

## **Joint City / County Health Scrutiny Committee**

**Tuesday, 10 February 2015 at 10:15**

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

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### **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the meeting held on 13th January 2015   | 3 - 8   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Eye Casualty   | 9 - 14  |
| 5 | Information Gathering from Third Sector  | 15 - 16 |
| 6 | Transformation Plans for Children, Young People & Families   | 17 - 24 |
| 7 | Work Programme   | 25 - 30 |

### **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 COMMITTEE**  
**13<sup>th</sup> January 2015 at 10.15am**

### **Nottinghamshire County Councillors**

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

### **Nottingham City Councillors**

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

### **Also In Attendance**

Julie Brailsford	- Nottinghamshire County Council
Tanith Davis	- Nottingham City Council
Gerrard Ellis	- NHS England
Stephen Firman	- EMAS
Martin Gawith	- Healthwatch
Martin Gately	- Nottinghamshire County Council
Ian Matthews	- NHS England
Annie Palmer	- East Midlands Ambulance Service (EMAS)
Kim Pocock	- Nottingham City Council
Sam Walters	- CCG
Paul St Clair	- EMAS
Mel Wright	- EMAS

## **MINUTES**

The minutes of the last meeting held on 9<sup>th</sup> December 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor M Aslam, Councillor Dr J Doddy (other), Councillor T Molife (sick), Councillor E Morley and Councillor A Choudry.

## **DECLARATIONS OF INTERESTS**

There were no declarations of interest.

## **OUTCOMES OF PRIMARY CARE ACCESS CHALLENGE FUND PILOTS**

Ms Sam Walters, Chief Officer for Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) gave a presentation on the Outcomes of the Primary Care Access Challenge Fund Pilots on behalf of the seven CCG's in Nottingham and Nottinghamshire.

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

- The National Challenge had only filled 65% of General Practitioner (GP) posts in the East Midlands. GP's could choose where they worked and this was causing disparities between practices. The portfolio of jobs currently being undertaken by GP's was being considered and looking to back up with nursing staff. The CCG was working with local Authorities to attract medical professionals to work in Nottingham and Nottinghamshire.
- IT systems in GP practices had been ring fenced for information governance reasons, and this was stopping the sharing of records across practices.
- Due to the changes GP's now had more time to see the patients who required more complex care and this prevented a lot of patients being admitted to hospital unnecessarily.
- Educating and helping people to understand the correct pathways for medical care was crucial. The City Council had been working with schools to educate young people about accessing emergency/critical care, The CCG were looking to extend this work in to the County schools. The introduction of the use of social media, Facebook, Twitter and texting patients had all helped with educating people. There were active national and local campaigns alerting people to the fact that some people were unable to access emergency care due to misuse of the emergency services.
- The CCG's were working in collaboration; they had the second largest bid outside of London and would not have been so successful with individual bids.
- The 111 service had been set up to direct patients to the correct service for their needs. There were now more GP's at Accident and Emergency (A&E) department to stream patients on arrival, there had been an increase of 5% to 15% of patients being streamed.

- Funding for the 12 month project for the Mansfield, Ashfield and Newark & Sherwood area had been delayed by central Government for 3 months. A consequence of the delay was that a lot of learning had been done. Evaluation of the pilot scheme would run until the end of June 2015 but looking to extend the pilot at the Government's request.

The committee requested that Ms Walters returned in September with the evaluation results.

## **NOTTINGHAM UNIVERSITY HOSPITALS ENVIRONMENT AND WASTE**

Dr Stephen Fowlie, Medical Director, Nottingham University Hospitals (NUH) gave a presentation on the environmental and waste issues at Nottingham University Hospitals, in particular focusing on cleanliness, smoking and noise at night.

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

- Smoking on the NUH premises would no longer be tolerated. Security challenges to smokers at the entrance to the Queens Medical Centre (QMC) and the removal of some seating had resulted in a decrease of smokers in that area. Nurses no longer assisted patients to smoking areas and smoking cessation schemes were offered to patients, visitors and staff.
- There were response times in place with Carillion between patient change over. The Ward Manager had responsibility for checking that wards, beds and rooms were ready for new patients. They had the power to inform Carillion if the room was not acceptable.
- When the survey was conducted on the food service, there was a particular problem on one ward with the way that the food was served, this had now been addressed. There was also an improved internal audit and tracking process, the majority of the assessors were patients or members of the public.
- The QMC frontage was a concern and let down the professionalism inside the building. It needed cleaning up, painting and better lighting. A cycle park area had been introduced to take up some of the frontage and replace the seating area removed to discourage smokers.
- The use of headphones on wards was encouraged to help reduce noise from televisions and music. The soundproofing on the macerator doors would be looked at.
- The Trust Board had made the decision to offer the 5 year contract to Carillion. The Union had been consulted regarding the 1200 staff transferred over to Carillion under TUPE. There would be a formal annual review of the delivery and performance.

The committee requested that Dr Fowlie returned late autumn for an update on this matter.

## **EAST MIDLANDS AMBULANCE SERVICE – NEW STRATEGIES**

Mr Paul St Clair, Mr Stephen Firman and Mel Wright from East Midlands Ambulance Service (EMAS) gave a presentation on the new and wide-ranging strategies to be implemented by EMAS.

Prior to the presentation, a short film featuring 'A Day in the Life of an EMAS Crew' was shown, in addition a summary of the Integrated Business Plan 2014-2019 was handed out.

The presentation covered the historical challenges faced by EMAS relating to quality, performance and finance. The Better Care Patient Plan had helped them move from being one of the worst performing ambulance services, to one of the stronger performing services, delivering faster, quality care to more patients. The longer term ambition was for EMAS to act as the co-ordinating NHS organisation at the centre of the emergency and urgent care system, referring patients to the best service to support them in their homes and in the community, reducing admission to hospital where appropriate. The proposed future operating model was designed to ensure the most appropriate and effective response to patients and there had been engagement with commissioners and other healthcare providers to develop this. The Clinical and Quality Strategy would go before their Board in March.

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

- The Board had decided to employ an additional 80 members of Band 5 staff, there would be a cost implication to this decision.
- Local intelligence had been used to identify suitable sites to locate community ambulance stations which would be shared with other emergency services staff. The staff feedback regarding this proposal was very positive as they had previously been at the roadside.
- A Capacity Management System acted as the point of contact to alert to pressures building within the service, ambulances queuing were patients waiting to be seen.
- Going forward they would be able to provide more roles with responsibility, it would be more cost effective to have advanced trained medical staff than GP's.
- The eight minute response time had been easier to meet with the introduction of First Responders. Areas where this had not worked so well were being looked at to discover why. Adjusting the response time by a couple of minutes would not make much difference to meeting the target, an 8 minute 45 second response time across EMAS is where they would like to be but this does not measure patient care.
- EMAS were looking to get hospitals to change their admission procedures so that some patients could be taken straight to the wards, especially the elderly and frail.

The committee requested that EMAS returned in the autumn for an update on this matter.

### **WORK PROGRAMME**

Kim Pocock informed the committee that representatives from HWB 3 (3<sup>rd</sup> sector) would be attending the February meeting to talk about their perceptions of healthcare in the City and County.

The contents of the Work Programme were noted.

Members were reminded to contact Martin Gately if they wanted to visit EMAs or go out in a paramedic fast response car.

The meeting closed at 12.45pm.

Chairman





**10 February 2015****Agenda Item: 4****REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH  
SCRUTINY COMMITTEE****EYE CASUALTY****Purpose of the Report**

1. To introduce a briefing on the operation of the Eye Casualty Department at Nottingham University Hospitals, including the relationship of this service with high street optometrists.

**Information and Advice**

2. At the December 2014 meeting of the Joint Health Committee a Member raised concerns about the operation of Eye Casualty due to her personal experience there; in particular, that more than one version of the triage tool (see appendix 1) seemed to be in use by the Trust. In addition, the triage tool did not appear to be properly followed and was not in the hands of local optometrists.
3. Gavin Orr, Head of Service responsible for Eye Casualty at Nottingham University Hospitals (NUH) will attend to brief the Joint Health Committee and answer questions. A written briefing from NUH is attached as an appendix to this report.

**RECOMMENDATION**

That the Joint City and County Health Scrutiny Committee considers and comments on the briefing.

**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



# TRIAGE TOOL FOR EYE CASUALTY

If you are considering a referral into the Rapid Access Clinic (RAC) please telephone 0115 9709377 for advice  
9am - 12:00 noon Monday to Friday from 1st September 2014

Presentation	Same Session	Same Day	RAC – within 24 Hours	RAC - within 3 days	Nurse Practitioner	Not appropriate - to see Optician / GP or referral to clinic
Trauma	Chemical injury (alkaline / Acid) Penetrating injury	Lid laceration Blunt trauma	Blunt trauma >1/52 < 2/52		Corneal abrasions Corneal FBs	
Vision	Sudden complete loss of vision (LOV) < 6hrs	<ul style="list-style-type: none"> <li>Sudden loss of vision &lt; 12hrs (resolved / unresolved)</li> <li>Post-op &lt; 2/52 – loss of vision</li> </ul>	<ul style="list-style-type: none"> <li>Sudden LOV &gt; 12hrs but &lt; 1/52 (resolved / unresolved)</li> <li>F &amp; F with prev. risk factors (myopia / tear / RD family history)</li> <li>Increased floaters with LOV</li> <li>Diplopia (new/sudden or worse)</li> <li>Post-op &lt; 2/52 blurred vision</li> </ul>	<ul style="list-style-type: none"> <li>Sudden change in vision &lt; 2/52</li> <li>F &amp; F over 1 week if unable to see peripheral retina</li> </ul>	<ul style="list-style-type: none"> <li>Mild blurring</li> <li>Watery Eyes</li> </ul>	<ul style="list-style-type: none"> <li>Visual distortion/?AMD – Macular clinic</li> <li>Asymptomatic retinal pathology</li> <li>New flashing lights / floaters without previous risk factors (myopia / tear / RD family history)</li> <li>gradual LOV &gt; 2/52 ?PCO/cataract</li> <li>Diplopia with facial weakness - TIA clinic</li> <li>Bilat visual disturbance &lt; 2hrs +/- headache ~ GP</li> <li>Irritation with discharge /gritty ~ see GP or advise lubricants</li> <li>FB sensation ~no hx see GP</li> </ul>
Eye Pain Scale 1- 5	4 - 5 score No relief from oral analgesia With nausea and vomiting	3 - 4 score Keeping pt awake at night	<ul style="list-style-type: none"> <li>Relief with analgesia</li> <li>Photophobia</li> <li>Post-op &lt; 2/52</li> </ul>		<ul style="list-style-type: none"> <li>FB sensation &lt; 2/52</li> <li>In-growing lashes</li> </ul>	
Headache	4 - 5 score with eye symptoms	Painful scalp, Brow pain, Painful temples (all with eye symptoms)	Tender temples with no visual symptoms (? GCA) - D/W AJF			
Lids / Facial		New droopy lid/ptosis Acute swollen lids (with pyrexia +/- diplopia III nerve palsy	Swollen lids (normal vision, apyrexial HZO - white eye, on treatment		<ul style="list-style-type: none"> <li>Puffy lids &amp; red eye &lt; 2 weeks, Normal vision</li> <li>Watery &lt; 2 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Chalazion - advise steam and see GP</li> <li>Blepharitis - follow guidelines – self treat or GP</li> <li>Allergic (sudden onset) cold compress</li> </ul>
Cornea / Conjunctiva	Cloudy, Red severe (with pain)	Hazy, red moderate	Clear cornea Red around limbus		<ul style="list-style-type: none"> <li>Red mild</li> <li>Lost contact lens</li> </ul>	<ul style="list-style-type: none"> <li>2/52 – advise bacterial conjunctivitis ~ advice first</li> <li>Sub conj haemorrhage ~ GP for BP check</li> </ul>
Other	Acutely unwell adult with ocular symptoms, swollen lids, pyrexia see immediately	Feverish adult profuse bleeding post minor op			Localised, redness (not sub conjunctival haemorrhage)	Any pt with symptoms longer than 2/52 should be referred to OPD unless agreed by Consultant or in the urgent/ same session category
Paediatric	Unwell, pyrexial, swollen lids - d/w RAC Dr ? Refer to ED				Swollen lids - not unwell, apyrexial	<ul style="list-style-type: none"> <li>Any child &gt; 1 month dependant on symptoms</li> <li>Absent red reflex – GP to refer to OPD</li> </ul>
Paediatric		<ul style="list-style-type: none"> <li>Hypopyon</li> <li>Hyphaema,</li> <li>IOP &gt; 40mmHg</li> <li>Papilloedema</li> </ul>	Abnormal pupil with visual symptoms			<ul style="list-style-type: none"> <li>IOP up to 40mmHg – asymptomatic needs OPD referral</li> <li>IOP 30-40 - with symptoms needs urgent OPD referral</li> <li>Unequal pupil size, no visual loss, no ptosis</li> <li>Gradual LOV &gt; 2/52 - OO or GP</li> <li>No sudden visual change</li> </ul>
Post-op	<ul style="list-style-type: none"> <li>Moderate pain, LOV</li> <li>Profuse bleeding</li> </ul>					<ul style="list-style-type: none"> <li>Asymptomatic – OPD</li> <li>Post-op &lt; 6/12 refer to Consultant sec</li> <li>&gt; 6/12 GP to refer OPD</li> <li>Issues with Pt drop? - Cons sec</li> </ul>

LOV - loss of vision, F & F - flashes and floaters, FB - foreign body, ED - Emergency Department  
Hypopyon - pus in anterior chamber, RD - retinal detachment, IOP - Intra-ocular pressure, RAC - Rapid Access Clinic  
Hyphaema - blood in anterior chamber, OPD - Outpatients Dept, GCA - giant cell arteritis, OO - Optometrists, HZO - Herpes Zoster Ophthalmicus

Ella Bowers July 2014 and Review date December 2014. Suggestion to ella.bowers@nuh.nhs.uk

*We are here for you*



### **Response for the Joint Health Scrutiny Committee from Nottingham University Hospitals NHS Trust re: Ophthalmology Services**

**January 2015**

Nottingham University Hospitals NHS Trust (NUH) operates an extensive ophthalmology service based in the Eye, Ear Nose and Throat (EENT) Centre at Queen's Medical Centre. As well as providing inpatient and outpatient services for the local population of Nottingham city and county, the Trust is a specialist centre for more rare eye conditions.

NUH also operates an eye casualty service for patients in most urgent need of our care and a rapid access clinic for acute (emergency) patients. We see approximately 20,000 eye casualty patients a year and a further 7,000 patients who require an eye casualty review. The department consistently meets the national target to see 95% of its patients within 4 hours.

The eye casualty department within the EENT Centre is open from 7am to 10pm 7 days a week, and an emergency service runs from 10pm to 7am from Ward C25 in the EENT Centre at QMC.

#### **Improvement work: triage system for eye casualty**

The Trust is working with local Clinical Commissioning Groups (CCGs) to improve the triage system for eye casualty. These improvements are designed to ensure patients are seen in the most appropriate place so that clinical decisions can be made and unnecessary visits to hospital avoided.

Previously, some patients were inappropriately referred to eye casualty by their GP or optician. Such referrals weren't always necessary, often leading to duplication, as these patients also subsequently have outpatient appointments at NUH. These unnecessary appointments often resulted in a poor patient experience and wasted resources.

Rushcliffe CCG has led a trial of a new triage system for eye casualty to improve patient experience. The new system was developed with input from GPs, optometrists and patients.

The health system is in the process of embedding this new approach. Work is underway to raise awareness of the new triage process among both GPs and optometrists (via their respective CCGs). In the example that you have cited that led to the poor patient experience, it is likely that this communication exercise had not been fully completed. This has since been addressed with awareness of the new triage process embedded across the health community.

Under the new approach, a rapid access phone line is available to opticians and GPs to discuss cases with NUH prior to referral. The triage document is used as part of these calls and ensures the patient is directed to the most appropriate place, first time.

Starting February 2015, a new ophthalmology consultant post will be directly working across our rapid access clinic and eye casualty. This will help with earlier senior decision making and reduce the number of unnecessary hospital visits.

Under the new approach to triage, most patients with 'flashes and floaters' will be seen in the rapid access clinic instead of eye casualty. However, any patients with 'flashes and floaters' who have loss of field of vision or acuity that suggest an increased risk of sight loss will be brought to eye casualty and treated urgently.

The changes made to the local system are already delivering improvements to patient care and these benefits will only multiply as all parties in the system become accustomed to the new system.

<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>	
<b>10 FEBRUARY 2015</b>	
<b>INFORMATION GATHERING FROM THIRD SECTOR</b>	
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)</b>	<b>Agenda Item 5</b>

## **1. Purpose**

To hear and consider the views of representatives of the Third Sector on the current state of the health sector in Nottingham/ Nottinghamshire and on current health issues.

## **2. Action required**

- 2.1 The Committee is asked to explore the views of the Third Sector with the representatives at the meeting. In order to base recommendations in relation to health on sound evidence, the Committee needs to consider a wide range of perspectives.

## **3. Background information**

- 3.1 In February 2013 Robert Francis published his report into the failings at Stafford Hospital run by the Mid Staffordshire NHS Foundation Trust. The report drew attention to the importance of scrutiny by local councillors as part of the framework of health service accountability. However, the report also noted that there was evidence that some scrutiny committees relied too heavily on the evidence of providers and commissioners. Good scrutiny relies on gathering a range of evidence, including from patients, service users, the third sector and voluntary/ community organisations.
- 3.2 HWB 3 is the Third Sector Health and Wellbeing Provider Forum, launched in February 2012. It aims to ensure the involvement of Third Sector health and social care providers in the planning, development and delivery of service provision through effective partnership working.
- 3.3 Representatives of HWB3 will attend today's meeting to provide the Committee with their views on the state of the health sector in Nottingham/ Nottinghamshire.

## **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**

None

7. **Wards affected**

All

8. **Contact information**

Kim Pocock, Constitutional Services Manager, Tel: 0115 8764313  
Email: [kim.pocock@nottinghamcity.gov.uk](mailto:kim.pocock@nottinghamcity.gov.uk)



<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>	
<b>10 FEBRUARY 2015</b>	
<b>TRANSFORMATION PLANS FOR CHILDREN, YOUNG PEOPLE AND FAMILIES</b>	
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)</b>	<b>Agenda Item 6</b>

### **1. Purpose**

To hear about plans for delivery and potential relocation of in-patient services for children, young people and families at an early stage.

### **2. Action required**

#### **2.1 The Committee is asked**

- (a) to consider and contribute their views to early proposals for services prior to formal consultation; and
- (b) to invite representatives to attend a future meeting to discuss developed proposals and participate in consultation.

### **3. Background information**

- 3.1 Representatives of Nottinghamshire Healthcare Trust will attend the meeting to consult the Committee on the Trust's transformation plans for children, young people and families.
- 3.2 Early ideas include options for increasing and relocating in-patient services, including the adolescent unit (Thorneywood) and the Mother and Baby Unit (currently at Queen's Medical Centre), on a new site, possibly the Cedars (Mansfield Road, Nottingham).
- 3.3 At this stage options are being explored. Eventual proposals may or may not be a substantial change/ variation. The Trust is keen to involve the committee and get its input at an early stage and then to return with firmed up options for consultation later in the year.

**4. List of attached information**

Appendix 1 – Nottinghamshire Healthcare Trust 5-Year Strategy for Children, Young People and Families - Child and Adolescent Mental Health Services (CAMHS) and Perinatal Psychiatric Services

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

None

**6. Published documents referred to in compiling this report**

None

**7. Wards affected**

All

**8. Contact information**

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positive

Nottinghamshire Healthcare  
NHS Trust

Positive about integrated healthcare



**Our 5-Year Strategy for Children, Young People and Families**  
**Joint Health Scrutiny Committee: 10 February 2015**

## 1. Introduction

This paper summarises Nottinghamshire Healthcare's transformation plans for the services we deliver for children, young people and families. We are developing a series of options for consideration and we welcome the opportunity to involve the Joint Health Scrutiny Committee at the planning stages.

We have a particular focus in this paper on the following services:

- **Child and Adolescent Mental Health Services (CAMHS)** – inpatient and outpatient services currently provided by the Trust at the Thorneywood Unit (Porchester Road, Nottingham)
- **Perinatal Psychiatric services**, for mothers and babies, currently provided at the Queen's Medical Centre.

## 2. Background and Context

### ***'One Door, Many Pathways'***

In November 2013, the Trust Board approved *'One Door, Many Pathways'* an ambitious 5-year strategy to improve services for Children, Young People and Families (CYP&F), with the overall aim of *'improving the quality of life and life chances for children and young people'*.

In approving the strategy, the Trust Board signalled a commitment in principle to invest in the re-development of inpatient CAMHS currently provided at the Thorneywood Adolescent Unit. In addition, the Board asked for options about how this opportunity might also be used to improve other services for children, young people and their families.

### **Commissioning landscape – national and local**

There are increasing levels of emotional and mental health needs in children and young people. This is resulting in increased pressure within CAMHS services, locally and nationally. In recognition of this, Norman Lamb, Health Minister, announced a national CAMHS taskforce last year which will report in Spring 2015.

More recently, NHS England's planning guidelines for 2015/16 asks Clinical Commissioning Groups to work with other local commissioners to invest more in CAMHS.

Locally, the Joint Scrutiny Committee will be aware that City and County commissioners undertook CAMHS reviews last year and concluded with similar recommendations to transform the way services are provided.

In addition, last year, NHS England reported on its national review of inpatient (Tier 4) CAMHS provision. Although the review concluded that *“it is impossible to conclude definitively whether the current level of bed provision is sufficient to meet the need”*, it did illustrate a clear picture of insufficient capacity locally.

### **3. Outline of the Current Services and the Case for Change**

#### **3.1 Inpatient CAMHS – the Adolescent Unit at Thorneywood**

The Unit at Thorneywood is a 12 bedded in-patient facility for 12-18 year olds experiencing mental health problems where the level of complexity of need can no longer be managed in the community. Approximately 70 young people receive inpatient care at Thorneywood each year.

The service is commissioned by NHS England and serves the populations of Nottinghamshire, Nottingham City, Derbyshire and Derby City.

Thorneywood is a hub and spoke model, with smaller buildings within its grounds, including Harper Villa, a 2 storey building used to deliver CAMHS outpatient services.

Built in the late 1930s, the Unit is a single storey brick built building which has had repeated attempts to be modernised but is no longer fit for purpose. The configuration and space standards do not meet national best practice standards.

The Unit is not able to meet the level of local demand and, sadly, at any one time, there are about two to three times as many young people again who have to be treated out of area, usually at a significant distance away from home

The Trust's assessment is that there is a clear case of unmet need locally, for which we could develop an ambitious offer. There is no Psychiatric Intensive Care (PICU provision) within the East Midlands (the nearest NHS unit is in Colchester), nor any specialised eating disorders units. (PICU is provided for children and adolescents whose intensity of condition cannot be managed on a general/acute Tier 4 adolescent ward).

Taking these factors into account, we are developing a business case to assess the viability of the Trust increasing the level of CAMHS inpatient provision and developing specialised eating disorders provision, along with a PICU.

This would significantly improve access and the quality of care for local children, young people and their families.

Education for the inpatients at Thorneywood is provided by the Hospital and Home Education Learning Centre (HHELC) located adjacent to the Trust owned site. Early discussions with the Head Teacher and dialogue at the Governing Body indicate the Centre would not be able to accommodate an increase in the number of CAMHS

students. However, the Centre is very positive about an option to work with the Trust and develop a new hospital education facility for this group of students.

Under national specifications, education for young people within a PICU must be provided within the Unit.

### **3.2 Community CAMHS at Thorneywood**

Thorneywood is also the main 'hub' for South Nottinghamshire community CAMHS. (Outpatient services are also delivered from other locations in South Nottinghamshire).

As highlighted earlier, as a result of comprehensive services reviews, local commissioners have made clear their intention to commission an integrated CAMHS care pathway. In response, we have developed a new integrated model which we will implement, working with commissioners, during 2015/16. Our model proposes bringing together on to a single site, the following service elements of the new pathway:

- Single Point of Access
- The professional base for the urgent/emergency response service and the non-admitted care service
- Tier 4 inpatient care.

At present, these elements of the pathway are fragmented.

The new integrated CAMHS model also anticipates developing innovative solutions for delivering care closer to the child/young person e.g. digital solutions, increased provision in schools etc.

We are currently reviewing in detail the level of community CAMHS delivered at Thorneywood and the potential to transfer some of this activity closer to where children and young people live or go to school, wherever this is viable.

### **3.3 Perinatal Psychiatric Mother & Baby Unit**

The Trust's Perinatal Psychiatric Unit for mother and their babies is currently a 6 bed and 6 cot inpatient facility – 69 women were admitted last year. The Unit provides care for women with severe mental illness in late pregnancy and the postpartum year.

The inpatient Unit is currently situated within the Queen's Medical Centre (QMC) and is located in close proximity to the Adult Mental Health Wards A42 and A43.

As part of the separate transformation of adult mental health services, it has recently been agreed to decommission the Adult Mental Health wards at QMC.

There is a requirement within the national service specification for Perinatal Mother and Baby Units to be co-located on the same site as other psychiatric admission services to allow for clinical cover and assistance in emergencies. Our Perinatal

service will not be able to meet this aspect of the specification once the adjacent adult mental health wards vacate the QMC site. This is a major concern to the service and represents clinical risks.

The service would need to increase the nursing establishment staff on duty at all times in order to operate safely.

The national specification also requires that obstetrics be 'within a short travelling distance' if not on the same site.

The current accommodation was not designed for a Perinatal Unit and though it has been adapted for the service, it is not fit for purpose. Nevertheless, the clinical service provided there is of a very high quality.

#### **4. Options Appraisal**

Doing nothing is not an option for any of these service as our ability to respond to change and growth will be severely hampered, and risks around quality and regulatory requirements will become increasingly challenging. The Trust has therefore begun to consider a number of options.

Following detailed service assessments, the emerging proposal is an exciting and innovative scheme to bring together specialist services for children, young people and families into a single site, i.e:

- Tier 4 inpatient CAMHS – with capacity increased to meet local unmet demand and develop specialist eating disorders and PICU provision
- Community CAMHS – single point of access and professional base for urgent/emergency care and non-admitted care
- Perinatal mother and baby services.

This will enable 24 hour clinical cover and assistance in emergencies between the perinatal and CAMHS inpatient services and will facilitate the development of 'child and family friendly' facilities that are modern and fit for purpose. Though this proposal moves perinatal services away from obstetrics, this option can still meet the national perinatal service specification so long as obstetrics are within a "short travelling distance".

This option also presents exciting potential for developing improved service responses for teenage mothers with mental illnesses.

The more detailed options we are now assessing, including a financial appraisal, are:

- **Options for increasing the type and number of CAMHS inpatient beds** – assessing the clinical and operational risks and benefits. Options include increasing the general beds by between an additional 6-12 beds and the detailed analysis for developing a PICU.
- **Options for the range and type of community CAMHS currently provided at Thorneywood** – this involves scoping in detail the level of current outpatient

service provision and how this might be delivered differently and developing a new model for the Single Point of Access.

- **Options for the site location** - the Trust owns a limited number of sites which would be suitable for this kind of development. Spatial considerations, adjacencies, transport links, clinical support, etc. have been examined thoroughly and the two options currently are:
  - Re-develop the Thorneywood site
  - Re-develop the Cedars site on Mansfield Road, Nottingham – this is a Trust site not currently in use, but one which has real potential to provide green open spaces to improve the therapeutic and caring environment for children, young people and perinatal mothers and babies needing our services. The site is ideally located to serve both Nottinghamshire and Derbyshire.

An Outline Business Case of these options will be considered by the Trust Board in March 2015, with a subsequent Full Business Case likely in the Summer.

## **5. Involving our key stakeholders**

Meaningful involvement with our key stakeholder, particularly children, young people and their families, our clinicians and our commissioners is underpinning our transformation programme.

We are undertaking a range of service user feedback to ensure this is reflected in all stages of development, including the early scoping and design stages.

## **6. Conclusion**

Nottinghamshire Healthcare is committed to improving the care and support we offer to children, young people and their families.

We are developing ambitious and innovative proposals to significantly improve the quality of care and local access to highly specialist services.

We are in the planning stages, assessing a number of options.

We are keen to involve the Joint Scrutiny Committee at this planning stage, and return with more detail later.

Sharon Creber, Associate Director  
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10 February 2015

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. Recent additions to the work programme include discussion of the dermatology contract with attendance from representatives of Rushcliffe CCG, Circle and Nottingham University Hospitals (NUH) at the 10 March meeting. In addition, service changes at Rampton Hospital will be on the agenda of the 21 April meeting.

### **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

<p><b>10 June 2014</b></p>	<ul style="list-style-type: none"> <li>• <b>Intoxicated Patients Study Group</b> To consider the report and recommendations of the Intoxicated Patients Study Group</li> <li>• <b>Terms of Reference and Joint Protocol</b></li> </ul>
<p><b>15 July 2014</b></p>	<ul style="list-style-type: none"> <li>• <b>Developments in Adult Mental Health Services</b> To receive information about developments in adult mental health services (Nottingham City CCG/ Nottinghamshire County CCGs/ Nottinghamshire Healthcare Trust)</li> <li>• <b>NUH Performance Against Four Hour Emergency Department Waiting Time Targets</b> To receive the latest performance information (NUH)</li> <li>• <b>New Health Scrutiny Guidance</b> To receive briefing on the new Department of Health guidance on Health Scrutiny</li> </ul>
<p><b>9 September 2014</b></p>	<ul style="list-style-type: none"> <li>• <b>Greater Nottingham Urgent Care Board</b> To consider the progress of the Greater Nottingham Urgent Care Board (Nottingham City CCG lead)</li> <li>• <b>Patient Transport Service</b> To consider performance in delivery of Patient Transport Services (Arriva/ CCG lead)</li> <li>• <b>NUH Pharmacy Information</b> Information received as part of ongoing review (Nottingham University Hospitals/CCG)</li> <li>• <b>NHS 111 Performance</b> To receive the latest update on workforce change implementation (Nottingham City/Nottinghamshire County CCG)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>New Health Scrutiny Guidance – Key Messages</b> Further discussion</li> </ul>
<b>7 October 2014</b>	<ul style="list-style-type: none"> <li>• <b>Intoxicated Patients Review</b> To consider the response to the recommendations of this review (NUH)</li> <li>• <b>Developments in Adult Mental Health Services</b> To receive information in relation to the consultation response (Nottingham City CCG/ Nottinghamshire County CCGs/ Nottinghamshire Healthcare Trust)</li> <li>• <b>Mental Health Services for Older People</b> To receive information in relation to the consultation response (Nottingham City CCG/ Nottinghamshire County CCGs/ Nottinghamshire Healthcare Trust)</li> <li>• <b>Response to Pressures in the Urgent Care System</b> To consider immediate and medium-longer term planning to address pressures and demands in the urgent care system (TBC)</li> </ul>
<b>11 November 2014 CANCELLED</b>	<ul style="list-style-type: none"> <li>• <b>Out of Hours Dental Services</b> An initial briefing following concerns raised at the 9 September committee (Nottingham City CCG, others TBC)</li> <li>• <b>Royal College of Nursing</b> Further briefing on the issues faced by nurses (RCN)</li> </ul>
<b>9 December 2014</b>	<ul style="list-style-type: none"> <li>• <b>Out of Hours Dental Services</b> An Initial briefing following the concerns raised at the 9 September committee (NHS England)</li> <li>• <b>Daybrook Dental Practice – Apparent Breach of Infection Control Procedures</b> (NHS England)</li> <li>• <b>Royal College of Nursing</b> Further briefing on the issues faced by nurses (RCN)</li> </ul>

13 January 2015	<ul style="list-style-type: none"> <li>• <b>NUH Environment &amp; Waste</b> Initial Briefing (Nottingham University Hospitals)</li> <li>• <b>Primary Care Access Challenge Fund Pilots</b> Pilot outcomes and next steps (South Nottinghamshire CCGs and Area Team)</li> <li>• <b>East Midlands Ambulance Service - New Strategies</b> Initial briefing (EMAS)</li> </ul>
10 February 2015	<ul style="list-style-type: none"> <li>• <b>Eye Casualty</b> (NUH)</li> <li>• <b>Third Sector Organisations briefing</b> (HWB3)</li> <li>• <b>Transformation Plans: Children, Young People and Families</b> (Notts Healthcare Trust)</li> </ul>
10 March 2015	<ul style="list-style-type: none"> <li>• <b>Patient Transport Service</b> To consider performance in delivery of Patient Transport Services (Arriva/ CCG lead)</li> <li>• <b>NHS 111 Performance</b> To receive the latest update on workforce change implementation (Nottingham City/Nottinghamshire County CCG)</li> <li>• <b>Dermatology Contract</b> To receive information on issues relating to the operation of the dermatology contract (Rushcliffe CCG, Circle and NUH)</li> </ul>
21 April 2015	<ul style="list-style-type: none"> <li>• <b>Urgent Care Winter Pressures – Future Planning</b> To receive the latest update on lessons learned from winter 2014/15</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Rampton Hospital – Variations of Service</b> (Nottingham University Hospitals) (NHS England)</li> <li>• <b>NUH Pharmacy Information [TBC or March]</b> Information received as part of ongoing review (Nottingham University Hospitals/CCG)</li> </ul>
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To schedule:

NHS 111 – to consider outcomes of GP pilot and performance following workforce changes  
Nottingham University Hospital Maternity and Bereavement Unit  
24 Hour Services  
Outcomes of primary care access challenge fund pilots  
Impact of changes to adult mental health services and mental health services for older people (early summer 2015)  
Responses to Pressures in the Urgent Care System (Teresa Cope and Nikki Pownall) - April

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)