

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

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

Membership

Present

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

Absent

Councillor Jim Armstrong
Councillor Corall Jenkins

Colleagues, partners and others in attendance:

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

48 APOLOGIES FOR ABSENCE

Councillor Jim Armstrong – personal
Councillor Corall Jenkins

49 DECLARATIONS OF INTEREST

None.

50 MINUTES

Confirmation

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

Matters arising

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

51 INPATIENT DETOXIFICATION SERVICES AT THE WOODLANDS UNIT

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

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

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

Officers in attendance provided the following additional information:

- (i) The unit has been the subject of a gradual loss of income as other local commissioners have contracted services from other providers, leaving Nottingham City as the only significant client;
- (ii) Investigation of potential alternative operating models has been on-going since September but without success, however, there may be potential to request that Framework consider taking the lead in providing the service. A report will be provided to the Trust's Board on 25 January with a recommendation for future course of action, along with the 'save our NHS' petition against the unit's closure;
- (iii) Nottingham City Council is working closely with NHCT and reviewing local need of the service. With an estimated 1500-2000 substance misusers in the City in addition

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

- (iv) Most other inpatient services are supported by independent providers but the nearest units are at Birmingham and Sheffield. If the Woodlands Unit is to close, it is predicted that citizens in need will present themselves to local emergency services, such as Queens Medical Centre, which are not equipped with the same specialist expertise as Woodlands and this will have additional cost implications due to the complexity of need and add to pressures on bed occupancy;
- (v) NHCT has said that it would be willing to extend the City Council's contract from 31 March 2018 to 31 May 2018 to enable a period of service transition.

Committee members' questions were responded to as follows:

- (a) There will be a period of engagement (not consultation) of service users and their carers with an event planned for 23 January. If not enough participants attend then further events will be held. It can be difficult to achieve a good attendance to enable an understanding of City need as the unit draws patients from a wide area, not just the City, but the event will be well advertised. The possibility of developing a RADAR service model - providing short-term beds to ease the high pressure on hospitals by taking patients with substance misuse issues has been explored but no evidence was found that this would be sufficient to delay the decision on Woodlands. This could be a solution on a longer-term basis and it is anticipated that such a new service would need approximately 18 months to 2 years to be developed and embedded;
- (b) Inpatient detoxification is cheaper to provide in specialist facilities than in a general hospital context;
- (c) If inpatient services were provided away from the City, there is a risk that patients will not want/ be able to travel away from their friends, family and home so will not successfully detox;
- (d) Inpatients at The Woodlands only accounts for 5% of the patients engaged in the substance detoxification services, with Framework, Nottingham Recovery Network and Clean Space working collectively with approximately 2000 of the most problematic cases in the community;
- (e) Framework currently has a 7 year contract with to provide community substance misuse services and is performing well, so it is hoped that it can build on its current work to incorporate inpatient detoxification services;
- (f) Should Woodlands close, NHCT is confident that service user transition to an alternative can be managed very well as inpatients do not usually stay for more than 10 days;
- (g) NHCT have already started engagement with staff at Woodlands who are fully aware of the current and potential position. Some staff are already seeking alternative

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

- (h) The Woodlands Unit is a centre of excellence and although treating with only 5% of the substance misuse patients, there is an 8 week waiting time for patients to access the facility. This is too long but illustrates the need for the service;
- (i) The current focus for the Trust is to identify options to continue the service. For citizens who are unable to detox in the community, they are referred to inpatient services such as the Woodlands Unit as there may be related health complications during the detox;
- (j) The Trust will consider viability and how the service may be contracted through another provider. Regardless of where the service is provided, the level of provision and expertise will remain high. No one wants the unit to close but it's obvious that it can't continue as it is.

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

RESOLVED

- (1) that the Committee does not want to see the Woodlands Unit close; but**
- (2) that if the Woodlands Unit is to close the Committee:**
 - (a) welcomes plans to extend the City Council contract to the end of May 2018 to ease the service transition period;**
 - (b) encourages commissioners to look towards commissioning local NHS supported provision for inpatient services;**
 - (c) asks commissioners to present to the Committee at the earliest opportunity, a proposal for commissioning inpatient detoxification services.**

52 SUPPORT FOR CARERS IN NOTTINGHAM

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

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

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

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

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

Members of the Committee welcomed the update and progress made.

Members' questions were responded to as follows:

- (a) A carers online assessment has not been rolled out in Nottingham and it is understood that most authorities who have developed an online assessment have retained the function in-house rather than contract out the assessments as Nottingham has done. Assessments are important to help citizens better understand if they have a caring role, if they do, to help identify what their and the cared for person's needs are, and how to ensure that those needs are met;
- (b) The online ease by which information for carers in Nottingham City can be accessed will be revisited;
- (c) As the newly commissioned services haven't been operating for a whole year yet, the overall evaluation and feedback information is not yet available. However, some aspects, such as the mindfulness classes for carers, are monitored on a quarterly basis and have proved repeatedly popular. Carers are specifically asked if the services have met their expectations, if they have received the support they need and also asked to speak up if they're not happy about any aspects of the services provided or feel that improvements can be made as negative feedback can be very helpful in identifying gaps in service provision;

- (d) Being aware that some carers didn't consider themselves such, particularly children and young people, a lot of work is done in schools to help young carers recognise their role and come forward, but also with teachers and school staff to enable identification of young carers who can then be referred for assessment and potentially support;
- (e) Due to people not recognising that they are 'carers', publicity is often phrased with the question of 'do you look after someone' which is found to have a significantly better response;
- (f) Further work needs to be done to ensure that GP awareness is raised and that questions are asked when children and young people accompany adults to appointments. New carers continue to be identified but it is recognised that some people may be concerned that if they are seen to need or ask for help, that social care workers could remove the young people from their home, but in reality, the intention is to help and support carers and aim to reduce the impact of caring on these young people;
- (g) Information sharing tools, such as the Local Information Online Nottingham (LION) and are valuable for making contact with carers so suggestions of further routes and venues to place promotional engagement are welcomed;
- (h) The Black, Asian, Minority, Ethnic (BAME) proportion of known carers is equivalent to the BAME population but a detailed breakdown of statistics, including emerging communities, can be provided to members of the Committee;
- (i) One of the challenges identified is that there are a lot of older people caring for other older people without realising that they are carers. Specific marketing work which aims to try and engage these hidden carers has successfully been placed in GP waiting rooms, pharmacies and the discharge area of hospitals where staff have been also been asked to look out for circumstances where a potential carer could be identified;
- (j) The 'carer's assessment' is a statutory title as carers need to know that they have been assessed but a 'light touch' approach has been taken where appropriate and this works well. The initial 25 page document was considered a bit daunting, but the current version is more meaningful and targeted and easier to complete;
- (k) With regard to there being 2 organisations supporting carers (Carers Trust and the Carers' Federation), there needs to be consistency of support, even though each organisation is very different and provide different service elements. There is a minor overlap with regard to some performance indicators, but the two organisations do work well together;
- (l) The information held on young carers and their family is retained and shared with the adult caring team as the young person transitions into that criteria;
- (m) Statistics for self-referral are not immediately available but can be provided to members of the Committee following the meeting;

- (n) Performance indicators include information on:
 - (i) The numbers of people contacted by the service;
 - (ii) How many support plans have been completed;
 - (iii) Background, ethnicity, disabilities, mental health needs and location;
 - (iv) Referrals to other services;
 - (v) Outcomes (which are reviewed at the end of each year) including continuity of care;
 - (vi) Carer satisfaction survey;
- (o) Currently in excess of 3,000 young carers have been identified, but the reality is predicted to be twice as many so to try and reach them and raise awareness, marketing material is placed in schools and colleges and clubs to encourage their engagement. However, not all young carers want the support, help and advice of services;
- (p) There are currently 30 young people who are trained as 'carer champions' and located in different schools and academies across the City to help those young carers who don't feel the need to access other services if they have the support and understanding of their school/academy. However, unless they are engaged with the service, it is not possible to monitor their needs and the support they receive, but they are tracked and the option of engaging remains open, particularly with support in preparation to transitioning to being classified as an adult carer when the majority do tend engage fully with services.

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

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

RESOLVED

- (1) to recommend that the website for the Carers Hub is reviewed to ensure it is clear what services and support are available for City residents and that there are clear links to further information for young carers in the City;**
- (2) for Lisa Lopez and Jane Garrard to liaise to collate the additionally requested information for circulation following the meeting;**
- (3) to gather further evidence on service user experience of carer support services.**

53 OUT OF HOSPITAL SERVICES CONTRACT

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

2018.

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

The 7 core themes of the contract are:

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

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

Members' questions were responded to as follows:

- (a) With the national shortage of district nurses, providers are encouraged to be innovative and decide what type of staff respond to deliver required services and ensure that the required outcomes are achieved within the guidelines and robust quality schedule. Continuous monitoring will be undertaken and if providers have any concerns, they are expected to inform the CCG. The contract includes a work stream element which will consider if the right staffing is available (including consideration of the local workforce) to meet the required outcomes;
- (b) The local incentive scheme provides an additional financial incentive for providers to achieve the required standards and is predicted to further benefit services as a system-wide approach is essential;
- (c) The CCG will not be involved in setting sub-contracted service budgets, this will be for CP to gauge, but the CCG will require contract work plans and updates on staffing

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

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

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

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

54 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

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

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

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

RESOLVED

- (1) to note the Committee's work programme for the remainder of 2017/18 with the inclusion of the following topics:**
 - (i) proposals for the future of inpatient detoxification services (as soon as possible);**
 - (ii) Nottingham University Hospitals and East Midlands Ambulance Service responses to the significant service pressures during the post-Christmas period (March);**
 - (iii) Progress of the Sustainable Transformation Plan and Accountable Care System (tbc);**

- (iv) Access to GP services, including the impact of financial pressures on GP provision (February tbc);**
- (2) for members of the Committee to liaise with Jane Garrard to volunteer for one or more of the Quality Accounts meetings.**