands Radiology Consortium and other clinical networks. Their work focused on workforce, interventional radiology capacity and demand, and compliance to the Royal College of Radiologists standards for clinical radiologists'. All areas of work were designed to support radiology departments to work collaboratively to review the options available for effective resource management, as demand for diagnostics increases to support earlier diagnosis and ongoing care of patients.

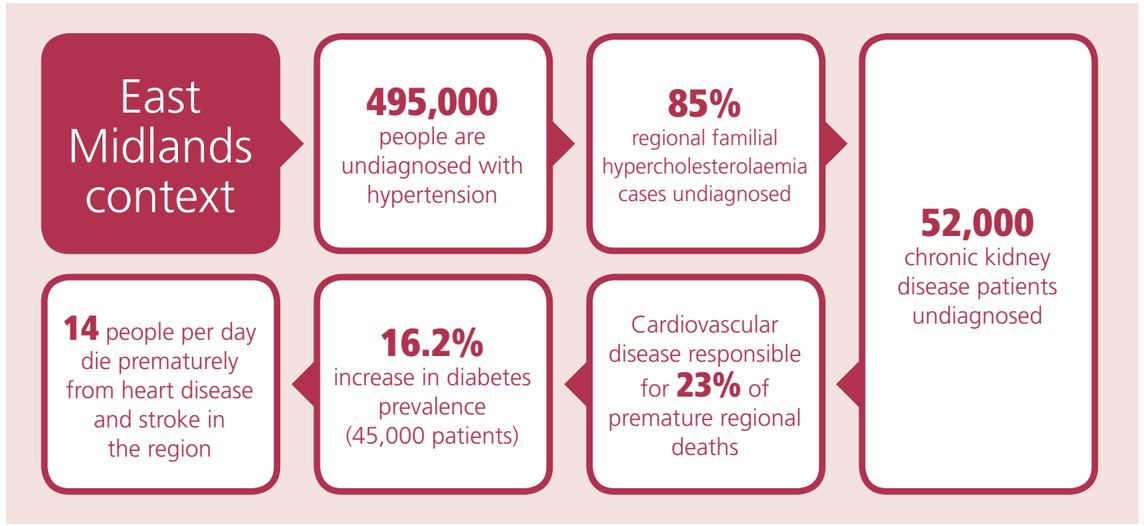
We awarded funding to six pilot sites to introduce local multi-diagnostic centres, to test the benefits of various models for patients presenting with vague symptoms. These will help to improve timely and better access to diagnosis and care which will support a wide range of clinical pathways.

Working with our primary care colleagues

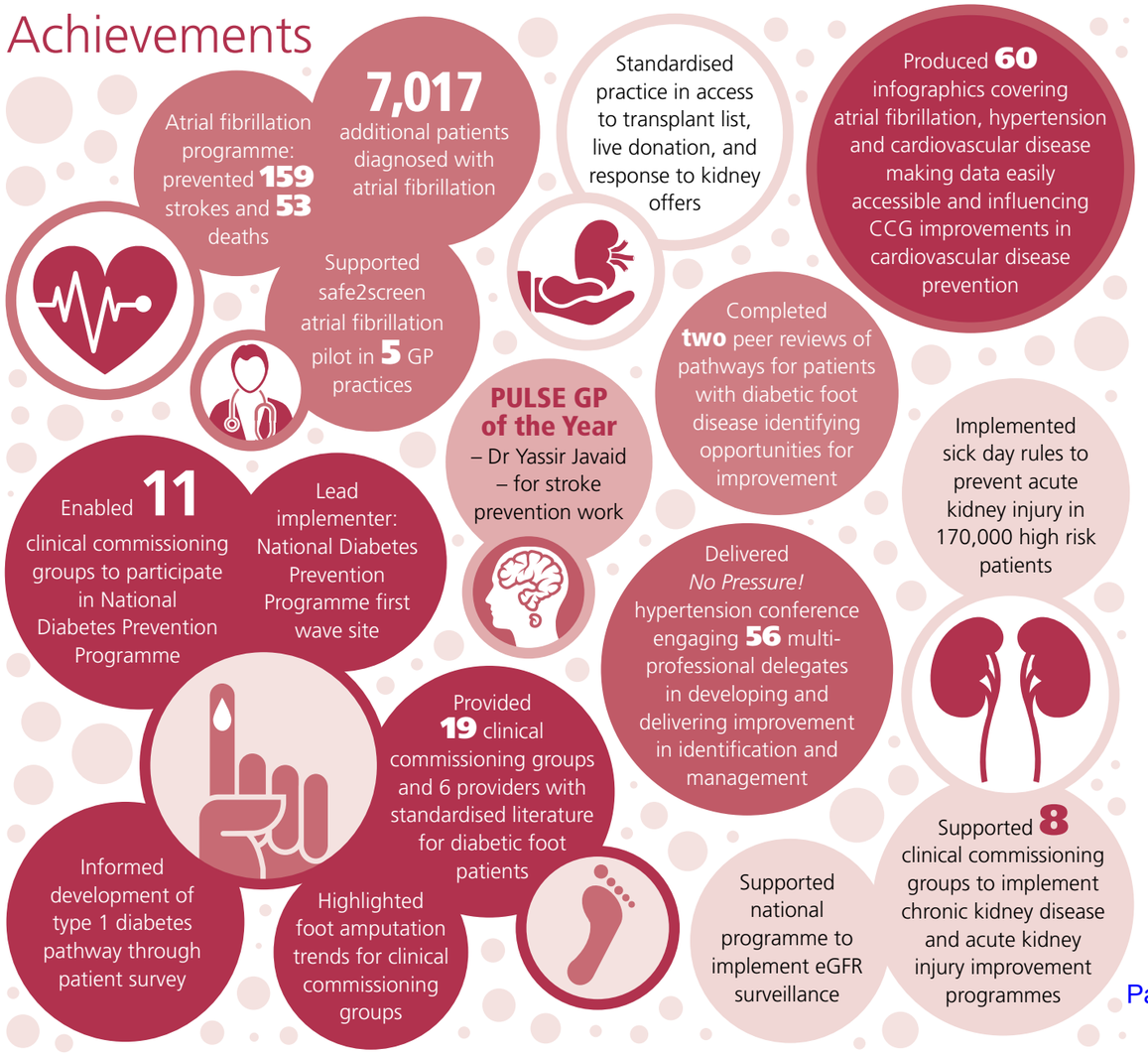
We worked closely with primary care colleagues to enable earlier diagnosis of cancer and to prevent emergency admissions. To assist with this work, our GP clinical leads led the creation of mind maps to support GPs on how to apply NICE guidance for suspected cancer.

As a large proportion of emergency presentations are lung related, an audit of these patients was undertaken. The findings are currently helping to forward plan capacity and with integrated working between primary and secondary care services.

Cardiovascular disease



Achievements



Cardiovascular disease

Clinical Director welcome

The Five Year Forward View highlighted the need for the NHS to become more prevention focused, an emphasis which is especially applicable to cardiovascular disease. This group of conditions, including diabetes, stroke, and heart disease, is already responsible for 23 per cent of the region's mortality. Preventative measures – including stopping smoking and increasing exercise – as well as effective intervention and diagnosis in primary care will improve patient outcomes and experience, as well as improving secondary care capacity. In 2015/16, our work programmes focused on supporting providers and commissioners to prevent cardiovascular disease, helping them to interpret the data, using visualisation, technology and linking with national programmes.

Tom Robinson

Simon Roe

Cardiovascular disease prevention

We continued to work with all 19 East Midlands CCGs to increase prevention, identification and optimal management of atrial fibrillation and heart failure. This includes the production of infographics demonstrating financial and outcome benefits from coordinated improvement programmes, medicines optimisation and primary care upskilling. The atrial fibrillation component has prevented an estimated 159 strokes and 53 deaths, reducing hospital admission costs by approximately £1.89m over two years. 7,017 additional patients have been diagnosed with atrial fibrillation (9.7% increase) and 5,898 additional high risk atrial fibrillation patients have been anticoagulated (22.4% increase).

We have developed the case for change and potential solutions for commissioners in identifying and optimising management of familial hypercholesterolemia.

Chronic kidney disease and acute kidney injury

We supported 8 CCGs to implement quality improvement programmes in chronic kidney disease (CKD) and acute kidney injury (AKI). This has included up-skilling events for primary care staff, supporting a Clinical Champion to lead the work, implementing an audit tool and CKD Nurse Facilitators working with GP practices to support improvements in diagnosis and management of CKD in primary care. Early results are showing increases in diagnosis and optimal treatment of CKD.

As a partner of the National Assist CKD programme, we have worked with CCGs, Renal Units and Pathology Laboratories and led the implementation of the eGFR surveillance programme in East Midlands to support the early identification, support and treatment of people with declining renal function.

Dehydration is a significant risk for patients on certain medicine and we implemented a sick day rules information leaflet with 18 CCGs to support prevention of acute kidney injury in up to 170,000 high risk patients.

Hypertension

Building on previous CVD prevention work, we established a Hypertension working group involving representatives from CCGs, GPs, public health in local authorities and Public Health England to explore opportunities to improve the diagnosis and management of hypertension in East Midlands. We produced personalised infographics to highlight variations in the diagnosis and management of hypertension. In March 2016, we joined with Public Health England to hold the 'No Pressure' workshop which focused on the opportunities for action on high blood pressure, exploring the gaps and barriers and what can be done to overcome those barriers through joint action. CCGs developed action plans at the workshop.

Diabetes

Locally over the last three years 45,000 additional people have been diagnosed with diabetes. We led a successful expression of interest on behalf of 11 clinical commissioning groups in the East Midlands to participate in the National Diabetes Prevention Programme. This local coordinated delivery of a national scheme will reduce the incidence of Type 2 diabetes, improving health inequalities.

Following the production of CCG specific data to highlight trends in diabetic foot amputations, we completed a peer review of the diabetic foot care pathway within mid and south Nottinghamshire and identified improvements to the current pathway.

Working with the East Midlands Diabetic Foot Care Network we produced standardised diabetic foot risk leaflets for patients which will be available across primary, community and hospital services.

We completed a baseline survey of services for patients with type 1 diabetes to identify gaps in current services and make recommendations for improvement. The report has been shared with CCGs and providers to inform local development of services.

Renal transplant

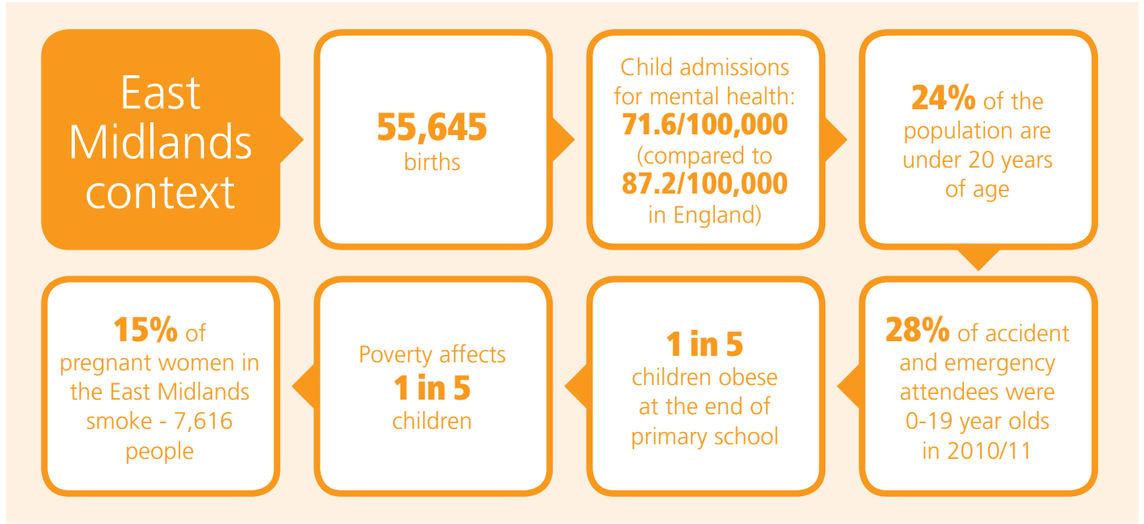
The East Midlands Renal Transplant Improvement Group has worked with us to improve access to and outcomes from renal transplantation. A number of task and finish groups have been established to focus on specific areas of the pathways of care to identify and address areas of unwarranted variation.

The two transplant centres in Nottingham and Leicester have been aligning their policies and procedures to ensure that patients can be sure of the same access and outcomes regardless of which centre they are referred to.

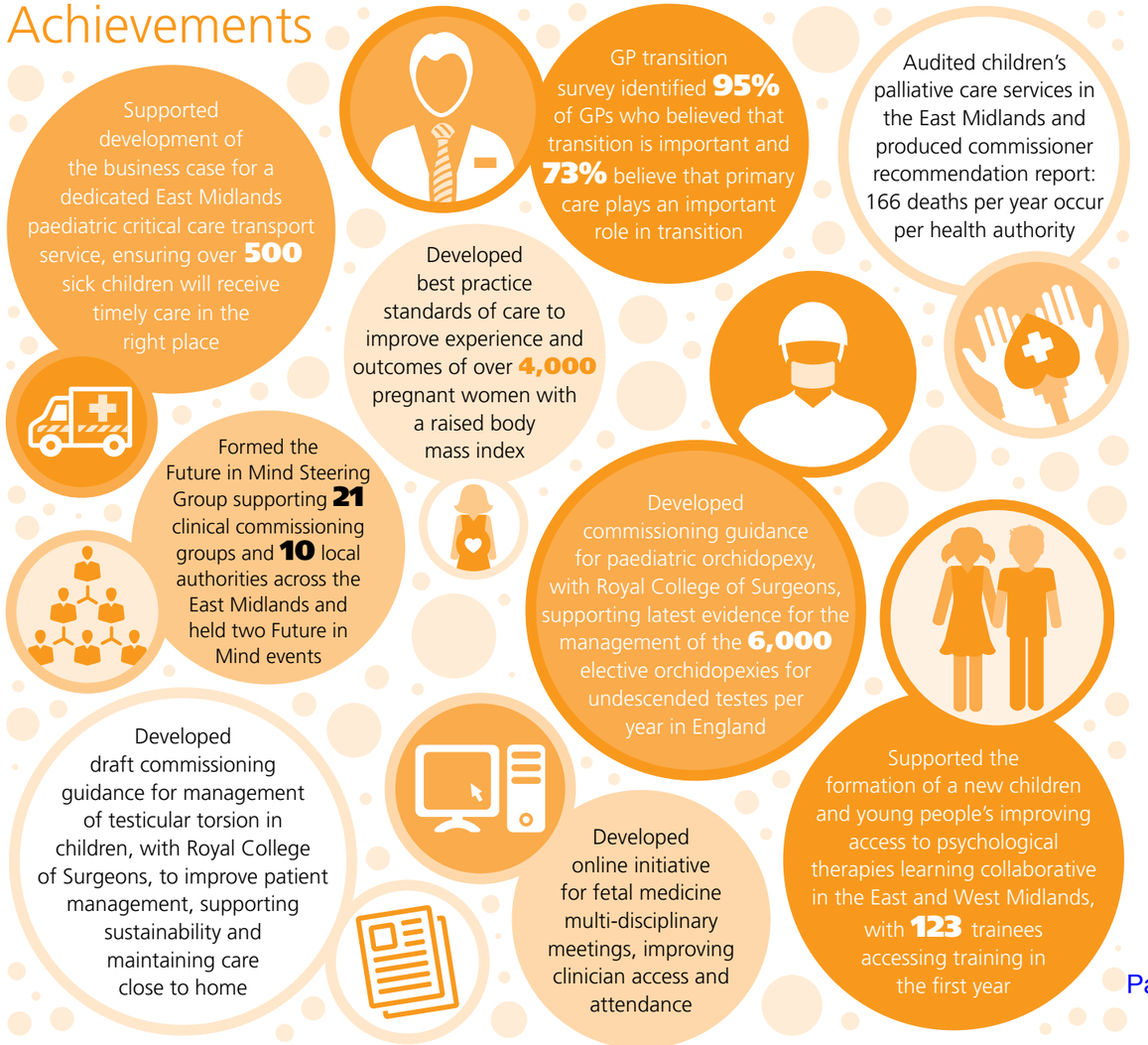
Stroke

We have continued in our collaboration with the East Midlands Academic Health Science Network, supporting their programmes to implement evidence-based service specifications for community stroke services, including 6 month reviews, development of additional regionally agreed metrics to monitor the quality of stroke service provision, multi-disciplinary community stroke rehabilitation team development and the production of stroke services directories for stroke survivors.

Maternity and children



Achievements



Maternity and children

Clinical Director welcome

In the children's network, we built on 2014/15 areas of focus: general paediatric surgery, transitional care and specialised children's services. However, we are pleased that the national agenda has increasingly focused on children and young people's emotional health and well-being, which as a region we are working together to improve.

For maternity, at the end of the year, we saw the publication of the National Maternity Review, by Baroness Julia Cumberlege, which reinforced the role of clinical networks in maternity services: to drive improvement and supporting specialised services, including neonatal care. We have also sought to improve care for high risk pregnant women in the region and improve fetal medicine services.

Our network has seen some staff changes in the past year. We would like to thank Sue Dryden, Alison Whitham, and Jan Gunter for their valuable contributions whilst welcoming Angela Horsley to the team.

Marwan Habiba, Clinical Director

Dr Jane Williams, Clinical Director

General paediatric surgery

We worked with the Royal College of Surgeons to create two sets of commissioning guidance: paediatric orchidopexy and testicular torsion (to be published in summer 2016). The orchidopexy guidance will support the management of 6,000 children who require elective orchidopexies per year in England. By demonstrating the high value pathway required for effective treatment, patients will receive the most appropriate care, wherever they live.

Transitions

Recognising the role that primary care has in transition, we gathered GP feedback on the value they placed on transition and how engaged they felt. Our survey highlighted that whilst 95 per cent of GPs felt transition was important, only 12 per cent felt appropriately involved. The survey was presented at Royal College of Physicians' national event. We are now looking at how best to engage GPs and through the identified transition leads in the region to ensure that primary care are included in the transition pathway. We as a region have contributed to the development of a national benchmarking tool for the transition process which will be launched shortly. In the interim we are using the draft tool to evaluate transition within the region.

Children and young people's emotional health and well-being: children's IAPT and Future in Mind

We supported the formation of a new children and young people's Improving Access to Psychological Therapies (IAPT) learning collaborative. This group will work to improve existing children and young people mental health services through service transformation and the delivery of evidence based practice across health, local authority and third sector agencies. We brought together over 200 professionals across two events to review transformation plans and ensure joint working across the system.

Children's palliative care

We worked with local children's community services and the local hospice for children and young people, highlighting good practice as well as areas for improvement. Enacting these recommendations, including workforce training and identified lead nurses, will support the commissioning and delivery of high quality and equitable services within the East Midlands.

High risk pregnancy

Risks in pregnancy increase, for both mother and baby, if the mother has a high body mass index. We developed standardised service criteria based on available best practice for all 11 of the region's maternity units. This will embed best practice, peer support and service improvement across the region, leading to improved outcomes for over 4,000 pregnant women.

Fetal medicine

Collaboration is essential to improving quality of care. To improve communication in fetal medicine, we established WebEx multi-disciplinary meetings so colleagues around the region could share complex cases for wider discussion and exchange of clinical opinion from their own bases. This format has reduced the need for some women to travel to other centres to receive the most appropriate care and helped introduce a joint approach and exchange of expert opinion and thus support best practice. The development of the East Midlands Fetal Medicine Collaboration will help consolidate it's status as the regional centre of excellence.

East Midlands context

1,418 people will experience a first episode of psychosis in a year

1,870 women will experience a serious mental illness following childbirth and a further **5,500** will experience mild to moderate depression and/or anxiety

56,279 people in the East Midlands who are over 65 have dementia but there is an estimated gap of 17,603 people (including under 65s) who may still benefit from a dementia diagnosis

Clinical commissioning groups' access rates for improving access to psychological therapies services range from **8.3%** to **26.7%**

There is considerable variation in the provision of core and enhanced 24 liaison mental health services across the region

People with serious mental illness have reduced life expectancy of 15-20 years and are 3-4 times more likely to develop physical health problems

Achievements

Secured funding to support the roll-out of an accredited clinical leadership programme for improving access to psychological therapies (IAPT) service leads in the **15** worst performing clinical commissioning groups in Midlands and the East (**5** in the East Midlands)

Initiated a programme to identify pregnant and postpartum women with serious mental illness who are not being referred into perinatal mental health services

Surveyed all **5** mental health trusts to identify gaps in service provision for both early intervention in psychosis services and liaison mental health services

150 clients referred to crisis resolution team in North Derbyshire assessed for their physical health through new monitoring clinic

Greater than **30%** reduction in the use of dementia beds and temporary closure of a **14** bed ward through new rapid response team

Care homes project supported formal diagnosis of **5,628** additional people with dementia

Provided funding to **12** innovations projects to support improvements in service provision and delivery around dementia care, crisis management and parity of esteem including:

Facilitated physical health training sessions for early intervention in psychosis (EIP) services, with **49** EIP clinicians across five mental health trusts trained

The network funded the development of a toolkit and training materials to support peoplewith serious mental illness to stop smoking

Co-designed, developed and piloted a toolkit for creating dementia friendly general practices in **8** pilot sites in North Derbyshire, creating over **250** new dementia friends across Derbyshire and a further **7** dementia champions in the practices

Published commissioning guidance for community based rehabilitation of people with long term neurological conditions

Mental health, dementia and neurological conditions

Clinical Director welcome

The report from the Independent Mental Health Task Force to NHS England (Feb 2016) recognised there is still much to be done to translate the vision of the National Service Framework (1999) and The Mental Health Strategy (2011) into sustainable reality due to the challenges of rising demand, of rising expectations and of implementing system-wide change. The work of the Clinical Network in 2015/16 has in fact been closely aligned with many of the important measures the taskforce has proposed. Our work programmes have helped to map services and identify variations in provision, supported innovation, facilitated sharing of best practice ideas and have helped to develop constructive dialogue to support well-informed commissioning of mental health and dementia services. Dr Margaret Oates stepped down from her role as Clinical Director this year and we would like to thank her for her wide-ranging contribution over the past few years. During this year we have also welcomed Jo Kirk as our Head of the Mental Health Network.

Richard Prettyman, Clinical Director

Dr Margaret Oates, Clinical Director

Dementia

We provided clinical advice on best practice to all health communities in order to improve dementia diagnosis. Specific support was given to CCGs in Leicestershire, increasing dementia diagnosis rates by 10% through case finding in long term care homes. Further roll-out of the project has been supported in two Lincolnshire CCGs and Nene CCG in Northamptonshire

We commissioned seven innovation projects to test new improvements in dementia care and dementia crisis management. Projects included developing standards to support GP practices to become dementia friendly, piloting rapid response teams to manage and avoid admissions of people with dementia into acute hospitals.

Early intervention in psychosis (EIP)

We commissioned training for EIP services to ensure that the physical health of people experiencing first episode psychosis is comprehensively assessed and promoted. Together with the at risk mental state (ARMS) training, this will help to ensure that people at risk of or experiencing psychosis receive NICE compliant treatment and support to improve their health outcomes and life expectancy.

Perinatal mental health

We developed a programme to link mental health and maternity data to identify pregnant and postpartum women with serious mental illness who are not being referred into perinatal mental health services. This has helped improve access and the development of specialised services in line with national standards. We also supported service development in those areas with limited or no service provision.

Improving access to psychological therapies

We provided clinical advice to to support the assurance processes for IAPT access and recovery targets. In conjunction with Health Education East Midlands, we completed training needs analysis for psychological therapists and provided workshops facilitated by national team for optimum IAPT staffing models. We held an IAPT conference which identified data variation, training and communications as key themes to be focused on in the future.

Liaison mental health services

We provided clinical advice to the NHS England assurance process for emergency department liaison mental health services and on-going support. We also surveyed five mental health trusts to map current service provision and shortfalls, with a report for commissioners currently being produced.

Parity of esteem

We worked with CCGs and representatives of health and well-being boards to stock take their work on the parity of esteem agenda and identify further actions. As a result, we developed a parity of esteem steering group which delivers learning exchanges to share innovation and best practice.

We commissioned five parity of esteem innovation projects to test new approaches to improving physical healthcare of people with serious mental illness (SMI). These included developing smoking cessation services for people with SMI, helping GP practices to ensure people with SMI, are on their SMI, registers and developing voluntary sector capacity to help people with SMI, to access local services to meet their needs.

Local priorities: Respiratory

East Midlands context

1,230 premature deaths due to respiratory disease in 2013

88,372 patients with chronic obstructive pulmonary disease

38,796 estimated patients undiagnosed with chronic obstructive pulmonary disease

Adult smoking prevalence – East Midlands: **18.8%**, England: **18%**

Inhaled corticosteroids account for **8%** of total prescribing spend

Achievements

- Produced personalised chronic obstructive pulmonary disease infographics for **19** clinical commissioning groups and **eight** acute hospital trusts
- Produced **three** videos to highlight the importance of inhaler technique for professionals and patients
- East Midlands chronic obstructive pulmonary disease conference attended by over **100** clinicians, commissioners and patients
- Completed pilot of oxygen bands within hospitals and evaluation report has been produced and is awaiting publication in medical journal
- Produced an infographic to compare hospital COPD audit results across East Midlands and highlight variations in care
- Undertaken a survey across clinical commissioning groups to benchmark the COPD pathway
- Piloted GraspCOPD within two clinical commissioning groups
- Completed initial study of prescribing of standby medication within GP practice
- Published a case study on COPD exacerbations

Local priorities: Respiratory

Clinical leads introduction

The East Midlands Respiratory Programme is jointly supported by East Midlands Clinical Networks and East Midlands Academic Health Science Network. The East Midlands Respiratory Programme's objective is to improve the outcomes and quality of life for patients with respiratory disease. Our work programme in 2015-16 has focussed on a number of key improvement projects aimed at improving the diagnosis and management of patients with respiratory diseases in primary, community and secondary care.

Joint Clinical Leads

Dr Charlotte Bolton, Consultant and Clinical Associate Professor in Respiratory Medicine, University of Nottingham

Jane Scullion, Respiratory Nurse Consultant, University Hospitals of Leicester

Highlighting variation in management of respiratory disease

To highlight variation in COPD across East Midlands in a concise manner for commissioners and providers, we developed bespoke infographics for 19 CCGs and 8 acute hospital trusts. They are being used by CCGs and providers to inform reviews of the current COPD pathway and help to identify areas of variation, gaps in current pathway and opportunities for improvement. Feedback has included from Professor Mike Morgan, National Clinical Director for Respiratory Services: "the innovative and eye catching display of information will help, over time, to drive standards upwards".

In addition, we are developing an infographic comparing care in acute Trusts across the East Midlands of COPD exacerbations from the National COPD Secondary Care audit to highlight variations in care.

Sharing best practice

East Midlands COPD Day 'A Breath of Fresh Air' held in November 2015 was attended by 110 clinicians, commissioners and patients. The event had a range of national and local presenters to share best practice in the management of COPD.

In addition, we published a Case Study on COPD exacerbations which highlighted several key areas to consider during an exacerbation and at the time of hospital discharge; as well as a case study and associated campaign on inhaler technique and importance that healthcare professionals are taught.

Service Improvement Initiatives

- Completed a feasibility study of use of "Oxygen Bands" within 3 Acute Trusts in East Midlands, an innovation stemming from Dr Gill Lowrey, Royal Derby Hospitals. Overall, this demonstrated improvements in oxygen prescribing and recording. The report has been accepted in "Hospital Medicine" Journal
- Piloted the GRASP COPD audit tool within 2 CCGs which helps GP practices to identify areas of improvement in the diagnosis and management of COPD
- Completed an initial study of prescribing of standby medication within GP practice which will inform the implementation of a service improvement project around standby medication in 2016-17
- Produced 3 videos to highlight the importance of inhaler technique for professionals and patients
- In process of undertaking a survey across CCGs to benchmark the COPD pathway which will help inform CCG service reviews.

End of life

East Midlands context

From 2105 there will be a steady rise in deaths resulting in a **25%** increase in death

Only **55%** of people die in their preferred place of death

Cancer and cardiovascular disease the predominant causes of death **28.7%** and **28.1%**

Clinical Leads Welcome

Following the launch of our End of Life Care programme in 2014/15, our local leadership group has continued to expand with multiple professional groups from across commissioners and providers of both health and social care.

Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020 published by the National Palliative and End of Life Care Partnership offers this overarching vision: "I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including me carer(s)."

Our work programme in 2015/16 has continued to support health communities in the East Midlands to achieve this vision.

Dr Sat Jassal

Dr Zahida Adam

Dr Maelie Swanwick

Developing education standards

Colleagues from across the region are working together to agree education standards for all – from specialist palliative care teams who deliver end of life care through to clinical staff who have less involvement in care for the dying through to carers and the general public.

Deprivation of Liberties

A Supreme Court ruling resulted in a significant increase in the number of applications for Deprivation of Liberties (DoLs) for individuals under the Mental Capacity Act. When a person dies who was being cared for under the protection of DoLs, their death must be referred to the coroner. Variation in understanding the required processes was identified through the local leadership group and clinical lead Dr Sat Jassal led the way to achieve clarity to ensure the best possible care for patients including inputting to a law commission review of the process which is still underway.

Electronic palliative care coordination systems

Two health communities – Lincolnshire and Nottinghamshire – are underway with the development and implementation of electronic palliative care coordination systems. The local leadership group provided a forum to share their experiences and learning as other health communities continue with their planning. We supported Arden and GEM Commissioning Support Unit to identify the most appropriate approach for those areas that do not yet have a system in place.

Benchmarking data

We sought to provide access to nationally available end of life care performance data in an easy read format that provides local comparisons highlighting variation. The aim is to encourage commissioners and providers to consider where they might learn from others to deliver the same outcomes being achieved elsewhere. The report will be updated as new data is made available, including the recently published End of Life Care Audit – Dying in Hospital report from the Royal College of Physicians.

Demonstrating value

We are funded by NHS England. There was a core allocation of £784,000 for running costs in 2015/16. This was used to employ a small support team of clinical and managerial leads. In addition, £1,936,000 was allocated for programme costs.

The use of the programme budget was assured in accordance with the NHS England accountability structures. The main areas of expenditure were to engage clinical leadership, support patient and public involvement, analytical and communications support, and non-pay costs associated with the work programme.

Financial return on investment is difficult to demonstrate through our budget alone, recognising the softer benefits generated through networking approaches within a multi-organisational system. An example of quantifiable benefits includes the atrial fibrillation component of our cardiovascular disease programme, which has prevented an estimated 159 strokes and 53 deaths, reducing hospital admission costs by approximately £1.89m over two years.

Looking forward

Within the NHS – including within the East Midlands Clinical Networks and Clinical Senate – we have vast potential to improve services, with dedicated staff who put patient experience at the heart of what they do. This desire and motivation will be particularly required in 2016/17 and beyond, in order to fulfil challenging national and local ambitions, on a reduced budget.

NHS England commitments, which we will help support our local health communities with, include:

- 75% of people with common mental health conditions to access psychological therapies within six weeks of referral and 95% within 18 weeks.
- 50% of people experiencing first episode of psychosis to commence a package of NICE-recommended care within two weeks of referral.
- Supporting the establishment of cancer alliances
- Meeting the 62 day waiting times standard for cancer
- Supporting implementation of the national maternity review
- Supporting the implementation of optimal diabetes pathways

These are also reflected in our updated clinical network priorities, which were highlighted on page 5.

Locally, where we have identified funding, we will continue to carry out programmes that are specific to the needs of East Midlands patients.

We will also maintain our close work with primary, community and secondary care professionals as well as the third sector, local authorities, commissioners, and other regional partners, to implement sustainability and transformation plans, to improve patient experience and health outcomes on a long term basis. This includes looking at new models of care and how services are delivered, particularly in urgent and emergency care.

Although this transition phase – focusing on prevention and new models of care - requires whole system change, the results will benefit the patient and NHS at large, in the long term. Achieving world class cancer outcomes: a strategy for England, 2015-2020 highlights that an additional 30,000 patients per year could survive cancer for ten years or more by 2020 if their recommendations were met. The NHS Diabetes Prevention Programme emphasises that one in three people will be obese by 2034, with 10% developing type two diabetes – a preventable disease – if action is not taken now. With our clinical expertise and ability to engage health communities, we look forward to supporting these ambitions to become a healthier East Midlands and nation, now and in the future.

Acknowledgements

We would like to thank our support team and all of our clinical directors, clinical leads and Clinical Senate council members who have provided their expertise as clinicians and patients in the last year:

- Adrian Brooke
- Alison Whitham
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- Ben Pearson
- Bernadette Armstrong
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- Chris Dawson
- Chris Ward
- Christine Clarke
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- Dan Pearson
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- Liz Marder
- Lucy Kean
- Maelie Swanwick
- Margaret Oates
- Mark Batt
- Marwan Habiba
- Melanie Davis
- Meng Khaw
- Milind Tadpatrikar
- Mriganka De
- Neill Hepburn
- Nigel Beasley
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- Paul Byre
- Paul Leeder
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- Quentin Davies
- Rajat Srivastava
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- Richard Prettyman
- Richard Stewart
- Robert Ashford
- Roshan Agarwal
- Rowan Harwood
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- Samreen Ahmed
- Satbir Jassal
- Sheila Marriott
- Simon Hardcastle
- Simon Lalonde
- Simon Roe
- Sohrab Panday
- Steve Lloyd
- Steve Ryder
- Tanya Bleiker
- Tasso Gazis
- Tom Robinson
- Toni Wolff
- William Speake
- Yassir Javaid
- Zahida Adam

Stakeholder feedback

Clinical Senate

Jackie Pendleton, Chief Officer, NHS North Derbyshire Clinical Commissioning Group – "Just to add my thanks to you all for a really positive and constructive meeting. Your challenges were spot on and will help us prepare for the same sorts of questions from the public when we get to formal consultation."

Acute trust participant, 7 day services event – "Thanks to you and the team for organising such a wonderful seven day services event last week. This was great – excellent agenda mixing national perspective with the East Midlands' perspective.

I look forward to receiving the outputs from this event and sharing them with our senior team."

Cancer

Sean Duffy, National Clinical Director for Cancer, NHS England – "The East Midlands Cancer Clinical Network have strengthened their clinical leadership through the expert clinical advisory groups. The expert knowledge these groups offer to commissioners and providers across the health community is invaluable as they ensure that high quality, evidence based pathways are developed at local level to provide safe, effective, quality care for patients."

Matthew Noonan, Intensive Support Manager, Intensive Support Team – "The East Midlands [Cancer] Clinical Network has provided excellent leadership and guidance to all trusts they have worked with as part of the national program [sic] to improve waiting times for 62 day cancer patients. The team has driven the improvement work across their region and has provided expert advice and knowledge which has contributed to good partnership working between ourselves and the [Clinical Network]."

Diagnostics

Member of East Midlands Joint Diagnostic Working Group – "Please pass on my thanks to…the team for all the work that has gone into this so far."

Cardiovascular disease

Participant at hypertension event – It was great to see a mix of health care professionals and NHS managers working together to think of ways of improving hypertension detection and management. These sorts of meetings are rare and I personally feel that cross professional working is important in healthcare, and, I commend you and your team for holding the event!"

Hannah Hutchinson, Senior Strategy and Implementation Manager, Leicester City Clinical Commissioning Group – "I love the cardiovascular disease prevention infographics; they have really helped our Senior Management Team to review what we are doing in this area"

Children and maternity

Dr Jacqueline Cornish, National Clinical Director for Children, Young People and Transition, NHS England on Future in Mind event – "I am really impressed, this is exactly the best of what we expect to see at the centre…

Over 120 delegates, cross-organisational representation, an inclusive agenda, good presentations… and some really important questions raised, challenges made, and problems highlighted."

Participant at Future in Mind event – "Really fabulous opportunities to hear dedication and expertise of everyone and was great to be able to form new relationships and networking."

Mental health

Professor Alistair Burns – "I was delighted to attend the East Midlands Clinical Network meeting a few weeks ago, to hear at first hand all the work that is being done and the enthusiasm for improving the care of people with dementia, in particular, the network has been leading on a programme of work to help improve diagnosis rates for people with dementia who are living in nursing and residential homes. The work has contributed to a rise in diagnosis rates by 10% across the region and will help ensure that older people in long term care have access to proper and timely treatment and support following diagnosis"

Participant at mental health annual conference – "Recognising the importance of patient involvement in mental health services was a key learning point from the event. Nicola Muckleroy shared her personal experience of postpartum psychosis which highlighted the importance of patient involvement."

Colin Warren Commissioning Manager South West Lincolnshire CCG – "from a SWLCCG perspective we welcomed the dementia care homes project as it helped to confirm our own case finding and it supported us to find new cases although not as many as we had first assumed. This has provided us with evidence to challenge our prevalence rate whilst challenging us to see if our patients are distributed atypically with more remaining in the community. The clinical network support has been timely and effective."

Respiratory

Mike Morgan, National Clinical Director for Respiratory Services, NHS England – "I congratulate the East Midlands Respiratory Programme team on the publication of their new COPD infographic. The clear presentation of appropriate and relevant data and demonstration of variation is the key to quality improvement. In this case, the innovative and eye catching display of important information will help, over time, to drive standards upwards."

End of life

Maelie Swanwick, Clinical Lead, East Midlands Clinical Networks – "It has been a privilege to be a part of the end of life care group, to see the great work already being undertaken across the East Midlands and nationally, and to engage with like-minded, passionate individuals to share ideas about improving end of life care."

Produced by the East Midlands Clinical Networks and Clinical Senate and Mono Design Ltd, July 2016

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

8 November 2016

Agenda Item: 5

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

NUH EMERGENCY DEPARTMENT TARGETS

Purpose of the Report

1. To introduce information on the performance against targets of the Nottingham University Hospital (NUH) Emergency Department.

Information and Advice

2. Councillors may be aware that NUH has not been meeting its statutory targets for treating patients within four hours. On average, between January and April 2016 almost 25% of NUH patients had to wait more than four hours to be seen in the Emergency Department. However, the situation is similar elsewhere, with only four hospitals in England able to achieve the Government target – the poorest performance since 2003-04.

3. Inappropriate attendance by patients who could be treated elsewhere is a factor in the targets not being met. Conditions which are appropriate for the Emergency Department include: serious injury or life-threatening problems such as loss of consciousness, severe breathing difficulties, heavy bleeding, severe chest pain, suspected broken bones, deep wounds, swallowing something harmful or a drug overdose.

4. Dr Stephen Fowlie, Deputy Chief Executive Officer and Medical Director of NUH will attend the meeting to brief the committee and answer questions, as necessary. A written briefing from NUH is attached as an appendix to this report.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee consider and comment on the information provided.

Councillor Parry Tsimbiridis
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

Partnership working to improve emergency care

Dr Stephen Fowlie
Medical Director & Deputy CEO, NUH

November 2016

- Performance
- Quality & safety monitoring
- Ongoing challenges
- Observations by Emergency Care Improvement Programme (ECIP)

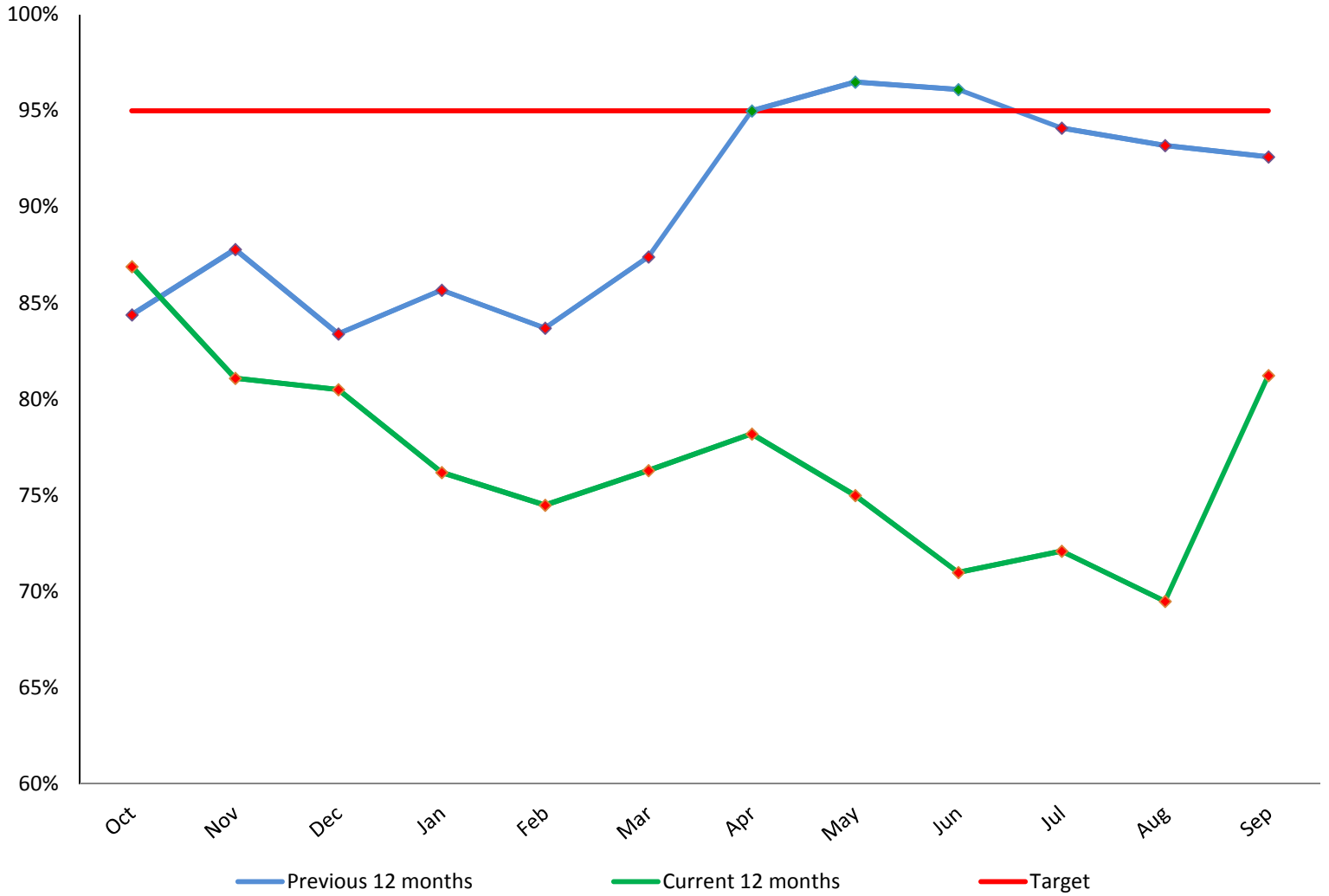
- Questions

System performance

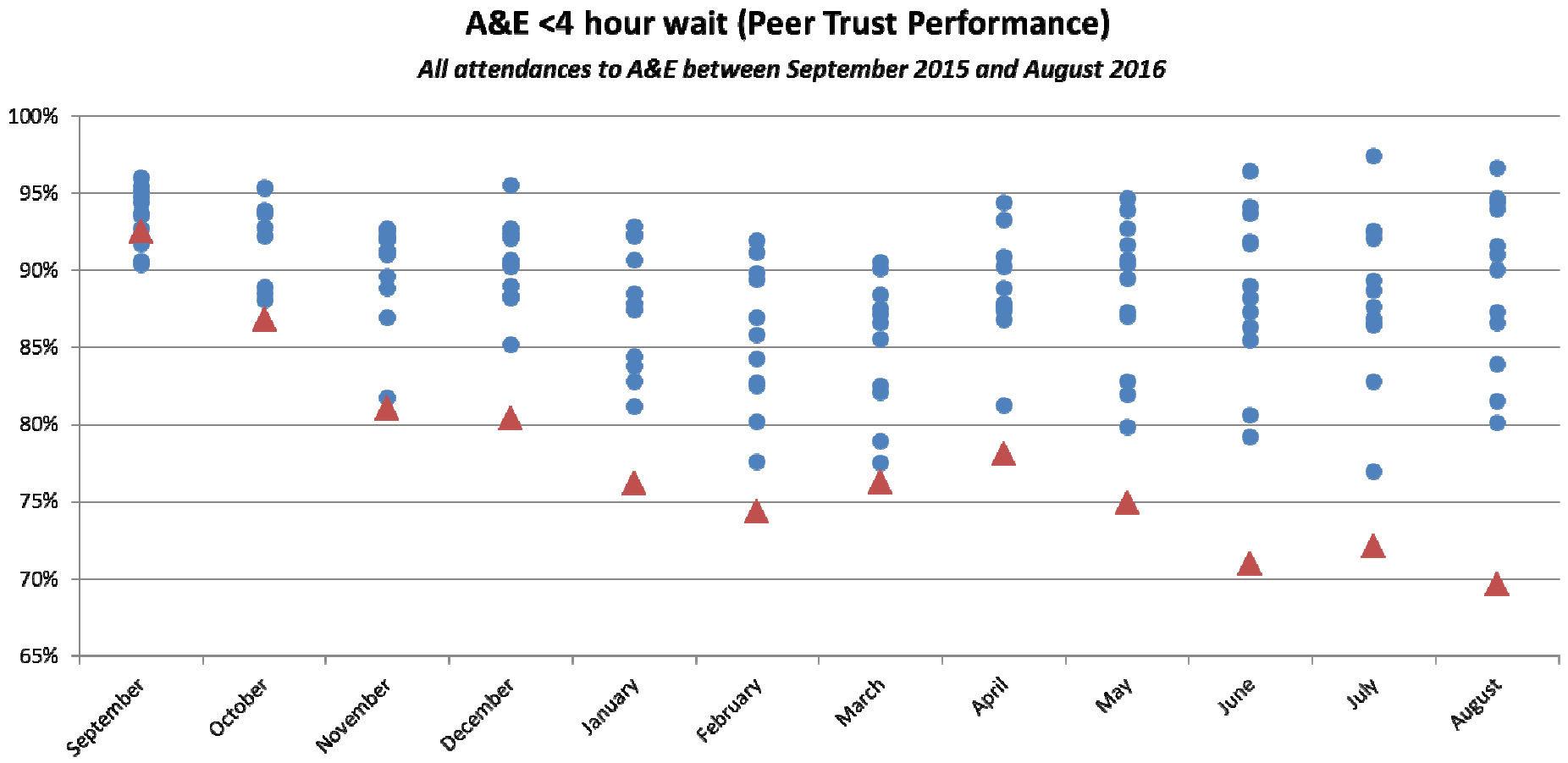
- Standard: at least 95% through ED in <4hrs
- NUH 2015/16: 86.8%
- Marked end-of-year deterioration

Q1: 95.6%
Q2: 93.2%
Q3: 82.8%
Q4: 75.7%

Through NUH ED in <4 hrs



Performance vs peers



Quality & safety monitoring

- Three 12 hr trolley waits YTD (9 in 15/16)
- RCA on all >8hrs
- Board & Quality Assurance Committee oversight (incl. Mortality rates)
- Strong patient experience scores

- Urgent & emergency services ‘Good’ for care & ‘Outstanding’ for well-led (NUH CQC Report)

Ongoing challenges

1. Demand vs Capacity
2. Staffing (ED)
3. Consistency of internal processes
4. Delayed Transfers of Care for medically fit patients
5. System working

Emergency Care Improvement Programme's 'system diagnosis'

1. Assessment before admission
2. Today's work today
3. Home first/discharge to assess
4. Strengthened system leadership & accountability

Demand: year-on-year change

Quarters 1 and 2	2014/15	2015/16		2016/17	
ED attends	83,889	84,959	▲1.3%	87,800	▲3.3%
Admissions from ED	22,143	23,605	▲6.6%	23,633	▲0.1%

Demand
'assessment before admission'

- Integrated urgent care (vanguard) project bringing together '111', mental health, urgent care centre, primary care and ED
- Improving ambulance turnaround
- Primary care at front door reducing admissions
- Acute frailty unit (QMC)

Capacity: ED Staffing current vacancies

Nursing

- 22 WTE registered (vs 34.8 at April 2016)

Medical/ANP

- 0 substantive consultants/ANPs, 5.3 WTE junior grades (vs 7.7 at April 2016)

Consistency of NUH processes
'today's work today'

- SAFER focus
- Operations Room focus
- New technology for bed / capacity management

- New Operations Director (flow/site management)
- Updated patient flow and escalation policies

Reduce Delayed Transfers of Care '*home first/discharge to assess*'

- Home is 'default' not hospital
- A shared commitment to ensuring that patients do not go directly to long-term care from an acute bed
- SAFER rolled-out to community settings (incl. visibility of waits)

System working
'*strengthened system leadership & accountability*

- A&E Delivery Board (NUH CEO Chair)
- System winter plan
- 1 shared vision for urgent care
- Moving from quick fixes and workarounds to sustainable change
- Emergency Pathway Taskforce (NUH)

Questions

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

8 November 2016

Agenda Item: 6

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

PLANNING FOR WINTER PRESSURES

Purpose of the Report

1. To introduce briefing on how the NHS and partners plan for winter conditions.

Information and Advice

2. Winter pressures in the NHS come every year, but despite planning the NHS faces considerable challenge. It is not simply about Emergency Department attendances – which can be at their lowest during the winter months – the major issue centres on emergency admissions and the number of people requiring hospital care predominantly with respiratory conditions or other conditions, for example, the failure of the heart to maintain adequate blood circulation after long-standing vascular disease – usually brought on by cold weather and viruses.

3. Many of those affected tend to be older vulnerable people who have increased care needs as much as a medical need. NHS England statistics indicate that, for those over 75 years of age there is a greater than 80% chance of needing admission from the Emergency Department, whereas for the under 30, it is less than 20%. Once in the Emergency Department, these patients will require a bed or trolley space until they are discharged. If the onward flow stops, then new patients cannot be received from the ambulance service or examined – this is sometimes referred to as “congestive hospital failure.”

4. Nikki Pownall, Nottingham City CCG, Nicola Peese, Nottinghamshire County Council and Dr Stephen Fowlie, Medical Director, NUH will attend this meeting of the Joint Health Committee to brief Members and answer questions, as necessary. A combined presentation from the CCG, NUH and social care partners is attached as an appendix to this report.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee consider and comment on the information provided.

Councillor Parry Tsimbiridis
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

System preparedness for winter

Nikki Pownall
Programme Director
Urgent Care

Winter 16/17: principles

- Winter plan & escalation plans
  (system and partner-level)

- Reflects learning from previous winters

- Mitigating risks

Main risks

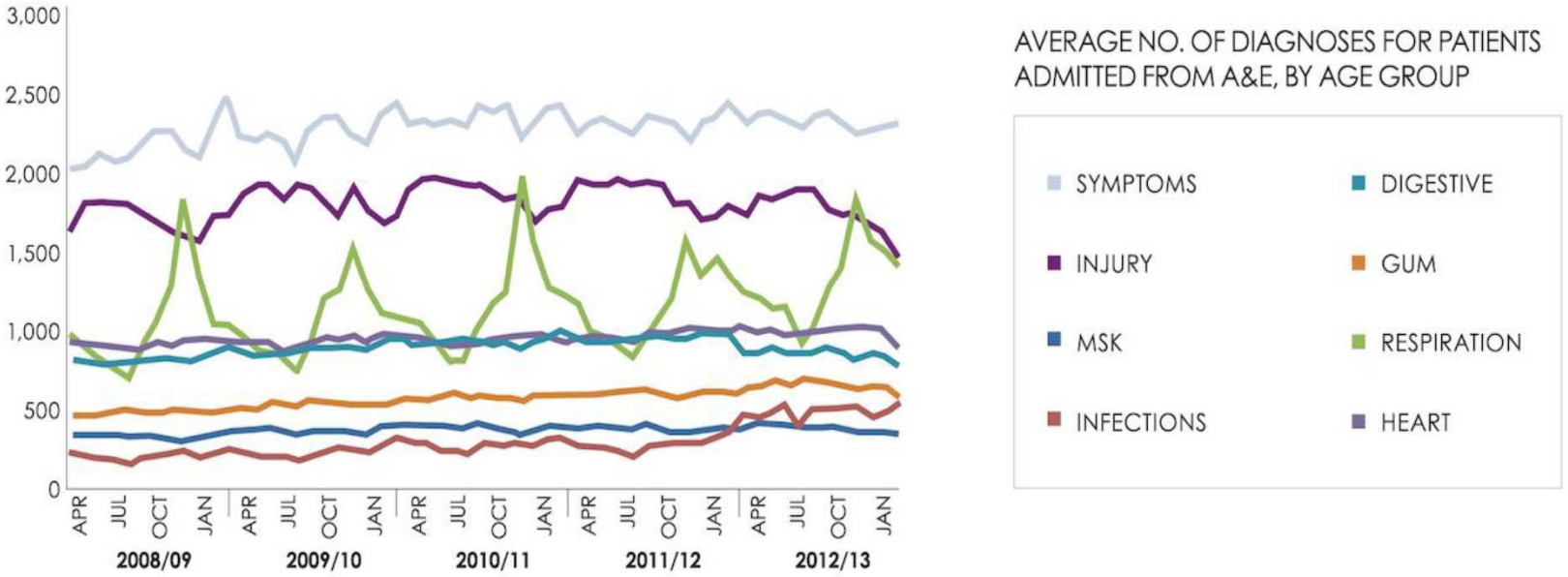
- Maintaining patient flow across the health and social care system
- Lack of domiciliary capacity
- Cold weather & associated spike in respiratory cases
- Influenza (flu)
- Staff retention and sustainability during the busiest months and major system change

Resilience monies £4m for 16/17

Priorities:

- Frailty service at QMC – provides early intervention to frail older patients at the front door; including additional medical, nursing, therapists, community teams, community capacity – 'Home First'
- Enhanced primary care at the front door to reduce admissions
- More respiratory capacity

Seasonal variation of A&E admissions by diagnostic grouping



Mandated areas of the plan

- Flu planning
- Adverse weather plan
- Communication plan
- Collaborative operational planning
- Outbreak plans D & V, Norovirus
- Focus on high risk groups & admission avoidance

Local flu strategy

- Flu vaccination campaign launched October
- Provider and community uptake target: > 75%
- Priorities for 16/17
  - Improving uptake in 2, 3 and 4 year olds, pregnant women and healthcare and social care staff
  - Financial incentive for providers

A multi-agency approach to communications

- Joined up communications campaign (proactive & reactive)
- Press releases and social media content scheduled throughout winter
- Adapted locally to signpost to local services

Collaborative operational planning

- Incl. social care and mental health services
- Agreed daily SITREP (status) calls
- Clear escalation & actions when a partner organisation is in red escalation

Norovirus/D & V

- Impact on bed closures both in the acute hospital and in community

- All providers have managed outbreak plans to avoid and contain any impact

Local Authority preparations for winter

- TO FOLLOW

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

8 November 2016

Agenda Item: 7

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.

3. The work programme for 2016-17 is attached as an appendix for information.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee note the content of the work programme for 2016-17 and dates for future meetings.

Councillor Parry Tsimbiridis
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

Joint Health Scrutiny Committee 2016/17 Work Programme

12 July 2016	• **Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables** To consider the consultation process and findings and if/how proposals are changing to reflect those findings; and progress against the key deliverables to be completed by June 2016 (Nottingham City CCG lead) • **The Willows Medical Centre, Carlton** To review action taken by Nottingham North and East Clinical Commissioning Group to ensure that all patients in the Carlton area have access to good quality GP services during the temporary closure of The Willows Medical Centre; and in the future. (Nottingham North and East CCG) • **Work Programme** To consider the 2016/17 Work Programme
13 September 2016	• **Environment, Waste and Cleanliness at Nottingham University Hospitals** To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites (Nottingham University Hospitals) • **Defence and National Rehabilitation Centre (Stanford Hall)** To examine the development of services for trauma rehabilitation (Nottingham University Hospitals)

	• **Future of Congenital Heart Disease Services** To consider NHS England's recent announcement about the future of congenital heart disease services, including changes to the commissioning of services at the East Midlands Congenital Heart Centre at Glenfield Hospital, Leicester. • **Work Programme** To consider the 2016/17 Work Programme
11 October 2016	• **Nottingham University Hospitals and Sherwood Forest Hospitals Trust Merger – Progress Update** (Nottingham University Hospitals) • **Community Child and Adolescent Mental Health Services (CAMHS)** **(**Nottinghamshire Healthcare Trust/ commissioners/ local authority public health) • **Rampton Hospital/Psychologically Informed Planned Environments (PIPES)** To receive information on the operation of PIPES in prisons (NHS England) • **The Willows Medical Centre, Carlton** To consider changes to services following the resignation from Dr Nyatsuro in relation to his GP practice contract (Nottingham North and East CCG) • **Work Programme** To consider the 2016/17 Work Programme

8 November 2016	• **East Midlands Clinical Senate and Strategic Clinical Networks** To receive the EMCSSCN Annual Report and updates on other recent developments (EMCSSCN) • **NUH Emergency Department Targets** To receive briefing on Accident and Emergency performance (NUH) • **NUH Planning for Winter Pressures** To receive briefing on NUH's plans to cope with winter pressures 2016/17 (and also whole system briefing from commissioners and social care partners). (NUH) • **Work Programme** To consider the 2016/17 Work Programme
13 December 2016	• **Environment, Waste and Cleanliness at Nottingham University Hospitals** To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites (NUH) • **Daybrook Dental Practice Report Findings** An update further to the conclusion of recent proceedings (NHS England) • **Sustainability and Transformation Plan (TBC)** To receive an update on the Plan, including an outline of the Plan, plans for governance and how the Plan will be delivered, plans for consultation and information about any anticipated substantial developments or changes to

	services. STP Team • **Work Programme** To consider the 2016/17 Work Programme
10 January 2017	• **Uptake of child immunisation programmes** To consider the latest performance in uptake and how uptake rates are being improved (NHS England/ Local Authority Public Health) • **Winter Pressures - EMAS** Evidence gathering as part of an ongoing review of winter planning (EMAS) • **Work Programme** To consider the 2016/17 Work Programme
7 February 2017	• **GP service capacity in Carlton area (TBC or March)** **To take a strategic overview of GP capacity and any pressures on service provision in the Carlton area and, where appropriate, work taking place to ensure access to good quality GP services for all residents in the area** **(Nottingham North and East CCG/ Nottingham City CCG)** • **Work Programme** To consider the 2016/17 Work Programme

14 March 2017	• **Work Programme** To consider the 2016/17 Work Programme
18 April 2017	• **Urgent Care Resilience** To review progress in developing resilience within the urgent care system, including the delivery of services during winter 2016/17 and how effectively winter pressures were dealt with. (Nottingham City CCG/ NUH) • **Work Programme** To consider the 2016/17 Work Programme

To schedule:

- Daybrook Dental Service - findings and lessons learnt (NHS England)/ future dental regulation – awaiting outcome of General Dental Council case (contact: Dr Ken Deacon)
- Progress against JHSC recommendation that "that the City and County Councils work with their partners, for example Marketing Nottingham and Nottinghamshire to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work"
- Integrated Community Children and Young People's Healthcare Programme – review of implementation and outcomes from service changes
- Procurement of Patient Transport Service, including development of service specification - awaiting confirmation of procurement timings
- Scrutiny implications of long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals
- Evaluation of Urgent and Emergency Care Vanguard (primary care at the 'front door')
- Integrated Urgent Care
- Strategic Health Plans for the South of the County

- Evaluation of GP Access pilots

Study Groups:

- Quality Accounts

Visits:

- Nottingham University Hospitals sites

Other meetings:

- NUH (Peter Homa)
- NHCT (Ruth Hawkins)
- EMAS (Greg Cox) (informal meeting with East Midlands Health Scrutiny Chairs to consider EMAS response to CQC inspection)

Items for 2017/18 Work Programme:

<u>May/ June</u>

- Nottinghamshire Healthcare Trust Transformational Plans for Children and Young People – CAMHS and Perinatal Mental Health Services update (to include workforce issues, development of Education Centre and financial position)

NHS 111 (align with publication of NHS 111 Annual Report)

Visit to new CAMHS and Perinatal Services Site (spring 2018)