

## Membership

### Councillors

Keith Girling (Chair)  
Richard Butler  
Dr John Doddy  
Kevin Greaves  
David Martin  
Michael Payne  
Liz Plant  
Kevin Rostance  
Steve Vickers  
Muriel Weisz

### Officers

Martin Gately  
Noel McMenamin

Nottinghamshire County Council  
Nottinghamshire County Council

### Also in attendance

Paul Beckworth  
Katharine Brown  
Sandra Crawford  
Janet Crowe  
Sally Dore  
Kazia Foster  
Wendy Hazard  
Chris Neale  
Catherine Pope  
Scott Purser  
Amanda Sullivan  
Rachel Towler  
Keith Underwood  
Louisa Ward

Sherwood Forest Hospitals  
Nottinghamshire County Council  
Nottinghamshire Healthcare Trust  
NUH  
Mansfield and Ashfield CCG  
Nottinghamshire Healthcare Trust  
EMAS  
NUH  
Nottinghamshire Healthcare Trust  
NUH  
Mansfield and Ashfield CCG  
Nottinghamshire Healthcare Trust  
EMAS  
Sherwood Forest Hospitals

## 1. MINUTES

The minutes of the last meeting held on 9 October 2018, having been circulated to all Members, were taken as read and were signed by the Chair.

## **2. APOLOGIES**

None

## **3. DECLARATIONS OF INTEREST**

None

## **4. ASHFIELD HOMESTART**

Dr Amanda Sullivan, Chief Officer, and Sally Dore, Head of Commissioning at Mansfield and Ashfield CCG provided a briefing on the Commissioning Group's decision to decommission funding for Ashfield Home Start.

The following points were raised within their briefing:-

- The CCG has undertaken a review of the decision to decommission funding for Ashfield Home Start, in line with the Committee's request at its June 2018 meeting;
- Home Start is to receive funding from the Local Infrastructure Fund to support a service in Ashfield for a 3-year period from July 2018, representing 50% of the original offer.
- Commissioners have used MASH referrals, A&E attendances-under 5's and complaints performance metrics to assess where possible the impact of decommissioning the service on residents. There is no evidence from these sources to indicate increasing pressures on other services as a result of the CCG decision;
- The CCG will continue to monitor the situation and to encourage Home Start to work collaboratively with partner organisations where possible.

During discussions, the following issues were raised:-

- The CCG undertook to provide details on Ashfield Home Start resources now in place (staff, buildings, funding);
- The CCG welcomed the suggestion to build the consideration of service impact on adults as well as on children into future commissioning;
- While it was noted that no complaints had been received about decommissioning the service, it was pointed out that service users were typically from harder-to-reach families who might not feel empowered to complain;
- It was confirmed that decommissioning the service had saved over £80,000;

- As the accountable care system became embedded it was anticipated that resources would become more evenly distributed between health and social care functions. The CCG was working very hard to ensure genuine collaboration between partners;
- It was confirmed that the CCG had consulted extensively with service users to inform the initial decision to decommission. The value described by service users was less to do with health, and more to do with social inclusion.

The Chair thanked Amanda Sullivan and Sally Dore for their attendance.

## **5. NOTTINGHAMSHIRE HEALTHCARE TRUST – CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

Dr Amanda Sullivan, Chief Officer Mansfield and Ashfield CCG, Sally Dore, Head of Commissioning, Mansfield and Ashfield CCG, Catherine Pope, Service Director, Nottinghamshire Healthcare Trust and Rachel Towler, Assistant General Manager, CAMHS, provided a detailed briefing, published with the agenda, on the following:

- implementing the local transformation plan(LTP) for children's mental health,
- performance against the 'must do' areas in children's mental health,
- previous, current and planned expenditure on children's mental health, and
- plans in respect of improving the mental health of looked after children and care leavers.

The following points were raised within their briefing:-

- The LTP has been in place for 3 years, and in that time the primary mental health team has become embedded in Nottinghamshire, working closely with GPs, Healthy Families teams and schools;
- The new role of Peer Support Worker has been effective in engaging with service users, and both CAMHS and the Educational Psychology Service have provided training and guidance on raising awareness around self-harm and suicide;
- Self-referral now allows direct access to services without a GP referral, while there is now a dedicated CAMHS Community Eating Disorder Service and Crisis Resolution and Home Treatment Service in place to address national priority targets;
- Transition arrangements between CAMHS and adult mental health services have been strengthened, specialist inpatient mental health provision for the most vulnerable is now provided locally at the Hopewood facility, and the Healthcare Trust also provides a new Forensic CAMHS Service for the region;
- A series of workforce developments and next steps in 2019/20, including the implementation of speech and language therapy, are detailed in the published report;
- Performance against 'must do' areas in children's mental health was variable. Additional resource is being provided to community eating disorder teams to help address unmet targets, while alternative access to adult

psychiatry liaison is available in lieu of 24/7 access to community crisis resolution teams and home treatment teams. Targets for putting in place care packages for those experiencing a first episode of psychosis are being met;

- An independent review of the CAMHS Looked After and Adoption Service has identified a number of recommendations to remodel the service, and the expectation is that all posts established under the remodelled service will be recruited to within the current financial year.

During discussions, a number of issues were raised:-

- The CCG undertook to provide the following in response the Committee's questions and points:
  - details of children's mental health expenditure as a percentage of total expenditure;
  - numbers of children accessing mental health provision in Nottinghamshire;
  - average waiting times between initial service contact to receiving an assessment;
  - average waiting times between referrals and treatment for each CCG, noting that the average across Nottinghamshire was 8.3 weeks;
- There was a need for clear and consistent communication in respect of self-referral, given a recent BBC report which wrongly stated that GPs must refer to CAMHS services. In response, it was reported that online self-referral was available via the Healthcare Trust website, while there were hard copy leaflets and guidance also available;
- The point was made that self-referral was not always a preferred route, and that a GP consultation and referral was valuable, particularly in respect of early identification of ADHD and eating disorders;
- Anyone over the age of 16 years with experience as a service user and looking to 'give something back' can be considered for the role of peer support worker. Work is also ongoing to develop a volunteer mentoring programme with young people in mind. The CCG will be happy to work with councillors to promote the scheme;
- The Committee welcomed the establishment of the Hopewood inpatient facility, and the confirmation that no Nottinghamshire-based child has been referred out-of-area since it opened;
- the point was made that not all CAMHS cases transitioned to adult mental health services, as the intention was 'treat to exit' CAMHS service users where appropriate;
- CAMHS teams worked closely with schools in response to incidents such as suicide and attempted suicide to minimise the risk of 'copycat' incidents by children and young people;
- there was no data available in respect of differences in referrals and access to services between academies and maintained schools, or for home-schooled children.

The Chair thanked Amanda Sullivan, Sally Dore, Catherine Pope and Rachel Towler for their attendance.

## **6. NOTTINGHAMSHIRE HEALTHCARE TRUST – ADULT SERVICES**

Kazia Foster, Service Improvement and Development Manager and Sandra Crawford, Associate Director of Transformation at Nottinghamshire Healthcare Trust provided an update on its transformation plans.

A number of points were made during their briefing:

- The Mental Health 5 year Forward View sets out standards and targets for mental health services to achieve by 2021/22;
- There is significant pressure on acute and psychiatric intensive care unit inpatient capacity, with demand exceeding supply by an average of 40 beds per day;
- This has resulted in patients being placed in private out-of-area inpatient care. This has adversely impacted patients and their families and given rise to a £10 million pressure forecast for 2018/19;
- There is therefore a particular focus on increasing inpatient provision within the Forward View, and an Outline Business Case for approximately 40 bed places on the Highbury Hospital site is to be considered at the Trust Board meeting on December 2018;
- The Forward View also looks to transform Crisis and Home Treatment services, improve patient flow and to further develop local mental health teams across Nottinghamshire.

During discussions, a number of issues were raised:-

- In response to being asked whether Healthcare Trust decision takers had been held to account for removing over 100 bed spaces between 2013 and 2016, Health Trust representatives advised that a range of additional measures had been put in place to deal with the expected upturn in community-based social care. Unfortunately, a reduction in occupied bed days did not happen, in part because of insufficient reinvestment to meet core fidelity standards for crisis services;
- It was stated that waiting times for home treatment varied significantly between South and North Nottinghamshire;
- It was confirmed that the Healthcare Trust and the Local Authority Mental Teams enjoyed positive working relations;
- In response to a member's question, it was explained that the Farndon Unit was a private secure unit;
- Attendees undertook to provide the following information as part of an update report to the Committee's February 2019 meeting:
  - An explanation of the original rationale for closing bed spaces at the Queen's Medical Centre, the Committee not being convinced that this

arose solely because of its proximity to the new tram service to the hospital;

- Feedback on the outcome of the Healthcare Trust Board's consideration of the outline business case for additional bed spaces on the Highbury Hospital site
- A breakdown of the number, location and cost implications of out-of-area inpatient placements;

The Chair thanked Kazia Foster and Sandra Crawford for their attendance, and invited them to provide an update at the Committee's February 2019 meeting.

## **7. FOOD AND NUTRITION IN HOSPITALS – SHERWOOD FOREST HOSPITALS AND NOTTINGHAM UNIVERSITY HOSPITALS**

Paul Beckworth and Louisa Ward of Sherwood Forest Hospitals and Janet Crowe, Chris Neale and Scott Purser of NUH provided briefing and presentations on the quality of hospital food provided to Nottinghamshire patients. The Committee also received 2 presentations, one from each organisation, and circulated with the agenda.

The following points were raised:-

- The benefits of the 'Steamplicity' system of micro-steaming as used at Sherwood Forest Hospitals were explained in detail. The system involved cooking with fresh ingredients at the point of service, creating a nutritious, versatile and extensive menu for patients. The system enabled prepared food to have a 7 day shelf life, minimising waste;
- NUH colleagues provided an overview of their model for achieving excellence in nutrition and hydration care for patients, delivering high quality and consistent food provision for all patients, optimised nutritional care and patient experience, and providing safe artificial nutrition where appropriate. The Mealtime matters initiative to ensure full understanding of patients' needs and intake, and protect mealtimes from disruptions, was also explained.

During discussions, the following issues were raised:-

- it was explained that a range of 'high energy' meals is included in the options available to patients because such meals help aid recovery and are popular with patients. While it was accepted that obesity is a serious challenge to the nation's health, patients in an acute environment often had repressed appetite and required 'high energy' meals;
- all meals were provided in line with British Dietetic Association standards;
- both organisations operated a 'Red tray' system, where patients identified with functional or other difficulties with eating were given extra support at mealtimes;
- the Committee was reassured by the quality and consistency of approach to nutrition at both Sherwood Forest Hospitals and NUH.

The Chair thanked the representatives from the NUH and Sherwood Forest Hospitals for their attendance.

## **8. EAST MIDLANDS AMBULANCE SERVICE UPDATE**

Keith Underwood and Wendy Hazard, Operations Managers, EMAS provided an update on the organisation's performance and winter planning preparations for 2018/19. Their briefing raised the following points:-

- EMAS, in common with other health partners, faced a number of pressures which impacted on delivering service standards in the winter of 2017/18. Mitigating actions, detailed in the report, are being taken to minimise disruptions in the winter of 2018/19 and discussions are ongoing with partners to provide an improved patient experience;
- Hardwick CCG, which manages the EMAS contract of 22 CCGs across the region, has secured terms which will see an additional £9 million funding for clinical staff, ambulances and related resources. This may rise significantly in subsequent years, subject to meeting performance targets;
- The additional funding will help bridge the funding gap between currently available resource and what is needed to deliver national performance standards;
- EMAS has met 3 of the 6 quarter 2 targets set following its 'demand and capacity' review, 2 of which were in respect Category 1 (the most serious) response times.

During discussions the following points were raised:-

- There were 476 assaults on staff in the year to date, the majority of which being verbal assault. EMAS staff received pastoral and related support to help with their recovery and return to work;
- It was acknowledged that EMAS was behind schedule in respect of recruiting and training new clinical staff, but 49 new fully-trained staff will come 'on-stream' in April 2019;
- Station managers were under instruction to encourage increased uptake of the free winter flu jab, but staff could not be compelled to be vaccinated;
- EMAS operated an awards ceremony to celebrate staff who went 'the extra mile' in their dealings with the public, and staff had created an external space near to EMAS headquarters where they could rest, socialise and recuperate between shifts;
- It was confirmed that EMAS pursued prosecutions for assault rigorously.

The Chair thanked Keith Underwood and Wendy Hazard for their attendance, and invited them back to the March 2019 meeting, to provide updates on recruitment and retentions, winter pressures and prosecutions.

## **9. WORK PROGRAMME**

The Committee agreed the work programme as published, subject to changes being made to reflect outcomes of discussions at minutes 4, 5, 6 and 8 above

The meeting closed at 1.35pm.

**CHAIRMAN**