

Public Document Pack

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 24 May 2018 from 1.33pm - 3.14pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Merlita Bryan (Vice Chair)
Councillor Ilyas Aziz
Councillor Chris Tansley
Councillor Adele Williams
Councillor Eunice Campbell-Clark
Councillor Brian Parbutt
Councillor Georgia Power
Councillor Ginny Klein
Councillor Andrew Rule
Councillor Mohammed Saghir (minutes 8-10 inclusive)
Councillor Cate Woodward

Absent

Colleagues, partners and others in attendance:

Penny Harris	- Chief Commissioning Officer	- Greater Nottingham CCGs
Hugh Porter	- Chair of Governing Body	- Nottingham City CCG
Hazel Buchanan	- Director of Strategic Partnerships	- Nottingham North and East CCG
Kathryn Brown	- Community Services Contracts Manager	- Nottingham City CCG
Stephen Upton	- Sustainability & Transformation Lead	- Nottingham CityCare Partnership
Jo Powell	- Communications	- Nottingham CityCare Partnership
Jonathan Wright	- Patient and Public Involvement	- Nottingham CityCare Partnership
Jane Garrard	- Senior Governance Officer	
Cath Ziane-Pryor	- Governance Officer	

1 APOLOGIES FOR ABSENCE

Councillor Mohammed Saghir for lateness.

2 DECLARATIONS OF INTEREST

None.

3 APPOINTMENT OF VICE CHAIR

RESOLVED for Merlita Bryan to be appointed as Vice-Chair for the municipal year 2018/19.

4 MINUTES

The minutes of the meeting held on 19 April 2018 were confirmed as a true record and signed by the Chair.

5 HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE

RESOLVED to note that the terms of reference for the Health Scrutiny Committee, as approved by Council on 14 May 2018.

6 NOTTINGHAM TREATMENT CENTRE PROCUREMENT

Penny Harris, Chief Commissioning Officer for Greater Nottingham Clinical Commissioning Groups (CCG), Hugh Porter, Chair of Governing Body of Nottingham City CCG, and Hazel Buchanan, Director of Strategic Partnerships for Nottingham North and East CCG, were in attendance to update the Committee on the progress in procuring services provided at the Nottingham Treatment Centre.

Since last attending the Committee in November 2017, the procurement process has been subject to a legal challenge by Circle, the current provider, and as a result of the delays that this caused to the procurement process and the significant risks to continuity of service for patients, an out of court agreement between the CCG and Circle has now been reached. Circle will continue to provide services to the current contract specifications for an additional year (up to 31 July 2019) which will enable the procurement process to be rerun. During the next year, patients will continue to receive the exact same service they currently receive. The procurement package will be revisited and any variations reported to the Committee.

The following points were highlighted and responses provided to Members' questions:

- (a) a preferred bidder was identified but the legal challenge meant that awarding the contract could not proceed. The out of court settlement and 1 year contract with Circle to provide services up to July 2019 is not a reflection on the quality of bids from tendering organisations;
- (b) continuity of a quality service for patients has been and continues to be a priority;
- (c) following concerns raised by committee members and external organisations, including around the proposed dermatology service, adjustments were made to the initial procurement package. Ensuring a sustainable and high quality service is paramount. Before the contract is put out to tender all of the service specifications will be revisited;
- (d) it is acknowledged that decisions to make significant investment is difficult are difficult during short contracts and if any investment in services or equipment is required prior to the award of the new contract, frank discussions will take place with Circle, although the timelines for procurement will enable the winning bidder to be identified well in advance of the contract commencement;
- (e) the GNCCG cannot comment on any aspect of the legal challenge and outcome due to agreed disclosure restrictions;
- (f) the planned savings from the contract will not be achieved during 2018/19.

The Committee welcomed the assurance that the alteration in the commissioning schedule for Treatment Centre services would not change or disrupt services or patient experience.

RESOLVED to

- (1) **note the update on the procurement process for services provided at Nottingham Treatment Centre; and**
- (2) **receive information on the new proposed procurement process, and any proposed changes to services at a future meeting.**

7 OUT OF HOSPITAL COMMUNITY SERVICES CONTRACT

Kathryn Brown, Contracts Manager for Community Services for Nottingham City CCG and Stephen Upton, Sustainability and Transformation Lead for Nottingham CityCare Partnership, were in attendance.

By providing a less restrictive approach to service specifications this has enabled an appropriate level of flexibility for services to be consolidated and streamlined, and some services previously provided by Nottingham University Hospitals NHS Trust have been included in the new Out of Hospital Community Services Contract, won by CityCare Partnership. With the new contract due to commence on 1 July 2018, the Committee had asked for an update and assurance on mobilisation, including that communication with patients has been appropriate and that patients will be able to access the full range of services, particularly musculoskeletal (MSK) pain management services from the commencement of the contract.

The following points were highlighted and members' questions responded to:

- (a) the contract initially had a value of £35m but the need to make savings on this budget was communicated to tendering parties and CityCare Partnership responded well with a revised budget of £31.5m whilst maintaining high level quality scores;
- (b) the MSK treatment pathway has been streamlined and the CCG are working with patients where changes are happening. A dedicated MSK pain management website has been launched and patients are directed to it and encouraged to take control of their situation and treatment options. A similar route is being developed for other health management areas including foot care;
- (c) the Care Homes Team has also experienced change in that 4 contracts have been combined in to 1. This has resulted in the Integrated Care Team now including a wrap-around dementia nurse who forms part of the core Care Home Team and removes the requirement to refer patients to a different team before progressing care;
- (d) where it has not yet been possible to integrate with Local Authority social care services (staffing and funding), as originally planned, services will continue as previously;
- (e) CityCare Partnership welcomes the flexibility within the contract specifications which enables a more holistic, person centred approach to working and provides a new solid foundation for services to develop;
- (f) a total of 8 care delivery groups have been established across the City to assist in the rationalisation of services, reduce duplication, improve communication and promote more efficient ways of working, particularly around GP services. Health partners from the wider networks and stakeholders, including Social Care, Healthwatch, the Voluntary sector, the

workforce and patients are contributing to the process to develop a holistic working approach;

- (g) patients should feel secure that where there are changes to services, these are improvements and that the risks have been assessed and full regard given to equality impact assessments;
- (h) there are still several areas proposed for improvements including more efficient management of patient care with e-referrals possible between teams;
- (i) whereas there are and have been different cultures operating between Social Care and medical care staff, efforts are being made to change these cultures to provide a more holistic approach with a wider range of options;
- (j) whilst Adult Care is included in the Out of Hospital Community Services Contract, services specifically for younger people are not. However, this may change in future;
- (k) a lengthier contract for a minimum of seven years (with the option to extend for a further 2 years) has been put in place to provide assurance and sustainability to the successful provider as a longer contract provides the opportunity for longer term aims and objectives to be implemented;
- (l) some easily implemented successful changes within the City are being incorporated and linked with County working to help provide further reaching efficiencies;
- (m) there has been a lot of engagement with stakeholders regarding mobilisation of the new contract, including with the workforce on specific service changes; with patients and patient groups on changes to specific services and pathways e.g. MSK and pain management; and other stakeholders on estates issues and service accessibility.

Members of the Committee welcomed the streamlining of services with a more holistic approach and requested that further examples are presented to the Committee when reporting on provision of services under the new contract.

RESOLVED to review the provision of services by Nottingham CityCare Partnership under the Out of Hospital Community Services contract in one year's time.

8 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2017/18

Stephen Upton, Sustainability and Transformation Lead, Jo Powell, Communications, Jonathan Wright, Patient and Public Involvement all from Nottingham CityCare Partnership, were in attendance to present the draft Nottingham CityCare Partnership Quality Account for 2017/18 and proposed priorities for 2018/19.

Further to the interim update to the Committee in March on the progress against current quality improvement priorities, and proposals for CityCare's quality improvement priorities for 2018/19, the draft Quality Account was now presented to the Committee to enable the Committee to provide a comment on the Quality Account which will be published alongside the final document.

A presentation was delivered at the meeting and is included in the minutes pack provided on the initial publication of the minutes.

Following points were highlighted and the Committee's questions responded to:

- (a) the report provides information on how the 2017/18 priorities of promoting prevention, more integration for seamless care, and reducing avoidable harm have been met;
- (b) the priorities for 2018/19 include promoting prevention, reducing avoidable harm, supporting our staff, and safe and effective discharge. The proposed actions to meet these priorities are summarised in the presentation;
- (c) as discussed during the previous agenda item, the CityCare Partnership is working with health and voluntary sector partners, patients and workforce to improve service efficiency and patient experience while meeting the needs of individuals;
- (d) to ensure that the workforce is engaged and committed to the new direction of service provision, their needs have to be taken into account, understood and where possible met. Staff are contributing ideas and providing feedback on where improvements can be made to working practices and processes. When staff respond that proposals to change will not work, it is vital that the Partnership understands why, and that alternative proposals are considered.
- (e) CityCare Partnership promotes a work/life balance for employees and where appropriate, has policies for mobile/flexible working arrangements. New technology is being explored to ensure that the needs of the hardest to reach sections of the workforce can be met. This also includes upscaling managers to ensure that valuable personal development reviews are regularly undertaken;
- (f) as part of the action to ensure safe and efficient discharge, the 'transfer of care document' is now provided online and can be securely accessed by all relevant parties. This ensures information is clearly provided, can be easily accessed, and partners are fully informed and able to progress care pathways more efficiently and effectively;
- (g) success against the priorities is measured by patient feedback. Currently approximately 85% of the 6,700 patients providing a response are satisfied with the service they receive. However, further consideration of how this information is gathered needs to be undertaken as it can be difficult to assess if responses are in relation to whole treatments or individual interventions within a pathway for which a patient may be treated once a week for several months;
- (h) whilst patients may raise concerns, across the CityCare Partnership formal complaints average approximately one week. Every effort is made to resolve issues but approximately 5% are progressed for ombudsman consideration. An equalities assessment of concerns raised and complaints made was not available at the meeting but the details were to be provided to the Committee following the meeting;
- (i) the development of the holistic worker approach started several years ago when a team under specific pressure asked permission to work differently. The staff proposed a framework and it was supported. It proved successful, has since been accredited, adopted by the Sustainability and Transformation Partnership (STP) on a broader scale and rolled out where appropriate. Specific research on how this may affect staff retention hasn't been undertaken, but assessments on the outcomes of staff development are ongoing;

- (j) the decline in staff satisfaction levels can mainly be attributed to the journey of transition. It is recognised that staff need to feel valued and it is disappointing that only 33% of respondents to the staff survey feel valued. Key points of people management have been analysed at every level and there is work to be done to improve satisfaction. Members' comments that the CityCare Partnership is a social enterprise and that this needs to be conveyed to the staff in a way that they can appreciate that they are part of a collective effort, are noted, as is the point that not all staff want to be developed and some may just want to do the job for which they qualified;
- (k) a single point of contact for patients to prevent requests for the same information at each intervention, with each section being able to access the relevant patient information would be ideal. Currently only the most basic patient information is shared between sections and services on current systems.

Members of the Committee expressed concern that with regard to the staff survey results, and in particular the data that is used to inform the NHS Workforce Race Equality Standard, and that there was no evidence in the Quality Account to show what action, if any, was being taken to address the low response by 53% of Black Asian and Minority Ethnic (BAME) staff who believed that the organisation acts fairly towards their career progression, against a response of 86% from white employees. In addition it was queried why there was no evidence of any specific engagement with Lesbian, Gay, Bi-sexual (LGB), disabled or female staff. While it was not possible for presenting officers to provide specific information at the meeting, a report would be provided to the Committee at a future meeting so that the Committee could review this in the context of CityCare's Quality Improvement Priority to support its staff.

Members of the Committee requested further information on how staff wellbeing is assessed and analysed, particularly as the staff survey is anonymous.

RESOLVED

- (1) for the requested further detail as follows to be provided by the CityCare Partnership and submitted to the June meeting of the Committee:**
 - (i) evidence of specific engagement with and feedback from BAME, LGBT, disabled and female employees;**
 - (ii) what actions are being undertaken/ planned to address the issues raised by the data informing performance on the NHS Workforce Race Equality Standard including the feeling of BAME employees that they are not treated fairly in career progression;**
 - (iii) equalities information on concerns raised and complaints made by patients and their representatives;**
 - (iv) the assessment of staff wellbeing;**
- (2) to submit a comment for inclusion in the Quality Account based on the evidence available to the Committee.**

9 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, presented the initially proposed work programme schedule for 2018/19. It is noted the Committee may add and withdraw items as it sees fit.

In addition to the proposed item for June on Reducing Unplanned Teenage Pregnancies, CityCare Partnership has been asked to provide further information on workforce equalities issues.

Whilst an item on Hopewood, (Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update) was scheduled for consideration at the Committee's July meeting, there has been a delay in the completion of the site which is not yet occupied. Therefore it is proposed that this item is considered during the autumn.

In addition to the item on seasonal flu vaccination, members of the Committee requested information on flu vaccination uptake, specifically by students who may be considered particularly vulnerable during their first year of study.

Members of the Committee are invited to take part in a 'carer's celebration event' on 12 June 2018, 4pm to 6pm the Dining Room of the Council House to inform a study group looking at the experience of carers in receipt of carer support services. The event will provide a valuable opportunity for members of the committee to speak directly to carers and received first-hand feedback on the experiences.

RESOLVED

- (1) to agree the work programme for the municipal year 2018/19, leaving flexibility to make amendments to this programme as appropriate as the year progresses;**
- (2) to establish a study group to explore service user experience of carer support services and how service user feedback is used to improve those services, with Councillors informing Jane Garrard of their availability following the meeting.**

10 FUTURE MEETING DATES

RESOLVED to approve the following future meeting dates on Thursdays at 1:30pm:

21 June 2018

19 July 2018

20 September 2018

18 October 2018

22 November 2018

13 December 2018

24 January 2019

21 February 2019

21 March 2019

This page is intentionally left blank

Annual Quality Account – the new priorities

Timetable

- May – engage with stakeholders (CCG, Health Scrutiny and Healthwatch) on final draft
- June – final report including statements from stakeholders approved by CityCare Board
- June – layout and design of final report and summary document developed
- By end of June – report published

Page 10

The priorities under review for 2017/18

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

New priority – promoting prevention

Actions will include:

- Work carried forward from 2017/18
- Patients offered self care opportunities and control around their plan of care
- Improve patient and carer understanding of what self care means
- Checking patient experience and effectiveness of self care
- We will strive towards improving the mental health outcomes of parents, children and young people

New priority – reducing avoidable harm

Actions will include:

- Work carried forward from 2017/18
- Continue to ensure organisational learning from avoidable harm
- Implementation of the five pressure ulcer competition winner ideas
- Review current provision of leg ulcer care and training in line with new guidance for assessment times
- Introduction of information on caring for feet
- Provide new information for patients on leg ulceration and check their satisfaction with services provided
- Review the current peer review process to move to quality visits

Page 13

New priority – supporting our staff

Actions will include:

- Invest in and empower the workforce through raised awareness of available opportunities and support to access them
- Support staff to remain healthy and well in their work
- Respond to issues raised in the staff survey
- Promote sharing of good practice

New priority – safe and effective discharge

Covers discharge from hospital and transitions between children's and adult services

Actions will include:

- Discharge (transfer) of patients is appropriate and safe
- Improving the whole system response to meeting need correctly
- Effective use of eTOC (Transfer of Care document) to place patient in correct supported discharge setting first time
- CityCare are committed to developing a seamless process for those young people in need of ongoing support
- Allocated case managers for transitions for safe discharge/future care management

Any questions?