

Joint City / County Health Scrutiny Committee

Tuesday, 12 July 2016 at 10:15

County Hall, County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1 | Minutes of the meeting held on 14 June 2016 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Transforming Care for People with Learning Disabilities and or Autism Spectrum Disorders | 9 - 18 |
| 5 | The Willows Medical Centre, Carlton | 19 - 30 |
| 6 | Work Programme | 31 - 36 |

Notes

- (1) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (2) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate

the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Julie Brailsford (Tel. 0115 977 4694) or a colleague in Democratic Services prior to the meeting.

- (3) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (4) A pre-meeting for Committee Members will be held at 9.45 am on the day of the meeting.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

MINUTES

JOINT HEALTH SCRUTINY COMMITTEE

14 June 2016 at 10.15am

Nottinghamshire County Councillors

Councillor P Tsimbiridis (Chair)
Councillor J Bosnjak
Councillor R Butler
Councillor J Clarke
Councillor Mrs K Cutts MBE
Councillor C Harwood
Councillor J Handley
Councillor J Williams

Nottingham City Councillors

Councillor A Peach (Vice- Chair)
Councillor M Bryan
A Councillor E Campbell
Councillor C Jones
Councillor G Klein
Councillor C Jenkins
Councillor B Parbutt
A Councillor C Tansley

Officers

Alison Fawley - Nottinghamshire County Council
Martin Gately - Nottinghamshire County Council
Jane Garrard - Nottingham City Council

Also In Attendance

Jo Hawsley - Nottinghamshire Health Care Trust
Hazel Johnson - Nottinghamshire Health Care Trust
Simon Smith - Nottinghamshire Health Care Trust
Jonathan Wheeler - POhWER
Lucy Dadge - Project Director, STP
Dr Taso Gazis - STP

CHAIRMAN AND VICE CHAIRMAN

The appointment by the County Council on 12 May 2016 of Councillor Parry Tsimbiridis as Chairman of the Committee, and Councillor Anne Peach as Vice-Chairman was noted.

MINUTES

The minutes of the last meeting held on 10 May 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor E Campbell and Councillor C Tansley.

DECLARATIONS OF INTEREST

There were no declarations of interest.

TERMS OF REFERENCE AND JOINT HEALTH PROTOCOL

RESOLVED to note the Committee's terms of reference and Joint Protocol.

UPDATE ON PROGRESSION OF SERVICE REDESIGN PROJECTS WITHIN THE ADULT MENTAL HEALTH DIRECTORATE OF NOTTINGHAMSHIRE HEALTHCARE TRUST

Representatives from Nottinghamshire Healthcare Trust (NHT) introduced a report which updated the Committee on the implementation of changes to the delivery of adult mental health services provided by NHT, including the impact of changes that had already been implemented.

During discussion the following points were raised:

- There was concern regarding NHT's ability to deal with an increase in demand for beds particularly for adults and to cope with acute mental health needs as it was often difficult to find beds. It was accepted that there would be pressure on beds but this fluctuated throughout the year. An examination of data was being undertaken to try and establish the reasons for demand and to help manage beds more appropriately. NHT explained that there was rapid access to beds when needed and that there was a clear protocol for managing beds to ensure thresholds were met. A daily teleconference was held each day to review bed allocation.
- A service was being developed to help with the transition of people who did not require 24 hour medical care but could not be discharged for other reasons. A Step Down provision would help patients with social needs and a Crisis House would support people who were in crisis due to social reasons rather than medical reasons and therefore would avoid medical admissions. The community rehabilitation advice team worked closely with social care colleagues.

- Work was on-going to examine the pathway, the impact on patient care and to ensure services were integrated with colleagues in primary care. A report would be available in September.
- Mr Smith informed Members that institutional changes had been underway for some years and linked acute services and rehabilitation services. He explained that sometimes patients were in acute services for too long and it was not always the right environment. Now they are moved through an improved pathway which had seen the number of days drop to below 40 which meant that clinical actions had led to fewer beds being required. CCGs supported the changes but there was no permanent long term investment as there had not been significant growth to support this.
- The Step Down House was established by NHT using existing funding and was economically successful.
- Mental health was given good support within NHT and stringent targets were set. However parity of esteem was not always met as it took much longer to discharge mental health patients due to the number of partners involved in care. Work was on-going to try to bring this inline with other areas of NHT.
- NHT was interested in developing locality based services to support people and ideas included a Crisis Café and other meeting hubs.
- Mr Smith described the services available throughout the City and County and agreed to circulate more detailed information on the spread of services.

RESOLVED to

- 1) thank Mr Smith and his colleagues from Nottingham Healthcare Trust for the progress report;
- 2) to note the progress made;
- 3) to request a further progress report in six months time.

POhWER – MENTAL HEALTH ADVOCACY

Jonathan Wheeler, Chief Executive, POhWER introduced a report which discussed the work of the organisation which was engaged in mental health and other advocacy. He described how the service had evolved over 20 years and now had contracts with over 60 Local Authorities and offered a range of services. The governance of the Charity is open and transparent and is led by service users. It uses board committees to make recommendations to the Board on various aspects of its work including finance, risk, staff, volunteers and members and service user involvement. It was important that teams were based in local communities so that local need was understood. The contract for this service would end in September 2016 and the Charity was in the process of submitting a bid to deliver services from October 2016.

During discussion the following points were raised:

- Members questioned the advertising strategy as several did not know of the Charity prior to the meeting. Mr Wheeler said that advertising was an issue as it was difficult to get the balance right and if a lot of interest was generated, there might not be sufficient resources to manage demand. He acknowledged that there

were several large advocacy organisations but POhWER was trying to work in partnership with local GPs across all contracts.

- Mr Wheeler stated that anyone can contact POhWER directly or could signpost people to them. Members discussed how the lack of feedback made it difficult to assess if signposting was useful or not. Mr Wheeler agreed to take this back to the team to discuss how feedback could be provided whilst maintaining user confidentiality.
- Reports on service KPIs were provided to the Local Authority commissioners and identified teams, trends and gaps in service as well as areas of good practice. There were two sets of KPIs; one set were specific to the terms of the contract, for example numbers of people supported and a second set were specific to POhWER's business plan, for example income targets.

RESOLVED to

- 1) Thank Mr Wheeler for his report and presentation;
- 2) To note the report and presentation.

NOTTINGHAM AND NOTTINGHAMSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

A presentation by Lucy Dadge, Programme Director for the STP.

Lucy Dadge and colleagues from the STP team gave a presentation to the Committee to inform Members of the Nottingham and Nottinghamshire Sustainability and Transformation Plan. The plan would cover a five year period, with ambitions to improve health and wellbeing, care and quality and finance and efficiency. Priorities, work streams and governance arrangements had been identified.

During discussions the following points were raised:

- Timescales for the STP were evolving and a previously agreed deadline of June had been changed to December due to Local Authorities starting at different times. Ms Dadge confirmed that the Nottingham and Nottinghamshire STP would be submitted by 15 July for scrutiny by the regulators but was unsure what would happen between July and December.
- The STP was seen as an opportunity to bring together transformation projects that had been started prior to March 2016 and to use the analytical data to form the STP. The STP had a wider remit than health as it included planning, environment and spatial planning. The challenge would be how to bring all of these together and an example was given of how to prevent restaurants opening in particular areas if they were considered unhealthy.
- Dr Taso commented that there needed to be a greater connection with primary care, hospitals, social care and other services in order to meet the needs of the population and that there was a need to deliver more bespoke care. He said that services were getting more sophisticated in working with areas and specific groups and that engagement would be across all population groups.
- Key issues that the STP team would be developing solutions for included challenges for the workforce, sustainability of some acute specialties, fragmentation/duplication and gaps in services and differential CQC ratings in many sectors.

- The merger between NUH and Sherwood Forest Hospital would also be considered by the STP so that unnecessary variation would be reduced and the best clinical pathways implemented.

RESOLVED to thank Ms Dadge and her colleagues for their presentation and discussion on the STP.

WORK PROGRAMME

The Committee considered the report of the Chairman of the Joint City and County Health Scrutiny Committee about the Committee's work plan for 2016 -17.

It was agreed to add an item on the closure of GP surgeries to the work plan for July.

RESOLVED to note the contents of the work programme and suggested update.

The committee were informed that the next meeting on 12th July 2016 would be held at County Hall, West Bridgford.

The meeting closed at 12.45pm.

Chairman

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE	
12 JULY 2016	
TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM SPECTRUM DISORDERS	Agenda Item: 4
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE (NOTTINGHAM CITY COUNCIL)	

Purpose

- 1.1 To enable the Committee to carry out its statutory role (as set out below) in relation to consultation by commissioners on a proposed new service model for people with learning disabilities and/or autism spectrum disorders.

2. Action required

- 2.1 The Committee is asked to consider:

- a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;
- b) 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;
- c) Whether a proposal for change is in the interests of the local health service.

The Committee may be able come to a conclusion on these issues at this meeting; or may wish to identify further information required.

3. Background information

- 3.1 Earlier in the year commissioners informed the Committee that Nottinghamshire had been chosen as one of 5 national 'fast track' areas to be a forerunner of work to transform care for people with a learning disability and/ or autism and challenging behaviours or a mental health condition. As a 'fast track' area, Nottinghamshire was required to submit a transformation plan by September 2015 setting out how it would strengthen community services, reduce reliance on in-patient beds (non-secure, low and medium-secure) and close some in-patient facilities. The plan covers services for both children and adults. The transformation plan was presented to the Committee at its meeting in February.

- 3.2 Commissioners advised that due to national timescales it had not been possible to carry out consultation prior to the plan's submission; but that it was intended to carry out a formal public consultation on the proposed new service model and that the plan was open to alteration in response to consultation outcomes.
- 3.3 The Committee also heard that a number of key deliverables had been identified that needed to be in place by June 2016. These included developing Strategic Commissioning and Workforce Development Plans, establishing multiagency pooled/aligned budgets, establishing emergency and longer term crisis support services, extending Care and treatment reviews to children and those with autism and no learning disability. It was also confirmed in February that crisis services were not currently available across the area but that crisis provision needed to be operational quickly and that it was intended that interim arrangements would be procured by June.
- 3.4 In order to enable it to carry out its statutory role, the Committee requested that information on consultation outcomes and if/how the plan is changing in response to those outcomes; and progress against key deliverables to June is presented to this meeting.
- 3.5 A paper from Nottingham City Clinical Commissioning Group is attached and Sally Seeley, Senior Responsible Officer for the project will be attending the meeting to discuss this with the Committee.
- 3.6 This Committee has statutory responsibilities in relation to substantial variations and developments in health services. While a 'substantial variation or development' of health services is not defined in Regulations, a key feature is that there is a major change to services experienced by patients and 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. The Committee's responsibilities are to consider the following matters in relation to any substantial variations or developments that impact upon those in receipt of services:
- a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;
 - b) 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;
 - c) Whether a proposal for change is in the interests of the local health service.
- Councillors should bear these matters in mind when considering the proposals and discussing them with commissioners.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – Nottinghamshire Transforming Care Partnership for Learning Disabilities and Autism: Update on progress between January and June 2016, early findings from public consultation, and changes made to proposals in light of those findings.

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

None

6. Published documents referred to in compiling this report

- 6.1 Report to and minutes of meeting of the Joint Health Scrutiny Committee held on 9 February 2016

7. Wards affected

All.

8. Contact information

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Nottinghamshire Transforming Care Partnership for Learning Disabilities and Autism: Update on progress between January and June 2016, early findings from public consultation, and changes made to proposals in light of those findings.

1. Background

Transforming Care for people with learning disabilities and autism has been a national priority since the publication of the DOH report “*Transforming Care: A National Response to Winterbourne View Hospital*” in December 2012. Although work was undertaken nationally to review all inpatients at CCG level and establish treatment and discharge plans for people to move on from hospital care, this work did not have the impact on services that was expected, with many long stay patients remaining in hospitals with no forecast date for discharge. Nottinghamshire was selected to be a ‘fast track site’ for the transformation of services for people with learning disabilities and autism following the announcement by NHS England, the Local Government Association and Association of Directors of Adult Social Service on 12 June 2015 that five ‘fast track’ areas were being established that would be the forerunners of transformation of services for people with a learning disability and/or autism and challenging behaviors, or a mental health condition. The fast track areas were asked to submit a transformation plan by 7 September 2015 which described how they would strengthen community services, reduce reliance on in-patient beds (non-secure, low and medium secure) and close some in-patient facilities.

The Nottinghamshire plan was submitted on 7th September detailing our ambitions, how we intended to work with our population, key stakeholders and the proposed governance arrangements and bidding for £1.68 million from the national monies.

Feedback on the plan and confirmation that we had been allocated £1.21 million from the available national funding was received from NHS England on 5 October.

2. Nottinghamshire Transformation Plan

The Nottinghamshire Plan detailed a widespread Programme of changes to the types of services available, and the way in which services are delivered, in order to strengthen the resilience of already existing community services, identify and address gaps in service provision, minimize the need for people to be admitted to inpatient areas, and enable complex individuals to safely transition from hospitals to structured community based provision. A robust governance structure was established to oversee the work of the Nottinghamshire Programme, and a priority for 2015-2016 was to launch a public consultation to understand the views of our public, including parents, carers and users of our services, on our proposed service model.

The future model of care and support in Nottinghamshire will be focused on enabling access to mainstream universal and community support with enhanced specialist, specialist and targeted community based support only provided when mainstream services cannot provide the support required or people are identified as being at risk of their needs and behaviours escalating and/or deteriorating. Inpatient settings will only be used to complement community services e.g. short breaks, crisis, or where inpatient settings are mandated.

Commissioning these new-style services will reduce the demand on hospital placements which are disempowering and unsettling for individuals and their families. This will allow the amount of in- patient beds to be reduced over time.

The model seeks to underpin key principles from Nottinghamshire's original plan published in September 2015 in which it aspired for its service users to agree with the following statements:

“People work together to plan my care and act fast when things change”

“I am involved in deciding where I live and who I live with.”

“I am supported to stay out of trouble”.

“If I need to be in hospital, then I only stay as short a time as is necessary”.

Support and care in Nottinghamshire will be orientated around the person and their family, friends and informal support networks. It will have six levels of services around the person as illustrated in figure 1.

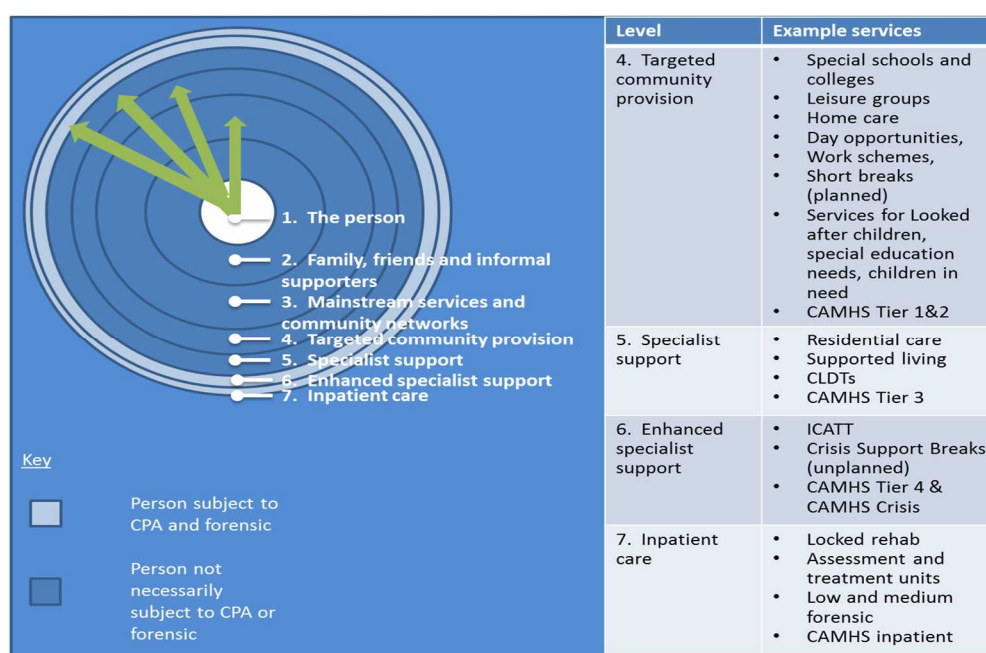


Figure 1: future model of care in Nottinghamshire

Terminology: CAMHS: Child and Adolescent Mental Health Services, ICATT: Intensive Community Assessment and Treatment Team, CPA: Care Programme Approach, CLDT: Community Learning Disability Team.

3. Public Consultation

The Public Consultation ran from 29 February 2016 to 20 May 2016. Pre-consultation informed the specific groups targeted. The consultation was intended to validate the plans we have produced to redesign services to keep people with a learning disability healthy, well and supported in their local community and that in-patient services are only used where community settings cannot provide safe and suitable alternatives to admission. A variety of methods used to gather feedback including:

Online questionnaires, a questionnaire included in the consultation document, drop in sessions, and questionnaires distributed to contacts on our stakeholder database. Professionals were encouraged to support service users to complete a survey where appropriate. All materials were available in easy read version with braille and other languages and formats available.

Please see the full version of the consultation document.

4. Who was reached by the consultation?

There were more than 387 face to face consultations, and 197 questionnaires completed of which:

- 85 or 43.1% (easy read and standard) completed by health, social care or educational professionals.
- 5 or 12.2% (easy read only) completed by paid carers.
- 137 or 69.5% (easy read and standard) completed by individual, carer or family member of someone who has a LD or completing on behalf of someone else.
- 45 or 22.1% (easy read and standard) completed by a member of the public.
- Detailed monitoring data was collected and included within the report, by the Nine protected characteristics in accordance with the 2010 Equality Act.
- Demographic data showed responses from all districts of Nottingham and Nottinghamshire (standard and easy read format)
- 48 or 30.6% completed by City residents but 45.7% of all easy read responses were from City residents
- 93 or 59.2% completed by County residents
- 16 or 10.2% completed by people indicating 'other'

5. What feedback did people give in the proposed model

Feedback suggested that there is broad support for the model being proposed. When asked whether they felt that people were better supported in the community the following responses were received:

- 118 or 70.1% (easy read and standard) agreed.
- 17 or 10.1% (easy read and standard) disagreed.
- 28 or 16.7% (easy read and standard) undecided.

People felt that it would be beneficial for both individuals and their carers to have support in the community

- 28 or 81.5% (easy read and standard) positive impact / better for individual.
- 1109 or 70.1% (easy read and standard) positive impact / better for carer / family.
- 6 or 3.8% (easy read and standard) negative impact / worse for individual.
- 19 or 12.3% (easy read and standard) negative impact / worse for carer / family.

6. Discharge arrangements and Housing Provision

"I am involved in deciding where I live and who I live with."

A lot of feedback related to issues with the current provision that is in place, in terms of both quality and quantity of housing, and the skills and experience of staff working in community provision. Concerns voiced about the Autumn statement made by the chancellor on housing benefits and a belief that this has created a reluctance in housing associations to provide appropriate accommodation due to risk of funding available for rent payments and housing benefits. This was a concern for people attending the drop in session as this will impact on suitable accommodation being available for people needing supported living. New buildings to support people were being considered but it was felt that this would now be affected and put on hold.

The importance of multi-agency discharge planning meeting was emphasised enough so that all agencies are aware of changing needs and their roles and responsibilities once individuals are discharged from hospital, and the need for good quality discharge packages focussed on the individual's needs was highlighted across the feedback. Other related comments that were prominently featured included:

- Inadequate or unsuitable housing
- Availability of housing and care providers
- We need appropriate range of housing and support to meet individual needs"
- Environment/ housing needs particular attention
- The correct type of housing is a major consideration, The physical aspect has to be fit for purpose as the corner stone to any support package"

7. Workforce Development

People's views and concerns about the skills, experience and training of the work-force in community based settings was a significant element of the feed-back captured through the consultation. The lack of skilled, well qualified staff working in community based residential and supported living settings is clearly a concern, as well as the ability of providers to attract the right calibre of staff and provide high quality training, supervision, as well as levels of remuneration. As well as feedback about support staff who are based in community placements, there was feedback relating to the statutory community teams relating to lack of flexibility, lack of cover during un-social hours, and lack of integration with other local teams and services. Comments included:

- Support work is not well paid and not respected"
- No teams with skills to manage all elements of a person's diagnosis e.g. challenging behaviour, mental health, LD and forensic risk (all present in same person)"
- Workforce has to be developed and care professionals need to be valued and developed, possibly with a skills framework"
- Workforce that is skilled enough to manage people with complex needs and challenging behaviour needed"
- Limited training opportunities for community staffs (specifically carers and HCAs) re: adapting communication, understanding PBS, assessing general mental health on a day to day basis etc."

8. How the Transformation Programme is responding to the Consultation

"I am involved in deciding how people meet my health and care needs"

Nottinghamshire County Council is in the process of commissioning a new Nottinghamshire-wide advocacy service on behalf of the CCGs and two local authorities to be operational by Q2 of 2016/17. Although the service will have a wide-spread remit for providing advocacy services, contained within this would be the requirement to provide comprehensive advocacy to people with Learning Disabilities and Autism, including the attendance at key meetings such as CPA reviews and Care and Treatment Reviews, so that the voice of service users is heard, and their views are paramount in the decisions that affect their lives.

"I am supported to stay out of trouble".

The early findings from the public consultation suggest that although there is broad support for the proposed service model in Nottinghamshire, there are a couple of emerging caveats to that support. People seem to be concerned that the changes might be a step too far too fast, and that inpatient services should not be de-commissioned until there is an appropriate range of alternatives based in the community. Given the complex nature of some of the individuals who have been in hospital long term, there is concern about an adequate level of skills, training and experience of the staff in community providers including supported living and residential care.

"I get support early on to minimise the impact of my challenging behaviours".

The Nottinghamshire TCP is revising its service model and programme plans for year 1 (16/17), in order to concentrate on the priorities of the programme and respond to the consultation feedback. For people who are at risk of going into crisis, particularly due to social stressors, issues with finances, housing and relationships for example, there is a need for us to commission short to medium term crisis care, or respite care within community residential settings. These services should allow people to have the breathing space they need to address their social issues, receive specialist support, and return home or move on to a more appropriate placement if required.

Nottinghamshire TCP is in the process of working with existing community providers to design a model of enhanced residential placements to meet three key elements:

- Crisis support
- Respite support
- Step down from long term hospital based care

Engagement with community providers is taking place on the 24th of June, and following this service specifications are being developed. The emphasis on all services is a model of enablement, maximising independence, and maintaining the vision for all service users to be working towards having their own tenancy.

"People work together to plan my care and act fast when things change"

Complementing the development of community based placements and support, will be changes and enhancements to existing statutory community based services. This will be so that people living in the community can access specialist skilled community support to include nursing, social work, OT and SALT when required and can have treatment at home in order to avoid hospital admissions, or to facilitate an earlier discharge from hospital. There is a need for specialist community teams to be operating out of hours as well as during the working week, in order achieve parity with other services such as mental health services, so

that service users, their families and carers have the right access to assessment and treatment services when they need them. A priority for the programme is to ensure that service users, their carers and families, have good access to urgent treatment/support when needed, and that specialist assessments of need can be undertaken at short notice and out of hours, to help determine the correct pathway and package of care for individuals.

Nottinghamshire TCP has undertaken soft market testing with community based providers to help understand the local market, and obtain feedback from the market on the feasibility of the proposed residential crisis and step down model may work. Complimenting this, a workshop has taken place with existing NHS and social care teams to look at how an ideal assessment and crisis response team may work alongside the new model, what the gaps in the current provision are, and how the local culture needs to change.

Alongside this, a Skills and Capabilities Questionnaire has gone out to all local providers, NHS, Private and third sector, to ask providers where their strengths and weaknesses lie in terms of staff training and skill, and where the gaps are in this area. Work is currently being undertaken to analyse the data received from this survey and will be used to underpin the work-force development plan, and key service specifications going forward.

“If I need to be in hospital, then I only stay as short a time as is necessary”

Nottinghamshire TCP continues to undertake and respond to the regular independent Care and Treatment Reviews that are carried out on individuals who are in hospital settings, within two weeks of admission and every 6 months thereafter as a minimum. A Nottinghamshire-wide Care and Treatment Review team is being commissioned by Nottingham City CCG on behalf of the partnership for late 2016/17, that will have the expertise to review children and young people, people with non-LD autism, as well as adults with learning disabilities, in order to help us understand better the needs of people who are in hospitals, what the barriers are to discharge, and forecast when they are likely to be discharged and require ongoing community provision and support.

Theodore Phillips
Programme Manager
Nottinghamshire Transforming Care Partnership

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE	
12 JULY 2016	
THE WILLOWS MEDICAL CENTRE, CARLTON	Agenda Item: 5
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE (NOTTINGHAM CITY COUNCIL)	

Purpose

- 1.1 To review action taken by Nottingham North and East Clinical Commissioning Group to ensure that all patients in the Carlton area have access to good quality GP services during the temporary closure of The Willows Medical Centre; and in the future.

2. Action required

- 2.1 The Committee is asked to review action being taken locally to ensure that patients in the Carlton area have access to good quality GP services.

3. Background information

- 3.1 Following inspection by the Care Quality Commission, The Willows Medical Centre in Carlton temporarily closed from 7pm on 10 June until further notice. The Care Quality Commission (CQC) is the independent regulator for health and care services in England. It checks that healthcare providers deliver safe and good quality care that meets national standards. In its inspection of The Willows Medical Centre, the CQC found that it was not providing an acceptable level of service to patients and meeting expected standards. The CQC report has not yet been made publicly available.
- 3.2 Following the temporary closure, patients registered with The Willows Medical Centre were advised to contact one of four other local practices (Peacock Healthcare, Park House Medical Centre, Netherfield Medical Centre and Westdale Lane Surgery) if they need an appointment with a GP or practice nurse.
- 3.3 Nottingham North and East Clinical Commissioning Group is responsible for commissioning GP services in Gedling (in co-commissioning arrangements with delegated responsibility from NHS England). A paper from the CCG is attached and representatives will be attending the meeting to discuss the issues.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Nottingham North and East CCG paper ‘Willows Medical Centre’

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

None

6. Published documents referred to in compiling this report

6.1 None

7. Wards affected

All.

8. Contact information

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Willows Medical Centre

Joint Health Scrutiny Committee: 12 July 2016

*Sam Walters, Chief Officer, and Racheal Rees, Head of Primary Care,
Nottingham North and East Clinical Commissioning Group*

1) Purpose of the report

Following an inspection carried out by the Care Quality Commission (CQC) on Monday 6 June 2016, The Willows Medical Centre in Carlton was temporarily closed from 7pm on Friday 10 June, until further notice.

The purpose of this report is to provide reassurance to the Joint Health and Scrutiny Committee regarding the availability and quality of primary care following the closure.

This paper will summarise:

- Background to the closure
- Plans to ensure continuity of care for Willows patients
- Communications to patients and the public
- Activation of the continuity plan
- Findings and future plans

Please note, the CQC is unable to release full details of the findings of the CQC inspections until it has completed the legal process and appeal period. It is expected that the CQC report of the inspection will be available by the end of July.

2) Background information

The Willows Medical Centre

The Willows Medical Centre is a small general practice in Carlton, Gedling. It has a list size of around 3,500 patients and is located in a purpose built primary care medical centre.

The practice is open from 8am to 6.30pm Monday and Friday, Tuesday 7.30am - 6.30pm, Wednesday 8am - 7.30pm and Thursday 8am - 1pm.

The practice provides a range of medical services, including reviews for asthma, diabetes and chronic obstructive pulmonary disease (COPD). It also offers child immunisations, contraception advice and travel health vaccines.

The Care Quality Commission

The CQC is the independent regulator of health and adult social care in England. Its objective is to ensure that health and social care services provide people with safe effective, compassionate, high-quality care. It monitors, inspects and regulates services to ensure they meet fundamental standards of quality and safety, and publishes its findings.

The CQC has been tasked with inspecting all practices in England by the end of 2016. Following this period, it will inspect GP Practices every 3-5 years if a practice has been previously rated good or outstanding. The CQC will visit more frequently if a practice is rated below this or in response to emerging concerns.

Where practices fall short of the expected standards, the CCG/NHS England and Local Medical Committee (LMC) will then work with the practice to offer advice and support to ensure quality improvements.

If the CQC find that care has fallen short of standards, it has an Enforcement Policy which sets out in full the approach taken to address breaches of regulations which may result in several outcomes. Possible enforcement outcomes include:

- Requirement notices
- Warning notices
- Conditions on registrations
- Suspension of registration
- Cancellation of registrations.

The CQC and the Willows Medical Centre

At its last inspection by the CQC in January 2015, the Willows Medical Centre was rated 'Good' across all categories (safe, effective, caring, responsive and well-led) and rated 'Good' overall.

However, on Monday 6 June 2016 the CQC conducted an unannounced inspection of the practice in response to a number of concerns that had been raised. After the inspection, CQC inspectors alerted the CCG and NHS England that during the course of the inspection significant quality and safety concerns had been identified.

As a result, and following a period of investigation and internal legal processes, the practice was closed by the CQC at 7pm on Friday 10th June having been issued a temporary suspension notice for three months.

Statement from the CQC regarding the Willows Medical Centre

“CQC is taking action to protect the safety and welfare of patients at The Willows Medical Centre, on Church Street, Carlton, Nottingham, following an inspection on Monday (6th June). Inspectors visited the surgery following concerns that had been raised and, as a result, urgent enforcement action is being taken.

“CQC is working closely with Nottingham North and East CCG and NHS England to ensure any patients of the surgery have access to GP services. While our legal processes do not allow us to go into further detail at this time, we will publish a full report of our findings in due course. Any action CQC takes is open to appeal.”

Statement issued by the CCG is added as Appendix 1

3) The CCG's contingency plan

Where a contract for the provision of GP services is to be temporarily suspended, the CCG's priority is always to ensure that affected patients have ongoing access to good quality care from another provider. The CCG therefore identified practices within a geographical radius and reviewed their suitability in terms of patient choice, capacity and capability to accept additional patients, and compatibility with local clinical systems and pathways.

Three practices (Park House Medical Centre, Peacock Healthcare and Trentside Medical Group) confirmed that they had capacity.. More recently a number of other GP practices have also offered to take on additional patients, including Unity Surgery, Westdale Lane Surgery and Plains View Surgery. Patients are free to choose with which practice they wish to temporarily register.

Distance for patients to travel to alternative surgeries

Park House	(NG4 3DQ)	0.4 miles
Westdale Lane	(NG4 3JA)	0.8 miles
Trentside	(NG4 2NJ)	1 mile
Peacock	(NG4 1HQ)	1.1 miles

4) Communication

A contract suspension requires action to make sure both patients and other local stakeholders are regularly updated about how patient care will be provided during a temporary GP practice closure. There are challenges in managing communications when a GP contract is suspended. For reasons of confidentiality, commissioners are unable to alert other local GP practices and patients about this prior to notice being served (either by the contractor or by the commissioners).

This therefore means that there is a restricted period of time during which the commissioner can alert patients and mobilise other local GP practices to ensure patients continue to be able to access primary care services. Moreover, nothing can be communicated until the suspension order is handed to the practice which in this case was 7pm on Friday 10th June 2016.

The CCG prepared its strategy in respect of communication in advance of the decision on 10th June and this was amended as appropriate in response to updates from the CQC. The CCG's approach included:

- door posters
- patient letter
- patient Q&A available online and in the temporary practices
- media statement
- stakeholder briefing
- web articles for CCG website and practice website
- social media posts

Information was released to the media on Friday evening to ensure the CCG communicated clear and consistent messages, and to protect patients, stakeholders and the receiving practices should the news break before Monday. Plans were put in place to ensure that any patients who heard the news over the weekend had a helpline number to call for information if required.

Further communication went out on Monday morning to GP Practices, partner CCGs, Local Authorities etc. The CCG also ensured key councillors and the Gedling MP were informed about the situation.

The CCG's communications team received calls from BBC Radio Nottingham and East Midlands Today (EMT) over the weekend and the Nottingham Post ran the story on its website on the Monday.

On Monday morning Radio Nottingham interviewed Sam Walters on the breakfast show. EMT ran the story on the local morning news. EMT and Notts TV both visited the Willows Medical Centre on Monday morning where they interviewed Director of Operations, Hazel Buchanan, about what patients should do. They then spoke to patients and headed to Park House where interviews were arranged with Park House GP Dr Ian Campbell.

5) The activation of the contingency plan

Immediately following the announcement of the temporary closure of the Willows Medical Practice the CCG activated its contingency management plan. All patients who had appointments booked for the following week were contacted directly from 7pm on Friday 10th June to cancel their appointments and inform them of the new arrangements for their care. Posters were placed on the front doors of the surgery in the event that a patient arrived at the practice premises.

On Monday morning (13th June) CCG staff were deployed to both the Willows Medical Centre and all three receiving practices (Park House, Peacock and Trentside) to provide support and manage patient queries. Patients began responding on Monday morning, attending local practices to temporarily register.

The CCG team at the Willows Medical Centre ensured answerphone messages were changed, checked the administration, post etc and made sure that any outstanding treatments, prescriptions awaiting collection and appointments were dealt with. Patients who were due at clinics, had received letters from the hospital etc were contacted to ensure they knew about the alternative arrangements and could book appointments at one of the other practices.

A CCG helpline was established and phone calls to the Willows Medical Centre were diverted to this line which was then open from 8am to 7pm throughout the first week. The helpline is staffed by members of the CCG's Patient Experience Team and will continue to operate during office hours over the next few weeks/months.

High risk patients were identified – those nearing the end of life, those with disabilities and/or learning difficulties, those with significant mental health issues, and those in local care homes. Additional clinical support to register temporarily at an alternative practice was provided to these patients as required by a range of stakeholders e.g. learning disabilities lead nurse, community nursing teams and carer agencies.

The response of the receiving practices has been extremely positive and additional staff has been recruited to support the increase in demand and workload. All practices have been welcoming of the new patients. Peacock Practice Patient Participation Group members for example helped out on the door welcoming Willows patients to their practice.

The CCG remains in daily contact with the practices who are taking the majority of the Willows Medical Centre patients. The process to review patient records and data continues to ensure nothing is missed. Any concerns identified are reported to the CQC as part of their ongoing processes.

The CCG has identified funding to support the receiving practices to ensure they have access to the resources they require in order to be able to manage the sudden increase in demand.

Helpline Calls

The CCG helpline has handled approximately 165 contacts from 7pm on Friday 10th June 2016 to date. The main telephone for Willows Medical Practice continues to be diverted to the helpline to enable callers contacting the practice to be dealt with and signposted on accordingly.

The main themes identified by patients are:

- Access to repeat prescriptions – those already in the system and those imminently required.
- How to access alternative practices – is registration necessary? Which practices are taking on patients?
- Requests for additional information – how long closed for, do I need to register elsewhere etc.
- General concerns and administration queries.

It should be noted that for the main part patients have been extremely accommodating and understanding of the situation.

6) Findings and future plans

GP practices in Carlton and Netherfield have successfully mobilised to meet the primary healthcare needs of local people following the temporary closure of the Willows Medical Centre. Patients from the Willows Medical Centre benefit from a good choice of GP practices with whom to temporarily register. Some practices offer extended opening times and there are no 'closed' lists.

The outcome of the CQC inspection is not yet known. The practice will be re-inspected by the CQC prior to the end of the three month temporary suspension period. At this time there are a number of potential outcomes as follows. The practice may:

- re-open in special measures to monitor sustainability of improvements made;
 - have the suspension extended to enable the required improvements to be achieved;
- or
- registration will be cancelled leading to permanent closure.

The CCG's Quality Team is currently working with the Willows Medical Centre to support the development and implementation of an improvement action plan.

In the event of the practice re-opening, patients who wish to return to the Willows Medical Centre will be supported to do so. However, patients who choose to remain permanently registered at an alternative practice will not be required to return to the care of the Willows Medical Centre.

In the event of a permanent practice closure, the CCG will consider all available options in order to determine the most appropriate course of action to ensure the on-going provision of high quality primary care services for patients previously registered at the Willows Medical Centre.

Currently, the CCG's priority is to ensure that Willows Medical Centre patients are being looked after and receiving high quality, safe and compassionate care. We await the CQC report and final decision.

Appendix 1

Patients registered with The Willows Medical Centre in Carlton are being advised to contact one of four other local practices if they need an appointment with a GP or practice nurse.

Following a recent inspection by the Care Quality Commission, **The Willows Medical Centre in Carlton temporarily closed from 7pm on Friday 10 June**, until further notice. During this time the surgery cannot provide any appointments or repeat prescriptions.

As the Clinical Commissioning Group (CCG) responsible for planning and commissioning health care services in the area, NHS Nottingham North and East CCG's key priority is to ensure that all the patients registered with The Willows Medical Centre continue to have access to local, high quality GP services during this time.

From Monday 13 June, patients who need an appointment with a GP or practice nurse, or a prescription, can contact one of the following neighbouring practices:

Park House Medical Centre

61 Burton Road
Carlton
Nottingham
NG4 3DQ
Tel: 0115 940 4333

Peacock Healthcare

428 Carlton Hill
Carlton
Nottingham
NG4 1HQ
Tel: 0115 958 0415

Netherfield Medical Centre

2a Forester Street
Netherfield
Nottingham
NG4 2NJ
Tel: 0115 961 4583

Westdale Lane Surgery

20-22 Westdale Lane
Gedling
Nottingham
NG4 3JA
Tel: 0115 961 3968 (2 lines)

All patients registered with The Willows Medical Centre will be sent a letter advising them of the temporary closure and signposting them to the alternative practices. A Question and Answer sheet is available on the Nottingham North and East website - www.nottinghamnortheastccg.nhs.uk

Patients with appointments booked within the next week are also being contacted by telephone.

Sam Walters, Chief Officer, Nottingham North and East CCG, says: "As commissioners of GP services in Gedling, our priority is ensuring patients affected by this closure have

access to high quality, safe and compassionate care. To enable this, we will support Park House, Peacock and Netherfield to ensure they have the capacity and GP provision to meet patients' needs.

"We are working closely the CQC and NHS England team to address the issues highlighted in the CQC inspection. If patients wish to discuss any concerns regarding the surgery closure they should contact our Patient Experience Team."

Patients with queries or concerns can contact the Patient Experience Team at Nottingham North and East CCG by email: pet@nottinghamnortheastccg.nhs.uk or calling 0800 028 3693 (Option 2).

12 July 2016

Agenda Item: 6

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Joint City and County Health Scrutiny Committee work programme.

Information and Advice

2. The Joint City and County Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by both City and County residents.
3. The work programme for 2016-17 is attached as an appendix for information.

RECOMMENDATION

- 1) That the Joint City and County Health Scrutiny Committee note the content of the work programme for 2016-17 and dates for future meetings.

Councillor Parry Tsimbiridis
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Joint Health Scrutiny Committee 2016/17 Work Programme

<p>12 July 2016</p>	<ul style="list-style-type: none"> <p>• Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables To consider the consultation process and findings and if/how proposals are changing to reflect those findings; and progress against the key deliverables to be completed by June 2016 (Nottingham City CCG lead)</p> <p>• The Willows Medical Centre, Carlton To review action taken by Nottingham North and East Clinical Commissioning Group to ensure that all patients in the Carlton area have access to good quality GP services during the temporary closure of The Willows Medical Centre; and in the future. (Nottingham North and East CCG)</p> <p>• Work Programme To consider the 2016/17 Work Programme</p>
<p>13 September 2016</p>	<ul style="list-style-type: none"> <p>• Environment, waste and cleanliness at Nottingham University Hospitals To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites (Nottingham University Hospitals)</p> <p>• Defence and National Rehabilitation Centre (Stanford Hall) To examine the development of services for trauma rehabilitation (Nottingham University Hospitals)</p> <p>• Work Programme To consider the 2016/17 Work Programme</p>

11 October 2016	<ul style="list-style-type: none"> • East Midlands Clinical Senate and Strategic Clinical Networks To receive the EMCSSCN Annual Report and updates on other recent developments (EMCSSCN) • Work Programme To consider the 2016/17 Work Programme
8 November 2016	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme
13 December 2016	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme
10 January 2017	<ul style="list-style-type: none"> • Uptake of child immunisation programmes To consider the latest performance in uptake and how uptake rates are being improved (NHS England/ Local Authority Public Health) • Work Programme To consider the 2016/17 Work Programme
7 February 2017	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme
14 March 2017	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme

18 April 2017	<ul style="list-style-type: none"> Urgent Care Resilience To review progress in developing resilience within the urgent care system, including the delivery of services during winter 2016/17 and how effectively winter pressures were dealt with. (Nottingham City CCG/ NUH) Work Programme To consider the 2016/17 Work Programme
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To schedule:

- Rampton Secure Hospital Variations of Service – commissioners/ prison environment
- Daybrook Dental Service - findings and lessons learnt (NHS England)/ future dental regulation – awaiting outcome of General Dental Council case (contact: Dr Ken Deacon)
- Progress against JHSC recommendation that “that the City and County Councils work with their partners, for example Marketing Nottingham and Nottinghamshire to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work”
- Integrated Community Children and Young People’s Healthcare Programme – review of outcomes of service changes
- Procurement of Patient Transport Service, including development of service specification - awaiting confirmation of procurement timings
- Progress in establishing long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals
- Scrutiny implications of long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals
- POhWER advocacy services
- Evaluation of Urgent and Emergency Care Vanguard (primary care at the ‘front door’)
- Integrated Urgent Care
- Evaluation of GP Access pilots

Study Groups:

- Quality Accounts

Visits:

- Nottingham University Hospitals sites

Other meetings:

- NUH (Peter Homa)
- NHCT (Ruth Hawkins)
- EMAS (Greg Cox) (informal meeting with East Midlands Health Scrutiny Chairs to consider EMAS response to CQC inspection)

Items for 2017/18 Work Programme:May/ June

- Nottinghamshire Healthcare Trust Transformational Plans for Children and Young People – CAMHS and Perinatal Mental Health Services update (to include workforce issues, development of Education Centre and financial position)

NHS 111 (align with publication of NHS 111 Annual Report)

Visit to new CAMHS and Perinatal Services Site (spring 2018)