

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 24 January 2019 from 1.33 pm - 2.40 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Ilyas Aziz
Councillor Andrew Rule
Councillor Adele Williams
Councillor Cate Woodward

Absent

Councillor Merlita Bryan (Vice-Chair)
Councillor Eunice Campbell-Clark
Councillor Ginny Klein
Councillor Brian Parbutt
Councillor Georgia Power
Councillor Mohammed Saghir
Councillor Chris Tansley

Councillor Wendy Smith (Substitute for Councillor Brian Parbutt)

Colleagues, partners and others in attendance:

Ian Bentley - Strategy and Commissioning Manager (CDP)
Bernadette Linton - Edwin House Operations Manager (Framework)
Lucy Putland - Strategy and Commissioning Manager (NCC)
Zena West - Senior Governance Officer
Catherine Ziane-Pryor - Governance Officer

51 APOLOGIES FOR ABSENCE

Councillor Brian Parbutt - personal (Councillor Wendy Smith attending as a substitute)
Councillor Merlita Bryan - unwell
Councillor Campbell-Clark - leave
Councillor Ginny Klein - unwell
Councillor Georgia Power - personal
Councillor Mohammed Saghir - personal
Sarah Collis (Healthwatch) - unwell

52 DECLARATIONS OF INTEREST

None.

53 MINUTES

The minutes of the meeting held on 22 November 2018 were confirmed as a true record and signed by the Chair.

54 INPATIENT DETOXIFICATION SERVICES

Lucy Putland, Strategy and Commissioning Manager (NCC), Ian Bentley, Strategy and Commissioning Manager (CDP), Bernadette Linton, Edwin House Operations Manager (Framework), were in attendance to update the Committee on how the interim

arrangements for the provision of Inpatient Detoxification Services were progressing at Edwin House, and following an open procurement process, announce the winning provider for services going forward.

Lucy Putland explained that following the closure of the Woodlands Inpatient Detoxification Unit, Framework had agreed to become the interim service provider at Edwin House until a full procurement process could be undertaken. The following points were highlighted:

- (a) Prior to setting the service requirements of the new contract, the Strategy and Commissioning Team had undertaken thorough engagement and consultation with service users, patients, patient carers and partner organisations by means of open access events, and structured patient interviews and questionnaires to clearly identify the service model required. This consultation took place between October and December 2018;
- (b) Accessibility was an essential requirement of local people who wanted local access to services and not to have to travel out of the area. Nottinghamshire residents requiring the inpatient service have to travel to Birmingham to access services, including for pre-admission visits. Where travelling is involved, this can complicate the support of local community workers and present a risk to the patient if they discharge themselves against medical advice and are in an unfamiliar area away from local support networks;
- (c) Patients suggested that peer mentoring and initially being met by people who had experienced similar circumstances would be a positive introduction to the service;
- (d) Environment was identified as important and that it must be safe, secure, clean and welcoming, not clinical, and that the workforce should treat service users with respect and respond to their needs;
- (e) Strong links between inpatient and community services was cited as being beneficial as patients progressed along the treatment pathway;
- (f) An Equality Impact Assessment (EIA) was undertaken and used to inform the development of the service specification;
- (g) Once the specifications were confirmed, there was a competitive tender and Framework was successful in securing the new contract. Framework has provided a detailed implementation plan which will be performance monitored for the next few months until the new 5 years contract starts. Performance will be assessed on outcomes;
- (h) Framework has received very positive feedback from service users during interim arrangement.

Bernadette Linton, Edwin House Operations Manager for Framework, commented:

- (i) Whilst the interim service had only been operating for 7 months, the amount of positive feedback is surprising but welcome. This is possibly due to peer mentoring, a homely environment and the provision of a range of complementary therapy sessions which ensure that patients have full and active days;

- (j) The average patient stay is 9 days but this could be extended to 21;
- (k) Edwin House supports detox from any substance including opiates, black mamba and spice. Nationally the demand for opiate treatment is reducing but there has been a 17% increase in opiate users in Nottingham during the past year; the reason is unknown but may be a reflection of addiction to opiate pain killers;
- (l) Edwin House is fully DDA compliant so can accommodate patients with physical disabilities, provides separate facilities for male and female patients, can cater for different dietary needs, has capacity for a carer of a patient with complex medical needs to stay, and can even facilitate a therapy dog;
- (m) Services are also now being provided to the wider region whilst ensuring that the 3 bed, 1,175 bed day contract commissioned by the City is maintained;
- (n) 100% of patients are inpatients but there are close links and ongoing communication with community support services. Referral is always from the Community Contract Provider 'Nottingham Recovery Network';
- (o) Whilst ethnicity is monitored, overwhelmingly the majority of patients are white males. This is a historic pattern and it continues to be difficult to engage other ethnic groups in the treatment pathway but new approaches continue to be applied;
- (p) Once a patient has been assessed and booked in there isn't a waiting list to receive treatment, but there may be a short wait from referral to assessment;
- (q) The entire treatment pathway involves different sections but aims to be integrated and needs to be considered as a whole. Once inpatient detox treatment is complete, the patient will return to the care of community services where community workers will continue to maintain individual contact and monitor progress. A holistic view is taken for individuals which includes housing and employment;
- (r) To date there have only been 3 or 4 former inpatients who have returned for further treatment;
- (s) Prior to patients returning to community care, Framework can provide patients with information on the community based activities available so that they can continue to actively occupy their time when they return to the community setting;
- (t) Prescription medication addiction is an increasing and National issue where people may initially be prescribed medication but then go on to source it themselves or the addiction may even be over the counter medications;
- (u) Framework will continue to monitor and review outcomes and provision to ensure that the best possible service is provided.

The Chair informed the Committee that she and Lillian Greenwood MP had visited Edwin House and both were very impressed with the entire operation.

RESOLVED

- (1) to thank Lucy Putland, Ian Bentley and Bernadette Linton for their attendance and positive and encouraging update;**
- (2) for a written performance update to be provided to the Committee later in the year once the new contract has been operating for several months.**

55 CARER SUPPORT SERVICES REVIEW

Zena West, Senior Governance Officer, introduced the outcomes of the Carer Support Services Review which included a table of recommendations and proposed actions to address the issues.

The following points were highlighted and questions from the Committee responded to:

- (a) The most significant issue identified was the need for an efficient way for carers to provide relevant information to inform decision making about carer support for the carer and the cared for person. The recommendation was that the 'Carers Trust explores opportunities for sharing information with social care teams to reduce the amount of times that carers need to provide the same information and to share relevant information about carers to inform social care decisions about care packages for the cared for person.' As a result, trials of information sharing started in August/September 2018 and are working well as this has resulted in improved co-ordination between support teams;
- (b) The Carer's Federation and Carer's Trust have contacted all GPs in the City on carer issues;
- (c) Good relationships have been established with schools to try and identify young carers at an early stage and make referrals for the appropriate support;
- (d) The Carer's Trust is now holding evening support sessions on a trial basis;
- (e) To find out about carer support services, GPs should be aware and there are also links on the 'Ask LiON' and Nottingham City Council websites and there may be potential for support services promotion in the 'Arrow'.

The Chair commented that since society is now more aware and recognises the valuable work of carers, services and support for carers are now more integrated.

RESOLVED

- (1) to note the actions taken as a result of the review of carer support services;**
- (2) to raise the impact on carers when scrutinising access to mental health services.**

56 NHS LONG TERM PLAN

Zena West, Senior Governance Officer, presented the recently published NHS Long Term Plan for consideration in advance of the Committee's scheduled consideration and discussion at the February and March Committee Meetings.

RESOLVED to note the report.

57 NOTES OF INQUORATE MEETING

RESOLVED

- (a) to confirm the notes of the informal meeting held 13 December 2018;**
- (b) to agree and adopt the following recommendations arising from the informal meeting as formal recommendations of the Health Scrutiny Committee:**
 - (i) to request a further update on Homecare Services (in particular the subsidised childcare scheme pilot) to the Health Scrutiny Committee meeting due to be held in December 2019;**
 - (ii) to request a further update on Primary Care Mental Health Services to the Health Scrutiny Committee due to be held in May 2019;**
 - (iii) to review progress of Children and Young People's Mental Health and Wellbeing services and request an update to the Health Scrutiny Committee meeting due to be held in December 2019.**

58 WORK PROGRAMME 2018/19

Zena West, Senior Governance Officer, presented the revised proposed work programme for the remainder of the municipal year and a list of topics yet to be scheduled.

It is suggested that in the interest of efficiency, the City and County Health Scrutiny Committees undertake joint consideration of the Quality Accounts.

RESOLVED to note

- (1) the work programme and include addiction to prescription medicine as a potential item for future consideration;**
- (2) that there will not be a meeting held in April 2019 due to the local elections being held on 2 May 2019.**