Public Document Pack

NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 22 March 2018

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	**CHANGE IN MEMBERSHIP** To note that Councillor Corall Jenkins has resigned as a member of the Health Scrutiny Committee.	
2	**APOLOGIES FOR ABSENCE**	
3	**DECLARATIONS OF INTEREST**	
4	**MINUTES** To confirm the minutes of the meeting held on 22 February 2018	3 - 14
5	**INPATIENT DETOXIFICATION SERVICES**	15 - 24
6	**RESPONSE TO PRESSURES ON URGENT AND EMERGENCY CARE SERVICES IN THE POST-CHRISTMAS PERIOD**	25 - 42
7	**NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2017/18**	43 - 64
8	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18**	65 - 74

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

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 22 February 2018 from 1.30pm - 4.44pm

Membership

Present	Absent
Councillor Anne Peach (Chair)	Councillor Brian Parbutt
Councillor Merlita Bryan (Vice Chair)	
Councillor Jim Armstrong	
Councillor Ilyas Aziz	
Councillor Eunice Campbell	
Councillor Patience Uloma Ifediora	
Councillor Carole-Ann Jones	
Councillor Ginny Klein	
Councillor Jackie Morris	
Councillor Georgia Power	
Councillor Chris Tansley (minutes 58-62)	
Councillor Adele Williams	

Colleagues, partners and others in attendance:

Councillor David Mellen - Portfolio Holder for Early Intervention and Early Years
Councillor Nick McDonald - Portfolio Holder for Adults and Health

Alison Challenger - Director of Public Health)
Jane Bethea - Consultant in Public Health) Public Health
Nick Romilly - Insight Specialist)

Ian Ridley - The Samaritans
Pamela Dowson - Nottinghamshire Police
Adrienne Grove - Harmless

Martin Gawith - HealthWatch Nottingham

Fiona Warren - Commissioning Manager) Greater Nottingham Clinical
Alistair McLachlan - Corporate Medical Lead) Commissioning Groups (CCG)

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

55 APOLOGIES FOR ABSENCE

Councillor Brian Parbutt – personal
Councillor Chris Tansley - for lateness

56 DECLARATIONS OF INTEREST

None.

57 MINUTES

The minutes of the meeting held on 18 January 2018 were confirmed as a true record and signed by the Chair.

58 SUICIDE PREVENTION

Following recommendations from the Parliamentary Health Select Committee, the Health Scrutiny Committee decided to review the implementation of Nottingham Suicide Prevention Plan, including how partners are working together to ensure its effectiveness in reducing suicide by Nottingham City citizens.

Information about the Nottingham and Nottinghamshire Suicide Prevention Action Plan and local progress against the Health Select Committee's report recommendations was provided for the Committee's consideration.

Members of the Suicide Prevention Steering Group, including, Jane Bethea (Consultant in Public Health), Nick Romilly (Insight Specialist, Public Health), Ian Ridley (the Samaritans), and Pamela Dowson (Nottinghamshire Police) and Adrienne Grove (Harmless) were in attendance to present the report and respond to the Committee's questions.

Whilst the report is thorough and detailed, the following points were highlighted:

(i) suicide is a preventable death which nationally affects approximately 48,000 people per year, including friends and family of the person who committed suicide and those who may have witnessed or responded to the suicide;

(ii) the highest risk group of the population is males aged between 35 and 69 years old;

(iii) the number of suicides in Nottingham City and Nottinghamshire per year is low at between 23-25 per year, which is in line with the national trend, but still considered too many;

(iv) the Local Suicide Strategy is in line with the National Suicide Strategy but an understanding of local patterns of suicide is needed to enable an effective preventative response. The Public Health Team works closely with the Coroner and does in-depth analysis to consider which therapies work and if they are available to those in need;

(v) regional data is gathered to try and identify clusters and patterns of suicide. It is recognised that people affected by suicide are themselves at risk of suicide;

(vi) 'Harmless' is a user led organisation working with those affected by self-harm (a potential indicator for suicide) and their families, and runs the suicide prevention programme 'The Tomorrow Project'. Harmless also works with other partner organisations including the Samaritans and the Police;

(vii) how the media report suicide is very important. A good relationship with local and national media has been established and suicides are now often more sensitively reported as 'incidents';

(viii) the funding period for suicide prevention training of frontline staff, provided by Harmless, has now come to an end.

(ix) with current financial restrictions, there is concern as to the level of future funding available to support suicide prevention in Nottingham City and the escalation of risks which may occur if future adequate funding is not available, as set out within the report. These are summarised as:

1. as suicide numbers are low in the City, a small change in suicide numbers can result in what appears to be a significant increase when viewed over a short time period;
2. there is currently no commissioned suicide prevention training for the adult workforce since the contract expired and has not been renewed due to funding uncertainties;
3. it remains unclear nationally how 5 Year Forward View funding for Mental Health and suicide prevention will be allocated to local areas and who will be responsible/lead for the commissioning of any service;
4. support for those bereaved by suicide is an integral part of suicide prevention. There is no specific commissioning arrangement locally that is addressing this issue;
5. funding for Harmless' Tomorrow Project currently provides support to those bereaved by suicide but independent funding is required beyond March 2018.

(x) The Samaritans offer non-judgemental support on the telephone and welcome anyone to talk to them. In addition to the telephone service, the Samaritans are also recruiting and training prison listeners amongst inmates to provide peer support;

(xi) HealthWatch welcome the suicide prevention and suicide bereavement support available, but highlight that the current system does not cater for citizens with chaotic lifestyles and often operates with waiting lists for intervention services. This needs to be addressed.

Committee members' questions were responded to as follows:

(a) there is a varied experience for self-harm patients presenting at accident and emergency departments. Where self-harm is suspected, the patient should undergo psychiatric assessment but this doesn't always happen. This is being looked at with partners at a local level and work is ongoing to understand self-harm patients' experiences. One significant concern is that patients can only be registered for health care at one address, therefore, if they move home (including students), there may be a period without support and/or treatment until they attend an initial appointment;

(b) influence on Ministers by local councillors and the Health Scrutiny Committee would be welcomed with regard to ensuring that there is transparency of how much and to

whom funding from Central Government (5 Year Forward View for Mental Health) will be distributed;

(c) 'The Tomorrow Project' is unique and, so far, has been largely funded via academic routes but longer term future funding needs to be considered to ensure that work can continue and progress;

(d) 'The Tomorrow Project' provides two pathways of support for bereavement and crisis. Initially there were very few bereavement support referrals from the Police and Coroner, but strengthened partnership working has meant that project workers are routinely informed of the details of the person who has committed suicide and their next of kin, which enables support to be offered at crucial point. Where suicide crisis occurs, 'The Tomorrow Project' is able to offer short-term preventative support of up to 12 sessions until the crisis is alleviated and then external help and support is sought for the longer term;

(e) suicides within the City average at 23 per year. With small numbers it is difficult to gauge if any particular local ethnic group is at a higher risk unless considered over a longer period. However men with a black African background tend to be more highly represented amongst those with mental health issues. Suicide is significantly higher in men than women. The way in which suicide is recorded obviously impacts on the figures, so that there is potential that not all suicides are initially apparent;

(f) statistics are collected at local and national levels and tracked, but if there were less than five individuals in any group, including ethnicity, the information cannot be publicly released as it may be possible to identify individuals within that group;

(g) Nottingham City has four providers of psychological therapies with approximately two weeks waiting time to access services. Timely provision of crisis care is a national concern and methods of improvement are continuously being sought. Where someone in bereavement is referred to The Tomorrow Project, they are usually seen straight way (within 72 hours of notification), but if someone is in crisis they are usually seen immediately, including through outreach work, meaning that a waiting list does not exist;

(h) the Samaritans advertise for volunteers to come forward and if they successfully meet the stringent criteria, they receive training. The Samaritans are available to call 24 hours a day;

(i) drugs and alcohol are significant issues and whilst some information may be shared with partners, it is not appropriate for services to make referrals for support in these areas;

(j) we can all encourage people to talk openly about mental health. We need to encourage a cultural shift in the perception of mental health.

Members welcomed the report and acknowledged the valuable work taking place in Nottingham, including 'The Tomorrow Project' but noted the increasing gap between primary and secondary care (with patients deemed to have issues too complex for primary care and not severe enough for secondary care), and expressed concern that waiting times to access some secondary care services can be lengthy.

In addition, there is concern at the general lack of awareness of the suicide prevention and suicide bereavement services available and that this needs to be addressed within the refreshed strategy, including consideration of information being available in other languages.

RESOLVED

(1) to note the risks relating to suicide prevention training and bereavement support, as outlined in the report;

(2) to note that the 'Local Suicide Prevention Partnership' is developing the strategy and action plan in line with the national strategy - placing a particular emphasis on self-harm as it is one of the greatest predictors of suicide risk;

(3) to review progress in addressing identified risk areas and development of the draft refreshed Suicide Prevention Strategy and Action Plan in winter 2018;

(4) to incorporate review of implementation of the Suicide Prevention Strategy and Action Plan in the Committee's future work programmes;

(5) to note that suicide and self-harm in prisons is a major issue and that partnership work is taking place to look at ways to understand the issues and minimise risk (with a specific project looking at risk factors to be developed by Public Health and Public Health England to begin in March 2018);

(6) recommend that information about suicide prevention and suicide bereavement services is provided to all councillors to support them in their ward role.

59 GENERAL PRACTICE SERVICES IN NOTTINGHAM

Fiona Warren, Commissioning Manager for Primary Care, Greater Nottingham Clinical Commissioning Groups (CCG), and Alistair McLachlan, Corporate Medical Lead for the CCG, were in attendance to respond to:

1. the Committee's concerns regarding access to and quality of GP practices within the City;
2. to contribute to the annual review of City GP services by the Committee;
3. request for information about current and forthcoming changes to GP services

The following points were highlighted:

(i) there are 54 GP practices within the City, catering for a population of nearly 380,000 registered citizens;

(ii) to prevent duplication of work, Nottingham City CCG is working jointly with Nottingham North and East CCG, Nottingham West CCG and Rushcliffe CCG as the 'Greater Nottingham CCGs' to undertake a GP review to identify common approaches which will increase resilience and sustainability of primary care;

(iii) access to GPs is a growing issue nationally and as a result NHS England is funding Nottingham City CCG to provide the equivalent of 700 additional appointments at weekends and in the evening, to try and improve patient access and outcomes (known as GP+). The Nottingham City General Practice Alliance will provide these appointments from a central hub on Upper Parliament Street. Appointments will be available through patients' GP practices, all 54 of which will promote the service which will launch in March 2018;

(iv) the report outlines primary care commissioning changes including list closures (for new patients), practice boundary changes, providers serving notice on the contract, mergers with neighbouring surgeries and the potential closure of surgeries;

(v) the CCG's Primary Care Performance And Quality Steering Group oversees the performance and quality monitoring of primary care services. In addition, all of the GP practices have been inspected by the Care Quality Commission (CQC) – at their last inspection4 were rated as 'outstanding' and 39 were rated as 'good'. Since the CCG issued draft ratings of 'requires improvement' for 5 practices and 'inadequate' ratings for a further 5 practices, there have been significant improvements to all of these practices and some are awaiting reinspection based on these improvements. Some areas where practices have been supported to improve include the availability and take up of online services, and upskilling staff to help direct patients to the right services to help reduce pressure on GPs;

(vi) attracting and retaining workforce is a national problem, particularly retaining GPs within practices. International recruitment is difficult but being pursued, as it is predicted that a further 16 to 20 GPs will soon be required in Nottingham as several GPs near retirement;

(vii) local and national estate challenges are apparent, particularly with regard to the premises where NHS Property Services is the landlord as some rent levels have increased significantly to market rents. Nottingham CCG want to try and negotiate a fair proportion at the level of charges;

The Committee's questions and queries were responded to as follows:

(a) with regard to the practice list size, the list size reflects the actual headcount of patients registered, the weighted list size is the result of a national formula which takes into consideration age, deprivation and a number of other factors of citizens within a practice catchment area;

(b) within some areas of the City, such as Hyson Green, the list size did not reflect the necessity of additional work such as double appointments due to translation needs. Hence the weighted list calculation ensures a fairer distribution of funding;

(c) previously there were between 5-10% missed appointments. Since all GP surgeries now have facilities to text patients to remind them of their appointment and offer them the opportunity to cancel it in time for the appointment been allocated elsewhere, the numbers of missed appointments have reduced significantly;

(d) the 'Friends and Family Test' is not the best test of patient experience and feedback.

The Chair acknowledged the challenges associated with a population of high deprivation and welcomed the work of NHS Nottingham City CCG to try and improve the quality of, and access to General Practice Services in the City.

RESOLVED to note the update and thank Fiona Warren and Alistair McLachlan for their presentation and attendance.

60 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18

Following a short comfort break, the Committee reconvened.

Jane Garrard, Senior Governance Officer, presented the work programme schedule and requested the Committee's comments and suggestions.

Study groups were being established to consider provider Quality Accounts. The Study Group looking at the Nottinghamshire Healthcare Trust Quality Account will now take place on 18 March 2018 at 10am with Councillors Williams, Bryan, Campbell and Morris.

Additional potential issues for the work programme suggested by members of the Committee included:

(a) access to the Trauma Centre on Gregory Boulevard. Councillors had heard that there is a practice of closing the patient list and only opening it only when vacancies occur, which results in an absence of a waiting list to access services;

(b) clarification on cataract treatment in that it has been suggested that funding may only available for one eye when both may need treating;

(c) the lack of co-ordination between primary and secondary care services, particularly around mental health, with patients having too complex issues for primary care but not severe enough to access secondary care services leaving issues unresolved.

RESOLVED for the following topics to be considered at the March meeting:

(i) Nottingham Treatment Centre procurement process and plans for mobilisation of the new contract;

(ii) Response to pressures on urgent and emergency care services in the post-Christmas period and following recent bad weather and lessons learned;

(iii) Inpatient Detoxification Services;

(iv) Nottingham CityCare Partnership Quality Account 2017/18;

(v) Work Programme 2017/18.

61 PROCESS FOR DEALING WITH SUBSTANTIAL VARIATIONS AND DEVELOPMENTS TO HEALTH SERVICES

Jane Garrard, Senior Governance Officer, presented the report which, following concerns expressed by the Committee and commissioners, details the agreed process for identifying

and dealing with substantial variations or developments in health services, as is the role of the Health Scrutiny Committee.

It was noted that in creating the document, Nottingham City Scrutiny Officers liaised with the Nottinghamshire County Council Scrutiny Team to ensure consistency in approach, particularly as commissioners may be engaging with both local authorities on a service change.

RESOLVED to note the process for dealing with substantial variations or developments to health services.

62 PUBLIC HEALTH BUDGET PROPOSALS

Councillor David Mellen, Portfolio Holder for Early Intervention and Early Years, Alison Challenger, Director of Public Health, and Councillor Nick McDonald, Portfolio Holder for Adults and Health, were in attendance to inform the Committee of the proposals for Targeted Intervention within the Council's budget.

A presentation was delivered at the meeting and circulated with the initial publication of the minutes.

It was noted that due to financial restraints, Central Government require Nottingham City Council to make savings across the Authority of £27m by 2020 to reflect the reducing funding from Central Government. As a result, very careful consideration has been given to the statutory and non-statutory services provided by the City Council and a dedicated Intervention Team has worked closely with Councillors, partners and senior managers to soften the impact of the required reduction in funding. However, subject to the outcome of public consultations, difficult recommendations are being made to full Council on Monday 5 March 2018 regarding the budget proposals.

The proposals have not been made lightly and alternative models and approaches have been considered but it is vital that core services remain sustainable. It is acknowledged that if the proposals are approved by full Council, there will be a detrimental impact on the health promotion, prevention and treatment services available to citizens.

As outlined within the presentation, significant budget reductions of nearly £5.3m are required:

	17/18 budget (£m)	Targeted Intervention Proposed saving	% reduction	Phase 1 proposed saving	Total % reduction
Healthy Lifestyles	1.410	0.949*	67%	0.200	85%
Sexual Health	4.376	0.413	9%	0	9%
Children's	11.009	0.382	3%	1.309	15%
Drugs &	7.852	1.442	18%	0.144	20%

Targeted Intervention proposals are in addition to proposals put forward in Phase 1 of the budget.

Alcohol				In some cases proposals affect the same services. The final column on the right shows the cumulative impact of both phases of proposal.		
Staffing & Support	2.296	0.459	20%		0.077	23%
Other Services	1.394	0.850	61%		0.100	68%
Reinvestment Monies	7.07	0.634	9%		0.051	10%
		£5.13**			**£1.88**	

* Additional £115,000 saving in 18/19 only **Total of £5.29m for 18/19 with non-recurrent healthy lifestyles saving (£115k) and £50k from community protection (to replace DV proposal)

The presentation provides further details within each of the above categories as to which services will be specifically impacted or withdrawn, and whilst it is anticipated that external organisations may step in to fund or facilitate continuation of some services, it is appreciated that funding for all public sector and many voluntary sector organisations is restricted.

The Committee's questions were responded to as follows:

(a) it is distressing that this process is dismantling a health structure which has been built over many years, but there are no other options due to the funding reductions. A sustainable financial position needs to be established;

(b) although Central Government is proposing to increase adult social care funding, the anticipated rise will still not meet the actual need of citizens. Cutting preventative work is not efficient but prevention is not a front line service, which are more difficult to reduce initially. An integrated adult social care model is essential for sustainability;

(c) citizens will be impacted by not being able to access services which have previously been available and many may present directly to hospital which could have a significant impact on local NHS resources;

(d) although other health care providers may not be able to take on provision of the services which will be impacted by these proposals, they will be able to provide sign-posting for patients to appropriate alternative support. This mitigation approach has been discussed with the CCG;

(e) this is a dynamic consultation and the feedback from the consultation process will be carefully considered with tweaks to the proposals likely as a result. It is recognised that, within the proposals, Public Health is working to make sure it meets statutory requirements;

(f) Nottingham is still, and will remain, an 'early intervention City' as many aspects of early intervention will remain but if approved, the proposals will have an impact on this.

It is more beneficial to citizens and financially efficient to prevent issues before they arise but the sustainable funding is not available to support this;

(g) there are still 18 Children's Centres across the City and Family Support workers are still in place to help prevent crisis, but, at a broader level, alternative funding options will be required to sustain Nottingham as an 'early intervention City' including helping people to support themselves;

(h) Nottingham has one of the worst oral health records in the country, and the decommissioning of the oral health service will have an impact but other prevention routes need to be considered such as oral health promotion by school nurses. Nottingham does have an adequate number of dentists in the City but there needs to be a better understanding of why citizens don't take their children to the dentist, especially as there are no direct cost implications. The City Council needs to use its existing channels to promote good oral health and possibly encourage local dentists to engage with the City's primary schools. Oral health promotion won't stop but creative thinking will be required to ensure its continuation. One option would be to allow fluoride in the water system but there are challenges in doing this;

(i) Public health funding only contributes towards part of a specialist midwifery post so that post will still exist;

(j) it has been difficult to recruit school nurses to some areas of the City and vacancies remain. Public health will work with Children's Centres workers and may further consider alternative, more flexible models including moving to engaging nurses qualified to work with 0-19 years olds and carefully consider exactly what is required from school nurses;

(k) Crucial public health services need to be protected along with some developmental work, but the proposals don't necessarily mean that services will disappear; some will continue but operate differently or be supported by partners. A comprehensive approach is required which works towards collaboration across partners;

(l) across all partners there is good local provision for refugees and asylum seekers so it is not anticipated that the proposed 10% reduction in City Council funding will have a significant impact.

Members of the Committee commented:

(m) there is an indication that discussions are taking place with the NHS and other providers to encourage them to pick up some of the services which Public Health can no longer provide. However there is concern that there are no guarantees that these negotiations will be successful;

(n) it's a concern that whilst service users and other stakeholders are asked to engage with the consultation process, the consultation closes on the same day as full Council is expected to make its final decision;

(o) if Public Health is not commissioning services directly, then it cannot expect to have control of those services and therefore there will be an important role for health scrutiny is reviewing and scrutinising health service commissioning and delivery;

(p) it is difficult for the Committee to scrutinise the proposals in their current form as, in many cases, there are no concrete proposals for future commissioning and provision at this time, but there is a lot of concern that where services are decommissioned, other providers will not pick them up and services will be lost.

Martin Gawith of HealthWatch Nottingham commented that the adults and health budget appeared to have been disproportionately impacted by the Council's funding reductions and that this was disappointing following the valuable work already undertaken to improve citizen's life expectancy and quality of life.

RESOLVED

(1) to note the presentation;

(2) record concern about the current position which has arisen as a result of cuts to Central Government funding and the potential impact on service users and service user outcomes;

(3) for the Director of Public Health to ensure that the Committee is informed of any confirmation of proposals or variation on what has been proposed, with further details provided as they become available;

(4) to identify several specific service areas affected by the Targeted Intervention budget proposals for the Committee to follow through in terms of implementation and impact.

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE
22 MARCH 2018
INPATIENT DETOXIFICATION SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

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) consider the information available regarding the proposal for future provision of inpatient detoxification services for Nottingham residents;

b) decide whether it considers the proposal for future provision of inpatient detoxification services to be a 'substantial variation of services' for Nottingham residents; and

c) either provide comments and/or recommendations, or decide to seek further information/ have further discussions before making comments and/or recommendations on the proposal.

3 Background information

3.1 Inpatient detoxification services are commissioned by Nottingham City Council and currently provided by Nottinghamshire Healthcare NHS Foundation Trust at The Woodlands Unit on the Highbury Hospital site.

3.2 In November 2017 the Committee heard from Nottinghamshire Healthcare Trust that the costs of providing inpatient services at The Woodlands exceed the income that the Trust receives for the services provided there and that it could not continue to run the current service model within available resources. Therefore the Trust was reviewing whether it could continue to provide the service, potentially under a different service model, or if the Unit would close. The Trust provided a further update to the Committee in January 2018.

3.3 In November and January Nottingham City Council commissioners informed the Committee of their work with the Trust to explore options for alternative models to enable The Woodlands to remain open, but also to explore alternative options for access to high quality inpatient services by City residents that also deliver value for money. This work included reviewing need, including through planned engagement with service

users and carers and carrying out an Equality Impact Assessment. Commissioners stated that inpatient detoxification services are an important part of the pathway for citizens who are unable to safely detox in the community and that they believe there is an ongoing need for access to inpatient detoxification services.

3.4 The Committee welcomed the intention to extend the current City contract with Nottinghamshire Healthcare Trust until the end of May 2018 to allow time for commissioners to secure alternative provision, if required, to minimise risks to service users.

3.5 During consideration of this issue, the Committee has also heard evidence from the Nottinghamshire Healthcare Trust's Consultant Addiction Psychiatrist and received representations from Double Impact and the Local Medical Committee.

3.6 Based on the information available to it, in January 2018 the Committee concluded that it did not want to see The Woodlands Unit close. However at its Trust Board meeting on 25 January the Trust agreed not to seek to renew or further extend contracts for specialist inpatient detoxification services run at The Woodlands beyond 31 May 2018 and said that it would continue to work with City commissioners to ensure a safe transition of service provision to an alternative provider.

3.7 In the event of this scenario, and based on the information available to it, the Committee encouraged commissioners to look towards commissioning local NHS-supported provision for inpatient services.

3.8 At its meeting on 22 February, the Portfolio Holder for Adults and Health informed the Committee of a proposal for a £98,000 reduction in funding for inpatient drug and alcohol detoxification services.

3.9 As requested by the Committee, commissioners will be attending this meeting to present the proposal for future access to inpatient detoxification services by City residents. A paper outlining work that has taken place/ is planned in relation to consultation and engagement and assessing equality impacts; options for alternative provision considered; and the proposal for future provision is attached.

4 List of attached information

4.1 'Inpatient Drug and Alcohol Detoxification Services'

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

5.1 All

6 Published documents referred to in compiling this report

6.1 Reports to and minutes of meetings of the Health Scrutiny Committee held on 23 November 2017, 18 January 2018 and 22 February 2018.

Minutes of the Nottinghamshire Healthcare Trust Board meeting held on 25 January 2018

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

Report to Health Scrutiny Committee – 22nd March 2018

Title of paper: Inpatient Drug and Alcohol Detoxification Services

Report author(s) and contact details:
Lucy Putland, Strategy and Commissioning Manager, Nottingham City Council.
lucy.putland@nottinghamcity.gov.uk 0115 8765732

Report sponsors:
Alison Challenger, Director of Public Health,
Nottingham City Council
Katy Ball, Director Commissioning and
Procurement, Nottingham City Council
Christine Oliver, Head of Commissioning,
Nottingham City Council

Summary:
This paper follows papers presented to Health Scrutiny in November 2017 and January 2018 regarding drug and alcohol inpatient detox services (The Woodlands) currently provided by Nottinghamshire Healthcare Foundation Trust (NHFT).

Nottinghamshire Healthcare Foundation Trust (provider of The Woodlands) has confirmed the closure of The Woodlands.

This paper provides a summary of the proposal for securing future access to drug and alcohol inpatient detoxification for Nottingham City residents.

1. ENGAGEMENT AND CONSULTATION

Other commissioners across the region who currently utilise The Woodlands have been contacted by commissioners to understand their intentions going forward. While there was some interest in potential for procurement at a regional level, the other key regional commissioners took the decision to tender at a local level within a short timescale.

A market scoping exercise has identified a limited market of existing alternative provision. Independent providers now deliver nearly all inpatient units that were identified nationally[1]. There is very limited provision across our nearest geographical neighbours.

Commissioners are undertaking service user engagement to inform the ongoing appraisal of alternative options. The first session was held 23rd January 2018. Service users were provided with an update on the position regarding The Woodlands at that time. Service users were asked to feedback on the needs of specific equality groups where possible, and their priorities for inpatient provision. 7 service users (3 identifying as carers also) engaged in the engagement work and were either previous users of The Woodlands, or potential future users of inpatient detox. NHFT was also represented at the focus group and the views from the focus group were presented to the NHFT Board where the decision on the closure of The Woodlands was made. Discussion also took place at existing service user forums including The Alcohol Panel (19/01/2018).

Key themes that emerged from engagement:

- Not everyone is able to complete a community detox and having access to inpatient detox is important. It also provides a safety net for service users in times of crisis.

[1] Recent CQC briefing raising concerns about the safety of detox provision at independent drug and alcohol providers: http://www.cqc.org.uk/news/releases/serious-concerns-uncovered-residential-detox-clinics-regulator-demands-improvements

- Having local access to drug and alcohol inpatient is important to support service users to engage. However, some felt that service users could travel to out of area inpatient facilities.
- Timely access to drug and alcohol inpatient provision is important, including for crisis/urgent access.
- Seamless transition from inpatient services to community treatment is important to support long-term recovery from substance misuse.
- Access to inpatient services directly from hospital including the Emergency Department would be beneficial to ensure service users have access to appropriate interventions and reduce inappropriate hospital admissions.
- The building and environment are important, including ensuring it is a safe environment and able to safeguard service users who may be vulnerable.
- Inpatient services need to be able to provide effective treatment that takes account of physical and mental health comorbidity. This might be particularly important for older substance users who may be more likely to have physical health complications on top of substance misuse.
- Having staff who are supportive and empathic is important.
- Inpatient services should have separate male and female accommodation.
- No-one present at the engagement session was from a Black or Minority Ethnic community. Further work is required to engage with users from Black and Minority Ethnic communities to understand their needs in relation to inpatient provision.
- Market research highlighted that the potential provider market for inpatient detox services nationally is small.

A second focus group is scheduled for 26th March 2018. This focus group will inform service users, carers, and family on the proposal for access to alternative drug and alcohol inpatient detox provision. There will be opportunity for service users, carers and family to put forward their views on priorities for the alternative provision identified in 2.1. Additional attempts will be made to engage users from Black and Minority Ethnic communities in this session.

2. EQUALITY

An Equality Impact Assessment (EIA) has been completed.

The EIA has highlighted that:

- 74% of those accessing The Woodlands are male. Separate male and female accommodation is required and alternative provision must have an appropriate balance of male/female accommodation.
- Nottingham has an ageing cohort of opiate users. Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health) recommend a lower threshold for inpatient access for older drug users due to the increased risk of drug related death.
- Alternative provision needs to be of a sufficient standard and quality to respond to physical comorbidity of older opiate users.
- Vulnerable adults may find community detox more difficult. There is a need to consider how vulnerable adults will access inpatient services, particularly if they were to be out of area.
- It is important to ensure ongoing demographic monitoring of access to inpatient provision to assess whether it is meeting identified local need.

3. ALTERNATIVE PROVISION

2.1 Commissioners considered alternative options based on the closure of The Woodlands:

- No access to inpatient detox for Nottingham residents
- Procurement of a new inpatient detox service
- Spot purchase of bed days from out of area provision
- Secure alternative local provision

2.2 Edwin House

Framework is the lead provider of drug and alcohol treatment in Nottingham City, and are committed to providing excellent services to vulnerable residents.

Framework have recently undertaken a wholesale refurbishment of a building in Radford which had previously operated as an elder persons care home. Edwin House, located at 56/57 Millers Court Radford is a 63 bedded Care Quality Commission (CQC) registered care and reablement centre for adults experiencing significant physical, emotional or mental health issues related to long-term problematic substance misuse. Edwin House has been developed to include a dedicated 15 bed drug and alcohol inpatient detoxification unit.

Framework have successfully secured a 3+1+1 year contract to deliver drug and alcohol inpatient detoxification services for Leicester, Leicestershire and Rutland (LLR) from the Edwin House unit. The new LLR contract is due to be operational on 1 June 2018.

As part of the new contract to deliver Leicestershire services Framework are extending the current Nottingham Recovery Network subcontract with Nottinghamshire NHS Foundation Trust to provide clinical services in to Edwin House Detoxification Unit. The clinical input from Nottinghamshire Healthcare Foundation Trust will include Consultant psychiatrist input, Non-medical prescriber, on-call medical cover, pharmacy services including all medications and weekly pharmacist visits. Framework directly employs all nursing staff.

Edwin House will have the same staffing ratios and the current provision in terms of Clinical and support staff. This includes Nurses, Consultant Psychiatrist, Junior Doctors and Non-medical Prescribers, however unlike the current provision Edwin House will in addition have both Registered Mental Health Nurses (RMN) and Registered General Nurses (RGN) Nurses as well as a full time Occupational Therapist.

Many of the Edwin House staff have recently joined the team from the Woodlands including the overarching Clinical lead, the Assistant Manager, a Non-medical prescriber and a number of Nurses.

Edwin House will offer medically assisted detoxification/stabilisation programmes tailored to individual need. As part of Nottingham Recovery Network the service will enable improved working with community teams to ensure that the timing and availability of detoxification is consistent with individuals overarching Recovery Plans.

Edwin House's purpose-designed environment will allow it to meet the full range of presenting detoxification requirements including but not limited to:

- Alcohol
- Opiates, Opioids
- Stimulants
- Novel Psychoactive substances
- Ketamine, GHB
- Over-the-counter and prescriptions-only medications

- Poly-substance use

All interventions will be delivered in line with national guidance (e.g. NICE) and the service will be inspected on a regular basis by the CQC to ensure the service delivered is Safe, Effective, Caring, Responsive and Well Led.

Edwin House has a full suite of clinical policies, procedures and protocols to ensure patient presentations are managed to CQC regulations; NICE inpatient guidance, Drug Misuse and dependence; UK guidelines on Clinical Management 2017 and nationally recognised best practice. The Edwin House pharmacological model is informed by the national recovery agenda and prescribing interventions reference the “Routes to Recovery Mapping Manual” (PHE 2013) and the “Medications in Recovery” (NTA/Strang 2012).

Edwin House will provide 24-hour medical care, overseen by a highly experienced Addiction Consultant Psychiatrist. Day to day treatment will be provided by an experienced multi-disciplinary team including Doctors, Nurses, Occupational Therapist, Social Work and Support Workers. This approach brings added value with staff holding a range of specialist interests e.g. tissue viability, sexual health, harm reduction, safeguarding, and domestic violence.

In addition to clinical interventions Edwin House will provide an evidenced based structured programme. The programme will be informed by assessed need, the Recovering Planning process and service user feedback. It will include but will not be limited to:

- Structured group work (including anxiety management, relapse prevention, life coaching, relationship awareness)
- 1:1 Sessions (including debt management & advice, domestic abuse counselling, housing advice, return to work)
- Mutual aid groups (including AA/NA, LGBT, Women’s Aid, Smart Recovery,)
- Complementary therapies (including auricular acupuncture, massage, relaxation techniques, mindfulness)
- Healthy lifestyle interventions (including on-site gym, healthy eating advice, specialist advice re: health conditions and nutrition)
- Harm minimisation interventions (including educational sessions, overdose response training, take home naloxone)
- Peer Mentoring .
- Art, music, poetry therapy
- Access to the on-site gymnasium at Edwin House with qualified health instructors

2.3 Proposal

Based on the options appraisal, consultation findings, Equality Impact Assessment, and market research, it is proposed that Nottingham City Council utilise Edwin House for drug and alcohol inpatient services for the 10 month period 31st May 2018 to 31st March 2019.

This will be secured through the appropriate contracting arrangement as advised by Legal.

This will deliver a strategic saving of circa £99,000 for the period. Framework are able to offer a service which meets all national and local requirements at a reduced rate due to their, independent nature, streamlined corporate and centralised costs and ability to procure best value from goods and services.

Based on procurement regulations it is necessary to undertake a competitive tender for drug and alcohol inpatient services from 1st April 2019. A procurement exercise will be undertaken in 2018/19.

4. TRANSITION

Inpatient detox is a short intervention: service users only remain within The Woodlands for an average stay of 9-10 days. Therefore, it should be possible to manage transition to any new provision without having to transfer patients during their inpatient detox stay. This will minimise risks to service users.

Commissioners are working with NHFT to finalise a contract extension to the existing Woodlands service to 31st May 2018. This will allow additional time to transition to Edwin House minimising the risk of a gap in access to inpatient detox.

NHFT is undertaking a clinical review of provision at The Woodlands on a weekly basis to safely manage service users' treatment while the service prepares to close. NHFT will provide weekly updates to commissioners on their capacity to safely deliver services to Nottingham City residents during the extension period. The Woodlands will stop providing services to Hull from 31st March 2018, which will help to manage capacity within the service for the remaining contracts.

Edwin House is due to start delivering the LLR inpatient detoxification contract from 1st June 2018. A full transition plan is currently being negotiated with NHFT, whom remain confident that they can continue delivering until 31st May 2018.

5. NEXT STEPS

- To confirm with Legal the appropriate contracting mechanism for use of Edwin House for 10 months
- To secure appropriate approvals to implement contracting mechanism as required
- To undertake second service user and carer engagement session
- To confirm requirements of service through service specification and any contract variations required
- To confirm implementation/transition plan
- Ongoing and regular monitoring of provision at The Woodlands during the transition period to ensure patient safety
- To undertake tender exercise for inpatient detoxification service ready for service commencing 1st April 2019

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE
22 MARCH 2018
RESPONSE TO PRESSURES ON URGENT AND EMERGENCY CARE SERVICES IN THE POST-CHRISTMAS PERIOD
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To review how the urgent and emergency care system responded to significant pressures in the post-Christmas period.

2 Action required

2.1 The Committee is asked to review the effectiveness of preparations for, and the response to pressures on the urgent and emergency care system during the winter period, with a particular focus on the post-Christmas period; and the lessons to be learnt for winter planning 2018/19.

3 Background information

3.1 In January 2018 Nottingham University Hospitals NHS Trust (NUH) and East Midlands Ambulance Service (EMAS) announced that their services were facing significant pressure.

3.2 NUH declared a business continuity incident on 3 January 2018 in response to exceptional post-Christmas pressures on services, following a sustained increase in respiratory and frail elderly attendances and admissions. Patients were urged not to go to the Emergency Department unless in a real emergency. Nationally NHS England asked all hospitals to consider cancelling additional outpatient and routine operations during January to alleviate pressures on emergency services. As part of its winter planning, NUH had already significantly reduced the number of routine operations planned but, following a review of NHS England recommendations, took the decision to cancel some further routine operations and reduce/ cancel some outpatient clinics and redeploy staff to more pressured areas of the hospitals, including the Emergency Department.

3.3 The Committee received information from commissioners that in response to issues with discharge from NUH and flow through the system, in January additional community bed capacity had been commissioned across the City and County areas to take patients who were well enough to be discharged to a community bed, relieving pressure on beds at NUH.

3.4 Also on 3 January 2018, EMAS escalated to National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 (the highest escalation alert level for ambulance trusts) in response to huge pressures in the NHS system; lengthy delays experienced by many ambulance crews with hospital handover; and 999 demand.

3.5 The Committee requested that representatives of the system provide a debrief for the Committee on the reason and context for those pressures; how pressures were dealt with, including the effectiveness of the implementation of winter pressures planning and business continuity planning; and lessons to be learnt for the future to minimise the impact on patients and patient outcomes.

3.6 NUH Chief Operating Officer; the Lead for Urgent and Emergency Care from Nottingham City Clinical Commissioning Group on behalf of the A&E Delivery Board; and the EMAS General Manager for Nottinghamshire and the Ambulance Operations Manager will be attending the meeting to discuss the situation with the Committee and answer questions about the system response.

4 <u>List of attached information</u>

4.1 Presentation 'Winter 2017/18 – the system's focus on keeping patients safe'

Briefing from East Midlands Ambulance Service

5 <u>Background papers, other than published works or those disclosing exempt or confidential information</u>

5.1 None

6 <u>Published documents referred to in compiling this report</u>

6.1 Press releases from NUH and EMAS dated 3 January 2018

7 <u>Wards affected</u>

7.1 All

8 <u>Contact information</u>

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

Nottingham University Hospitals NHS
NHS Trust

Winter 17/18 – the system's focus on keeping patients safe

Caroline Shaw, Chief Operating Officer & Deputy CEO, NUH
Nikki Pownall, Programme Director, Urgent Care, NHS Nottingham City

22 March 2018

We are here for you

System winter plan – a recap

- Modelling winter demand
- Discharge to Assess (from Oct '17)
- Resilience actions (investment in out of hospital care)
- Additional care packages, increased community assessment capacity and additional community beds
- Additional GP appointment slots opened at weekends, Bank Holidays and out-of-hours from December-post Easter
- Additional GPs in NEMS
- Hospital capacity (30 additional respiratory beds; balancing pressurised elective pathways)
- Flu campaign & infection prevention
- Focus on staff health and wellbeing
- Christmas and New Year focus
- Escalation triggers and implementing actions; business continuity; governance

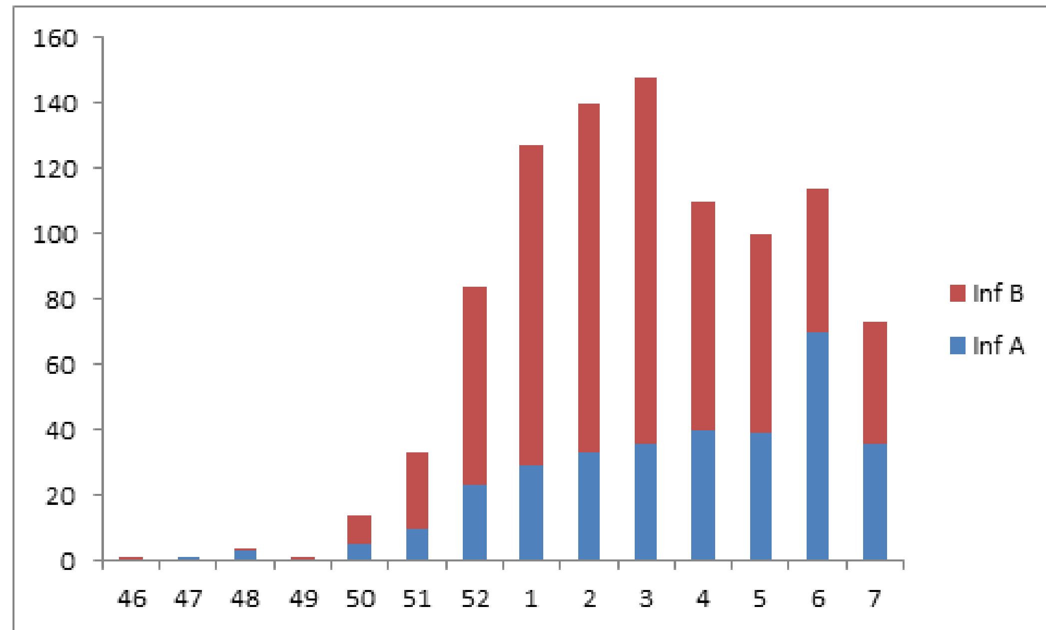
Christmas & NY: demand

Despite robust winter planning, the demand significantly exceeded capacity across the system

- **Significant demands on all services** (ambulance service, Urgent Care Centre, ED & 111)
- **Emergency Department -** ED 'majors' attends did not see any significant drop over the Christmas and New Year period (unlike in previous years). **Acuity of patients** increased immediately following Christmas (higher 'Early Warning Scores')
- **GP admissions** up >30% (25-Dec to 01-Jan) vs 2015 and 2016. This drove a 13% increase in overall emergency admissions to hospital vs the same period in 2016. This was driven by having significantly more emergency GP capacity across Nottingham over Christmas and New Year than in previous years
- The number of **patients waiting for a hospital bed in ED** increased from Christmas Day remaining high until 4-Jan
- Number of **elderly inpatients (≥75 years old)** with a 14 day or more length of stay on a medical ward increased since Christmas
- The number of **supported medically safe patients in hospital** increased throughout December despite above target number of supported discharges. **Delayed Transfers of Care (DTOC)** patients in hospital rose together with the rise in supported medically safe for transfer patients

Flu & Norovirus: impact

- Flu has increased since Christmas (mostly NUH inpatients but also includes outpatient, daycase, GP cases and nursing home residents)
- Take up of flu jab 63% in NUH (to date)
- Caused staffing challenges as sickness absence increased
- c150 more respiratory admissions than this time last year (NUH) & 200 more than the previous year – a 31% increase
- Impact of Norovirus on bed closures



We are here for you

Extraordinary actions taken

Nottingham University Hospitals NHS
NHS Trust

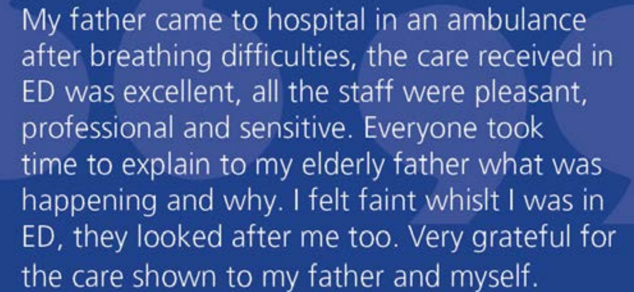
- OPEL 4 system status (business continuity incident) declared for Greater Nottingham on two occasions (Jan and Feb)
- Cancellation of additional non-urgent activity (410 operations and 640 outpatient appointments to date)
- Clinical staff freed from elective/clinic cancellations to support the emergency pathway
- Staff across health and social care worked over and above to ensure patient safety in very challenging circumstances
- 34 additional escalation beds (NUH) and 93 additional community beds opened
- Two surgical wards at City Hospital designated to accommodate medical patients
- GPs open evenings/weekends

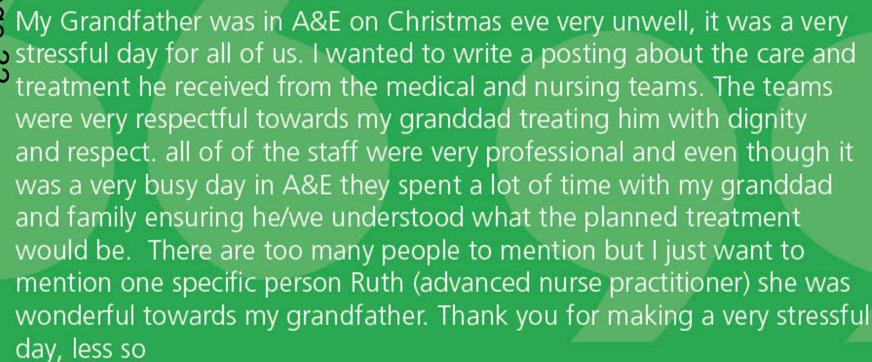
We are here for you

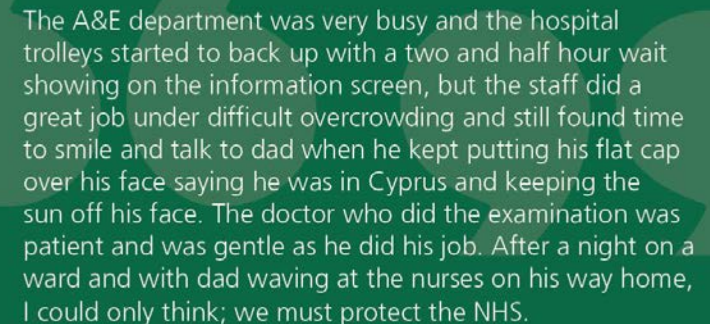
Safety & quality

Nottingham University Hospitals NHS Trust

- No 12 hour trolley breaches
- Praise for maintaining ambulance turnaround times
- Patient experience scores remain strong
- A&E Delivery Board oversight







We are here for you

Reflections / learning

Actions we took to keep emergency patients safe had wider consequences – these were severe for NUH due to increased level of clinical risk and ability to deprioritise planned care.

- Impact on staff from working over and above on health and wellbeing
- So far, over 1,050 patients have had their operations or appointments cancelled at short notice in January, leading to poor patient experience and extended waits
- Lost activity has worsened the Trust's financial position (circa £500K per week)
- The system has supported the additional winter resources over and above the plan with additional community staff, additional wards, additional GPs in ED and additional transport
- Inefficient use of expensive resources - idle theatres; inability to effectively redeploy all staff freed up by cancelling clinical and non-clinical activity
- Delays in admissions from ED and increased outlying across both hospitals impacted on patient experience and outcomes

This page is intentionally left blank

Councillors may be interested in our bi-monthly stakeholder newsletter EMAS News. It contains an update from our Chairman, Pauline Tagg MBE and an update from each of our General Managers. There is a section titled 'Nottinghamshire' which has an update from Greg Cox and some local stories which answer some of the additional questions. I have referenced the newsletter below.

Managing demand over the winter period

Winter was a particularly challenging period for the NHS and we, like other organisations experienced pressures which impacted our ability to reach patients in a timely manner.

We had plans in place and in response to the huge pressures in the NHS system, lengthy delays our ambulance crews experienced waiting at hospitals and an increase in 999 demand we escalated our Capacity Management Plan (CMP) to Level 4 (equal to major incident situation and the highest level in the plan), for periods between 30 December to 2 January.

Our busiest period was in the new year and we escalated to the National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 - equal to hospital Opel 4 status.

REAP 4 is the highest escalation alert level for ambulance trusts, and we remained there from Wednesday 3 January to Tuesday 9 January. A briefing note was issued to council members on Wednesday 3 January which outlines the actions we took to ensure patients in the community reported to be in a life-threatening or very serious condition received a timely response. (see appendix 1).

Winter didn't end in January, throughout February and early March we set up an incident command cell to manage our response in the snow.

Additional information about the funding gap

We carefully monitor the levels of staffing and number of ambulances available to respond to patients against demand on the service. Our Trust Board has a fundamental belief that there is a resourcing gap despite the efficiencies made at EMAS, and discussions with our commissioners on the level of funding and resource required continue.

In early 2017, jointly with our commissioners, we launched an independent capacity and demand review to analyse the 'gap' against the previous response standards (Red 1, Red 2). The review looked at the current resourcing (staff and vehicles) against the growing demand we experience. It suggested an additional 40 ambulances were needed, 24 hours a day, for us to meet the national response targets.

However following this initial review, the national NHS England Ambulance Response Programme (ARP) standards were introduced (more information below) which changed the way ambulance trusts respond to patients. The joint review is currently being

remodelled against the new way of working and the report is due in March 2018. We may be able to share the findings with you when we present.

Despite financial challenges, we have continued to invest in our frontline, recruiting ambulance crews and buying new ambulances. The service has reduced the average age of its ambulances and cars, meaning they are more reliable and require fewer repairs.

Performance data, how do we compare against other trusts?

It is difficult to compare current ambulance response data because ambulance trusts moved onto ARP at different times. We joined in July 2018 and are now working to change our operating model (where staff are based and how many crews are on duty during which hours) to meet the new way of working. We hope to have published performance data over the next few months that we can share with you.

While we are fully compliant with the new standards NHS England area allowing trusts a period of adjustment to align the service operating model.

National Ambulance Response Programme

The rationale for the Ambulance Response Programme (ARP) was very simple:

- Making sure the best, high quality, most appropriate response is provided for each patient first time.

With the continuous growth in demand into 999 ambulance services, in particular, the rise in demand from patients with an urgent care need, the way in which ambulance services safely provide the right care required a fundamental root and branch review of its clinical and operational models; this is the basis for ARP. The old model hasn't changed since 1974.

At a high level the benefits of ARP are:

- Ensuring a timely response to patients with life-threatening conditions;
- Providing the right clinical resources to meet the needs of patients based on presenting conditions;
- Reducing multiple dispatches;
- Reducing the diversion of resources or stand-downs;
- Increasing the ability to support patients through hear and treat;
- Increasing the ability to support patients through see and treat; and
- Having a transporting resource available for patients who require conveyance to a definitive place of care.

Following the announcement of the new NHS England ARP standards, there are four categories of call:

- **Category one** is for calls about people with life-threatening injuries and illnesses. These will be responded to in an average time of seven minutes.

- **Category two** is for emergency calls. These will be responded to in an average time of 18 minutes.

- **Category three** is for urgent calls. In some instances you may be treated by ambulance staff in your own home. These types of calls will be responded to at least nine out of 10 times within 120 minutes.

	Target	
Priority	Mean	90%
Category 1	7:00	15:00
Category 1 T	19:00	30:00
Category 2	18:00	40:00
Category 3	-	120:00
Category 4	-	180:00
Category 4 H	-	-

- **Category four** is for less urgent calls. In some instances you may be given advice over the telephone or referred to another service such as a GP or pharmacist. These less urgent calls will be responded to at least 9 out of 10 times within 180 minutes.

EMAS went 'live' with the ARP programme in July 2017, joining 3 other ambulance trusts which had been part of the national ARP pilot; with all the remaining Ambulance Trusts going live from November 2017.

Key features of the ARP implementation are:

- Additional call handling staff required – due to number of additional calls (duplicates) because of change in standards

- Reduction of resources per incident – ensuring EMAS are sending the right resource to the incident rather than multiple vehicles

- New ARP model requires more double crewed ambulance (DCA) capacity and fewer fast response vehicles (FRVs), as DCA capacity will allow a single vehicle response to majority of patients

- Protecting both rural and urban communities with strategically placed FRVs for maintaining Category 1 response

- Front line skill mix – EMAS aspiring to paramedic on every FRV and towards paramedic/technician on each emergency ambulance (DCA).

Hospital handover delays

Hospital handover refers to the time it takes a receiving hospital to accept an ambulance patient. The target time is 15 minutes and when delays occur ambulance crews are forced to wait with their patients. Consequently, they aren't able to help new patients who have called 999 and are waiting in the community.

We have a close relationship with Nottingham University Hospitals and monitor handover challenges. Below is a breakdown of handover delays across the region, you will see that we face bigger challenges in Leicestershire and Lincolnshire.

Hospital handover delays in December 2017 *updated figures can be provided at the meeting

Hospitals	No Of Vehicles At Hospital	Handovers Over 30mins	Handovers Over 45mins	30 To 59 minutes	1 To 2 Hours	2 to 4 Hours	4 to 6+ Hours	Lost Hours Pre Handover >15min	Average Clinical Handover Time
Burton Queens Hospital	533	80	22	77	7	1	0	69:05:33	0:21:29
Chesterfield Royal Hospital	2486	574	149	563	46	0	0	381:42:56	0:22:48
Bassetlaw District General Hospital	940	242	89	220	28	1	0	166:29:55	0:23:55
Royal Derby Hospital	4637	578	102	615	21	3	0	496:13:19	0:20:01
Hull Royal Infirmary	138	38	8	36	3	0	0	24:25:17	0:23:52
Kettering General Hospital	2767	753	359	572	158	44	1	633:53:49	0:26:47
Northampton General Hospital	2859	527	221	437	90	8	0	407:23:31	0:21:46
Grimsby Diana Princess Of Wales	1923	478	191	420	60	0	0	309:32:46	0:22:21
Scunthorpe General Hospital	1604	371	134	311	61	0	0	257:16:14	0:22:22
Queens Medical Centre Campus Hospital	5714	298	64	294	21	3	0	316:33:59	0:15:49
Nottingham City Hospital Campus	682	110	27	105	15	0	0	82:48:40	0:20:05
Peterborough City Hospital	898	396	299	172	129	86	11	508:42:00	0:47:05
Kings Mill Hospital	3293	1065	400	940	142	5	0	705:16:30	0:26:42
Stepping Hill Hospital	394	203	95	164	41	2	0	137:55:11	0:35:09
Glenfield General Hospital	819	143	39	143	14	0	0	102:49:27	0:20:42
Leicester General Hospital	141	25	7	25	2	1	0	19:18:14	0:21:12

Leicester Royal Infirmary	5946	1474	721	1082	391	36	0	1186:11:49	0:25:11
Boston Pilgrim Hospital	2078	1091	702	607	361	120	6	1079:06:59	0:45:08
Grantham and District Hospital	290	104	46	88	16	0	0	66:36:15	0:27:15
Lincoln County Hospital	2568	1086	665	648	313	124	7	1069:23:41	0:38:07
Newark Hospital	18	3	1	3	0	0	0	1:56:44	0:18:15
George Eliot Hospital	231	51	17	49	5	0	0	35:28:25	0:22:39
Skegness and District Hospital	15	4	3	3	2	0	0	2:52:06	0:22:18
Grand Total	**40974**	**9694**	**4361**	**7574**	**1926**	**434**	**25**	**8061:03:20**	**0:25:01**

*Figures not validated

New Urgent Care Service

On average we get 130 calls a day from healthcare professionals making bookings for the provision of care and transport for people with an urgent healthcare need. To improve services for this group of patients and those that call 999, through our Transformation Programme we are increasing our frontline team and launching a dedicated tier of ambulance staff to work in our new Urgent Care Transport Service. You can read more about this initiative in EMAS News.

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE
22 MARCH 2018
NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2017/18
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To consider Nottingham CityCare Partnership's progress against its quality improvement priorities for 2017/18; and proposals for its quality improvement priorities for 2018/19 including plans for public engagement in developing the priorities.

2 Action required

2.1 The Committee is asked to consider and comment on the information provided, focusing on how Nottingham CityCare Partnership is determining its priorities for 2018/19 and how it is involving stakeholders to do so.

3 Background information

3.1 A Quality Account is an annual report to the public from providers of NHS funded healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety; clinical effectiveness; and patient experience.

3.2 A Quality Account should:

- improve organisational accountability to the public and engage boards (or their equivalent) in the quality improvement agenda for the organisation;
- enable the provider to review its services, show where it is doing well but also where improvement is required;
- demonstrate what improvements are planned;
- provide information on the quality of services to patients and the public; and
- demonstrate how the organisation involves, and responds to feedback from patients and the public, as well as other stakeholders.

3.3 Quality Accounts are both retrospective and forward looking. They look back on the previous year's performance regarding quality of services, explaining what is being done well and where improvement is needed. They also look forward, explaining what has been identified as priorities for improvement.

3.4 Quality Accounts are public documents, and while their audience is wide ranging (clinicians, staff, commissioners, patients and their carers, academies, regulators etc) they should present information in a way that is accessible to all.

3.5 As a step towards ensuring that the information contained in Quality Accounts is accurate, fair and gives a representative and balanced overview, providers have to share their Quality Accounts prior to publication. This includes sharing with:

- the appropriate NHS England regional team where 50% or more of the provider's health services are provided under contract, agreement or arrangement with the team, or the clinical commissioning group which has responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period;
- the appropriate local Healthwatch organisation; and
- the appropriate local authority overview and scrutiny committee.

3.6 NHS England/ the clinical commissioning group has a legal obligation to review and comment on a provider's Quality Account, while Healthwatch and overview and scrutiny committees are offered the opportunity to comment on a voluntary basis. Any comment provided should indicate whether the Committee believes, based on the knowledge it has of the provider, that the report is a fair reflection of the healthcare services provided. The organisation then has to include these comments in the published Quality Account.

3.7 A representative of Nottingham CityCare Partnership will be attending the meeting to inform the Committee of the Partnership's progress in implementing its quality improvement priorities for 2017/18; and proposals for the organisation's priorities for 2018/19.

3.8 Following this, Nottingham CityCare Partnership will be invited to present its draft Quality Account to the Committee's May 2018 meeting, at which point the Committee can decide whether to put forward any comments for inclusion or not.

4 List of attached information

4.1 Presentation from Nottingham CityCare Partnership 'Annual Quality Account – Setting the Priorities'

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 Nottingham CityCare Partnership Quality Account 2016/17

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

CityCare
Building Healthier Communities

Annual Quality Account – setting the priorities

What is an Annual Quality Account?

Quality Accounts are an important way for local providers of NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Our reports are checked by our Board, Nottingham City Clinical Commissioning Group, Nottingham City Council's Health Scrutiny Panel and HealthWatch.

CityCare
Building Healthier Communities

What needs to be included?

Quality Accounts look at:

- Where we are performing well and where we need to make improvements
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

CityCare
Building Healthier Communities

Our priorities for 2017/18

- **Promoting prevention** – improving mental health and wellbeing, signposting to key services, Making Every Contact Count, self care
- **More integration for seamless care** (by working more closely across CityCare services and with our partners for example social care and community organisations)
- **Reducing avoidable harm** – learning from incidents, recognition of the deteriorating sick adult or child, safeguarding

CityCare
Building Healthier Communities

Promoting prevention - what we have achieved so far

- Staff continue to work closely with Mental Health (MH) clinicians across services as well as with the MH clinicians working within our bases in some of the Neighbourhood Teams
- Two Workforce Development staff have been trained on Connect 5 Mental Health Promotion
- All care coordinators issue social prescriptions when appropriate
- Face-to-face training on Making Every Contact Count (MECC) delivered to 48 CityCare staff taking part in the Holistic Worker programme
- MECC embedded into existing practice by Health Visitors at the 6 week review
- Work undertaken across Neighbourhood Teams to develop person centred treatment plans for patients

CityCare
Building Healthier Communities

More integration - what we have achieved so far

- Holistic worker role has been rolled out to 72 staff in Urgent Care and Reablement Team (city-wide) and 18 staff within Neighbourhood Plus.
- Joint events have been held with Nottingham City Council Early Help Managers to identify potential areas of duplication in children's services
- CityCare services are publicised together with Local Authority, childcare services, local organisations, services and activities for children and young people on the 'LiON' platform.
- Joint work continues within the priority families programme which supports families with complex needs and problems

CityCare
Building Healthier Communities

Learning from incidents - what we have achieved so far

- A reduction in the number of avoidable stage 3 pressure ulcers from 36 in 2016/17 to 13 (to end December)
- A reduction in the number of avoidable stage 2 pressure ulcers from 105 in 2016/17 to 23 (to end November)
- A reduction in patient safety incidents from 801 in 2016/17 to 272 in 17/18 (to end November)
- Trained at least 50% of community adult nurses on insulin awareness and reduced avoidable insulin incidents by 30% (April-Sep 2017 compared to Apr-Sep 2016)
- We now have a learning lessons group which meets monthly and reviews learning from an incident and how it can be embedded across all relevant services

CityCare
Building Healthier Communities

Recognition of the deteriorating patient - what we have achieved so far

- Training package on awareness of sepsis developed following survey of health visitors and adult services nurses. Six sessions delivered, four more planned by end March
- A goal centred care plan has been developed for patients with urinary catheters which clearly states for patients, carers and staff when they may need to escalate concerns. A pilot is being undertaken at two sites
- The holistic worker competency document is being revised and will include recognition of the deteriorating patient
- Staff who will be working in minor ailment clinics have had recognition of deterioration training. Urgent Care Centre has had training from the Consultant Microbiologist, Primary Care Infection Prevention and Control Doctor

CityCare
Building Healthier Communities

Safeguarding - what we have achieved so far

- Strengthened communication between staff and the safeguarding trainers to ensure a streamlined and efficient process from booking onto training to reporting on the compliance data
- Extended the Safeguarding Champion Network to include Champions for Adult Safeguarding, Children's Safeguarding and Domestic Abuse
- Developed a suite of work books, shadowing programmes and development opportunities to support the Champions
- Redesigned the safeguarding supervision model to promote group supervision with targeted support for 1:1 supervision where necessary
- Skill-mixed Think Family group supervision sessions held, strengthening opportunities to learn together and transfer learning across the workforce

CityCare
Building Healthier Communities

CityCare
Building Healthier Communities

What our patients/service users say

What our patients/service users tell us about the quality of our services

- Satisfaction levels across all our services are consistently high, 85% target exceeded and most services in the high 90s.
- Satisfaction across all protected characteristic groups (Equality Act 2010). In 2016-17 95% across black and minority ethnic groups, 94% people identifying as lesbian, gay or bisexual and 95% of people with a disability. Figures remain similar for this year.
- Low numbers of complaints and concerns - average around one formal complaint per week.

CityCare
Building Healthier Communities

What our patients/service users tell us about the quality of our services

People across adults and children's services stress the importance of:

- Clear, good quality information
- Ease of access - clear points of contact, self referral, times, locations
- Communication - involving people in decisions and explaining things clearly
- Supporting families and carers - whole family approach
- Prevention and signposting
- Empowering people to manage and make decisions about their own care
- Services working together, whoever is providing them
- Supporting staff

CityCare
Building Healthier Communities

Listening and responding to a diverse range of service users

- Complaints and feedback themes shared with Equality and Diversity group. Currently reviewing our autism awareness and training.
- Work with partners e.g. Healthwatch survey re lesbian, gay, bisexual and trans people's experiences of healthcare.
- Survey in Integrated Respiratory Service re people not attending appointments. Led to adapting clinic times and locations plus new triage points so people understand reason for appointments more fully.
- Primary Care Learning Disability Team - produces resources and provides training for staff. Will focus on the needs of black and minority ethnic communities in 2018.

CityCare
Building Healthier Communities

Listening and responding to a diverse range of service users

- Monitoring of the Accessible Information Standard (AIS). Record keeping audit on recording of and response to communication needs.
- Children's survey spring/summer 2017 identifying what is important for people in terms of child and family health. 22% of responses were from people whose first language is not English with 12 different languages represented.
- Work with Musculoskeletal Service re collecting feedback from people whose first language is not English.
- Interpreters survey. **Venues**-proximity to patients, consideration of cultural/religious background, **access**-self referral processes, phone calls, form filling, **meeting personal and cultural needs**, for example gender preferences and **information**, for example what to do if people are expecting an interpreter and one is not there.

CityCare
Building Healthier Communities

CityCare
Building Healthier Communities

Our proposed new quality priorities for 2018/19

Involving others in deciding on our priorities

- We have engaged on the AQA with staff and stakeholders including consultation events with our Patient Experience Group and a group of staff members.
- We have reviewed our feedback from a diverse range of patients/service users over the last year, from feedback forms, web feedback, comment cards, complaints and engagement events and this has also helped us shape our priorities
- We also sent out consultation documentation to Nottingham City Council, Nottingham City CCG, Healthwatch and other organisations including SSBC and a number of community and voluntary organisations including NCVS, Self Help Nottingham, Disability Direct, Carers Federation, Age UK, Stonewall, Metropolitan.
- .

CityCare
Building Healthier Communities

Proposed themes for priorities

- **Promoting prevention** – improving mental health and wellbeing, signposting to key services, Making Every Contact Count and self care (a continued priority, covers both adults and children)
- **Reducing avoidable harm** – (a continued priority), also to include Tissue Viability, pressure ulcers, leg care and assurance around Peer Reviews
- **Supporting our staff** – includes invest in and empower the workforce – apprenticeships for staff, awareness of development opportunities, motivational interviewing, health and wellbeing, sharing good practice
- **Safe and Effective Discharge** – both adults and children

CityCare
Building Healthier Communities

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE
22 MARCH 2018
WORK PROGRAMME 2017/18
REPORT OF HEAD OF LEGAL AND GOVERNANCE

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 note the work that is currently planned for the municipal year 2017/18 and make amendments to this programme as appropriate.

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.

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

Health Scrutiny Committee 2017/18 Work Programme

Date	Items
18 May 2017 **CANCELLED**	
13 June 2017 **10:15am** **Informal Meeting**	• **Sustainability and Transformation Plan Consultation and Engagement Findings** 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. (STP Lead)
22 June 2017	• **Nottingham homecare market** 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 (Nottingham City Council) • **Work Programme 2017/18**
20 July 2017	• **Seasonal flu immunisation programme 2016/17** To review the performance of the seasonal flu immunisation programme 2016/17 and the effectiveness of work to improve uptake rates (NHS England, NCC Public Health) • **Healthwatch Nottingham Annual Report 2016/17** To receive and consider the Healthwatch Nottingham Annual Report (Healthwatch Nottingham) • **Feedback from regional health scrutiny chairs network meeting** To receive a verbal update from the Chair

Date	Items
	(Chair) • **Work Programme 2017/18**
21 September 2017	• **Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update** (Nottinghamshire Healthcare Trust) • **Scrutiny of Portfolio Holder for Adults and Health** 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 • **New Ambulance Service Standards** To hear about the new national ambulance service standards and the impact of this locally (East Midlands Ambulance Service) • **'Tomorrow's NUH'** To hear about Nottingham University Hospitals 5 year strategy for the future • **End of Life/ Palliative Care Review – Implementation of Recommendations** To receive an update from NUH on progress in implementing agreed recommendation • **Work Programme 2017/18**
19 October 2017 **CANCELLED**	
23 November 2017	• **Sustainability and Transformation Plan**

Date	Items
	To receive an update on progression of the Sustainability and Transformation Plan, and development of an Accountable Care System for Greater Notts (STP Team) • **Inpatient Detoxification Services at The Woodlands Unit** To consider proposals in relation to the future of the inpatient detoxification services for City residents. (Nottinghamshire Healthcare Trust, Nottingham City Council) • **Nottingham Treatment Centre** To hear about plans in relation to Nottingham Treatment Centre procurement. (Greater Nottingham Clinical Commissioning Groups) • **Access to dental care** 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) • **Work Programme 2017/18**
14 December 2017	• **Cleanliness at Nottingham University Hospitals NHS Trust** To review progress in improving cleanliness at Nottingham University Hospitals sites. (Nottingham University Hospitals) • **Homecare services commissioning framework** 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) • **Child and Adolescent Mental Health Services (CAMHS)** To review progress in implementing the transformation plan for CAMHS, including the impact on waiting times (Nottinghamshire Healthcare Trust/ commissioners/ local authority public health)

Date	Items
	• **Future provision of Congenital Heart Disease Services** To receive information about NHS England's decision regarding future commissioning of congenital heart disease services • **New model for Healthwatch** To review development of a new model and future commissioning for Healthwatch in Nottingham. (Nottingham City Council, Healthwatch Nottingham) • **Work Programme 2017/18**
18 January 2018	• **Out of Hospital Services Contract** To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG) • **Carer support services** To speak with commissioners and providers about new carer support services and review plans to ensure that carers' needs are met. • **Inpatient detoxification services at The Woodlands Unit** To consider proposals in relation to the future of inpatient detoxification services for City residents (Nottinghamshire Healthcare Trust, Nottingham City Council) • **Work Programme 2017/18**
22 February 2018	• **GP services in Nottingham City** To review current provision and quality of GP services in the City (Nottingham City CCG)

Date	Items
	• **Suicide Prevention Plan** To scrutinise implementation of Suicide Prevention Plan (Nottingham and Nottinghamshire Suicide Prevention Group) • **Public Health Budget Proposals** To consider budget proposals affecting public health commissioned services (Nottingham City Council) • **Approach to substantial variations or developments of service** To note the approach agreed with commissioners about dealing with (potential) substantial variations or developments of service • **Work Programme 2017/18**
22 March 2018	• **Inpatient Detoxification Services** To consider proposals for commissioning inpatient detoxification services. This includes whether it is a substantial variation of service and, if so, for the Committee to carry out its statutory role. (Nottingham City Council) • **Nottingham CityCare Partnership Quality Account 2017/18** To consider performance against priorities for 2017/18 and development of priorities for 2018/19 (Nottingham CityCare Partnership) • **Response to pressures on urgent and emergency care services in the post-Christmas period** To review how the significant pressures facing urgent and emergency health services in the post-Christmas period were responded to. (A&E Delivery Board) • **Work Programme 2017/18**

Date	Items
19 April	• **Scrutiny of Portfolio Holder for Adults and Health** To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities (Nottingham City Council) • **Reducing unplanned teenage pregnancies** To hear about outcomes of the work requested by the Committee to review local activity and provision to reduce unplanned teenage pregnancies in the Aspley and Bulwell areas; and review work to reduce unplanned teenage pregnancies levels in wards with the consistently highest levels of unplanned teenage pregnancy. (Nottingham Teenage Pregnancy Taskforce) • **Review of 2017/18 and work programme 2018/19**

To schedule

- **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**
- **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
- **Nottinghamshire Sustainability and Transformation Partnership and Greater Nottingham Accountable Care System**
  To receive an update on the STP and ACS, including any proposals for associated service changes

Written information requested

- Nottingham Treatment Centre procurement: Briefing on development of the specification for the dermatology service, including what expertise has been sought and the process for engagement and consultation; and how the specification has taken into account the recommendations of clinical experts and service users

- Cleanliness at Nottingham University Hospitals NHS Trust: Results of 2nd Independent Cleanliness Audit (27-30 November 2017) [due early 2018] and Report from External Review of Soft Facilities Management Services, including cleaning.

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

Study groups
- **How commitments to adult mental health are being maintained in current decision making to manage budget pressures**
  Membership: Cllrs Peach, Power and Williams (tbc)
- **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

- **Nottingham Treatment Centre** (tbc depending on procurement timescales)
  To hear about the outcome of the procurement process and plans for mobilisation of the new contract
  (Greater Nottingham Clinical Commissioning Groups)

- **Nottingham CityCare Partnership Quality Account 2017/18**
  To consider the draft Quality Account 2017/18 and decide if the Committee wishes to submit a comment for inclusion in Quality Account document
  (CityCare Partnership)

- **Out of Hospital Community Services Contract**
  To review progress in mobilising the new contract
  (Nottingham City CCG, CityCare Partnership)

- **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)

- **Homecare services**
  To review provision, including waiting times and quality of care, of homecare services under the new framework.
  (Nottingham City Council)

- **Children and Young People's Mental Health and Wellbeing**
  To review progress in implementation of the Transformation Plan and the impact on outcomes for children and young people.
  (Commissioners/ Nottinghamshire Healthcare Trust)

- **Carers Support Services**
  To review provision of carer support services
  (Nottingham City Council, Carers Trust, Carers Federation)

- **Suicide Prevention Plan**
  To scrutinise progress in implementation of the Suicide Prevention Plan and review proposals for the refreshed Suicide Prevention Plan for Nottingham
  (Suicide Prevention Steering Group)