



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 14 December 2017

Time: 1.30 pm (pre-meeting for all Committee members at 1:15pm)

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

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

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|----------|---|----------------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES | 3 - 12 |
| | To confirm the minutes of the last meeting held on 23 November 2017 | |
| 4 | CLEANLINESS AT NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST | 13 - 24 |
| 5 | CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING | 25 - 36 |
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| 7 | COMMISSIONING OF HOMECARE SERVICES | 49 - 64 |
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IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF

POSSIBLE BEFORE THE DAY OF THE MEETING

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NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 23 November 2017 from 13.37 - 16.29

Membership

Present

Councillor Anne Peach (Chair)
Councillor Ilyas Aziz
Councillor Patience Uloma Ifediora
Councillor Ginny Klein
Councillor Chris Tansley
Councillor Adele Williams
Councillor Georgia Power

Absent

Councillor Merlita Bryan
Councillor Jim Armstrong
Councillor Corall Jenkins
Councillor Carole-Ann Jones
Councillor Jackie Morris
Councillor Eunice Campbell
Councillor Brian Parbutt

Colleagues, partners and others in attendance:

Rebecca Larder	- Director of Transformation	) Greater Notts STP
Dr Stephen Shortt	- Clinical Lead	) and ACS
Steve Thorne	- Communications Lead)
Paul Smeeton	- Executive Director Local Partnerships	) Nottinghamshire
Dr David Rhinds	- Consultant Addiction Psychiatrist	) Healthcare Trust
Laura Burns	- Contract Manager	) NHS England
Rose Lynch	- Primary Care Support Officer)
Sandra Whisten	-	- Public Health England
Mark Sheppard	- Director of Contract Delivery	) Greater Nottingham
Tracey Duggan	- Head of Commissioning	) Clinical
		) Commissioning Groups
Dr Tanya Bleiker	- Clinical Vice President	- British Association of Dermatologists
Cllr Nick McDonald	- Portfolio Holder for Adults and Health)
Christine Oliver	- Head of Commissioning)
Ian Bentley	- Strategy and Commissioning Manager	) Nottingham
David Johns	- Registrar Public Health	) City Council
Jane Garrard	- Senior Governance Officer)
Cath Ziane-Pryor	- Governance Officer)

30 MEMBERSHIP CHANGE

RESOLVED to note that Councillor Georgia Power has been appointed to the Health Scrutiny Committee.

31 APOLOGIES FOR ABSENCE

Councillor Carol Jones – personal
Councillor Corall Jenkins – personal
Councillor Jackie Morris -unwell
Councillor Jim Armstrong - personal
Councillor Eunice Campbell - unwell
Cllr Brian Parbutt -personal
Cllr Merlita Bryan - unwell

32 DECLARATIONS OF INTEREST

None.

33 MINUTES

The minutes of the meeting held on 21 September 2017 were confirmed as a true record and signed by the Chair.

34 NOTTINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GREATER NOTTINGHAMSHIRE ACCOUNTABLE CARE SYSTEM

Rebecca Larder (South Nottinghamshire Director of Transformation), Dr Stephen Shortt (Clinical Lead), and Steve Thorne (Communications Lead), were in attendance and delivered a presentation to accompany the report in updating the Committee on progress of the Greater Nottingham and Nottinghamshire Sustainability and Transformation Partnership (STP) and development of a Greater Nottinghamshire Accountable Care System (ACS), since the previous update to the Committee in June.

It was noted that 730,000 citizens have access to services which work within a budget of £1.4 billion to provide health and social care services, including over 100 GP surgeries across Nottingham and Nottinghamshire. All of these services need to fully engage and contribute to the development of an ACS.

The following areas of progress were highlighted:

- It is recognised that breakdowns in care continuity and communication between service and organisational boundaries do exist and that this needs to be addressed. Co-ordination of services is successfully being developed in other parts of the world such as Sweden, Spain, New Zealand and America with savings ranging between 5% and 29% of the overall budget. Each healthcare structure is different but advice has been sought and provided, and following a procurement exercise approved by NHS England, Capita and Centene have been awarded the contract to support the development of an ACS;
- Citizens, service users and colleagues have been consulted and contribute to the development of the STP which includes the aim to focus on prevention and self-help (which will reduce the need for treatments), and improved co-ordination between providers, including increased partnership working;

- The updated STP was published in July 2017 and identifies the challenges ahead and how those challenges are intended to be addressed;
- The ACS Memorandum of Understanding, including development of locally integrated services with the Greater Nottinghamshire ACS, focuses on integrated commissioning, integrated provision and identifies the need for interim support whilst the system is establishing;
- The financial pressures up to 2020/21, including a £3-4m gap in funding, are identified in the report, added to which one-off investments will be required to support the transition and continued adherence to statutory requirements, but in the longer term, there is a potential for approximately £600m of savings;
- Developing the next phase of the ACS will include consideration of how partner organisations could support elements of the work in future.

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

- (a) The local authority social care funding short-fall is included within the £3-4 m funding gap across the partnership of the 3 Health Authorities of Greater Nottingham. Further funding for Social Care is required and lobbying of Central Government continues;
- (b) Patient groups are engaged in the consultations but as there appears to be a common membership, further outreach consultation will be undertaken to ensure that the broader community is involved;
- (c) The health care needs of communities vary significantly between areas within the partnership so addressing local priorities may focus on very different self-care and prevention methods but with a holistic approach;
- (d) Specialist services, such as congenital heart disease services provided at University Hospitals of Leicester NHS Trust's Glenfield site, will continue to be commissioned separately to the ACS but it is possible that in future, consideration may be given to commissioning these services more locally;

The Committee should be assured that the contract tender for advising and supporting the Partnership through transition, was undertaken through a proper process via the NHS Procurement Framework which has been evaluated and approved by NHS England. It is understood that there is a relationship between Centene and Practice Group but there is no possibility that Centene will be involved in delivering services now or in the future.

At this point, the meeting was adjourned for a total of 7 minutes due to disruption caused by a protester who was escorted from the room.

- (e) Physical assets, such as estate, remain the property of the Health and Social Care estate.

The Chair requested that as part of the next update, colleagues provide information on how challenges around the lack of integrated data and therefore how progress is evidenced, are being addressed

Councillors discussed that it was important for the Committee to receive regular updates on the STP and ACS given their significance for the whole health and social care system and that there was an important role for the Committee in providing democratic oversight of the decisions being taken.

RESOLVED for a further update to be provided to the Committee at the next key milestone point.

35 INPATIENT DETOXIFICATION SERVICES AT THE WOODLANDS UNIT

Paul Smeeton (Executive Director Local Partnerships), Dr David Rhinds (Consultant Addiction Psychiatrist) both from the Nottinghamshire Healthcare Trust, Ian Bentley (Strategy and Commissioning Manager, Crime and Drugs Partnership), Councillor Nick McDonald (Portfolio Holder for Adults and Health), and Christine Oliver (Head of Commissioning, Nottingham City Council) were in attendance to respond to Committee members' questions and queries about future provision of inpatient detoxification services for Nottingham residents.

Nottinghamshire Healthcare Trust is undertaking a review which will include consultation on the possible closing of The Woodlands inpatient detoxification unit and exploring options for a new service model that is more financially sustainable. Commissioners are aware of the position with The Woodlands and a summary of current commissioning arrangements, the potential impact of closure of The Woodlands and initial investigations into possible alternative provision is included within the report.

Representations have been received from Double Impact and the Local Medical Committee, both stating that the facility must not be lost and the detrimental impact to service users and the wider health care system if that happened.

In addition to the report, the following points were made and responses given to questions from the Committee:

- (a) Paul Smeeton acknowledged that although a service to be proud of, it is significantly loss-making since the withdrawal by Nottinghamshire County Council from the contract to provide services to County citizens. Efforts to expand the service, including contracts with a number of other commissioners, have not generated the required income so options for the future of the unit have to be considered;
- (b) Christine Oliver commented that the unit is one of the services which the City Council commissions and is a crucial and successful part of the pathway for citizens who are unable to safely detox in the community;
- (c) Councillor Nick McDonald did not believe that closure of the unit was a good idea and it would be a great loss to the community as there is a proven need and while it is acknowledged that there are on-going cuts to budgets, alternatives to closing the unit should be sought whilst appreciating the position of partners. The current cost of maintaining a unit which does not financially support itself must be viewed realistically but all possibilities must be investigated for making the unit viable and sustainable;
- (d) Dr David Rhinds commented that this is an important, highly specialised service, a regional centre of excellence for acute substance misuse and must not be closed. To allow closure would be a false economy which would result in significant social and

health care resource implications when specialist services, knowledge and advice would not be available but existing services, including A&E, would be expected to respond and provide care. Other regional substance misuse inpatient services do not maintain the same level of expertise required for the level of complex cases received at Woodlands, added to which, some level of the service would still need to be commissioned. Patients would be reluctant to travel to other specialist units away from their support networks (the nearest unit similar to Woodlands is in Liverpool) so would be likely to end up in A&E. Even some of the private facilities do not meet the standards of Woodlands, as confirmed by the Inspector of Hospitals;

- (e) With regard to the services currently provided to pregnant women at Woodlands, if the unit were to close, the current specialist trained midwives would still be available but there would still be an impact on other services and may well result in a death of a patient;
- (f) The Woodlands Unit provides a first class service and must not be lost. The unit is working with commissioners to investigate alternatives to closure;
- (g) This is a very expensive service and although valued, the cost of supporting it in its current position would result in funding reductions to other services provided by Nottinghamshire Healthcare Trust so action must be taken;
- (h) The Trust has already given notice on some contracts held by other commissioners. If the service is to continue, existing contracts would need to be re-negotiated to ensure an appropriate charge as initially the pricing of these contracts was too low to sustain the unit without the previous level of service uptake;
- (i) If the unit is closed, the cost to other services and Local Authorities will not be initially obvious as the impact will be spread amongst a variety of health, social and community organisations, but it is inevitably higher than if the patient were appropriately treated at the existing facility;
- (j) As suggested by members of the committee, commercialism is being investigated but there is only a short timeframe of 3-4 months until a decision must be made. Private organisations have indeed taken over failing services in the past and made them financially viable. The development of a revised, more commercial service model is being explored and whilst there may be an impact on staffing numbers, employees are fully aware of the circumstances and engaged in consultation.

Members of the Committee agreed that as the information available does not confirm that The Woodlands will definitely close or set out a clear proposal for future provision if that happens, at this stage it is difficult to assess whether the change will constitute a substantial variation of the service; but there is a need for the high quality specialist service and closure of the unit is not desirable and therefore alternative options must be thoroughly investigated as a matter of urgency.

RESOLVED to

- (1) ask the provider and commissioners to work together to explore ways of maintaining inpatient detoxification services at The Woodlands Unit, or, if this is not possible, to develop a proposal for continued access to inpatient detoxification services by Nottingham residents; and**

- (2) **request that commissioners and providers come back to the January meeting of the Committee, before Nottinghamshire Healthcare NHS Foundation Trust Board makes a decision regarding The Woodlands, with a proposal for future commissioning and provision of inpatient detoxification services. At this point the Committee will determine whether the proposal is a substantial variation of service and if so, whether the proposals have taken into account the public interest through appropriate patient and public involvement and whether the proposal is in the interests of the local health service.**

36 ACCESS TO DENTAL CARE

David Johns (Registrar Public Health, Nottingham City Council), Laura Burns (Contract Manager, NHS England), Rose Lynch (Primary Care Support Officer, NHS England) and Sandra Whisten (Public Health England) were in attendance to respond to the Committee's questions.

Although there is adequate NHS dental care available in Nottingham, the perception is that there is a shortage, as is the case in other parts of the country. The Committee wanted to explore whether this mis-conception may be contributing the historic poor dental health of Nottingham citizens, which is particularly evident in pre-school children.

The report provides details of the commissioning of dental services in Nottingham, the responsibilities of the oral health function of the City Council within the Public Health remit, and the disappointing statistical information regarding the oral health of citizens.

David Johns delivered a brief presentation on the work undertaken by Public Health, mainly focusing on dental health promotion in nurseries and schools in neighbourhoods where children experience the poorest dental health in the City.

Initiatives include:

- Supervised Tooth Brushing Programme.
- Training of key health, social care and education professionals
- Distribution of Oral Health Resources
- Participation in national oral health awareness campaigns

Committee members' questions and comments were responded to as follows:

- (a) Special Care Dentistry Services are available (by referral) for special needs patients, including children with autism and learning difficulties, who may need additional support and time. The Disability Partnership is aware of the service and promotes it to partners;
- (b) The Dental Health Team is working on sustainability plans with partners. The 'Starting Well' campaign will be launched in April 2018, to encourage families to attend dental surgeries proactively before dental issues develop;
- (c) A lot of the local dental health promotions are aimed at children rather than adults. However, adults are included in the national campaigns which possibly don't attract the same media attention as child targeted campaigns;

- (d) As dental surgeries are private businesses, unless additional funding is made available as an incentive, it is not possible to direct dentists to set up in areas where there may be fewer surgeries, or regarding the surgery arrangements such as multiple dentist practices;
- (e) Comprehensive health needs assessments are being undertaken and the results will be used to identify what the areas of greatest dental need are and what can be done. The success of different engagement approaches, including Health Visitor and other Health Care Professional promotion/support, will then be considered;
- (f) Statistics show that dental health is improving and the work of the Dental Health Team is having a positive impact, but further work is required;
- (g) Emergency dental care is available but it's far more beneficial if citizens register at a dentist and receive treatment before the problems become an emergency. The 'NHS 111' telephone service data shows that the majority of callers requiring dental services can be booked into a dental surgery for non-urgent care;
- (h) Poor dental health can exacerbate or even cause other health conditions and result in time off work, either to attend the dentist or take a child to the dentist, and affect mood and mental health;
- (i) Limited outreach dental services are available to assist homeless people and those who are transitory. Further details will be collated and provided to the Committee following the meeting.

The Chair commented that it was encouraging that progress is being made to improve dental health and commended the community engagement work but recommended that communication directly to citizens regarding the availability of specialist dental services, for example for people with autism should be improved, for example with an enhanced web presence

RESOLVED to

- (1) recommend that NHS England engage with providers of specialist dental services, for example services for people with autism, to explore how information about those services can be made more easily and directly available to current and potential services users; and**
- (2) request that further information be provided in a written briefing on the commissioning and provision of outreach dental services for communities who are transitory, homeless etc.**

37 NOTTINGHAM TREATMENT CENTRE PROCUREMENT

Mark Sheppard (Director of Contract Delivery) and Tracey Duggan (Head of Commissioning), both representing Greater Nottingham Clinical Commissioning Groups, were in attendance to present the report on the Nottingham Treatment Centre services procurement, as the current contract expires at the end of July 2018.

The report outlines the provision and arrangements within the current contract, the proposed work process, the governance structure which will include the four Nottingham and south Nottinghamshire clinical commissioning groups, and predicted timeframes.

Although the procurement involves many different services, the Chair highlighted that this included the dermatology service which had previously been a concern of the Joint City and County Health Scrutiny Committee as there had been some significant issues arising from the previous commissioning of the service, and it was important that lessons were learnt from this. This included a recommendation from the 2015 Independent Review of Nottingham Dermatology Services that development of a longer term strategy for dermatology services is considered.

The British Association of Dermatologists (BAD) had made a representation to the Committee with regard to the commissioning process, including development of the service specification, suggesting that concerns about standards of care and risks to patients identified by the Independent Review should be addressed in the retendering of the whole service including inpatient services.

Dr Tanya Bleiker, Clinical Vice President, British Association of Dermatologists was invited by the Chair to briefly address the Committee and commissioners and in summary made the following points:

- The service specification should be shared to ensure it can be scrutinised, to make sure that services are safe and appropriate;
- There is currently a lack of inpatient care and this needs to be addressed in the commissioned specification;
- It is important that both clinical and patient concerns with the service current model are heard and addressed in formulating new service specifications.

Other representations received and presented via the Chair included the following comments:

- Paediatric and adult dermatology need to work together. Apart from this being good practice, there are important reasons - the joint agreeing of a pathway for children with chronic conditions transitioning to adult services; availability of specialist skin cancer service access for children with rare skin cancers;
- Adult dermatology needs to offer combined clinics with other potentially linked services such as gynaecology or rheumatology.

Mark Shepherd and Tracy Duggan responded that learning from the previous tender process has resulted in market testing and looking at what specialist provision is needed. Commissioners are working closely with NHS Commissioning and are/intend to consult patient groups and engage specialists to advise on the specifications for the service; the BAD may well be invited to assist.

Although new contracts will need to be in place and ready to commence by the end of July 2018, the timescales for development of service specifications have been extended and the points raised today will be taken into consideration. Every effort will be made to ensure a smooth transition between providers.

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

- (a) With regard to after-care following Treatment Centre procedures, care is taken not to arrange unnecessary follow-up appointments but there is usually a consultant appointment at three months. The Treatment Centre is commissioned to undertake the procedures, and patients' GPs will be able to advise on, or refer for, any further after-care, should it be necessary;
- (b) It is a concern that the patient leaflet issued by the current Treatment Centre provider, Circle Health, asks patients whether they can afford the operation, as this could be misleading to NHS patients and it is agreed it may possibly cause confusion and distress to some patients so will be investigated further;
- (c) Concerns that the needs and aspirations of staff should also be taken into account prior to the commissioning process to ensure that staff can be retained and don't move on, will be taken into account. Staff members are already engaged regarding the STP and the HR Organisation and Development Group.

The Chair emphasised that if the specifications for some services are due to change substantially, the Committee will need to scrutinise and ensure that these changes are in the best interests of citizens, as evidence through appropriate patient and public involvement, and that gaps and risks are recognised and addressed in the commissioning process.

The Committee wanted particular reassurance about the 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 the interests of service users. Due to the timescales involved and associated pressures, it is suggested that the commissioners provide a written submission to the Committee and subject to that briefing providing sufficient assurance, not ask commissioners to attend a meeting.

RESOLVED to ask commissioners to provide a written briefing for the Committee regarding 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 services users.

38 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, introduced the report regarding the Committee's work programme for 2017/18.

Recent announcements by Wellspring GP Practice about the financial challenges that they are facing and that this may lead to closure were discussed. Councillors noted that it was intended to invite Nottingham City Clinical Commissioning Group to the January meeting to discuss access to GP services and it was suggested that the position of Wellspring Practice could be a focus for that session.

RESOLVED

- (1) for the commissioning and provision of inpatient detoxification services to be scheduled for the January meeting**

- (2) to make the transition from child and adolescent mental health services to adult mental health services a key line of enquiry of work looking at improving child and adolescent mental health services in December;**
- (3) to consider speaking to 'The Tomorrow Project' as part of the work looking at suicide prevention in February 2018;**
- (4) to establish a study group to explore how commitments to adult mental health are being maintained in current decision making to manage budget pressures and appoint Councillors Peach, Power and Williams to sit on that study group; and**
- (5) for the remaining proposed schedule of topics to be noted.**

HEALTH SCRUTINY COMMITTEE
14 DECEMBER 2017
CLEANLINESS AT NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review progress by Nottingham University Hospitals NHS Trust in improving standards of cleanliness at its sites.

2 Action required

- 2.1 The Committee is asked to:
 - a) review the action taken by Nottingham University Hospitals NHS Trust to improve cleanliness at its site; and
 - b) decide whether it is satisfied with progress or whether any further scrutiny is required.

3 Background information

- 3.1 Nottingham University Hospitals NHS Trust (NUH) awarded a contract for its cleaning services to Carillion in July 2014.
- 3.2 Following receipt of some anecdotal concerns about poor levels of cleanliness, the Joint City and County Health Scrutiny Committee requested information from NUH about cleanliness standards and found that audits carried out showed that some areas fell below the required cleanliness standards. The Committee requested that the Trust explain the actions that it was taking to improve standards and expected timescales for improvement, and in the meantime was reassured that there had not been a general increase in infections over the period when there was a deterioration in the consistency of cleanliness. The Committee kept pressure on the Trust by requiring regular attendance at public meetings to explain the action being taken by the Trust.
- 3.3 In January 2017 Nottingham University Hospitals NHS Trust and Carillion mutually agreed a managed exit from the contract and the Committee was informed that services would be returned in-house by 1 April 2017. Councillors requested that an update on action to improve cleanliness standards be provided to assess whether performance had improved and/or if there were any outstanding issues to address. As the Joint City and County Health Scrutiny Committee no longer exists, this Committee incorporated the issue into its work programme.

- 3.2 The Director of Estates and Facilities and the Deputy Director of Nursing from Nottingham University Hospitals NHS Trust will be attending the meeting to talk about the action that has been taken to improve cleanliness standards at NUH sites since March 2017.

4 List of attached information

- 4.1 Presentation from Nottingham University Hospitals NHS Trust

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 meetings of the Joint City and County Health Scrutiny Committee meeting held on 13 September 2016, 13 December 2016 and 14 March 2017.

7 Wards affected

- 7.1 All

8 Contact information

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

Improving cleanliness standards at our hospitals for patients, their families and carers

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Andrew Chatten
Director of Estates & Facilities

Daljit Athwal
Deputy Director of Nursing

December 2017

Agenda

- Transfer of Services
- Journey of improvement (2016 onwards)
- Staff leading changes
- Next steps
- Questions

Transfer of services

- 1 April 2017, Estates & Facilities services transferred from Carillion back to NUH, including Cleaning Services
 - Car parking and traffic management are the only services that remain Carillion's under responsibility
- Circa 1,100 staff transferred back
- Temporary management structure in place
 - Review of future requirements underway

Cleaning - background

- External cleanliness audit concluded in October 2016 that standards were unacceptable
- Concern from our regulator, who rated NUH 'RED' for cleaning standards after inspections/visits
- The NUH Board listened to & acted on the growing concerns of patients & staff

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Actions taken

- Termination of the Trust's contract with Carillion
- 49 additional cleaners recruited (346 to 385)
- Cleaners welcomed into NUH ward teams
- New equipment to support Trust-wide deep cleaning programme
- Deputy Chief Nurse – leadership

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Staff leading changes

- 'Cleaning Collaborative'
 - Cleaners, clinical staff, patients and their families working together to drive improvement
 - 1st of its kind in the country (nationally-recognised)
 - 5 project Teams: staff engagement & empowerment
 - Staff ideas influencing change and improvements, supporting by in-house service improvement experts
 - Impressive results across NUH

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Results

- NUH internal audits and patient cleanliness surveys show that standards have improved since April 2017
- July 2017, our Regulator rated NUH 'GREEN' for cleaning standards
- Significantly fewer patient and staff complaints/concerns

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Next steps

- 2nd independent cleanliness audit (27-30 Nov '17)
 - We will publish the results early 2018
- External review of Soft Facilities Management Services, including Cleaning, to inform future requirements (including management structure)

Questions

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HEALTH SCRUTINY COMMITTEE
14 DECEMBER 2017
CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To review progress in implementation of the Nottingham City transformation plan for children and adolescent mental health services.

2 Action required

- 2.1 The Committee is asked to review the extent to which the local transformation plan for children and adolescent mental health services is delivering improvements for children and young people in the City.

3 Background information

- 3.1 During 2016 the Joint City and County Health Scrutiny Committee heard about work to improve community child and adolescent mental health services across the City and the County, including development and implementation of local transformation plans to implement recommendations of Future in Mind. At the last update in October 2016, health scrutiny councillors were pleased with the improvements that had taken place to date but some concerns were raised about waiting times from referral to treatment and expressed the hope that further implementation of the transformation plans would, in addition to other outcomes, result in shorter waiting times for treatment.
- 3.2 Two years after the local transformation plan for Nottingham was developed the Committee wanted to review progress in implementation and whether children and young people's mental health and wellbeing has improved as a result.

4 List of attached information

- 4.1 Paper from NHS Nottingham City Clinical Commissioning Group and Nottingham City Council

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 Joint City and County Health Scrutiny Committee meetings held on 10 May 2016 and 11 October 2016
- 6.2 Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing (2015) NHS England

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 (Nottingham)

14th December 2017

REPORT FROM NHS NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP AND NOTTINGHAM CITY COUNCIL

CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

Purpose of the Report

The purpose of this report is to update the Health Scrutiny Committee on Child and Adolescent Mental Health Services (CAMHS) in Nottingham and Nottinghamshire, including progress in implementing the local transformation plan to improve children and young people's mental health.

Introduction and Context

Future in Mind was published in August 2015 and describes an integrated, whole-system approach to transforming children and young people's mental health and wellbeing, and sets local area ambition of delivering the recommendations by 2020. Recommendations are multi-agency and will only be achieved through improved working across the NHS, local authorities, voluntary and community services, schools and other local services.

Following the publication of *Future in Mind*, the Government announced that all Health and Wellbeing Board areas would be required to develop a Local Transformation Plan (LTP) to describe how the recommendations of Future in Mind would be implemented. The plans needed to be multi-agency and system-wide, and demonstrate how capacity and capability would be built within the workforce supporting children and young people's emotional and mental health

It now two years since local transformation plans for Nottingham and Nottinghamshire were developed, seeking to improve the emotional and mental health of the population of children and young people through implementing the recommendations of *Future in Mind*. The footprint covered by the plan includes Nottingham and Nottinghamshire local authorities, and services commissioned by NHS Bassetlaw CCG, NHS Mansfield and Ashfield CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North East CCG, NHS Nottingham West CCG and NHS Rushcliffe CCG.

Children's emotional and mental health continues to be a key strategic priority within Nottingham City Children and Young People's Plan 2016 – 2020, and remains committed to delivering the *Future in Mind* priorities:

- a. Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
- b. Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
- c. Care for the most vulnerable: developing a flexible, integrated system without barriers.
- d. Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
- e. Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence-based care.

Following the development of the Sustainability and Transformation Plan for Nottingham and Nottinghamshire in 2016, the two original plans were merged to align with this footprint, and this LTP is the delivery plan for the STP's ambitions of achieving the children and young people's elements of:

- Providing specialist mental health care in A and E's by 2020/21;
- Increasing access to NHS commissioned community mental health services for children and young people with diagnosable mental health needs;
- Meeting standards for access to community eating disorder services; and
- Providing community crisis resolution and home treatment services, so that inpatient admissions are avoided where it is safe to do so, and young people do not have to be admitted a long distance from home.

Progress towards achieving these ambitions will be reported to the STP via the Mental Health Reference Group which is to be established.

By delivering the priorities within this plan, the aim by 2020 is for:

- more young people to have good mental health, including those in vulnerable groups such as children looked after, children subject to child protection plans, children with disabilities and young offenders
- more children and young people with mental health problems to recover
- more children and young people to have a positive experience of care and support
- fewer children and young people to suffer avoidable harm
- fewer children and young people to experience stigma and discrimination

Success will be monitoring in achieving these aims, by the following measures:

- Numbers of schools, colleges and alternative educational providers providing a whole school approach to emotional health and wellbeing
- Numbers of children receiving emotional and mental health support when they, or professionals working with them, feel they need it
- Numbers of children receiving mental health assessment and support in a timely way
- Numbers and percentage of children and young people reaching the goals they set during their mental health support
- Numbers of young people who have an avoidable emergency department attendance due to their emotional or mental health needs
- Numbers of young people who have an avoidable hospital admission due to their emotional or mental health needs
- Numbers of young people who need to be cared for in inpatient provision, being cared for close to home and with as short a length of stay as possible

Services that are currently commissioned to provide emotional and mental health support to children, young people, families and carers in the Nottingham pathway include:

- 'Tier 2' Child and Adolescent Mental Health Services (Nottingham City Council)
- 'Tier 3' Child and Adolescent Mental Health Services (Nottinghamshire Healthcare NHS Foundation Trust)
- Behavioural and Emotional Health Team (BEH) (Nottingham CityCare Partnership)
- Counselling and self-harm services; Xenzone (KOOH), Base 51 and Nottingham City Council (SHARP).
- 'Tier 4' inpatient provision is commissioned and managed by NHS England.

Key service data from 2016/7 is summarised in Appendix 1. It shows that there continues to be significant demand for children's emotional and mental health services, and that there is still the need to increase the numbers of young people able to access the right support, from the right service (statutory or non-statutory) in a timely way. Whilst there has been significant progress in improving the data different services and agencies hold in relation to emotional and mental health, there is still significantly more data quality and analytical work to be done if we are to have a full picture of the support the children and young people are accessing, and critically, the impact it is having on their outcomes.

Involving children, young people and families

A priority over the last year has been the involvement of children, young people and families in the development of services for young people with mental health needs. One of the key areas of focus for Nottinghamshire Healthcare NHS Foundation Trust has been involving young people in the development of the new Hopewood Centre, which will be a newly built centre supporting children and young people requiring community or inpatient mental health care.

In Nottingham City Targeted CAMHS, the Service User's Group (SUG) has been meeting regularly since September 2016. The group has been involved with the following projects and initiatives:

- An art/photography project with the University of Nottingham called 'What is Recovery?';
- Input into the design of the young people's Passport currently being trialled by Nottingham City;
- Input into the CAMHS collaboration with Childline designed to provide support to young people ending their CAMHS partnership but who need some further support;
- Shaping the design of a research project being carried out by the University of Nottingham into the connection between regular exercise and mental health;
- Shaping plans for future CAMHS group interventions by giving a young person's perspective on what works well/less well in groups;
- Supporting each other with their recovery and sharing experiences of being supported by CAMHS.

Future plans for this group include developing ways to include SUG members on interview panels for CAMHS recruitment, fundraising activities to support the group's further development and planning future activities to ensure the group is able to continue to develop as a cohesive voice of service users in Nottingham City.

Nottingham City is also part of the MH:2K project, working in partnership with Involve and Leaders Unlocked. Through the project around 30 local young people representing the diversity within Nottingham and Nottinghamshire will train as citizen researchers, delivering a number of engagement events to engage their peers across the city and county, and to set their own priorities for improving young people's mental health. The project will culminate in a roadshow in May 2018, which will in turn inform our ongoing work through this plan, to improve children and young people's mental health.

What is known from our local stakeholders?

Over 2016/17 there has been continued engagement with stakeholders across the city and county through Nottingham City Children's Partnership Board, Nottinghamshire Health and Wellbeing Board and Children's Trust and GP Clinical Leads from the clinical commissioning groups (CCGs). The priorities from last year remain, notably:

- **Improvement in children and young people's access to effective support as early as possible.** Too many children, young people and families and too many professionals report not being able to access any support, or having to wait too long for support to be provided. We need to ensure that services are better joined up so that children don't 'bounce' around the system. This is particularly the case for children where there are behavioural concerns.
- Better engagement with **schools and colleges** to ensure that children and young people are able to access swift, consistent, and high quality emotional and mental health support, and to address issues of stigma. We also need to ensure that children in **alternative education provision** and those who are **electively home educated** have access to the same support.
- Supporting the needs of **vulnerable children**, including looked after children and care leavers and refugee and unaccompanied asylum seeking children and young people.
- **Develop the model of crisis response and home treatment** to ensure that children and young people are assessed as promptly as possible, whether in the community or acute settings, including emergency departments.
- **Prioritise the development of our whole workforce**, from staff supporting children and young people in universal settings, through to upskilling staff working in mental health services to deliver evidence-based interventions in line with CYP-IAPT. As well as growing capability within our workforce, we need to grow capacity within our workforce.
- Prioritise **transition arrangements** for young people who reach adulthood with ongoing mental health needs.

Delivering national priorities

Some national priorities have been set through the Five Year Forward View for Mental Health implementation guidance and NHS Operational Planning Guidance. "Must-do's" for 2017 – 19 include:

- Providing more high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
- Expanding capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE recommended package of care within two weeks of referral;
- Commissioning community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
- Ensuring delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.

Successes over the past year

Resilience, prevention and early intervention

In **Nottingham City**, Zippy and Apple's Friends **academic resilience** programmes are being rolled out in 8 primary schools, whilst a further 8 schools have attended Train the Trainer for the Character Curriculum programme being rolled out by the Council's Personal, Social and Health Education Team. A task and finish group has been established to coordinate the approach to supporting schools around emotional health, and a charter is being developed as a means to further embedding whole school approaches to emotional health.

Young people in the city continue to utilise **open access** support, with *Kooth* offering 2568 face to face appointments and 978 online appointments, and *Base 51* offering 994 face to face appointments.

Over the last year, the City has embedded the **New Forrest Parenting Programme (NFPP)**, which is an evidenced based parenting programme for children and young people whose symptoms and behaviours are associated with ADHD. NFPP offers one to one home visit intervention with the parents and the child (8 weeks) or the group based support (6 weeks) with parents. A total of 39 staff from a range of city organisations were trained in NFPP, with 20 practitioners identified to offer NFPP in the City. Outcomes with the programme are extremely positive: 38 families have been completed treatment using this model, and out of these, 26 parents completed pre and post measures evaluating the intervention received. As a group these 26 parents have self-reported clinical improvement in both ADHD symptoms in their child and an overall reduction in the impact and strain their child was having on them and their family (measured by the SNAP and Family strain index clinical questionnaires offered at the start and end of treatment).

Improving access to effective support – a system without tiers

Over the last year, there has been a strong focus in Nottingham City on **simplifying access** into services.

- There is a SPA integration working group which is attended by all disciplines involved in the ongoing development of the behavioural, emotional and mental health pathway. The working group reviews what has gone well, but also reviews areas of integration and joint working that could be improved.
- Currently, the individual service areas are developing referral criteria to enable better signposting within SPA. This also facilitates greater understanding regarding specific service areas.
- Over the past few months a specialist practitioner from specialist CAMHS has been co-located within the SPA to improve access to specialist CAMHS and, in addition, is able to support practitioners with challenging cases.
- There is always a member of the BEH team present in SPA to facilitate integration and a channel of communication.
- Despite the challenges in relation to accessing different data bases which the different organisations have, information sharing agreements are now in place to facilitate a model of integration that allows individuals from different organisations to gather information to ensure that robust assessments can be undertaken which will underpin the programme of care for the child/young person moving forwards.

In addition to strengthening to SPA, new universal practitioner posts have been funded, aiming to improve the interface between CAMHS and universal services, by providing case consultation, advice and support.

Services for young people with eating disorders

One of the new priorities within *Future in Mind* is the development of robust community eating disorder services. There is a well-established, dedicated *CAMHS Eating Disorder Service* (CEDS) covering Nottinghamshire County, Nottinghamshire City and Bassetlaw, which is a member of the Quality Network for Community Eating Disorder Services for Children and Young People

Early Intervention in Psychosis

The pathway for young people experiencing first episode psychosis in Nottinghamshire is for young people to be supported by Head 2 Head (Nottinghamshire Healthcare NHS Foundation Trust), a specialist service within CAMHS which also works with children and young people up to 18 years old who have emotional and mental health issues and are involved with the criminal justice system and/or use/misuse substances (dual diagnoses).

Urgent and Emergency Care

The response to young people experiencing mental health crisis continues to be a priority, both strategically and identified by the young people over the last year. The Crisis Resolution and Home Treatment Service, piloted from January 2016, has now been recurrently funded. The team was established for young people across Nottingham and Nottinghamshire in **mental health crisis**, offering crisis assessments in the community and in acute hospital settings, in-reach support to acute hospital and inpatient mental health settings, and intensive home treatment to those young people deteriorating into crisis. In 2016/17, the team received 793 referrals; 334 for crisis assessments (acute hospital or community) and 459 for intensive home treatment. The team has had a significant impact to date, with 96% of community crisis assessments being undertaken within the target time of four hours, thus providing a much more timely response to young people in mental health crisis. In addition, inpatient mental health admissions for Nottingham and Nottinghamshire patients have reduced from 95 in 2015/16 to 74 in 2016/17, suggesting a positive impact of the intensive home treatment element of the model.

Transitions

In last year's plan the need to improve the experience of young people transitioning from CAMHS into adult mental health services was identified. Nationally, this had also been recognised as a priority and as such, a national CQUIN was developed as part of the NHS contract covering the period 2017-2019. Collaborative work has been undertaken between commissioners and CAMHS and Adult Mental Health teams at Nottinghamshire Healthcare NHS Foundation Trust to develop the local plan for implementation. This includes transition principles, a process flowchart showing the point at which transition planning needs to start, who needs to be involved in multi-agency discussions and the option to form a transition panel

Care for the most vulnerable

Young people with learning disabilities and/or autistic spectrum disorder

There has been considerable work undertaken to embed the requirements of the national **Transforming Care** Programme, aimed at providing coordinated support to young people with learning disabilities and/or autistic spectrum disorder and comorbid mental health needs or challenging behaviour in the community where possible

Young people experiencing a Section 136 detention

Work has been continuing through the Crisis Care Concordat and supported by the two local safeguarding children boards, to improve the multi-agency pathway for young people detained under **Section 136** of the Mental Health Act, with the aspiration of reducing detentions, and in particular repeat detentions. A follow up audit was undertaken in October 2017 and the findings from this will inform next steps

Priorities to address in 2017/18 are:

- Further embedding **whole school approaches** to resilience across the City and County, and having these programmes independently evaluated.
- Developing an **emotional health and wellbeing charter** for City schools to work towards
- Further developing **joint working** between Targeted and Specialist CAMHS in Nottingham City, prioritising the joint workforce development, joint working in the SPA and developing care bundles and reduce waiting times.
- Further simplifying **access arrangements** for children and young people in need of behavioural, emotional and mental health support in the County.
- Increasing capacity within the **Community Eating Disorder Service** to ensure that the service can meet the access and waiting time standards.
- Mobilising the new **CAMHS liaison** function as part of the CAMHS Crisis model and evaluating the options for providing an overnight response in line with Core 24 requirements.
- Rolling out the **risk assessment tool** developed by collaborators including NUH and the University of Nottingham for young people who are admitted to paediatric wards with mental health needs.
- Developing a more robust and timely pathway for young people who experience **first episode psychosis** whilst already receiving support from community CAMHS.
- Replicating the framework for improving transitions from Community CAMHS, within Targeted CAMHS and Paediatric services supporting children with Autistic Spectrum Disorder and Learning Disability.
- Deliver improvements to the pathway for children and young people with potential ASD or ADHD in both Nottingham and Nottinghamshire.
- Ensure timely access to appropriate support emotional and mental health needs of refugee and unaccompanied asylum seeking children and young people
- Review current emotional and mental health provision for looked after children and care leavers against the national recommendations due to be published by SCIE in October 2017, and address any recommendations.

RECOMMENDATION

- 1) That Members of the Committee note the progress made in transforming services in support of children and young people's emotional and mental health.

Appendix 1. Annual summary of CAMHS data 2016/17
Nottingham City Specific Services

	Number of referrals into service	Number of CYP accepted into service during year	Average waiting time to assessment	Average waiting time to intervention (assessment to intervention)	Number of active cases as at 31 st March 2017	Total number of face to face appointments offered during 2016/17
KOOTH (face to face)	386	379	2 weeks	8 weeks	117	2568
KOOTH (On line)	1047	1047	0	0	978 + 7977 messages	978
CityCare (Behavioural and Emotional Health Team)	1928	1926	0 (not able to provide as service model changed during the year)	0 (not able to provide as service model changed during the year)	Not available	Not available
Base 51	104	126	2 weeks	5 weeks	124	994
Nottingham City Council Looked After Children CAMH service	114	114	4-6 weeks	4 weeks	143	780
Nottingham City Council Multi Systemic Therapy services	86	127	2 weeks	2 weeks	31	1972
Nottingham City Council Targeted CAMHS	1525	1272	4-5 weeks	5 weeks	747	14336

Nottingham and Nottinghamshire Services

Nottinghamshire Healthcare NHS Foundation Trust Community CAMHS (please note that for Nottingham City this includes specialist CAMHS only)

CCG	Activity	Total Referrals	Accepted Referrals	Rate of accepted referrals	Avg Waiting Time Referral to assessment (Days)	Avg Waiting Time Referral to Treatment (Days)
NHS NOTTINGHAM CITY CCG	8620	857	841	98%	19	38

NHS England Commissioned Inpatient Mental Health Provision (Midlands and East)**Number of admissions**

CCG	Admissions
NHS NOTTINGHAM CITY CCG	28

Average length of stay: 120 days

Total length of stay (occupied bed days): 7917 bed days

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HEALTH SCRUTINY COMMITTEE
14 DECEMBER 2017
NEW MODEL FOR HEALTHWATCH IN NOTTINGHAM
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To hear about the commissioning of a new model for Healthwatch provision in Nottingham.

2 Action required

- 2.1 The Committee is asked to consider whether the new model for Healthwatch in Nottingham has any implications for the way in which health scrutiny engages with Healthwatch in the future.

3 Background information

- 3.1 Since April 2013 every local authority with social services responsibilities has been required to establish arrangements for a Local Healthwatch organisation to act as a consumer champion in health and social care and make sure that views of the public and service users are taken into account in decision making.
- 3.2 Healthwatch Nottingham has been commissioned as an independent organisation but the Council holds the contract for local Healthwatch arrangements and is responsible for ensuring that the arrangements operate effectively.
- 3.3 A new model for Healthwatch in Nottingham has been agreed. Attached is a paper outlining the new model and the lead commissioner will be attending the meeting to answer questions about this approach. Representatives of Healthwatch Nottingham and Healthwatch Nottinghamshire will also be attending the meeting to outline their current thinking on the new model.
- 3.4 Locally there is a working agreement between Health Scrutiny, Healthwatch Nottingham and the Health and Wellbeing Board. A copy of the agreement is attached. A representative of Healthwatch Nottingham has been invited to attend and contribute to meetings of the Committee (although is not a member of the Committee) and representatives of Healthwatch have been invited to participate in activities such as Quality Account meetings. The Committee is asked to consider whether the new model for how Healthwatch operates in Nottingham has any implications for the way in which the Health Scrutiny Committee engages with Healthwatch in the future.

4 List of attached information

- 4.1 Paper on Healthwatch Arrangements
- 4.2 Working Agreement Between Health Scrutiny, Healthwatch Nottingham and the Health and Wellbeing Board

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

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 None

7 Wards affected

- 7.1 All

8 Contact information

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

Healthwatch

Background

Nottingham City Council and Nottinghamshire County Council officers have jointly been meeting with Nottingham City and Nottinghamshire County Council Healthwatch Chief Executives and Chairs since the 18th of January 2017 to discuss the way forward for the organisation from 1st of April 2018.

Officers from both Councils highlighted the need to formulate a model that releases savings due to the financial difficulties both Councils are faced with. Portfolio Holders from both Councils have been integral to these discussions.

All parties have agreed to the following:

- 1) A merger between the two Healthwatches should be considered not only in a financial context but also in the context of the future of Health and Social Care planning across the region (Sustainable Transformation Plan).
- 2) The merged Healthwatch model needs to represent a strong and influential voice of the citizen/patient within the Health and Social Care sector especially during a time of tremendous change coupled with financial challenges.
- 3) The merged model proposed by the two Healthwatches needs to show how it will effectively deliver the following statutory functions: community voice and influence, making a difference locally, informing people and working with Healthwatch England and the Care Quality Commission.
- 4) The merged model proposed must ensure that the functions of Healthwatch remain independent.
- 5) Officers would consider the opportunity to contract for a longer period of time (five years). Nottingham City Council have confirmed this. Nottinghamshire County officers are working towards this.

Funding Envelope of Current Healthwatch:

Nottingham City Healthwatch is currently funded at £160k. £108k of this is funded through the Community Voices Grant whilst the remaining £52k has been funded via a non-recurrent funding pot. The new merged model has taken into account that the financial contribution will be reduced to the Community Voices Grant level of £108k.

Conclusion:

The two Healthwatches and officers from Nottingham City Council and Nottinghamshire County Council have agreed the following:

- 1) The merged Healthwatch model will set up a commercial arm to its structure in order for them to earn income (they have done some of this already) to support their statutory work;
- 2) A multi-disciplinary stakeholder group will be set up to manage the contract supported by the Strategic Insight and Analysis team (Jon Rea). This group will support Healthwatch with dialogue between key stakeholders and any other key issues;
- 3) The merged Healthwatch model will hold two contracts, one with Nottingham City Council and one with Nottinghamshire County Council. Officers will ensure that where possible the contracts align. This will ensure the model retains both City and County focus.

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Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Ways of Working Agreement

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1. Purpose of the Agreement

This Ways of Working Agreement sets out the relationship between the Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Nottingham City Council's Health Scrutiny function.

Health and Wellbeing Boards and Local Healthwatch were formed as a result of the Health and Social Care Act 2012, which also expanded the role of Health Scrutiny. Whilst these bodies have specific distinct functions, there is potential for overlap in their work and opportunities for them to work in a complementary fashion whilst maintaining their independence.

The Agreement clarifies the key roles of the three bodies, their legal obligations to each other and how they will work together to improve the health and social care services for people in Nottingham.

2. Role of Nottingham City Health and Wellbeing Board

The Nottingham City Health and Wellbeing Board is the city's lead multiagency partnership for improving health and wellbeing and reducing health inequalities of the citizens of Nottingham City. Functions of the Health and Wellbeing Board include:

- Supporting the development of improved and joined up health and social care services.
- Overseeing, where appropriate, the use of relevant public sector resources across a wide spectrum of services and interventions to ensure outcomes from health care, social care and public health interventions.
- Developing and overseeing the implementation of the Joint Health and Wellbeing Strategy.
- Developing and overseeing the implementation of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment.
- Overseeing joint commissioning and joined up provision for citizens, patients, social care service users and carers, including social care, public health and NHS services with aspects of the wider local authority agenda that also impact on health and wellbeing, such as housing, education and the environment.
- Considering local commissioning plans to ensure that they are in line with the Joint Health and Wellbeing Strategy.
- Promoting public involvement in the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.

3. Role of Healthwatch Nottingham

Healthwatch Nottingham will:

- Use its seat on the Health and Wellbeing Board to ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment.
- Enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved.
- Give authoritative, evidence-based feedback in relation to the commissioning and delivery of local health and social care services.
- Help and support the Board to make sure that services really are designed to meet citizens' needs.
- Be inclusive and reflect the diversity of the community it serves.

4. Role of Health Scrutiny

Overview and scrutiny helps to provide accountability and transparency in local public services. It is an opportunity for non-executive councillors to review policies, decisions and services of the City Council and other organisations operating in Nottingham to ensure they meet the needs of the community and, where necessary, makes recommendations for improvement.

Health Scrutiny not only holds Council decision makers to account but also reviews and scrutinises commissioning and delivery across the health and social care system to ensure reduced health inequalities, access to services and the best outcomes for local people. Scrutiny can make reports and recommendations to NHS bodies and providers of NHS funded services. When a substantial change to a local health service is proposed, Health Scrutiny should be consulted and has a statutory role to ensure that the public interest has been taken into account and the proposed change is in the best interests of local health services.

5. Legal Obligations between the Three Bodies

All three bodies have a legal basis and within their statutory functions there are specific legal obligations that exist between them.

- The Health and Wellbeing Board has a duty to involve Healthwatch Nottingham in the preparation of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Nottingham.

Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Working Agreement. Agreed 2014. Updated August 2017

- Healthwatch Nottingham must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Nottingham must provide a copy of its annual report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Nottingham and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Nottingham.

6. Local Commitments between the Three Bodies

The Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny will:

- a) have a shared understanding of each other's roles, responsibilities and priorities
- b) work in an open and constructive way
- c) work in a climate of mutual respect and courtesy
- d) respect each other's independence and autonomy.

Each body will produce and maintain an up-to-date work programme that is shared with each other to enable issues of mutual concern to be identified at an early stage and dealt with in a way that makes best use of respective roles, responsibilities and resources and avoids duplication. On major pieces of work requiring engagement, involvement or consultation of services users, carers and the public, the bodies will work collaboratively to agree roles and responsibilities. Where possible, the three bodies will seek to agree joint responses to consultation.

In working together recognition will be given to Healthwatch Nottingham's position as a member of the Health and Wellbeing Board; and the impact that this might have on its contribution to the work of Health Scrutiny, when that work relates to the Health and Wellbeing Board and its decisions and activities.

The successful application of the principles and commitments set out in this Agreement will depend on effective communication between the three bodies. Every effort will be made to ensure ongoing open communication and regular informal meetings will be arranged to facilitate this.

The Health and Wellbeing Board will:

- Share the Board and Commissioning Executive Group's work plan with Health Scrutiny and Healthwatch Nottingham.
- Update Health Scrutiny on its progress with the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- Take account of and respond to the opinions of Healthwatch Nottingham.

- Be subject to scrutiny by the Council's Health Scrutiny Committee and provide information¹ and attend meetings as requested to assist in their scrutiny work.
- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) to undertake a particular piece of work within its remit. (Health Scrutiny may choose not to do so).
- Request (subject to available resource) Healthwatch Nottingham to undertake a particular piece of work in order to inform the Board of public opinion and experience of services where there are particular concerns and enable the public to influence decisions. (Healthwatch Nottingham may choose not to do so).

Meetings of the Health and Wellbeing Board, which includes Healthwatch Nottingham, are held in public and representatives of the Health Scrutiny Committee will be welcome to attend.

Healthwatch Nottingham will:

- Share its work programme with the Health and Wellbeing Board and Health Scrutiny.
- Provide relevant public opinions/experiences about services to support the development of JSNA chapters.
- Highlight concerns about services to Health Scrutiny and, where appropriate, make referrals in line with the process set out in Section 7 of this agreement.
- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns.
- Work with the Health and Wellbeing Board and Health Scrutiny to provide information and comments as the public champion.
- Regularly inform Health Scrutiny of current issues and, in exceptional circumstances, request Health Scrutiny to consider whether a formal referral to the Secretary of State for Health is required.
- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services (subject to available resource).
- Acknowledge and respond to referrals from Health Scrutiny in line with the process set out in Section 7 of this agreement.

¹The Board and its partners will not be required to provide:

- Confidential information which relates to and identifies an individual unless the information is disclosed in a form ensuring that individuals' identities cannot be ascertained, or an individual consents to disclosure.
- Any information, the disclosure of which is prohibited by or under any enactment.
- Any information, the disclosure of which would breach commercial confidentiality.
-

Health Scrutiny will:

- Share the Health Scrutiny Committee work programme with Healthwatch Nottingham and the Health and Wellbeing Board.
- Seek views of Healthwatch Nottingham and the Health and Wellbeing Board when formulating Health Scrutiny work programme.
- Hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities, including its responsibilities in relation to the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- Make reports and recommendations to the Health and Wellbeing Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.
- Request Healthwatch Nottingham (subject to available resource) to submit relevant intelligence and information to support scrutiny work.
- Invite representatives of Healthwatch Nottingham to attend and, at the Chair's discretion, speak at Health Scrutiny meetings.
- Request Healthwatch Nottingham (subject to available resource) to undertake a particular piece of work in order to inform Health Scrutiny activity. In exceptional circumstances, this may include requesting that Healthwatch Nottingham use its 'Enter and View' powers where there is an issue of particular concern. (Healthwatch Nottingham may choose not to do so).
- Take account of and respond to the views and recommendations of Healthwatch Nottingham and the Health and Wellbeing Board.
- Acknowledge and respond to referrals from Healthwatch Nottingham in line with the process set out in Section 7.
- Refer relevant issues to Healthwatch Nottingham in line with the process set out in Section 7.
- Consider Healthwatch Nottingham's annual report.

Meetings of the Health Scrutiny Committee are held in public and representatives of Healthwatch Nottingham and the Health and Wellbeing Board will be welcome to attend.

7. Referrals between Healthwatch Nottingham and Health Scrutiny**Referrals from Healthwatch Nottingham to Health Scrutiny**

If, during the course of its work, Healthwatch Nottingham identifies an issue that it feels warrants exploration by Health Scrutiny it can make a referral. Referrals should be made in writing to the lead health scrutiny councillor via the Council's Overview and Scrutiny Team. Referrals should set out:

- the nature of the referral
- the reason why the referral is being made
- any evidence about the issue

Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Working Agreement. Agreed 2014. Updated August 2017

- what action it is proposed should be taken

Referrals will be acknowledged and considered at the next available meeting of the Health Scrutiny Committee. Healthwatch Nottingham will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Health Scrutiny decides not to act on a referral it will provide reasons for not doing so.

Referrals from Health Scrutiny to Healthwatch Nottingham

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Nottingham it can make a referral. Referrals should be made in writing to the Healthwatch Nottingham Managing Director.

Referrals should set out:

- the nature of the referral
- the reason why the referral is being made
- any evidence about the issue
- what action it is proposed should be taken

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Nottingham decides not to act on a referral it will provide reasons for not doing so.

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HEALTH SCRUTINY COMMITTEE
14 DECEMBER 2017
COMMISSIONING OF HOMECARE SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To hear about the commissioning of a new framework for homecare services from April 2018; and to review how the development of a Homecare Provider Alliance and Passport for Care scheme are contributing to improving homecare provision.

2 Action required

- 2.1 The Committee is asked to scrutinise the Council's approach to responding to pressures within the homecare market, including implementation of a new framework for homecare services.

3 Background information

- 3.1 During 2016 and 2017 the Committee has been looking at how the Council is responding to pressures on the homecare market in Nottingham. During these discussions the Committee became aware that the current commissioning framework was coming to an end and that re-commissioning would be based on a new service model. A Leader's Key Decision was taken in September 2017 to reprocur homecare services with a new framework to commence from 1 April 2018. Representatives of the commissioning team will be attending the meeting to outline the new framework and the impact that this will have on current and future service users.
- 3.2 The Committee has also been reviewing the effectiveness of action to address immediate pressures on the homecare service, with a particular focus on the impact of citizens. In June 2017 the Committee heard that progress had been made in reducing the number of people waiting for homecare and that the majority of individuals were receiving care from providers with contracts with the City Council that were subject to regular contract monitoring arrangements. The Committee welcomed this progress and expressed a desire that this level of performance be maintained.
- 3.3 The Committee heard about two new schemes 'Homecare Provider Alliance' and 'Passport to Care' that it was hoped would support homecare providers and improve the quality of carers and thereby improve the quality of care received by citizens. Councillors wanted to

review how effectively these schemes were contributing to improving homecare provision.

4 List of attached information

- 4.1 'Commissioning Homecare for Vulnerable Adults' paper

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 Delegated Decision 2949 'Reprocurement of Homecare' 19 September 2017
- 6.2 Report to and minutes of the meeting of the Health Scrutiny Committee held on 22 June 2017

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 87654315

Report for Nottingham City Health Scrutiny Committee: 13 December 2017

Commissioning Homecare for Vulnerable Adults

Report Authors: Peter Morley – Commissioning Manager, NCC

Clare Gilbert-Lead Commissioner, NCC

Report Sponsors: Linda Sellars – Director of Adult Social Care Improvement, NCC

Katy Ball – Director Commissioning and Procurement, NCC

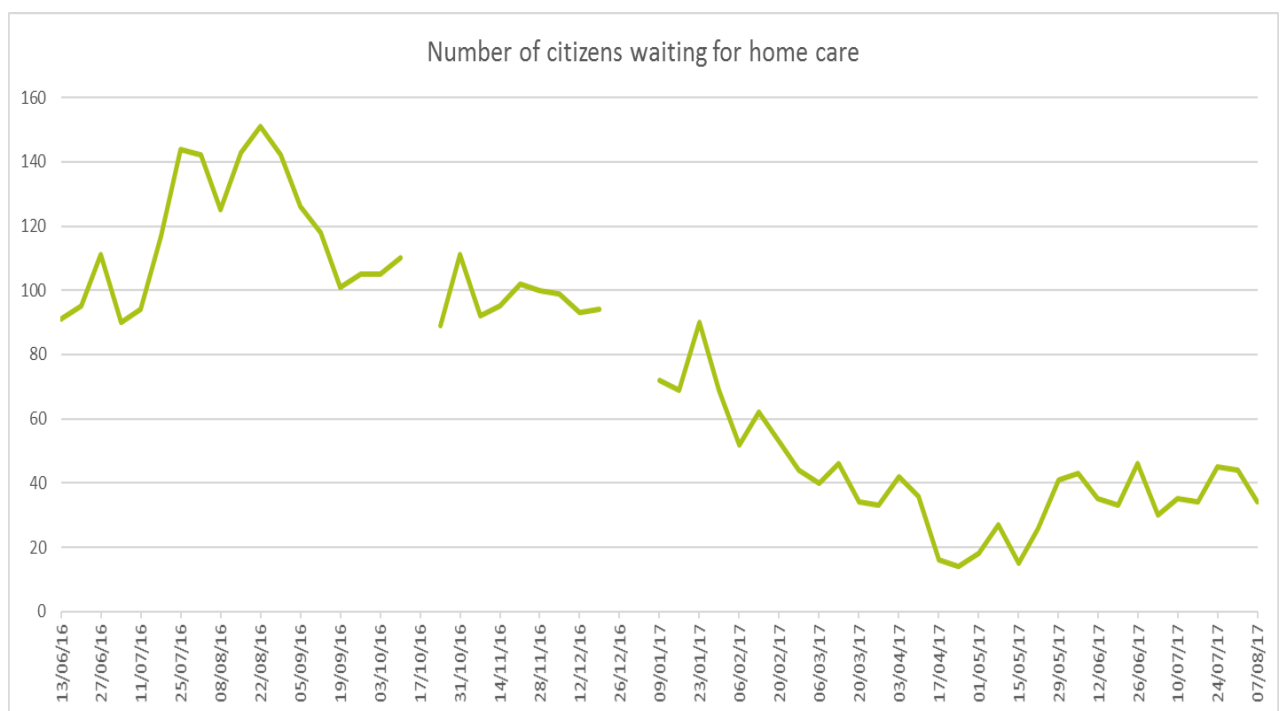
1. Introduction

1.1 This paper informs the Health Scrutiny Committee of the current position in relation to homecare services for vulnerable older people. It sets out; the service model as currently commissioned, the numbers of citizens waiting for a package of care, the types of providers delivering services and the timescales for the current tender process. It also outlines the key developments that have been embedded into the new service specification including the provider alliance and passport to care arrangements and how the specification has been shaped by citizens.

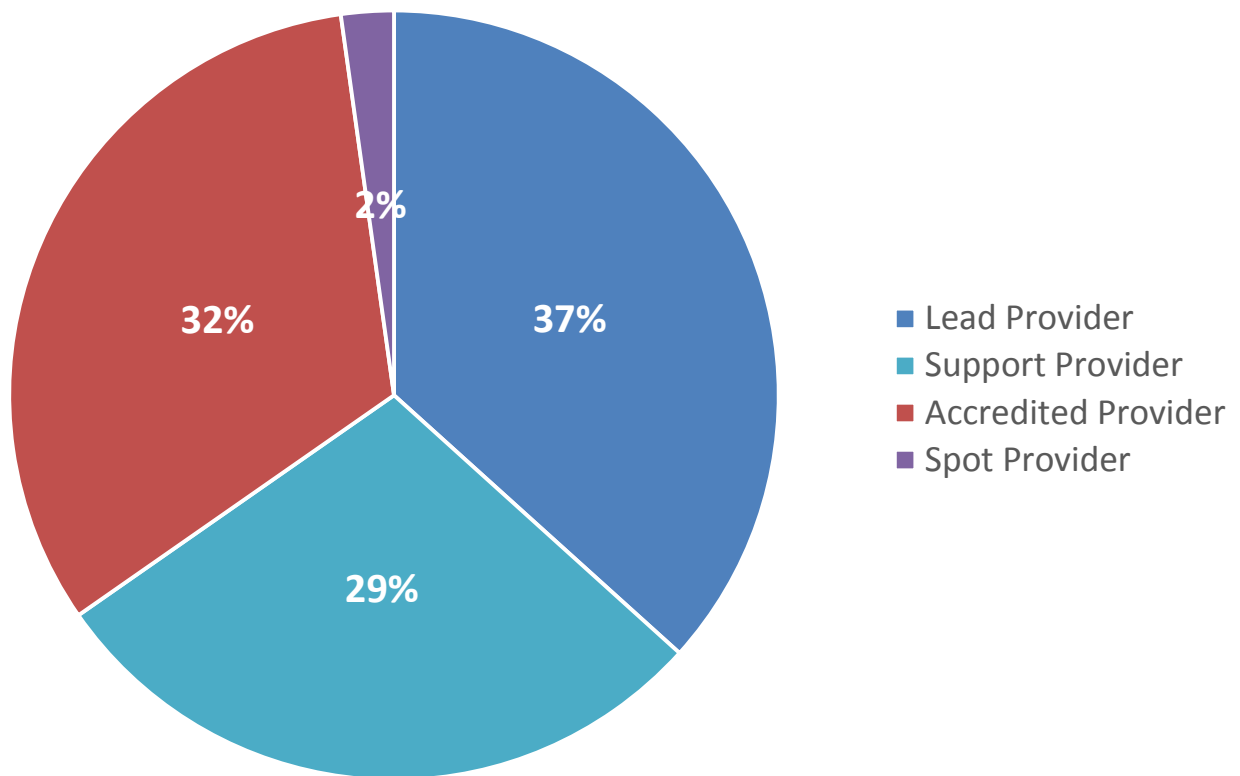
2. Current commissioning arrangements for homecare services

2.1 The Council commissions a range of organisations to deliver homecare services for vulnerable adults. The current model contracts lead providers and support providers in four geographical zones in the City. These zones align with Area Committee boundaries (two per zone). These providers are supported by a list of City wide accredited providers who will have gone through a light touch process to ensure their suitability to provide quality services. This means that they have fulfilled a set of criteria and been able to demonstrate that they meet certain standards that have been deemed necessary by commissioners to provide a level of quality homecare for Nottingham citizens. There are also a number of packages of care that have been set up outside of this system, on spot contracts, with providers that do not fall into any of the above categories.

2.2 The numbers of citizens waiting for a package of homecare from an external provider, at any one time, has reduced over the past 12 months from a high of over 140 to a low of fewer than 20. The waiting list for homecare is scrutinised daily and a senior working group (Homecare Gold Command) is convened bi-weekly to scrutinise referral and waiting list trends and put in place measures to deal with any issues and risks that arise. While the reduction in the waiting list has generally been maintained, there are fluctuations and there are still challenges in keeping the numbers low. These include increased numbers of referrals, low pick up rates from external providers and a move to assess people for packages of care in their own homes (rather than in hospital) putting additional pressure on community provision. Please see below graph, which illustrates the downward trend in waiting times.



2.3 Work to reduce the numbers of spot contracts with providers has been highly successful and is ongoing. This is because spot contracted providers are more challenging to monitor around quality (through contract management) and can charge at a higher hourly rate. A programme of work has been instituted to reassess these citizens and move them to either a lead, support or accredited provider or to give them a direct payment to purchase their own care. The current split of lead, support, accredited and spot providers is shown in the pie chart below. It is intended that there will be no packages of care on spot contracts by the time the new contract starts in April.



2.4 Regular meetings have been taking place between lead, support and internal providers in order to develop an informal alliance. The benefits of this are outlined below (3.1b).

3. Re-commissioning homecare services

3.1 Work is underway to re-commission homecare services under a new model, which intends to improve the homecare market via the following mechanisms:

- a) The new model includes the citizen first accessing internal services, which provide a short-term service to maximise independence. This was known formally as the Re-ablement Service. The service supports citizens to become as independent as possible. Citizens will then be transferred to an external provider with a reduced package of care, where this is appropriate. This means that external providers no longer have to pick up emergency packages from the hospital and the community and receive advanced notice of when they will be required to pick up new packages allowing them to better plan their staffing needs.
- b) Instituting a provider alliance in order to share good practice, share training and other resources, take a joint approach to recruitment and foster better relationships and cooperation between the commissioned lead providers, internal providers, the Care Bureau

and assessment. This builds upon learning from the informal provider meeting process, as mentioned above (2.4).

- c) Part of the provider alliance work will include investigating the possibility of jointly agreeing a carer 'passport to care'. This will be a record of relevant training that paid carers have successfully completed. The intention is that this will be used to allow carers to work for more than one organisation or to move between organisations easily, without having to put that carer through all of the training requirements for the new organisation. This will reduce duplication of training, support career progression and standardise training quality across the City.
- d) Jointly commissioning the lead providers with the CCG to improve 'end-to-end' care. This means that citizens will experience continuity of homecare provision, as their needs become more clinically complex and facilitating this continuity in the citizen's home until the end of their life.
- e) Aiming to support one lead provider to pick up as much of the business as possible in a given geographical area. Homecare is a business that works best for providers at high volume. The intention is to support this high volume to ensure a stable and thriving market in localities.
- f) The major issue for the market at present is difficulty in recruiting and retaining staff. The current tender process puts a high value on responses to the tender that show measures the provider will take to improve staff retention. Some of the ways providers could demonstrate this include:
 - Committing to the Unison Ethical Care Charter
 - Committing to offering guaranteed hours rather than zero hours contracts
 - Committing to pay the Living Wage Foundation Living Wage
 - Raising the profile and reputation of working in care
 - Improving general terms and conditions for staff
 - Structuring runs to facilitate staff being on foot or bike
 - Creating a career path for carers.

It is intended that the result of this will be better continuity of care for citizens as carers will stay in their positions for longer. This will promote longer term and improved relationships between people using services and care providers. It will also improve outcomes for citizens

with dementia where it is even more important that the person delivering their care get to know them and their individual needs.

- g) The new service specification includes robust performance monitoring that clearly sets out the sanctions the Council will implement should the provider fail to hit output and outcome targets around quality of care.

3.2 The timescale for re-commissioning is as set out in the table below.

Stage	Date
Invitation to Tender issue date	29 September 2017
Deadline for provider clarification requests	1 November 2017
Invitation to Tender return date	8 November 2017
Clarification Interviews (if required)	15-18 December
Contract award	End of December 2017
Contract start date	1 April 2018

3.3 Marking of homecare tenders is currently taking place. A large number of organisations submitted a tender application for the four lead provider roles. Once the lead providers are appointed, work will then take place to revise the accredited provider list. There will be no spot providers.

Consultation with citizens was key in determining what the quality aspects of the service specification would look like. Commissioners worked with County colleagues to undertake meaningful co-production of the quality aspects of the service specification. This included citizen engagement events, one-to-one interviews with service users and harnessing University of Nottingham research into good practice. From this work, commissioners were able to include a list

of 'I' statements in the service specification, which tells providers what citizens expect from 'good' homecare services. Please find this below. The invitation to tender asks providers specifically how they will meet the outcomes as set out by service users and carers. This requires providers to demonstrate their commitment to providing quality services and how they will practically go about doing this.

3.4 Significant consultation was undertaken with citizens who use services. This includes a range of BME citizens. Citizens who do not have English as a first language are particularly at risk of poor provision through a change in provider if the new provider is unable to meet their specific cultural needs, especially in relation to the gender of care worker, language requirements or food and drink. The extent of the transition to new service providers is not yet known, as the tender process is still underway. Once this is known, colleagues and providers will undertake detailed transition planning for those citizens who will be moving to a new provider. The EIA for homecare re-commissioning is attached at Appendix 1.

The most important thing for me is...

My care provider and workers support me to live in my own home as independently as possible and with dignity, through the delivery of good quality individual care.

What we want from care workers...

My carer and I want people to know that we value and respect the support we receive from homecare workers. I want the following things from my carers and provider:

- My homecare workers are caring, dedicated, reliable and confident.
- My homecare workers are well trained and well supported by the agencies they work for.
- My homecare workers are valued, respected and involved in the reviews about the people they support.
- My homecare workers have good, up to date information about me, my family and my situation.
- My homecare workers know what is expected of them and how to support a person well.
- I feel listened to by my provider.
- My homecare provider checks the quality of the care provided to make sure it works for me.
- I know that the people providing my care have regular appraisals to identify their development and training needs which then form the basis of the provider's on-going training and support.
- My family, carers, care staff and I are involved in the development of my care plans and these are kept up to date.
- There are clear back up plans in place for me that prioritise what matters to me and all care staff were informed of these before they started working with me.
- My family, my carers and I are asked about how the service could be improved and following this, changes are made when needed.

Glossary

Homecare	Services for vulnerable adults that support them in daily living, avoiding the need for residential care or hospital admission.
Service model	The way that homecare services are delivered and accessed, taking into account geography, principals of delivery, payment mechanisms and contract management.
Service specification	The element of a contract that specifies how a service is to be delivered.
Provider	An organisation that delivers homecare.
Accredited provider	Providers who have been able to demonstrate that they meet certain standards that have been deemed necessary by commissioners to provide a level of quality homecare for Nottingham citizens.
Homecare Gold Command	Bi-weekly senior working group that leads operational work to manage the waiting list.
Spot contract	A contract with a provider to deliver a single package of care that is outside of other commissioning processes.
Provider alliance	A group of providers (externally commissioned and internal), assessment and Care Bureau colleagues who will meet regularly to find ways to collectively improve the homecare system in Nottingham
Care Bureau	The brokers of packages of care who on receiving a social work assessment, negotiate delivery of packages of care with providers.
End to end care	Care that is delivered consistently (same workers / organisation) until the end of a citizen's life.
Unison Ethical Care Charter	A document of principles of delivery of homecare that shows the workforce is receiving adequate terms and conditions and working environment.
Better Care Fund	A joint health and social care budget which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

Equality Impact Assessment Form (Page 1 of 2)

Appendix 1

**Title of EIA/ DDM: Recommissioning Homecare for Vulnerable Older People
Morley – Commissioning Manager**

Name of Author: Peter

Department: Chief Executive's Department

Director: Katy Ball

Service Area: Strategy and Resources

Strategic Budget EIA Y/N (please underline)

Author (assigned to Covalent): Peter Morley

Brief description of proposal / policy / service being assessed:

Nottingham City Council, jointly with Nottingham City CCG intends to re-commission homecare services for vulnerable older people following the expiry of the current framework agreement. New contractual arrangements are to be in place from 1st April 2018.

The new model of delivery will consist of a number of providers, based in geographical zones in the City, who will take the lead for delivering ongoing homecare to citizens in that area. This will be supported by a list of accredited providers who will take up what the contracted providers are unable to deliver.

There will be a clear expectation in the new service specification for both internal and external providers to work together in an alliance arrangement to improve the experience of the citizen as they transition through the system and to share systems to facilitate this.

The model will see all citizens receiving a package of care from City Council homecare delivery for a 6-8 week period to stabilise packages before the package of care is passed out to the external provider to provide ongoing care. The rationale for this is set out below.

Information used to analyse the effects on equality:

- Consultation with citizens in receipt of homecare
- Consultation with providers of homecare
- Consultation with the carers of citizens in receipt of homecare
- National best practice guidelines (NICE / UK Homecare Association / CQC)
- Consultation with SPLAT – representing citizens with learning disabilities and autism
- JSNA

A programme of consultation and analysis was undertaken to understand what good homecare looks like from a citizen perspective. This took place in April and May 2017 and included:

- A citizen engagement event at the Council House
- Obtaining citizen questionnaire feedback from current providers
- Contacting day centres and holding events to consult with citizens who would be in attendance
- 1-2-1 visits to citizens' homes
- Analysis of national documentation, for example NICE guidance, feedback from the UK Homecare Association and CQC advice about what to look for from good homecare provision

Page 60

Key themes from consultations were that:

- Good homecare:
 - Helps citizens to feel independent
 - Is friendly
 - Is not rushed
 - Is provided by a consistent group of carers
 - Provides the right gender of carer if delivering personal care to maintain dignity. This is especially the case in some specific cultures
 - Provides carers who can communicate with the cared for if there are language or disability requirements in relation to communicating
 - Provides carers who offer practical advice and support
 - Provides carers who will liaise with the family
 - Provides carers who are trained and knowledgeable about the citizen's specific needs e.g. diabetes

- Citizens feel that current homecare in Nottingham is of a good standard
- Some citizens felt their slots were too short or somewhat rushed
- Loneliness and isolation are recurrent issues for citizens
- Moving a to a new provider did not elicit anxiety as long as the process was managed and that there was good communication with the citizen and their family / carers
- There is ambivalence towards taking a Direct Payment. Some thought it was a good idea; others thought it would be too much hassle and responsibility.
- Citizens appreciate continuity in the care workers they receive but that with the right planning, induction and communication, anxiety could be lowered around moving to new care workers.

	Could particularly benefit	May adversely impact
	X	X
People from different ethnic groups.	<input type="checkbox"/>	<input type="checkbox"/>
Men	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Trans	<input type="checkbox"/>	<input type="checkbox"/>
Disabled people or carers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy/ Maternity	<input type="checkbox"/>	<input type="checkbox"/>
People of different faiths/ beliefs and those with none.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lesbian, gay or bisexual people.	<input type="checkbox"/>	<input type="checkbox"/>

How different groups could be affected (Summary of impacts)	Details of actions to reduce negative or increase positive impact (or why action isn't possible)
Older people and their carers could be affected by a change in service provider. In consultation they have said that they value continuity of care workers but that they are not averse to changing to a new provider if this is planned and they are kept well informed.	If current homecare providers are not successful in tendering for the new contract, citizens will have a choice of either moving to a new provider or taking a direct payment to stay with their current provider. For those who wish to move to the new provider, a comprehensive transition plan will be put in place that includes robust handover of the care plan to new provider and delivery staff (including any cultural requirements) and communication with the citizen and their family. [Transition plans to be written from November 2017 to be completed by April 2018 for all citizens moving to new providers]
Homecare is provided to all cultures in the City and consultation has taken place with significant interest groups, namely Pakistani, Indian and African Caribbean. These groups are particularly at risk of poor provision through a change in provider if the new provider is unable to meet their specific cultural needs, especially in	

<u>Older</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Younger	<input type="checkbox"/>	<input type="checkbox"/>
Other (e.g. marriage/ civil partnership, looked after children, cohesion/ good relations, vulnerable children/ adults). <i>Please underline the group(s) /issue more adversely affected or which benefits.</i>	<input type="checkbox"/>	<input type="checkbox"/>

<p>relation to the gender of care worker, language requirements or food and drink.</p> <p>Some citizens, through consultation, have said that their calls can sometimes feel rushed. The service specification for new provision will allow for some flexibility in the time slots provided to citizens. This will allow care workers not to rush visits when an older person's needs require more resources on a given day. This will allow for better quality interaction between care worker and citizen, in line with what citizens have told us in consultation about social isolation and length of care slots.</p>	<p>The overarching strategic plan for transition to the new contract will be completed by Adult Assessment, following contract award. [By April 2018]</p> <p>The new model will see a mechanism built into reporting that will allow flexibility around how much time a provider spends with a given citizen. [Developed as part of service specification – by June 2017]</p> <p>Providers will receive a payment in advance of a percentage of the hours that are commissioned from them by the City Council. This is intended to improve provider and market stability, creating more capacity in the market to take more packages of homecare and reduce waiting times for citizens. [Developed as part of service specification – by June 2017]</p> <p>A data strategy is being written to set out exactly what we need to providers to report on, which will enable City Council analysts, brokers, providers and assessment colleagues to fully understand if the overall homecare system is performing well in terms of quality and capacity to deliver. [Development from June 2017 – April 2018]</p>
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				Monitoring of the intended improvements in the new model will be undertaken via contract management procedures and via the City Council Insight Team. They will ensure they have accurate data that reflects the performance of the whole homecare system with regard to quality and capacity. [To commence at the start of the new contract in April 2018]
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Outcome(s) of equality impact assessment:

- No major change needed ☒ •Adjust the policy/proposal ☐ •Adverse impact but continue ☐
- Stop and remove the policy/proposal ☐

Arrangements for future monitoring of equality impact of this proposal / policy / service:

Note when assessment will be reviewed (e.g. Review assessment in 6 months or annual review); Note any equality monitoring indicators to be used; consider existing monitoring/reporting that equalities information could form part of. September 2018

Approved by (manager signature):

Clare Gilbert – Lead Commissioning Manager

Clare.gilbert@nottinghamcity.gov.uk

Date sent to equality team for publishing:

31st May 2017

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HEALTH SCRUTINY COMMITTEE
14 DECEMBER 2017
FUTURE PROVISION OF CONGENITAL HEART DISEASE SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To receive information about NHS England's decision regarding future commissioning of congenital heart disease services.

2 Action required

- 2.1 The Committee is asked to note the decision of NHS England to continue to commission University Hospitals of Leicester NHS Trust to provide Level 1 congenital heart disease services, conditional on achieving full compliance with the standards in line with their own plan to do so and demonstrating convincing progress along the way.

3 Background information

- 3.1 In July 2016, NHS England announced proposals about the future provision of congenital heart disease services and this included a proposal to cease surgery and interventional cardiology for children and adults at University Hospitals of Leicester NHS Trust (UHL). This is the provider to which the majority of Nottingham patients requiring those services are referred to.
- 3.2 The Joint City and County Health Scrutiny Committee considered the transfer of congenital heart disease surgical and interventional cardiology services from UHL to appropriate alternative hospitals to be a substantial variation to services for Nottingham and Nottinghamshire residents.
- 3.3 Based on its consideration of the available evidence, including written documentation from NHS England, discussions with representatives of NHS England, discussions with representatives of UHL and information submitted by other local trusts and clinical commissioning groups, in April 2017 the Joint City and County Health Scrutiny Committee submitted a response to NHS England's public consultation on the proposals.
- 3.4 On 30 November 2017 NHS England announced its decision on the future commissioning of congenital heart disease services. This included that it will continue to commission UHL to provide Level 1 congenital heart disease services, conditional on them achieving full compliance with the service standards in line with their own plan to do so and demonstrating convincing progress along the way.

4 List of attached information

4.1 None

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 meetings of the Joint Health Scrutiny Committee held on 13 September 2016, 14 March 2017 and 18 April 2017.

NHS England (30 November 2017) 'NHS England outlines future of congenital heart disease services'

7 Wards affected

7.1 All

8 Contact information

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

HEALTH SCRUTINY COMMITTEE
14 DECEMBER 2017
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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
	<p style="text-align: right;">(Chair)</p> <ul style="list-style-type: none"> • Work Programme 2017/18
21 September 2017	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Sustainability and Transformation Plan

Date	Items
	<p>To receive an update on progression of the Sustainability and Transformation Plan, and development of an Accountable Care System for Greater Notts (STP Team)</p> <ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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
	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> GP services in Nottingham City To review current provision and quality of GP services in the City (Nottingham City CCG) 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. 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 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)

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

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**
- **Transforming care for people with learning disabilities and/or autism spectrum disorders**
To review the impact on current and future service users
- **Delivery of a social prescribing approach in Nottingham**
- **Improving access to assistive technology**
To review progress in improving access to assistive technology, with a particular focus on equality groups and how access can be improved for groups that are currently under represented amongst service users to ensure that all who need to access equipment are able to
- **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

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

- **Seasonal Flu Immunisation Programme**

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

(NHS England/ NCC Public Health)

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

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

(Nottinghamshire Healthcare Trust)

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

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

(East Midlands Ambulance Service)

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