



Nottingham City Council Health Scrutiny Committee

Date: Thursday, 15 April 2021

Time: 10.00 am

Place: To be held remotely via Zoom - <https://www.youtube.com/user/NottCityCouncil>

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

Director for Legal and Governance

Governance Officer: Kim Pocock **Direct Dial:** 0115 876 4321

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|----------|--|----------------|
| 1 | Apologies for absence | |
| 2 | Declarations of interest | |
| 3 | Minutes | 3 - 12 |
| | To confirm the minutes of the meeting held on 11 March 2021 | |
| 4 | Implementation of the Nottingham City and Nottinghamshire
Suicide Prevention Strategy 2019-2023 | 13 - 22 |
| 5 | Management of Winter Pressures | 23 - 24 |
| 6 | Platform One - Patient Needs Assessment Policy and Process | 25 - 36 |
| 7 | Work Programme | 37 - 48 |

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

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Nottingham City Council

Health Scrutiny Committee

Minutes of the meeting held remotely via Zoom and livestreamed on the Council's YouTube Channel - <https://www.youtube.com/user/NottCityCouncil> on 11 March 2021 from 10.00 am - 12.18 pm

Membership

Present

Councillor Georgia Power (Chair)
Councillor Cate Woodward (Vice Chair)
Councillor Samuel Gardiner
Councillor Phil Jackson
Councillor Maria Joannou
Councillor Kirsty Jones
Councillor Dave Liversidge

Absent

Councillor Anne Peach

Colleagues, partners and others in attendance:

- | | |
|--------------------|---|
| Dr Margaret Abbott | - Nottingham City GP working with Nottingham and Nottinghamshire CCG |
| Alex Ball | - Director of Communications & Engagement, Nottingham and Nottinghamshire ICS and CCG |
| Ajanta Biswas | - Vice-Chair, Healthwatch Nottingham and Nottinghamshire |
| Alison Challenger | - Director of Public Health |
| Nicole Chavaudra | - Nottinghamshire Covid Vaccination PMO lead, Nottingham and Nottinghamshire CCG |
| Lucy Dadge | - Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group |
| Lewis Etoria | - Head of Insights and Engagement, Nottingham and Nottinghamshire Clinical Commissioning Group |
| Esther Gaskill | - ICS Vaccination Quality Lead |
| Joe Lunn | - Associate Director of Primary Care, Nottingham and Nottinghamshire ICS and Clinical Commissioning Group |
| Amanda Sullivan | - Chief Operating Officer, Nottingham and Nottinghamshire CCG |
| Michelle Tilling | - Nottingham City Locality Director, CCG |
| Dr Ian Trimble | - Former Nottingham City GP working with Nottingham and Nottinghamshire CCG |
| Kim Pocock | - Scrutiny Officer |

52 Committee Membership

The Committee noted the resignation of Councillor Lauren O'Grady and thanked her for her work.

53 Apologies for absence

Councillor Anne Peach (medical appointment).

54 Declarations of interest

None.

55 Minutes

The Committee confirmed the minutes of the meeting held on 11 February 2021 as an accurate record and they were signed by the Chair.

56 Commissioning of Services at Platform One Practice - Lessons Learnt

Lucy Dadge, Chief Commissioning Officer and Joe Lunn Associate Director of Primary Care, attended the meeting on behalf of Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) to present to the Committee the lessons learnt from the commissioning process to secure a new provider for current Platform One services and provide an update on staffing arrangements going forward.

The CCG highlighted the following information:

Lessons Learnt

- (a) The CCG has considered the commissioning steps taken and the processes it used to secure the new provider for the practice population currently served by NEMS at Platform One and is committed to ensuring that its commissioning process going forward address the specific scrutiny requirement of this Committee more effectively.
- (b) The CCG recognised the Committee's concerns that patient engagement has not been as thorough as best practice determines and also acknowledged that it took an overly cautious approach to sharing information on procurement activities. It is clear that sharing the thinking as the EQIA (Equality Impact Assessment) was being developed would have provided insight and knowledge to inform the transition between the current provider and the new provider. Whilst the CCG sought to optimise opportunities for local GPs it did not have strong enough plans in place for the widest possible stakeholder engagement in the transition and mobilisation process. The CCG acknowledged that the Health Scrutiny Committee's (HSC) work to address these issues will lead to a much better process and patient experience for those patients affected by the change of provider.
- (c) The CCG identified the following key learning points:
 - i. The CCG recognised the HSC concerns that procurement of new city centre practice, together with dispersal of patients, could be seen as a significant service change. The original contract with NEMS was let in 2009 and continued to 2016, at which point the CCG was legally bound to reprocure the contract. The CCG agreed that it should have made the Committee aware of the need to recommission a provider even though the same core primary care services as those currently provided by NEMS will be provided to the current registered population by the new provider, Nottingham City GP Alliance (NCGPA), or by their local GP practice.

- ii. Funding for GP services contracts is determined nationally by National Health Service England (NHSE) and the CCG works alongside NHSE to ensure it provides appropriate local services. The new contract for services to be delivered by the new provider (NCGPA) will receive more funding than the basic NHSE budget. The CCG is committed to funding all GP services to match local need. Where additional need is identified then the CCG will commit additional funding to meet that additional need. An example of the way the CCG uses funding to meet identified need through its local discretion is its response to the Committee's concerns for patients with severe multiple disadvantage (SMD). The newly created service to address this need will be accessible to patients of any GP practice, ie including the new Parliament Street practice, the other practices which receive patients dispersed from Platform One and all other GP practices in the city. The service will not be restricted by cost, but based on need.
- iii. While funding is nationally determined there is always scope for planning to match this locally. The CCG is keen to work with the Committee to understand local requirements, plan services and match resources to local needs.
- iv. While CCGs cannot access data about individual patients, they are required to liaise with providers to establish and meet local need. The CCG will constantly review population health needs to ensure it uses its resources to address health inequalities and improve outcomes. Consequently, the CCG must engage with stakeholders. This is particularly important for those patients with complex needs and those who cannot engage with services in traditional ways. The CCG values the input of the Committee in this process.
- v. The CCG will not restrict sharing EQIAs or other relevant documents going forwards.
- vi. The CCG acknowledged the need to engage all stakeholders and if these are not immediately easy to identify or locate, then it will find out by being transparent and open, in order to support stakeholders to come forward and enable them to engage.
- vii. The CCG will communicate clearly to the Committee on what is determined by policy and what can be determined and shaped locally and will work with all partners on local arrangements where this is possible.
- viii. It is possible that the CCG's capacity to look outwards was restricted by viewing the reprocurement of Platform One services simply as the culmination of five years of ongoing work and concluding that work at the early stages of the Covid-19 pandemic. The CCG stressed that this was context and has acknowledged that it could have worked in a more communicative and inclusive way.
- ix. The recent Health White Paper on Integrated Care makes it clear that it is imperative that health commissioners/ providers and partners work together and the CCG is committed to doing this. CCG colleagues reiterated their view of the positive input of this Committee.

Transfer of Undertakings Protection Employment (TUPE)

- (d) Successful bidders for the reprocurement of services currently provided by Platform One were required to develop a staffing model to meet the service specification and the needs of the patient population they will be serving.

- (e) As the successful bidder NCGPA is working with NEMS to agree relevant staffing transfers and TUPE arrangements. TUPE regulations are to ensure protection for employee rights when transferring to new employer and apply to a role (rather than an individual) which will transfer from the old to the new provider. Confidential discussions have started with eligible staff in accordance with TUPE regulations.
- (f) This is a confidential process – however there will be consideration of employee rights, liabilities at transfer and the employment terms and conditions for those staff moving over.
- (g) The CCG will support NEMS and NCGPA to retain knowledge and expertise and to build on the experience already within the GPA.

Amanda Sullivan, Chief Operating Officer, Nottingham City and Nottinghamshire CCG also attended the meeting. She highlighted the following:

- (h) The CCG takes its role and relationship with the Committee very seriously and wants to be transparent and upfront to ensure that the Committee is content with how the CCG engages to meet the shared objective of getting the best possible care for people within resources, particularly for the most vulnerable.
- (i) Reprourement of the Platform One service has been a lengthy process and the CCG was very focused on securing a new provider rather than engagement and has learnt from this. The new service to be delivered by the new provider has great potential and the enhanced service will help deliver to those who need wraparound services.

In response to questions from the Committee and in the subsequent discussion the following points were made:

- (j) TUPE discussions are at a very early stage and discussions are guided by the requirements of the core PMS (Personal Medical Services) contract (a national requirement). Services outside this core requirement, eg the new SMD service, fall outside the TUPE arrangements.
- (k) Discussion about the new SMD service is taking place between NCGPA and NEMS and all other practices who will receive patients. The service has been designed to be accessible to any GP who needs to access it for patients they are supporting and the CCG is committed to funding whatever is applied for by GPs. It is recognised that there will be a concentrated number of these patients in the patients who will move from the Platform One practice.
- (l) There has been wide consultation, including with the SMD Group and a range of providers (not just primary care), on the new SMD locally enhanced service. The service aims to facilitate access for this client group to primary care itself, provide a regular review of their physical and mental health and social wellbeing and includes working with a range of joint services. The new service will be approved and offered across Nottinghamshire within the next few weeks.
- (m) There is a strong commitment to making sure wraparound care is available to this group of patients with a focus on distributing funds to meet needs where they arise, rather than to one particular practice / provider in a single location.
- (n) While the Committee has concluded that the reprourement of the Platform One service is a substantial service change, the CCG does not consider it so, but rather that it is commissioning the same service from a new provider. However, both the Committee and

the CCG agree that there should be clear communication, transparency and openness when there is service change which will have a significant impact.

- (o) The CCG works within a range of publicly available commissioning policies, including the NHSE Policy Handbook and the Primary Care Policy Manual. The CCG agreed to share links to these documents with members of the Committee.
- (p) In relation to EQIA and involvement of stakeholders, the CCG may not have followed its own guidance as carefully as it should have. It agreed to share its EQIA guidance with members of the Committee and to consider how future learning from this can be embedded in that guidance.
- (q) There was a legal duty to undertake the re-procurement. However; the CCG acknowledged that it should have looked at all of the transition issues earlier and not just the transfer of PMS contract. The EQIA could have been used more appropriately at an earlier stage to manage the impact of the proposed changes, ie earlier stakeholder engagement could have informed the EQIA. This learning will now be embedded as part of the CCG's EQIA process going forwards.
- (r) In future monitoring of stakeholder engagement and the impact of the reprocurement on the patients affected, the Chair noted that it would be helpful to reflect on the EQIA to check that issues raised have been addressed effectively.
- (s) The CCG acknowledged that their focus with Platform One had been on securing an ongoing service after several years of working towards reprocurement and that, as a consequence engagement was not approached as it should have been, for which the CCG has apologised. The CCG is committed to working with the Committee in the future to ensure that there are no unwelcome surprises in the development of services. Regular informal meetings have already been set up with the Chair and the Vice Chair of the Committee to this end.

The Chair thanked the CCG for attending and urged it to continue to work closely with Healthwatch. The Committee will continue to request regular reporting on this item, including attendance at the Committee's April meeting to discuss needs assessment processes and support to access services for patients who will be moving to the new provider or to their local GP practice.

57 Covid 19 Vaccination Programme

Nicole Chavaudra, Nottinghamshire Covid Vaccination Lead, Michelle Tilling, Nottingham City Locality Director and Alex Ball, Director of Communications and Engagement, attended on behalf of Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) to provide an update on the progress of the Covid-19 vaccination programme in the city.

The CCG highlighted the following information:

- (a) The Covid-19 vaccination programme is the largest vaccination programme in NHS history. The programme is currently focused on meeting the timescales to deliver the first phase of the vaccine to cohorts 1-9 as defined by the Joint Committee on Vaccination and Immunisation (JCVI):
 - residents in a care home for older adults and their carers
 - all those 80 years of age and over and frontline health and social care workers
 - all those 75 years of age and over
 - all those 70 years of age and over and clinically extremely vulnerable individuals

- all those 65 years of age and over
 - all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
 - all those 60 years of age and over
 - all those 55 years of age and over
 - all those 50 years of age and over
- (b) The vaccination programme for Nottingham and Nottinghamshire has taken a whole system approach, led locally as a Local Resilience Forum (LFR), making use of all local resources across the NHS, local government, public services and the voluntary sector. The work is overseen by the Covid Oversight Board and delivered by an Operational Delivery Team.
- (c) A Strategic Inequalities Cell and a Programme Inequalities Task and Finish Group looks on a weekly basis at data and intelligence being gathered from local communities about any inequalities in the access to and take up of the vaccination. These are then addressed with a rapid response, delivered through the three Integrated Care Partnerships [ICPs], working with community leaders so that actions are locally informed and sensitive.
- (d) More than 340,000 people have been vaccinated across Nottingham and Nottinghamshire as of last week. Significant improvement has been seen in the take up of vaccination by those in Black BAME (Black, Asian Minority Ethnic) groups, supported by local councillors and community leaders. The Nottingham approach to adults with learning disabilities has been applauded at a national level by Mencap. Use of the transport service provided to support access to vaccination centres has been highest in the city where car ownership is lowest, rather than in rural areas.
- (e) The gap in take up between the city and the rest of the county is closing, but there is still more to do, especially to tackle inequality challenges. Overall, as you go down the age groups, vaccination take up has been lower by BAME groups, those in the most deprived areas and those who are extremely clinically vulnerable.
- (f) There are a number of different sites for vaccination delivery, including hospital hubs controlled through local booking, the mass vaccination centre in Mansfield accessed through the national booking service, local vaccination services (for example The Forest), pop ups (eg primary care sites, community pharmacies and other community locations), a roving service to care homes and housebound individuals and a vaccination bus which will start touring in the next two weeks.
- (g) The model used is that the majority of people are vaccinated on a vaccination site and primary care is used to target at risk groups or where take up is low. The model allows primary care services to continue to offer its usual services to patients, rather than focus being largely on vaccination.
- (h) Contact with residents as their cohort becomes eligible is by letter and text messages, available in a number of languages, including braille. Each time a cohort goes live it is publicised across local media and posted on local websites in English and the most common other languages used in the city. After receiving an invite, it is possible to book online or by phone (8am to 8pm). Residents can choose which site they wish to go to for their vaccination. The service is working closely with GPs to check if their residents have received their letters and through outreach work with community leaders.
- (i) Cohort 8 (55 years plus) is now live and receiving vaccinations. 95% aged 80 and over have been vaccinated, virtually everyone in the 75-79 age group, 95% in the 70-74 age

group and 87% in the 65-69 age cohort. These are unprecedented levels of vaccination uptake and far higher than the flu vaccine, which has been available for many years. Take up is slightly lower in the city; however, this is common with other similar areas and is being addressed by targeted work to increase take up.

- (j) To target activity to encourage take up, National Immunisation Management System (NIMS) data is used to monitor progress within wards and shows lower uptake in most deprived areas and within ethnic minority communities, particularly by Black men.
- (k) Examples of intelligence led approaches include those already mentioned, ie primary care pop ups in communities with lower take up, community pharmacy sites in areas furthest from vaccination sites, a roving service and a new bus to provide mobile vaccination services.
- (l) Cohort 6 (all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality) is one of the largest and most complex cohorts. Within this group homeless people are being offered walk in clinics, without the need for appointment, led by GP practices (eg the Windmill Practice). Unpaid carers are identified through GP records, DWP records, social care assessments or are able to self-identify to ensure that they are not missed. A range of communications is used to target different groups as well as making reasonable adjustments to meet specific needs, for example quiet times have been arranged to support those who have sensory sensitivities (eg those with learning difficulties) to be able to take up the vaccination.
- (m) Nottingham has tailored approaches through the Integrated Care Partnership and its Primary Care Networks. These include setting up pop up clinics in two mosques in the city, following work alongside community leaders to listen to their advice and feedback on how best to overcome the lack of take up and design an approach together that works, given some lack of confidence about the vaccine within the Muslim community. Local community leaders, GPs and the Council's Community Cohesion team have worked with NHS colleagues to connect with members of the community, which involves a wide range of communication methods, including radio and Twitter. A similar approach is being applied to other areas of the city and to other communities where there is low vaccine take up, eg Black African and Caribbean communities.

In response to questions from the Committee and in the subsequent discussion the following points were made:

- (n) The Committee acknowledged the excellent work that has been done so far in the vaccination roll out.
- (o) The vaccine programme has the capacity to administer second doses of the vaccine (between the end of the 11th and start of the 12th week from the date of the first vaccination) whilst still providing first vaccines. All vaccination sites will be running at full capacity and more local pharmacies and pop ups will be administering the vaccine. Logistically it will be challenging as people have to have the same type of second vaccine as the first, but plans are in place to manage this. Capacity and supply will gradually be reduced over time to match need. 56-58,000 vaccinations per week are being delivered and the plan is to build to a capacity of 80,000 per week to meet the profile of upcoming cohorts.
- (p) The first vaccination sites in the city opened slightly later than other parts of Nottinghamshire for multiple reasons. The challenge was identifying suitable sites to be signed off by NHSE and the need to add appropriate facilities on The Forest site created

a small delay. There were some issues with equipment in the early stages, for example some supplies did not arrive on time, but this has since been resolved. The gap in numbers of vaccinations administered has started to close now and the learning from this experience will be used to shape any future needs / responses.

- (q) The take up by GP practices of the vaccination programme is locally determined, not nationally. By focusing on sites other than GP practices and using a whole system approach, Nottingham has been able to protect general practice. GPs are able to participate if they choose to do so, depending on their staffing and local circumstances, and funding is available for this. It is a particularly busy time for GP practices, responding to questions about Covid infections and effect of Covid, for example, on mental health.
- (r) There have been some supply issues which have impacted on getting appointments, particularly for older and vulnerable people. The Military has been providing a rapid response to complement existing services to support the roving service to those who are housebound, and at all centres in a supporting capacity.
- (s) The roving service has been an issue across the country and it is acknowledged that currently the service is not working exactly as it should do. However, there is work taking place to improve this. GP systems flag those patients who are housebound, but there is no complete record or list of every resident who is housebound. The CCG acknowledged that there is still more to learn about addressing the struggle to get through to the telephone service to book a vaccine.
- (t) Top Valley was highlighted as an area of concern as it has no vaccination hub at the moment, despite having one of highest levels of deprivation and disadvantage, as well as very low car ownership, in the city. The CCG agreed that Top Valley and Bestwood stand out as areas which require attention and will discuss this further with primary care colleagues. In addition, it will look at how the bus could be deployed in these areas as well as monitor the data to see if some GP pop ups are required.
- (u) There is some confusion around communications to individuals which provide two different links to vaccination centres. One of these is to the local centre booking system (eg The Forest) and the other links to national centres (eg the Mansfield Centre). It is further confusing that community pharmacy sites are also booked through the national booking system. This is not within the control of the CCG, so people will continue to receive two letters.
- (v) The list detailing the extremely clinically vulnerable cohort is confusing, eg it states 'some neurological conditions', but it is not clear what that means or how this group is defined. Some conditions for example Chronic Fatigue Syndrome are not specifically listed. This issue has been escalated today to NHSE for more detailed guidance on who is included in the clinically vulnerable cohort.
- (w) Citizens will be notified of the bus vaccine service mainly through GPs who will contact individuals to let them know where the bus will be and when the service will be available. This will be supplemented through community groups and the media. It is planned that this service will start small and will be built up as what works in practice is established.

The chair thanked the CCG for attending and noted that the Committee is likely to request an update on vaccination progress in the near future, particularly in relation to the roll out of second vaccines.

58 Work Programme

- (a) An informal work programme meeting has been scheduled for Committee members to discuss the priorities for the Committee's work in 2021/22 in detail.
- (b) The agenda for the meeting to be held on 15 April 2021 will include:
- Suicide Prevention Strategy
 - Update on Winter Pressures
 - Platform One - patient needs assessments

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**Health Scrutiny Committee
15 April 2021**

Implementation of the Nottingham and Nottinghamshire Suicide Prevention Strategy 2019-2023

Report of the Head of Legal and Governance

1 Purpose

1.1 To scrutinise the implementation of the Nottingham and Nottinghamshire Suicide Prevention Strategy 2019-2023

2 Action required

2.1 The Committee is asked to:

- a) consider the information provided by attendees at the meeting and use it to inform questioning;
- b) make recommendations where appropriate; and
- c) consider whether any further scrutiny of the strategy or any specific aspect of suicide prevention is required.

3 Background information

3.1 The Health Scrutiny Committee has received reports and discussed with colleagues and partners, the Suicide Prevention Strategy 2019-2023 on two previous occasions – 22 February 2018 and 20 January 2020. This is a partnership strategy which was developed by a steering group which included the following members:

- Nottingham City Council
- Nottinghamshire County Council
- British Transport Police
- Nottinghamshire Police
- Nottingham City Clinical Commissioning Group
- Newark and Sherwood Clinical Commissioning Group
- NHS England
- Nottinghamshire Fire and Rescue Service
- Nottinghamshire Healthcare NHS Trust
- University of Nottingham
- Nottingham Trent University
- Harmless (a user led organisation that provides a range of services about self-harm and suicide prevention).

3.2 The overall aim of the strategy is to *'reduce the rate of suicide and self-harm in the Nottingham City and Nottinghamshire population by proactively improving the*

population mental health and wellbeing, and by responding to known risks for suicide in the population' by focusing on the following strategic priorities:

- (a) At-risk groups
- (b) Use of data, particularly via real-time surveillance
- (c) Training and bereavement support
- (d) Staff training.

3.3 Key issues raised at the last visit to the Committee were:

- the need for increased awareness training in relation to mental health issues in partner organisations;
- the need for clear treatment pathways;
- the need for better co-ordination of services and better understanding of the role each partner organisation plays;
- the use of data to establish any seasonal or calendar patterns to suicide;
- the need for further work with groups where there are higher risk factors of suicide, eg BAME communities;
- concern that waiting times are reduced; and
- the need to secure funding for suicide bereavement support.

3.4 Council colleagues and partner representatives will attend the Committee meeting to report on progress with implementation of the strategy within the current context of Covid-19

4 List of attached information

4.1 Nottingham City Council Public Health Report: Implementation of the Nottingham and Nottinghamshire Suicide Prevention Strategy 2019-2023

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 meetings held on 22 February 2018 and 20 January 2020 and the Suicide Prevention Strategy 2019-2023.

7 Wards affected

7.1 All.

8 Contact information

8.1 Kim Pocock, Scrutiny Officer
Kim.pocock@nottinghamcity.gov.uk
0115 8764321

Implementation of the Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023

Jane Bethea, Consultant in Public Health, Nottingham City Council

1. Background

In England, approximately one person dies every two hours as a result of suicide (1). Suicide has a significant, lasting and often devastating impact on individuals, families, communities and wider society. Some studies have predicted a rise in suicide rates associated with the COVID-19 pandemic (2). Particular emphasis has been placed on the impact of the pandemic on young people, due to evidence that their mental health has been disproportionately affected (3).

Suicide rates tend to vary over time. In Nottingham City, they reached an historical low in 2010, before increasing in the years to 2013 and reducing thereafter. In 2019, the rate was higher than in previous years and similar to the higher rates observed in 2004 and 2013 (see Figure 1).

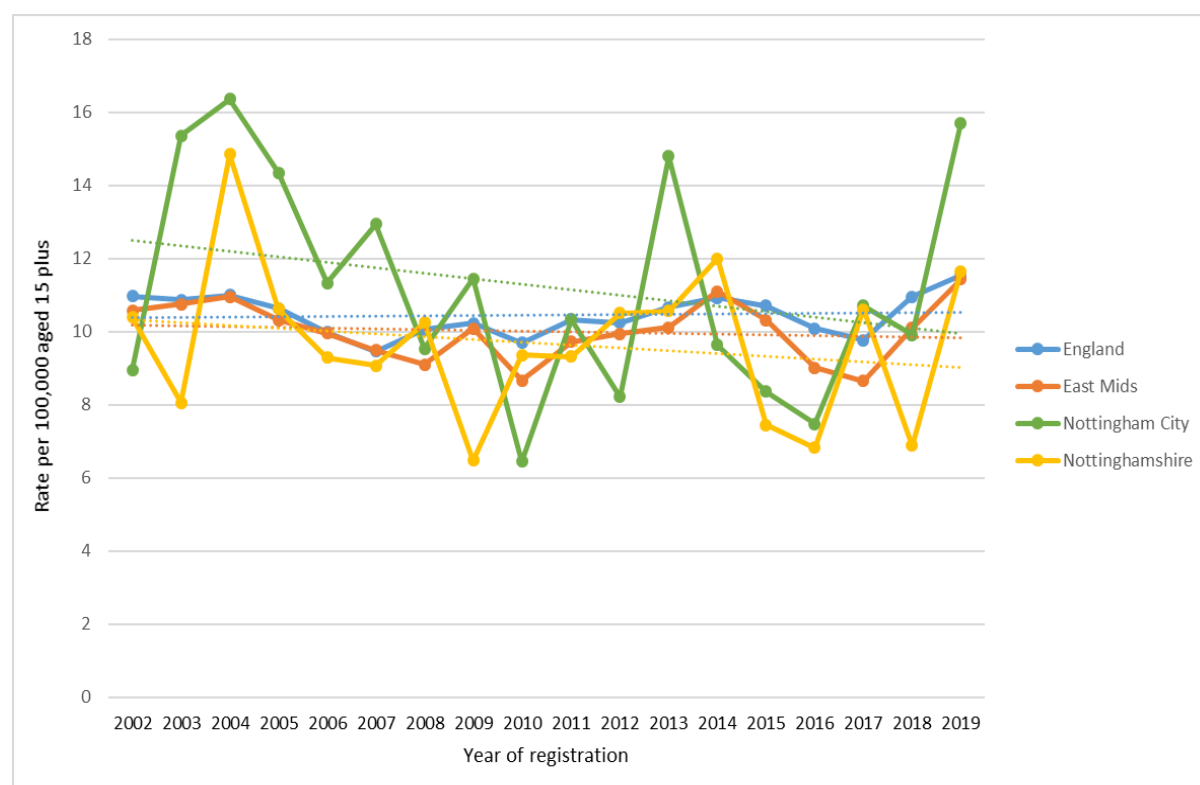


Figure 1 Trends in mortality from suicide and injury of undetermined intent in 15+ yrs old (directly standardised rate per 100 000). Source: Office for National Statistics (ONS) via NHS Digital

The age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population (4) is displayed in Figure 2. Confidence intervals indicate how similar the mortality rates are in Nottingham City, the East Midlands and England. For most years, the confidence intervals for the three geographies overlap indicating the rates are statistically similar. During years in which the rates in Nottingham City have been higher than usual, these rates have also been statistically significantly higher than the rates in the East Midlands and England. This is the case for 2019, 2013 and 2003-2005.

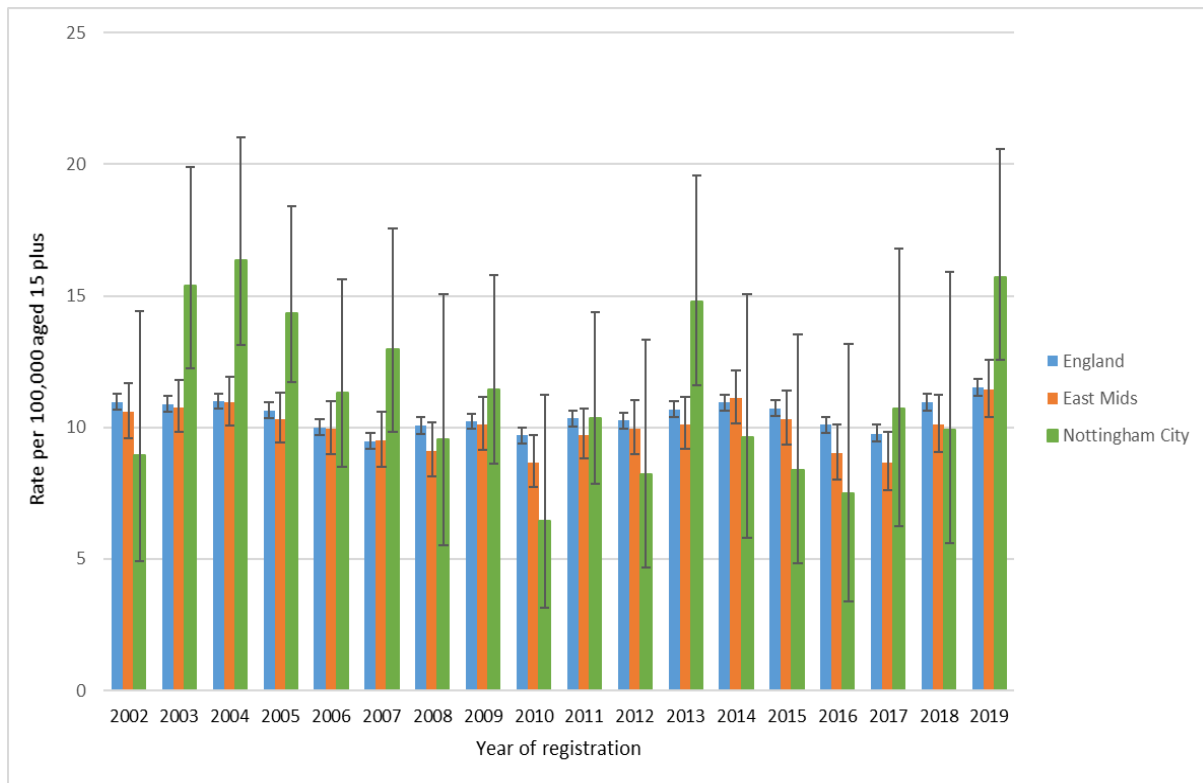


Figure 2 Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, with 95% upper and lower confidence intervals

There are many well-recognised risk factors and at-risk groups for suicide. There is a notable socio-economic gradient, with those in the poorest group subject to ten times the risk of suicide than those in the most affluent group (5). Men are also at significantly higher risk, accounting for around three quarters of all suicides (6). Suicide remains the biggest killer of men under 50, and is a leading cause of death in young men. Self-harm is another recognised risk factor for suicide – the biggest single risk factor for many groups – with UK studies estimating that in the year after an act of self-harm, the risk of suicide is 30–50 times higher than in the general population. Non-fatal self-harm leading to hospital attendance is the strongest single risk factor for completed suicide. National evidence also highlights increased risk to those from ethnic minority communities (7).

Suicide prevention requires both an upstream, population and life-course approach and a targeted, risk group approach. This Nottingham City and Nottinghamshire Suicide Prevention Strategy 2019-2023 outlines the ways in which Nottingham City Council, Nottinghamshire County Council, and their local partners aim to work towards a reduction in suicides and self-harm amongst the local population. This is in line with the national target of a 10% reduction by 2020/21, as cited by the national suicide prevention strategy for England (1), the national mental health strategy (8) and the NHS Long Term Plan (9), among others.

2. Aim, priorities and governance

The overall aim of this strategy is to *reduce the rate of suicide and self-harm in the Nottingham City and Nottinghamshire population, by proactively improving the population mental health and wellbeing, and by responding to known risks for suicide in the population*. This aim will be realised by focusing on four strategic priorities:

1. At-risk groups
2. Use of data, particularly via real-time surveillance
3. Training and bereavement support

4. Staff training.

Progress against the four strategic priorities is managed through an action plan steered by the Nottinghamshire and Nottingham City Suicide Prevention Steering Group.

3. Current areas of focus

Nottingham City now has the ability to draw on real-time local data to enable the identification of high-risk locations and high-risk groups (including young people who self-harm). The Nottingham City and Nottinghamshire County Real-Time Surveillance Working Group meets regularly to review real-time local data and intelligence and plan action to mitigate concerns as they arise. It is through this partnership working that an increase in concern for suicide risk in younger people associated with the impact of COVID-19 has been identified. While there has not been a statistically significant increase in suspected suicides in younger people, services, further education and higher education setting have reported an increase in acuteness of need for suicide prevention support. Two partnership meetings have taken place to explore the issue and determine action, which has included:

- **Skills sharing:** Nottingham City Council Child and Adolescent Mental Health Services and Self-Harm Awareness Resource Project have offered to support the two local universities in tailoring support to students.
- **Communications:** Nottingham City Council Public Health funded and developed a poster for students setting out the support available locally (see Appendix).
- **Support for substance misuse:** Substance misuse services will engage with universities to support students who are reporting drug and alcohol use.

The Nottingham City and Nottinghamshire County Real-Time Surveillance Working Group and Nottinghamshire and Nottingham City Suicide Prevention Steering Group will continue to monitor the situations and take mitigating action as appropriate.

4. Developments in support for mental health crisis

Nottingham and Nottinghamshire Clinical Commissioning Groups undertook engagement in 2019 and 2020 to support the development of a local model for mental health crisis sanctuaries in Nottingham and Nottinghamshire. Mental health crisis sanctuaries are places people can go when experiencing an emotional or mental health crisis or are at risk of developing a crisis (as defined by the individual).

A 12-month pilot of the sanctuaries launched in February 2021. The pilot is being delivered by Nottinghamshire Mind, Framework, Turning Point and Harmless working closely with Nottinghamshire Healthcare NHS Foundation Trust. The organisations have the infrastructure in place to deliver the sanctuaries with collective experience of providing sanctuaries or crisis cafes and other parts of the crisis pathway. Working together, they are able to ensure coverage across Nottingham and Nottinghamshire. Due to the current pandemic and restrictions, a blended model of digital and face-to-face support will be available initially.

A team of trained mental health practitioners and peer support workers work with service users to enable them to access supportive listening, counselling, development of crisis management plans, development of safe plans, support self-care and management and an understanding of when to seek support. The sanctuaries work closely with other agencies including the Crisis Resolution and Home Treatment Teams.

As part of the NHS Long Term Plan Priorities for Mental Health over the next three years, further development of an alternative crisis offer to provide a broader support package alongside mental health crisis teams and core mental health services has been built into plans. The aim is to offer easier access to support away from A&E and inpatient care and improve the patient experience and outcomes of crisis care. The crisis sanctuaries model will be expanded over the next three years to

increase coverage, increase peer support roles and include a focus on tackling specific health inequalities.

The crisis sanctuaries are across Nottingham and Nottinghamshire at sites in Worksop, Mansfield, East Leake and Nottingham City with additional sites planned over the coming months. Each sanctuary is open at each location twice a week. Full addresses, contact details and times of opening are available on the [Crisis Sanctuary website](#), updated regularly. Due to restrictions imposed as a result of the Coronavirus pandemic, those looking for support will be required to call ahead prior to visiting one of the crisis sanctuaries to ensure that they remain safe and accessible.

In addition to the crisis sanctuaries, two local helplines are available:

- **The Nottinghamshire Mental Health Helpline:** For anyone who needs emotional support or information about what help is available locally. 0300 555 0730 (open 9am-11pm 7 days a week) <https://www.turning-point.co.uk/services/nottingham-helpline>.
- **The 24/7 Nottingham and Nottinghamshire Mental Health Crisis line:** For people experiencing a mental health crisis. 0808 196 3779.

5. Suicide prevention programme transformation funding

Through the Long Term Plan, NHS England and NHS Improvement have committed to expand the Suicide Prevention Programme to all areas of the country. For 2021/22, areas were asked to consider their local data and their local population, so they can use the funding to respond to their local population's need. A joint Nottingham City and Nottinghamshire County application for a total of £627,483 over three years was submitted and approved in January 2021. The proposed areas for action are:

1. Competency, compassion, knowledge and skills
 - a. Undertake a training needs analysis/skills audit across statutory and non-statutory services.
 - b. Suicide prevention training/skills development for statutory and non-statutory services, particularly those who support people in at risk groups.
 - c. Suicide prevention/awareness training for the wider population.
2. Communications and public awareness
 - a. Develop a local identity, narrative or campaign for the Suicide Prevention Programme.
 - b. Expansion and wider roll out of 'Safe to Talk' resources and messages, the Stay Alive App and information on local sources of support, targeting higher risk groups – particularly those not in contact with services.
3. Prevention support for higher risk groups
 - a. Map an all-age self-harm pathway across Nottingham and Nottinghamshire.
 - b. Funding to implement pathway improvement recommendations from the self-harm pathway mapping work.
 - c. Enhance delivery of support to people at risk of suicide experiencing challenges that are known risk factors / antecedents to suicide.
 - d. Small grant support for higher need/risk groups.
4. Real-time surveillance data system
 - a. Consider options and commission a provider for a database to support our real-time surveillance system.

6. References

1. **HM Government.** *Preventing suicide in England.* London : Department of Health, 2012.
2. *The impact of the COVID-19 pandemic on self-harm and suicidal behaviour: a living systematic review.* **John, A, et al.** s.l. : F1000 Research, 2020.
3. *Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population.* **Pierce, M, et al.** 10, s.l. : Lancet Psychiatry, 2020, Vol. 7.
4. **Public Health England.** *Suicide rate - Nottingham.* London : Public Health England, 2019.
5. **Samaritans.** *Socioeconomic disadvantage and suicidal behaviour.* 2017.
6. **Officer for National Statistics.** Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method. *Suicides in the UK: 2018 registrations.* [Online] Office of National Statistics, 3 September 2019. [Cited: 22 March 2021.] <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2018registrations>.
7. **Royal College of Psychiatrists.** *Self-harm, suicide and risk: helping people who self-harm.* London : s.n., 2010.
8. **HM Government.** *No health without mental health.* London : Department of Health, 2011.
9. **National Health Service.** *NHS Long Term Plan.* 2019.
10. **Office of National Statistics.** *Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014.* s.l. : NHS Digital, 2016.
11. **National Statistics.** *Mental health of children and young people in Great Britain, 2004.* s.l. : NHS Digital, 2005. 1-4039-8637-1.

Appendix: Student support poster



Being a student is sometimes stressful, and COVID-19 hasn't made it any easier. If you need some mental health support right now, help is at hand. You can talk to your GP or self-refer to one of our local services. Support is free and can be delivered remotely online and on the telephone.

Anyone who needs emotional support or information about what help is available locally can call the Nottinghamshire Mental Health Helpline on **0300 555 0730** (open 9am-11pm 7 days a week)
<https://www.turning-point.co.uk/services/nottingham-helpline>

If you need urgent care but you are not in a life-threatening situation, you can call NHS **111** (open 24/7)

If you are experiencing a mental health crisis, call the 24/7 Nottingham and Nottinghamshire Mental Health Crisis line on **0808 196 3779**. The crisis line is operated by local health workers, who will help you to get the right support

If you have injured yourself seriously or tried to end your life, or are actively thinking of ending your life now and are at immediate risk of harm, call **999** for an ambulance

Other services and support:

Harmless

Support for self-harm

A self-harm service that provides clinical support and clinical interventions for those that are at risk of self-harm and/or experience chronic suicidality. Support for people of all ages with practical and emotional support, or long/short-term therapy. Based in Nottinghamshire - Referral line 0115 880 0280, or info@harmless.org.uk

The Tomorrow Project

Support for suicidal thoughts/crisis Short-term practical and emotional support, based in Nottinghamshire - Referral line 0115 880 0282, or crisis@tomorrowproject.org.uk

Suicide crisis text support service - open on Mondays 1-4pm, Wednesdays 3-7pm and Fridays 1-4pm 0780 000 2606

Support for people who've been exposed to suicide (friends, family members, colleagues, professionals, members of the public - anyone) Referral line 0115 880 0280, or bereavement@tomorrowproject.org.uk

Base 51

Emotional health and wellbeing services for 12-25 year olds

Young people do not need a referral to access this service. For further information please phone or email.
Phone: 0115 952 5040
Email: counselling@base51.org.uk
Website: www.base51.org

Kooth

Support for 10-25 year olds who want to talk to a mental health professional online, anonymously and free You can register directly through www.kooth.com. Alternatively you can email: contact@xenzone.com

Insight Healthcare

Talking/psychological therapies for anxiety, depression, stress, trauma and other conditions
www.insighthealthcare.org/our-services/talking-therapies/find-a-service/, email: east.midlands@insighthealthcare.org, phone: 0300 555 5582

Let's Talk Wellbeing

Talking/psychological therapies for anxiety, depression, stress, trauma and other conditions
www.nottinghamshirehealthcare.nhs.uk/nottingham-city-and-county
Phone: 0300 300 2200

Trent PTS

Talking/psychological therapies for anxiety, depression, stress, trauma and other conditions
<https://www.trentpts.co.uk/self-referral/>
Email: enquiries@trentpts.co.uk
Phone: 0115 896 3160

Nottingham Trent University health and wellbeing

www.ntu.ac.uk/studenthub/student-help-advice-and-services/health-and-wellbeing

University of Nottingham health and wellbeing

www.nottingham.ac.uk/currentstudents/healthy/mental-health/bodymind.aspx

Other services and support continued:

Student Space

Student Space is here for you through the Coronavirus pandemic. However you're feeling, help and guidance is available. Explore a range of trusted information, services and tools to help you with the challenges of student life on the Student Space website: <https://studentspace.org.uk/>

SHOUT

Shout is a 24/7 UK crisis text service available for times when people feel they need immediate support. Text SHOUT to 85258 (open 24/7).

Samaritans

Whatever you're going through, a Samaritan will face it with you, 24 hours a day, 365 days a year. Call 116 123.

CALM

Campaign Against Living Miserably run a free and confidential helpline and webchat www.thecalmzone.net/help/get-help/ 7 hours a day, 7 days a week for anyone who needs to talk. CALM challenges stereotypes and stigma, particularly for men and LGBTQ+ who may be struggling with life.

The Mix

The Mix support service for children and young people. www.themix.org.uk/get-support (Phone, webchat, or email service for those aged 25 or under). Coronavirus: Tips & Information for young people: www.themix.org.uk/coronavirus-support

HopelineUK

HopelineUK for children and young people. <https://papyrus-uk.org/hopelineuk/> If you are having thoughts of suicide or are concerned for a young person who might be you can contact HopelineUK for confidential support and practical advice. Call: 0800 068 4141. Text: 07860 039967. Email: pat@papyrus-uk.org 9am – 10pm weekdays, 2pm – 10pm weekends, 2pm – 10pm bank holidays.

The Grief Line

A dedicated service for those who need immediate support following bereavement. Call 0800 111 4451, lines are open 8am to 8pm every day and answerphone out of hours. If it is an emergency and immediate help is required, contact the emergency services on 999.

Stay Alive App

The free Stay Alive app is a suicide prevention resource for the UK, packed full of useful information and tools to help you stay safe in crisis. You can use it if you are having thoughts of suicide or if you are concerned about someone else who may be considering suicide. The app also includes a safety plan, customisable reasons for living, and a LifeBox where you can store photos and memories that are important to you. There are strategies for staying safe and tips on how to stay grounded when you're feeling overwhelmed. There are guided-breathing exercises and you can create your own interactive Wellness Plan. To find out more and to download the app visit: Stay alive app



Child and Adolescent Mental Health Services (CAMHS) is the part of the NHS which helps children and young people who have problems with their thoughts or feelings. CAMHS can help until you are 18. If you are 12-18 you can refer yourself into this service. If you are under 12, speak to your GP and, if appropriate they will refer you.

Targeted CAMHS

Support for up to 18 year olds with moderate emotional and/or mental health needs. For more information, Call: 0115 876 4000, Text: 0786 000 213, Email: cypbehm@nottinghamcity.gov.uk

CAMHS Crisis Resolution & Home Treatment

Support for up to 18 year olds experiencing a mental health crisis. For more information about the service and how to access please phone or visit the website. Phone: 0115 854 2299 or 0115 844 0560 Website: nottinghamshirehealthcare.nhs.uk/camhs-crisis-team

Specialist CAMHS

Support for up to 18 year olds with severe/ complex emotional and mental health difficulties. For more information about the service and how to access please phone or visit the website. Phone: 0115 876 4000 Email: cypbehm@nottinghamcity.gov.uk

SHARP (Self-Harm Awareness Project)

support for up to 18 year olds with self-harm and/or suicidal thoughts and behaviours. For more information, Phone: 0115 876 4000, Text: 0786 000 213, Email: cypbehm@nottinghamcity.gov.uk Website: eduserve.co.uk/additional-needs/sharp-self-harm-awareness-and-resource-project/about-sharp/



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**Health Scrutiny Committee
15 April 2021**

Managing Winter Pressures

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To review plans for managing winter pressures across health and adult social care services, particularly in the context of the current Covid-19 pandemic.

2 Action required

- 2.1 The Committee is asked to:

- a) consider the information provided by attendees at the meeting and use it to inform questioning; and
- b) make recommendations if appropriate.

3 Background information

- 3.1 The Committee is aware of the considerable pressures faced by health and social care systems during the winter period and every year reviews winter pressures planning and, where appropriate, how particular pressures were responded to.
- 3.2 There are concerns that the current Covid-19 pandemic will have made this a more challenging period than usual.
- 3.3 The Committee has invited representatives of Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and the Council's Adult Social Care Team to return to discuss how they have responded to winter pressures during the Covid-19 pandemic and their plans going forward.
- 3.4 The CCG will also report on the delivery of the seasonal flu vaccination programme.

4 List of attached information

- 4.1 None.

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

- 5.1 None.

6 Published documents referred to in compiling this report

6.1 Reports to and minutes of the Health Scrutiny Committee meetings held on 15 October 2020 and 12 November 2020.

7 Wards affected

7.1 All.

8 Contact information

8.1 Kim Pocock, Scrutiny Officer
Kim.pocock@nottinghamcity.gov.uk
0115 8764321

**Health Scrutiny Committee
15 April 2021**

Platform One – Patient Needs Assessments – Policy and Process

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To scrutinise Nottingham and Nottinghamshire Clinical Commissioning Group's (CCG) approach to determining the needs of patients who are to be transferred from the Platform One practice to the new provider (Nottingham City GP Alliance) practice and of patients who are to be dispersed to GP practices in their local area.

2 Action required

- 2.1 The Committee is asked to:

- a) consider how, as part of the mobilisation plan, the CCG is determining the needs of individual patients, particularly vulnerable patients, to ensure that these are met by their new GP practice;
- b) make recommendations if appropriate; and
- c) decide on next steps.

3 Background information

- 3.1 The Committee has considered a number of reports from, and has been engaged in discussion with, the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) in relation to changes to the Platform One GP Practice, in particular in relation to the decisions to

- a) reduce the practice boundary to retain a focus on an inner city population, which will result in approximately 3,000 patients being allocated to a practice closer to their home address; and
- b) identify a new provider to provide services to the remaining 7,800 patients from a City Centre location.

- 3.2 The Committee has had serious concerns about the proposals, particularly in relation to vulnerable patients to be dispersed to other practices, and has made a number of recommendations and requests to the CCG.

- 3.3 In spite of the rejection of the recommendation to pause proceedings, and some major concerns about the new arrangements in terms of the practice boundary, the Committee agreed that it wants to work constructively with the CCG on the development of the new Practice and on providing the necessary support to patients affected by the changes.

3.4 As a result of the Committee's discussions and recommendations the CCG has

- a) explored and started to implement improvements to communication and engagement methods and deliverables in relation to Platform One patients, working with Healthwatch and the Integrated Care Partnership Severe Multiple Disadvantage Group and establishing a Stakeholder Task and Finish Group to provide input to the process;
- b) commissioned a new Primary Care Local Enhanced Service for Severe Multiple Disadvantage that all GP practices can access;
- c) introduced to the Committee representatives of the newly appointed provider, Nottingham City General Practice Alliance (NCGPA), who have also provided an informal briefing to members of the Committee to provide more detailed information on the Alliance; and
- d) identified lessons learnt to improve the relationship with and involvement of the Health Scrutiny Committee for future work;

3.5 The Committee continues to be concerned about vulnerable people who are to be dispersed to their local GP practice, particularly those who do not have a stable address and those who have experienced trauma (eg refugees and asylum seekers), and the need to meet their service needs.

3.6 The CCG is returning to the Committee's 15 April meeting to provide more information on its policies and practice in relation to individual needs assessment for those patients, particularly vulnerable patients, who are to be dispersed to local practices, to ensure that they are supported and their individual health needs met.

4 List of attached information

4.1 Briefing from Nottingham and Nottinghamshire 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 the meetings of the Health Scrutiny Committee meetings held on 19 November 2020, 17 December 2020, 11 February 2021 and 11 March 2021.

7 Wards affected

7.1 All.

8 Contact information

8.1 Kim Pocock, Scrutiny Officer

Kim.pocock@nottinghamcity.gov.uk
0115 8764321

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Platform One Practice

Briefing for Health Scrutiny Committee

15 April 2021

Dear Colleagues,

Following the March 2021 Health Scrutiny Committee, CCG colleagues were asked to provide a further update at the April 2021 meeting on the area below:-

- meeting the needs of patients

The brief below provides an update as requested.

Joe Lunn

Associate Director of Primary Care

Joe.lunn@nhs.net

Platform One Practice: April 2021

1. Introduction

The purpose of this paper is to provide an update to the Health Scrutiny Committee on the patients currently registered with Platform One Practice, who will transfer to other GP practices in Nottingham and Nottinghamshire on 1 July 2021. This includes understanding the health needs of the patients and mitigating risks identified in the EQIA.

2. Transfer of patients to other GP practices

The CCG has undertaken a mapping exercise to identify the health needs of patients transferring to other GP practices. Platform One Practice have extracted information from the clinical computer system using clinical 'Read' codes to identify patients with a mental health diagnosis, homeless, asylum seekers, substance misuse and other patient cohorts currently registered with Platform One Practice.

Based on this patient information it has been identified that:

Of the 3,007 patients who will be allocated to another practice:

- There are 40 patients who could be considered to meet the definition of living with Severe Multiple Disadvantage (SMD) having at least two of the following; mental health diagnosis read code, known homeless, known offending or known substance misuse
 - 27 of these patients reside in a Residential Centre (assumed substance misuse patients AND appear on the mental health read code list)
 - The remaining 13 patients are allocated to 11 practices based on where they live and are within the practice boundary. No single practice will be allocated more than 2 SMD patients.

The following shows the 4 domains of SMD in isolation:

2.1. Homeless

Of the homeless population registered at Platform One Practice, no patients are being allocated to another practice. The homeless population currently residing in Nottingham hotels, and those with the Platform One Practice as their registered address, remain in the boundary of the new practice, Parliament Street Medical Centre. This population will transfer directly to the new practice.

A number of homeless patients already receive access to Primary Medical Services from other GP practices in Nottingham City through the legacy Homeless Local Enhanced Service. This is provided through outreach and practice access, there will be no change to this cohort of patients in accessing services. The local enhanced service is also being delivered by practices in Nottinghamshire and will continue to support this cohort of patients under the widened SMD Local Enhanced Service.

Another cohort of patients that frequently change address are sometimes termed 'sofa surfers'; it is recognised this is a difficult cohort to identify as they are neither 'housed' or 'homeless'. Those most in need will be in regular contact with Platform One Practice and will have access to information developed about the change. However; others may be harder to contact unless they are accessing other services. It is recognised that these patients may not access primary care services unless they

have a need and at this point, they may need to register with another practice (permanent or temporary).

Discussions have started with other agencies to identify patients and ensure where possible these patients receive information about the change.

We are working with the Stakeholder Task and Finish Group established to support the transition to develop resources that can be used by local organisations supporting homeless patients to inform them of the changes they need to be aware of.

2.2. Offending

The CCG identifies Offending Health through the two probation hostel postcodes, both of these hostels remain in the new practice boundary so there will be no transfer of these patients to other practices.

Early discussions are taking place with Clean Slate to determine where their clients live to ensure they continue to have access to primary care services.

As a result of feedback from the Stakeholder Task and Finish Group, the CCG is engaging with organisations supporting patients currently in custody to ensure that they are made aware of changes to their GP practice when patients are released. We are engaging with NHSE/I Specialised Commissioning colleagues and the National Probation Service to ensure these patients are informed.

2.3. Mental health

950 patients have been identified as having a mental health 'Read' code that reside outside the new practice boundary. These codes include all mental health conditions; including past or inactive mental health conditions and mild mental health conditions.

Further interrogation of patient diagnosis by NEMS will provide more clarity on how many of these patients have a current / active diagnosis, requiring regular review and follow up.

Based on current registrations these patients will be allocated to 86 practices; the list below shows the range of the number of patients each practice will receive.

Number of practices receiving between 1 and 9 patients	42
Number of practices receiving between 10 and 19 patients	32
Number of practices receiving between 20 and 29 patients	12

All Nottingham and Nottinghamshire GP practices have the skills and competencies to manage mental health conditions and ensure patients have access to specialist services.

The CCG has confirmed with Nottinghamshire Healthcare Trust (NHT) that patients currently accessing mental health services will initially remain with their current Local Mental Health Team. Patients transferring to other general practices that would therefore come under the care of a new team, will remain with their current team until it is safe for their care to be handed over.

NHT Teams will continue to work with patients accessing their services; ensuring they are fully supported as part of any transfer to a new team. Clearly communicating reasons for any change and providing reassurance to patients in relation to continuity of care and support that will be provided by their new team.

2.4. Substance misuse

92* patients have been identified as having a substance misuse code:

- 67 reside in a Residential Centre and have been allocated to one practice.
- 15 are on the substance misuse shared care pathway and will be allocated to 13 practices. The CCG are liaising with local authority commissioners to ensure patients continue to access the substance misuse shared care pathway; Parliament Street Medical Centre have indicated a commitment to sign up to the service. Service users will be updated on how to access services going forward; linking with the Stakeholder Task and Finish Group on the best methods to engage this patient cohort.
- 10* patients are yet to be confirmed. Further clarification is needed from NEMS for a group of patients currently residing at the same postcode; only one patient from this group is accessing the substance misuse shared care pathway.

2.5. Asylum seekers and refugees

Platform One Practice has a high number of families from overseas with a proportion of their patient list recorded as non-English speaking. This is typical for the practice location and not dissimilar to other neighbouring practices in the inner City.

There are a number of asylum seeker and refugee patients accessing primary care services from other practices in Nottingham City through the Asylum Seekers and Refugee Local Enhanced Service.

The CCG has previously worked with the Nottingham and Nottinghamshire Refugee Forum (NNRF) in developing support materials for practices and continue to support this cohort of patients' access to primary care services. NNRF are also part of the Stakeholder Task and Finish Group, established to determine the best mechanisms to ensure cohorts of patients receive key messages about the change, and is advising on resources that would aid communications with their service users.

3. Engagement with patient cohorts

The Stakeholder Task and Finish Group held its first meeting on Wednesday 3 March 2021. The group agreed a number of actions to aid support of and communication with vulnerable patients.

These are summarised in the highlight report at Appendix 1.

4. Conclusion

In conclusion, the CCG is committed to ensuring the safe and seamless transfer of the 3,007 patients that will move to a GP practice nearer to their home.

Whilst the CCG has currently identified approx. 1,000 patients with a 'Read' coding linked to at least one element of SMD; the largest cohort of these patients are those with Mental Health conditions. The Mental Health conditions 'Read' code includes past / inactive mental health conditions and mild mental health conditions which following further review with NEMS will reduce the number to only include patients with current / active diagnosis, requiring regular review and follow up. The remaining 2,000 patients due to transfer to other practices sit outside of the SMD cohort of patients.

Discussions to support this process, with a range of agencies, are ongoing and mechanisms to ensure patients are aware of the change are underway through the Stakeholder Task and Finish Group with development of key messages and FAQs.

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Platform One Stakeholder Task and Finish Group

Highlight Report

1 April 2021

1 Purpose

This report provides a summary of the activity supported by the Platform One Stakeholder Task and Finish Group.

The Group is a task and finish group established to guide communications and engagement for the transfer and mobilisation of the Platform One service, to be provided by Nottingham City GP Alliance (NCGPA) from 1 July 2021. This includes communications and engagement by the CCG with patients dispersed to other practices across Nottingham City.

This report relates to actions agreed at the first Platform One Stakeholder Task and Finish Group on Wednesday 3 March 2021. The minutes are also provided.

2 Key discussion points and issues raised

- The group discussed its role and purpose and changes required to the Terms of Reference, specifically that the group had a role supporting continuity of care for patients in terms of the standard of care provided within the commissioned GP service
- Patients currently in custody or in residential settings out of area should be directly communicated with
- A range of resources should be produced to support communications with vulnerable patients, supported by the group
- The group would provide information to NCGPA on local organisations that support vulnerable people.

3 Actions being undertaken

- The CCG is liaising with partners to ensure patients in custody or residential settings out of area are communicated with
- Third Sector organisations are providing details of organisations supporting vulnerable people in Nottingham City
- The following resources to support communications with patients are being produced
 - Credit card sized leaflet to reassure homeless patients (to be translated)
 - Leaflet for NEMS platform one for patients who attend the practice
 - Briefing for front-line staff supporting vulnerable people
 - Key messages and FAQs
 - Social media assets for organisations to use through their own channels.

Lewis Etoria

Head of Insights and Engagement

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**Health Scrutiny Committee
15 April 2021**

Work Programme

Report of the Head of Legal and Governance

1. Purpose

- 1.1 To consider and agree items proposed for the Committee's work programme for 2021/22 based on areas of work identified by the Committee at previous meetings and further suggestions raised by members of the Committee.

2. Action required

The Committee is asked to:

- 1.1 agree the items that it wishes to include for scheduling in its work programme for 2021/22;
- 1.2 agree the items it wishes to schedule for its meeting to be held on 13 May; and
- 1.3 agree the proposal for scrutinising provider Quality Accounts 2020/21 and the membership of the small groups who will undertake this work.

3. Background information

Work Programme

- 3.1 The purpose of the Health Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:
- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
 - taking a strategic overview of the integration of health, including public health, and social care;
 - proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
 - being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.
- 3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:
- to review any matter relating to the planning, provision and operation of health services in the area;
 - to require information from certain health bodies¹ about the planning, provision and operation of health services in the area;

¹ This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including

- to require attendance at meetings from members and employees working in certain health bodies¹;
- to 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 (they are not required to accept or implement recommendations);
- to 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. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

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

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

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

3.5 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.

pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- 3.6 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.
- 3.7 The Committee met informally in March to consider proposed items for its work programme for 2021/22 and now needs to formally agree these items. In order to plan for the Committee's 13 May meeting, the Committee is asked to schedule the items for this meeting so that contributors can be contacted in good time. The remaining items can be scheduled appropriately following the meeting.
- 3.8 The current work programme for the municipal year 2020/21 is attached at Appendix 1 for information. The list of items to be formally agreed for scheduling for the work programme 2021/22 is attached at Appendix 2.

Quality Accounts 2020/21

- 3.9 Quality Accounts are reports about the quality of services offered by NHS care providers (including the independent sector) and are published annually.
- 3.10 The quality account should include:
- (i) what an organisation is doing well;
 - (ii) where improvements in service quality are required;
 - (iii) what an organisation's priorities for improvement are for the coming year;
 - (iv) what actions an organisation intends to take to secure these improvements; and
 - (v) how the organisation has involved people who use their services, staff and others with an interest in their organisation in determining their priorities for improvement.
- 3.11 It is a requirement that providers send their Quality Accounts to their local overview and scrutiny committee responsible for health scrutiny and that the relevant committee has an opportunity to comment, if it chooses to do so, on the Quality Account, with these comments to be included in the final document.
- 3.12 This Committee usually considers the Quality Accounts of the following providers:
- (i) Nottingham CityCare Partnership
 - (ii) Nottingham University Hospitals Trust
 - (iii) Nottinghamshire Healthcare Foundation Trust
 - (iv) EMAS
- 3.13 It is proposed that the Committee scrutinises these provider Quality Accounts 2020/21 by establishing small groups of three Committee members for discussion with each individual provider and to agree whether to provide a comment for inclusion in the Quality Account. The outcomes of these meetings will be reported formally to the full Committee.
- 3.14 Draft Quality Accounts will be available towards the end of April and are due to be submitted to the Department of Health and Social Care (DHSC) by 30 June, although the DHSC is considering whether this deadline should be extended
- 3.15 Meetings with representatives of provider trusts will, therefore, need to be arranged in late April/ early May with any comments formulated and submitted to the relevant trust following these (deadlines to be agreed).

4. List of attached information

- 4.1 Appendix 1 – Health Scrutiny Committee 2020/21 Work Programme
Appendix 2 – Items proposed for the Health Scrutiny Work Programme 2021/22

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

- 5.1 None

6. Published documents referred to in compiling this report

- 6.1 None

7. Wards affected

- 7.1 All

8. Contact information

- 8.1 Kim Pocock, Scrutiny Officer
Tel: 0115 8764321
Email: kim.pocock@nottinghamcity.gov.uk

Health Scrutiny Committee 2020/21 Work Programme

Date	Items
16 July 2020	<ul style="list-style-type: none"> • Covid-19 pandemic • National Rehabilitation Centre
17 September 2020	<ul style="list-style-type: none"> • NHS service changes in response to Covid-19 • 'Tomorrow's NUH'
15 October 2020	<ul style="list-style-type: none"> • NHS Rehabilitation Centre • Managing winter pressures
12 November 2020	<ul style="list-style-type: none"> • NHS Rehabilitation Centre • Scrutiny of Portfolio Holder with responsibility for adult social care • Flu immunisation programme • 'Tomorrow's NUH'
19 November 2020	<ul style="list-style-type: none"> • Platform One Practice
17 December 2020	<ul style="list-style-type: none"> • Platform One Practice • Support for people in mental health crisis • Health inequalities related to Covid-19
14 January 2021	<ul style="list-style-type: none"> • Nottingham Safeguarding Adults Board • Scrutiny of Portfolio Holder for Health, HR and Equalities • Nottingham University Hospitals NHS Trust Maternity Services • 'Tomorrow's NUH'
11 February 2021	<ul style="list-style-type: none"> • Platform One Practice • Work Programme 2020/21
11 March 2021	<ul style="list-style-type: none"> • Lessons learnt from the commissioning of services at the Platform One Practice • Covid 19 Vaccinations
15 April 2021	<ul style="list-style-type: none"> • Suicide Prevention Strategy • Management of winter pressures • Platform One Practice

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Health Scrutiny Committee Proposed Items Work Programme 2021/22

Date	Items
13 May 2021	<ul style="list-style-type: none"> Platform One To assess progress towards the transition date of 30 June 2021, particularly in relation to vulnerable patients to be dispersed to local practices (to include reference to how the EQIA is evolving, being monitored and responded to) Nottinghamshire Healthcare NHS Foundation Trust Strategy To consider the Trust's strategy in order to identify a focus for any further scrutiny of mental health issues in 2021/22
17 June 2021	<ul style="list-style-type: none"> Tomorrow's NUH Overall update and scrutiny of specific services in relation to the programme <i>Maternity Services and Emergency Services have been identified as the biggest elements of Tomorrow's NUH and could form the focus for a more in depth review. Some of this work may be scheduled at an informal briefing – to be confirmed following the Chair's meeting with the CCG on 29/04/2021).</i> <i>Further scrutiny to be programmed if required.</i>
15 July 2021	<ul style="list-style-type: none"> NHS Trust Maternity Services To review the action taken over the last six months to improve maternity services <i>Further scrutiny to be programmed if required.</i> Covid 19 Local Vaccination Programme To assess progress with local delivery of the vaccination against national targets <i>Further scrutiny to be programmed if required.</i>
16 September 2021	<ul style="list-style-type: none"> Platform One To assess the initial impact of the transition to the new city centre practice and to local practices, with particular reference to the experiences of vulnerable patients.

Date	Items
	<i>Further scrutiny to be programmed if required.</i>
14 October 2021	<ul style="list-style-type: none"> • Safeguarding Adults Board Work and Annual Report To hear evidence from the Safeguarding Adults Board regarding work to safeguard adults in the City; scrutinise the work of the Board, including consideration of its 2020/21 Annual Report; and identify any issues or evidence relevant to the Committee's work programme. • Scrutiny of Portfolio Holder(s) with responsibility for Health and for Adult Social Care <i>Focus to be identified and link to above report</i>
11 November 2021	Items to be scheduled
16 December 2021	
13 January 2022	
17 February 2022	
17 March 2022	
15 April 2022	

Items to be scheduled following Chair's meeting with CCG (29/04/2021)

Item	Focus
1. Impact of Covid 19 on non-Covid related health services and on health outcomes:	To scrutinise the impact of delays on and reinstatement of health services due to Covid 19, plans to mitigate this impact and the progress with meeting need following delays. To include Primary care services (including GP, dental), elective surgeries and mental health services.
2. GP Services	To review GP provision across the City, with a particular focus on GP Practice changes and the sustainability of small GP practices.
3. NHS and National	To scrutinise proposals for supporting patients, family and friends to access the Rehabilitation Centre;

Item	Focus
Rehabilitation Centre (NRC)	and how commissioners are ensuring that there are appropriate arrangements in place to support patients in the community.
4. Reconfiguration of acute stroke services (tbc – subject to proposals from commissioners)	To consider proposals for making changes to the configuration of acute stroke services permanent. Changes were made on a temporary basis to support the response to the Covid pandemic. If it is proposed to make the changes permanent, then this is likely to be a substantial variation to services and the Committee will need to carry out its statutory role as a consultee.

Further items to schedule

Item	Focus
5. Quality Accounts	<p>To consider and provide a comment on the Quality Accounts 2020/21 of Nottingham University Hospitals Trust, Nottinghamshire Healthcare NHS Foundation Trust, East Midlands Ambulance Service and Nottingham CityCare Partnership 2020/21.</p> <p><i>Small groups of three Committee members to meet informally with each provider to discuss the draft Quality Account and, if agreed appropriate, to provide a comment for inclusion in the Account.</i></p> <p><i>Report back to the full Committee to be scheduled.</i></p>
6. Discharge and after care (including impact on Social Care)	<p>To consider the effectiveness, including the impact on adult social care, of current plans and practice for the discharge of patients from hospital care.</p> <p><i>Provider(s) to be agreed.</i></p>
7. Health inequalities	<p>(a) To consider how health inequality is measured, how factors which impact on health are established (including barriers to access) and where hot spots have been identified (geographical and community) and to scrutinise how partners work together to tackle particular aspects of health inequality.</p> <p>(b) Following this to identify an area where scrutiny can add value by more detailed consideration, for example:</p> <ul style="list-style-type: none"> - BAME health experiences and access to services

Item	Focus
	<ul style="list-style-type: none"> - Poverty and the impact on health and access to services - Access to mental health services - Support for those new to the city from other countries to access available NHS services - Access to PEP medication to prevent HIV (pilot)
8. Improving access to specific mental health services	<p>To review progress in improving access to mental health services.</p> <p>Following suggested as options for focus yet to be agreed:</p> <ul style="list-style-type: none"> - Impact of Covid, eg on demand for crisis services and plans for going forward - Access to secondary and specialist services, eg area mental health teams, disordered eating services - Services available for those with long-term/ severe mental ill health (particularly therapy) - Existing thresholds for treatment - Substance misuse
9. Child and Adolescent Mental Health Services (CAMHS)	<p>(a) To consider the services provided by CAMHS in the light of the need for support as the city recovers from the pandemic; and</p> <p>(b) To consider systems and processes in place to ensure effective transition from CAMHS to Adult Mental Health Services</p> <p><i>Recommendation from the Children and Young People Scrutiny Committee to include this in the Health Scrutiny Committee Work Programme 2021/22.</i></p>

Reserve Items

Item	Focus
10. The impact on Nottingham city patients of the movement of the Chatsworth Neurorehabilitation Service to a community only model	<p>To consider the impact on Nottingham city patients of the transition of in-patient services to community-based neurorehabilitation services provided by Nottinghamshire Healthcare NHS Foundation Trust</p> <p><i>This has been a topic considered by the Nottinghamshire Health Scrutiny Committee on a number of</i></p>

Item	Focus
	<i>occasions, most recently in November 2020. Following this the Committee considered a comprehensive overview of Rehabilitation Services at its meeting of 12 January 2021 There would be an opportunity to consider this item as part of item 3 above, the National Rehabilitation Centre.</i>
11. Alcohol dependency/ Alcohol related issues	Potential role of HSC in relation to impact on health when premises are licensed for sale of alcohol <i>Further scrutiny on the health impact to be considered following receipt of the outcomes of research by the Licensing Committee.</i>
12. Carer Support Services	To review support for carers during the Covid-19 pandemic <i>Briefing requested on the impact on carer support services from the Carers' Federation 07/04/2021</i>
13. Gender reassignment services	Need for scrutiny and focus to be identified <i>Councillor Cate Woodward to carry out research.</i>
14. Impact of Covid-19 on disabled people	Need for scrutiny and focus to be identified <i>Scrutiny Officer to carry out research.</i>
15. Review and consolidation of day services for people with learning disabilities	Consultation still ongoing. Await completion to see if there is any work scrutiny could add value to, eg pathways for citizens
16. 111 First	Focus to be agreed.

Healthwatch Priorities for 2021/22 – for information

- Long Term Conditions, primarily diabetes: management, education and support for patients
- Primary Care Strategy and Integrated Care Partnership strategy.

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