Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Tuesday 9 October 2018 at 10.30am

Membership

Councillors

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

Officers

Pete Barker	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Dr Aamer Ali	NUH
Nicole Atkinson	Greater Nottingham Commissioners
Hazel Buchanan	Greater Nottingham Commissioners
Louise Bussell	Rampton Hospital
Sarah Collis	Healthwatch Nottinghamshire
Cheryl Gresham	Greater Nottingham Commissioners
Fiona Illingworth	Rampton Hospital
Hester Kapur	Healthwatch Nottinghamshire
Katie Moore	NUH
Caroline Nolan	NUH
Nikki Pownall	Greater Nottingham CCGs
Ann-Marie Riley	NUH

1. **MINUTES**

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

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

2. APOLOGIES

None

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

3. DECLARATIONS OF INTEREST

None

4. DEMENTIA IN HOSPITAL

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

- A commitment was made in October 2016 that patients would not leave the service in a worse state than when they entered it.

- 'Sit to Fit' – patients are encouraged to be up, dressed and moving around. Evidence is clear that function can be lost if patients do not do this.

- Consultation has been undertaken regarding menus. Nottingham people have been asked about what they want to eat with the result that 50% of the menu has been chosen by those consulted.

- A bank of clothes is available for patients to use, though this is not compulsory. A service now exists where patients' own clothes can be laundered.

- The priority is to improve services. A consultation period due to last 6 - 8 weeks has commenced and partners in and out of hospital have been contacted across all pathways asking what the priorities should be. The feedback to date has been clear – people want to be listened to, involved and supported. The results of the consultation are due to be signed off by the Board in November.

- The Trust's strategy aims to achieve the following:

    - Patients – to provide outstanding dementia and delirium friendly care. The aim is to modernise care to be delivered by a skilled, educated and trained workforce.

- Places – to provide a dementia-friendly environment which allows sufferers to achieve independence.

- Performance – to be assessed and measured.

- Partners – pathways to be transformed.

- Potential – increase the amount of research undertaken and increase the participation in that research.

- A clear vision exists, the difficulty lies in achieving it. Over a 3 year period the plan will be reviewed, monitored and developed.

- Plans for the next 12 months include:

    - Specific guidelines to be developed about how patients are treated when they are first received into care.
    - Information sharing guidelines to be developed concerning delirium recognition protocols.
    - Carers to be present at the pre op stage.
    - Leavers – a seamless service to be provide including transmission of information.
    - Improve sharing of information with GPs and pharmacists.
    - Inform carers of the links to community support that are available
    - The SWAN model (Sign, Words, Actions, Needs) is progressing
    - Improve the recognition of distressing systems.
    - Dementia – identify this as a leading element of work and get staff to recognise this.

During discussions, the following issues were raised:-

- A carer's passport was piloted 2 years ago and there is no good reason not to use it.

- Occasional use has been made of paid carers, though this can mean that care is effectively being paid for twice. Cases are examined on an individual basis.

- All patients are different and therefore require a personalised care plan. This includes patients who experience difficulties eating and drinking. Strategies do exist around nutrition and dementia. Flavouring in food is enhanced as the ability to taste and smell can be affected. Research indicates that food supplements do not enhance or extend life. Liquids can be thickened into a gel-like substance to encourage ingestion and research is ongoing into the use of jelly.

- Staff who advise against the use of spaying liquids into a sufferer's mouth are following guidelines that are designed to avoid mishaps. A degree of risk exists and a discussion is needed with clinicians, carers and patients to agree what level of risk is acceptable.

- The problem was highlighted of not being able to discharge patients from hospital as services to care for people in their home were not available. The

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

- Work is being undertaken to improve communication between the hospital/doctors/pharmacists regarding prescriptions. Discharge information that describes the state of the patient is now emailed to GPs. The strategy includes a strand to develop electronic systems with the aim of auto-populating GPs' fields in order to avoid delays. It is the primary carer's responsibility to check the repeat prescriptions of those discharged, in most cases this will be the GP's responsibility.

- In the last 18 months work on developing a frailty pathway has been undertaken. If it is recognised that a patient is suffering from dementia then, where possible, they are admitted directly into the frailty service. This should minimise the trauma experienced by dementia sufferers who are readmitted to hospital. The opening hours for the frailty service have been extended and the service is now available from 8am to 8pm.

- The issue of services to Care Homes was highlighted and the problems encountered including long delays in the arrival of ambulances, long waits on trolleys once the patient has arrived at the hospital, the need for carers to accompany patients to provide reassurance and the need to move dementia sufferers swiftly into quiet areas in the hospital in order to calm them. Although the frailty service is available from 8am to 8pm this could still mean patients being admitted from care homes outside of these hours and therefore being unable to access that service. Robust evidence however, shows that the bulk of admissions occur between midday and 8pm, with a peak occurring at 4pm.

- Visitors from the Netherlands observed that there were patients admitted to hospital in this country that would be cared for outside hospital in their country, but similar 24/7 care in the UK would require a tripling of the budget.

- Concerning plates and cutlery, work is undertaken collaboratively to ensure the right strategies are in place and the appropriate items ordered.

- Work is ongoing to raise awareness of dementia. The aim is for the Trust to be a dementia-friendly organisation and the messages are embedded in all the Trust does, for example, in induction, through the use of Dementia Champions and it is mandatory for staff to undertake the relevant, on-line training.

- The subject of malnutrition was discussed. The Nottingham public have been consulted on what they like to eat when they are ill, partly to identify any favourite local foods. In Nottingham's case this included cucumbers in vinegar and cornflake tarts. Other dishes will be added to the menu to make the meal choices tempting and nutritionists will ensure the dishes chosen are nutritious. Patients are monitored on a day to day basis. Communal eating tables and dining rooms are used to encourage patients to eat and measures are in place to identify those at risk of malnutrition.

- Outreach workers placed in communities, including in ex-mining areas, liaise with GPs and visit patients in their homes. Existing services have been reviewed and feedback received confirms current understanding, that is, patients want

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

- In reply to what can be done to address the problem of dementia it was stated that the Trust does have a significant number of nursing vacancies which makes it difficult to complete enough calls. This was not a problem confined to Nottinghamshire. The lack of resources forces the Trust to look at things differently and it was important for the patient to be at the centre of the service. Frailty identification is undertaken and patients are assessed as mild, moderate or severe. The shortage of resources means the Trust focuses on those defined as severe. As no extra resources are available, existing resources will need to be reallocated and some services dropped, meaning some difficult choices will need to be made. A US study showed that 60% of all health expenses are incurred in a patient's last 60 days of life. The study showed a significant sum was saved in this case by reallocating resources.

- Electronic systems make it easier to find out if someone admitted suffers from dementia, patients' information held by GPs is accessible by NUH staff for example. Also, 'About Me' documents are held by care homes now and part of the work done on the first day of admission includes ringing carers and relatives.

- Social Services departments usually obtain power of attorney.

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

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

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

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

Increase in Demand

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

Safety & Quality Monitoring

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

System Progress

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

Challenges

- Tension between system demand and capacity.

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

During discussions, the following issues were raised:-

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

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

6. RAMPTON HOSPITAL – IMPROVEMENT PLAN FOLLOWING CQC INSPECTION

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

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

During discussions, the following issues were raised:-

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

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

7. GLUTEN FREE PRESCRIBING

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

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

During discussions, the following issues were raised:-

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

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

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

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

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

Councillor Greaves
Councillor Martin
Councillor Payne
Councillor Pringle
Councillor Weisz

The following 6 members voted **'Against'** the motion:-

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

No members abstained.

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

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

8. REVIEW OF HEALTH SCRUTINY WORK PROGRAMME

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

9. WORK PROGRAMME

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

The meeting closed at 1.28pm.

CHAIRMAN