



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 18 January 2018

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

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

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

Corporate Director for Strategy and Resources

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

- | | | |
|----------|--|----------------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES | 3 - 10 |
| | To confirm the minutes of the meeting held on 14 December 2017 | |
| 4 | INPATIENT DETOXIFICATION SERVICES AT THE WOODLANDS UNIT | 11 - 28 |
| 5 | SUPPORT FOR CARERS IN NOTTINGHAM | 29 - 34 |
| 6 | OUT OF HOSPITAL SERVICES CONTRACT | 35 - 42 |
| 7 | HEALTH SCRUTINY COMMITTEE WORK PROGRAMME | 43 - 54 |

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

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

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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 14 December 2017 from 1.30 pm - 3.58 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Jim Armstrong (minutes 39-45)
Councillor Ilyas Aziz (minutes 39-46)
Councillor Patience Uloma Ifediora
Councillor Ginny Klein
Councillor Carole-Ann Jones
Councillor Adele Williams
Councillor Jackie Morris (minutes 42-47)
Councillor Eunice Campbell
Councillor Georgia Power (minutes 40-47)

Absent

Councillor Merlita Bryan
Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Brian Parbutt

Colleagues, partners and others in attendance:

Andrew Chatten	- Director of Estates and Facilities) Nottingham University
Daljit Athwal	- Deputy Director of Nursing) Hospitals NHS Trust
Lucy Peel	- Programme Lead, Children and Young People's Mental Health and Well-Being	- Nottinghamshire County Council
Richard Glover	- Integrated Service Manager	- Nottinghamshire Healthcare Trust
Martin Gawith	- Healthwatch Nottingham	
Michelle Simpson	- Healthwatch Nottinghamshire	
Christine Oliver	- Head of Commissioning)
Aileen Wilson	- Head of Early Help Services)
Rasool Gore	- Commissioning Lead for Healthwatch)
Clare Gilbert	- Commissioning Lead (Adults)) Nottingham City Council
Linda Sellars	- Director of Adult Social Care Improvement)
Jane Garrard	- Senior Governance Officer)
Cath Ziane-Pryor	- Governance Officer)

39 APOLOGIES FOR ABSENCE

Councillor Chris Tansley) personal
Councillor Brian Parbutt)
Councillor Corral Jenkins
Councillor Merlita Bryan - unwell
Councillor Jackie Morris - for lateness

40 DECLARATIONS OF INTEREST

None.

41 MINUTES

The minutes of the meeting held on 23 November 2017 were confirmed as a true record and signed by the Chair.

42 CLEANLINESS AT NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Andrew Chatten, Director of Estates and Facilities, and Daljit Athwal, Deputy Director of Nursing, were in attendance and delivered a presentation which outlined the progress made in improving cleanliness since the return of Estates and Facilities Services (including cleaning) to in-house provision, following the significant concerns raised regarding cleanliness during the period when Carillion held the contract for providing cleaning services.

The following points were highlighted and questions responded to:

- (i) Approximately 1,100 staff have transferred back to NUH from Carillion, 49 additional cleaning staff have been engaged and additional cleaning equipment purchased;
- (ii) A temporary management structure is in place until a comprehensive review can be completed;
- (iii) The Deputy Chief Nurse has taken a leadership role and a new cleaning programme has been implemented with a 'Cleaning Collaborative' established which encourages staff and patient involvement to further improve services;
- (iv) Staff and patient complaints regarding cleanliness have significantly reduced and integrating cleaners into some ward bases is welcomed by cleaners and staff who feel that this promotes ownership of the environment and emphasises the value of team working at all levels within wards;
- (v) Some of the suggested improvements have included revising cleaning times to ensure the best efficiency and to cause the least disruption at busy times;
- (vi) The level of pay for cleaners is important but so too is the opportunity for up-lift and career development. Some cleaners have enjoyed being part of a ward team and having contact with the patients. This has then resulted in them progressing to health care roles;
- (vii) At the moment the plan is to continue with current arrangements, but once the review of services has been completed, consideration will be given to the options available for how future services should be provided.

Members of the Committee commented:

- (a) There was some previous personal experiences of cleanliness in the hospital that had been poor, so improvement is overdue and welcomed;

- (b) Consideration of paying cleaners the Living Wage may be beneficial with regard to retaining staff experienced in providing the required standard of cleanliness and keen to further improve cleaning procedures;
- (c) NUH should be congratulated for the progress to date which illustrates the value of providing in-house services.

The Chair welcomed the substantial progress made to date by NUH in improving hospital cleanliness.

RESOLVED to request that Nottingham University Hospitals NHS Trust provide:

- a) the results of the 2nd independent cleanliness audit; and the**
- b) findings of the external review of soft facilities management services to the Committee when they are available.**

43 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

Lucy Peel, Programme Lead Children and Young People's Mental Health and Wellbeing (Nottinghamshire and Nottingham City), Nottinghamshire County Council, Aileen Wilson, Head of Early Help Services, Nottingham City Council, and Richard Glover, Integrated Service Manager, Nottinghamshire Healthcare Trust, were in attendance to update on the progress of implementing the Nottingham City Transformation Plan for Child and Adolescent Mental Health Services, since the last update to health scrutiny in October 2016.

The Chair noted that this item is an extension of the discussions undertaken by the former Joint City and County Health Scrutiny Committee.

The following points were highlighted and responses given to the Committee's questions:

- (i) In accordance with national requirements, the transformation plan has been in place for 2 years following national concerns at long wait times for referrals and treatments, and some young people having to travel away from their home area for treatment;
- (ii) A Green Paper on children and young people's mental health provision has very recently been published and includes reference to services available in schools and waiting times with a target of no more than 4 weeks;
- (iii) The report outlines the successful activity during the past year under the following headings:
 - resilience, prevention and early intervention;
 - improving access to effective support – a system without tiers;
 - services for young people with eating disorders;
 - early intervention in psychosis;
 - urgent and emergency care (including intensive sessions to enable young people to remain in the county);
 - transitions.
- (iv) There were 145 inpatients a year ago, whereas there are now only 74 due to the additional work to enable patients to remain in the community;

- (v) Work is on-going to improve co-ordination with other health and social care bodies;
- (vi) The support offered when patients are detained under Section 136 (in a public place and a risk to themselves or others) is being reviewed;
- (vii) The priorities identified to be addressed in the coming year are listed in detail within the report and include:
 - reviewing the whole treatment pathway;
 - working with schools to embed a health and wellbeing mental health checker;
 - a consistent approach towards specialist Child and Adolescent Mental Health Services (CAMHS) staffing;
 - assessment of A&E attendees within an hour (in line with the adult target);
 - revisiting the current 'looked after children' model and strengthen;
- (viii) Now that City Council services are included within the broader remit of the Social Care Directorate, this has resulted in the removal of tiers which provides improved, smoother and speedier co-ordination of support which is specifically tailored to the needs of each young person;
- (ix) Work continues nationally to improve the transition of young people from Child and Adolescent Mental Health Services into Adult Services;
- (x) When a child or young person is assessed, an assessment of the family is usually also undertaken;
- (xi) There is a dedicated CAMHS team for children in care and as the team size has not increased but the number of children in care has tripled, there are workload pressures and ways of working are constantly reviewed;
- (xii) the target proposed in the Green Paper of no more than 4 weeks waiting time would be challenging to meet in Nottingham and require significant additional resources. This would be difficult because there are national workforce shortages. There currently is not a national target for waiting times and therefore no nationally applied penalties. National early diagnosis targets exist but are not met in Nottingham. This is mainly due to the increase in demand but not resources, but there are also other factors which are beyond the control of the team. Waiting times are consistently monitored and new models of working are being considered to increase productivity. Further information on this is anticipated to be available by March 2018;
- (xiii) It is better for everyone involved if mental health problems can be identified at an early stage and supported before issues escalate. This is where the value of the Mental Health First Aid Kit will be essential, but the resource investment of training staff is required to ensure its success;
- (xiv) During the past 6 months, very few children and young people across the City and County have been the subject of a Section 136 detention order. Further inpatient treatment is rarely required and it is very unusual for these young people to receive any further Section 136 detentions;

- (xv) With regard to the under representation of BME children and young people accessing the service, the Committee were assured that the team did speak to BME families to understand their experience of the services and identify any reasons that may deter further contact. It is noted that stigma and the resistance to acknowledging mental health issues is embedded in some communities and cultures. This is why a variety of contact points are available, including drop-in sessions at local community venues and schools, so all children can access the service. Further targeted work in some communities is required;
- (xvi) Mental Health UK facilitates workshops with young people peers and aims to reach 500 young people by the New Year.
- (xvii) Nottinghamshire Healthcare Trust has a CQUIN (Commissioning for Quality and Innovation) in place for transitions between child and adult mental health services.

Members of the Committee expressed concern that having undertaken a web-based search for eating disorder services in the north of Nottingham, found that information was not easily accessible with the nearest treatment information presented as being a charity operating in Derby. Lucy Peel assured the Committee that services are in place, available and successful for those accessing them, but acknowledged that further work is required to in relation to undiagnosed young people and young people whose conditions do not fit the most common diagnoses and pathways.

A representative of Healthwatch Nottingham highlighted that the initial access pathway of needing to register with a GP is inappropriate for some young people who, being particularly vulnerable and potentially suicidal, needed immediate mental health support and the ability to be in contact with specialist services.

RESOLVED to review progress in implementation of the Child and Adolescent Mental Health Transformation Plan, including the impact on waiting times and performance on the CQUIN for transitions between child and adult mental health services, in one year.

44 NEW MODEL FOR HEALTHWATCH IN NOTTINGHAM

Christine Oliver, Head of Commissioning, Nottingham City Council, Rasool Gore, Commissioning Lead for Healthwatch, Nottingham City Council, Martin Gawith, Healthwatch Nottingham, and Michelle Simpson, Healthwatch Nottinghamshire, were in attendance to inform the Committee of the proposals to merge City and County Healthwatch.

The report details the reasoning which has led to the proposed new City and County model, the additional benefits it will provide (including financial savings and increased efficiency) and how the transition will take place.

The Committee's questions were responded to as follows:

- (a) There is a need for the new Healthwatch organisation to generate income and it is proposed to do this by being commissioned to carry out engagement with specific communities on behalf of other organisations;
- (b) The same or similar issues are raised in the City and the County so establishing this new model will provide greater efficiency;

- (c) Both commissioners and representatives of Healthwatch are clear that the new Healthwatch organisation must retain a clear City focus, with City representation on the Healthwatch Board.
- (d) It is anticipated that the two organisations will be fully merged by April 2018 and that there will be no significant impact on how Healthwatch interacts with the Health Scrutiny Committee, although there will be more stability regarding staffing and support which may facilitate greater engagement with the Committee's work.

The Committee supported the clear retention of a City focus within the new organisation, and the Chair invited representatives of Healthwatch to continue to engage with the work of the Committee.

RESOLVED to engage with Healthwatch as the new model is established to ensure good working relationships between health scrutiny and Healthwatch going forward.

45 FUTURE PROVISION OF CONGENITAL HEART DISEASE SERVICES

The report informed the Committee that, following public consultation, NHS England has decided 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.

RESOLVED, to ensure efficiency and prevent duplication in scrutiny activity, for the Chair to write to the chairs of the other health scrutiny committees in the region to suggest that a co-ordinated approach is taken in relation to future scrutiny of University Hospitals of Leicester NHS Trust's provision of Level 1 congenital heart disease services and their compliance with the standards.

46 COMMISSIONING OF HOMECARE SERVICES

Christine Oliver, Head of Commissioning (NCC), Clare Gilbert, Commissioning Lead – Adults (NCC), and Linda Sellars, Director of Adult Social Care Improvement (NCC), were in attendance to present the report updating the Committee on the commissioning of a new framework for homecare for vulnerable adults, which will be in place as of 1 April 2018.

The following points were highlighted and responses given to members' questions:

- (i) Several changes have been made to improve the provision of homecare, including the development of the 'Provider Alliance' and 'passport to care' arrangements;
- (ii) Care plans will have a universal structure which will enable a comparison of quality of care;
- (iii) Due to the rising older population the service there will be increasing pressures on the service. It is intended that there will be a budget increase over the next five years to reflect this but there are risks that this may not fully meet demand and increasing complexity levels;

- (iv) By jointly commissioning homecare services with the Clinical Commissioning Group, continuity of home care services should improve;
- (v) There is an additional emphasis on staff retention to help improve continuity of care for citizens, particularly those with dementia where it is particularly important that there is a good understanding of the individual's needs. Checks have been undertaken to ensure organisations tendering pay above the minimum wage and providers will be required to pay care workers for travel time. Providers will be encouraged to minimise the use of zero hours contracts but it has not been possible to stipulate that they cannot be used;
- (vi) Robust performance monitoring of the new contracts will take place and sanctions will be applied where performance targets are not met;
- (vii) Citizens and service user consultations were undertaken to determine what the care quality aspects of the service specification would be;
- (viii) A large number of organisations have submitted tender applications, the outcome of which is anticipated by the end of December 2017;
- (ix) To qualify for the Passport to Care, care workers must undertake and pass a week's training which covers a variety of topics including safeguarding. Top-up training sessions may be required where specialist caring is to be undertaken. Yearly training is undertaken with regard to medication.

The Committee welcomed the update and decided to review provision of homecare services under the new framework six months after the start of the new contracts with providers.

RESOLVED to review provision of homecare services, including waiting times, quality of care and service user experience in summer/ autumn 2018.

47 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

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

It was noted that there is a large number of items scheduled for the Committee's meeting in January and it was suggested that this be reviewed to allow sufficient time for thorough scrutiny of each item.

RESOLVED to note the Committee's work programme for the remainder of 2017/18.

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HEALTH SCRUTINY COMMITTEE
18 JANUARY 2018
INPATIENT DETOXIFICATION SERVICES AT THE WOODLANDS UNIT
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

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

2 Action required

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

3 Background information

- 3.1 The Woodlands Unit is run by Nottinghamshire Healthcare NHS Foundation Trust and located on the Highbury Hospital site. It provides short stay inpatient detoxification services for people with drug or alcohol dependence.
- 3.2 In November 2017 the Committee heard from Nottinghamshire Healthcare Trust that the costs of providing inpatient services at The Woodlands exceed the income that the Trust receives for the services provided there and it cannot continue to run the current service model within available resources. Therefore it was undertaking a review which included consultation on potentially closing The Woodlands and exploring options for a more financially sustainable service model.
- 3.3 The service is commissioned by Nottingham City Council and representatives told the Committee that the Unit was an important and successful part of the pathway for citizens who are unable to safely detox in the community. This view was supported by Nottinghamshire Healthcare Trust's Consultant Addiction Psychiatrist who commented

that The Woodlands is an important, highly specialised service and if it closed there would be significant implications for other services, for example the Emergency Department.

- 3.4 The Committee also received representations from Double Impact and the Local Medical Committee both stating the importance of retaining the The Woodlands and the detrimental impact to service users and the wider health care system if the facility was lost.
- 3.5 Based on the evidence available to it at that time, the Committee concluded that closure of The Woodlands was not desirable and asked the provider and commissioner 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. The Committee was advised that Nottinghamshire Healthcare NHS Foundation Trust Board intended to make a decision regarding The Woodlands at its meeting in January 2018. Therefore the Committee asked commissioners and providers to come back to the Committee with a proposal for future commissioning and provision of inpatient detoxification services before the Trust Board takes its decision.

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

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

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposal for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Following consultation, the Health Scrutiny Committee can make comments on the proposals. The Committee and the relevant health body should work together to try and resolve any concerns locally if at all possible. Ultimately, if this is not possible and the Committee concludes

that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

4 List of attached information

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

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 meeting of the Health Scrutiny Committee meeting held on 23 November 2017

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Jane Garrard, Senior Governance Officer
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Report for Nottingham City Health Scrutiny Committee: 18 January 2018

Review of Inpatient Detoxification Services at The Woodlands

1. Introduction

- 1.1 This paper updates the Health Scrutiny Committee on the review by Nottinghamshire Healthcare of the detoxification inpatient services at The Woodlands.
- 1.2 The Committee received a report in November last year which set out the background and context to the review. The report explained the current model of provision is not affordable and the Trust is not able to continue to bear the financial losses of the service.
- 1.3 The Committee in November asked the Trust to come back to the Committee before any final decision was made

2. Update

- 2.1 The Trust Board received a report at its meeting on 21 December 2017, which provides the latest update and is attached at Appendix A. The report summarises the engagement that has taken place; the review of expenditure; a market assessment; and modelling of income scenarios.
- 2.2 The report highlighted how the national picture shows many NHS units have closed and that independent providers now manage most residential detoxification provision.
- 2.3 It also explained that commissioners in Leicestershire, Leicester & Rutland (LLR) have now launched a competitive procurement for inpatient detoxification services that are currently provided at The Woodlands Unit. The commissioners have signalled a price range that even at the upper end falls well below that at which the Trust can deliver a safe and viable service. Unfortunately, as a result, the Trust is not able to bid for the LLR inpatient services and The Unit will lose income of circa £478k pa from June 2018.
- 2.4 In effect, this will mean the commissioned service will reduce to the equivalent of circa four beds for the Nottingham City population. By itself, this will not be a viable or sustainable model.
- 2.5 The paper noted that there was a final piece of work ongoing to determine if there was the opportunity to achieve alternative income streams through providing earlier transfer from acute hospitals for patients on the urgent care

pathway with detoxification needs, which might deliver financial savings for the local health economy. This work would be concluded prior to the final recommendation being received at the next Board meeting.

- 2.6 The report concluded all indications are the Trust will not be in a position to renew or seek further extensions to contracts for inpatient detoxification services once the current contracts expire in 2018.
- 2.7 The Trust Board noted the report and agreed to receive final recommendations at its next meeting on 25 January 2018.

3. Provision for Nottingham City patients

- 3.1 The Trust is continuing to work closely with City commissioners to explore ways of preserving a level of local provision potentially through another provider and on another site. As mentioned above, the capacity required for the City equates to only four inpatient beds.
- 3.2 The Trust is engaged in discussions with Framework to understand if alternative models could be delivered. City commissioners would need to take a view and reach a decision on appropriateness of any alternative model and compliance with procurement regulations. In the meantime, the Trust has indicated to City commissioners it is willing to extend the contract for City patients at The Woodlands Unit beyond the current contract end date of 31 March 2018, until the end of May, to allow sufficient time for a smooth and safe transition to alternative arrangements, be they through the aforementioned route, or the commissioners procuring an alternative service provider.

4. Engagement and consultation

- 4.1 The Committee has indicated it wishes to understand the engagement that has been carried out, and, for the Trust, this is summarised in the Board report at Appendix A.
- 4.2 The Trust has since received a petition signed by 158 people calling on the Trust to keep the Unit open, and campaigners attended the Trust Board meeting on 21 December. This will be formally responded to at the Trust's January meeting in line with appropriate Trust policy.
- 4.3 As mentioned in the last report to the Committee, the Trust is mindful that it is the responsibility of commissioners to commission inpatient detoxification provision in line with NICE guidance.
- 4.4 In terms of staff consultation, there are currently 26 staff working at The Unit. They have been supported since October to involve them with the review and to give security in employment. We are confident that, should the decision be taken to close The Unit, there will be no compulsory redundancies because we have vacancies in other parts of our services.
- 4.5 With regards to wider communication and consultation, the Trust is ensuring key stakeholders are aware of the review and are able to offer input. The Trust

has released a press statement and is ensuring that any Board discussions and decisions are made in public. Information is also available on the Trust's public website.

- 4.6 We understand that City commissioners are leading a process of engagement with service users to seek their views on alternative provision and we will support this in any way we can. City commissioners are planning a service user, family and carer engagement event on 23 January.

5. Next steps

- 5.1 The Trust is:
- Concluding the exploration of other income streams – however it now appears highly unlikely that this is achievable.
 - Continuing to support staff working at The Unit and keeping them fully engaged.
 - Working with Framework to explore the scope for the re-provision of circa four inpatient beds for the City population, for consideration by City commissioners.
 - Continuing engagement with other key stakeholders.

6. Conclusion

- 6.1 The Trust recognises The Woodlands Unit provides high quality, specialist care to a cohort of vulnerable patients, with very complex needs. The Trust has endeavoured to maintain local provision but this has become increasingly challenging since we lost the Nottinghamshire County contract. In addition, the Trust has decided it cannot respond to the recent tender by LLR commissioners and so The Unit will lose further significant levels of income.
- 6.2 The national picture shows that many NHS units have closed and that independent providers now manage most residential detoxification provision.
- 6.3 The Trust Board will receive final recommendations at its meeting on 25 January 2018. All indications are that the Trust will not be in a position to renew or seek further extensions to contracts for inpatient detoxification services once the current contracts expire in 2018. However, the Trust will provide an extension to City commissioners' contract up to the end of May 2018.
- 6.4 The Committee is asked to:
- NOTE this report.

**BOARD OF DIRECTORS MEETING
21 DECEMBER 2017****REVIEW OF INPATIENT DETOXIFICATION INPATIENT SERVICES
AT THE WOODLANDS UNIT****1. INTRODUCTION**

This paper provides an update on work to review the future of the Trust's inpatient detoxification services provided at The Woodlands Unit, on the Highbury Hospital site.

2. BACKGROUND

In Part 2 of its meeting in August, the Board of Directors considered a paper on the declining financial position of the inpatient detoxification services at The Woodlands Unit. The report showed The Unit made a financial loss of £692,000 in 2016/17 and was projected to make an even greater loss of £837,000 this year.

A significant factor for the Unit had been the loss of its £567,000 pa contract for inpatient provision for Nottinghamshire County in October 2014. This was the equivalent of 6.5 beds.

The Board approved the proposal to begin a process of engagement around closure and a parallel process of examining different service models that might help The Unit achieve financial viability.

The Board received an update and proposed timeline for the review at its Part 2 meeting in October. At that point, the Board of Directors asked for a further update and an indication of the direction of travel by December, and for final recommendations to be brought to the Board in January 2018.

Since the last update to the Board in October, work has progressed as described below.

3. ENGAGEMENT

Staff engagement – good levels of engagement continue, with staff involved in developing a new staffing model. However, understandably, staff are concerned about the uncertain future of The Unit and some have already begun to seek alternative jobs. This is a risk we need to mitigate against.

Commissioner engagement – we have continued to engage with commissioners, some of whom have decided to put the service for their catchment out to tender. See more details at sections 5 and 6 of this report.

City Health Scrutiny Committee – we attended the Committee meeting on 23 November and set out the Trust's position. City commissioners also attended and provided their perspective. The Committee had received representation from the Chair of the Local Medical Committee outlining concerns of local GPs and from Double Impact, a local 3rd Sector organisation supporting recovery from addiction. Double Impact set out its concerns about the possible loss of The Woodlands Unit as a highly specialist unit for vulnerable people.

The campaign group Keep our NHS Public attended the Committee meeting and distributed a leaflet 'Save The Woodlands Unit' which encourages people to join the campaign and attend the Trust's Board meeting on 21 December.

The Committee was very concerned about the possibility of The Woodlands Unit closing, however, Councillors were understanding of the position the Trust finds itself in. The Committee asked that the Trust and City commissioners return to the Committee at its meeting on 18 January 2018 before a final decision is made. The Committee has said it will determine at that point whether it considers the proposed way forward to be a substantial variation of the service and if so, whether the proposal has taken into account the public interest through appropriate patient and public engagement and whether the proposal is in the interests of the local health service. Clearly, these will be matters for commissioners to address.

Other correspondence - the Trust has separately received a letter from the local GP, who is the Chair of the Local Medical Council, and three local MPs raising concerns about the possible closure of The Unit.

4. REVIEW OF EXPENDITURE

We have completed a detailed analysis of The Unit's costs (expenditure) in order to determine what would be required to make it clinically and financially viable. We have also reviewed a number of potential income scenarios.

Review of costs

The review is based on a model of between 10-15 inpatient beds.

Pay – we have modelled a number of options for a revised staffing model and have held an internal clinical review to ensure the recommended staffing model is safe and sustainable.

Non-pay – the review has concluded there is little or no opportunity to reduce non-pay.

Overheads – since the loss of the County contract in 2014, The Unit has borne a disproportionate level of overheads. In the re-modelling, we have reduced the overhead apportionment level and set the contribution at 15% to reflect a more reasonable and fair share.

The review of costs has enabled us to determine that £307 per occupied bed day (OBD) is the rate required by the Trust to ensure The Unit is clinically and financially viable and we are able to ensure safe staffing levels.

In the paper to the Board in August, we set out the current OBD price received from each of The Unit's commissioners. During the course of the review, we have approached those commissioners currently funding below £307 OBD to see if they would be willing to increase their level of funding. One of these commissioners has offered to increase their OBD by 15% but this does not get anywhere near the £307 required. Other commissioners have instead decided to go to procurement.

5. MARKET ASSESSMENT

The Trust's Business Development & Marketing Unit has scanned recent market activity in England to get a sense of OBD prices more widely. Many commissioners choose to use a framework contracting model. Our assessment suggests the market average rate is around £239 per OBD and that very few NHS providers are able to operate at that price point.

The latest position for each commissioner of The Woodlands Unit is summarised in Table 1 below. This shows the declining levels of income and contract end dates. The contract OBD rates across our current commissioners range widely from £171 to £352.

Table 1: Woodlands Income and Contracts					
COMMISSIONER	CONTRACT TYPE	15-16	16-17	17-18	Contract end dates
		TOTAL (£) 1516	TOTAL (£) 1617	Full year forecast (£) 1718	
RUTLAND	Block contract	£5,130	£5,130	£5,130	31-May-18
LEICESTER CITY COUNCIL	Block contract	£276,949	£276,949	£276,948	31-May-18
LEICESTER COUNTY COUNCIL	Block contract	£217,921	£196,129	£196,128	31-May-18
EAST RIDING	Block contract	£195,853	£204,641	£194,691	31-Mar-18
NOTTINGHAM CITY	Block contract	£436,546	£393,625	£394,020	31-Mar-18
DERBY CITY	Cost per case (CPC)	£52,686	£42,345	£9,528	Out to tender
DERBYSHIRE CC	CPC Framework	£137,758	£69,515	£38,109	30-Sep-18
Other	CPC	£80,000	£42,000	£0	Not applicable
TOTAL		£1,402,843.00	£1,230,334.00	£1,114,554.00	

This analysis illustrates that all of our contracts have only short periods left to run. Nottingham City commissioners served notice on their contract with us in June 2015 to take effect from July 2016, but have since issued two contract extensions, the latest of which expires on 31 March 2018.

The Board will wish to note that the CQC has recently issued a briefing on the quality and safety of residential detoxification services in some independent sector providers. The CQC noted that *"the substance misuse sector has changed considerably over the past 20 years. Overall community-based provision has expanded significantly to meet demand. At the same time, many NHS hospital-based specialist inpatient addictions units have closed and independent providers now manage more residential detoxification provision."* The CQC analysed inspection reports of 68 independent sector services that offered residential detoxification and

found that “a substantial proportion of these services did not provide good quality care and treatment.”

https://www.cqc.org.uk/sites/default/files/20171130_briefing_sms_residential_detox.pdf

It is clear that NHS units across the country are finding it increasingly difficult to operate safe and effective services within the prices offered by local authority commissioners and there has been retraction from the market by NHS providers.

6. LEICESTER, LEICESTERSHIRE AND RUTLAND TENDER

Commissioners in Leicester, Leicestershire and Rutland (LLR) have now launched a competitive procurement for inpatient services and have signalled an OBD price of between £190 - £250, depending on levels of activity, with a total annual cap of £478k (which is the total annual income The Woodlands Unit currently receives from LLR commissioners).

7. MODELLING OF INCOME SCENARIOS

Our review has modelled a number of scenarios regarding possible income, including an option to continue with differential OBD prices, with some at the market average rate of circa £239 and others at £307 to more realistically reflect the acuity and needs of different patient groups. However, none of these options provide a financially viable scenario for The Unit.

In terms of the LLR tender, our detailed review of I&E has shown that even at the upper end of the range set out in the tender, this is not a price at which the Trust can deliver a safe and viable service.

Unfortunately, as a result, the Trust is not able to bid for the LLR inpatient services and therefore will lose income of circa £478k pa from June 2018 (based on 17/18 forecast income for LLR).

East Riding commissioners are not able to offer the £307 OBD rate required by the Trust. The contract with Derbyshire is a framework agreement and thus has no guaranteed income.

In effect, this will mean the commissioned service will reduce to the equivalent of circa 4 beds for the Nottingham City population. By itself, this will not be a viable or sustainable model.

Our main commissioner, Nottingham City, is very keen to work with us to try and preserve a level of local provision if possible. However, they are also exploring alternative options. We have a further meeting with City commissioners and the Council's Portfolio Holder on 18 December to discuss a way forward.

We are also looking at whether there is potential to secure other (NHS) income streams through providing earlier transfer from acute hospitals for patients on the urgent care pathway with detoxification needs.

8. CONCLUSION AND NEXT STEPS

We recognise The Woodlands Unit provides high quality, specialist care to a cohort of vulnerable patients, with very complex needs. The Trust has endeavoured to maintain local provision of specialist inpatient detoxification services but this has become increasingly challenging since we lost the Nottinghamshire County contract.

The national picture shows that many NHS units have closed and that independent providers now manage most residential detoxification provision.

The Trust is not able to provide a clinically viable and safe service at the OBD price many commissioners are willing or able to pay. Our review has demonstrated we are not able to bid for the LLR service and The Unit will therefore lose £478k pa income in 2018/19.

All indications are that the Trust will not be in a position to renew or seek further extensions to contracts for inpatient detoxification services once the current contracts expire in 2018.

Therefore the focus has now switched to identifying other (NHS) income streams through providing earlier transfer from acute hospitals for patients on the urgent care pathway with detoxification needs which could:

- help meet a different patient need,
- help reduce bed pressures for acute hospitals and
- deliver financial savings for the local health economy.

The next steps during January are to:

- Conclude the exploration of other income streams – it will become apparent within the next 3-4 weeks whether this is at all achievable.
- Continue to support staff working at The Unit and keep them fully engaged.
- Work with City commissioners and Nottingham Health Scrutiny Committee to explore viable models for the provision of circa 4 inpatient beds.
- Continue engagement with other key stakeholders.

9. RECOMMENDATION

The Board of Directors is asked to:

- **NOTE** this report and agree to receive final recommendations in January 2018.

Paul Smeeton
Executive Director – Local Partnerships

Report to Health Scrutiny Committee - 18 January 2018

Title of paper: Inpatient Detoxification Services at The Woodlands

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Summary:

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

Nottinghamshire Healthcare Foundation Trust (provider of The Woodlands) is currently reviewing The Woodlands. Health Scrutiny Committee has requested information on a viable proposal for continued access to inpatient detoxification services, before NHFT takes a final decision.

The paper from NHFT sets out their current position in relation to the future of The Woodlands. At the time of writing, the future of the service remains uncertain and it is therefore not possible for commissioners to present a viable alternative proposal.

This paper provides a summary of potential alternative options should NHFT take the decision that The Woodlands is to close and information on engagement and consultation and equality impact.

1. BACKGROUND

1.1 Context

Of the different types of substances used, it is generally opiate dependent and alcohol dependent service users who may require inpatient detox intervention as part of a fully integrated treatment pathway:

- The current Nottingham Joint Strategic Needs Assessment (JSNA) for adult drug misuse (2015) estimates that there are 1,534 opiate users in Nottingham City. However, more recent Public Health England/Liverpool John Moores University figures estimate that for 2014/15 there were 2,400 opiate users in Nottingham. At October 2017, National Drug Treatment System (NDTMS) data shows Nottingham has the highest number of opiate users in treatment since 2013.
- The current JSNA for adult alcohol use estimates that there are 10,687 dependent drinkers in Nottingham (Department of Health, 2010). Public Health England estimate 5,515 dependant drinkers in Nottingham in 2014.

Through the Crime and Drugs Partnership, utilising the Public Health budget, Nottingham City Council (NCC) commissions a range of substance misuse treatment and support services. These services provide an integrated pathway to engage drug and alcohol users into treatment and support them to recover from problematic drug and alcohol use.

As part of this pathway, NCC commissions Nottinghamshire Healthcare Foundation Trust (NHFT) to provide a drug and alcohol inpatient detox service – The Woodlands. The Woodlands is a specialist 15 bed unit that provides inpatient detoxification with 24-hour medical cover.

For 2017/18 NCC has commissioned NHFT to provide 1,175 Occupied Bed Days (OBDs), the equivalent of four beds, at a cost of £403,466.

In 2016/17, 123 Nottingham City residents accessed The Woodlands; this represents about 5% of the overall treatment population. The majority of these (73%) were opiate users, and 21% were alcohol only users. The majority of dependent alcohol and opiate users will be able to detox safely in the community, but for some detoxification will require an inpatient admission.

Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health) and NICE guidelines (Clinical Guideline 52, Clinical Guideline 115) state that inpatient detox should be available for service users where it is assessed that community detox is not appropriate. Particularly for users with complex physical or mental health comorbidities and those requiring sequential detoxification from opioids and alcohol. In relation to alcohol use, NICE guidelines recommend that inpatient or residential assisted withdrawal be considered where service users are drinking over 30 units per day (or 15-30 units per day where there are other co-morbidities), have a history of seizures, or need concurrent withdrawal from benzodiazepines. Guidelines state that the threshold for considering inpatient assisted withdrawal should be lower where service users are in vulnerable groups (such as homeless or older people).

Nottingham has an ageing population of opiate users (Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015). Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health) state that there should be a lower threshold for arranging inpatient detox for older people. This is because of increased health risks and increased risk of drug related death.

1.2 Engagement and consultation

Other commissioners across the region who currently utilise The Woodlands have been contacted by commissioners to understand their intentions going forward. While there was some interest in potential for procurement at a regional level, they took the decision to tender at a local level within a short timescale. Leicester, Leicestershire and Rutland have indicated that should they not be successful in securing new provision through tender they will look to spot purchase on an interim basis.

A market scoping exercise has identified a limited market of existing alternative provision. Independent providers now deliver nearly all inpatient units that were identified nationally¹. There is very limited provision across our nearest geographical neighbours. Commissioners continue to speak to alternative providers to understand capacity to provide inpatient detox on a spot purchase basis should this be required.

The ability to consult fully with service users on the proposed closure of The Woodlands is limited as it is a business decision to be made by NHFT and feedback from consultation is unlikely to influence the outcome. Other viable options are constrained based on the timescales and current market position. Instead, commissioners will undertake service user engagement to inform the ongoing appraisal of alternative options. The first session is planned for 23rd January 2018 and will provide an update on the current position. Service users, carers and family will be asked to feedback on the needs of specific equality groups where possible, and their priorities for inpatient provision. Due to the short stay nature of inpatient detox it is difficult to identify current service users to consult with. Service users involved in the engagement work may be previous users of The Woodlands, or potential future users of inpatient detox. Further engagement with service users will be undertaken when a final decision is reached on the future of The Woodlands.

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

1.3 Equalities

An Equality Impact Assessment (EIA) has been completed in draft form. The EIA will inform the appraisal of alternative options (see section 2), and will continue to be updated as engagement work is progressed.

Adverse impacts could be seen across the service user group should The Woodlands close and no alternative provision be identified.

However, based on the demographic profile of those accessing The Woodlands there would be some groups who could be more likely to experience these adverse impacts than others:

- 74% of those accessing The Woodlands in 16/17 were male (as is reflected in the local population of opiate users). Any alternative provision must have sufficient capacity to provide access to this number of male service users.
- Nottingham has an ageing population of opiate users who may benefit from access to inpatient detox should it be required. Older opiate users are more likely to experience physical health complications and any alternative provision must be able to respond appropriately to the complex needs of this cohort of service users.
- Pregnant drug/alcohol users are eligible to access The Woodlands for inpatient detox and any alternative provision must ensure some access to pregnant drug/alcohol users and be able to provide appropriate treatment. NICE guidelines (Clinical Guidelines 52) state detox for women who are opiate dependent during pregnancy should only be undertaken with caution.
- Vulnerable adult drug/alcohol users may experience social/lifestyle complications that make detox within the community impractical and require inpatient detox. They may also be more likely to experience difficulties in accessing out of area inpatient provision and this should be considered within the options appraisal.
- 12% of those accessing The Woodlands in 16/17 were of non-White British ethnicity (reflective of the local profile of opiate users). The service user engagement session in January will aim to explore whether there are any specific needs of service users from across different ethnic groups in relation to inpatient detox.

1.4 Outcomes

Inpatient provision is a short intervention, which forms part of an integrated treatment pathway, and so contributes to the overall outcomes from treatment for service users and overall performance for Nottingham. From November 2016 to October 2017, **633 of 2,606** service users successfully completed treatment, which equates to a successful completion rate of **24.3%**. Nottingham's partnership performance, which consists of multiple providers, is now at its highest rate for the last five years. Currently, Nottingham is performing better than East Midlands **18.6%**, and the national successful completion rate of **21.9%**.

Further work is required to understand whether it is possible to accurately assess the impact of inpatient detox on overall treatment outcomes.

2. ALTERNATIVE OPTIONS

Commissioners have committed to working with NHFT while they explore options for alternative models that would enable The Woodlands to continue during 2018/19. It has also been necessary for commissioners to consider alternative options to secure access to inpatient detox for Nottingham residents should The Woodlands close. Below is a brief summary of options.

2.1 No access to inpatient detox for Nottingham residents

The Woodlands contract would end at a negotiated date (currently 31st March 2018) and the budget for inpatient detox would be offered as a strategic saving against the Public Health budget. There would be no further access to inpatient detox for Nottingham residents and only community detox would be available.

Commissioners consider this option high risk due to the potential adverse impact on service users, including:

- Potential increase in drug related mortality and morbidity.
- Potential increase in presentations to Emergency Department and acute admissions.
- Potential reduction in the number recovering from substance misuse and potential increase in relapse and representation to treatment services.
- Service users requiring detox prior to commencing a residential rehab programme would also be disadvantaged.
- Against national guidelines: Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (DoH) and NICE guidelines state that inpatient detox should be available for service users where it is assessed that community detox is not appropriate. Particularly for users with complex physical and mental health comorbidities.
- While there would be an initial saving to the Public Health budget, this is likely to generate increased costs and pressures elsewhere in the system in the longer term (including, but not limited to, community drug and alcohol services, criminal justice system, acute and primary healthcare services, costs associated with drug related deaths).

2.2 Procurement of a new inpatient detox service

To go out to tender for a new inpatient detox service for Nottingham residents. Consideration would be given to the financial envelope for the tender and delivering best value for money.

2.3 Modification of the core community drug and alcohol service

To transfer the budget to the core community drug and alcohol service for securing/purchasing of bed days for inpatient detox for Nottingham residents. Transfer of the budget and responsibility for securing/purchasing inpatient detox bed days would be secured through contract modification and variation, in line with corporate contract procedure rules. Commissioners would monitor access to inpatient detox through performance and monitoring information and through usual contract management mechanisms of the core community drug and alcohol service.

This option may include the core community drug and alcohol service spot purchasing bed days from out of area providers, spot purchasing bed days from other local provision, or provision of alternative appropriate models for inpatient detox that meet the requirements set out in any contract variation.

Consideration would be given to the financial envelope transferred to the core community drug and alcohol service and delivering best value for money.

3. TRANSITION

Until a decision is reached on the future of The Woodlands and, should it close, a viable alternative be identified it is not possible to set out clear plans on transition from the current service.

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

Commissioners are working with NHFT to confirm whether it is possible to work to an end date of May 2018, should The Woodlands close. Currently Nottingham City is in contract with NHFT until 31st March 2018. However, prior to notification about the potential closure, commissioners had secured approval from Commissioning and Procurement Sub Committee to extend the contract to 31st March 2019. Should NHFT be able to extend our contract to May 2018 this will allow additional time to secure alternative provision minimising the risk of a gap in access to inpatient detox.

4. NEXT STEPS

Commissioners continue to engage with NHFT during their review of options for the future of The Woodlands.

Commissioners believe there to be an ongoing need in Nottingham for access to inpatient detox and are working to identify options that will deliver access to high quality inpatient detox, which also delivers value for money.

The next steps include to:

- Finalise the options appraisal which identifies potential options should NHFT take the decision to close The Woodlands
- Continue to consult with legal and procurement on options appraisal
- Continue to build on the EIA
- Undertake further engagement with service users, providers, clinicians and other stakeholders
- Should NHFT take the decision to close The Woodlands, negotiate an end date
- Determine appropriate level of approval for securing alternative provision should this be required
- Confirm alternative provision if required and secure through appropriate procurement/contracting mechanisms

5. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

- Drug Misuse & Dependence: Guidelines for Clinical Management 2017 (Department of Health)
- Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence, Clinical Guideline 115, NICE, 2011
- Drug misuse in over 16's: opioid detoxification, Clinical Guideline 52, NICE, 2007
- Nottingham City Joint Strategic Needs Assessment, Adult Drug Use, 2015
- Nottingham City Joint Strategic Needs Assessment, Alcohol, 2015
- Briefing: Substance Misuse Services, Care Quality Commission, 2017
- Estimates of opiate and crack cocaine use prevalence 2014 to 2015, Public Health England, 2017

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HEALTH SCRUTINY COMMITTEE
18 JANUARY 2018
SUPPORT FOR CARERS IN NOTTINGHAM
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To ensure that carer support services are meeting the needs of carers in the City.

2 Action required

- 2.1 The Committee is asked to:
- a) review how commissioners are working to ensure that carer support services meet the needs of carers in the City;
 - b) review how providers are working to ensure that their services meet the needs of carers in the City; and
 - c) identify any further evidence that it wishes to consider.

3 Background information

- 3.1 During the course of the Committee's 2015 review of end of life and palliative care services, councillors spoke to carers about both the end of life care received and the support that they received as carers of someone at the end of their life. The carers spoken to commented that they felt that the experience of being a carer of a person receiving end of life care could be lonely and isolating. They felt that their caring responsibilities took over their life for that period. They discussed that there was a feeling of being inadequate to carry out the role. While the carers had made use of respite care, they were not aware of other support available to them. While recognising that these were small scale anecdotal examples, in its report the Committee highlighted the need to recognise the potential for social isolation of carers and consider how providers can support carers at risk of social isolation or experiencing social isolation. The Committee also wanted to ensure that there were appropriate mechanisms for ensuring carers are aware of the support available to them and how to access it. These recommendations were fed into the strategic review of support for carers carried out by Nottingham City Council and Nottingham City Clinical Commissioning Group in 2016.
- 3.2 Following this review, carer support services were recommissioned and new services commenced in April 2017.

- 3.3 Nearly one year into the new service contracts, the Committee wanted to review how the services were working and, in particular, the extent to which they are meeting the needs of carers. A paper about the strategic review carried out, the re-commissioning of services and the services currently commissioned is attached. Representatives of commissioners and providers of carer support services will be attending the meeting to discuss this with the Committee.
- 3.4 The Committee may wish to consider whether there is any other evidence that it would like to consider to contribute to this review, for example service user experience.

4 List of attached information

- 4.1 Paper on Support for Carers in Nottingham

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

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 Report and recommendations of the Health Scrutiny Committee Review of End of Life/ Palliative Care Services 2015/16

7 Wards affected

- 7.1 All

8 Contact information

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Report to Health Scrutiny Committee - 18 January 2018

Title of paper: Support for Carers in Nottingham

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Summary:

This report summarises the needs of carers in Nottingham City, as identified during the 2016 joint strategic commissioning review (SCR) carried out by Nottingham City Council and NHS Nottingham City Clinical Commissioning Group (CCG), and improvements to support for carers as a result of this review. Following the SCR recommendations, integrated carers' support services were jointly commissioned between Nottingham City Council and the CCG. New services commenced 1st April 2017. This report includes an overview of performance to date, and expected outcomes and developments for the new services.

Local authorities have a statutory duty to proactively identify, assess and support carers in their area under The Care Act 2014, and to young carers under The Children and Families Act 2014.

1. BACKGROUND

1.1 Context

There are approximately 27,000 carers in Nottingham City (2011 Census data). Approximately 3,300 of these carers are under 25 years old. It is acknowledged that this is likely to be an under-estimation, and with demand for health and social care support expected to rise over the next 20 years, this figure is likely to increase.

Carers typically experience higher levels of stress and poverty, and poorer physical and mental health than the general population, due to the demands of the caring role. Young carers (aged under 18) can experience difficulties in school, feelings of loneliness and isolation, and report feeling stigmatised by teachers and by their peers. Carers provide support to Nottingham City's most vulnerable citizens, preventing the people they care for from requiring greater degrees of health and social care support. By supporting carers we can improve the carer's quality of life. We also support cared-for citizens to remain in their own homes, maintain independence and reduce their requirements for hospital admissions and residential care.

1.2 Legal requirements

The Care Act 2014 requires local authorities to proactively identify, assess and meet the needs of carers in their area who might have support needs that are not being met. This duty extends to all carers, including the carers of citizens who are not receiving social care support. The Care Act requires local authorities to work collaboratively with CCGs to continue to bring together Health and Social Care services to provide tailored support for the citizen.

The Children and Families Act 2014 requires local authorities to offer an assessment to young carers (aged under 18 years old) where it appears that a child is involved in providing care. This legislation is aligned with provision in the Care Act 2014 requiring local authorities to consider the needs of young carers, including whether care being provided by a child is excessive or inappropriate, and how caring responsibilities affect the child's wellbeing, education and development.

1.3 Citizen engagement

Consultations with carers included a carers' working group from the Citizen Panel, who took part in development of the service model and specification, and scoring bids for services. Key messages from carers were –

- Carers don't know where to go for information and support, and often don't recognise their own situation or that help is needed until they have been carers for a significant length of time. A single point of contact across City and County would be less confusing.
- Carers need improved access to respite provision to enable them to take breaks. Accessing respite through the single point of contact would enable carers to 'tell their story once'.
- Support with emergency planning would help carers to be more confident in their caring role.
- Young carers' felt that they required more support from school/college, access to appropriate support when needed, time to themselves, and opportunities to engage in activities/hobbies.

1.4 Equalities

The 2011 Census showed that the proportion of carers amongst the Black, Asian, and minority ethnic (BAME) communities is approximately equivalent to that of the general population, however, there is a higher than average proportion of carers, and more hours of unpaid care provided, in some BAME communities. It's likely that the figures represent only a fraction of carers in BAME communities. Familial expectations of caring in some cultures can mean caring is seen as a normal function of the family, so carers may not self-identify and therefore do not receive any support. In some communities there is little or no discussion of the cared-for person's condition.

It was noted that whilst some BAME carers (and citizens) may benefit from culturally specific care, it's not practical or cost effective to commission multiple community/culturally-specific services, and a generic BAME service cannot be expected to meet the needs of all communities.

The equality impact of the changes to services detailed in this report has been assessed (attached as Appendix 1), and due regard has been given to implications identified in it.

1.5 Outcomes

Following the recommendations from the joint SCR, integrated carers' support services were jointly commissioned between Nottingham City Council and CCG, including a single point of contact across Nottingham City and Nottinghamshire County, creating a single pathway for carers and professionals. Efficiencies in the new service model mean that the new services are able to support greater numbers of carers, whilst releasing savings of at least £85,000 per year across Nottingham City Council and CCG. The new Hub service carries out increased numbers of Carers Assessments, fulfilling Nottingham City Council's statutory obligation to carers, reducing pressure on Adult Social Care and reducing resources required in contract management. New services launched 1 April 2017.

2. CARERS SERVICES 2017

2.1 Carers Hub – Carers Trust East Midlands

The Nottinghamshire Carers Hub provides a single point of contact across Nottingham City and Nottinghamshire County. The Hub offers information, advice and support, including statutory Carers Assessments and support plans where required as per The Care Act 2014, group and individual support, mindfulness, counselling, and working proactively with health care and social care professionals to increase understanding of the importance of supporting carers. The work of the Hub includes proactive outreach and promotion targeting carers from the BAME communities, to ensure that they are supported adequately and equitably. The Hub provides a range of services, including

- Carers Assessments – assessment of carers' needs, to the appropriate level required by the carer, as per The Care Act 2014.
- Support plans following on from the Carers Assessment where needed.
- Emergency planning, for carers to ensure that support is available should an emergency occur involving the carer or the cared-for person, including provision of Carers I.D. cards.
- Group support sessions, regular drop-in sessions including carers clinics in GP practices, and telephone support.
- Counselling – group, face to face and telephone counselling options available.

- Training on being a carer, and signposting to specific training relating to the condition of the cared-for person, provided by other providers.
- Training for professionals on working with carers.
- Collating information on resources available to support carers in Nottingham City.

The Hub also works proactively with the Action for Young Carers service to develop support for young adult carers aged 18+, since this has been identified as a gap in provision.

2.2 Carers Respite - Carers Trust East Midlands

The Carers Respite service is a single inclusive respite service, providing timely breaks for carers, to prevent carer breakdown, ensure that carers are supported to remain in their caring role, and prevent avoidable crises. The service includes occasional, emergency, End of Life care or regular planned respite for carers of citizens unable to access respite through Adult Social Care. The service includes:

- A flexible, responsive, tailored service to the Carer and cared-for citizen.
- A sitting service with the cared-for person while the carer goes out.
- Activities that the cared-for person can take part in (either in their home or go out to attend, depending on needs.)
- Weekend support as well as week day and evenings, including specific tailored respite for citizens with mental health conditions and learning disabilities.
- Including carers in designing and planning individual care packages for the cared-for citizen.

2.3 Action for Young Carers - Carers Federation

Action for Young Carers works proactively with schools, health care and social care professionals to increase the identification of young carers. The service provides a range of personalised, holistic family support to reduce inappropriate caring roles and improve young carers' quality of life. Action for Young Carers provides a range of services which young carers will have access to, including:

- Information, advice & support across Health, Social Care and schools.
- Providing Young Carer statutory assessments (whole family approach).
- Person-centred support and information to young carers and their families.
- Group based support and activities for young carers, including provision for transport and sitting to enable young carers to attend where this is needed.
- Young Carers app.
- Emergency planning, including a Young Carers' I.D. card.
- Training for professionals on identifying young carers and the impact of being a young carer, signposting to specific training relating to the condition of the cared-for person, provided by other providers.

Action for Young Carers has clear safeguarding protocols and referral arrangements in place with both the Adults and Children's teams, to ensure that young carers and their families receive appropriate support, and young carers are not carrying out inappropriate caring roles. All front line support workers within Action for Young Carers are Priority Family leads and have completed compulsory Priority Family training.

Action for Young Carers works proactively with the adult Carers Hub to develop support for young adult carers aged 18+, since this has been identified as a gap in provision.

3. OUTCOMES AND PERFORMANCE

3.1 Expected Outcomes

The expected outcomes of the Carers Support Services, in line with the National Carers Strategy: Second Action Plan 2014-2016, are as follows –

- To improve carers' quality of life
- To increase the identification and recognition of carers.
- Improved physical and emotional well-being for carers.
- Carers feel more resilient, and better able to continue in their caring role.
- To reduce inappropriate caring roles and the impact of caring on young carers.
- Better/more joined up personalised support for both the carer and the cared-for citizen.

- Carers are able to fulfil their educational and employment potential, and to have a family and community life.

3.2 Performance Management

Performance is managed by Nottingham City Council Contracts Management team. Providers report against robust indicators, and provide a narrative report detailing progress and any issues. Quarterly reports include quantitative and qualitative measures. Performance-related pay elements are included in the Carers Hub contract to incentivise carrying out statutory Carers Assessments, and supporting carers from BAME communities.

A more detailed evaluation takes place annually to review the impact of the services, including annual visits to services. Measurement of the outcomes of individual carers is to be carried out using Carers Outcome Stars (<https://professionals.carers.org/carers-star>) and included in annual reports.

3.3 Performance to date

As noted, services have been in place since April 2017. In the first half of 2017/18 –

- 672 statutory Carers Assessments were carried out (more than twice the number carried out during 2016/17). All of these carers assessed also had support plans developed and all actions in the support plans were fully implemented.
- Over 20% of all carers contacted, assessed and supported were from BAME communities, in line with targets and wider commissioning expectations.
- Demand for counselling through carers support has decreased due to access to preventative activities such as higher levels of emotional support, mindfulness and coping sessions.
- Demand for respite is within capacity, and many carers accessing respite are carers of a person with a mental health condition, carers who themselves have a mental health condition, or are in mutual caring situations.

4. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

4.1 Policies and Strategies

- The Care Act 2014
- The Children and Families Act 2014
- The Young Carers (Needs Assessments) Regulations 2015
- The National Carers Strategy 2014-16 (DoH, October 2014)
- Working Together to Safeguard Children (DfE – 2015)
- 2016/17 Better Care Fund Policy Framework (DoH 2016)
- Nottingham City Joint Carers Strategy 2012 to 2017 (Nottingham City Council, NHS Nottingham City CCG, 2012)
- Nottingham City Children and Young People's Plan 1 year refresh 2015/16 (Nottingham Children's Partnership, 2015)
- 'No wrong doors: Working Together to Support Young Carers and their Families' (Nottingham City Council, 2015)

4.2 Documents

- 2011 Census (Office for National Statistics, 2011)
- Hidden from view: The experiences of young carers in England (The Children's Society, 2013)
- Commissioning for Carers: Key Principles for Clinical Commissioning Groups (Carers Trust, 2013)
- Eyes on the evidence: Physical and mental health of carers (NICE, October 2015)
- An integrated approach to identifying and assessing Carer health and wellbeing (ADASS; Children's Society; ADCS; Carers Trust, 2015)
- Young Carers' Needs Assessment Guidance (ADASS; Children's Society; Carers UK; Carers Trust, 2016)
- Nottingham City Joint Strategic Needs Assessment: Carers (Nottingham City Council, NHS Nottingham City CCG, January 2017)
- State of Caring 2017 (Carers UK, 2017)

HEALTH SCRUTINY COMMITTEE
18 JANUARY 2018
OUT OF HOSPITAL COMMUNITY SERVICES CONTRACT
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To receive an update on Nottingham City Clinical Commissioning Group's procurement of the Out of Hospital Community Services contract, including award of the contract and plans for mobilisation.

2 Action required

- 2.1 The Committee is asked to review plans for contract mobilisation, including engagement with service users regarding service changes.

3 Background information

- 3.1 In April 2017 Nottingham City Clinical Commissioning Group informed the Committee of it's proposal to remodel its Community Services contract and procure an integrated Out of Hospital Community Services contract. The current Community Services contract is held by Nottingham CityCare Partnership and is due to end on 31 March 2018.
- 3.2 A paper from Nottingham City Clinical Commissioning Group is attached providing an update on the procurement process and contract award, and a representative of Nottingham City Clinical Commissioning Group will be attending the meeting to answer questions about this.

4 List of attached information

- 4.1 Paper from NHS Nottingham City Clinical Commissioning Group 'Update on the procurement of the integrated Out of Hospital Community Services contract'

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 Notes of the informal meeting of the Health Scrutiny Committee held on 20 April 2017

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Jane Garrard, Senior Governance Officer
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Update on the procurement of the integrated Out of Hospital Community Services contract

1 Introduction

This paper provides an information update to the Health Scrutiny Committee of the process undertaken, content and outcome of the Out of Hospital Community Services procurement, as well as next steps towards implementation from the 1 July 2018.

2 Background

Nottingham City CCG Commissioners have commissioned an integrated out of hospital community service that will provide high quality evidence based integrated services that anticipate and respond to the needs of patients/citizens across Nottingham City (and south county where applicable), in order to:

- Minimise duplication, ensure effective use of resources, and optimise the collective benefit to patients/citizens from services and informal carers (e.g. family and friends) involved in their care.
- Work with commissioners and partners to ensure high quality, clinically and cost effective, evidenced based services are delivered within agreed care pathways.
- Empower patients/citizens to be actively involved in making decisions about their care.
- Provide streamlined access and equity of care provision for patients/citizens.
- Ensure a sustainable and motivated workforce with the right skills in the right place at the right time, every time.

The contract period is for 6 years 9 months with an option to extend up to 24-months, starting from 1 July 2018.

The value of the contract over this term is estimated at £212,625,000, inclusive of CQUIN (Commissioning for Quality and Innovation) (excluding VAT); an annual budget of £31.5m.

The contract has been procured under one single Lead Provider organisation who be a key stakeholder in the Greater Notts Accountable Care System discussions and implementation.

This re-procurement has been an opportunity to develop new ways of working in line with the Sustainability Transformation Plan (STP) and Multi-Care Specialist Provider (MCP) recommendations and create a new community offer that will include social care, mental health and some planned care/out-patient services as well as the traditional community clinical and physical health services. The re-procurement is not a like-for-like replacement of current provision.

3 Development and structure of the Contract

Specifications

The contract is made up of a core specification covering generic contract wide functions such as tissue viability, infection control, high level patient focused outcomes, access targets, medicines management etc, with specific service specifications attached as appendices as follows:

- Access, Navigation and Self-Care (which includes care coordination, service navigation, social prescriptions)
- Musculo skeletal service (triage, assessment, and treatment service)
- Long Term Conditions and Case Management (Diabetes, respiratory, neurology, cardiac and stroke, podiatry, end of life care, community nursing)
- Integrated Care (which includes urgent and crisis care, Reablement, community beds)
- Integrated Care Homes (including care homes nursing, dementia and advocacy services)
- Continuing HealthCare and Section 117 (Children and adults)
- Infection, Prevention and Control (independent providers)

Quality and patient centred outcomes

A quality schedule is a core part of the contract that will monitor and assess the quality, safety, satisfaction rates and effectiveness of the service provision and outcomes. In addition, a Local Incentive Scheme has been developed to financially reward the successful bidder to deliver patient outcomes. 2% of the contract value in year 1 will be dependent on the delivery of outcome targets. This figure will increase incrementally to reach 8% by year 7.

Outcome targets have been developed following engagement with public and patients/citizens from within Nottingham City over the last 2 years, including a recent patients/citizens Centred Outcome Measure project, and from recent national patients/citizens Reported Outcomes findings.

These statements will form the centre of our contract and will be measured through a variety of ways including the Invitation to Tender document as part of the procurement; through Key Performance Indicators, the Quality Schedule and the Outcomes Framework/Local Incentive Scheme within Schedule 4 of the Particulars:

- “I want to be treated by services who will recognise the importance of both my emotional and psychological needs”
- “I want my care to be planned with me, is centre on my needs and is inclusive of my family and carers”

- “I want my care to be coordinated across health, social care and third sector services”
- “I want my carer to have their needs recognised and are given support to care for me”
- “I have access to information about services, support, care, illness and health promotion that is relevant, useful, sensitive, up-to-date and available in different formats”
- “I am given practical and emotional support including access to statutory and voluntary sector services”
- “I want to be treated by staff who are prepared and informed about me, my care needs and other services”
- “I want staff to provide me with time to talk, ask questions, discuss issues and options, and give me explanations and information that is understandable and useful”
- “I want good assessment and planning on discharge from hospital so it is as smooth as possible”
- “I want staff who are effective at communicating and sharing information with me and also with other staff within and across health, social care and third sector services”
- “I want to be treatment by staff who will maintain my confidentiality, privacy and dignity and who treats everyone with respect”
- “I want to feel informed and given options and take part in decisions about my health with those who care for me”
- “I want to be treated by services that are easily accessible, responsive, offer choice and that provide timely treatment and care”

The specifications have been developed to allow the successful provider to bring innovation, experience and local knowledge to inform the delivery of services.

Social Value

Social Value forms a significant part of the contract. The CCG has 3 main objectives to ensure that the successful provider not only improves the health of the patient, but also contributes to the health of the City through:

- *Improving employment and training: Supporting people who are NEET (Not in Education, Employment or Training) into employment and development, to improve physical and mental health and wellbeing.*

- *Promoting healthy lifestyle behaviours: Encouraging healthy lifestyle choices and behaviours that support the prevention of ill-health.*
- *Supporting a healthy environment: Working towards a cleaner, safer environment that supports the health of our population and is sustainable for future generations to enjoy.*

The procurement weighted 25% to the Social Value category which emphasised the CCG's intention to award to a provider that knows our population and can work with other local partners to enhance the provision of care across the City.

4 Integration opportunities

Nottingham City CCG and Nottingham City Council share a vision to enable our citizens to live longer, be healthier and have a better quality of life, especially in communities with the poorest health. We have achieved much together in recent years, particularly in implementing our integrated care model and Better Care Fund plans. There is though recognition that only so much can be achieved without further breaking down organisational boundaries, eradicating the corporate silos and forging a new approach to commissioning and provision.

Nottingham City Council is named as a mandated partner in the Out of Hospital Community Services contract to deliver the already integrated Urgent Care and Reablement services. In addition, the intention to integrate more services between health and social care was advertised as part of the procurement and is underpinned by a jointly agreed Memorandum of Agreement (MOU). These additional services will be implemented within the contract from April 2019 to build on and improve the joint working already achieved.

The purpose of this alignment and integration should be to:

- Reduce impact on acute provision by preventing hospital admission
- Support the timely discharge from the acute sector – in particular, utilising the discharge to assess model
- Support individuals to continue to live in their own homes and
- Create a strength based approach to reduce the need for statutory long term support

5 Procurement process and Contract award

Procurement process

Arden and Greater East Midlands Commissioning Support Unit (AGCSU) were contracted to lead and advise the commissioners on the procurement process. This has included, vetting the specification and setting a fair and robust evaluation criteria. A Procurement Delivery Group was formed to agree the specification and sub-specifications address specific challenges and mitigate risk, particularly in relation to Conflict of interest.

A Prior Information Notice (PIN) was issued on the national Contracts Finder website in May 2017 to provide information about the tender and to invite potential lead and sub-contractor providers to a market engagement event which was subsequently held on the 26 May 2017 at Nottingham Voluntary Action Centre in the City. This event was well attended by 44 organisations from a range of sectors including NHS, Social Enterprise, Local Authority, Private and Charity. The event presented the high level services included in the contract and the context of the vision, objectives and requirements of the process. The event was intended to give potential bidders the opportunity to network with each other and for us to inform them of our expectations of the tender process and beyond.

The project was procured under the Open procedure as agreed by Project Delivery Group. The contract was publicly advertised in the Official Journal of the European Union, Contracts Finder and on the Bravo Solutions opportunity listings.

52 Organisations accessed the tender documentation published on Bravo Solutions, the e-procurement system used by AGCSU, and 2 bids were received by the deadline.

Offers were evaluated on the basis of Most Economically Advantageous Tender (MEAT) using a pre-determined methodology whereby the overall Quality/Price balance has been assessed as

- 50% Quality/Clinical
- 25% Social Value
- 25% Price

Contract award

Following support from NHS Nottingham North and East CCG; NHS Nottingham West CCG; NHS Rushcliffe CCG and NHS Nottingham City CCG Governing Bodies; we are able to confirm that Nottingham CityCare Partnership CIC is the preferred provider of the Out of Hospital Community Services contract.

CityCare scored particularly well in the following areas as well as offering the most economical contract value:

- Care coordination and care planning
- partnership working and integration
- self-care
- managing patient demand and expectation
- medicines management
- social value
- equality and diversity

6 Next steps

The CCG has already met with CityCare to plan and prioritise mobilisation tasks, in addition to the mobilisation plan that was submitted as part of the tender process.

Key elements of the 'Communication, Consultation and Marketing' category within the mobilisation plan includes:

- Mapping stakeholders and identifying citizens and families affected by change
- Developing communication plans
- Developing engagement plans
- Ensuring all stakeholders know what is changing and when
- Developing leaflets and posters
- Reviewing website and publically accessible information/social media

This will begin from January 2018 and continue up until July 2018.

7 Recommendation

The Health Scrutiny Group is asked to:

1. Note the update
2. Identify further priorities for mobilisation that have not yet been recorded
3. Confirm on how regular updates should be made to the Health Scrutiny Group regarding progress on mobilisation.

Kathryn Brown
Contracts Manager – Community Services
Nottingham City Clinical Commissioning Group
January 2018

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

1. Purpose

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

2. Action required

- 2.1 The Committee is asked to:

- a) note the work that is currently planned for the municipal year 2017/18 and make amendments to this programme as appropriate;
- b) consider scheduling an item to review how Nottingham University Hospitals NHS Trust and East Midlands Ambulance Service NHS Trust responded to the significant pressures facing emergency health services in the post-Christmas period;
- c) appoint 3 or 4 councillors to sit on each of the following Quality Account Study Groups:
 - i. Nottingham University Hospitals NHS Trust
 - ii. Nottinghamshire Healthcare NHS Foundation Trust
 - iii. East Midlands Ambulance Service Trust
 - iv. Circle Health – Nottingham Treatment Centre
- d) delegate authority to the Chair of the Health Scrutiny Committee to approve comments, based on evidence gathered by the Committee, for submission to be included in Quality Accounts documents.

3. Background information

- 3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.
- 3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.
- 3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.

- 3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.
- 3.5 The current work programme for the municipal year 2017/18 is attached at Appendix 1.
- 3.6 Correspondence from Nottingham University Hospitals NHS Trust and East Midlands Ambulance Service NHS Trust about the significant pressures they faced in the post-Christmas period and how they were responding to those has been circulated to Committee members. The Committee may wish to consider scheduling a debrief from Trusts for when immediate pressures have eased on the reasons and context of these pressures; how pressures were dealt with, including the effectiveness of the implementation of winter pressures planning and business continuity planning; and lessons to be learnt for the future.
- 3.7 Quality Accounts
In previous years, consideration of the Quality Accounts of Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, East Midlands Ambulance Service Trust and Circle Health (provider of Nottingham Treatment Centre) has been undertaken by the Joint City and County Health Scrutiny Committee. This Committee no longer exists, but because a significant proportion of residents of both local authorities receive services from these providers and to reduce the burden on providers, it is proposed to continue gathering information and evidence together informally. In addition to the evidence gathered throughout the year, this will be done by establishing 4 study groups (likely to each meet once in March/ April/ May depending on provider timescales). Following this, each Health Scrutiny Committee will separately decide on the content of its own comment to be submitted independently. Councillors are asked to nominate themselves to sit on one or more of the study groups to undertake this work. Healthwatch will also be invited to participate in the study group meetings. Nottingham CityCare Partnership only provides services to City residents and therefore this Committee will, as in previous years, review its Quality Account in regular Committee meetings.

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 Correspondence from Nottingham University Hospitals NHS Trust (dated 3 January 2018) and East Midlands Ambulance Service NHS Trust (dated 3 January 2018)

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

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Health Scrutiny Committee 2017/18 Work Programme

Date	Items
<p>18 May 2017</p> <p>CANCELLED</p>	
<p>13 June 2017 10:15am</p> <p>Informal Meeting</p>	<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)
<p>22 June 2017</p>	<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
<p>20 July 2017</p>	<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"> • Out of Hospital Community Services Contract To receive an update on procurement of the Out of Hospital Community 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. (Nottingham City Council, Carers Trust, Carers Federation) • Inpatient detoxification services at The Woodlands Unit To consider proposals in relation to the future of inpatient detoxification services for City residents (Nottinghamshire Healthcare Trust, Nottingham City Council) • Work Programme 2017/18
22 February 2018	<ul style="list-style-type: none"> • Suicide Prevention Plan To scrutinise implementation of Suicide Prevention Plan

Date	Items
	<p style="text-align: right;">(Nottingham and Nottinghamshire Suicide Prevention Group)</p> <ul style="list-style-type: none"> • 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 • GP services in Nottingham City (tbc) To review current provision and quality of GP services in the City (Nottingham City CCG) • Work Programme 2017/18
22 March 2018	<ul style="list-style-type: none"> • 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) • 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

Written information requested

- Nottingham Treatment Centre procurement: Briefing on development of the specification for the dermatology service, including what expertise has been sought and the process for engagement and consultation; and how the specification has taken into account the recommendations of clinical experts and service users
- Cleanliness at Nottingham University Hospitals NHS Trust: Results of 2nd Independent Cleanliness Audit (27-30 November 2017) [due early 2018] and Report from External Review of Soft Facilities Management Services, including cleaning.

Visits

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

Study groups

- **How commitments to adult mental health are being maintained in current decision making to manage budget pressures**
Membership: Cllrs Peach, Power and Williams (tbc)
- **Quality Accounts** (Nottingham University Hospitals; Nottinghamshire Healthcare; East Midlands Ambulance Service; Circle)

Informal meetings

- Reducing unplanned teenage pregnancies – focus on Aspley and Bulwell

Other informal meetings attended by the Chair

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

Items to be scheduled for 2018/19

- **Seasonal Flu Immunisation Programme**
 To review the performance of the seasonal flu immunisation programme 2017/18 and the effectiveness of work to improve uptake rates
 (NHS England/ NCC Public Health)
- **Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update**
 To review the implementation (including transition period) of service provision at Hopewood – new CAMHS and perinatal mental health services site
 (Nottinghamshire Healthcare Trust)
- **East Midlands Ambulance Service – Nottinghamshire Division**
 To review the impact of the new national ambulance service standards on performance in the Nottinghamshire Division
 (East Midlands Ambulance Service)
- **Homecare services**
 To review provision, including waiting times and quality of care, of homecare services under the new framework.
 (Nottingham City Council)
- **Children and Young People’s Mental Health and Wellbeing**
 To review progress in implementation of the Transformation Plan and the impact on outcomes for children and young people.
 (Commissioners/ Nottinghamshire Healthcare Trust)

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