Public Document Pack

NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 22 February 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** To confirm the minutes of the meeting held on 18 January 2018	3 - 12
4	**SUICIDE PREVENTION**	13 - 34
5	**GENERAL PRACTICE SERVICES IN NOTTINGHAM**	35 - 48
6	**PUBLIC HEALTH BUDGET PROPOSALS**	To follow
7	**PROCESS FOR DEALING WITH SUBSTANTIAL VARIATIONS AND DEVELOPMENTS TO HEALTH SERVICES**	49 - 58
8	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18**	59 - 68

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

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES

BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

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

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 18 January 2018 from 1.32pm - 4.23pm

Membership

Present	Absent
Councillor Anne Peach (Chair)	Councillor Jim Armstrong
Councillor Merlita Bryan (Vice Chair)	Councillor Corall Jenkins
Councillor Ilyas Aziz	
Councillor Patience Uloma Ifediora	
Councillor Ginny Klein	
Councillor Chris Tansley	
Councillor Carole-Ann Jones (minutes 48-52 inclusive)	
Councillor Adele Williams	
Councillor Jackie Morris (minutes 51-54 inclusive)	
Councillor Eunice Campbell	
Councillor Brian Parbutt (minutes 52-54 inclusive)	
Councillor Georgia Power (minutes 52-54 inclusive)	

Colleagues, partners and others in attendance:

Angela Potter	- Director	) Business	) Nottinghamshire
		) Development	) Healthcare
Sharon Creber	- Deputy Director	) & Marketing	) Trust
Dr David Rhinds	- Consultant Addiction Psychiatrist		)
Reeve Palmer	- Commissioning Officer)		NHS Nottingham City
Kathryn Brown	- Contracts Manager, Community Services		) Clinical Commissioning
Ciara Stuart	- Assistant Director, Out of Hospital Care		(jointly with NCC)
Linzi Adams	- Regional Operations Manager		- Carers Trust East
Rosaleen Lynch	- Service Manager, Action for Young Carers		- Carers Federation
Lucy Putland,	- Strategy and Commissioning Manager		) Nottingham
Christine Oliver	- Head of Commissioning		) City
Tracy Lyon	- Strategy and Commissioning Officer		) Council
Lisa Lopez	- Commissioning Manager		)
Jane Garrard	- Senior Governance Officer		)
Cath Ziane-Pryor	- Governance Officer		)

48 APOLOGIES FOR ABSENCE

Councillor Jim Armstrong – personal
Councillor Corall Jenkins

49 DECLARATIONS OF INTEREST

None.

50 MINUTES

Confirmation
Subject to minute 45, Future Provision of Congenital Heart Disease Services, including the request that further information is provided on the follow-up support services available in Nottingham, the minutes of the meeting held on 14 December 2017, were confirmed as a true record and signed by the Chair.

Matters arising
It is noted that with regard to minute 42, Cleanliness at Nottingham University Hospitals (NUH) NHS Trust, whilst the staff may have experienced a significant change moving from Carillion back to NUH, with the announcement that Carillion is in receivership, Members of the Committee were relieved that the transition had taken place. The Committee were assured that the remaining services on the site run by Carillion, including the carpark, would not see any impact for users.

51 INPATIENT DETOXIFICATION SERVICES AT THE WOODLANDS UNIT

Further to the recommendation of the November meeting of the Committee, Angela Potter (Director), and Sharon Creber (Deputy Director), of Business Development and Marketing, Dr David Rhinds, Consultant Addiction Psychiatrist (all Nottinghamshire Healthcare Trust), Lucy Putland, Strategy and Commissioning Manager, Christine Oliver, Head of Commissioning, and Tracy Lyon, Strategy and Commissioning Officer, (all Nottingham City Council), were in attendance to update the Committee on the position of the Woodlands Inpatient Detoxification Unit.

At the November meeting the Committee was informed that it was no longer financially feasible for Nottinghamshire Healthcare Trust (NHCT) to continue to provide inpatient detoxification services at the Woodlands Unit under the current arrangements and that if no alternative income could be secured or costs reduced, the facility would close in the new financial year.

As a national centre of excellence which provides a valuable service to local citizens, the Committee are keen that a method of maintaining services at Woodlands is found, and if this is not possible, that alternative inpatient provision is available for the citizens of Nottingham.

Officers in attendance provided the following additional information:

(i) The unit has been the subject of a gradual loss of income as other local commissioners have contracted services from other providers, leaving Nottingham City as the only significant client;

(ii) Investigation of potential alternative operating models has been on-going since September but without success, however, there may be potential to request that Framework consider taking the lead in providing the service. A report will be provided to the Trust's Board on 25 January with a recommendation for future course of action, along with the 'save our NHS' petition against the unit's closure;

(iii) Nottingham City Council is working closely with NHCT and reviewing local need of the service. With an estimated 1500-2000 substance misusers in the City in addition

to the high level of alcohol abuse along with the level of complexity and ageing profile of substance misusers, it is evident that there is a need for inpatient detoxification services in the City and necessary that some level of inpatient service, in some form, is maintained;

(iv) Most other inpatient services are supported by independent providers but the nearest units are at Birmingham and Sheffield. If the Woodlands Unit is to close, it is predicted that citizens in need will present themselves to local emergency services, such as Queens Medical Centre, which are not equipped with the same specialist expertise as Woodlands and this will have additional cost implications due to the complexity of need and add to pressures on bed occupancy;

(v) NHCT has said that it would be willing to extend the City Council's contract from 31 March 2018 to 31 May 2018 to enable a period of service transition.

Committee members' questions were responded to as follows:

(a) There will be a period of engagement (not consultation) of service users and their carers with an event planned for 23 January. If not enough participants attend then further events will be held. It can be difficult to achieve a good attendance to enable an understanding of City need as the unit draws patients from a wide area, not just the City, but the event will be well advertised. The possibility of developing a RADAR service model - providing short-term beds to ease the high pressure on hospitals by taking patients with substance misuse issues has been explored but no evidence was found that this would be sufficient to delay the decision on Woodlands. This could be a solution on a longer-term basis and it is anticipated that such a new service would need approximately 18 months to 2 years to be developed and embedded;

(b) Inpatient detoxification is cheaper to provide in specialist facilities than in a general hospital context;

(c) If inpatient services were provided away from the City, there is a risk that patients will not want/ be able to travel away from their friends, family and home so will not successfully detox;

(d) Inpatients at The Woodlands only accounts for 5% of the patients engaged in the substance detoxification services, with Framework, Nottingham Recovery Network and Clean Space working collectively with approximately 2000 of the most problematic cases in the community;

(e) Framework currently has a 7 year contract with to provide community substance misuse services and is performing well, so it is hoped that it can build on its current work to incorporate inpatient detoxification services;

(f) Should Woodlands close, NHCT is confident that service user transition to an alternative can be manged very well as inpatients do not usually stay for more than 10 days;

(g) NHCT have already started engagement with staff at Woodlands who are fully aware of the current and potential position. Some staff are already seeking alternative

employment, but the consultation will continue until the end of May 2018. Redundancies are not predicted and alternative employment within the Trust will be found and, depending on the model of any new contract, it may be possible to TUPE some staff to the new provider;

(h) The Woodlands Unit is a centre of excellence and although treating with only 5% of the substance misuse patients, there is an 8 week waiting time for patients to access the facility. This is too long but illustrates the need for the service;

(i) The current focus for the Trust is to identify options to continue the service. For citizens who are unable to detox in the community, they are referred to inpatient services such as the Woodlands Unit as there may be related health complications during the detox;

(j) The Trust will consider viability and how the service may be contracted through another provider. Regardless of where the service is provided, the level of provision and expertise will remain high. No one wants the unit to close but it's obvious that it can't continue as it is.

The Chair stated that the Committee appreciates that the Trust Board is yet to receive further information prior to recommending a decision. Until the outcome of the Trust Board decision and the proposal for alternative commissioning and provision is known, it is not possible for the Committee to determine if changes will result in a 'substantial variation of services' for Nottingham residents, so requests that if Woodlands is to close, the proposals for future provision are submitted to the Committee for consideration as soon as possible prior to the end of the extended contract.

RESOLVED

(1) that the Committee does not want to see the Woodlands Unit close; but

(2) that if the Woodlands Unit is to close the Committee:

(a) welcomes plans to extend the City Council contract to the end of May 2018 to ease the service transition period;

(b) encourages commissioners to look towards commissioning local NHS supported provision for inpatient services;

(c) asks commissioners to present to the Committee at the earliest opportunity, a proposal for commissioning inpatient detoxification services.

52 SUPPORT FOR CARERS IN NOTTINGHAM

Lisa Lopez, Commissioning Manager (Nottingham City Council), Reeve Palmer Commissioning Officer (NHS Nottingham City Clinical Commissioning Group), Linzi Adams, Regional Operations Manager (Carers Trust East Midlands), and Rosaleen Lynch, Service Manager, Action for Young Carers (Carers Federation) were in attendance to present the report. In addition, an informative presentation was jointly delivered and is issued with the initial publication of the minutes.

There is a statutory duty under the ‘Care Act 2014’ for local authorities to identify, assess and meet the needs of carers. Whilst in 2011 approximately 27,000 carers were identified in Nottingham, it is anticipated that the number of carers is much higher now, not just due to the pressures on social care, but also as many carers don’t recognise that their support of family members/ friends/ neighbours constitutes caring. It is estimated that there are at least 3,000 young carers below the age of 25 years of age in the City.

Following the Committee’s review of end of life services, which highlighted concerns about carer support, Nottingham City Clinical Commissioning Group (NCCCG) and Nottingham City Council undertook a strategic review and jointly recommissioned carer support services which includes a central point of contact, The Carers Hub (supported by the Carers Trust East Midlands) which provides support and information on:

(i) Carer assessments;
(ii) Support plans;
(iii) Emergency planning for carers;
(iv) Group support sessions;
(v) Counselling;
(vi) Access to carers respite;
(vii) Training for carers;
(viii) Training for professionals who work with carers.

The report and presentation outline the engagement approach and activity undertaken to identify, assess and meet the needs of carers, with information on the positive feedback from carers on the new approach. It is noted that compared to other local authorities, Nottingham City Council is doing very well in meeting the requirements of the Care Act 2014.

Members of the Committee welcomed the update and progress made.

Members’ questions were responded to as follows:

(a) A carers online assessment has not been rolled out in Nottingham and it is understood that most authorities who have developed an online assessment have retained the function in-house rather than contract out the assessments as Nottingham has done. Assessments are important to help citizens better understand if they have a caring role, if they do, to help identify what their and the cared for person’s needs are, and how to ensure that those needs are met;

(b) The online ease by which information for carers in Nottingham City can be accessed will be revisited;

(c) As the newly commissioned services haven’t been operating for a whole year yet, the overall evaluation and feedback information is not yet available. However, some aspects, such as the mindfulness classes for carers, are monitored on a quarterly basis and have proved repeatedly popular. Carers are specifically asked if the services have met their expectations, if they have received the support they need and also asked to speak up if they’re not happy about any aspects of the services provided or feel that improvements can be made as negative feedback can be very helpful in identifying gaps in service provision;

(d) Being aware that some carers didn't consider themselves such, particularly children and young people, a lot of work is done in schools to help young carers recognise their role and come forward, but also with teachers and school staff to enable identification of young carers who can then be referred for assessment and potentially support;

(e) Due to people not recognising that they are 'carers', publicity is often phrased with the question of 'do you look after someone' which is found to have a significantly better response;

(f) Further work needs to be done to ensure that GP awareness is raised and that questions are asked when children and young people accompany adults to appointments. New carers continue to be identified but it is recognised that some people may be concerned that if they are seen to need or ask for help, that social care workers could remove the young people from their home, but in reality, the intention is to help and support carers and aim to reduce the impact of caring on these young people;

(g) Information sharing tools, such as the Local Information Online Nottingham (LION) and are valuable for making contact with carers so suggestions of further routes and venues to place promotional engagement are welcomed;

(h) The Black, Asian, Minority, Ethnic (BAME) proportion of known carers is equivalent to the BAME population but a detailed breakdown of statistics, including emerging communities, can be provided to members of the Committee;

(i) One of the challenges identified is that there are a lot of older people caring for other older people without realising that they are carers. Specific marketing work which aims to try and engage these hidden carers has successfully been placed in GP waiting rooms, pharmacies and the discharge area of hospitals where staff have been also been asked to look out for circumstances where a potential carer could be identified;

(j) The 'carer's assessment' is a statutory title as carers need to know that they have been assessed but a 'light touch' approach has been taken where appropriate and this works well. The initial 25 page document was considered a bit daunting, but the current version is more meaningful and targeted and easier to complete;

(k) With regard to there being 2 organisations supporting carers (Carers Trust and the Carers' Federation), there needs to be consistency of support, even though each organisation is very different and provide different service elements. There is a minor overlap with regard to some performance indicators, but the two organisations do work well together;

(l) The information held on young carers and their family is retained and shared with the adult caring team as the young person transitions into that criteria;

(m) Statistics for self-referral are not immediately available but can be provided to members of the Committee following the meeting;

(n) Performance indicators include information on:
- (i) The numbers of people contacted by the service;
- (ii) How many support plans have been completed;
- (iii) Background, ethnicity, disabilities, mental health needs and location;
- (iv) Referrals to other services;
- (v) Outcomes (which are reviewed at the end of each year) including continuity of care;
- (vi) Carer satisfaction survey;

(o) Currently in excess of 3,000 young carers have been identified, but the reality is predicted to be twice as many so to try and reach them and raise awareness, marketing material is placed in schools and colleges and clubs to encourage their engagement. However, not all young carers want the support, help and advice of services;

(p) There are currently 30 young people who are trained as 'carer champions' and located in different schools and academies across the City to help those young carers who don't feel the need to access other services if they have the support and understanding of their school/academy. However, unless they are engaged with the service, it is not possible to monitor their needs and the support they receive, but they are tracked and the option of engaging remains open, particularly with support in preparation to transitioning to being classified as an adult carer when the majority do tend engage fully with services.

Members of the Committee welcomed the single point of contact arrangement as beneficial in preference to some previous arrangements which appeared fragmented, but requested that further work is undertaken regarding the website, such as information on the services and support available, including where services are provided, when and links to more detailed information for City residents.

The Committee also decided to gather information on service user experience and feedback on the services.

RESOLVED

(1) to recommend that the website for the Carers Hub is reviewed to ensure it is clear what services and support are available for City residents and that there are clear links to further information for young carers in the City;

(2) for Lisa Lopez and Jane Garrard to liaise to collate the additionally requested information for circulation following the meeting;

(3) to gather further evidence on service user experience of carer support services.

53 OUT OF HOSPITAL SERVICES CONTRACT

Kathryn Brown, Contracts Manager in Community Services, Greater Nottingham Clinical Commissioning Groups and Ciara Stuart, Assistant Director – jointly in role with Nottingham City Council, were in attendance to present the report to inform the Committee of the procurement of 'Out of Hospital Community Services' which will be implemented from 1 July

2018.

Following a procurement process, Citycare Partnership (CP) has been awarded the contract until 31 March 2025. Although there is only one provider, there is facility for aspects of work to be sub-contracted out by CP with the introduction of new contractual model in line with the Sustainability Transformation Plan (STP).

The 7 core themes of the contract are:

- 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, re-ablement, 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).

The contract is less prescriptive than previously to enable more autonomy to create an integrated model of service delivery. However, quality and safety remain vital performance indicators with patient feedback and engagement, patient experience, and clinical outcomes amongst the indicators reported and scrutinised on a monthly basis. A local incentive scheme is in place to reward the delivery of successful outcomes.

Members' questions were responded to as follows:

(a) With the national shortage of district nurses, providers are encouraged to be innovative and decide what type of staff respond to deliver required services and ensure that the required outcomes are achieved within the guidelines and robust quality schedule. Continuous monitoring will be undertaken and if providers have any concerns, they are expected to inform the CCG. The contract includes a work stream element which will consider if the right staffing is available (including consideration of the local workforce) to meet the required outcomes;

(b) The local incentive scheme provides an additional financial incentive for providers to achieve the required standards and is predicted to further benefit services as a system-wide approach is essential;

(c) The CCG will not be involved in setting sub-contracted service budgets, this will be for CP to gauge, but the CCG will require contract work plans and updates on staffing

appraisals, turnover and sickness to highlight any issues. In addition, the provider has to declare their financial viability every six months;

(d) Overall (obviously as the chosen provider), CP scored well on all required aspects of the application and ass a Social Enterprise, has a good, open working relationship with the CCG which works well for both organisations.

Members of the Committee welcomed the update and congratulated Citycare Partnership on winning the contract.

RESOLVED to request that the Clinical Commissioning Group provide an update to the Committee on progress in mobilising the 'Out of Hospital Services' contract at the May 2018 meeting and that the Citycare Partnership are also invited to attend the meeting to provide an operational perspective.

54 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

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

The Committee were informed that there is to be a protest by an anti-abortion group outside the Treatment Centre on Nottingham University Hospitals Trust estate but the City Council is liaising with the hospital managers to prevent protestors disrupting services and using threatening behaviour. NCC and NUH have issued a joint public statement against 'acts of intimidation'.

In the spirit of efficiency, it is proposed that City and County Councillors work together at informal joint meetings to undertake the evidence gathering for the review of provider Quality Accounts. It is proposed that there will be four informal sessions, each focusing in the Quality Accounts of Nottingham University Hospitals Trust, Nottingham Healthcare Trust, East Midlands Ambulance Service Trust, and Circle (Treatment Centre) in March/ April/ May 2018. It is requested that 3 or 4 Councillors from City attend each session and that each member of the Committee volunteer for at least one session. An invitation for Healthwatch colleagues to be involved will be issued once session dates can be confirmed. Both City and County Councils will submit their own comments for inclusion in the Quality Account documents.

RESOLVED

(1) to note the Committee's work programme for the remainder of 2017/18 with the inclusion of the following topics:

(i) proposals for the future of inpatient detoxification services (as soon as possible);

(ii) Nottingham University Hospitals and East Midlands Ambulance Service responses to the significant service pressures during the post-Christmas period (March);

(iii) Progress of the Sustainable Transformation Plan and Accountable Care System (tbc);

(iv) Access to GP services, including the impact of financial pressures on GP provision (February tbc);

(2) for members of the Committee to liaise with Jane Garrard to volunteer for one or more of the Quality Accounts meetings.

HEALTH SCRUTINY COMMITTEE
22 FEBRUARY 2018
SUICIDE PREVENTION
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To scrutinise how partners are working together to implement the Nottingham Suicide Prevention Strategy and Action Plan.

2 Action required

2.1 The Committee is asked to:

a) use information provided by partners to review progress in implementing the local Suicide Prevention Plan; and

b) identify any further evidence that it wishes to consider.

3 Background information

3.1 In December 2016 the House of Commons Select Committee published an interim report on suicide prevention to inform the Government's updated suicide prevention strategy. The Government subsequently published a progress report updating the strategy. The Health Select Committee held a further enquiry and witnesses told the Committee that the underlying strategy was essentially sound but the key problem lay with inadequate implementation. The Select Committee made a number of recommendations including about the quality and implementation of local suicide prevention plans. One of these recommendations was that, while there is a need for national oversight, there was a role for local scrutiny of implementation of suicide prevention plans and that this could be a role for local authority health scrutiny committees.

3.2 In response to this, the Committee included a review of the implementation of the Nottingham suicide prevention plan and how partners are working together to reduce suicide by Nottingham City residents on its work programme.

3.3 The Committee has invited partners involved with the Suicide Prevention Steering Group to attend the meeting and provide information about their perspective on the local Suicide Prevention Plan, with a particular focus on implementation.

4 List of attached information

4.1 Report on Suicide Prevention

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 House of Commons Select Committee Sixth Report of Session 2016/17 'Suicide Prevention' (March 2017)

HM Government 'Preventing Suicide in England: Third Progress Report of the Cross-Government Outcomes Strategy to Save Lives' (January 2017)

7 Wards affected

7.1 All

8 Contact information

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

Nottingham City Health Scrutiny Committee report on Suicide Prevention

Thursday 22nd February 2018

Contents

Purpose....2

Section 1....2

Background information....2

Strategic priorities....3

Progress in Nottingham against the 5 priority areas:....4

Oversite and quality assurance....7

Finance....8

Intended future actions....8

Section 2....9

Local progress against the Health Select Committee report recommendations....9

Risks....12

Recommendations....12

Appendix 1 Summary of progress against Health Select committee report....14

Appendix 2 Nottingham and Nottinghamshire Suicide Prevention action plan....17

Purpose

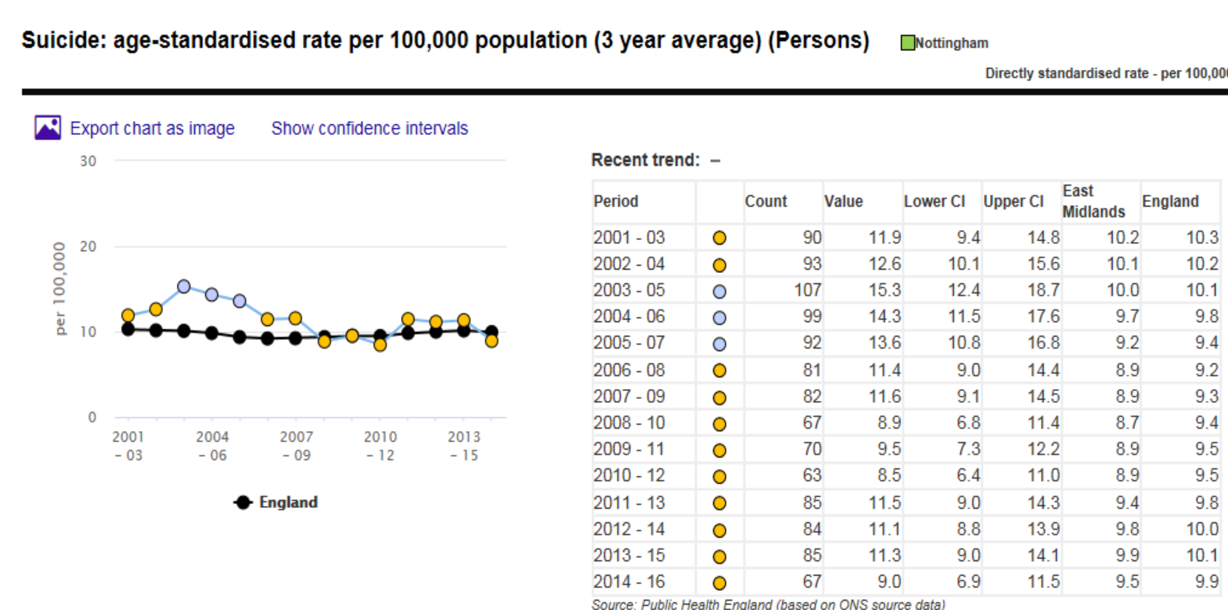
- To provide an overview of Suicide Prevention in Nottingham and progress against national and local strategic plans (Section 1).
- To identify progress and or gaps against the recommendations set out in the House of Commons Health Committee Suicide Prevention report[1] on suicide prevention (Section 2).

Section 1

Background information

The age-standardised mortality rate from suicide and injury of undetermined intent for Nottingham City for 2014-16 was 9.0 per 100,000 for all persons, slightly lower than the regional (9.5 per 100,000) and England average (9.9 per 100,000) but not statistically significantly so. The rate for males is higher at 14.9 per 100,000. During the three-year period there were 67 deaths registered as suicide to people resident of Nottingham, of which 84% were male. This is the lowest number of recorded deaths for a three-year period since 2010-12 (see Figure 1). On average, between 21 and 28 people are recorded as dying by suicide each year in Nottingham.

Figure 1: The age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population for Nottingham 2001 – 2016



Period		Count	Value	Lower CI	Upper CI	East Midlands	England
2001 - 03		90	11.9	9.4	14.8	10.2	10.3
2002 - 04		93	12.6	10.1	15.6	10.1	10.2
2003 - 05		107	15.3	12.4	18.7	10.0	10.1
2004 - 06		99	14.3	11.5	17.6	9.7	9.8
2005 - 07		92	13.6	10.8	16.8	9.2	9.4
2006 - 08		81	11.4	9.0	14.4	8.9	9.2
2007 - 09		82	11.6	9.1	14.5	8.9	9.3
2008 - 10		67	8.9	6.8	11.4	8.7	9.4
2009 - 11		70	9.5	7.3	12.2	8.9	9.5
2010 - 12		63	8.5	6.4	11.0	8.9	9.5
2011 - 13		85	11.5	9.0	14.3	9.4	9.8
2012 - 14		84	11.1	8.8	13.9	9.8	10.0
2013 - 15		85	11.3	9.0	14.1	9.9	10.1
2014 - 16		67	9.0	6.9	11.5	9.5	9.9

Source: Public Health England (based on ONS source data)

Effective prevention of suicide requires a whole system approach including representatives from various agencies operating within Nottingham City. The joint Nottingham and Nottinghamshire Suicide Prevention Steering Group was reformed in 2013. The main responsibility of the group was the development of a multi-agency

[1] House of Commons Health Committee Suicide Prevention report (March2017)

Suicide Prevention Strategy (2015-2018) and the implementation of the accompanying action plan (attached in Appendix 2).

The steering group comprises of stakeholders from the following organisations:

• Public Health City and County (Chair and meeting facilitator) • Nottingham City Crime and Drugs Partnership / substance misuse commissioners • Nottingham City Coroner's Office • Nottinghamshire Police • NHS Mental Health services (Children, Young People and Adults) NHFT • CCG Mental Health Commissioners (Children, Young People and Adults) • Substance Misuse service providers	• Quality and safety leads (CCG and NHFT) • Primary Care GP mental health leads • Network Rail • British Transport Police • East Midlands Ambulance Service • University of Nottingham (Researchers) • Student Counsellors (University of Nottingham and Trent University) • Third Sector Organisation, such as; Samaritans offering bereavement support and Harmless offering support services and workforce development

Strategic priorities

The overall strategic aim of the Nottingham Suicide Prevention strategy is:

To reduce the rate of suicide and self-harm in the Nottingham City population

In order to achieve this five strategic priorities were established:

Box 1: Nottingham City suicide prevention priorities

Priority 1: ***Identify early those groups at high risk of suicide and self-harm*** and support effective interventions

Priority 2: Review of ***timely suicide and self-harm data and be informed by national and local evidence based research and practice*** in order to better understand the local needs

Priority 3: Access effective support for those ***bereaved or affected by suicide***

Priority 4: ***Engage with media personnel*** to agree on sensitive approaches to reporting suicide and suicidal behaviour

Priority 5: Improve the understanding and care for people at risk of suicide and self-harm through ***training of frontline staff*** to deal with those at risk of suicide and self-harm behaviour

Progress in Nottingham against the 5 priority areas:

1. Identify early those groups at high risk of suicide and self-harm and support effective interventions

Actions completed:

- In order to understand local needs better, and identify any additional actions necessary, it was agreed to undertake an audit of information held at Nottingham Coroner's Service. The audit included deaths with a conclusion of suicide and it was also agreed to include 'self-harm' deaths where intention was not determined.

  The audit was undertaken in 2015/16 and looked at the two calendar years, 2013 and 2014 for the whole of the geographical county of Nottinghamshire. Therefore the figures below are for Nottingham City and Nottinghamshire County combined. The information was reviewed to identify any common themes or locations and analysed for each year.

  The audit identified 250 deaths 76% male, 24% female, this is similar to the national picture. Although the circumstances of each death were different, certain groups were over represented. Men between the ages of 35 and 64 accounted for 46% of deaths in the audit and were more likely to come from the most deprived neighbourhoods. Again this is similar to the national picture.

  To reduce the number of deaths by suicide in this group the Suicide Prevention Steering Group agreed to focus action on men in the 2017/18 suicide prevention action plan (appendix 2).

- National awareness campaign focusing on men includes The Campaign Against Living Miserably (CALM)

- Increased Access to Psychological Therapies (IAPT) has been commissioned by the CCG since 2014. Integrated IAPT was rolled out in 2017 in the city across pain, respiratory and cancer. A Health Equity Audit in 2016 identified no disparity in gender or socioeconomic status existed in access to IAPT services indicating that an identifiable vulnerable group from the coroner audit (males from deprived neighbourhoods) were no less likely to access IAPT services for support around common mental health problems.

- Implementation of primary mental health care workers across the city so as to assist with management of mental health disorders in primary care through delivery of interventions that contribute to reductions in local levels of various mental health morbidities e.g. depression, suicide and self-harm.

- Increased support through Wellness in Mind for people experiencing a range of difficulties e.g. advice and support around debt, relationships, past abuse, homelessness, substance misuse etc in order to prevent mental health problems arising or deteriorating through support, advice and advocacy to other services.

- Targeted support for the BMER community through the commissioning of STEPS to forge links, undertake advocacy and enable access to mainstream mental health services.

- Domestic violence is an important cause of mental health problems amongst women that could be alleviated through interventions in primary care. Victims of sexual or domestic violence in adulthood is associated with the onset and persistence of depression, anxiety and eating disorders, substance misuse, psychotic disorders and suicide attempts (CMO 2014). Nottingham City Council, Clinical Commissioning Group and Nottinghamshire's Police and Crime Commissioner jointly invest in Domestic and Sexual Violence and Abuse services in Nottingham.

2. **Review of timely suicide and self-harm data and be informed by national and local evidence based research and practice in order to better understand the local needs**

   Public Health reviews national and local suicide trends and identifies at risk groups. PHE provide a suicide prevention profile presenting data relating to prevalence and associated risk factors, which is updated annually.

Completed actions

- 2015/16 Coroner's suicide and self-harm coroner's audit.

Ongoing actions

- Completion (early 2018) of a Nottingham City Joint Strategic Needs Assessment on Suicide. The JSNA will include recommendations for consideration by commissioners of services in Nottingham City.

- Continued data collection, analysis and delivery of Coroner's Audit.

- Establish a data surveillance sub group of the Suicide Prevention Steering Group so as to routinely understand trends arising through studying operational services data on suspected suicides e.g. NHFT, Police, substance misuse services and other key partners such as Harmless that hold relevant data.

3. **Access effective support for those bereaved or affected by suicide**

   Support for those bereaved as a result of suicide is identified in national and local strategies and is reinforced as a priority in the Health Select Committee report.

Currently in place

- Harmless, a third sector organisation is currently commissioned by the East Midlands Academic Health Science Network to provide a support service in order to promote emotional wellbeing and reduce the risk of further suicide to those bereaved by suicide in Nottingham and Nottinghamshire. The funding of this project is time limited and due to end in March 2018.

In place and ongoing actions

- At the time of a suicide death, Nottinghamshire Police give the families of the deceased person the Samaritans 'Help is at Hand'[2] that offers advice and where to get support. The Coroner's office also provide relatives with the Samaritans 'Help is at Hand' at the coroner's inquest.

- Samaritans provide a national free phone confidential helpline 116 123

- Local Samaritan counsellors work in partnership with Network Rail to offer advice and support to those that have witnessed or are affected by a death on the railway.

- Network Rail offer suicide prevention awareness and training to all rail staff. The training offers skills in ways of detecting those at risk of suicide and intervening to support the person to access mental health interventions.

4. Engage with media personnel to agree on sensitive approaches to reporting suicide and suicidal behaviour

The media have a role to play in suicide prevention, by limiting certain aspects of reporting, providing details of local support organisations and helplines that are available and by portraying suicide in ways that may discourage imitation.

Completed actions

- Nottingham City Council's Communication team has implemented the Samaritans guidance with the local media on the reporting of suicide: www.samaritans.org/media _centre/media_guidelines.aspx

Ongoing action

- A local suicide prevention communication plan accentuating the responsible reporting of suicide in the media is being developed. City and County Communications team will reissue the Samaritans guidance to the local media at timely intervals.

5. Improve the understanding and care for people at risk of suicide and self-harm through training of frontline staff to deal with those at risk of suicide and self-harm behaviour

[2] Samaritans 'Help is at Hand' (2015) https://www.gov.uk/government/news/you-are-not-alone-help-is-at-hand-for-anyone-bereaved-by-suicide

Completed actions

- For the period 2015-17 £100,000 of Nottingham City Council and CCG budget was invested in suicide prevention and mental health first aid training. This training was created to better equip staff from universal services to respond to those they are working with who may be at increased risk of suicide and self-harm. The contract for this work ended in June 2017. However, the provider (Harmless) of the training reports further unmet need for such training.

Ongoing actions

- Self-harm Awareness and Resource Project (SHARP) is an established citywide service, funded by CCG. The SHARP Team provide support to front-line service providers and professionals to intervene and manage young people who present with self-harm and suicidal behaviours.
- SHARP offers training and consultation to professionals working with children and young people in Nottingham City. SHARP offers support to parents/carers through SHARP 4 Parents an information and support workshop for parents and carers to gain peer support, gather information from facilitators and build confidence.
- Self-harm consultation and advice is provided to universal staff by specialist CAMHS staff with NHFT.
- Nottingham Trent University delivers training to students (an age group of the population at increased risk of suicide) on “looking after yourself” which includes a focus on mental health and suicide.
- There was a dedicated session to Suicide Prevention at the Public Health Forum during Every Colleague Matters Mental Health week in 2017.

Oversite and quality assurance

- NHFT conducts a monthly suicide prevention audit. Each month all in patient areas undertake a self-audit of their records. Part of the audit considers a series of standards based on the National Audit for Suicide Prevention.

- In 2015, NHFT produced a 3 year ‘Signup to Safety Plan’. The plan aims to ensure processes are in place in order to meet the aspiration of no incidents of suicide (or suspected suicide) among people with recent clinical contact and a 50% reduction in overall severity of self-harm incidents by 2018. The latest developments include 24/7 access to Greater Nottingham Crisis Teams including the provision of a Crisis House, suicide awareness training, the development of Crisis Care plans, implementation of audit C in to the assessment process, thematic review of Serious Incidents to identify themes, NICE guidance, MDT working Greater Nottingham Crisis Teams, improved Pathways with Drug and Alcohol teams, bespoke training for Crisis Team support workers-in house.

- Substance misuse services have governance and quality procedures in place to review all cases of service user suicides and make recommendations on actions to prevent any further suicide deaths.

- Being within the criminal justice setting, including the prison setting is associated with increased risk of suicide and self-harm. HMP Nottingham are a member of the local suicide prevention partnership and there are a number of risk reduction initiatives on-going in this setting. Access to means has been reduced through the 'safer cells' initiative and the Samaritans support the Listener Scheme and train prisoners to provide emotional support to other prisoners by becoming 'Listeners' In HMP Nottingham the Samaritans are training an additional 14 prisoners who have volunteered to provide this support

- Nottinghamshire Police are also looking at reducing risk in relation to custody and are working with other force areas to identify models of best practice. Nottinghamshire Police have also had a bereavement pathway in place since 2016.

- The Nottinghamshire Suicide Prevention Steering group meet quarterly and review progress against the suicide prevention action plan. The Suicide Prevention Steering Group reports to the Mental Health Steering Group a subgroup of the Health and Wellbeing Board. An annual update is also provided to the Adult Safeguarding Board's Board Management Group.

Finance

- The NHS Five Year Forward View for Mental Health makes specific reference to allocated funding (£25m nationally) being made available via CCGs for Suicide Prevention for the period 2018/19-2020/21. How this is to be allocated to local areas remains undecided nationally. The Health Select Committee report welcomes the allocation of funding for suicide prevention from the NHS 5YFVMH but expresses concern that unless it is supported by other funding already committed by the Government to Mental Health it will not be sufficient to meet the Government's target of a 10% reduction in suicides.

- Nottingham City Council and CCG invested £100,000 in suicide prevention and mental health first aid training during 2015-17. However, this contract ceased in June 2017. There remains unmet training needs amongst the universal workforce especially within adult services (note the Children's workforce can access SHARP training).

Intended future actions

- The Suicide Prevention strategy is due to expire in 2018. A refresh of the strategy will be led by Public Health colleagues and involve all partners from the Suicide Prevention Steering Group. Intended areas of priority for the next strategy will include:
    - Self-harm
    - The formation of a data surveillance group
    - Suicide prevention interventions

- Training
- Men
- Alcohol
- Bereavement support
- An audit of psychosocial assessment in local emergency department
- A comprehensive list of support services available via an accessible platform e.g. AskLion

Section 2

Local progress against the Health Select Committee report recommendations

The March 2017 House of Commons Health Committee report on Suicide Prevention makes a number of recommendations/ conclusion (pages 41-46), some of which are applicable to local areas. This section of the report informs the Health Scrutiny Committee of where local progress/gaps exist against 14 of the recommendations. (This information is summarised in a table in appendix 1).

1. **Each LA to have a suicide prevention plan in place**
    - Nottingham City has a suicide prevention strategy (2015-18) and a joint action plan with Notts County. These are due to be refreshed in 2018.

2. **There is a strong and clear quality assurance (QA) process and suicide prevention plans should meet agreed quality standards**
    - The Health Select Committee report states that the government should establish the QA process and it recommends that PHE develop the quality standards.
    - Local plans are aligned to national and local strategies.
    - Where national quality standards are produced these could be implemented through the joint suicide prevention steering group.
    - Involvement of Health Scrutiny Committee as part of an agreed QA process locally to be discussed at the meeting on 22nd February 2018

3. **Local health overview and scrutiny committee should ensure effective implementation of suicide prevention plans**
    - Nottingham City has begun this process with suicide prevention going to Health Scrutiny Committee on Thursday 22nd February 2018

4. **Funding is guaranteed for suicide prevention via the NHS MH 5YFV from 2018/19 to 2020/21**.
    - It is unclear at this stage how much funding will be available or how this will be allocated.

- Locally processes are in place to commission a service and there are providers who would be able to deliver essential training.
- There is concern regarding insufficient funding via this route to deliver prevention activities to meet the nationally set 10% reduction in suicides target.

5. **Government is to clarify who is ultimately responsible for suicide prevention (CCGs, Directors of Public Health or another body)**
    - It remains unclear nationally how the 5YFV for Mental Health funding will be distributed and accounted for owing to uncertainty at central government whether this is to be via NHS or Local Authorities.

6. **Local Authorities to keep and maintain a record of services that individuals can be signposted to for practical and emotional support.**
    - Services exist but some are at risk due to funding pressures.
    - A number of local service are listed on www.asklion.co.uk search "suicide"
    - Comprehensive list of mental health, suicide and self-harm support services to be compiled and circulated across HWBB partnership and be searchable via AskLion

7. **Local Authorities should have a joined up, multi-agency collaborative approach to suicide prevention**
    - Nottingham City has a multi-agency suicide prevention steering group joint with Notts County. Nottingham City has a suicide prevention strategy (2015-18) developed with multi-agency representation and input. Plans are in place to refresh the strategy in 2018.
    - In addition suicide prevention has been the focus of a recent Public Health Forum which has over 2000 individuals subscribed to receive information on various Public Health issues.

8. **Police and Network Rail should be involved in developing and implementing suicide prevention plans**
    - Police, Network Rail, Samaritans, Nottinghamshire Healthcare NHS Foundation Trust are amongst the agencies involved in the suicide prevention steering group and they will be actively involved in refreshing the strategy.

9. **Local Authorities should include in their suicide prevention plans a strategy for how those at increased risk of suicide but are unlikely to access traditional services will be reached**
    - The current strategy includes a section on those who are at increased risk of suicide.
    - The current joint suicide prevention action plan includes a focus on men e.g. work via Samaritans on how to talk to someone that is suicidal

- A recent Health Equity Audit of IAPT services established equity of access in relation to socio economic status and gender there by confirming unmet need does not disproportionately impact on people from more deprived areas or men (two groups in the population who are at increased risk).
- A Joint Strategic Needs Assessment is due to be published on suicide in 2018 which includes a section on risk factors.
- Partners involved in working with specific high risk group e.g. prisons are involved in our suicide prevention work locally.

10. **Patients that present with self-harm – use of psychosocial assessment with those presenting SH in ED, patients should have a co-produced safety plan and properly followed up**
    - Plans are underway to do an initial audit of psycho-social assessment against NICE standards in NUH emergency department.
    - Subsequent audits e.g. quality of plans and % followed up to be considered

11. **LA suicide prevention plans should include high quality support for those bereaved by suicide.** (Bereavement support will be a key component of QA process going forward).
    - Third sector organisation - Harmless deliver bereavement support via the Tomorrow Project currently operating in Nottingham. Independently funded with some additional research grant funding via East Midlands Academic Science Network until March 2018.

12. **Those bereaved by suicide should be issued with a copy of Help is at Hand (PHE booklet)**
    - This booklet is in place locally and is distributed to bereaved families by Nottinghamshire Police. A PDF version is available on line.

13. **LA should work with local media to ensure good practice in reporting suicide is followed and discussions are had when guidelines are not followed.**
    - Samaritans have produce media guidelines with advice on safe reporting of suicide in the media. Local Authority communications teams have links with local media and have previously had contact when the strategy was launched.
    - To be revisited when new 2018 strategy is developed.

14. **Training for Coroners to include importance of information sharing with Public Health teams so as to identify possible clusters of suicides**
    - Whilst this is a national recommendation to all coroners from the Health Select Committee; locally City and County Public Health has worked with the Coroner’s office to develop a Public Health Audit of suicide. This approach can continue alongside establishing more up to date data

surveillance system to inform suicide prevention across the East Midlands until a more accurate and detail data profile is established.

Risks

The following risks exist within the suicide prevention programme

- Suicide rates have reduced locally however overall these data are small in number and have the risk of fluctuating year on year. A small change can result in what appears to be an increase when viewed over a short time period.
- Following a two-year period 2015-17 of commissioned suicide prevention training. There is currently no commissioned suicide prevention training for the adult workforce. Children's workforce can access suicide prevention training.
- It remains unclear nationally how 5YFV for Mental Health funding for suicide prevention will be allocated to local areas and who will be responsible/lead for the commissioning of any service.
- Support for those bereaved by suicide is an integral part of suicide prevention. There is no specific commissioning arrangement locally that is addressing this issue.
- Harmless' Tomorrow Project currently provides support to those bereaved by suicide. However, funding for the service is reliant on independent funding sources beyond March 2018.

Recommendations

It is recommended that:

1. The committee note the risks relating to suicide prevention training and bereavement support.
2. An update is provided to the committee in 6-12 months.
3. The refreshed suicide prevention strategy and action plan are shared with the Health Scrutiny Committee in late 2018.
4. Note that the local suicide prevention partnership is developing the strategy and action plan in line with the national strategy - placing a particular emphasis on self-harm as it is one of the greatest predictors of suicide risk.
5. Suicide and self-harm in prisons is a major issue. The committee note that we are working with NHFT, PHE and HMP Nottingham to look at ways to understand the issues and minimise risk. A specific project looking at risk factors is being developed by Public Health and Public Health England to begin in March 2018.

Appendix 1 Summary of progress against Health Select committee report

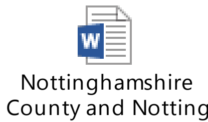
Table 1. Summary of progress against Health Select committee report (March 2017) recommendations that can be applied to local areas.

Item	Recommendation from Health Select Committee report March 17	Comment / In place locally	RAG
1.	Each LA to have a suicide prevention plan in place	Nottingham City has a suicide prevention strategy 2015-18 and a joint action plan with Notts County. This will be refreshed in 2018.	G
2.	There is a strong and clear quality assurance (QA) process and suicide prevention plans meet set quality standards	The Health Select Committee report states that the government should establish the QA process and it recommends that PHE develop the quality standards. Local plans are aligned to national and local strategies. Where national quality standards are produced these could be implemented through the joint suicide prevention steering group. Involvement of Health Scrutiny Committee as part of an agreed QA process locally to be discussed at the meeting on 22nd February 2018.	A
3.	Local health overview and scrutiny committee should ensure effective implementation of suicide prevention plans	Nottingham City has begun this process with suicide prevention going to Health Scrutiny Committee on Thursday 22nd February 2018	G
4.	Funding is guaranteed for suicide prevention via the NHS MH 5YFV from 2018/19 to 2020/21.	It is unclear at this stage how much funding will be available or how this will be allocated. Locally processes are in place to commission a service and there are providers who would be able to deliver essential training. There is concern regarding insufficient funding via this route to deliver prevention activities to meet the nationally set 10% reduction in suicides target.	R
5.	Government is to clarify who is ultimately responsible for suicide prevention (CCGs, Directors of Public Health or another body)	It remains unclear nationally for how the NHS 5YFV for MH funding will be distributed and accounted for owing to uncertainty at central government whether this is to be via NHS or LA.	R

6.	LA to keep and maintain a record of services that individuals can be signposted to for practical and emotional support.	Services exist but some are at risk due to funding pressures. A number of local service are listed on www.asklion.co.uk search "suicide" Comprehensive list of mental health, suicide and self-harm support services to be compiled and circulated across HWBB partnership and be searchable via AskLion	A
7.	LA should have a joined up, multi-agency collaborative approach to suicide prevention	Nottingham City has a multi-agency suicide prevention steering group joint with Notts County. Nottingham City has a suicide prevention strategy (2015-18) developed with multi-agency representation and input. Plans are in place to refresh the strategy in 2018. In addition suicide prevention has been the focus of a recent Public Health Forum which has over 2000 individuals subscribed to receive information on various Public Health issues.	G
8.	Police and Network Rail should be involved in developing and implementing suicide prevention plans	Police, Network Rail, Samaritans, Nottinghamshire Healthcare NHS Foundation Trust are amongst the agencies involved in the suicide prevention steering group and they will be actively involved in refreshing the strategy.	G
9.	LA should include in their suicide prevention plans a strategy for how those at increased risk of suicide but are unlikely to access traditional services will be reached	The current strategy includes a section on those who are at increased risk of suicide. The current joint suicide prevention action plan includes a focus on men e.g. work via Samaritans on how to talk to someone that is suicidal A recent Health Equity Audit of IAPT services established equity of access in relation to socio economic status and gender there by confirming unmet need does not disproportionately impact on people from more deprived areas or men (two groups in the population who are at increased risk). A Joint Strategic Needs Assessment is due to be published on suicide in 2018 which includes a section on risk factors. Partners involved in working with specific high risk group e.g. prisons are involved in our suicide prevention work locally.	A
10.	Patients that present with	Plans to undertake an initial audit of psycho-	A

	self-harm – use of psychosocial assessment with those presenting SH in ED, patients should have a co-produced safety plan and properly followed up	social assessment against NICE standards in NUH emergency department. Subsequent audits e.g. quality of plans and % followed up to be considered	
11.	LA suicide prevention plans should include high quality support for those bereaved by suicide. (Bereavement support will be a key component of QA process going forward).	Third sector organisation - Harmless deliver bereavement support via the Tomorrow Project currently operating in Nottingham. Independently funded with some research grant funding via East Midlands Academic Science Network until March 2018.	A
12.	Those bereaved by suicide should be issued with a copy of Help is at Hand (PHE booklet)	This booklet is in place locally and is distributed to bereaved families by Nottinghamshire Police. A PDF version is available on line.	G
13.	LA should work with local media to ensure good practice in reporting suicide is followed and discussions are had when guidelines are not followed.	Samaritans have produce media guidelines with advice on safe reporting of suicide in the media. LA comms teams have links with local media and have previously had contact when the strategy was launched. To be revisited when new 2018 strategy is developed.	A
14.	Training for Coroners to include importance of information sharing with Public Health teams so as to identify possible clusters of suicides	Whilst this is a national recommendation to all coroners from the Health Select Committee; locally City and County Public Health has worked with the Coroner's office to develop a Public Health Audit of suicide. This approach can continue alongside establishing more up to date data surveillance system to inform suicide prevention across the East Midlands until a more accurate and detail data profile is established.	G

Appendix 2 Nottingham and Nottinghamshire Suicide Prevention action plan



Nottinghamshire County and Nottingham City Suicide and Self-harm Prevention Priority Actions - 2017/18

Rate	Target
All persons suicide age-standardised rate per 100,000 population (3 year average) 2013-15.	NHS - The Five Year Forward View for Mental Health (Feb 2016) – Target reduce suicide by 10 per cent by 2020/21.
Nottingham City rate 11.3 per 100,000 population or 85 suicide deaths/ or average of 28 suicide deaths per annum.	10% reduction in suicide by 2020/21 – reduction of 2 suicide deaths per annum/or 8 suicide deaths by 2020/21
Nottinghamshire County rate 9.3 per 100,000 population or 200 suicide deaths/ or average of 66 suicide deaths per annum.	10% reduction in suicide by 2020/21 – reduction of 7 suicide deaths per annum/or 20 deaths by 2020/21
Emergency Hospital Admissions for Intentional Self-harm: Directly age-sex standardised rate per 100,000 2014-2015	
Nottingham City rate 225.2 per 100,000 population/or 786 admissions	
Nottinghamshire County rate 175.3 per 100,000 population/or 1,383 admissions	

At risk group	Rationale	Actions	Led by	Progress/Outcomes	RAG
1. Males aged 35-64 years	From 2010-2014 (City and County combined) 58% of all suicide deaths occurred in the males aged 35-64 years. This rate is over twice as high of any other age group	1.1. Undertake a HEA of IAPT services to ascertain if men are accessing support	City CCG David Johns	- City IAPT report completed – uptake of men accessing IAPT services is	
		1.2. CCGs to review current contracts to ascertain if they are targeting at risk men	City and County Mental Health CCG commissioners		
		1.3. CCGs to raise suicide awareness within primary care GPs	Dr Nick Page	Rushcliffe CCG offering GP Primary Care in Suicide Prevention training using the Connect Safe-tool	
		1.4. Employment links to DWP	Nottinghamshire D2N2 City employment – local business	- targeting and supporting those with mental health problems to get back to employment	
		1.5. Debt advice	Citizens Advice	- Promote access to Citizens Advice Bureau as part of the MECC approach	
		1.6. Marketing campaign targeting areas men go – i.e. promote State of Mind Sport at sporting venues, workplaces, benefits, housing associations, hostels, pubs, University and Colleges	City and Counties Samaritans leads	- Promote Samaritans literature - Public Health Workplace Health Schemes promoting mental resilience and ways to maintain good mental health	
		1.7. Population awareness – how to talk to someone who is suicidal?	CGL/Samaritans	- CGL Suicide toolkit - Samaritans offer 24/7 confidential emotional support,	
			Notts HC Trust	- C-SSRS Training Resources.pptx	
			Harmless	ASIST Suicide Prevention Training Review training programmes and outcomes Dec 2017 meeting	
		1.8. Implement a programme of awareness campaigns targeting men i.e. Campaign Against Living Miserably (CALM) awareness and National Suicide Prevention awareness campaigns such as 'It's okay to Talk'	Public Health	Vets – Mind Matter Initiatives https://www.rcvs.org.uk/news-and-views/news/mind-matters-initiative-new-veterinary-mental-health-and/ Permission give for the 'It safe to Talk' leaflet develop by Exeter University to be implemented in City and County	
		1.9. Promote Time to Change campaigns to tackle mental health stigma	Public Health and Councils	- Time to Change campaigns are supported and shared - Each council signed up a Time for Change champion - County HWB refresh to be launched early 2018. Mental health champion to be confirmed	
		1.10 Effectiveness review of criminal justice pathways in identifying and accessing mental health interventions for offenders/prisoners at risk of self-harm and suicide	HMP Ranby, Lowdham, Whatton and Nottingham prisons (Safety Leads)	- Prison pathways in place, following the 'ACCT' procedures. - Monitoring and support offered for those prisoners at risk - Automatic mental health referrals are activated when a prisoner is identified as being at risk	
			CGL & Samaritans Samaritans	CGL Suicide toolkit, Samaritans listener scheme	
		1.11 Linked to Crisis Concordat CCGs - ensure good access to mental health crisis care	Clare Fox – City CCG	- Crisis Concordat operational across City and County - Working to a joint action plan that includes Suicide	
2. All ages	Preventing and responding to Self-harm	2.1. County Self-harm JSNA chapter to identify areas of CCG commissioning priorities	Jane O'Brien (County Public Health)	- Progressing – in the process of writing up	

		2.2. City and County Suicide JSNA chapter to identify areas of CCG commissioning priorities	Susan March (County Public Health) Jane Bethea (City Public Health)	- County Suicide Prevention JSNA completed 2016 - City Suicide Prevention JSNA works has commenced	
		2.3. CCG to review effectiveness of the Liaison Psychiatry services to ensure those who self-harm and assessed and referred appropriately	CCG	- CCG to provide update for March 2018 meeting	
	Improved identification in primary care of those at risk of suicide and self-harm	2.4 Improve access to suicide awareness training in primary care	CCGs and Public Health	- Limited training resource funding available - Promote free training – MindEd, C-SSRS, Samaritans,	
		2.5. Access the feasibility on implementation of the Safetool in primary care	Dr Nick Page – Rushcliffe CCG	- Rushcliffe CCG secured funding for Safetool training – GP uptake of the training low.	
3. Quality review	Review means hotspot and methods to ensure targeted prevention is reaching those most at risk	3.1. Review all suicide deaths – CCG undertake serious case reviews and quality visits	CCG quality and safety leads	- Process in place in CCG to review all suicide deaths and ongoing - Review monthly – in-depth report. - Indicated spike of suicide deaths in October 2016.	
		3.2. Review 2013/14 coroner data on means and location	Nick Romilly (City Public Health) Susan March (County Public Health)	- Public Health (City and County) met with Coroner in May 2017 - Outcomes – Coroner office agreed to send inquest transcripts on suicide deaths to PH for review with the aim to receiving timely suicide data	
		3.3. Nottinghamshire Public Health work with Network Rail, BTP and Samaritans to reduce rail deaths on Nottinghamshire Rail.	Public Health(Susan March – County/Nick Romilly – City)	- 2016 -Overall, 11 railway locations out of the 27 saw either a suspected suicide or an injurious attempt. - 2016 – 10 suspected suicide across Nottinghamshire County Rail Network. - BTP to provide County Public Health with daily suspected suicide and/or injurious attempts – delay due to Public Health gaining access to a secure email address - Six month contact to be set up to review data and share what work has been undertaken from both the LA and the Rail Industry - Suicide trend data to be reviewed to assess Samaritan signage - Mental Health awareness days to be held at stations and could be linked in with LA's and CCG's - Network Rail to check access to the right departments/people in relation to when changes of use are made buildings/ properties near rail stations and assets - 6 months follow-up once Nottinghamshire have had the opportunity to review the BTP data with their CCG's and Health Trusts to review and consider other actions that may need to be undertaken	
		3.4. Set up data group with PH, EMAS			
		3.5. Implement Derbyshire data processes on suicide and self-harm	Public Health(Susan March – County/Nick Romilly – City)	- Share cross county border suicide death information with Derbys/Leicester/Lincolnshire visa versa. E.g person lives in Nottinghamshire but death occurs outside of the city/ county - Inform relevant services of suicide death that occurs outside of Nottingham City and County	
4. Bereavement support	Ensure those who are affected by a person's suicide have access to timely interventions	4.1 Review lessons learnt from the Tomorrow Project and feed into CCG commissioners	Harmless	- Harmlessness Tomorrow Project Pilot implemented across City and County - Pilot targeting those recently bereaved by suicide – offering early intervention and support	
			Samaritans	- Offer support and information materials for those affected by suicide	
	Guidelines in place to encourage health professionals to share information about someone at risk of suicide with family members and friends	4.2. Assess the feasibility for Nottingham and Nottinghamshire implementing the Information Sharing and Suicide Prevention Consensus Statement			

	Completed – work has been successfully completed to deadline		**On schedule** – work has started and is meeting milestones
	Happening but behind schedule – work has started, activity is not meeting milestones, but is expected to by the deadline if adjustments are made		**Behind or not happening** – work has not started when scheduled or has started but activity is not meeting or unlikely to meet its milestones
	No information received		

HEALTH SCRUTINY COMMITTEE
22 FEBRUARY 2018
GENERAL PRACTICE SERVICES IN NOTTINGHAM
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future.

2 Action required

2.1 The Committee is asked to review the effectiveness of work taking place locally to improve access to primary care in the City.

3 Background information

3.1 Primary care is a key part of the local health and care system. Through its work the Committee is aware of the current pressures on GP services in Nottingham and the impact that this can have on both patient experience and the wider health and social care system. Pressures that the Committee has heard about include increasing demand in terms of numbers and complexity of patients and increasing diversity in the City's population; workforce pressures from an ageing workforce and challenges in recruitment of GPs; and vulnerabilities of some practices to quality issues and financial difficulties. The Committee is also aware of the impact that this can have on service user experience, for example in availability of appointments and knock-on pressure through increased attendance at urgent care facilities.

3.2 In Nottingham, NHS Nottingham City Clinical Commissioning Group (CCG) has powers under fully delegated responsibilities from NHS England for the commissioning, procurement and management of primary medical services.

3.3 Over the last couple of years the Committee has looked at the processes established by the CCG and NHS England to assure the delivery of good quality primary care; how the General Practice Forward View is being responded to locally; and implementation of the CCG's Primary Care Vision.

3.4 The CCG has submitted a paper updating on current provision of primary care in the City including recent and forthcoming changes; implementation of local priorities for general practice, including improving access; work to oversee the quality of general practice; and challenges

facing general practice and work taking place to try and address those challenges.

4 List of attached information

4.1 Paper on ‘Primary Care Services in Nottingham City’ from NHS Nottingham City Clinical Commissioning Group.

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

5.1 None

6 Published documents referred to in compiling this report

6.1 Reports to and minutes of meetings of the Health Scrutiny Committee held on 19 November 2016 and 19 January 2017

NHS England (April 2016) General Practice Forward View

7 Wards affected

7.1 All

8 Contact information

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

Primary Care Services in Nottingham City

1. Introduction and Summary

This paper provides the Health Scrutiny Committee with an update on the national and local priorities for primary care, specifically primary care medical services delivered by General Practice, in Nottingham City. It provides an update on the initiatives to improve access and quality of services in Nottingham City.

Nottingham City CCG previously reported on this area to the Health Scrutiny Committee in November 2015 and January 2016. This paper provides an update on the developments over the past 12 months and areas of focus for the future.

2. Primary Care Provision within Nottingham City

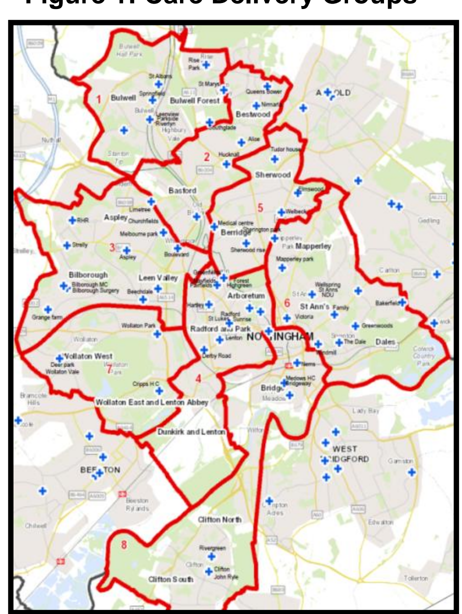
There are currently 54 GP practices in Nottingham City serving a total population of 379,088 registered patients. They consist of nine single handed practices, three practices are run by provider organisations / companies with the remaining practices run through partnership arrangements. Six practices have branch surgeries; practice raw list sizes range from 1,429 to 13,133; the two university practices have the largest list sizes of 18,638 and 41,990. **Appendix 1** provides the current list sizes and contract form of the 54 practices.

In the last 12 months two GP practices have closed in the City;

- One of the GP practices based in Wollaton Vale Health Centre closed in February 2017 following the retirement of Dr Ghaharian. The patients were dispersed to neighbouring practices;
- Lenton Medical Centre merged with Derby Road Health Centre in April 2017 resulting in the Lenton Medical Centre site closing.

Further detail on upcoming changes to the number of GP practices is provided in section 4 below.

Figure 1: Care Delivery Groups



Primary and Community commissioning activities continue to be focussed on a geographical locality basis within the Care Delivery Groups (CDG). All 54 practices are organised into one of the eight CDGs as demonstrated in Figure 1 which are aligned to local authority wards. The practices also continue to support and partake as GP members in their GP Clusters. Practices are grouped into one of the four GP clusters which are based partly on geographical location and partly on inter practice relationships and culture. **Appendix 1** provides the GP Cluster and Care Delivery Group of the 54 member practices.

The Nottingham City General Practice Alliance, formed in April 2016, continues to support and strengthen local general practice. The Alliance is led by a core group of GP leaders (who are not involved in the CCG as commissioners) and has a membership of 48 practices representing over 90% of the CCG's registered population. The Alliance is working on a range of projects to benefit its member practices in addition to supporting the CCG to deliver some of the General Practice Forward View initiatives. Further details are provided within this paper.

3. National and Local priorities

The General Practice Forward View (GPFV) published in April 2016 committed to an extra £2.4 billion a year to support general practice services by 2020/21. Details have been released on 14 initiatives to date of which 10 are led locally by CCGs and details of these are provided in this paper. Nottingham City is working with Nottingham North and East CCG, Nottingham West CCG and Rushcliffe CCG as part of the Greater Nottinghamshire CCGs to support the delivery of the GPFV, sharing best practice and where possible delivering schemes at scale.

Primary Care also plays a vital role in the establishment of an accountable care system and the sustainability and transformation partnership. These include requirements to increase the resilience and sustainability of primary care, including developing primary care at scale to support new models of care and moves towards place based commissioning.

The four Greater Nottingham CCGs are aligning and working towards developing an integrated commissioning structure for Greater Nottingham. Work is progressing to establish a Joint Committee for the CCGs and agreeing the responsibilities and membership of the Joint Committee. The new arrangements are scheduled to start from 1 April 2018 subject to NHS England approval. There will be a single management structure for Greater Nottingham CCGs which involves the alignment of the workforce and the development of proposed structures, which is a complex process.

3.1 Nottingham City CCG Strategic Priorities 2017-2020

Primary Care is identified as a 'key enabler' within our recently published CCG strategy, this means it is essential that we continue to develop and improve in this area in order to maximise the impact we have on our four strategic priorities. The three aims outlined in our strategy consist of:

- Aim 1: Improve access to GPs and other primary care services through our primary care patient offer and extended evening and weekend service
- Aim 2: Support primary care colleagues to manage variation, and standardise care for all patients and across all practices
- Aim 3: Enable more patients to manage their conditions at home, supported by their GP, and other community-based services.

These national and local aims and priorities build on the foundations that were laid out for primary care under the CCG's Primary Care Vision.

3.2 Access

One of the principal concerns raised by local people in the engagement for the CCG's strategy related to patients not being able to get appointments with their GP quickly enough and more time should be provided for groups who have specific communication or other needs. The following projects are being implemented to improve access to primary care services in Nottingham City.

3.2.1 GP+ Extended GP Access services

NHS England has provided funding for the CCG to commission an additional 182 hours of primary care services per week in the evenings and on weekends. This is equivalent to over 700 additional appointments per week. The Nottingham City General Practice Alliance will deliver this service, known locally as GP+ Nottingham City. From March 2018 GP+ will provide routine appointments with GPs, Practice Nurses, Clinical Pharmacists and Physiotherapists from their central hub located on Upper Parliament Street during the hours of 4pm-8pm Monday – Friday and 9am – 1pm Saturday and Sunday. Patients registered at any

Nottingham City practice can access these additional appointments by booking
through their reception team at their GP practice; this is not a walk-in service.
The Nottingham City General Practice Alliance is working with all 54 practices to promote the service ahead of its formal launch in March 2018. If the service is successful there is the possibility of extending in a “hub and spoke” model across the City.

3.2.2 Primary Care Patient Offer

The Primary Care Patient Offer, which was launched in 2016, has continued into 2017/18 with 41 of the 54 GP practices participating. The scheme consists of a set of minimum standards and expectations of good quality primary care service providers. The scheme includes a range of standards to be delivered by participating practices such as:

- Practices to be open with telephones switched on during the core hours of 8am – 6:30pm – this was introduced in recognition of the historical practice of Thursday afternoon closures in some GP practices;
- Same day urgent appointments to be provided;
- Pre-bookable appointments available with a nurse up to 4 weeks in advance;
- Routine appointments or other appropriate clinical contact to be provided within 3 days;
- Provision of services in-house such as phlebotomy, treatment room, ear irrigation and ECG;
- Quality standards in relation to MDT meetings, safeguarding, NICE and patient experience.

A range of monitoring methods is used to assess compliance against the standards including spot checks of access and mystery shopper. NHS England recently completed a national survey of all GP practices to determine the ‘Third Next Available Appointment’. The outputs from this survey will complement the contract monitoring. Where a practice is identified as not meeting the standards an action plan for improvement is agreed, if poor performance continues a process of financial penalties will be applied.
For the 13 practices that chose not to participate in the scheme Nottingham CityCare Partnership were awarded a contract to deliver the services to the patient population of these 13 practices.

3.2.3 Interpreter Assisted Appointments

Nottingham City has a diverse demographic, the number and complexity of consultations in primary care is increasing including those consultations that require an interpreter to be present, this can create additional pressure on a workforce which is facing unprecedented challenges. In December 2016 NHS England published a guidance note for commissioners titled ‘GP practices serving Atypical Populations’ this document recognised that there are GP practices that provide services to a patient population which is sufficiently different (“atypical”) to result in workload challenges that are not always recognised by existing GP contracts. The document provided examples of how commissioners could help ease these pressures.
In response to this and the feedback received during our strategy development the CCG has developed an Interpreter Assisted Appointments (IAA) Incentive Scheme which financially reimburses practices to acknowledge the additional demands and administration requirements required for some appointments.
The IAA Incentive Scheme is based on the current provision of double appointments that are booked by the GP practices to allow for the use of an Interpreter. Practices are required to demonstrate how the additional funding is being used to increase clinical appointments. Currently 13 Nottingham City practices have signed up to the scheme which started in September 2017. Between September and December 2017 five practices have submitted activity reporting and financial claims for a total of 1,950 appointments where interpreter support was required. The practices are mostly located in the Hyson Green and St Ann’s areas of the City and the number of interpreter assisted appointments is influenced by list size and practice demographics. These 5 practices serve a registered population of 34,257 and they report that they have

used the additional funding to increase the number of GP appointments available and provide additional telephone clinical triage.

4. Primary Care Commissioning - Fully delegated co-commissioning

In 2017/18 the CCG has continued to deliver its responsibilities for delegated co-commissioning. Some recent decisions made by the CCG's Primary Care Commissioning Panel have included:

- **List closure** – in February 2017 the Wellspring Surgery located in St Ann's applied for its list to be temporarily closed to new patients due to recruitment difficulties within the practice. This was approved for six months from 1st March 2017. During this time patients are still able to register with several other neighbouring practices. In September 2017 the Wellspring Surgery requested that this temporary closure be extended, this was approved for a further 6 months taking the total closure period to the 12 month maximum. The list will re-open on 1st March 2018.
- **Boundary changes** – The Forest Practice and The Fairfields Practice located in Hyson Green both applied to reduce their practice boundaries in March 2017; both practices had large boundaries extending as far as Aspley and they wished to focus on providing services to the populated areas surrounding Hyson Green. The Primary Care Commissioning Panel approved these changes. As a result of us being an inner City patients still have ample choice of practice to register with. In May 2017 the Primary Care Commissioning Panel agreed to an extension of the Southglade Medical Practice boundary, extending their coverage across the Top Valley area.

The Primary Care Commissioning Panel has also been approached with the following proposals, all of which will be taking effect over the next few months.

- Southglade Medical Practice – the current provider has served notice on their contract and will cease providing services at the end of March 2018. The CCG has sourced a caretaking organisation who will continue to provide GP services to the 2,500 patients from end of March 2018. This enables the CCG to appoint a new provider following a procurement exercise in 2018 to deliver services from 2019 onwards.
- The Dale Surgery (Sneinton) – the practice submitted an application to merge with their neighbouring surgery Greenwood & Sneinton Family Medical Centre and close down the Dale Surgery from 1st April 2018, with all services to be delivered from Greenwood & Sneinton (0.5 miles up the road). The Primary Care Commissioning Panel supported this in principle, subject to the results patient and stakeholder engagement. The engagement feedback will be presented back to the panel in March 2018.
- Sunrise Medical Practice – the practice submitted an application to close one of their surgeries located in Radford Health Centre from 1st July 2018 and provide services solely from their surgery on the Clifton Campus of Nottingham Trent University. The panel supported this closure in principle, subject to the results of patient and stakeholder engagement. The engagement feedback will be presented back to the panel in March 2018.

5. Quality of primary care services

The CCG's Primary Care Performance and Quality Steering Group (PCPQSG) continue to operationally oversee the performance and quality monitoring of primary care services. Where issues are identified these are managed in line with the primary care quality and performance escalation process. This includes the gathering of both hard and soft intelligence and triangulation of findings. Issues are escalated to the appropriate sub-committee of the Governing Body depending upon the nature of the issue, including the Quality Improvement Committee for quality related issues, Risk and Performance for performance issues and the Primary Care Commissioning Panel for contractual issues.

Monthly reports are received by the PCPQSG on the 3 domains of quality (patient experience, patient safety and clinical effectiveness) in addition to specific reports such as QOF, outlying indicators on the national primary care web tool, performance dashboards and the national GP patient survey results. Deep dive reviews are undertaken where potential issues need to be explored further prior to formal action being taken.

5.1 CQC

All 54 GP practices have been inspected by the CQC. Some of the more recent inspections are still at draft report stage and their ratings have yet to be formally published. There are 4 practices with 'outstanding' ratings, 39 with 'good' ratings, 5 with 'requires improvement' and 5 with an 'inadequate' rating. Please see **appendix 2** for all published practice ratings. Full copies of the inspection reports can be reviewed at http://www.cqc.org.uk/

CQC plan to re-inspect a percentage of good and outstanding practices every year. Those practices placed in special measures (following an inadequate or requires improvement rating) will be followed up six months after the publication of the inspection report. Those practices with requirements will be re-inspected. Where a practice receives an overall rating of 'requires improvement' or 'inadequate' actions have been put in place by the practice to improve performance and the practices will receive another unannounced inspection by the CQC to check on progress. The CCG also holds monthly contract review meetings with these practices to oversee their improvement and the CCGs Quality Team undertakes a Quality visit. The CCG also holds quarterly meetings with the CQC to oversee progress.

5.2 Patient Experience

5.2.1 Complaints

Complaints about GPs are investigated either by the practice or by NHS England. The only exception to this is where there is a primary care element in a complaint covering a number of services which the CCG co-ordinates. In these circumstances the CCG liaises directly with the practice and responds to the complainant. All other primary care complaints are passed onto NHS England to investigate with the complainant's consent (verbal consent is sufficient).

The outcomes for complaints received by the CCG for quarter 2 & 3 2017/18 are as follows:

	Q2	Q3
Complaint redirected to NHSE	7	7
Complaint redirected to GP	0	1
Complaint investigated and not upheld	1	0
Complaint under investigation	0	1

In 2017/18 quarter 2 NHS England received a total of 5 complaints and for quarter 3 a total of 17 complaints were received. Three practices had 2 complaints; all of the others had 1.

The highest category reported was attitude of staff. Every complaint is shared with the fitness to practice team for either information or for action. Each complaint has a clinical review and a report is written.

5.2.2 Enquiries received

Enquiries about primary care are handled by the CCG team whenever possible under the policy of 'no wrong door'.

In quarter 2 2017/18 a total 35 enquiries were received and in quarter 3 2017/18 a total of 38 enquiries. For quarter 2 the vast majority 23 (66%) were registration enquiries. For Quarter 3, 15 (40%) about specific practice queries. 9 (24%) of enquiries were about appointments, 4 (10.5%) were from patients enquiring about access to Treatment Room Service.

5.2.3 Satisfaction Surveys

Based on feedback patients tell us that their experience of care matters as much as clinical effectiveness and safety. They want to feel informed, supported and listened to so that they can make meaningful decisions and choices about their care. They want to be treated as a person not a number and they value efficient processes.

The GP Patient Survey (GPPS) is an England-wide survey, providing practice level data about patients' experiences of their GP practices. Ipsos MORI administers the survey on behalf of NHS England. An action plan has been produced by the Primary Care Performance and Quality Steering Group following review of the GP patient survey results. The results were also discussed with practices during their annual practice visit by the CCG. It was acknowledged that satisfaction and confidence in GPs and nurses remains high and in many questions the CCG results are in line with the England average. Actions will be focussed on improving uptake of the survey in those areas where the CCG is significantly below the England average. Response rate by practice varies and for a high number of practices the response rate is a very small proportion of their total practice population. There is a need to explore how to increase the uptake of this survey so that more representative responses are received and to consider the role of patient participation groups. Sharing the results with the People's Council for the purpose of gaining more suggestions for increasing participation rate is being considered.

Awareness of online services is an area where most Nottingham City practices performed below national average. NHS England aim for 10% of patients to be signed up for online services by March 2017 and 20% by March 2018, although this is not a contractual requirement. It is nationally recognised that the uptake of online services within Nottingham City is lower. A Project Board has been established consisting of NHS Improvement, CCG and NHSE representation with responsibility for increasing uptake. Engagement to date has focussed on practice staff promoting the online access. The board will work with community services to increase uptake in targeted patient groups e.g. Long Term Conditions patients via the Care Co-ordinators and District Nurses / Neighbourhood Teams.

5.2.4 Friends and Family Test

From 1 December 2014 it has been a contractual requirement that primary care implement the NHS Friends and Family Test (FFT).

Reviewing the data shows rates continue to be variable. Rates for recommendation of their practice have seen an increase of 2% since June 2017 with 89% recommending their surgery to others and a decrease of 1% for do not recommend to 7% based on the November 2017 data.

In summary although not directly comparable the results of the patient survey and the friends and family test indicate patients are generally satisfied with or would recommend their GP practice.

6. Workload and variation

There are several initiatives driven both nationally and locally, to support primary care with its increasing workload and to ensure primary care remains a successful key enabler for the CCG's strategic priorities.

6.1 Clinical variation

RightCare data has identified opportunities to improve patient outcomes and make better use of the CCG's limited resources when we compare ourselves to our peer CCGs. In 2017/18 we adapted our annual Practice Visit programme to support this. The programme helps to improve quality by ensuring patients access the right care, first time across all clinical pathways. It supports continuous improvement in GP services with the aim of encouraging consistency of patient experience and outcomes. GP Practices are supported to review their management and referral of patients and work in localities to share learning and best practice.

6.2 Care Co-ordination

The GPFV has provided funds for the training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. These are identified by NHS England as one of their "10 High Impact Actions for Practices" to release capacity in general practice. The innovations free up GP time, therefore increasing access to primary care services as well as making more appropriate use of the practice team members' skills and job satisfaction.

A total of 265 administration and clerical staff have been trained to date as "sign posters" across 31 practices with each practice having a Signposting Champion to lead the initiative locally within the practice. Training is scheduled into 2018 for the remaining practices. The "sign posters" help patients get the right help first time and empowering patients to find services and self-care information for themselves in the future. To support this Nottingham City GP Alliance has also developed a website with a directory of services and self-care information. This website also links to other local health and social care service directorates produced by Nottingham City Council, CityCare and NHS Choices to avoid duplication and confusion for patients.

6.3 Management of clinical correspondence

The Nottingham City GP Alliance is also supporting the city-wide roll-out of 'Workflow Optimisation' product developed by HERE. This is a system by which practice administration staff are trained and supported to read, code and action incoming clinical correspondence. The training allows clerical staff to become skilled and confident in making decisions about how to code letters and their contents and using an approved protocol for deciding which letters need to be sent to a GP and with what level of urgency. The scheme started in West Wakefield and is being rolled out in other areas across the UK. It has resulted in up to 80% of the patient correspondence being processed without the involvement of a GP, freeing up approximately 40 minutes per day per GP and often allows the practice to take speedier action on some issues.

40 practices have expressed an interest in this system and 13 of these have received their training and are implementing the new working processes in their surgeries. A further 13 practices are scheduled to be trained in February and 14 in March.

7. Investment and workforce

One of the main aims of the GPFV is to reverse historic underinvestment in general practice and increase the workforce by 2020/21. A number of schemes are being rolled out under the GPFV to deliver these aims.

7.1 Improving the sustainability and resilience of general practice
NHS England developed two national programs to offer turnaround support to improve sustainability and resilience of general practice.

Over the course of the schemes all practices in Nottingham City have been offered a menu of support, ranging from support to stabilise practice operations where there is a risk of closure, through to more transformational support that will secure resilience in to the future. The Nottingham City GP Alliance has worked with the 54 practices to identify areas of need and arrange the support needed to address these. This has included business planning and leadership development, HCA training, practice manager training, finance, HR and management consultancy.

In addition CCGs are tasked to support the delivery of the 10 'high impact actions' to stimulate development of at scale providers, secure sustainability in primary care and free up GP time. Nottingham City has supported the formation of the Nottingham City GP Alliance and implemented schemes to reduce DNAs and increase self-care.

7.2 Workforce
The GPFV recognised the pressures within primary care around difficulties in workforce recruitment and expansion. NHS England and Health Education England (HEE) have set ambitious targets to expand the workforce, backed with additional funding as part of the Sustainability and Transformation package.
The Nottinghamshire Vocational Training Scheme continues to be well utilised with more trainees currently going through the recruitment process and the GP fellowship programme also continues to be a success.

In addition the GPFV included a commitment to deliver a major international recruitment drive to attract up to 500 appropriately trained and qualified GPs from overseas by 2020. NHS England will be establishing a GP International Recruitment Office to organise and run a scaled up international recruitment programme. The role of this office will be to coordinate the recruitment, provide support for and relocation of recruited doctors, working closely with regional and local colleagues and partner organisations. A local framework of approved recruitment, relocation and training companies to support the programme has been developed. The Greater Nottingham CCGs have successfully applied to be in wave 3 and are aiming to recruit 24 GPs through this scheme with Nottingham City benefitting from an additional 10 GPs.

A workforce plan has been developed which outlines gaps in provision of clinical staff and how, across the STP, we can bridge these gaps and recruit to ensure practices have the staff needed to deliver primary care services. The workforce plan recognises the reduced future supply of GPs and therefore the need to introduce skill mix into the clinical workforce and ensure that GPs caseload is appropriate. There are also skill gaps in the wider primary care workforce and therefore a need to improve recruitment, retention and training for the current primary care workforce. A programme to employ clinical pharmacists in primary care is already taking place; Nottingham City was a pilot site and has continued to participate in each annual wave of the programme.

8. Practice infrastructures

8.1 Estates
The CCG continues to implement the CCG's Estates Strategy with two of the three health centre feasibility studies undertaken in 2016 moving forward to business case development with the view to fund one of those schemes through capital funding approved by the STP and the second with funding from the ETTF. A

further three GP practices will benefit from the Estates and Technology
Transformation fund by increasing their premises capacity by summer 2018. A further three feasibility studies will be complete by March 2018 and will highlight potential opportunities to increase primary care capacity through estate improvements.

Following on from the schemes supported by the CCG three practices owned by third part developers have been in negotiations with their landlords who have offered to front capital improvement schemes in return for extended lease periods. These schemes are due to be delivered during 2018/19. We anticipate through the implementation of the estates strategy and supporting work schemes a total of 10 GP practices will have benefited from an increase in capacity by the end of 2019.

There are also challenges with the existing estate due to the Department of Health directing NHS Property Services (NHS PS) to move to market rent. This has affected a number of practices in Nottingham City who have seen increases in their charges and are in dispute with NHS PS. The CCG have and continue to facilitate discussions with NHS PS, the practices and NHS England in a bid to come to a resolution. The move to market rent by the Department of Health is being challenged nationally by Local Medical Committees and other national bodies.

9. Next steps

Key focuses are to:

- Continue to deliver the requirements outlined in the General Practice Forward View to improve access, quality and the sustainability of primary care in Nottingham City.
- Continue to support the development of the Sustainability and Transformation plans to increase resilience and sustainability of primary care and new models of care.
- Support the implementation of the Estates Strategy and the delivery of approved and future schemes.

10. Conclusion

The initiatives put in place to date continue to improve access to primary care and are showing signs of improvement across a number of areas and intelligence sources; however, there is still much further work to be done. This is alongside the increasing challenges faced with the recruitment of GPs and financial costs of locums.

The CCG has robust mechanisms in place to monitor the quality and performance in primary care, and our close working relationships with stakeholders to deliver the responsibilities of our delegated functions will continue.

Fiona Warren, Commissioning Manager – Primary Care
Lynette Daws, Assistant Director of Commissioning – Primary Care
February 2018

Appendix 1 – Practice list size and contract form - List Sizes as at 01/01/18

Robin Hood Cluster - 25 Practices

Practice Name	Contract Type	CDG	Raw List Size	Weighted List Size
Bakersfield Medical Centre	PMS	6	5465	5881
Bridgeway Practice	GMS	8	4383	5065
Clifton Medical Practice	PMS	8	8243	8903
Dale Surgery	PMS	6	3786	3660
Family Medical Centre	GMS	6	9795	10847
Greenwood & Sneinton FMC	GMS	6	6397	6923
John Ryle	GMS	8	6324	6802
Leen View Surgery	GMS	1	9097	10100
Limetree Surgery	PMS	3	3569	3878
Mapperley Park Medical Centre	GMS	6	1974	2220
Meadows Health Centre	GMS	8	3621	4135
Parkside Medical Practice	GMS	1	7274	7897
Radford Medical Practice / NTU	PMS	4	18638	16344
Rivergreen	GMS	8	8957	9500
Sherwood Rise Medical	GMS	5	5798	5377
St Luke's Surgery*	GMS	4	3660	3442
Sunrise Medical Centre / Practice	PMS	4	7021	5176
The Fairfields Practice	GMS	4	7134	6832
The Forest Practice	PMS	4	4685	4454
The High Green	PMS	4	10088	8861
Victoria Health Centre / Mapperley Surgery	GMS	6	8552	9408
Wellspring Surgery	PMS	6	9762	10562
Windmill Practice	PMS	6	8454	9117
Robin Hood cluster Total			**162668**	**165375**

NORCOMM Cluster - 21 Practices

Practice Name	Contract Type	CDG	Raw List Size	Weighted List Size
Aspley Medical Centre	PMS	3	7505	8038
Beechdale Surgery	PMS	3	3958	4390
Boulevard Medical Centre	PMS	3	1839	1910
Bilborough Medical Centre / Assarts Farm	PMS	3	9274	9177
Churchfields	GMS	3	9746	10182
Deer Park Family Medical Practice	PMS	7	9931	10039
Derby Road Health Centre	GMS	4	12101	12520
Elmswood Surgery	GMS	5	9024	9327
Grange Farm Medical Centre	APMS	3	4759	5718
Hucknall Road Medical Centre	GMS	2	13133	13180
Melbourne Park Medical Centre	GMS	3	8348	9011
Queens Bower Surgery*	GMS	2	4312	4270
RHR Medical Centre	PMS	3	3027	2929
Rise Park Surgery	GMS	1	7369	7582
Sherrington Park	GMS	5	4541	4527
Southglade Health Centre	APMS	2	2754	2612
Strelley Health Centre	PMS	3	4266	4410
The Alice Medical Centre*	GMS	2	3388	3296
Tudor House Medical Practice	PMS	5	6497	6445
Welbeck Surgery	GMS	5	4009	3944
Wollaton Park Medical	PMS	7	8380	8005
Norcom cluster Total			**138061**	**141509**

Nottingham City CCG Total for all 54 practices	**379088**	**370960**

KEY

GMS - General Medical Services contract
PMS - Personal Medical Services contract
APMS - Alternative Provider Medical Services
* Indicates contract is held by a single handed GP
Practice names underlined below indicate a branch surgery

Unicom Healthcare - 2 Practices

Practice Name	Contract Type	CDG	Raw List	Weighted List Size
Cripps	GMS	7	41990	27647
NEMS - Platform One / Upper Parliament St	APMS	8	10202	9890
Unicom cluster Total			**52192**	**37537**

City Central Cluster - 9 Practices

Practice Name	Contract Type	CDG Group	Raw List Size	Weighted List Size
Bilborough Surgery*	GMS	3	1429	1865
Greenfields Medical Centre*	GMS	4	2588	2385
Mayfield Medical Practice*	PMS	4	3171	2853
Radford Health Centre - Phillips*	PMS	4	3508	3485
Riverlyn	PMS	1	3048	3129
Springfield	GMS	1	2709	2821
St Albans / Nirmala	GMS	1	7347	7699
The Medical Centre - Irfan*	PMS	5	2336	2280
City Central Total			**26136**	**26516**

Appendix 2 – CQC ratings

					Ratings					Six population groups					
Practice Name	Lead GP	Inspection Date	Report published	Overall rating	Safe	Effective	Caring	Responsive	Well-led	Older people	People with LTCs	Families, children & young people	Working age people	People whose circumstances make them vulneral	People experiencing poor mental health
Aspley Medical Centre	Dr Harte	06-Jan-16	25-Feb-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Bakersfield Medical Centre	Dr Mehat	21-Aug-17	13-Oct-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Beechdale Surgery	Dr Bicknell	23-May-17	03-Nov-17	Inadequate	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate
Bilborough Medical Centre	IMH Group	18-Aug-16	28-Apr-17	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Bilborough Surgery	Dr Noble Phillips	24-Mar-16	12-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Boulevard Medical Centre	Dr Bicknell	23-May-17	03-Nov-17	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Bridgeway Practice	Dr Anandappa	01-Jun-15	26-Nov-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Churchfields Medical Practice	Dr Roy	06-Nov-17	28-Dec-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Clifton Medical Practice	Dr Taylor	24-Nov-14	09-Apr-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Dale Surgery	Dr Steiner	11-Oct-16	25-Nov-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Deer Park Family Medical Practice	Dr Merry	16-Feb-16	06-May-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Derby Road Health Centre	Dr Hambleton	06-Jul-16	21-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Elmswood Surgery	Dr King	01-Jun-16	09-Aug-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Fairfield Practice	Dr Rudrashetty	04-Nov-14	28-May-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Family Medical Centre	Dr Sood	01-Mar-16	12-May-16	Outstanding	Good	Good	Good	Outstanding	Outstanding	Good	Good	Outstanding	Good	Outstanding	Good
Grange Farm Medical Centre	Dr Hollis	20-Jul-16	31-Oct-16	Good	Good	Good	Outstanding	Good	Good	Good	Good	Outstanding	Good	Good	Good
Greenfields Medical Centre	Dr OP Sharma	21-Sep-15	19-Nov-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Greenwood & Sneinton FMC	Dr Steiner	22-Aug-16	06-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
High Green Medical Practice	Dr Khan	29-Sep-16	14-Dec-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Hucknall Road Medical Centre	Dr Crowe	20-Sep-16	09-Dec-16	Good	Good	Good	Good	Good	Good	Outstanding	Good	Good	Good	Good	Good
John Ryle Medical Practice	Dr Lavelle	16-Aug-16	20-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Leen View Surgery	Dr Pabla	27-Oct-17	08-Dec-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Lime Tree Surgery	Dr Raj	31-Aug-16	14-Dec-16	Good	Good	Good	Good	Good	Good	Good	Good	Outstanding	Good	Good	Good
Mapperley Park Medical Centre	Dr Stevens	30-Nov-16	05-Dec-17	Inadequate	Inadequate	Good	Good	Requires improvement	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Mayfield Medical Practice	Dr YVS Rao	28-Aug-15	15-Oct-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Meadows Health Centre	Dr Larner	18-Nov-14	12-Mar-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Medical Centre at Zulu Road	Dr Irfan	17-Nov-14	19-Mar-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Melbourne Park Medical Centre	Dr Ridley	07-Oct-16	12-Jan-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Parkside Medical Centre	Dr Deolkar	03-Apr-17	24-Apr-17	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good

Practice Name	Lead GP	Inspection Date	Report published	Overall rating	Safe	Effective	Caring	Responsive	Well-led	Older people	People with LTCs	Families, children & young people	Working age people	People whose circumstances make them vulneral	People experiencing poor mental health
					Ratings					Six population groups					
Platform One	Dr Turrill	28-Jul-17	10-Oct-17	Outstanding	Good	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding
Queens Bower Surgery	Dr T Arya	11-Jan-18													
Radford Health Centre	Dr Naomi Phillips	15-Jun-16	09-Aug-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Radford Medical Practice	Dr Kaur	09-May-16	22-Jun-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
RHR Medical Centre	Dr Bicknell	23-May-17	03-Nov-17	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Rise Park Surgery	Dr Salisbury	09-Aug-16	05-Oct-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Rivergreen Medical Centre	Dr Arora	28-Sep-16	07-Dec-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Riverlyn Medical Centre	Dr Tangri	04-Jan-17	07-Feb-17	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Inadequate	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Sherrington Park Medical Centre	Dr Vindla	07-Mar-16	21-Apr-16	Outstanding	Good	Outstanding	Good	Outstanding	Good	Good	Outstanding	Good	Outstanding	Good	Good
Sherwood Rise Medical Centre	Dr Iqbal	30-Aug-17	08-Nov-17	Inadequate	Inadequate	Good	Requires improvement	Good	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Springfield Medical Centre	Dr Mohindra	11-Nov-15	03-Mar-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Southglade Medical Practice	Dr Lloyd	26-Sep-17	14-Dec-17	Inadequate	Inadequate	Requires improvement	Good	Good	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
St Luke's Surgery	Dr Amin	30-Jun-16	27-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Strelley Health Centre	Dr Bicknell	23-May-17	03-Nov-17	Inadequate	Inadequate	Inadequate	Requires improvement	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate	Inadequate
Sunrise Medical Centre	Dr Ghattaora	15-Sep-15	14-Jan-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Alice Medical Centre	Dr Atiomo	24-May-16	11-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Forest Practice	Dr Kagzi & Chamberlain	11-Apr-16	11-Jul-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
The Practice St Albans Medical Centre & Nirmala	Dr Ramanathan	12-Dec-16	30-Mar-17	Requires improvement	Good	Requires improvement	Good	Requires improvement	Good	Good	Requires improvement	Good	Good	Good	Requires improvement
Tudor House Medical Practice	Dr Henry	01-Mar-16	05-May-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
University of Nottingham Health Service	Dr Nash	18-Jun-15	13-Aug-15	Outstanding	Good	Outstanding	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	Good	Outstanding
Victoria & Mapperley Practice	Dr Mawji	03-Nov-14	24-Feb-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Welbeck Surgery	Dr Worth	30-Aug-16	11-Nov-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Outstanding	Good
Wellspring Surgery	Dr Teed	02-Jun-15	03-Sep-15	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
Windmill Practice	Dr Abbott	11-May-16	03-Aug-16	Good	Good	Good	Good	Good	Outstanding	Good	Good	Good	Good	Outstanding	Good
Wollaton Park Medical Centre	Dr Silcock	25-Apr-16	27-Jun-16	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good	Good
		Inadequate		5	5	1	0	1	8	5	5	5	4	5	5
		Requires improvement		5	4	5	3	7	1	4	5	4	5	4	5
		Good		39	44	45	49	41	40	41	40	39	41	40	41
		Outstanding		4	0	2	1	4	4	3	3	5	3	4	2
				53	53	53	53	53	53	53	53	53	53	53	53

HEALTH SCRUTINY COMMITTEE
22 FEBRUARY 2018
SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO HEALTH SERVICES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To ensure that Committee members have a good understanding of the process for identifying and dealing with substantial variations or developments to health services.

2 Action required

2.1 The Committee is asked to note the process for dealing with substantial variations or developments to health services.

3 Background information

3.1 Legislation sets out a role for health scrutiny in relation to proposals by commissioners for substantial variations or developments to health services.

3.2 Following feedback from Committee members and commissioners, a document has been put together setting out a clear process for dealing with substantial variations or developments to health services so that the expectations of all stakeholders are clearly set out. This work has taken place jointly with Nottinghamshire County Council to ensure a consistent approach for commissioners working across Greater Nottingham.

3.3 Attached is the process for dealing with substantial variations or developments to health services affecting Nottingham City residents. It is important that all Committee members are aware of the Committee's role and responsibilities; the role and responsibilities of commissioners; and the agreed process for identifying and dealing with local substantial variations or developments of health services. The Committee may wish to identify if any additional information, guidance or training is required to support Committee members in this fulfilling this role.

4 List of attached information

4.1 'Health Scrutiny in Nottingham and Nottinghamshire: Process for dealing with substantial developments or variations to health services'

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 Department of Health (2014) 'Local Authority Health Scrutiny'

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

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

Centre for Public Scrutiny (2005) 'Substantial Variations and Developments of Health Services'

7 Wards affected

7.1 All

8 Contact information

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

Health Scrutiny in Nottingham and Nottinghamshire: Process for dealing with substantial developments or variations to health services

The main aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services. Regulations allow local authorities to:

- review and scrutinise any matter relating to the planning, provision and operation of the health service in their area;
- require information to be provided by relevant NHS bodies[1] and providers of health services about the planning, provision and operation of health services in the area;
- require attendance at meetings from members and employees working in relevant health bodies;
- make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days;
- be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals; and
- in certain circumstances, refer decisions about substantial developments or variations in health services to the Secretary of State for Health.

The relevant NHS bodies have corresponding duties to provide information, attend meetings and respond to health scrutiny reports and recommendations. Health service commissioners and providers are also required to consult with the relevant local authority scrutiny body on proposals for 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 that "local authority health scrutiny bodies are important stakeholders in the development of reconfiguration proposals. 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[2]). It is important to recognise that consultation with a health scrutiny committee is different to discussions and consultation that may take place with other parts of the local authority about service developments e.g. Executive councillors or officers.

It is also important to recognise that consultation with health scrutiny committees is distinct from the separate duties in the NHS Act 2006 (as inserted by the Health and Social Care Act 2012) on clinical commissioning groups and NHS England involving service users in the development of proposals for service change. Commissioners have a duty to involve; and engagement, consultation, participation and patient voice are all phrases that can be used to describe different levels of involvement activity. Consultation and involvement are not mutually exclusive, rather, consultation is one of the possible types of public involvement. Commissioners must ensure that arrangements for involvement are fair and proportionate. The Gunning Principles help to define what is fair - Involvement:

- takes place at a time when proposals are still at a formative stage. If involvement is to be meaningful, it should take place typically at an early stage. However, it is often permissible to consult on a preferred option or decision in principle, so long as there is genuine opportunity for the public to influence the final decision.

[1] This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; and providers of NHS and public health services commissioned by clinical commissioning groups, NHS England and local authorities.
[2] NHS England (2013) *Planning and Delivering Service Changes for Patients*

- gives the public sufficient information and reasons for any proposal to allow the public to consider and respond.
- allows adequate time for the public to consider and respond before a final decision is made.
- the product of the public involvement exercise must be conscientiously taken into account in making a final decision.

With respect to proportionate it is almost always possible to suggest that more can be done or an involvement exercise can be improved upon. However commissioners must balance their duty to make arrangements to involve the public with their duty to act effectively, efficiently and economically.

This document focuses on the process for consulting local authority health scrutiny functions on substantial developments or variations to health services.

What is a substantial development or substantial variation?

Regulations do not define 'substantial development' or 'substantial variation'. Guidance from the Centre for Public Scrutiny (CfPS)[3] (based on Department for Health guidance and good practice) states that the key feature of a substantial development or variation is that there is a major impact(s) experienced by service users, carers and/or the public. It does not directly relate to whether the outcome of the change is considered to be positive or negative – whether it is in the interests of local health services is something that the health scrutiny committee will consider if it is deemed to be a substantial change. It is difficult to have a standard rigid definition that can be applied in all cases and therefore this document sets out a process for the relevant NHS body and the relevant health scrutiny body to discuss locally which proposals they consider to be substantial or not. It will therefore always be preferable for commissioners to discuss a proposed change with a health scrutiny committee at an early stage to identify whether it might be considered substantial.

When deciding if a proposal is 'substantial' or not, the following issues should be considered:

- Number and proportion of patients and/or carers affected – the change may affect the whole population of a geographical area or a small group. If the change affects a small group of people it may still be substantial, especially if patients need to continue to access that service regularly and/or for many years.
- The impact of changes in methods of service delivery e.g. moving services from an acute hospital setting to a community setting; changes in use of technology; change in type or level of practitioner; change in care pathway
- The impact of changes in accessibility of services e.g. change in opening times; relocation of services; withdrawal of a service; reduction or increase in services available on a particular site
- The sustainability of the service(s) affected by the proposal
- The impact of changes on patient outcomes
- Proposals to mitigate any negative impacts arising from the proposal
- Whether it is a permanent or temporary change
- The impact on other health services
- The impact on the wider community and other related services
- The cumulative impact when considered alongside other ongoing/recent developments or variations to services

[3] Centre for Public Scrutiny (2005) *Substantial Variations and Developments of Health Services*

Identifying and dealing with substantial developments or variations

Identifying substantial developments or variations

1. There should be regular informal communication between commissioners and the relevant health scrutiny committee(s) to help identify potential substantial developments and variations at an early stage. Early discussions can assist with timetabling and avoid delays in considering a proposal. This communication can also help inform wider health scrutiny work programmes. Commissioning organisations are responsible for ensuring that their managers are aware of the requirements around consulting health scrutiny.

   Commissioners need to provide the relevant health scrutiny committee with information as is reasonably necessary to allow it to form a view on whether a change is substantial. Set out below (Appendix A) is a list of typical information that a health scrutiny committee will require from commissioners in order to help it to identify whether the issue is likely to be substantial.

2. Commissioners and the health scrutiny committee will discuss locally whether a proposal is considered to be substantial or not and attempt to form a common position.

It is a substantial development/ variation

It isn't a substantial development/ variation

There is disagreement about whether it is a substantial development/ variation

Usually the health scrutiny committee will have no further direct involvement with the proposal. However if it is a priority for health scrutiny then the committee may still carry out a review of the proposed changes anyway. This work will be covered by the powers and duties set out in legislation but not follow the specific requirements for substantial development/ variations.

Commissioners and the health scrutiny committee should discuss their reasons with each other and try to reach an agreement. The Independent Reconfiguration Panel can be asked for informal advice. In the absence of local agreement, if the committee believes that there is a substantial development/ variation and there has been no formal consultation with the committee on the proposal, the committee can make recommendations to the commissioners, expect a response to those recommendations and refer the proposal to the Secretary of State on the grounds of inadequate consultation.

Exemptions from consultation

There are a number of circumstances which are exempt from the requirement to consult:

- Where the commissioner believes that a decision has to be taken without allowing time for consultation because of a risk to safety or welfare of patients or staff
- Where there is a proposal to establish or dissolve or vary the constitution of a CCG or establish or dissolve an NHS trust unless the proposal involves a substantial development or variation
- Where proposals are part of a trusts special administrator's report or draft report

In these circumstances the committee should be advised as soon as possible with the reasons for the action provided. If the committee is not satisfied with the reasons given for not carrying out consultation, they may refer the issue to the Secretary of State.

Consulting the health scrutiny committee on a substantial development or variation

3. Where a proposal for a substantial development or variation impacts on residents in more than one local authority area, then commissioners can request that a joint committee is established to be consulted on the proposed development or variation. In this circumstance only the joint committee may respond to the consultation (rather than each individual local authority scrutiny committee responding separately) and only the joint committee may exercise powers to require the provision of information about the proposal and require attendance at meetings in connection with the consultation.

4. Commissioners are required to notify the relevant health scrutiny committee of:
   a. The proposed date by which they intend to decide to proceed with the proposal; and
   b. The date by which they require any comments.

   Ideally there should be dialogue to ensure that these timescales are realistic and achievable. For example health scrutiny committee meetings are scheduled and managed in accordance with a number of statutory requirements and timescales.

   The health scrutiny committee should be advised of any changes to these dates.

Health scrutiny committee is consulted on the proposed change

If the change is considered to be substantial it does not necessarily mean that the committee will scrutinise the proposal e.g. if it is seen as positive or if the committee has other priorities and has to balance its workload. The committee may consider that it wouldn't add additional value to involvement and consultation already undertaken.

5. It is good practice for scrutiny functions to be involved in the development of proposals in the early stages but as proposals are refined there should be formal consultation on the final set of proposals to be tested through wider public engagement. Health scrutiny bodies may also be able to advise on how patients and the public can be effectively engaged and listened to.

6. The committee's role is to determine whether it considers the proposal to be in the interests of local health services. It is likely to wish to take into account a range of information to help it come to a conclusion about this. This will include the information that was originally provided by commissioners in order to inform the decision about whether the proposal was substantial but additional information is also likely to be required. A list of typical information that a health scrutiny committee will want to consider can be found below (Appendix B). The committee can make use of health scrutiny powers to request information and require attendance at meetings in connection with the proposals. It is also sensible for the committee to be able to receive details about the outcomes of public engagement and consultation so it can be informed by patient and public opinion.

7. Following consultation, the health scrutiny committee can make comments on the proposals within the timescales.

8. The commissioner should communicate the outcome of the decision to the health scrutiny committee and its response to any recommendations made by the committee in relation to the proposal.

9. If the health scrutiny committee has made a recommendation in relation to the proposal and the consulting organisation disagrees, then the organisation must notify the committee that it disagrees and the two bodies should take such steps as reasonably practicable to reach an agreement.

10. If the local authority concludes that all reasonably practicable steps at local resolution have been exhausted and it still has outstanding concerns, it has the option to refer the proposal to the Secretary of State. Referrals can be made where:
    - the local authority is not satisfied that the consultation with the relevant health scrutiny committee was adequate in terms of content or time allowed;
    - the local authority concludes that the proposals would not be in the interests of the local health service; and/ or
    - there was not consultation because a decision was needed without time for consultation with the local authority but the local authority is not content that the reasons given for this are adequate.

Implementation of substantial developments or variations

11. The commissioner should keep the relevant health scrutiny committee up to date with progress of the implementation phase. This may either take place formally at a committee meeting(s) or through more informal channels depending upon what is agreed locally for that particular service change.

Appendix A

Information to be provided to the relevant health scrutiny committee to inform consideration of whether a proposed change constitutes a substantial development or variation to health services

Commissioners need to provide the relevant health scrutiny committee with information as is reasonably necessary to allow it to form a view on whether a change is substantial. Set out below is a list of typical information that a health scrutiny committee will require from commissioners in order to help it to identify whether the issue is likely to be substantial. This list is not intended to be exhaustive and may not be relevant to all proposals for changing services.

- Title of proposal
- Timescales and decision making process
- Description of current service(s)
- Description of proposed change(s)
- Reason why the change is being proposed
- Population affected (service users, carers, families), including the number and proportion of people are affected; which areas they are from
- Assessment of the impact of the proposed change on patient outcomes
- Assessment of the impact of the proposed change on service user/ carer experience
- Equality Impact Assessment(s) carried out
- Whether there will be changes in methods of service delivery as a result of the proposed change e.g. use of technology; type or level of clinician/ practitioner; care pathways
- Whether there will be changes in access as a result of the proposed change e.g. opening times, waiting times, transport, travel time etc
- Assessment of the sustainability of the service(s) affected by the proposal
- Assessment of the impact on other health and social care services
- Whether it is a permanent or temporary change
- Proposals to mitigate any negative impacts arising from the proposed changes
- The cumulative impact when considered alongside other ongoing/recent developments or variations to services
- Evidence of service user/ carer views on the impact of the proposed change – what do they consider the likely impact to be? Do they consider it to be a substantial change?
- Evidence of clinical views on the impact of the proposed change – what do they consider the likely impact to be? Do they consider it to be a substantial change?

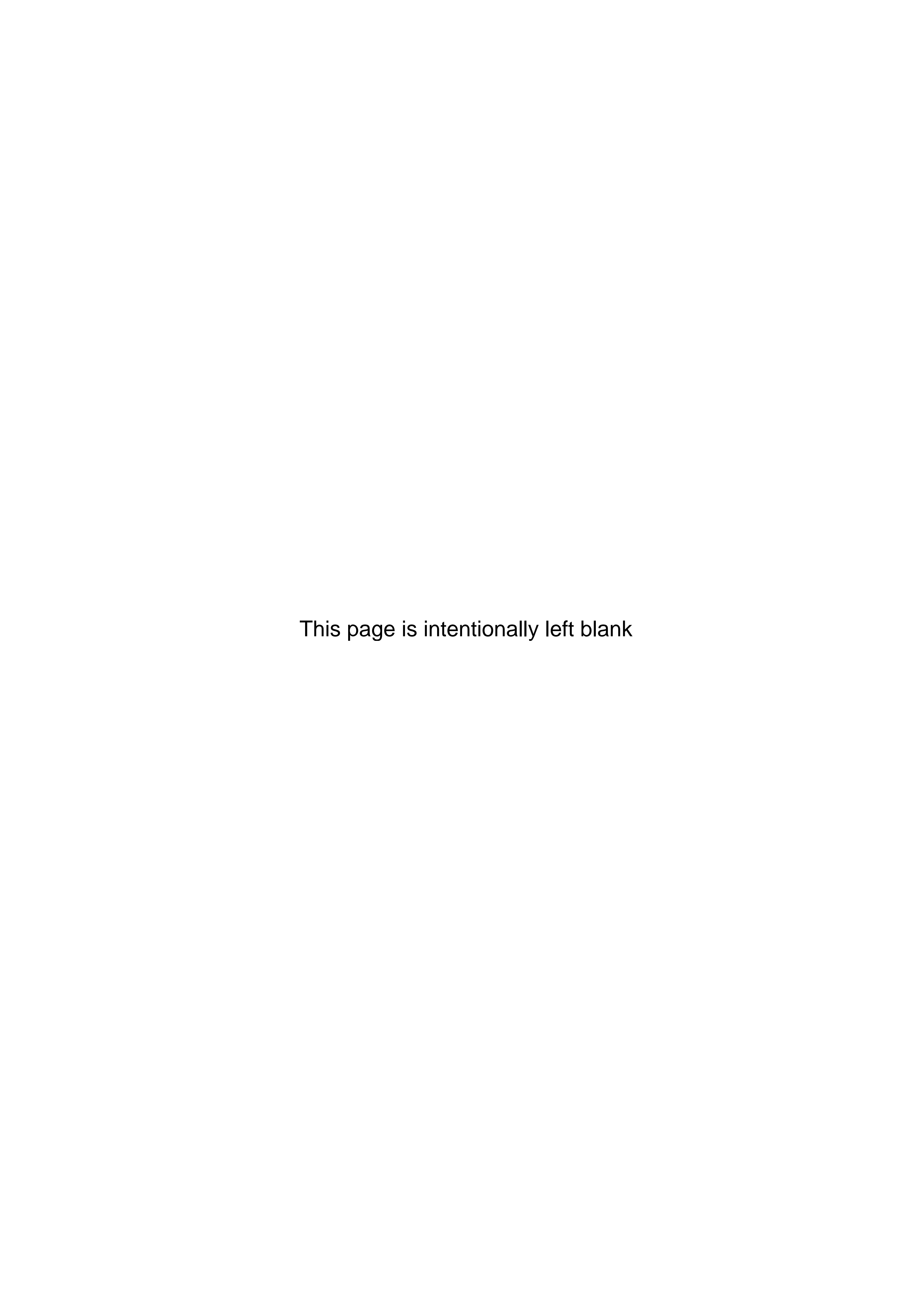
Commissioners may also wish to advise the Committee of whether they consider the proposal to be a substantial development or variation to health services and the reasons why.

Appendix B

Additional information to be provided to the relevant health scrutiny committee to inform consideration of whether of a substantial development or variation to health services is in the interests of local health services

In addition to information already provided to the committee to inform the decision about whether the proposed change is substantial or not, it is likely that the committee will want to consider additional information and evidence in order to be able to assess whether the proposed change is in the interests of local health services. The committee may consider evidence from a variety of sources, but below is a list of information that the committee may request from the relevant commissioner. It may also be appropriate to update information previously provided as the proposal develops and more detailed assessment of the impact of the proposal is undertaken.

- Details of engagement and consultation carried out e.g. with service users, carers, families, staff and clinicians, providers, Healthwatch
- Findings and outcomes of engagement and consultation carried out
- How the proposed change is being influenced/ developed in response to the findings of engagement and consultation
- Plans for any further engagement or consultation to be carried out
- Whether service users support the proposal and if there is any aspect that they don't support
- Whether clinicians support the proposal and if there is any aspect that they don't support
- The benefits of the proposed change e.g. on patient experience, service quality, patient outcomes, on local health services
- How the proposed change will improve the health and wellbeing of the population affected
- How the proposed change will contribute to reducing health inequalities
- Any negative aspects/ downsides of the proposed change and how they will be minimised/ mitigated
- Risks associated with the proposed change and how they will be mitigated/ managed
- Impact of the proposed change on other service providers including NHS, local authority, voluntary sector
- Impact of the proposed change on the wider community e.g. housing, transport, environment
- Workforce implications associated with the proposal
- Financial implications associated with the proposal
- Equality Impact Assessment(s)


This page is intentionally left blank

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

1. Purpose

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

2. Action required

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

3. Background information

3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.

3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.5 The current work programme for the municipal year 2017/18 is attached at Appendix 1.

4. List of attached information

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

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

5.1 None

6. Published documents referred to in compiling this report

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

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

7. Wards affected

7.1 All

8. Contact information

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

Health Scrutiny Committee 2017/18 Work Programme

Date	Items
18 May 2017 **CANCELLED**	
13 June 2017 **10:15am** **Informal Meeting**	• **Sustainability and Transformation Plan Consultation and Engagement Findings** To review the findings from initial consultation and engagement on the Sustainability and Transformation Plan and if/ how the Plan is developing to take these findings into account. (STP Lead)
22 June 2017	• **Nottingham homecare market** To review the effectiveness of work that has taken place since November 2016 in response to pressures in the homecare market; and the development of longer term plans to address pressures in the homecare market (Nottingham City Council) • **Work Programme 2017/18**
20 July 2017	• **Seasonal flu immunisation programme 2016/17** To review the performance of the seasonal flu immunisation programme 2016/17 and the effectiveness of work to improve uptake rates (NHS England, NCC Public Health) • **Healthwatch Nottingham Annual Report 2016/17** To receive and consider the Healthwatch Nottingham Annual Report (Healthwatch Nottingham) • **Feedback from regional health scrutiny chairs network meeting** To receive a verbal update from the Chair

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

Date	Items
	To receive an update on progression of the Sustainability and Transformation Plan, and development of an Accountable Care System for Greater Notts (STP Team) • **Inpatient Detoxification Services at The Woodlands Unit** To consider proposals in relation to the future of the inpatient detoxification services for City residents. (Nottinghamshire Healthcare Trust, Nottingham City Council) • **Nottingham Treatment Centre** To hear about plans in relation to Nottingham Treatment Centre procurement. (Greater Nottingham Clinical Commissioning Groups) • **Access to dental care** To review whether access to, take up and quality of NHS dental services has improved since scrutiny's review of dental care in 2009 (NHS England, NCC Public Health) • **Work Programme 2017/18**
14 December 2017	• **Cleanliness at Nottingham University Hospitals NHS Trust** To review progress in improving cleanliness at Nottingham University Hospitals sites. (Nottingham University Hospitals) • **Homecare services commissioning framework** To review development of a new commissioning framework for homecare services; and review how the Homecare Provider Alliance and Passport for Care scheme are contributing to improving homecare provision. (Nottingham City Council) • **Child and Adolescent Mental Health Services (CAMHS)** To review progress in implementing the transformation plan for CAMHS, including the impact on waiting times (Nottinghamshire Healthcare Trust/ commissioners/ local authority public health)

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

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

Date	Items
	To review how the significant pressures facing urgent and emergency health services in the post-Christmas period were responded to. (A&E Delivery Board) • **Work Programme 2017/18**
19 April	• **Reducing unplanned teenage pregnancies** To hear about outcomes of the work requested by the Committee to review local activity and provision to reduce unplanned teenage pregnancies in the Aspley and Bulwell areas; and review work to reduce unplanned teenage pregnancies levels in wards with the consistently highest levels of unplanned teenage pregnancy. (Nottingham Teenage Pregnancy Taskforce) • **Review of 2017/18 and work programme 2018/19**

To schedule

- **Emergency care**
  To review progress in meeting the 4 hour access target for A&E
- **End of life/ palliative care services for children and young people**
- **Improving access to assistive technology**
  To review progress in improving access to assistive technology, with a particular focus on equality groups and how access can be improved for groups that are currently under represented amongst service users to ensure that all who need to access equipment are able to
- **Nottinghamshire Sustainability and Transformation Partnership and Greater Nottingham Accountable Care System**
  To receive an update on the STP and ACS, including any proposals for associated service changes

Written information requested

- Nottingham Treatment Centre procurement: Briefing on development of the specification for the dermatology service, including what expertise has been sought and the process for engagement and consultation; and how the specification has taken into account the recommendations of clinical experts and service users [circulated February 2018]

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

Visits

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

Study groups

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

Informal meetings

- Reducing unplanned teenage pregnancies – focus on Aspley and Bulwell

Other informal meetings attended by the Chair

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

Items to be scheduled for 2018/19

- **Nottingham CityCare Partnership Quality Account 2017/18**
  To consider the draft Quality Account 2017/18 and decide if the Committee wishes to submit a comment for inclusion in Quality Account document
  (CityCare Partnership)
- **Out of Hospital Community Services Contract**
  To review progress in mobilising the new contract
  (Nottingham City CCG, CityCare Partnership)

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