



**NOTTINGHAM CITY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**

**Date:** Thursday, 23 November 2017

**Time:** 1.30 pm (pre-meeting for all Committee members at 1pm)

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham,  
NG2 3NG

**Councillors are requested to attend the above meeting to transact the following business**

**Corporate Director for Strategy and Resources**

**Senior Governance Officer:** Jane Garrard **Direct Dial:** 0115 8764315

- 1 MEMBERSHIP CHANGE**  
To note that Councillor Power has been appointed as a member of the Health Scrutiny Committee.
- 2 APOLOGIES FOR ABSENCE**
- 3 DECLARATIONS OF INTEREST**
- 4 MINUTES** 3 - 10  
To confirm the minutes of the last meeting held on 21 September 2017.
- 5 NOTTINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GREATER NOTTINGHAMSHIRE ACCOUNTABLE CARE SYSTEM** 11 - 18
- 6 INPATIENT DETOXIFICATION SERVICES AT THE WOODLANDS UNIT** 19 - 32
- 7 ACCESS TO DENTAL CARE** 33 - 44
- 8 NOTTINGHAM TREATMENT CENTRE PROCUREMENT** 45 - 54
- 9 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME** 55 - 64

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

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## NOTTINGHAM CITY COUNCIL

### HEALTH SCRUTINY COMMITTEE

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 21 September 2017 from 1.30 pm - 3.38 pm**

#### **Membership**

##### Present

Councillor Anne Peach (Chair)  
Councillor Jim Armstrong  
Councillor Ilyas Aziz  
Councillor Eunice Campbell  
Councillor Patience Uloma Ifediora  
Councillor Carole-Ann Jones  
Councillor Ginny Klein  
Councillor Dave Liversidge  
Councillor Adele Williams

##### Absent

Councillor Merlita Bryan (Vice-Chair)  
Councillor Corall Jenkins  
Councillor Jackie Morris  
Councillor Brian Parbutt  
Councillor Chris Tansley

#### **Colleagues, partners and others in attendance:**

Dr David Manley, Clinical Director ) Nottinghamshire Healthcare  
Gary Eves, Development Programme Manager ) Trust

Caroline Shaw, Chief Operating Officer ) Nottingham University Hospitals  
Andrew Chatten, Director of Estates and Facilities ) NHS Trust.  
Allison Rigby, Tomorrow's NUH Programme Manager )

Greg Cox, General Manager ) East Midlands Ambulance  
Maria Stanley, Ambulance Operations Manager ) Service Nottinghamshire Division,  
Wendy Hubbard, Ambulance Operations Manager )

Jane Garrard - Senior Governance Officer  
Catherine Ziane-Pryor - Governance Officer

#### **21 APOLOGIES FOR ABSENCE**

Councillor Jackie Morris – personal  
Councillor Chris Tansley – personal  
Councillor Brian Parbutt - personal

#### **22 DECLARATIONS OF INTEREST**

None.

#### **23 MINUTES**

The minutes of the meeting held on 20 July 2017 were confirmed as a true record and signed by the Chair.

It is noted that statistics requested from Public Health and NHS England colleagues for flu immunisation take-up at individual GP practices had not yet been received but would be followed up by Jane Garrard.

**24     NOTTINGHAMSHIRE HEALTHCARE TRUST TRANSFORMATION PLANS  
FOR CHILDREN AND YOUNG PEOPLE - CAMHS AND PERINATAL  
MENTAL HEALTH SERVICES UPDATE**

Dr David Manley, Clinical Director, and Gary Eves, Development Programme Manager, provided an update on 'Hopewood', the new facility currently being built on Mansfield Road which will provide support and inpatient services for Child, Adolescent and Perinatal Mental Health Services. The following points were highlighted and Councillor's questions responded to:

- (a) The development, by Nottinghamshire Healthcare NHS Foundation Trust, is at a cost of approximately £21m and will provide services from April 2018, providing 24 new inpatient beds for eating disorder and psychiatric patients with the flexibility to be split 10-14 beds each to a total of 24;
- (b) The facility will employ an additional 91 whole-time equivalent posts, 78 of which will be Clinical (50:50 qualified and non-qualified) and 13 ancillary posts. A recruitment open day will be held for qualified clinical posts on 2 October, with another open day for non-qualified clinical posts to be held on 11 December. All jobs will be advertised locally through different media;
- (c) Currently there are only 57 acute adolescent units and 7 paediatric intensive care psychiatric units nationally. It is likely that demand will outstrip supply in that it's possible that NHS England may request that patients from outside the intended benefit area of Nottinghamshire and Derbyshire are accepted at Hopewood. The Eating Disorders Unit will be a regional resource. Very thorough research has been undertaken to ascertain local demand, and this is reflected in the provision. Further national investment is required, particularly as young people need to be based close to their families. It is likely that some children and young people will still have to be placed out of area but this should be fewer than currently;
- (d) From April 2018, service users, including those in the mother and baby unit, and the school will gradually move from the current bases at Thorneywood and QMC to Hopewood, which should be fully functioning by the end of May 2018;
- (e) Establishing the education provision was initially complicated as it has been funded nationally, but confirmation has been received that there are unlikely to be any issues with the expansion of the current capacity which will move to Hopewood. University College London has assisted with best practice research into how teaching and therapeutic offer can be combined for the best results;
- (f) Young people between 12 and 20 years of age are admitted as inpatients for an average of 60 days, rarely with repeat admissions. Entry to the treatment pathway is controlled by NHS England with a very strict prescriptive process regarding referrals. There will be no automatic allocation of beds, each individual case considered carefully to ensure that the admission is right for each young person at that time;
- (g) Service users, their parents and staff will be consulted on the final finishing details of the facility, including landscaping. This is in addition to thorough consultation at the design stage. Once open, the views of service users and their families will be monitored to ensure the facility continues to meet their needs;

- (h) When young people with dual diagnosis of drug and psychological issues are referred, it is rare that these issues can be separated. There will be provision for substance abuse issues and there is a program for developing staff skills on how to work with young people with substance issues;
- (i) The ecology of the site initially caused delays as badgers, bats and asbestos were found. A great deal of consideration has gone into the aesthetic design of the building and landscaping will be important consideration as it is recognised that environment can influence recovery;
- (j) Future plans for the Thorney wood site are yet to be determined but the Trust has engaged an external consultant to evaluate the whole of the Trust's estate. If it is proposed that the site is sold, the Trust will work with City Council to identify the most appropriate potential uses.
- (k) The Trust was confident that it was on track to provide services from the site on schedule.

It was noted that members of the Committee would be welcome to attend the opening of the Hopewood Centre.

The Committee welcomed the development of the new facilities.

## **RESOLVED**

- (1) to note the thanks of the Committee to Dr David Manley and Gary Eves for their interesting presentation and update;**
- (2) to request that the Nottinghamshire Healthcare Trust provide an update report to the Committee in approximately 12 months' time to review the transition of provision from current facilities to Hopewood and the delivery of services from the new facilities.**

## **25 'TOMORROW'S NUH'**

Caroline Shaw, Chief Operating Officer, was accompanied by Andrew Chatten, Director of Estates and Facilities and Allison Rigby, Tomorrow's NUH Programme Manager, and delivered a presentation on the master plan for transformation and sustainability over the next 10 years and beyond for Nottingham University Hospitals NHS Trust.

The presentation is included in the agenda, providing an overview of the existing issues, with proposals for Phase 1 changes and the time scales for seeking process and funding approvals, and included the following points:

- The Strategic Priorities for Nottingham University Hospitals NHS Trust are:
  - 1 Deliver highest quality clinical service
  - 2 Develop modern and efficient facilities
  - 3 Develop excellent staff delivering nationally renowned patient experience

4 Develop affordable health and social care system for Nottinghamshire patients

- Staff have welcomed the forward plan and consultation which has highlighted problems with the physical environment of the Trust's aging properties;
- Staff engagement is valuable and will continue, but patient and citizens' support is also required by the Trust to enable the strategy to progress;
- The current Emergency Department at QMC was designed for 350 patients daily, but regularly receives approximately 550-600 patients daily so needs to be redesigned to meet current and future demand.

Members of the committee welcomed the strategy as interesting and ambitious.

The following responses were given councillors' questions:

- (a) In developing the plan a top-down and bottom-up approach was taken in scrutinising the current provision. This identified that some areas of service delivery were not achieving the best value for money and confirmed that some wards are struggling to meet statutory requirements;
- (b) The strategy is ambitious but there is confidence that it can be achieved if the requested funding is received;
- (c) All aspects of the Trust will be considered, including senior management infrastructure, ensuring the changes can be made where necessary;
- (d) The Trust is in discussion with commissioners regarding maternity services which are based on both the City Hospital and QMC sites as a result of the hospitals merging. There is a similar position regarding operating theatres. These issues of split site services need to be resolved to ensure the best efficiency;
- (e) The QMC building is more 40 years old and requires refurbishment, however it is not possible to decant services to build a brand-new hospital (which would cost in the region of £3.4-£3.5 billion), so the refurbishment of the current building (at a cost of £600-£700 million) will be planned to ensure continued service provision. This will involve small sections of the building being stripped back to the shell and reconfigured;
- (f) There will be changes to where and how services are sited, including potential new build centres, and consideration of how linked/related services are sited closer together;
- (g) The proposals of the strategy are clinically right for service provision and reflect the need for transformation. Changes need to be made to achieve the best use of services and resources, which cannot continue as they are. To have the best chance of securing funding from the Treasury, the Trust must provide a compelling case which will start with the master plan. Engagement of staff, patients and citizens will provide an important contribution to the submission. It's encouraging that other Trusts nationally have received substantial funding to re-build their facilities.

Members of the Committee welcomed the hugely ambitious proposals, and the inclusion of staff, patient and citizen engagement, requesting that the Committee is informed of progress.

**RESOLVED to request that Nottingham University Hospitals NHS Trust keep the Committee updated on progress with 'Tomorrow's NUH' including early notification of any substantial developments or variations in health services arising as a result.**

## **26     NEW AMBULANCE SERVICE STANDARDS**

Greg Cox, General Manager, Maria Stanley, Ambulance Operations Manager, and Wendy Hubbard, Ambulance Operations Manager, all of East Midlands Ambulance Service Nottinghamshire Division, delivered a presentation which updated the Committee on the performance and progress of the Service.

Following an independent review of capacity against demand and the funding provided, commissioners have significantly increased investment. In addition, managers will continue to review all aspects of the Service to achieve the best efficiency and effectiveness.

In November 2015 the Care Quality Commission (CQC) inspected EMAS and published its report in May 2016. The CQC undertook a further inspection in February 2017 and issued the following ratings:

- Overall CQC rating 'requires improvement'
- Safe: improved from 'inadequate' to 'requires improvement'
- Effective: remained 'requires improvement'
- Well-led: remained 'requires improvement'
- Caring and Responsive: remained 'good'

The additional funding and new approaches to working and revised performance targets (following the largest clinical ambulance trials in the world) have resulted in a much improved performance.

Changes include:

- strengthened and stabilised leadership, including ensuring improved staff engagement and that every member of staff has a yearly appraisal;
- new system updates, including an electronic patient form which enables the hospital access to information whilst in transit to hospital;
- 20 new ambulances for Nottinghamshire;
- increasing staffing in the region by 27 (from 352) with recruitment drives locally, nationally and internationally;
- working with partners to identify how to jointly improve connection to and co-ordination with Adult Social Care;
- reviewing the prioritisation of patients as follows as part of the Ambulance Response Programme (ARP):

Category	Definition	National Standard
Category 1	An immediate response to a life-threatening condition. It is only used for a patient who requires resuscitation or emergency intervention from the ambulance service, for example cardiac or respiratory arrest.	7 minutes mean response time 15 minutes 90th centile response time
Category 2	For a serious condition, for example stroke or chest pain, that may require rapid assessment and/or urgent transport.	18 minutes mean response time 40 minutes 90th centile response time
Category 3	For urgent problems, for example uncomplicated diabetic that needs treatment and transport to an acute setting.	120 minutes 90th centile response time
Category 4	For a problem that is not urgent, for example all stable clinical cases including dermatology, gynaecology, ENT, neurology etc, and requires transportation to a hospital ward or clinic within 1, 2, 3 or 4 hours 4 hours (GP to confirm).	180 minutes 90th centile response time

To date, the results of the changes are positive, including ensuring the most effective response, not necessarily the fastest, this has enabled more efficient use of resources and resulted in reduced patient waiting time.

Councillors' questions were responded to as follows:

- (a) The service is working closely with colleagues regarding sickness and providing appropriate support. Accounting for less than 5% of sickness, stress is not a significant issue in the Nottinghamshire Division, however, back/muscle pain and injury is;
- (b) The service has only been operating the under the new service standards for six weeks but positive results are already evident for patients and staff;
- (c) Patients aren't given an estimated arrival time as response priorities may change at any time and providing a target arrival time which may then not be met could cause patients unnecessary anxiety;
- (d) Information on private ambulance usage can be provided but is not immediately available;
- (e) Brexit had initially influenced the proposed recruitment approach which is now less ambitious but the full impact with regard to staffing is yet to be realised;
- (f) Further consideration of the ambulance dispatch strategy will take place and the amendments made as part of an on-going review schedule;

- (g) Work continues with partners to resolve patient hand-over delays;
- (h) The Fire and Rescue Service are involved with co-responding but only to specific incident types within categories 1 and 2;
- (i) The changes to the ARP and substantial commissioning investment have resulted in more achievable targets against the actual demand, resulting in a more evenly spread service delivery.

## **RESOLVED**

- (1) to note the Committee's appreciation for the presentation and welcomed changes;**
- (2) to request that the following additional information be provided to the Committee:**
  - a. rates at which staff are leaving EMAS and how this compares to other Trusts; and**
  - b. use of private ambulances by EMAS; and**
- (3) to request that EMAS Nottinghamshire Division provide information to the Committee during Summer 2018 regarding the impact of the new ambulance service standards on performance and the service received by Nottinghamshire residents.**

## **27 SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH**

This item was postponed.

## **28 REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES - IMPLEMENTATION OF RECOMMENDATIONS**

Jane Garrard, Senior Governance Officer, introduced the report outlining progress in implementation against the one outstanding accepted recommendation arising from the Committee's review of end of life/ palliative care services. She highlighted that, following a review, Nottingham University Hospitals NHS Trust had decided to develop a business case to fund a permanent seven day specialist palliative care service, and that this addressed the Committee's recommendation that the Trust review the level of need for the services of the Hospital Palliative Care Team at weekends and ensure services are in place to meet that need.

## **RESOLVED**

- (1) to note that Nottingham University Hospitals NHS Trust had decided to develop a business case to fund a permanent seven day specialist palliative care service; and**
- (2) that no further scrutiny of the recommendations arising from the Committee's end of life/ palliative care services review was required.**

## **29 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**

Jane Garrard, Senior Governance Officer, introduced the report regarding the Committee's work programme for 2017/18. In addition to the report circulated with the agenda she informed the Committee that:

- a) The scrutiny session with the Portfolio Holder for Adults and Health would be rescheduled for a future meeting;
- b) It had been proposed that the Committee's meeting scheduled for 19 October 2017 is cancelled. This would mean that the items scheduled for that meeting would need to be rescheduled;
- c) NHS England had announced that it intended to take a decision about the future commissioning of congenital heart disease services at its meeting on 30 November 2017. Therefore it should be possible to provide information about this decision to the Committee at its December meeting;
- d) The Portfolio Holder for Adults and Health had requested that the Committee consider scrutinising the approach to managing the organisational and budgetary challenges of the City Council, Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Foundation Trust to ensure that the decisions that result support the strategic commitments made by partners within the City's Health and Wellbeing Strategy, the Nottingham and Nottinghamshire Sustainability and Transformation Plan, and in the City's joint mental health strategy 'Wellness in Mind'; and to ensure that together partners are prioritising mental health as they transform the health system and design a modern care system for Nottingham and Nottinghamshire.

### **RESOLVED to**

- (1) reschedule the scrutiny session with the Portfolio Holder for Adults and Health;**
- (2) cancel the Committee's meeting scheduled for 19 October 2017 and reschedule those items for future meetings; and**
- (3) scope a piece of work to scrutinise the approach to managing the organisational and budgetary challenges of the City Council, Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Foundation Trust to ensure that the decisions that result support the strategic commitments made by partners within the City's Health and Wellbeing Strategy, the Nottingham and Nottinghamshire Sustainability and Transformation Plan, and in the City's joint mental health strategy 'Wellness in Mind'; and to ensure that together partners are prioritising mental health as they transform the health system and design a modern care system for Nottingham and Nottinghamshire.**

<b>HEALTH SCRUTINY COMMITTEE</b>
<b>23 NOVEMBER 2017</b>
<b>NOTTINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GREATER NOTTINGHAMSHIRE ACCOUNTABLE CARE SYSTEM</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

## **1 Purpose**

- 1.1 To receive an update on progress of the Nottinghamshire Sustainability and Transformation Partnership and development of an Accountable Care System for Greater Nottinghamshire.

## **2 Action required**

- 2.1 The Committee is asked to:
  - a) review the impact and implications of progress with the Sustainability and Transformation Partnership and development of an Accountable Care System for Nottingham City; and
  - b) consider the future role for the Nottingham Health Scrutiny Committee in relation to the Sustainability and Transformation Partnership and Accountable Care System.

## **3 Background information**

- 3.1 The Health Scrutiny Committee has a recognised role in the governance of the Nottinghamshire Sustainability and Transformation Partnership (STP).
- 3.2 In June 2017 councillors heard from David Pearson, STP Lead, about feedback from the public engagement carried out in relation to the STP and how this feedback was influencing development of the Plan. An update to the STP was published in July 2017 (and circulated to the Committee by email) restating the main challenges and providing additional information on intentions to respond to those challenges. This included responding to the feedback by providing more details on themes such as mental health and children and young people.
- 3.3 In April and June councillors received information about development of new models of care. In NHS England's 'Next Steps on the NHS Five Year Forward View' Nottingham and Nottinghamshire with an early focus on Greater Nottinghamshire was identified as a site for development of an Accountable Care System.

- 3.4 Sam Walters, Accountable Officer for the four aligned clinical commissioning groups in Greater Nottinghamshire and Rebecca Larder, South Nottinghamshire Director of Transformation, will be attending the meeting to provide an update on the STP and development of an Accountable Care System for Greater Nottinghamshire.

#### **4 List of attached information**

- 4.1 Paper 'Sustainability and Transformation Partnerships in Nottingham and Nottinghamshire: update to the plan and Accountable Care System Memorandum of Understanding'

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

- 5.1 None

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

- 6.1 Minutes of the Health Scrutiny Committee meeting on 22 June 2017  
  
Nottingham and Nottinghamshire Sustainability and Transformation Plan  
  
NHS England (March 2017) 'Next Steps on the NHS Five Year Forward View'

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@hotmail.co.uk](mailto:jane.garrard@hotmail.co.uk)  
0115 8764315

# **Sustainability and Transformation Partnerships in Nottingham and Nottinghamshire: update to the plan and Accountable Care System Memorandum of Understanding**

## **Purpose of the Report**

1. To update the Committee on the Nottingham and Nottinghamshire STP Update published in July 2017
2. To advise the Committee on the requirements of the Accountable Care System Memorandum of Understanding for Nottingham and Nottinghamshire
3. To update the Committee on progress to date

## **Information and Advice**

### **Update to the STP**

4. The Nottingham and Nottinghamshire STP was submitted to NHS England in October and published on 24 November 2016. This was a draft Plan, produced and supported by all partner organisations.
5. The Plan built on existing service improvement work and drew on information that we had gathered from conversations with local people as part of this. The draft Plan set new, ambitious goals to renew and strengthen our commitment to working together as a health and care system.
6. Since the publication of the draft Plan, we have sought further feedback and comments from citizens, patients, carers, service-users, staff and organisations, providing a number of ways for people to feed in their views over a three-month period.
7. Feedback on the Plan did not suggest we needed to change our overall priorities or strategic direction. However, concerns were raised about how ambitious the Plan is, how we will deliver it and how we will bring about the required culture change in the way we work together as individuals and organisations to provide joined up health and social care services. The feedback also highlighted aspects of care for individuals or groups of people that did not have enough focus, for example children and young people, those with mental health problems and carers.
8. The Update to the STP was published in July 2017 on [www.stpnotts.org.uk](http://www.stpnotts.org.uk) . It restates our challenges and provides additional detail on how we intend to respond to these. The main areas covered in the Update are:
  - Our approach to delivery
  - Communication and engagement with local people and staff
  - Provide more detail on themes people told us were important to them – mental health, children and young people and carers
  - Update on accountable care systems
  - Finance and governance
  - What will be different in 2016/17 (Appendix 1)

## Accountable Care System Memorandum of Understanding

9. In NHS England's *Next Steps*, Nottingham and Nottinghamshire with an early focus on Greater Nottingham was identified as a potential site for Accountable Care System (ACS) development. The *Next Steps* explains ACSs as:

*ACSs will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:*

- *Agree an accountable performance contract with NHS England and NHS Improvement that can credibly commit to make faster improvements in the key deliverables set out in this Plan for 2017/18 and 2018/19.*
- *Together manage funding for their defined population, committing to shared performance goals and a financial system 'control total' across CCGs and providers. Thereby moving beyond 'click of the turnstile' tariff payments where appropriate, more assertively moderating demand growth, deploying their shared workforce and facilities, and effectively abolishing the annual transactional contractual purchaser/provider negotiations within their area.*
- *Create an effective collective decision making and governance structure, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies.*
- *Demonstrate how their provider organisations will operate on a horizontally integrated basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery.*
- *Demonstrate how they will simultaneously also operate as a vertically integrated care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services.*
- *Deploy (or partner with third party experts to access) rigorous and validated population health management capabilities that improve prevention, enhance patient activation and supported self- management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme.*
- *Establish clear mechanisms by which residents within the ACS' defined local population will still be able to exercise patient choice over where they are treated for elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS' budget.*

10. In August 2017 our system agreed a Memorandum of Understanding (MOU) for a shadow ACS with NHS England and NHS Improvement. The constituent organisations of our STP have been asked to note the requirements outlined in this MOU, and asked

to give consideration to how they can align organisational priorities with these requirements.

## **Update Report on Greater Nottingham Accountable Care System Development**

### ***Integrating Commissioning***

11. One of the key components of an Accountable Care System (ACS) is a form of integrated commissioning. This does not mean a single commissioning organisation, although that could be considered as an option, but a co-ordinated and coherent approach to commissioning across health and care organisations.
12. As Committee members may be aware, there has recently been a process to appoint a single Accountable Officer for the four Clinical Commissioning Groups (CCGs) in the Greater Nottingham area, which include NHS Nottingham North and East CCG, NHS Nottingham West CCG, NHS Nottingham City CCG and NHS Rushcliffe CCG (South Nottinghamshire). At the beginning of September, Sam Walters was confirmed as the Accountable Officer for the four Greater Nottingham CCGs. Transition arrangements for Sam to take on this role are currently being confirmed.
13. Discussions about how health and social care commissioning can be better integrated are also planned for the near future.

### ***Integrating Provision***

14. The development of an ACS is an opportunity to improve outcomes for local people by having a more joined up health and social care system to improve the health of local people and make the best use of available resources.
15. To assist with the transformation of the health and care system, the Government created 50 Vanguard sites across England. One of the vanguards is in Rushcliffe and as part of developing the model in the south of the county expertise was provided from international companies: Centene Corporation from the United States and Ribera Salud from Spain.
16. A piece of work was then completed looking at how transformation could be achieved and led to a proposal that was agreed by NHS England on how an ACS could be developed and national funding was awarded by NHS England to local NHS partners. This involves an extra £3.4m in this financial year for this purpose and has not been taken from local health and care budgets.
17. In order to consider how this might work, a number of conversations have taken place with other parts of the country which are bringing health and care service providers together in different ways. Discussions have taken place with areas such as Sunderland, Somerset and Taunton, Wolverhampton, South Warwickshire, Chesterfield, Northumbria and Cornwall. Across these areas there are a number of different models of integration provision being considered, ranging from full integration of primary, community and acute care, to any combination of the above.

18. Further work is due to take place between providers to consider what Greater Nottingham could learn from these models and how we can develop a more advanced model of integrated provision here.

### ***Integrating the System Interim Support and Advice***

19. A contract has recently been awarded to Capita and Centene UK, to provide interim support and advice to Greater Nottingham in the development of the Accountable Care System. A robust communications plan is in place across all partner organisations in Greater Nottingham to respond to these queries and ensure that there is clarity on the position.
20. NHS Nottingham North and East CCG awarded a contract on behalf of all of the Greater Nottingham partner organisations. The procurement took place through the NHS England Lead Provider Framework, of which Capita are a part. Capita are a sleeping partner for the project and in this instance the delivery of the services specified will be completed by Centene through a sub-contract with Capita.
21. To develop a more joined up system of health and social care will take time and expertise. That's why the NHS have used some of the national funding to procure Centene through a competitive process to buy in the support we need. Centene are now established in the UK and work directly with health and care. They have a track record of transforming health care systems internationally both in the USA and through partnerships in Europe.
22. Centene will provide expertise in bringing organisations together to better meet the needs of the population and the factors that enable this including best clinical practise, information, cost data and organisational redesign. Centene are not a provider of health and social care and accountability will remain with the local organisations. The funding for the contract has been made available following the confirmation of the Nottingham and Nottinghamshire STP (with an initial focus on Greater Nottingham) as a national ACS Accelerator site. The funding was provided by NHS England nationally and has not been taken from any budget for local services.
23. The contract will support and advise colleagues across the health and care system in order to co-design and produce the components that we know need to exist in any future ACS, as well as providing co-ordination and support to local colleagues as these are implemented. More details on the specific areas that are within scope of the contract can be made available on request.

### ***Future Work***

24. As well as designing and implementing the necessary components of an ACS through the current phase of work, it is also vital that we consider what we may need in the future in order to manage these components on an ongoing basis.
25. Early work on a potential next phase of ACS development has begun, in the form of the development of a business case to consider the options for partner organisations in managing these ACS components going forwards. Legal and procurement support has



been secured in order to advise the system on a number of possible options to manage the ACS components in the future system. Terms of Reference for a Steering Group to oversee this next phase of work are also currently being drawn up.

26. The development of an ACS in Greater Nottingham is moving at pace. There is a significant amount of work to be undertaken in order to deliver this and each partner organisation is currently taking stock of the role that they are playing in this. Regular update reports will be provided to the Board and key decisions will be subject to approval by the constituent organisations.

**For any enquiries about this report please contact:**

**David Pearson**

**Corporate Director, Adult Social Care, Health and Public Protection,  
Nottinghamshire County Council**

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>23 NOVEMBER 2017</b>
<b>INPATIENT DETOXIFICATION SERVICES AT THE WOODLANDS UNIT</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

## **1 Purpose**

- 1.1 To consider proposals for the future of inpatient detoxification services for City residents.

## **2 Action required**

- 2.1 The Committee is asked to:
- a) decide whether it considers the closure of The Woodlands Unit as a provider of inpatient detoxification services is a 'substantial variation/ development of services' for Nottingham residents;
  - b) consider the information available from the provider and commissioner regarding future provision of inpatient detoxification services for Nottingham residents; and
  - c) either provide comments and/ or recommendations or decide to seek further information/ have further discussions before submitting comments and/ or recommendations on the proposals.

## **3 Background information**

- 3.1 The Woodlands Unit is run by Nottinghamshire Healthcare NHS Foundation Trust and located on the Highbury Hospital site. It provides short stay inpatient detoxification services for people with drug or alcohol dependence. Nottinghamshire Healthcare Trust has advised that the costs of providing inpatient services at The Woodlands exceed the income that the Trust receives for the services provided there and it cannot continue to run the current service model within available resources. Therefore it is reviewing the inpatient detoxification services that it provides at The Woodlands and the Trust Board has taken a decision to consult on the closure of The Woodlands Inpatient Detoxification Unit and look at developing a new service model.
- 3.2 A paper from the Trust is attached providing more information about The Woodlands Unit and the service currently provided there; provision for Nottingham City patients; the background and context for the review; and consultation and timescales for decision making. The Trust's Executive Director Local Partnerships and Consultant Addiction Psychiatrist will be attending the meeting to present this information and answer questions

about future provision of inpatient detoxification services for Nottingham patients.

- 3.3 Nottingham City Council currently commissions inpatient detoxification services from Nottinghamshire Healthcare Trust which are provided at The Woodlands Unit. A representative of the Council will be attending the meeting to discuss the implications of the potential closure of The Woodlands Unit and the impact on current and future Nottingham patients; and, if the Unit does close, intentions regarding future provision of inpatient detoxification services for people in Nottingham. A paper providing further information from a commissioning perspective will be circulated to follow.

3.4 Role of this Committee in relation to substantial developments or variations to services

Commissioners and providers of NHS and public health funded services are required to consult with the relevant local authority health scrutiny committee on proposals for a substantial development or variation of the health service in the area of that local authority. In guidance on planning and delivering service changes, NHS England recognises the importance of this role, stating “health scrutiny is a mechanism for ensuring the health and care system is genuinely accountable to patients and the public, and it brings local democratic legitimacy for service changes” (NHS England 2013). Regulations do not define ‘substantial development’ or ‘substantial variation’ but a key feature is that there is a major impact(s) experienced by service users, carers and/or the public. The Committee’s role is to determine whether it considers the proposal to be in the interests of local health services. It will need to consider:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- 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; and
- whether the proposal for change is in the interests of the local health service.

Following consultation, the Health Scrutiny Committee can make comments on the proposals. The Committee and the relevant health body should work together to try and resolve any concerns locally if at all possible. Ultimately, if this is not possible and the Committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

#### **4 List of attached information**

- 4.1 Paper from Nottinghamshire Healthcare NHS Foundation Trust 'Review of Inpatient Detoxification Services at The Woodlands'

Paper from Nottingham City Council commissioners of inpatient detoxification services – to follow

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

- 5.1 None

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

- 6.1 NHS England (2013) 'Planning and Delivering Service Changes for Patients'

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 764315

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## **Report for Nottingham City Health Scrutiny Committee: 23 November 2017**

### **Review of Inpatient Detoxification Services at The Woodlands**

#### **1. Introduction**

- 1.1 This paper informs the Health Scrutiny Committee of the current work by Nottinghamshire Healthcare to review the detoxification inpatient services it provides at The Woodlands. It sets out the context and reason for the review and the proposed timeline. It asks the Committee how it wishes to be informed and involved in the next steps.

#### **2. About the Woodlands Inpatient Unit**

- 2.1 The Woodlands Unit is on the Trust's Highbury Hospital site in Nottingham. It provides short stay detoxification inpatient services for people with drug or alcohol dependence. It has 15 beds and provides care and treatment to adult service users whose withdrawal symptoms are so severe they require 24-hour inpatient care.
- 2.2 Appendix A provides more information about the service at The Woodlands.

#### **3. The background and context to the review**

- 3.1 The costs of providing inpatient services at The Woodlands currently run at about £2m per year. These costs far exceed the income the Trust receives for the services there and this position is worsening.
- 3.2 Last year, the Unit made a financial loss of £692,000 and is projected to make an even greater loss of £837,000 this year. (These losses are based on covering the full cost of Trust allocated overheads).
- 3.3 A significant factor for the Unit was the loss of its £567,000 pa contract for inpatient provision for Nottinghamshire County in October 2014. This was the equivalent of 6.5 beds.
- 3.4 As a result, in order to ensure we could retain a local service, the Trust sought new commissioners for the Unit to cover costs. This has resulted in having multiple contracts with differential pricing.
- 3.5 The Unit currently has six contracts:

<b>Commissioner</b>
Nottingham City Council
Leicester City Council
Leicestershire & Rutland Councils
East Riding of Yorkshire Council
Derbyshire County Council
Derby City Council

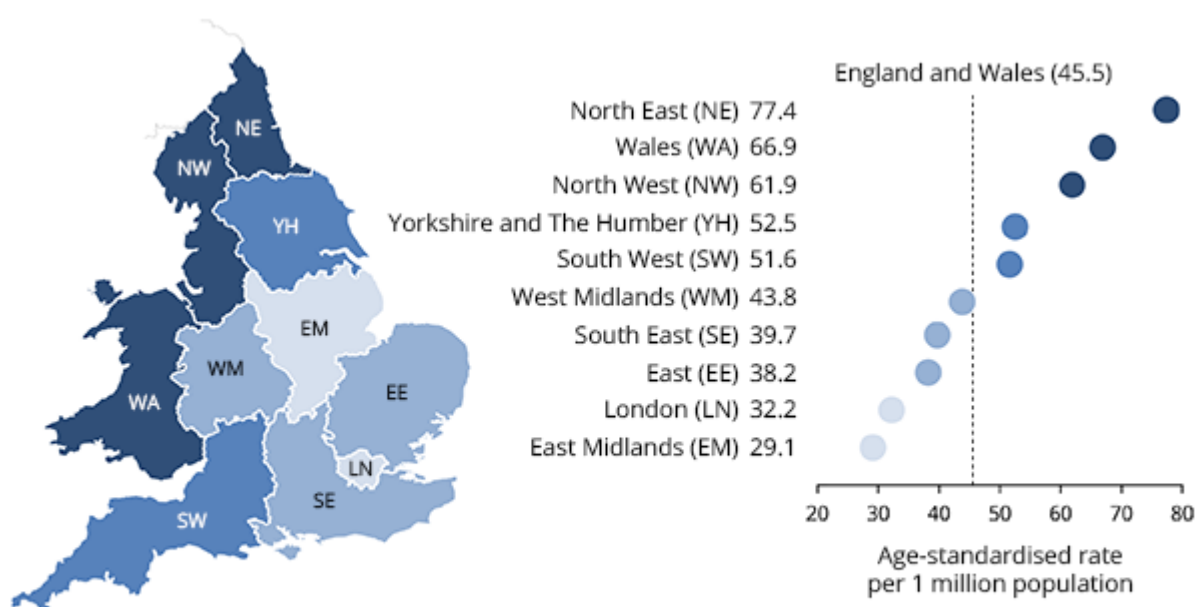
- 3.6 Though new contracts were secured they still do not cover costs. And all local authorities continue to seek expenditure reductions due to the financial pressures they face.
- 3.7 Our contract income for The Woodlands inpatient services has reduced from £1.4m to £1.1m over the last three years (including the forecast for 2017/18).
- 3.8 The Trust cannot continue to run the current service model at the Woodlands Unit within the available resources. The financial losses have to be covered by the Trust and this jeopardises other services.
- 3.9 Therefore, at its August 2017 meeting, the Board of Nottinghamshire Healthcare took the decision to consult on the closure of the Woodlands Inpatient Detoxification Unit and look at developing a new service model.

#### **4. Provision for Nottingham City patients**

- 4.1 Nottingham City Council is one of the largest commissioner of the Unit and, amongst the Unit's commissioners, pays one of the highest prices for an occupied bed day (OBD).
- 4.2 The City activity plan is 1175 'occupied bed days' per annum, which equates to about four beds at 85% occupancy. City commissioners have been reducing their inpatient activity over the past few years because their model relies on community detox, keeping the inpatient setting for the most complex patients that cannot be detoxified in the community.
- 4.3 As part of its service review the Trust has to understand the patient complexity associated with each contract. Looking across a range of different measures and indicators of complexity and acuity associated with the care of patients with substance misuse, analysis of the Woodlands data demonstrates that patients referred from Nottingham City have the most complex needs.
- 4.4 Our data show that City patients represent about one third of admissions but account for almost half of the 'incidents' on the inpatient unit – these incidents include, for example, self-harm; violence or disruptive behaviour; falls etc. This mirrors the sense of the clinical team that Nottingham City patients:
- present with the greatest clinical risk
  - are more likely to not attend or to cancel their planned admission, and
  - have a higher rate of self-discharge against medical advice.

- 4.5 There are likely a number of factors that contribute to this. The clinical view is that Nottingham City community substance misuse services are caring for the less complex patients efficiently in the community setting, referring only the most complex to inpatient care. This way of working is considered best practice in National Institute for Health and Care Excellence (NICE) guidelines.
- 4.6 In Nottingham, the majority of detoxifications are carried out in community settings, with services able to support this. The Woodlands inpatient service is therefore utilised for those in crisis or ill health and in need of stabilising their substance misuse.
- 4.7 The East Midlands has lowest rate of drug related deaths in the country – see below.

**Age-standardised mortality rate for deaths related to drug misuse, by country and region, registered in 2016**



Source: Office for National Statistics licensed under the Open Government Licence v.3.0.  
Contains OS data © Crown copyright 2017

## 5. Details of the review

- 5.1 The Trust has instigated a review which is primarily focusing on:
- Whether a partnership approach with another provider can provide a solution
  - Whether any further cost reductions are possible without compromising patient and staff safety
  - Whether we can agree a different contracting model with commissioners that reflects the packages of care each commissioner requires. Several commissioners have indicated a willingness to increase prices by up to 15%, however, by itself, this will not be sufficient to close the financial gap.

## **6. Timeline**

- 6.1 The Trust's Board requires an indication of the direction of travel at its meeting in December and to receive final recommendations by the end of January 2018. Key points in the timeline are:
- Communication and engagement with internal and external stakeholders - ongoing
  - Review of the contracting strategy, working with all existing commissioners – by early December 2017
  - Exploration of partnership approaches with other service providers – by end of November 2017
  - Conclusion of review and report with recommendations to the Trust Board at its meeting on 25 January 2018.

## **7. Consultation**

- 7.1 The Trust is mindful that it is the responsibility of commissioners (Local Authorities) to commission inpatient detoxification provision in line with NICE guidance.
- 7.2 The national picture of commissioned inpatient detoxification services is complex, with a myriad of services available ranging from detox in a hostel setting to clinically assisted inpatient care within an acute healthcare or psychiatric setting. In Nottingham, patients benefit from specialist inpatient detoxification services at The Woodlands.
- 7.3 The Trust has communicated its intention to review whether we can continue to provide The Woodlands inpatient services and we are committed to being transparent about our review and its conclusions.
- 7.4 At this stage, our consultation as such is about ensuring key stakeholders are aware of the review and are able to offer input.
- 7.5 We have mapped the key stakeholders – see Appendix B.
- 7.6 The Trust is engaging with Nottingham City commissioners (and others) about the Woodlands review.

## **8. Conclusion**

- 8.1 The Trust is committed to providing high quality care to the local population wherever that is clinically and financially viable. The services at the Woodlands unit provide specialist inpatient care to a very vulnerable group of patients. However, the current model is not affordable and the Trust is not able to continue to bear the financial loss of the service as this means resources have to be redirected from other services.
- 8.2 The Trust Board has indicated it will need to pull out of providing inpatient detoxification services and close The Woodlands Unit unless a solution can be found.

8.3 The Trust has commenced a review and is working closely with commissioners, staff and other stakeholders.

8.4 The Committee is asked to:

- NOTE this report
- ADVISE how it wishes to be involved and what issues it wishes to raise through the review.

### About the Woodlands Unit

1. The Woodlands Unit is on the Trust's Highbury Hospital site in Nottingham. It provides short stay detoxification inpatient services for people with drug or alcohol dependence. It has 15 beds and provides care and treatment to adult service users whose withdrawal symptoms are so severe they require 24-hour inpatient care.
2. The service offers highly specialised interventions and is the only specialist inpatient detoxification unit within the East Midlands that is compliant with the National Drug Treatment Monitoring System (NDTMS).
3. Inpatient care is part of an integrated treatment pathway and the The Unit offers expert, highly skilled and evidence based interventions to respond to a complex range of needs.
4. We expect to see service users who present with chaotic patterns of poly drug misuse which may well include alcohol. Admission to The Woodlands should never be regarded as the first treatment option to pursue. Specialist residential inpatient treatment is primarily reserved for the following groups:
  - Service users who require detoxification prior to moving on to residential rehabilitation
  - Service users with a high level of complex needs who have had several changes to their community care plan over a period of time in an attempt to initiate significant lifestyle change which will ultimately stabilise their drug or alcohol consumption, and which have proven unsuccessful
  - Service users who are regarded as vulnerable in cases of domestic violence and abuse
  - Pregnant women
5. Complex needs may include resistive and persistent illicit drug use which has not responded to comprehensive community intervention, risk of significant physical health problems, risk of mental health deterioration or high level mental health needs.
6. The Unit is currently experiencing high numbers of patients with chronic physical healthcare issues associated with their drug or alcohol use and typically a co-morbidity of increasing age and long term conditions.

### Aims of the service

7. The key aim of The Woodlands Unit is to support service users in becoming abstinent from drugs or alcohol as part of their recovery journey. Working with community substance misuse services and other involved support networks we ensure that the timing and availability of detoxification meet an individual's overarching recovery plan.

## **Lengths of stay**

8. All patients at The Woodlands undergo a pre-admission assessment with a member of The Woodlands nursing team. This assessment generates a care plan that is bespoke to that individual, their aims and objectives. The length of stay is often dictated by what the patient wishes to achieve. Planned treatment lengths and interventions range from 3 days to 3 weeks, however the average length of stay is 10 days. The Woodlands has however worked with individuals whose needs are so complex it has been necessary for an admission stay of over a year, however this is very much a rarity.

## **Staffing**

9. The Woodlands provides care to service users whose withdrawal symptoms require 24-hour inpatient care. We offer access to 24-hour medical cover overseen by a Consultant Addiction Psychiatrist, who facilitates individualised care reviews, working with service users on managing their care. All admissions are facilitated by a non-medical prescriber with extensive knowledge and experience in substance misuse services and treatment options. This is a highly effective model of care with all service users engaging with their admission process and treatment plan almost immediately upon arrival. This model facilitates a flexible service meeting need to match existing recovery plans.
10. Day to day care is provided by an experienced multi-disciplinary team inclusive of mental health and physical health nurses, occupational therapists, physiotherapists and healthcare assistants. The team brings added value with experienced leads in tissue viability, sexual health, safeguarding and domestic violence, blood borne viruses, post-traumatic stress disorder and veterans support, all of which address the complex needs of this service user group.
11. Our staffing is structured around a skill based model, with all staff having appropriate qualifications and training for their designated role.

## **Aims of the service and its effectiveness**

12. Below are the aims and objectives set out by the Nottingham City Commissioners (the Crime and Drug Partnership) within The Woodlands Service Specification:
  - Safe detoxification from primary substance of misuse.
  - Abstinence from primary and secondary substances of misuse.
  - Stabilisation on substitute medicines.
  - An improvement in physical health and social well-being.
  - Improved social functioning.
  - An increased insight and awareness of personal recovery goals.
  - A reduction in risk behaviour associated with intoxication.
  - A reduction to the risk of overdose.
13. Overall, The Woodlands achieves all its performance indicators set out by Nottingham City commissioners. For example:

- In the last 12 months, the percentage of those admitted for assisted withdrawal and/or stabilisation that successfully completed treatment was 96%
- 100% of service users in the last 12 months have reported they felt safe at The Woodlands
- 97% of service user feedback rates The Woodlands' physical environment as "Excellent".
- 100% of service users report an increased quality of life and gains in recovery at both the point of discharge and 3 months post discharge from The Woodlands.

## List of Key Stakeholders

### The Woodlands – Stakeholder List

Stakeholder
<b>Internal</b>
Staff
Trust Board of Directors
Trust Council of Governors
<b>External</b>
Patients
Public
Commissioners, including Nottingham Crime & Drug Partnership
Nottingham City Health Scrutiny Committee
Other providers

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>23 NOVEMBER 2017</b>
<b>ACCESS TO DENTAL CARE</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

## **1 Purpose**

- 1.1 To review current access to dental care and the impact on the oral health of Nottingham residents.

## **2 Action required**

- 2.1 The Committee is asked to explore current access to dental care and oral health services and the impact that this has on the oral health of Nottingham residents and identify if any further scrutiny is required.

## **3 Background information**

- 3.1 The oral health of people in Nottingham, particularly children and young people is relatively poor and this can have wider health implications. There is often a perception that there is a lack of access to dental services so the Committee wanted to explore whether this is a problem in the City and the impact of any access issues on the oral health of Nottingham residents.
- 3.2 In 2009 the then Health and Adult Social Care Select Committee carried out a review of dental care. The review found that, at that time, although many people thought it was hard to find an NHS dentist there were actually plenty of dentists with space for NHS patients. However, areas for improvements were identified, for example exploring ways to improve access for vulnerable adults, increasing health promotion with adults, improving access to out of hours services. The commissioning and provision of dentistry services has changed since that time so the Committee wanted to explore if, and how the situation has changed.
- 3.3 NHS England has responsibility for the commissioning of dental services and the Local Authority has a role in prevention. A joint paper is attached providing information on the commissioning of dental services in the City, recent developments in dental commissioning and provision nationally and locally and the oral health work currently commissioned in the City. Representatives of both organisations will be attending the meeting to present this information and answer questions.
- 3.4 Healthwatch Nottingham has also been asked if it has any evidence regarding access to dental services that it would like to share at the meeting.

**4 List of attached information**

- 4.1 Paper from Nottingham City Council Public Health and NHS England  
'Access to oral health in Nottingham City'

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

- 5.1 None

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

- 6.1 Report of the Health and Adult Social Care Select Committee 'Review of Dentistry' September 2009

**7 Wards affected**

- 7.1 All

**8 Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 8764315

# Health Scrutiny Committee: Access to oral Health in Nottingham City

**Version Date: 31/10/2017**

**Author:** Dr David Johns, Specialty Registrar in Public Health (Nottingham City Council) and Laura Burns, Assistant Contracts Manager (Dental & Optoms) (NHS England).

**Support provided by:**

Jennifer Burton, Insight Specialist - Public Health, Nottingham City Council  
Sandra Whiston, Consultant in Dental Public Health, Public Health England  
Helene Denness, Consultant in Public Health, Nottingham City Council

**Purpose**

As requested, this report primarily covers the commissioning of dental services in Nottingham City by NHS England. However, it also includes a description of local data and the Oral Health Function of Local Authority in a prevention capacity. The work will be jointly presented by Public Health (Nottingham City Council) and NHS England to provide a complete picture of Oral Health in Nottingham City.

## **SECTION 1**

### **Oral Health in Nottingham City: Local picture and prevention activity**

#### **Introduction**

Oral health affects your overall health with links between poor oral health and health problems in other parts of the body including stroke, diabetes and heart disease. Nationally, despite improvements, significant inequalities in oral health remain.

Poor oral health can affect Children and Young People's ability to sleep, eat, speak, play and socialise with other children. The impacts can be seen educationally with children missing school and in addition can affect parents/carers who would need to take time off work. Tooth decay remains the most common reason for hospital admissions in children aged five to nine years old in 2014 to 2015. Furthermore, it is a sign of neglect and significant decay may be considered a safeguarding concern for Children and Young People.

While we have more robust data on the oral health of children, it is important to recognise that older adults and vulnerable groups are also at risk of poor oral health with impacts on nutritional status and physical illness that ultimately place pressure on social care.

#### **Local Picture**

In Nottingham, children and young people's oral health is below the national average on many indicators. Surveys of child dental health are undertaken as part of the Dental Public Health Intelligence Programme.

A 2017 **Joint Strategic Needs Assessment Chapter on Children's Oral Health**<sup>1</sup> utilised the results from surveys conducted in 2012/13 (Three year old children) and 2014/15 (Five year old Children). The findings included:

- Children in Nottingham City have a significantly higher average number of teeth affected by dental decay than the East Midlands and England for both 3 and 5 year olds.
- In Nottingham City, 17% of 3 year olds (2012/13) and 35% of 5 year olds experienced dental decay with an average of 3.05 and 3.4 teeth affected, respectively.
- For Children aged 5 years, Nottingham City is ranked 27<sup>th</sup> worst of 150 upper tier local authorities for dental decay.
- The number of decayed missing or filled teeth is also linked to deprivation within the City. Particularly amongst 5-year olds where the most deprived areas have the highest percentage of children with tooth decay.
- City dental practices have been mapped and 'black spots' in Clifton North, Clifton South, Dunkirk and Lenton, East of Dales, Bulwell, North of Bilborough and parts of Wollaton which are further than 1km from any dental practices.

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<sup>1</sup> <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/children-and-young-people/children-and-young-people-s-oral-health-0-19-years-2017/>

- The proportion of children (under 18 years), and particularly very young children living in Nottingham and accessing dental services is low compared to the Midlands and England. Furthermore, there is anecdotal evidence that their first dental attendance is frequently symptomatic and not preventive.
- There is persisting belief amongst the population that access to dental services is poor; despite evidence to the contrary. This together with poor rates of patient satisfaction with NHS Dental Services and the reasons for this dissatisfaction are unclear and warrant further investigation.
- Please refer to the full JSNA Chapter for a full analysis of local data and a review of evidence including recommendations for future action (See link above and APPENDIX 2).

### **Local Authority oral health function**

Local authorities have a statutory responsibility to provide or commission oral health improvement programmes to improve the health of the local population, to the extent that they consider appropriate in their areas. Local authorities have the power to make proposals regarding water fluoridation schemes, a duty to conduct public consultations in relation to such proposals, and powers to make decisions about such proposals.

In Nottingham, oral health promotion is commissioned to promote good oral health to Children and Adults and aims to encourage identified individuals, groups and communities to maintain and improve their oral health by:

- increased use of fluoride;
- reducing the frequency of sugar consumption;
- effective daily oral hygiene;
- seeking regular dental care;
- smoking cessation awareness campaigns; and
- oral cancer awareness campaigns.

This contains:

- **Supervised Tooth Brushing Programme.**  
This programme facilitates daily supervised tooth brushing for children from their time in nurseries through to primary school (Reception and Year 1). It targets schools in the most deprived wards.
- **Training of key health, social care and education professional**  
The training of health and social care professionals ensures that oral health messages are appropriate, evidence-based and consistent.
- **Distribution of Oral Health Resources**  
Tooth brushes and toothpaste (purchased within the cost envelope) are distributed at key child development checks by Health Visitors to encourage the adoption of good oral health practices and start tooth brushing as soon as first teeth erupt.
- **Participation in national oral health awareness campaigns** and related national and local health awareness campaigns  
*e.g. National 'Smile Month' and local campaigns including an upcoming Christmas Smile for Santa campaign.*

Early evaluation indicated wider benefits within the school setting and families which has taken place outside of the contract:

- **Delivery of the dental access programme**

The health promotion team have encouraged dental practices to link up with schools and families. Currently, the team have paired a dentistry practice with all participating schools. This relationship is set up differently in each school to offer both the school and dental practice flexibility. The arrangement looks to create sustainable partnerships.

*Case Study:* Dental practices in Bulwell and Bilborough have provided dental vouchers and goody bags to local primary school to encourage families (children and adults) to visit for a mouth check.

## **Performance of the oral health function**

- The team has engaged 3,830 children across 25 schools and of these 20 delivering tooth brushing in 3 year groups- Pre-school, Reception and Year 1.
- Crude estimates from PHE suggest that for the 3,830 children receiving supervised tooth brushing there is the potential to save 1,254 missed days of school and 514 missed days of work for carers (est. £44,759) over 5 years. In addition to preventing 147 children and young people hospital admissions for tooth extraction over 5 years.
- The team has a high approval rating demonstrated by 99.9% positive parental consent; the UK's highest consent rate.
- In the 9-12 month review, 3,830 children had been given oral health resources and signposted to a dentist.
- In 2016, the service won a national award for its Smile Month campaign. They have also been finalists for Health Promotion Team of the Year at the 2015 and 2016 National Dental Awards.

## SECTION 2

### NHS Dental Provision in Nottingham City

#### **Background to NHS Dentistry**

Prior to the introduction of the new dental contract in 2006, any qualified dentist could set up a practice and provide NHS dentistry. They could treat as many patients as presented and claimed for each element of the treatment carried out under the old 'Items of Service' contracting arrangements. However, due to NHS budget constraints, it became necessary to limit. The Department of Health introduced the new contract in an attempt to manage the national spend on NHS dentistry and to give local control over the delivery of NHS dentistry to Primary Care Trusts, including the opportunity to determine the location of new dental provision. Following a reference period each *existing* NHS dental practice was allocated a number of Units of Dental Activity (UDAs) per annum based on their activity over the preceding three years and it was no longer possible for dentists to establish an NHS practice on an ad hoc basis. In effect, the PCTs 'inherited' those practices that were already in existence and who wished to continue to carry out NHS dentistry under the new contracting arrangements and are still dealing with the impact of these legacy arrangements to this day..

NHS dental Providers are given an annual allocation of Units of Dental Activity (UDAs) which they are expected to manage so that access to their services is available throughout the course of the year. Practices will therefore open and close their books to manage their activity throughout the year and ensure that patients under treatment are able to complete their treatment within a reasonable timeframe without excessive waits between appointments.

Dentistry is unlike other healthcare contractor groups, such as general practice, in that funding does not follow a dental patient from their previous place of residence should they move. Under the current contract there is also no registration. A practice's obligation to that patient ceases 8 weeks after completion of a course of treatment.

Additionally, the existing dental contracting arrangements/budgets do not allow for population growth.

#### **NHS Dental Provision in Nottingham City**

##### ***Primary Care***

NHS primary care dental provision in Nottingham City includes; there are 44 practices that provide ***general dental services***, and 1 'mixed' contract that provides both general dentistry and orthodontics. Access to NHS dentistry in Nottingham City has been good over the last few years and this continues to be the case. When the Dental Contracts Team conducted their last dental access survey in September 2017, all but 7 of the 44 general dental practices were accepting new NHS patients at that point in time (see earlier note about how practices manage their access and diaries).

The ***Community Dental Service***, currently provided by Nottinghamshire Healthcare NHS Trust, provides dental care services for adults and children with special needs and those who for various reasons are unable to access care through the general dental services. They provide care under general anaesthesia and sedation, domiciliary care, out of hours and unscheduled dental care. They also undertake the fieldwork for the dental epidemiology programme.

### ***Specialist services – Orthodontics***

NHS England commission primary care based specialist orthodontic services from 4 specialist practices and one mixed GDS and orthodontic practice. These services are accessed via referral from general dental practices and there are nationally agreed criteria for receipt of treatment according to need.

Secondary care orthodontic services are provided at Queens Medical Centre.

### ***Oral Surgery***

NHS England has recently re-commissioned Intermediate Minor Oral Surgery (iMOS) contracts across Derbyshire and Nottinghamshire. This has introduced equitable access to these services across Derbyshire and Nottinghamshire as all providers are now accepting patients to an agreed standard referral criteria based on the NHS England Commissioning Guidance. It has also increased access, significantly reduced waiting times for patients and increased access to sedation for those who need it. There 5 providers in Nottingham City.

Oral and Maxillo facial surgery and secondary care oral surgery services are provided at Queens Medical Centre.

### ***Restorative***

The consultant led specialist restorative service has been closed to new referrals since August 2017 following the resignation of the consultant. Patients under treatment are currently being managed by the consultant from Leicester Royal Infirmary and NHS England continues to work with the provider Trust to support recruitment of a new consultant.

### **Recent developments**

#### ***E-referral***

Following a successful pilot NHS England have recently commissioned an Electronic Referral Management system, which has already resulted in a substantial reduction in the number of inappropriate referrals to our hospital OMFS and OS services that were previously under immense pressure. In Nottingham City this replaces a paper-based system. The algorithms that underpin the system have been developed in line with the NHS England commissioning guidance and local service providers. E-referral will be extended shortly to include orthodontics and it is anticipated that this will see reduced waiting times in this specialty as well as offering patients a broader choice of provider in a location that suits their needs.

#### ***Care Home Pilot***

Our Local Dental Network, which is clinically led and works closely with NHS England to improve dental health outcomes for our population, identified concerns about access to dental care for care home residents. They have developed a new model of care and will be launching the pilot imminently to provide oral health provision to a number of care homes within Derbyshire and Nottinghamshire. The aim of the pilot is to deliver innovative provision of better quality of care for this vulnerable group, with a focus on prevention and proactive care rather than the traditional reactive domiciliary care which is limited in terms of the type and quality of care it can provide.

It is hoped, after successful completion of the pilot, that this new model can then be rolled out across the whole of Derbyshire and Nottinghamshire.

### ***Service reviews and procurement***

Work has also been ongoing over recent months to review our existing Community Dental Services and Unscheduled Dental Care services in line with NHS England commissioning guidance and to develop consistent models for the delivery of these vital services across Derbyshire and Nottinghamshire in the future. It is NHS England's intention to recommission these services over the coming months with a view to having new equitable and innovative services in place for patients by the start of April 2019.

NHS England North Midlands is also currently working with Public Health England to produce an oral health needs assessment to inform all future local NHS dentistry commissioning decisions. The needs assessment will help to identify priority areas for investment across the area should any additional funding become available.

### **Looking Forward – National Initiatives**

#### ***Starting Well***

The 'Starting Well' campaign is currently being developed by NHS England, the Office of the Chief Dental Officer and the British Society of Paediatric Dentistry (BSPD), and in collaboration with the e Child Oral Health Improvement Programme Board, where Public Health England (PHE) brings together the stakeholder organisations for oral health improvement for children.

In response to a ministerial pledge, Starting Well (levels 1&2) has been launched in thirteen areas of England with the worst dental health in children (In the East Midlands – Leicester City). However, recognising the need to engage the families of young children with dental practice from an early age to institute preventive care, Starting Well (Core) will be launched next year. Dental practitioners will be at the heart ensuring that all children in England have a dental check by the age of one and funding streams will be put in place by NHS England to allow them to do this. It is the aim to increase access for children by 11% over the term of the campaign with dentists then continuing to adopt the practice of seeing younger children.

#### ***Dental Contract Reform***

Recognising the issues with the current dental contract, NHS England and the Department of Health are working towards the introduction of a new contract. The design of this contract will be underpinned by evidence based preventive care and the principle of remunerating dentists for improving their patients' dental health and critically maintaining it, rather than just treatment provided.

Three contract models have been piloted and currently 82 practices are taking part in the Associated Dental Prototype Agreement Scheme testing one of two capitation based models.

Although there is as yet no date for implementation of the new contract, unlike 2006, it is known that its implementation will be phased.

## APPENDIX 1: SELECTION OF LOCAL DATA

**Table 1: Oral Health of Three Year Old Children 2012/13**

	<b>Nottingham City</b>	<b>East Midlands</b>	<b>England</b>
Percentage with decay experience	16.6%	15.3%	11.7%
Percentage with active decay	16.1%	14.7%	11%
Percentage with one or more fillings	4.2%	3.7%	3.9%

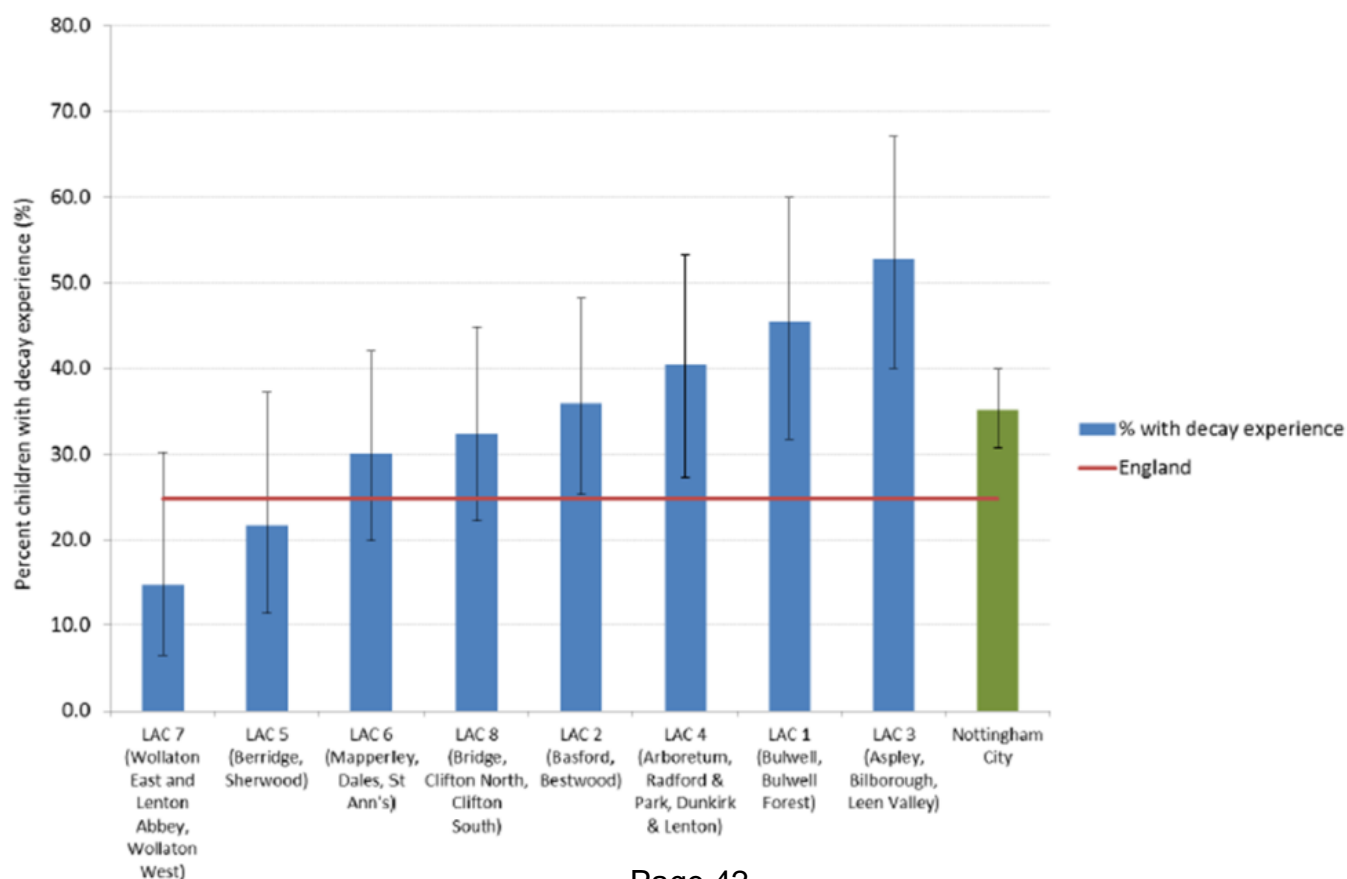
Source: PHE, 2014

**Table 2: Oral Health of Five Year Old Children 2014/15**

	<b>Nottingham City</b>	<b>East Midlands</b>	<b>England</b>
Percentage with decay experience	35.6%	27.5%	24.7%
Percentage with active decay	33.4%	24.3%	21.5%
Percentage with one or more fillings	13.8%	11.9%	12.0%

Source: PHE, 2016

**Figure 1: Percentage of children (5y) experiencing decay by Local Area Committee**



## **APPENDIX 2: Extract from JSNA Chapter: Children and young people's oral health (0-19 years) (2017)**

Source: <https://www.nottinghaminsight.org.uk/themes/health-and-wellbeing/children-and-young-people/children-and-young-people-s-oral-health-0-19-years-2017/>

### **Recommendations for consideration by commissioners**

1. As responsibility for commissioning for oral health is shared between local authorities and NHS England, commissioners should work together collaboratively, with support from PHE and other stakeholders to improve the oral health of the population of Nottingham.
2. Ensure that opportunities to 'Make Every Contact Count' with children, young people and their families are maximised by collaborative working across health, social care and education, which is underpinned by co-ordinated training to ensure delivery of consistent evidence based oral health promoting messages.
3. Consider continued commissioning of a supervised tooth brushing programme for nurseries/primary schools with possible expansion of the service to further early-years settings, taking in to account current financial pressures and budget cuts.
4. Explore the feasibility of a water fluoridation scheme as one of a range of interventions to improve oral health in Nottingham City.
5. Give consideration to commissioning a targeted fluoride varnish application programme, drawing on the experience of other programmes and previous local experience.
6. Explore appropriate incentives to encourage dental services to contribute to both oral health and wider health and well-being by shifting their focus from being primarily treatment focussed to a preventive focus.
7. Explore the development of an accreditation programme for local NHS dental practices to encourage provision of child-friendly preventive focussed services.
8. Encourage parents in the City to attend a dental practice with their child before their first birthday, followed by regular visits to help children familiarise well with the environment and maintain good oral health.
9. Through their commissioning decisions commissioners should ensure equitable access to NHS dental services within reasonable travel time for every citizen in the City. This should include access to urgent care and out of hour's dental services.
10. Ensure that information about how to access NHS Dentistry is easily available to all sectors of the community, including new residents, through a wide range of agencies.
11. Explore the perception of lack of access to NHS Dental Services and the reasons for the poor level of patient satisfaction reported by City residents, then using this information to support future commissioning decisions.

12. Develop commissioning of consultant led paediatric dental services, care pathways and managed clinical network based on the NHS England Paediatric Dentistry Commissioning guidance (NHSE, in draft).
13. Develop local pathways and protocols to ensure appropriate information sharing occurs between agencies involved in the care of children and young people, including dental practices, to identify children for whom dental neglect may be part of wider neglect / child protection concerns.
14. Review current protocols and procedures for ensuring that all looked after children who are the responsibility of the local authority have access to appropriate dental care.
15. Where resources dictate that programmes or services need to be targeted the focus should be on the provision of services for children and young people and families especially those living in local areas that are the most deprived.
16. Ensure access to appropriate resources to support promotion of good oral health and access to services. This should include working collaboratively with the population groups themselves and services they are in contact with together with interpretation and translation Services. This may include the translation of oral health promotion materials for non-English speaking parents/carers, but may also include the provision of pictorial resources.
17. Encourage the use of protective sports equipment, for example gum shields, and safe physical environments where children play to reduce the risk of dental injuries.
18. Encourage the prescription of sugar free medicines for children and those with special needs who are at higher risk of dental caries (decay).

<b>HEALTH SCRUTINY COMMITTEE</b>
<b>23 NOVEMBER 2017</b>
<b>NOTTINGHAM TREATMENT CENTRE PROCUREMENT</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To hear about plans for procurement of the Nottingham Treatment Centre.

**2 Action required**

- 2.1 The Committee is asked to:
- a) review plans for procurement of the Nottingham Treatment Centre; and
  - b) decide if, and how, the Committee would like to engage with the process going forward.

**3 Background information**

- 3.1 A range of day case services are currently delivered at Nottingham Treatment Centre, which is located on the Queens Medical Centre campus, by independent company Circle Health. Circle's contract expires in July 2018 and commissioners are starting the process to tender for a new contract.
- 3.2 A paper from commissioners is attached providing information on the current contract and outlining procurement plans and timescales. A representative of the four clinical commissioning groups will be attending the meeting to answer questions about this.

**4 List of attached information**

- 4.1 'Nottingham Treatment Centre Procurement' paper from Nottingham North and East CCG, Nottingham West CCG, Rushcliffe CCG and Nottingham City CCG

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

- 5.1 None

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

6.1 None

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Jane Garrard, Senior Governance Officers  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 8764315

## **Nottingham Treatment Centre Procurement**

### **Introduction**

The Circle Nottingham NHS Treatment Centre provides day-case services to the patients of Nottinghamshire, and wider. It is located on the same site as the Nottingham QMC campus. Circle Health is an independent company that runs hospitals, rehabilitation and health services in the UK.

It operates under a Standard NHS Acute Contract, providing a wide range of outpatient, inpatient, diagnostic and therapeutic services. The provider is paid on a national tariff basis, the same as any other NHS acute trust.

The current contract was awarded to Circle following a competitive procurement. It is currently within the last year, of its 5 year contract, and expires 27th July 2018.

The total contract value for the 2017/18 Circle contract is £67,102,160, across 13 specialities, Greater Nottinghamshire and 16 commissioners outside of the Nottingham area i.e. Derbyshire and Leicestershire. Half the contract value relates to Greater Nottingham CCGs.

With the contract expiring there is a legal requirement of CCGs to procure services which meets the required laws, guidance and standards.

The purpose of this paper is to ensure that the OSC are fully informed of the procurement.

### **Current Contract**

The services currently provided are listed below. Patients referred to the treatment centre will begin their journey with outpatient appointments with assessment and investigations, through to treatments, day case surgical procedures, and follow up appointments.

Day case procedures are admitted electively during the course of a day with the intention of receiving care who does not require the use of a Hospital Bed overnight and who returns home as scheduled.

<b>Specialities within the Treatment Centre</b>	
Cardiology	Hepatology
Clinical Neurophysiology	Occupational Therapy
Colorectal	Pain Management
Dermatology	Physiotherapy
Diagnostic Imaging	Respiratory Medicine
Dietetics	Respiratory Physiology
Endocrinology	Trauma and Orthopaedics
Gastroenterology	Urology
General Surgery	Vascular
Gynaecology	

The Treatment Centre building does not belong to Circle, it goes with the contract, and ultimately owned by the secretary of state, similar to other NHS estate. Whoever runs the treatment centre contract from the building is responsible for all maintenance and repairs. If the building became vacant for whatever reason, CCGs would be liable for the costs. Due to the nature of this arrangement, CCGs will be insisting that the preferred bidder provides services from the treatment centre location.

### **Anticipated Impact to patients**

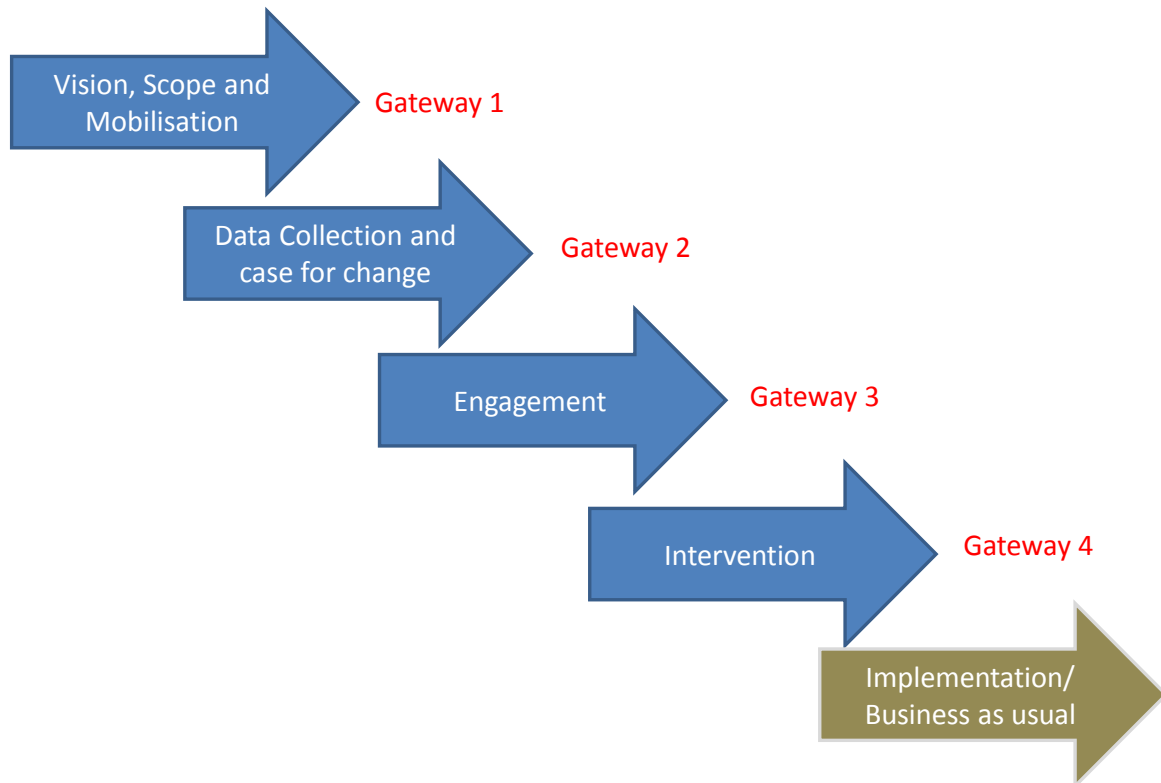
The Equality and Quality Impact Assessment will be regularly updated and reviewed in line with the below governance structure. At this early stage, it is felt that the re-procurement will have minimal impact to patients in terms of access to the different specialities, and location of services within Greater Nottinghamshire.

The contract is expected to be outcome based, and therefore focussing on the clinical outcomes and experience for patients.

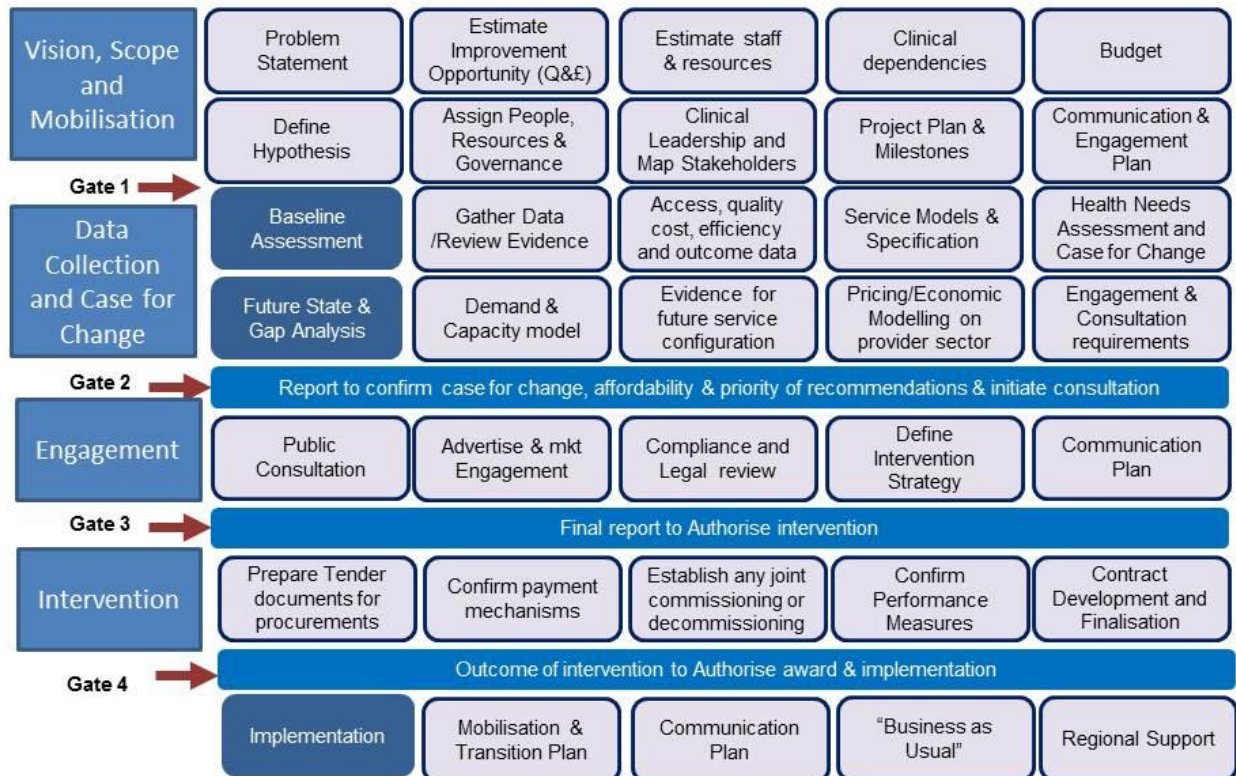
### **Procurement Process**

The following procurement approach has been chosen for commissioning the service across the 4 CCGs. CCGs will ensure that the relevant gateways are signed off in line with the agreed governance process (explained below).

## Work Process Methodology – Governance Gateways



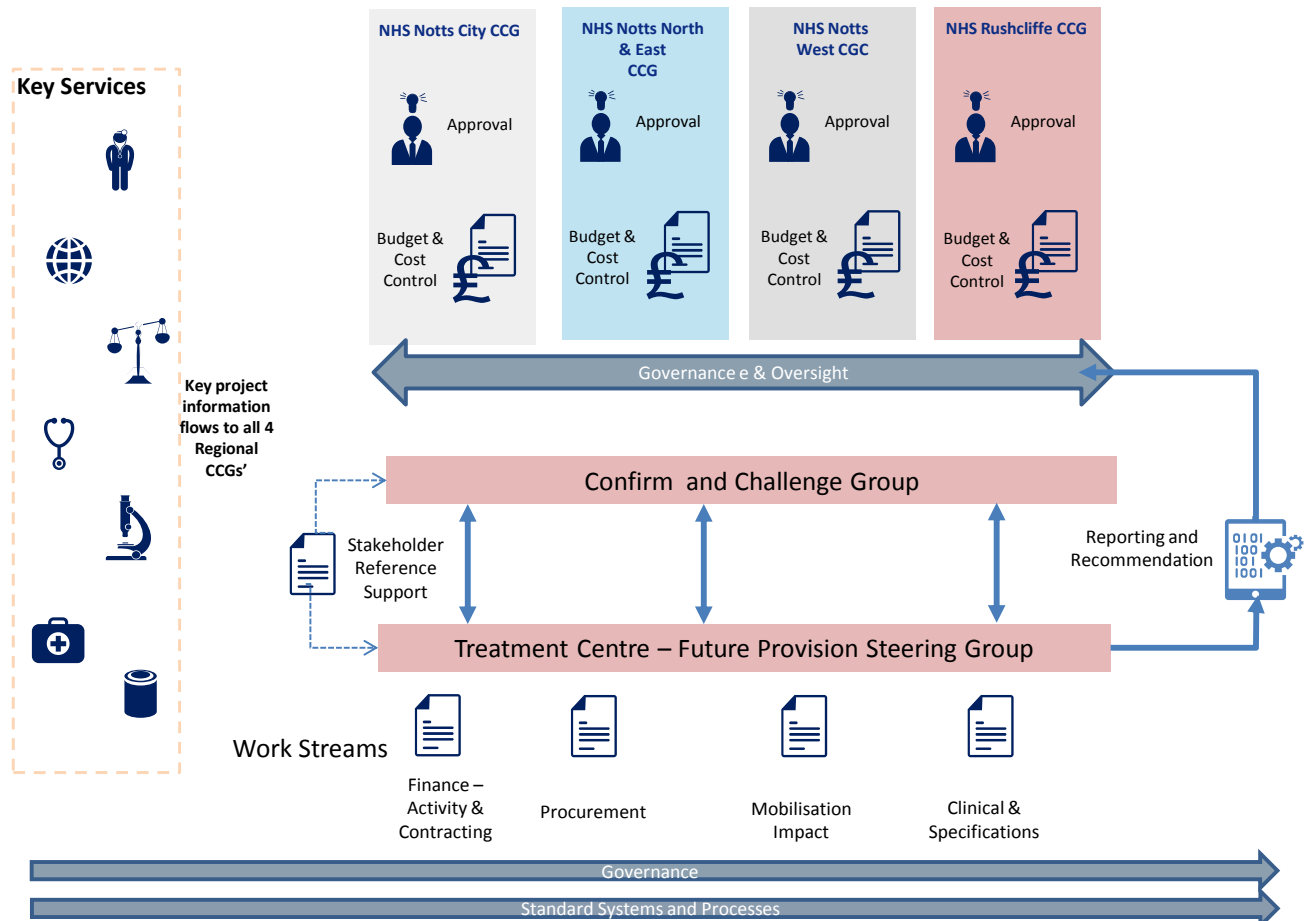
## Work Process Methodology



## Governance

In order to ensure a robust procurement is delivered, a formal governance structure has been implemented.

## Governance Architecture



**Steering Group** has delegated authority from the respective CCG Governing Bodies to progress the procurement project plan and assess, approve/reject accordingly. The project group will provide overall assurance to the CCG Governing Bodies on the procurement exercise.

The Steering Group consists of Project Lead, Procurement Lead, Finance Lead, Clinical Lead, Quality Lead, and Lay/Patient Representative. Their role is as follows:

- To act as subject matter experts (supported by the specialist support resources below).
- To provide input into the development of the service specification, Invitation To Tender and associated documents, and have final sign off.
- To review and comment on project outputs.
- To develop evaluation criteria and weightings, and have final sign off.
- To evaluate Tender submissions, or delegate others as required.
- To attend Bidder debrief meetings as required.
- To maintain Project Risk Register.

**Confirm and Challenge Group** consists of Senior Responsible Officer, Clinical leads, CCG directors, and Lay/Patient Representative. Their role is to act as a confirm and challenge on decisions made by the steering group.

**Finance, Activity and Contracting sub group** will ensure commissioners determine the future commissioning plans, as well as contracting and payment mechanisms, for the services and activity currently undertaken by Circle within the associated building. CCGs focus will be on the provider achieving defined clinical and patient focussed outcomes, rather than the current process where providers are paid based on activity levels. CCGs expect to transform the way in which services are delivered, and this will be tested through the procurement process.

**Mobilisation and Impact sub group** has been established to support mitigate risk that we have identified through lessons learnt on other procurements/contracts. Their remit will be to focus on smooth transition of services. Areas covered will include: workforce, estate, equipment, transition of patients and patient records.

**Procurement sub group** will be responsible for the development of the tender documentation. They will also ensure that the CCGs engage with the market in terms of current providers, but also the wider market and potential bidders. Specific focus will be given on 'clinical' engagement, and an event will be inviting clinicians to workshop.

Legal representation will be present at any meeting subject to requirement.

### Current draft timeframe

Tender Documentation Development	Examples include service specifications, contract arrangements/documentation, finance, activity, information and quality requirements, evaluation and scoring mechanism.	Sept/Oct/Nov 2017
Tender period	Bidders to develop and submit their proposal, in line with the Commissioner requirements.	Dec/Jan 2017/18
Tender evaluation	CCG clinicians and commissioners will evaluate the bids based on the pre-determined award criteria and scoring mechanism	February 2018
Contract award sign off/ bidders informed	Formal sign off by CCGs to award the contract to the preferred bidder.	March 2018
Mobilisation	Period for the provider to TUPE/recruit staff, and embed operationally.	April/May/June/July 2018
Contract Start	Provider will accept new referrals, and have transition plans for current patients.	July 2018

### **Recommendation**

The OSC are asked to:

- Review with respect to the governance of the procurement process.
- Provide feedback on the process, including concerns in relation to patient care.

**Tracey Duggan**  
**Head of Commissioning**  
**September 2017**

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>23 NOVEMBER 2017</b>
<b>WORK PROGRAMME 2017/18</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

## **1. Purpose**

- 1.1 To consider the Committee's work programme for 2017/18 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

## **2. Action required**

- 2.1 The Committee is asked to:
- a) note the work that is currently planned for the municipal year 2017/18 and make amendments to this programme as appropriate; and
  - b) establish a study group to explore how commitments to adult mental health are being maintained in current decision making to manage budget pressures and appoint councillors to sit on that study group.

## **3. Background information**

- 3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.
- 3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.
- 3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.
- 3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.
- 3.5 The current work programme for the municipal year 2017/18 is attached at Appendix 1.
- 3.6 In September the Committee considered the following suggestion for its work programme from the Portfolio Holder for Adults and Health:

“We understand that Nottingham City CCG is working alongside other Nottinghamshire CCGs and Nottinghamshire Healthcare NHS Foundation Trust to deliver savings in the region of £20m per annum on mental health services across the City and County by the start of the 2019/20 year. This work is known as the Systems Affordability Programme. We also understand that savings are being sought in the current financial year as part of this work.

The Council has also recently initiated a programme of work to help manage pressures on its Adult Social Care budget. This work includes several projects that seek to control the cost of providing assistance to people with mental ill health.

We ask that Health Scrutiny Committee examines the approach to manage these organisational and budgetary challenges to ensure that the decisions that result support the strategic commitments made by partners within the City’s Health and Wellbeing Strategy, the Nottingham and Nottinghamshire Sustainability and Transformation Plan, and in the City’s joint mental health Strategy *Wellness in Mind*; and to ensure that together with our partners we are prioritising mental health as we transform our health system and design a modern care system for Nottingham and Nottinghamshire.”

- 3.7 The Committee welcomed this suggestion and agreed to scope out a piece of work to explore these issues. Given pressures on the Committee’s workload at formal meetings, it is proposed to establish a study group to undertake a short focused review of how commitments to adult mental health are being maintained in current decision making to manage budget pressures.

#### **4. List of attached information**

- 4.1 Appendix 1 – Health Scrutiny Committee 2017/18 Work Programme

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

- 5.1 None

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

- 6.1 Reports to and minutes of the Health Scrutiny Committee during 2016/17 and 2017/18

Reports to and minutes of the Nottingham and Nottinghamshire Joint Health Scrutiny Committee during 2016/17

#### **7. Wards affected**

- 7.1 All

#### **8. Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

## Health Scrutiny Committee 2017/18 Work Programme

Date	Items
<b>18 May 2017</b>  <b>CANCELLED</b>	
<b>13 June 2017</b> <b>10:15am</b>  <b>Informal Meeting</b>	<ul style="list-style-type: none"> <li> <b>Sustainability and Transformation Plan Consultation and Engagement Findings</b>  To review the findings from initial consultation and engagement on the Sustainability and Transformation Plan and if/ how the Plan is developing to take these findings into account.  <span style="float: right;">(STP Lead)</span> </li> </ul>
<b>22 June 2017</b>	<ul style="list-style-type: none"> <li> <b>Nottingham homecare market</b>  To review the effectiveness of work that has taken place since November 2016 in response to pressures in the homecare market; and the development of longer term plans to address pressures in the homecare market  <span style="float: right;">(Nottingham City Council)</span> </li> <li> <b>Work Programme 2017/18</b> </li> </ul>
<b>20 July 2017</b>	<ul style="list-style-type: none"> <li> <b>Seasonal flu immunisation programme 2016/17</b>  To review the performance of the seasonal flu immunisation programme 2016/17 and the effectiveness of work to improve uptake rates  <span style="float: right;">(NHS England, NCC Public Health)</span> </li> <li> <b>Healthwatch Nottingham Annual Report 2016/17</b>  To receive and consider the Healthwatch Nottingham Annual Report  <span style="float: right;">(Healthwatch Nottingham)</span> </li> <li> <b>Feedback from regional health scrutiny chairs network meeting</b>  To receive a verbal update from the Chair </li> </ul>

Date	Items
	<p style="text-align: right;">(Chair)</p> <ul style="list-style-type: none"> <li>• <b>Work Programme 2017/18</b></li> </ul>
21 September 2017	<ul style="list-style-type: none"> <li>• <b>Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update</b> (Nottinghamshire Healthcare Trust)</li> <li>• <b>Scrutiny of Portfolio Holder for Adults and Health</b> To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities (Nottingham City Council)  NB: Withdrawn from agenda</li> <li>• <b>New Ambulance Service Standards</b> To hear about the new national ambulance service standards and the impact of this locally (East Midlands Ambulance Service)</li> <li>• <b>‘Tomorrow’s NUH’</b> To hear about Nottingham University Hospitals 5 year strategy for the future</li> <li>• <b>End of Life/ Palliative Care Review – Implementation of Recommendations</b> To receive an update from NUH on progress in implementing agreed recommendation</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
19 October 2017  CANCELLED	
23 November 2017	<ul style="list-style-type: none"> <li>• <b>Sustainability and Transformation Plan</b></li> </ul>

Date	Items
	<p>To receive an update on progression of the Sustainability and Transformation Plan, and development of an Accountable Care System for Greater Notts (STP Team)</p> <ul style="list-style-type: none"> <li> <b>Inpatient Detoxification Services at The Woodlands Unit</b>            To consider proposals in relation to the future of inpatient detoxification services for City residents.            (Nottinghamshire Healthcare Trust, Nottingham City Council)         </li> <li> <b>Nottingham Treatment Centre</b>            To hear about plans in relation to Nottingham Treatment Centre procurement.            (Greater Nottingham Clinical Commissioning Groups)         </li> <li> <b>Access to dental care</b>            To review whether access to, take up and quality of NHS dental services has improved since scrutiny's review of dental care in 2009            (NHS England, NCC Public Health)         </li> <li> <b>Work Programme 2017/18</b> </li> </ul>
14 December 2017	<ul style="list-style-type: none"> <li> <b>Cleanliness at Nottingham University Hospitals NHS Trust</b>            To review progress in improving cleanliness at Nottingham University Hospitals sites.            (Nottingham University Hospitals)         </li> <li> <b>Homecare services commissioning framework</b>            To review development of a new commissioning framework for homecare services; and review how the Homecare Provider Alliance and Passport for Care scheme are contributing to improving homecare provision.            (Nottingham City Council)         </li> <li> <b>Child and Adolescent Mental Health Services (CAMHS)</b>            To review progress in implementing the transformation plan for CAMHS, including the impact on waiting times            (Nottinghamshire Healthcare Trust/ commissioners/ local authority public health)         </li> </ul>

Date	Items
	<ul style="list-style-type: none"> <li>• <b>Future provision of Congenital Heart Disease Services</b> To receive information about NHS England's decision regarding future commissioning of congenital heart disease services</li> <li>• <b>New model for Healthwatch</b> (tbc – postponed from November) To review development of a new model and future commissioning for Healthwatch in Nottingham. (Nottingham City Council, Healthwatch Nottingham)</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
18 January 2018	<ul style="list-style-type: none"> <li>• <b>GP services in Nottingham City</b> To review current provision and quality of GP services in the City (Nottingham City CCG)</li> <li>• <b>Out of Hospital Services Contract</b> To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG)</li> <li>• <b>Carer support services</b> To speak with commissioners and providers about new carer support services and review plans to ensure that carers' needs are met. (Nottingham City Council, Carers Federation, Carers Trust)</li> <li>• <b>Scrutiny of Portfolio Holder for Adults and Health</b> (tbc) To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
22 February 2018	

Date	Items
	<ul style="list-style-type: none"> <li>• <b>Urgent Care Centre</b> (tbc) To review performance of the Urgent Care Centre against expected outcomes for the service (Nottingham City CCG, Nottingham CityCare Partnership)</li> <li>• <b>Nottingham CityCare Partnership Quality Account 2017/18</b> To consider performance against priorities for 2017/18 and development of priorities for 2018/19 (Nottingham CityCare Partnership)</li> <li>• <b>Suicide Prevention Plan</b> To scrutinise implementation of Suicide Prevention Plan (Nottingham and Nottinghamshire Suicide Prevention Group)</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
22 March 2018	<ul style="list-style-type: none"> <li>• <b>Out of Hospital Services Contract</b> To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG)</li> <li>• <b>Work Programme 2017/18</b></li> </ul>

#### To schedule

- **Out of Hospital Services Contract**  
To receive an update on procurement of the Out of Hospital Services contract, with a focus on findings from stakeholder engagement carried out and how plans are being developed to respond to these findings
- **Emergency care**  
To review progress in meeting the 4 hour access target for A&E
- **End of life/ palliative care services for children and young people**
- **Transforming care for people with learning disabilities and/or autism spectrum disorders**  
To review the impact on current and future service users

- **Delivery of a social prescribing approach in Nottingham**

- **Improving access to assistive technology**

To review progress in improving access to assistive technology, with a particular focus on equality groups and how access can be improved for groups that are currently under represented amongst service users to ensure that all who need to access equipment are able to

- **Carer support services**

To speak with commissioners and providers about new carer support services and review plans to ensure that carers' needs are met.

- **Scrutiny of Portfolio Holder for Adults and Health** (reschedule from September 2017)

To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities

### **Visits**

- New Nottinghamshire Healthcare Trust CAMHS and perinatal services site (spring 2018)

### **Study groups**

- Quality Accounts (Nottingham University Hospitals; Nottinghamshire Healthcare; East Midlands Ambulance Service; Circle)

### **Informal meetings**

- Reducing unplanned teenage pregnancies – focus on Aspley and Bulwell

### **Other informal meetings attended by the Chair**

- Nottingham University Hospitals NHS Trust Chief Executive
- Nottinghamshire Healthcare NHS Foundation Trust Chief Executive
- Circle (Nottingham Treatment Centre)
- Regional health scrutiny chairs network
- Informal meetings with commissioners

### **Items to be scheduled for 2018/19**

- **Seasonal Flu Immunisation Programme**

To review the performance of the seasonal flu immunisation programme 2017/18 and the effectiveness of work to improve uptake rates

(NHS England/ NCC Public Health)

- **Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update**

To review the implementation (including transition period) of service provision at Hopewood – new CAMHS and perinatal mental health services site

(Nottinghamshire Healthcare Trust)

- **East Midlands Ambulance Service – Nottinghamshire Division**

To review the impact of the new national ambulance service standards on performance in the Nottinghamshire Division

(East Midlands Ambulance Service)

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