Nottinghamshire County Council

Nottingham City Council

Joint City / County Health Scrutiny Committee

Tuesday, 07 October 2014 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
9 September 2014 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chair)
Councillor P Allan
Councillor R Butler
Councillor J Clarke
Councillor Dr J Doddy
Councillor J Handley
Councillor C Harwood
Councillor J Williams

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
Councillor A Choudhry
A Councillor E Campbell
Councillor C Jones
A Councillor T Molife
Councillor E Morley
A Councillor B Parbutt

Also In Attendance

Julie Brailsford	- Nottinghamshire County Council
Jane Garrard	- Nottingham City Council
Martin Gately	- Nottinghamshire County Council
Tony Athersmith	- Head of Area, East Midlands, Arriva
Derek Laird	- Director of Operations, Arriva
Shaun Deasey	- GEM Contract Manager
Neil Moore	- Director of Procurement & Marketing Dev, Mansfield & Ashfield CCG
Mo Rahman	- Chief Pharmacist, Nottingham University Hospital NHS Trust
Stewart Newman	- Head of Urgent Care, Nottingham City CCG
Pauline Hand	- NHS 111 Programme & Ops Director, Derbyshire Health United
Donna Clarke	- Evidence & Insight, Healthwatch, Nottinghamshire

MINUTES

The minutes of the last meeting held on 9 September 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair of the meeting.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors B Parbutt (other) and E Campbell (other City Council business)

DECLARATIONS OF INTERESTS

None

PATIENT TRANSPORT SERVICES

Mr Derek Laird (DL), Director of Operations (UK), Arriva Transport Solutions Ltd (ATSL), gave a presentation to the committee detailing the Contract Performance Review Report. The contract was now two years into a five year term. The current performance was at a level short of expectations, the service review plan had been revised and DL, who had been in post for four months, was keen to present the achievements and improvements of Key Performance Indicators (KPI's) since January 2014.

Following the presentation the additional information was provided in response to questions: -

- A number of external factors had impacted on performance. The average age of patients had increased and with an ageing population would continue to do so.

- A number of vehicles had already been replaced to cope with the increase in stretcher cases (50%) and wheelchair users (35%). Future vehicle requirements were being considered.

- A patient notification system had been introduced, a call to the patient to clarify if the service was still required to help reduce the number of aborted journeys. Patients not ready at the pickup time had a knock on effect to other patients. Promotion of 'online booking' system for patients to reduce the amount of phone calls. Currently looking at the most appropriate business system options to notify patients of delays to the service, patients were asked when booking how they wanted to be contacted. 'On time' patient arrival at hospital had been improved and increased by 19%, wards were informed if a patient was going to be late.

- There had been the introduction of a dedicated discharge co-ordinator post. Data on patient discharge was now available and systems on A&E and the wards informed who was making the most 'on the day' discharges. Wards needed to be booking transport in advance and then cancelling if not required Arriva needed to be part of the discharge pathway plan and were working with the hospitals to forecast planned discharges.

- The introduction of a renal co-ordinator post and the use of trained voluntary drivers had improved the service to renal patients.

- The use of private taxi companies is not specific to Nottingham/shire. Arriva had a clear Service Level Agreement with taxi companies used. The drivers

were approved, subject to the required checks and received training; patients that used taxis were the most mobile. Voluntary Car Service had been introduced to reduce the use of taxis and third party providers.

- Transport Operators worked with the Highways Agencies to identify delays on the roads and journey planning was arranged around quieter periods if possible. The current traffic delays around Nottingham (caused mainly by the tram works) had not been factored in to the report. Robust plans were in place for the winter period, the main priority would be getting the hospital staff into work.

- It had taken too long to recruit key members of staff. The recruitment and retention of staff had been a problem with a lot of staff moving to EMAS. Staff training, support and supervision had been improved to help with this.

- The pilot of a feedback 'App' that allowed patients and their relatives to feedback their experiences of the service had been introduced. No national standards or Key Performance Indicators (KPI's) were available to compare Arriva's performance to, although KPI's were not always representative of good patient experience.

- Arriva managers worked in the hospitals and were working with the discharge co-ordinators to improve the service.

The Committee requested that Arriva returned in six months for a further report on performance.

NOTTINGHAM UNIVERSITY HOSPITALS PHARMACY DELAY UPDATE

Mr Mohammed Rahman, Chief Pharmacist from Nottingham University Hospital NHS Trust presented a briefing to the committee on the latest position on NUH pharmacy delay. Mr Rahman had previously given a presentation to the committee in May 2014 in relation to improving the pathway for patients leaving hospital and delays waiting for medicine in hospital pharmacies.

Following the presentation the additional information was provided in response to questions: -

- Outpatient's pharmacy was an external company. Out patients were free to leave the hospital and take their prescriptions to their own GP. The pharmacy is run by NUH and all of the profit was put back in to help improve the service.

- Recruitment and retention of pharmacists was a concern. A large amount of applications were received from University students but only so many students could be trained to post diploma. Eight out of nine of the junior pharmacists had been retained. There was a need for post diploma pharmacists to be recruited; to recruit nine and retain them would be a challenge. Locums would fill the gaps but at £50.00 per hour (£500.00 per day) were costly.

- In order to continue with improvements, other factors not directly influenced by pharmacy needed to change. Doctors doing their ward rounds would inform a

patient that they were being discharged that day but it would be another 2 or 3 hours after the round finished before the Doctor had the opportunity to populate the prescription. Working towards a pharmacist transcribing the prescription prior to the day of transfer of care.

The Committee requested that Mr Rahman returned in six months for a further report on pharmacy waiting times, when it was hoped that the data on patients who took their prescriptions to their own GP would be available.

NHS 111 PERFORMANCE (UPDATE)

Mr Stewart Newman, Head of Performance at Nottingham Clinical Commissioning Group and Pauline Hand, NHS 111 Programme and Operations Director, Derbyshire Health United presented to the committee an update on the performance of the NHS 111 Service with particular reference to workforce changes.

Following the presentation the additional information was provided in response to questions: -

- The delay in calls being answered within 60 seconds and the delay in speaking to a nurse within 10 minutes required improvement. Only a quarter of calls required nurse intervention and the call back time of 10 minutes were not being met but the nurses would monitor the call list to prioritise call backs.

- The call advisors received training via NHS Pathways, software used by all NHS 111 providers. This was followed by 20 hours shadowing an experienced call advisor and the call advisor then shadowed them for 20 hours. Levels of competence were constantly being monitored.

- Staff sickness absence levels were very high. A staff survey was undertaken in January 2014 and concluded that they had been through a very difficult 6 month but the improved training and early intervention was helping to reduce the absence rates.

- A large number of calls were received regarding emergency dental care. A lack of emergency dental provision was impacting on the service. The public perception was that GP's were free but dentists incur a charge.

- Currently agreeing the level of resources required to support the direct transfer of calls from mental health patients to a skilled Mental Healthcare Practitioner. This service would be delivered by the end of the year.

- Staff were not pressured to meet targets, post training they were skilled in answering questions and arriving at the appropriate solution.

The committee requested that Mr Newman and Pauline Hand returned in six months for a further update on NHS 111 performance.

Following this agenda item Councillor Dr J Doddy and Councillor E Morley left the meeting.

NEW HEALTH SCRUTINY GUIDANCE – KEY MESSAGES

The committee discussed the new Health Scrutiny Guidance published by the People, Communities and Local Government Division of the Department of Health in June 2014. The following points were raised:-

- There was a need to encourage the media to attend the meetings to publicise the work undertaken by the committee.

- Suggested that for a trial period a member of the NCC communications team attended the meetings and produced subsequent press releases.

- Members were keen for their constituents to know about the work that the committee undertook, but there was also concern that it may bring a lot of personal medical issues to their door.

WORK PROGRAMME

Following today's meeting the following items would be added to the Work Programme:

- Development in Adult Mental Health Services (following the consultation).
- Development in Mental Health Services for Older People (following the consultation)
- Out of Hours Services for Emergency Dental Provision.

The meeting closed at 12.25pm.

Chairman

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE	
7 OCTOBER 2014	**Agenda Item: 4**
NOTTINGHAMSHIRE HEALTHCARE NHS TRUST AND NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP OUTCOMES OF CONSULTATIONS AND ENGAGEMENT	
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)	

1. Purpose

To consider the outcomes of consultation and engagement that has taken place and action taken in response to those outcomes in relation to:

a) proposed changes to provision of adult mental health services in Nottingham and Nottinghamshire; and
b) proposed changes to provision of mental health services for older people in Nottingham and Nottinghamshire

2. Action required

2.1 The Committee is asked to use the information to inform its questioning in relation to consultation by Nottinghamshire Healthcare NHS Trust and Nottingham City Clinical Commissioning Group about:

a) proposed changes to adult mental health service provision; and

b) proposed changes to mental health services for older people.

3. Background information

3.1 In July 2014 Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Trust advised the Committee of proposed changes to provision of adult mental health services and mental health services for older people as part of a wider transformation programme focused on reducing inpatient beds and improving community based provision.

3.2 This Committee has statutory responsibilities in relation to substantial variations and developments in health services. While a 'substantial variation or development' of health services is not defined in Regulations, a key feature is that there is a major change to services experienced by patients and future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of

patients across a wide area. The Committee's responsibilities are to consider the following matters in relation to any substantial variations or developments that impact upon those in receipt of services:

a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;
b) Whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
c) Whether a proposal for change is in the interests of the local health service.

3.3 Councillors should bear the matters outlined in paragraph 3.2 in mind when considering the proposals and discussing them with Nottinghamshire Healthcare Trust and commissioners.

3.4 <u>Developments in Adult Mental Health Services</u>

The proposed changes include:

a) closure of A43 at Queens Medical Centre in January 2015
b) closure of A42 at Queens Medical Centre in March 2015
c) closure of inpatient rehabilitation beds at Enright Close, Newark in October 2014
d) improved community service provision, including enhanced Crisis Resolution and Home Treatment Service; a multi-disciplinary model of care; changes to care pathways; introduction of a 'virtual ward'.

3.5 The Committee heard that some consultation regarding the proposals had already been carried out, including with staff, and that a 6 week public consultation period was planned. Some councillors raised concern about this consultation taking place over the summer period. The Committee requested that the outcomes of consultation and engagement, and any revisions to the proposals as a result be presented to this Committee.

3.6 Nottinghamshire Healthcare NHS Trust produced a consultation document 'Adult Mental Health Services Proposals for the Future: Have Your Say' which detailed that engagement with the local community would take place between 11 August and 22 September. This included hard copy and online feedback forms; and public meetings to be held in September. In the document the Trust also offered to speak with interested groups. The consultation document set out that a summary report of feedback received would be produced and presented to this Committee.

3.7 Representatives of Nottinghamshire Healthcare NHS Trust and Nottingham City CCG will be attending the meeting to discuss the consultation and engagement carried out, any revisions to the proposals

as a result and proposed next steps. A paper summarising the engagement feedback and actions is attached.

3.8 Councillors representing the Newark area have been invited to attend the meeting and contribute to discussion on the proposal to close Enright Close, Newark.

3.9 Developments in Mental Health Services for Older People

The proposed changes include closure of Bestwood and Daybrook wards at the St Francis Unit at City Hospital; and an improved model of community care to support people to remain in their own homes.

3.10 The Committee heard that some consultation regarding the proposals had already been carried out, including with patients, carers and staff, and that a 6 week public consultation period was planned. Some councillors raised concern about this consultation taking place over the summer period. The Committee requested that the outcomes of consultation and engagement, and any revisions to the proposals as a result be presented to this Committee.

3.11 Nottinghamshire Healthcare NHS Trust produced a consultation document 'Mental Health Services for Older People Proposals for the Future: Have Your Say' which detailed that engagement with the local community would take place between 11 August and 22 September. This included hard copy and online feedback forms; and public meetings to be held in September. In the document the Trust also offered to speak with interested groups. The consultation document set out that a summary report of feedback received would be produced and presented to this Committee.

3.12 Representatives of Nottinghamshire Healthcare NHS Trust and Nottingham City CCG will be attending the meeting to discuss the consultation and engagement carried out, any revisions to the proposals as a result and proposed next steps. A paper summarising the engagement feedback and actions is attached.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Paper from Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Trust 'Summary of Engagement Feedback and Actions' 25 September 2014

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

None

6. Published documents referred to in compiling this report

Report to and minutes of meeting of the Joint Health Scrutiny Committee held on 15 July 2014

Nottinghamshire Healthcare NHS Trust 'Adult Mental Health Services Proposals for the Future: Have Your Say' consultation document

Nottinghamshire Healthcare NHS Trust 'Mental Health Services for Older People Proposals for the Future: Have Your Say' consultation document

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

SUMMARY OF ENGAGEMENT FEEDBACK AND ACTIONS

25TH SEPTEMBER 2014

1) Background

Following initial engagement work which included internal development meetings with service users, carers and staff, discussions with commissioners, internal clinical confirm and challenge events, and information sharing and feedback meetings in the services identified for transformation, NCHT supported by Commissioners, presented proposals for changing adult mental health and older adult mental health services to the July Joint Scrutiny Committee Meeting.

The presentation summarised proposals to change how the adult mental health services are delivered

- Proposals drafted to create intensive and enhanced community service 24/7 in the City and South Nottinghamshire for adult mental health, to develop a crisis house in Nottingham, thus reduce the need to admit people and as a result we propose to close A42 and A43 at Queens Medical Centre (42 beds)
- Proposals drafted to develop a community rehabilitation team in the Newark and Sherwood area to ensure intensive home care and propose the closure of Enright Close in Newark (24 beds)
- We will still have a total of 206 inpatient and rehabilitation beds available if admission required

The presentation also summarised proposals to change how the mental health services are delivered to older people

- To provide an increased range of community based mental health and dementia care services to support people to receive care and treatment in their own homes when this is clinically appropriate to do so.
- In light of this we are proposing to close Bestwood Ward and Daybrook Ward on the St Francis site at Nottingham City Hospital (40 beds)
- We will still have a total of 90 inpatient beds available if admission is required.

It was recommended following that meeting that we have a focussed six week period of further engagement throughout Nottingham, Nottinghamshire and including Bassetlaw.

2) Summary of Engagement Process

A total of 14 events have been held throughout Nottinghamshire which were widely advertised and attended by 144 people. There was outreach work to engage groups seldom heard such as the traveller community. The events that were well attended and most supportive were those in the City and South. Meetings were held at a variety of times including two evening events. We encouraged comments through our website, and through attendance at public events. The NCHT public membership (2565), 41 governors, CCG mailing lists, voluntary & charitable organisations (including BME groups), Involvement Centres and HW Nottingham & Nottinghamshire all received information about the events and many forwarded the information to their own mailing lists.

Further work was undertaken to engage individuals unable to attend events (via phone consultation), a further carer (via meeting), two carers groups (Mansfield and city) and a Carers roadshow event (Newark). Comments boxes and posters were displayed in all inpatient settings and community bases and in addition to answers to questions from 144 people (not including NCHT staff or CCG staff) we received 72 completed feedback forms and 8 email responses.

People were asked to comment on the following four questions:

What do you like about these proposals?
Do you have any concerns about these proposals?
Do you think there is anything missing from these proposals?
Do you have any additional comments about these proposals?

The analysis of themes below arising from feedback forms, engagement meetings and carers meeting was produced with oversight from the Trust's Involvement Centre.

3) What people told us

The key points about *adult mental health c*hanges that people liked include the following:

- Improved community service model (especially increased access to community services at weekends and at nights)
- Idea of opening a Crisis House
- Focus on community rehabilitation
- Intentions to offer enhanced support to carers
- Additional training offered to staff
- There was recognition that inpatient care often isn't the right place for people to recover
- Increased multidisciplinary nature of the Crisis team

And they had concerns about the following

- A lack of beds when necessary for those who are acutely unwell
- Worries about not having a safe place to recover
- Fear of people being left without help when they need it
- Risk of increased out of area placements and subsequent impact on carers
- Doubt about the proposals based on previous poor experience of crisis support
- Concerns about how new services will link with social care and voluntary sector

The key points *about older adult service* changes that people like include the following:

- Increased support in own home, especially offer of up to four visits a day if required (*"I wholeheartedly support patients being treated in their own homes")*
- The development of compass workers
- Increased support for carers as a result of more intensive support to people in their places of residence

And they had concerns about the following:

- Risk of increased stress and responsibility falling to carers
- Possibility of wards being closed before new community services fully in place
- Worries that services might not be available when most needed such as during the night
- Risk of increased out of area placements
- Risk of increased workloads for staff

Further information with demographical data is included in appendix 1

4) Action we propose to take in response to feedback

In Adult Mental Health

- 206 acute and rehabilitation beds will continue to be available for those who need admission
- Timeline will be aligned in proposal to ensure enhanced crisis team in place, before any ward closures
- Crisis house development fast tracked to open December 2014
- Continued prioritisation of the provision of local care. Robust monitoring of any out of area placements with people transitioned back promptly
- Confirmed significant reinvestment in enhanced crisis team, increased access and responsiveness with key performance indicator being timely response for assessment (within four hours). Increased monitoring of service user and carer feedback
- Fully involve social care, voluntary sector in re-design proposals, collaborate to deliver effective pathways of care

In Older Adult Mental Health Services

- Up to 4 visits a day from IRIS
- There will still be beds available plus potential to use step up beds in local care homes with IRIS support for a short period of time
- Reviewing information and support to carers, will build on findings of a survey of areas of concern. Improve staff training and establish specific carer links.
- Some recruitment now underway further development on confirmation of reinvestment
- Increased accessibility 7 days a week 7am to 10 pm
- Benchmark is no out of area beds used in last 3 years and none anticipated but will monitor closely
- Increased staffing will enable effective caseload and will be monitored in regular supervision

5) Next Steps

This has been a valuable opportunity that has provided some very helpful feedback. We have worked with our Involvement Centre to get some more independent analysis of our responses to the issues raised and we believe we can address those concerns. We have developed a range of key metrics to ensure that we continuously monitor the safety of these changes and have agreed these in partnership with our commissioners.

We therefore propose that the committee supports these local service changes, and we would be happy to keep the committee updated on delivery of these plans.

Amanda Kemp
Deputy Director
Local Services NHCT

Sally Seeley
Deputy Director of Quality and Delivery (Interim)
Nottingham City CCG

Summary of feedback provided to Nottinghamshire Healthcare NHS Trust in relation to AMH/MHSOP service proposals
(Sept 2014)

- **Number of online feedback forms completed:**
  72 (18 MHSOP, 54 AMH)

- **Number of additional emails received via the involve@nottshc.nhs.uk:**
  8 (including one email from a public governor, and two emails from Healthwatch Nottinghamshire)

Demographics of those providing feedback:

TYPE OF RESPONDENT	
Staff	18
Service User	21
Carer	14
Partner	9
Public	10
Undisclosed	0

AGE	
0-15	0
16-24	1
25-34	2
35-44	12
45-54	17
55-64	19
65-74	11
75-84	1
85+	0
Undisclosed	9

ETHNIC GROUP	
White	52
Asian/Asian British	1
Mixed	0
Black/African/Caribbean	0
Other	0
Undisclosed	19

SEXUAL ORIENTATION	
Heterosexual	41
Bi-sexual	1
Gay	2
Lesbian	2
Undisclosed	25

GENDER	
Male	29
Female	34
Undisclosed	9

Disabled	27
Not disabled	32
Undisclosed	13

MHSOP proposals

What people liked about the proposals:
There is general support for a model which enables people to be treated closer to home.

- *"I am pleased that people will be able to get more help when they need it"*
- *"The idea of better provision at home is good"*
- *"Community based care is often better than hospital care"*
- *"In principal I wholeheartedly support patients being treated in their own homes where suitable"*

Main concerns/comments:

1. Additional stress and responsibility will fall to carers with the community model
   - Carers and families are concerned that they will be left to 'bear the burden' of acutely unwell loved ones without adequate support and respite.

Pertinent quote:

- *"I worry about the carers and the amount of support and respite they will receive under these new proposals. I worry that carers will be left to cope alone, that help will not come quick enough."*

2. Speed of the closures
   - Service users and carers are concerned that the wards will be closed before sufficient alternatives are in place

Pertinent quote:

- *"I think the Trust shouldn't be in a hurry to close any wards as of yet. Give the new schemes a while to see how well they're working and to assess their level of efficiency before closing any wards."*

3. Availability of the crisis/community services
   - Worries that these services will not be accessible at the times they're most needed – particularly the case for those with dementia (for example, through the night)

Pertinent quote:

- *"A lot of problems for people with dementia are due to problems at night and physical health problems. We need an overnight service."*

4. Increased out of area placements
   - Concerns from all parties about the risk of increased out of area placements, making the role of caring more difficult and potentially isolating the service user from their family

Pertinent quotes:

- *"My father has already spent 10 weeks in hospital and 8 of these separated from my mother in the opposite part of the county owing to bed closures. This has added to significantly emotional pressure to them both in the final period of his life.*
- *"We end up with patients spread all over the county… Older relatives struggle with maintaining contact with their loved one and it causes distress"*

5. Some concerns, particularly from staff, relating to the current pressures on MHSOP CRHTs and CMHTs and how the proposals will add to this

Pertinent quote:

- *"MHSOP CMHTs are already struggling to manage referral numbers coming through their doors"*

AMH proposals

What people liked about the proposals:
There is support for better services in the community, and for an enhanced crisis service. There is also support for the idea of a crisis house. There was also some support to move out of the Queens Medical Centre.

Main concerns/comments:

1. Lack of beds for those who need them (lack of a safe place to recover)
    - Concerns, again particularly from service users and carers, that very acutely unwell people will not be able to access bed when they desperately need them.

Pertinent quotes:

- *"We don't have enough beds as it is - close A42 and A43 for sure... but create new wards to replace them. CRHT doesn't cut down on admissions; we all know this, from experience and evidence."*
- *"We need ALL the wards AND the extra proposals."*

2. Acutely unwell patients likely to be neglected, isolated and potentially at serious risk
    - Concerns, particularly from service users, that people will be left without help – despite all the best intentions

Pertinent quotes:

- *"I have very many concerns that people who are ill are left with occasional visits by staff. These people were on wards because they need care and can't look after themselves."*
- *"At the time of admission service users admitted to these wards are already at a point where the existing crisis services cannot keep them safe. There is little acknowledgement that there are a certain number of individuals at any one time who cannot be safely managed anywhere except an inpatient unit."*

3. Increased out of area placements
    - Concerns from all parties about the risk of increased out of area placements, making the role of caring more difficult and potentially isolating the service user from their family

Pertinent quotes:

- *"People will be found beds miles from their homes. Their families cannot visit. Their community teams don't visit."*
- *"There is currently a shortage of acute care beds. This means that patients requiring admission are often deferred or allocated a bed many miles from home."*

4. Poor experiences with the crisis services, leading to scepticism about how they will adequately support carers and service users in the community

Pertinent quote:
"I have not had good service from the Crisis Team"

5. Some concerns about how the new/enhanced community services will link in with social care and voluntary sector support

Pertinent quote: Feedback received at public meetings

6. Additional stress and responsibility will fall to carers with the community model
    - Carers and families are concerned that they will be left to 'bear the burden' of acutely unwell loved ones without adequate support and respite.
    - Carers are concerned that there may not be enough beds and that their loved ones will be placed out of area

Pertinent quotes:

- *"There is no resources for the carer, as a carer of my husband I felt unsupported and left to my own devices, I had little sleep and felt physically ill"*
- *"I worry for the carers at the end of their tether, sometimes a hospital stay is the only respite they get."*

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

7 October 2014

Agenda Item: 5

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

INTOXICATED PATIENTS REVIEW – RESPONSE TO RECOMMENDATIONS

Purpose of the Report

1. To introduce the response from Nottingham University Hospitals (NUH) to the Joint City and County Health Scrutiny Committee's Scrutiny Review examining the impact of intoxicated patients on the Emergency Department at NUH.

Information and Advice

2. Members will recall that the Joint Health Committee previously undertook an evidence gathering review of the issues caused by intoxicated patients attending the Emergency Department at NUH by means of a study group. The study group heard from both Mr Alan Davis, the High Volume Service User (HVSU) nurse responsible for reducing prolific attendance at the Emergency Department, and Demas Esberger, the Clinical Director for Acute Medicine.

3. The study group made the following recommendations, and these were ratified by the committee for onward transmission to NUH on 10 June 2014:

    1) Funds should be identified to allow the High Volume Service User Nurse role to be continued permanently within NUH

    2) Robust Information on alcohol abuse and intoxication as a contributing factor in Emergency Department attendance should be captured

    3) The views of patients on how the behaviour of intoxicated patients has impacted upon them should be captured and used to inform the development of Emergency Department Services

4. Whilst ratifying the recommendations, the committee made a number of other points which were also communicated to NUH. These are as follows:

    • Concern was expressed about the 50 prolific High Volume Service Users, the cost and the distress that intoxicated patients cause to other patients.

- The Trust should start to keep a record of the patients admitted for a physical injury caused by being intoxicated.

- The perception that intoxicated patients are only a problem on Friday and Saturday nights but this is a constant problem 24 hours a day, seven days a week.

- The possibility of looking in to the scheme that Derby City Council have started regarding intoxicated patients based on a scheme that Cardiff Council have implemented in conjunction with the police.

- The Committee were pleased that the funding for the HVSU nurse post had been agreed for an additional year as the work done by Mr Davis proved that this role had helped reduce the HVSU's. It has not been confirmed yet that Mr Davis personally will continue in this role.

- The Committee would like to know to what extent the HVSU specialist nurse works with other agencies as there is value in multi-agency working.

5. The committee agreed to invite NUH representatives to attend the Joint Health Committee in the autumn to present their response. The response from NUH is attached as an **appendix** to this report.

6. Representatives from NUH will attend the committee to present the response and answer questions.

RECOMMENDATIONS

That the Joint City and County Health Scrutiny Committee:

1) Receive the response to the recommendations

2) Schedule further consideration as necessary

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

Update from Nottingham University Hospitals NHS Trust

September 2014

Further to attendance at the Joint Health Scrutiny Committee in December 2013 and the Intoxicated Patients Review that followed, the Joint City and County Health Scrutiny Committee recommended the following to Nottingham University Hospitals NHS Trust (NUH):

1) Funds should be identified to allow the High Volume Service User Nurse role to be continued permanently within NUH

2) Robust information on alcohol abuse and intoxication as a contributing factor in Emergency Department attendance should be captured

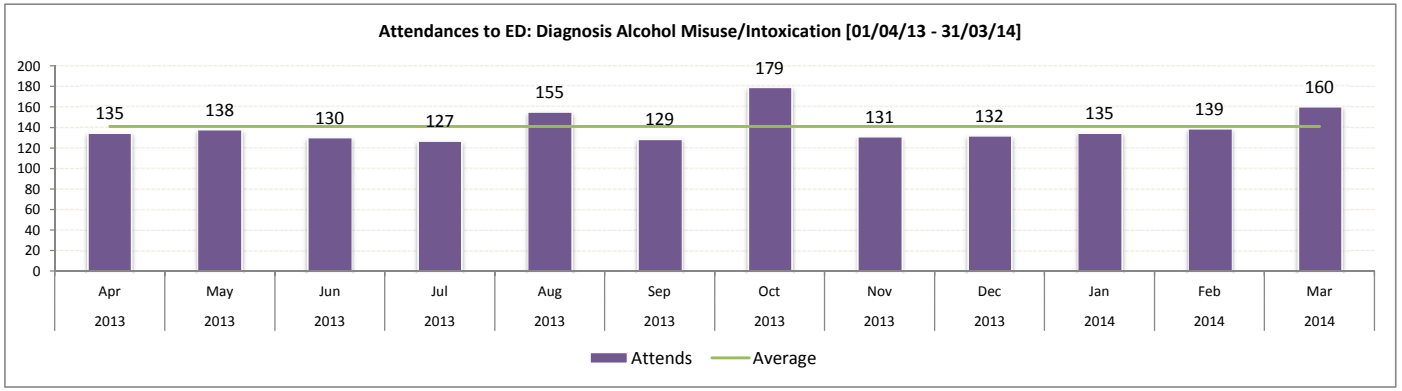
3) The views of patients on how the behaviour of intoxicated patients has impacted upon them should be captured and used to inform the development of Emergency Department services

NUH has considered each of the recommendations and is pleased to respond to them in turn, as follows:

- The High Volume Service User Nurse role post is a secondment that has been extended for a second year in 2013/14. At present, this secondment arrangement ceases at the end of May 2015. Discussions are currently taking place within NUH to extend the secondment or make this post into a permanent position, given its success and impact to date
- Such information on alcohol abuse and intoxication attendances to our Emergency Department are already captured to allow detailed analysis to take place and trends to be monitored. We have collected data on high volume service users (which includes alcohol-related attendances) since 2012. Data is available by month, day and age range for attendances and admissions which are alcohol related from 2009-2014. Please see attached information
- NUH (via our High Volume Service User Nurse) would be pleased to undertake a piece of work to allow us to gain a better understanding of how the behaviour of intoxicated patients affects other patients, visitors and staff.

Demas Esberger
Clinical Director, Acute Medicine

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alcohol Intoxication' [01/04/13 - 31/03/14]



Year	Month	Attends	Average
2013	Apr	135	140.8333
2013	May	138	140.8333
2013	Jun	130	140.8333
2013	Jul	127	140.8333
2013	Aug	155	140.8333
2013	Sep	129	140.8333
2013	Oct	179	140.8333
2013	Nov	131	140.8333
2013	Dec	132	140.8333
2014	Jan	135	140.8333
2014	Feb	139	140.8333
2014	Mar	160	140.8333

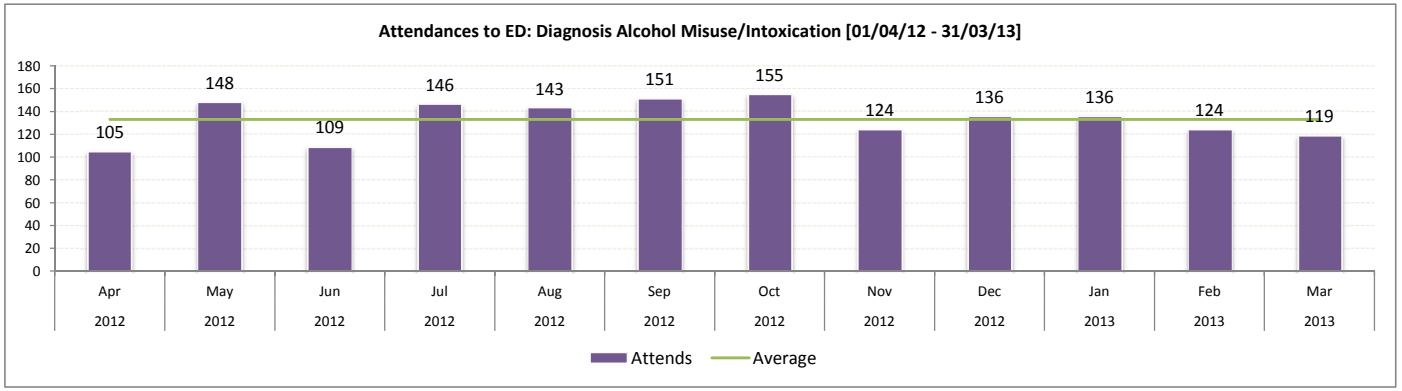
Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/13 - 31/03/14] (By Day of the Week)

Day	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mon	16	27	14	21	18	19	11	12	13	15	21	28	215
Tue	21	13	19	21	15	14	31	12	15	10	15	12	198
Wed	16	19	15	16	10	18	26	8	15	19	19	12	193
Thu	15	24	9	17	19	18	24	18	13	23	19	10	209
Fri	14	19	13	20	27	16	23	28	19	26	17	21	243
Sat	27	21	37	17	39	19	39	35	25	19	30	33	341
Sun	26	15	23	15	27	25	25	18	32	23	18	44	291
Grand Total	**135**	**138**	**130**	**127**	**155**	**129**	**179**	**131**	**132**	**135**	**139**	**160**	**1690**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/13 - 31/03/14] (By Day of the Week)

Month	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	U18	Grand Total
Apr-13	28	11	7	14	19	11	16	7	3	12	7	135
May-13	32	14	11	14	12	16	14	7	2	12	4	138
Jun-13	32	9	4	14	10	12	14	11	5	14	5	130
Jul-13	15	14	10	13	15	16	13	7	5	12	7	127
Aug-13	19	10	10	17	14	12	24	11	9	15	14	155
Sep-13	46	7	8	10	10	9	15	7	2	7	8	129
Oct-13	51	12	10	16	13	20	26	8	6	8	9	179
Nov-13	42	11	7	10	14	10	11	8	1	9	8	131
Dec-13	30	14	11	14	12	13	13	8	1	11	5	132
Jan-14	36	8	4	9	10	27	16	3	3	13	6	135
Feb-14	32	9	8	13	16	11	20	7	4	12	7	139
Mar-14	38	15	13	16	12	20	10	10	8	10	8	160
Grand Total	**401**	**134**	**103**	**160**	**157**	**177**	**192**	**94**	**49**	**135**	**88**	**1690**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alcohol Intoxication' [01/04/12 - 31/03/13]



Year	Month	Attends	Average
2012	Apr	105	133
2012	May	148	133
2012	Jun	109	133
2012	Jul	146	133
2012	Aug	143	133
2012	Sep	151	133
2012	Oct	155	133
2012	Nov	124	133
2012	Dec	136	133
2013	Jan	136	133
2013	Feb	124	133
2013	Mar	119	133

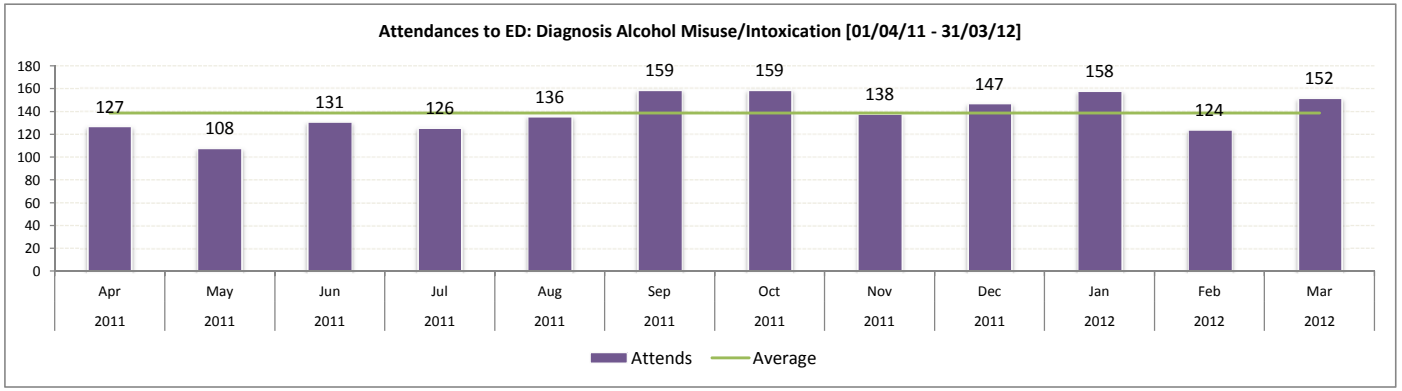
Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/12 - 31/03/13] (By Day of the Week)

Day	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mon	17	17	14	21	21	11	19	9	19	15	16	16	195
Tue	7	16	12	22	16	20	18	11	14	23	13	13	185
Wed	13	24	7	15	19	20	22	21	17	24	16	14	212
Thu	8	26	11	17	19	22	16	20	14	20	9	13	195
Fri	13	20	17	18	27	18	20	18	24	16	25	18	234
Sat	15	21	30	25	24	28	25	20	29	18	19	21	275
Sun	32	24	18	28	17	32	35	25	19	20	26	24	300
Grand Total	**105**	**148**	**109**	**146**	**143**	**151**	**155**	**124**	**136**	**136**	**124**	**119**	**1596**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/12 - 31/03/13] (By Day of the Week)

Month	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	U18	Grand Total
Apr-12	27	11	8	13	20	18	10	6	7	10	6	136
May-12	36	8	10	12	15	5	8	8	5	7	10	124
Jun-12	30	4	9	10	14	17	11	4	3	14	3	119
Jul-12	27	9	12	6	13	11	9	5	4	4	5	105
Aug-12	23	9	11	13	21	9	24	3	8	20	7	148
Sep-12	13	3	15	4	13	7	25	5	7	11	6	109
Oct-12	17	11	16	10	15	26	16	9	1	14	11	146
Nov-12	28	13	16	8	14	24	15	1	7	11	6	143
Dec-12	43	10	8	13	9	17	17	6	6	12	10	151
Jan-13	36	11	13	21	11	18	14	8	2	16	5	155
Feb-13	35	5	14	10	9	8	12	10	4	11	6	124
Mar-13	27	8	7	12	22	8	16	8	5	16	7	136
Grand Total	**342**	**102**	**139**	**132**	**176**	**168**	**177**	**73**	**59**	**146**	**82**	**1596**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alcohol Intoxication' [01/04/11 - 31/03/12]



Year	Month	Attends	Average
2011	Apr	127	138.75
2011	May	108	138.75
2011	Jun	131	138.75
2011	Jul	126	138.75
2011	Aug	136	138.75
2011	Sep	159	138.75
2011	Oct	159	138.75
2011	Nov	138	138.75
2011	Dec	147	138.75
2012	Jan	158	138.75
2012	Feb	124	138.75
2012	Mar	152	138.75

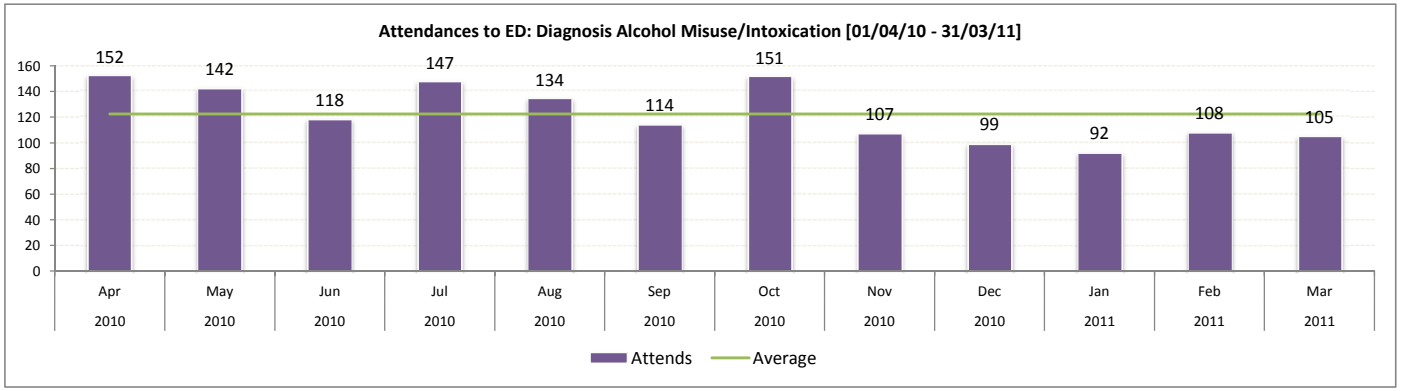
Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/11 - 31/03/12]
(By Day of the Week)

Day	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mon	8	23	9	10	21	23	15	11	8	20	19	19	186
Tue	14	16	10	16	11	23	19	22	16	15	9	10	181
Wed	19	8	15	12	25	18	17	23	14	17	23	18	209
Thu	13	8	23	17	12	24	30	13	14	15	17	17	203
Fri	34	14	21	16	19	23	20	14	42	21	22	35	281
Sat	23	15	38	27	24	29	32	33	31	43	17	32	344
Sun	16	24	15	28	24	19	26	22	22	27	17	21	261
Grand Total	**127**	**108**	**131**	**126**	**136**	**159**	**159**	**138**	**147**	**158**	**124**	**152**	**1665**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/11 - 31/03/12]
(By Day of the Week)

Month	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	U18	Grand Total
Apr-12	37	8	11	28	12	12	9	6	8	17	10	158
May-12	30	6	11	15	12	14	11	4	5	7	9	124
Jun-12	29	5	13	16	14	12	17	10	7	18	11	152
Jul-12	22	17	7	9	9	26	9	5	7	6	10	127
Aug-12	24	20	9	4	4	10	10	4	5	12	6	108
Sep-12	29	9	15	16	8	7	9	3	7	7	21	131
Oct-12	19	18	15	8	17	11	11	6	4	12	5	126
Nov-12	26	12	10	14	11	21	17	6	3	9	7	136
Dec-12	40	18	7	16	26	15	6	2	4	16	9	159
Jan-13	55	7	7	18	13	13	9	14	9	10	4	159
Feb-13	39	12	13	12	13	14	9	8	5	10	3	138
Mar-13	24	8	10	17	22	11	19	6	4	18	8	147
Grand Total	**374**	**140**	**128**	**173**	**161**	**166**	**136**	**74**	**68**	**142**	**103**	**1665**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alcohol Intoxication' [01/04/10 - 31/03/11]



Year	Month	Attends	Average
2010	Apr	152	122.4167
2010	May	142	122.4167
2010	Jun	118	122.4167
2010	Jul	147	122.4167
2010	Aug	134	122.4167
2010	Sep	114	122.4167
2010	Oct	151	122.4167
2010	Nov	107	122.4167
2010	Dec	99	122.4167
2011	Jan	92	122.4167
2011	Feb	108	122.4167
2011	Mar	105	122.4167

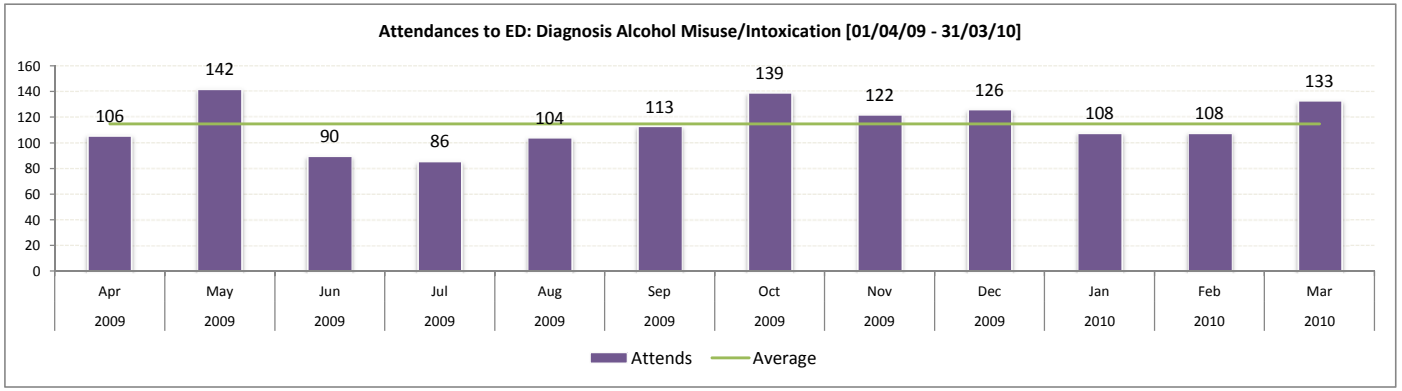
Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/10 - 31/03/11]
(By Day of the Week)

Day	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mon	15	23	10	17	17	16	7	18	15	6	14	15	173
Tue	12	23	19	17	15	13	11	8	15	6	10	11	160
Wed	18	12	21	12	14	11	18	11	16	4	10	15	162
Thu	24	15	16	20	15	10	19	6	13	10	18	19	185
Fri	33	11	17	27	12	18	27	15	17	6	21	9	213
Sat	31	34	21	36	20	20	36	30	12	29	21	21	311
Sun	19	24	14	18	41	26	33	19	11	31	14	15	265
Grand Total	**152**	**142**	**118**	**147**	**134**	**114**	**151**	**107**	**99**	**92**	**108**	**105**	**1469**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/10 - 31/03/11]
(By Day of the Week)

Month	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	U18	Grand Total
Apr-12	24	6	5	8	9	4	8	4	7	9	8	92
May-12	35	14	6	11	13	9	3	2	1	4	10	108
Jun-12	28	13	4	8	6	13	6	4	7	12	4	105
Jul-12	20	15	5	10	21	27	6	8	7	20	13	152
Aug-12	33	12	4	18	19	19	12	3	9	6	7	142
Sep-12	21	8	8	14	16	8	13	5	3	13	9	118
Oct-12	17	11	13	15	11	13	28	5	9	16	9	147
Nov-12	24	14	10	10	12	18	10	7	9	14	6	134
Dec-12	31	14	4	10	7	12	11	7	2	14	2	114
Jan-13	36	16	12	13	7	11	12	4	6	19	15	151
Feb-13	37	7	12	7	4	11	9	3	2	9	6	107
Mar-13	28	6	8	5	10	6	6	3	3	15	9	99
Grand Total	**334**	**136**	**91**	**129**	**135**	**151**	**124**	**55**	**65**	**151**	**98**	**1469**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alcohol Intoxication' [01/04/09 - 31/03/10]



Year	Month	Attends	Average
2009	Apr	106	114.75
2009	May	142	114.75
2009	Jun	90	114.75
2009	Jul	86	114.75
2009	Aug	104	114.75
2009	Sep	113	114.75
2009	Oct	139	114.75
2009	Nov	122	114.75
2009	Dec	126	114.75
2010	Jan	108	114.75
2010	Feb	108	114.75
2010	Mar	133	114.75

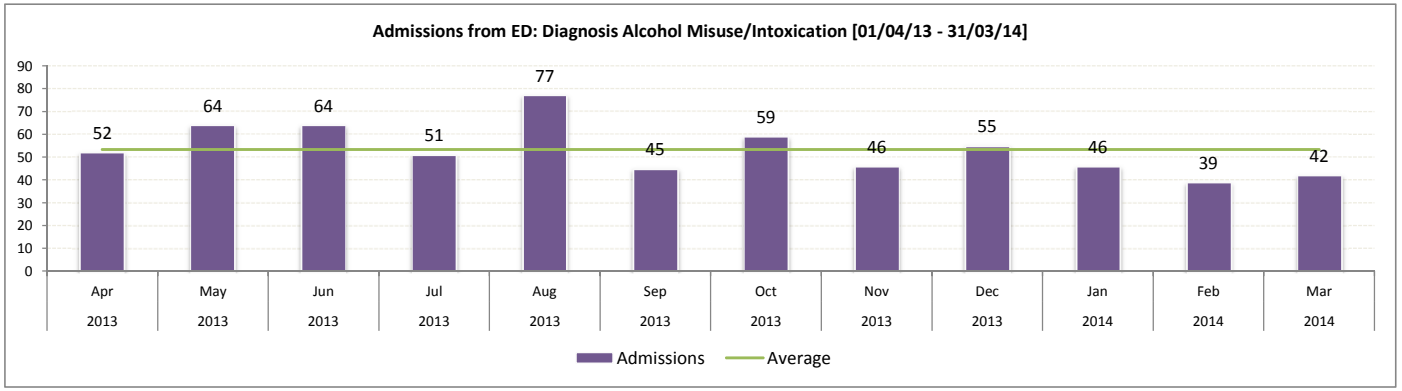
Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/09 - 31/03/10]
(By Day of the Week)

Day	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mon	10	16	12	7	10	9	13	19	9	6	16	13	140
Tue	11	14	19	12	9	15	16	11	11	10	3	12	143
Wed	11	18	7	10	11	20	14	15	11	12	15	22	166
Thu	22	10	12	7	15	15	19	16	20	13	19	18	186
Fri	18	25	12	15	14	16	32	21	25	20	20	26	244
Sat	15	37	12	16	24	23	30	22	24	18	18	26	265
Sun	19	22	16	19	21	15	15	18	26	29	17	16	233
Grand Total	**106**	**142**	**90**	**86**	**104**	**113**	**139**	**122**	**126**	**108**	**108**	**133**	**1377**

Total attendances to ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/10 - 31/03/11]
(By Day of the Week)

Month	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	U18	Grand Total
Apr-12	25	6	10	12	6	15	8	3	1	10	10	106
May-12	25	8	6	17	24	22	12	7	2	8	11	142
Jun-12	22	6	4	5	9	11	9	5	5	9	5	90
Jul-12	23	1	8	5	5	13	7	6	1	5	12	86
Aug-12	10	4	15	16	8	10	8	6	3	14	10	104
Sep-12	27	9	2	11	9	5	11	8	8	14	9	113
Oct-12	36	11	14	12	11	9	9	6	3	14	14	139
Nov-12	36	11	4	12	16	12	6	6	3	11	5	122
Dec-12	26	15	6	19	10	9	6	7	7	7	14	126
Jan-13	29	4	11	8	9	16	4	6	2	9	10	108
Feb-13	26	9	11	11	12	11	4	3	3	10	8	108
Mar-13	32	10	5	12	13	12	14	3	4	19	9	133
Grand Total	**317**	**94**	**96**	**140**	**132**	**145**	**98**	**66**	**42**	**130**	**117**	**1377**

Total admissions from ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alcohol Intoxication' [01/04/13 - 31/03/14]



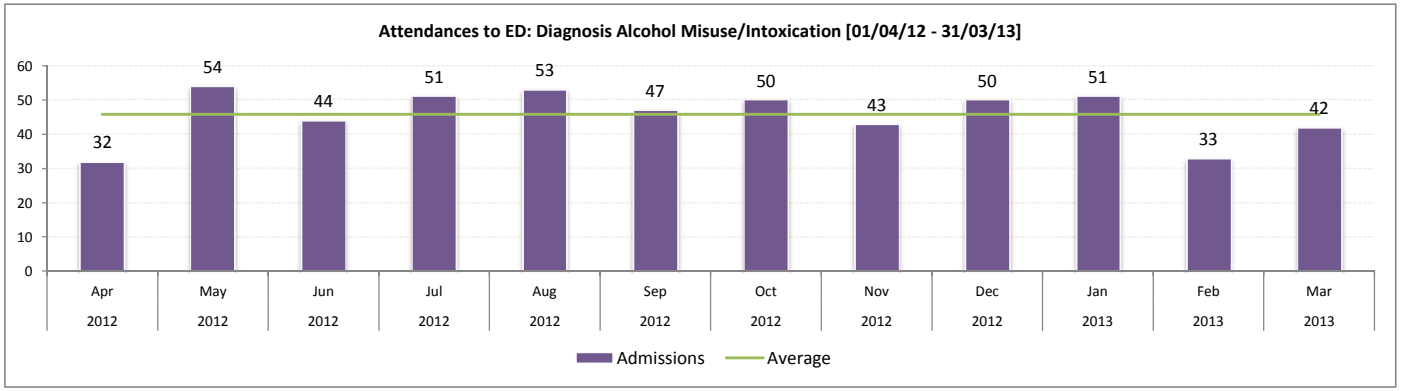
Total admissions from ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/13 - 31/03/14]
(By Day of the Week)

Day	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mon	7	15	8	11	9	7	3	4	2	4	10	10	90
Tue	12	8	13	7	5	6	11	6	8	2	7	1	86
Wed	6	5	10	7	5	6	9	5	7	6	1	6	73
Thu	5	11	2	7	10	9	13	4	4	9	6	1	81
Fri	5	11	7	7	16	8	3	7	9	14	3	8	98
Sat	11	6	15	6	17	2	12	16	9	7	8	6	115
Sun	6	8	9	6	15	7	8	4	16	4	4	10	97
Grand Total	**52**	**64**	**64**	**51**	**77**	**45**	**59**	**46**	**55**	**46**	**39**	**42**	**640**

Total admissions from ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/13 - 31/03/14]
(By Day of the Week)

Month	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	U18	Grand Total
Apr-13	1	1	2	5	8	6	11	5	2	10	1	52
May-13	7	9	8	4	6	9	7	3	2	8	1	64
Jun-13	8	3	2	10	6	6	10	4	3	11	1	64
Jul-13	5	4	5	6	5	8	8	3	1	6		51
Aug-13	4	3	3	11	7	8	15	8	4	8	6	77
Sep-13	4	1	1	4	8	7	11	1	1	5	2	45
Oct-13	7	4	3	7	4	8	11	3	2	6	4	59
Nov-13	11	4	4	4	6	2	5	2	1	4	3	46
Dec-13	9	6	7	6	7	6	7	1	1	4	1	55
Jan-14	7	4	1	5	5	11	7	1	1	4		46
Feb-14	3	3	2	3	6	4	7	3	2	5	1	39
Mar-14	5	2	4	6	3	4	3	2	4	8	1	42
Grand Total	**71**	**44**	**42**	**71**	**71**	**79**	**102**	**36**	**24**	**79**	**21**	**640**

Total admissions from ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alcohol Intoxication' [01/04/12 - 31/03/13]



Total admissions from ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/12 - 31/03/13]
(By Day of the Week)

Day	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Mon	5	6	7	6	12	5	9	4	9	8	6	8	85
Tue	3	5	10	7	7	6	7	3	6	5	2	4	65
Wed	4	6	2	6	9	8	9	6	7	10	7	5	79
Thu	2	10	4	7	7	7	5	6	9	7	1	6	71
Fri	7	11	6	7	8	8	5	8	4	6	7	8	85
Sat	6	7	7	8	3	5	6	6	12	10	6	3	79
Sun	5	9	8	10	7	8	9	10	3	5	4	8	86
Grand Total	**32**	**54**	**44**	**51**	**53**	**47**	**50**	**43**	**50**	**51**	**33**	**42**	**550**

Total admissions from ED per month for patients with a final diagnosis of 'Alcohol Misuse' OR 'LJU - Alocohol Intoxication' [01/04/12 - 31/03/13]
(By Day of the Week)

Month	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+	U18	Grand Total
Apr-12	1	2	4	4	4	5	4	3	1	3	1	32
May-12	3	4	6	4	9	5	9	1	3	9	1	54
Jun-12	1		6	3	7	3	15	2	3	4		44
Jul-12	1	6	4	4	7	10	8	3		7	1	51
Aug-12	3	5	10	4	4	10	9	1	3	3	1	53
Sep-12	5	4	3	7	6	7	6	1	3	3	2	47
Oct-12	3	6	6	5	2	8	7	4		7	2	50
Nov-12	5		7	2	5	4	6	3	4	5	2	43
Dec-12	4	2	5	5	9	5	7	3	3	6	1	50
Jan-13	4		2	6	9	9	4	3	5	8	1	51
Feb-13	4	3	4	4	6	3	1	4	1	2	1	33
Mar-13	3	1	4	2	7	12	4	1	1	7		42
Grand Total	**37**	**33**	**61**	**50**	**75**	**81**	**80**	**29**	**27**	**64**	**13**	**550**

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE	
7 OCTOBER 2014	**Agenda Item: 6**
RESPONDING TO PRESSURES ON THE URGENT CARE SYSTEM	
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)	

1. Purpose

To consider work taking place to address current pressures on the urgent care system, including preparation for dealing with winter pressures.

2. Action required

2.1 The Committee is asked to use the information provided to scrutinise action being taken across the urgent and emergency care system to minimise the impact of pressures on the system on service users.

3. Background information

3.1 There are well-documented pressures on the urgent care system nationally and locally, and the Committee has been interested in action being taken to address these pressures locally and minimise the impact on service users.

3.2 At previous meetings the Committee has heard about the establishment of the Greater Nottingham Urgent Care Board; and from Nottingham University Hospitals NHS Trust about the challenges in meeting the four hour Emergency Department waiting time target.

3.3 Work is taking place across the urgent and emergency care system in south Nottinghamshire to identify and tackle pressures on the system, develop resilience and ensure that the system is able to cope with 2014/15 winter pressures. Colleagues involved in this work will be attending the meeting to give a presentation and answer questions on this.

3.4 It is proposed that information on planning to address pressures on the urgent care system over the medium to longer term be presented to this Committee in spring 2015.

4. List of attached information

None

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

None

6. Published documents referred to in compiling this report

Reports to and minutes of meetings of the Joint Health Scrutiny Committee held on 10 September 2013, 11 February 2014 and 15 July 2014.

7. Wards affected

All

8. Contact information

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Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

9 September 2014

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 draft work programme for 2014-15 is attached as an appendix for information.

4. Members will be aware that the next meeting of the Joint Health Scrutiny Committee takes place on 11th November. It is anticipated that the meeting will be adjourned at 10:50 a.m. to allow Members to participate in the ceremony of remembrance in front of County Hall.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee note the content of the draft work programme for 2014-15.

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 2014/15 Work Programme

10 June 2014	• **Intoxicated Patients Study Group** To consider the report and recommendations of the Intoxicated Patients Study Group • **Terms of Reference and Joint Protocol**
15 July 2014	• **Developments in Adult Mental Health Services** To receive information about developments in adult mental health services (Nottingham City CCG/ Nottinghamshire County CCGs/ Nottinghamshire Healthcare Trust) • **NUH Performance Against Four Hour Emergency Department Waiting Time Targets** To receive the latest performance information (NUH) • **New Health Scrutiny Guidance** To receive briefing on the new Department of Health guidance on Health Scrutiny
9 September 2014	• **Greater Nottingham Urgent Care Board** To consider the progress of the Greater Nottingham Urgent Care Board (Nottingham City CCG lead) • **Patient Transport Service** To consider performance in delivery of Patient Transport Services (Arriva/ CCG lead) • **NUH Pharmacy Information** Information received as part of ongoing review (Nottingham University Hospitals/CCG) • **NHS 111 Performance** To receive the latest update on workforce change implementation (Nottingham City/Nottinghamshire County CCG)

	• **New Health Scrutiny Guidance – Key Messages** Further discussion
7 October 2014	• **Intoxicated Patients Review** To consider the response to the recommendations of this review (NUH) • **Developments in Adult Mental Health Services** To receive information in relation to the consultation response (Nottingham City CCG/ Nottinghamshire County CCGs/ Nottinghamshire Healthcare Trust) • **Mental Health Services for Older People** To receive information in relation to the consultation response (Nottingham City CCG/ Nottinghamshire County CCGs/ Nottinghamshire Healthcare Trust) • **Response to Pressures in the Urgent Care System** To consider immediate and medium-longer term planning to address pressures and demands in the urgent care system (TBC)
11 November 2014	• **Update on joint working to improve care for frail older people** To review progress in how partners are working together to improve the care of frail older people (Nottingham City CCG, Nottingham City Council, Nottinghamshire County Council, Nottingham University Hospitals) • **Out of Hours Dentistry Services (TBC)** An initial briefing following concerns raised at the 9 September committee (Nottingham City CCG, others TBC)
9 December 2014	• **Approach to Child and Adolescent Mental Health Services** Initial Briefing (Nottinghamshire Healthcare Trust)
13 January 2015	• **NUH Environment & Waste** Initial Briefing

	(Nottingham University Hospitals)
10 February 2015	
10 March 2015	• **Patient Transport Service** To consider performance in delivery of Patient Transport Services (Arriva/ CCG lead) • **NUH Pharmacy Information** Information received as part of ongoing review (Nottingham University Hospitals/CCG) • **NHS 111 Performance** To receive the latest update on workforce change implementation (Nottingham City/Nottinghamshire County CCG)
21 April 2015	

To schedule:

NHS 111 – to consider outcomes of GP pilot and performance following workforce changes
Report and recommendations of the Pharmacy Review
Nottingham University Hospital Maternity and Bereavement Unit
24 Hour Services
Outcomes of primary care access challenge fund pilots

Visits:

EMAS
Urgent and Emergency Care Services (various dates)

Study groups:

Quality Accounts

Waiting times for pharmacy at Nottingham University Hospitals NHS Trust (review now taking place as part of the committee meeting rather than via study group sessions)