MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE
10 July 2012 at 10.15am

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor Rev T Irvine
Councillor E Kerry
Councillor P Tsimbiridis
Councillor C Winterton
Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
Councillor E Campbell
Councillor A Choudhry
Councillor E Dewinton
Councillor C Jones
Councillor T Molife
A Councillor T Spencer

Also In Attendance

Dawn Smith) Clinical Commissioning Chief Operations Officer
Stewart Newman) Head of Urgency Care Nottingham City CCG
) Locality Support and Development Manager, Mansfield & Ashfield NHS CCG

Lucy Davidson) Assistant Director of Commissioning – Mental Health, NHS Nottingham City CCG
Jayne Lingard) Programme Manager Mental Health Utilisation Review (MHUR)
Martin Aylott) MHUR Programme

Mr M Gately) Nottinghamshire County Council
Mrs R Rimmington) Nottinghamshire County Council

Mr N McMenamin) Nottingham City Council

MINUTES

The minutes of the meeting held on 12 June were confirmed and signed by the chair, subject, to Councillor Rev. Tom Irvine being shown as in attendance as a member of the committee.

Matters arising:

The Committee would receive a letter back on the findings from the reablement Pilot being carried out by Nottingham City Social Services.

APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Timothy Spencer - medical /illness.

DECLARATIONS OF INTERESTS

None.

GP OUT OF HOURS SERVICE PROCUREMENT FOR NOTTINGHAMSHIRE

Stewart Newman Head of Urgent Care, Dawn Smith Chief Operating Officer and Ruth Willis Locality Support and Development Manager together provided the committee with a presentation on the procurement of GP Out of Hours (OOH) services.

The committee heard that a procurement process for the out of hours services for the City and County had commenced in November 2011 that had included involvement with a number of stakeholders including; clinical commissioning groups and the emergency care networks. Representatives from the NHS Nottingham City were in attendance to brief members on the procurement process to date.

Members heard that the current services had both been benchmarked as being good quality and value for money and had contracts due to expire on 31 March 2013. Following early stakeholder consultation regarding the procurement it had been agreed to extend the current contracts until 31 March 2014, due to the parallel procurement of NHS 111, which was being introduced for 21 March 2013.

The process was being overseen by East Midlands Procurement and Commissioning Transformation (EMPACT), to ensure that the process was conducted in an open and fair manner and that all relevant procurement requirements were adhered to. A local project steering group was in place to manage and oversee the process that included how to best involve patients and the public in the tendering and procurement processes.

The aim was to develop one service specification, but to split the County into two lots reflecting existing provision; the intention was to let a contract for five years.

Stakeholder engagement had identified a range of themes:-

- Current service provision had strengths to be retained
- Accessibility to services
- Access to medical records

- Information about waiting times
- Marketing of services

Initial comments and suggestions found there was a preference for the Out of Hours (OOH) service provided by GPs to be a seamless service, with continuity of care and knowledge of medical history. Patients wanted doctors with local knowledge and no cultural or language barriers.

The final specifications for GP OOH Services would incorporate learning from the impact of NHS 111 due to go live by April 2013.

During discussion the following additional information was provided in response to questions:-

- The disappearance of the PCTs would not impact on this process since their responsibility was moving to the Clinical Commissioning Groups (CCGs).

- The intention is that the GP out of hours service being procured would probably not include call handling, with that service being provided by NHS 111.

- The public would continue to access services by ringing their own GP practice in the interim.

- Who would man the service? This would depend on who won the bids. Access to well trained staff would be a key part of the bid criteria.

- Could locums be used as opposed to GPs contracted to the OOH service?
  It was likely that GPs working for the GP OOHs service would continue to be registered to work in the local area. Spot checks were carried out on rotas for these services.

- The potential location of the services was an ongoing piece of work.

- How would the potential for conflict of interests to be managed?
  Care had been taken to ensure that no persons on the steering group had a direct interest. The majority of the steering group members were not clinicians and had no potential conflicts of interest. The group could decide to use Clinicians from outside Nottinghamshire to inform the assessment of marking of bids rather than local clinicians. Procurement specialists were on the steering group to ensure the process remained fair and transparent.

- Was the increase in demand for services like the Emergency Department due to difficulty in getting an appointment to see their GP? There did not appear to be a correlation to say that primary care access impacted on the rates at which patients attend the Emergency Department.

- Contract expectations of providers?
  Communication was a key expectation to meet. Providers would be asked to gather patient experience feedback. An issue that could not be resolved was that GPs did not have to work Saturday mornings. This was a nationally agreed approach. Demand for the service tended to fluctuate significantly with peaks around bank holidays.

- Potential providers would be given the opportunity to attend a provider marketing event, at which commissioners would provide general detail about the current health needs and describe the emerging service model which would inform the service specification.

- Was there a criterion to deal with local knowledge? This was an area that would receive attention. There would be more engagement about how this would be addressed in the specification.

The first draft bid specification for the procurement of GP Out of Hours services was being completed.

Members were offered the opportunity to email the Clinical Commissioning Groups with any questions they had following the meeting.

It was agreed to receive feedback from the process in January 2013.

MENTAL HEALTH REHABILITATION PATHWAY PROGRAMME

The committee received a presentation from Lucy Davidson Assistant Director of Commissioning, Jayne Lingard Programme Manager Mental Health Utilisation Review and Martin Aylott MHUR Programme on the review of Mental Health In-patient Rehabilitation Services that had taken place in 2011 and heard how the organisations planned to implement the recommendations.

Members heard that across Nottinghamshire the NHS spent approx £150 million annually on mental health services, including £10m on Residential Rehabilitation Services. The review undertook in 2011 was to determine if the right residents were in the right place, receiving the right care at the right time and delivered by the right people and involved; visits to service units by a team that included general practitioners and clinical staff, interviews with family carers and staff and work with service users to capture feedback.

The review had concluded that many patients remained stuck in long term psychiatric care and this needed to change, the pathway into and out of service required remodelling, service models needed to be revisited and a priority given to secure appropriate accommodation.

41 recommendations had been formulated following the review for implementation over two years. The change programme's primary objective was to enable the discharge of people who had become stuck in mental health services beyond the point at which they were not progressing due to various factors and create processes to prevent this happening in the future. The purpose of residential rehabilitation services would be re-established as being to promote independence and autonomy in order to give hope for the future and lead to successful community living through appropriate support.

Progress on the programme to date included the recruitment of a programme management team and the identification of what communication and governance structures would be needed to take the programme forward. Stakeholders were being

contacted and advised on how they could contribute and be included and informed of planned change.

It was recognised that there could be a shift of commissioning responsibility from the NHS to the Local Authorities in order to rebalance mental health services pathways. Funding had been provided to the Nottinghamshire County Council and Nottingham City Councils by their partner CCGs which would be used to enable local authorities to make their contribution to a two year programme of change. It would also enable them to carry out additional assessment and discharge planning of the people

Needing to leave residential rehabilitation service and pay for their care as well as used in the commissioning of additional capacity in social services provision

Making Waves was a service user-led organisation concerned with service evaluation, whose role in the review was to get a picture of what was going on for people and how they experience services. They would also be involved in the implementation of the reviews recommendations.

During discussion the following additional information was provided in response to questions:-

- Housing was pivotal and work with housing benefit officers in both the city and county had taken place. Through dialogue it had been agreed that rent could be paid direct to the landlord for someone being discharged from a mental health rehabilitation setting. This would encourage landlords to provide accommodation.
- It was important to ensure that an appropriate network of support was in place through effective multi-agency work. There were a number of successful living models within the city. A risk assessment would form part of the discharge planning.
- Services would be commissioned across the city and county for people with more complex needs that could require a more bespoke service.
- The 40 people who had to go out of the area to receive a service was usually to receive a specialist service and in locked rehabilitation or a low secure care service.
- In terms of multi disciplinary assessments the different elements would have to be co-ordinated with support planned to avoid the person needing to go back in to services.
- The two year programme would look at both those already in the system and those coming in. The reason some service users' problems had been in the services a long time was due to suitable pathways not being available and no suitable mechanism in place on discharge.

- It was important for a rehabilitation service to have a time frame around a person and that services were focussed on this to ensure that no one was failed. However, all models should have flexibility so that people would not be discharged without being ready.

- Success with rehabilitation needed to be measured on an individual needs basis and going forward depended on monitoring their progress.

There was also a discussion around the 50% of residents thought to be in the wrong care setting at the time of the review and whether they would have a risk assessment of their needs carried out again. Also if those who never came out of a residential setting was due to dependency as a result of being within the service for a long time. Work was taking place on residents and sectioning to identify their GP and place of residence at the time of admission. This was very complicated to do for a number of reasons including a fire that had led to many records being destroyed. It was anticipated that this information would be available as early as September.

It was felt useful to have clarity on the housing that would be available for those going into community living. This was a dialogue to be had with the housing consultant to the programme who could also attend the committee, when colleagues reported back to a future meeting of this Committee.

The committee was pleased to note the extensive consultation that had taken place and continued involvement with stakeholders and patients in the implementation of the recommendations.

It was agreed to receive a report back in the future and to invite a representative from the Adult Social Care and Health team along with housing consultants to answer housing related questions.

WORK PROGRAMME

Following discussion it was agreed to receive the report on Contraceptive and Sexual Health Services in October. Additional reports would be added to the work programme; Out of Hours Services update and Mental Health Utilisation Review update.

The report and additions to the programme were noted.

The meeting closed at 12:30pm.

Chair