

<b>Outline of Activity undertaken by this Committee on Modernising Services for Older People</b>	
<b>Activity</b>	<b>Date</b>
Initial Presentation from Rushcliffe PCT	18 October 2005
Consideration of the consultation documents	25 April 2006
Consideration of evidence from partner organisations and further information from Rushcliffe PCT	13 June 2006
Consideration of further information from Rushcliffe PCT and partner organisations Agreement of the Committee's initial response to the proposals	11 July 2007
Discussion with Nottinghamshire County teaching PCT on the early stages of implementation	14 November 2007
Consideration of further information from the PCT and the Price Waterhouse Cooper Report Agreement of the Committee's final response to the proposals	13 February 2007

## **NOTTINGHAM AND NOTTINGHAMSHIRE JOINT HEALTH SCRUTINY COMMITTEE**

### **RESPONSE TO CONSULTATION ON IMPROVING HEALTH SERVICES FROM OLDER PEOPLE IN GREATER NOTTINGHAM**

The Joint Health Scrutiny Committee considered the consultation documents and supporting information relating to:

- a) Improving inpatient and community rehabilitation for older people across Greater Nottingham, and;
- b) Improving mental health services for older people across Greater Nottingham

at its meetings on 18 October 2005, 23 April 2006, 13 June 2006 and 11 July 2006. It has also considered a number of responses from other partner organisations and/or other bodies consulted as part of this process. Responses were received directly by the Committee from: Nottinghamshire Healthcare Trust PPI Forum, Nottingham City PCT PPI Forum, the City and County Adult (Social) Services Departments, Nottinghamshire Healthcare Trust, Broxtowe Borough Council, Broxtowe and Hucknall PCT PPI Forum, Nottingham City PCT, Nottingham University Hospitals PPI Forum. The Committee also considered the formal responses to the consultation made by Nottingham University Hospitals Trust, Nottingham City PCT PPI Forum and Nottinghamshire County and Nottingham City Adult (Social) Services.

The Joint Committee considers the proposals contained within the above consultation documents to be **substantial variations or developments** under the terms of the Health and Social Care Act 2001 (see below).

The Joint Committee responds to the proposals as follows:-

**Whilst understanding and accepting the vision for older people's rehabilitation and mental health services, the Joint Committee regards the proposals as set out so far as being the starting point only, from which in depth impact analysis and planning will follow. This should be undertaken with the full involvement of all organisations which provide health and/or social care for older people and those likely to be involved in or affected by the proposals. The Joint Committee does not consider that sufficient evidence or assurance is available at this time to determine whether these proposals are in the interest of the local health service or patients.**

The recommendations which the Joint Committee makes are:-

1. Once the impact assessment is completed and implementation plans drawn up, the commissioning bodies (in the form of the County and City

- PCTs and the Healthcare Trust) should submit these to this Joint Committee.
2. The Joint Committee would expect to see the concerns and comments of all partners and those involved in this area of service to have been fully addressed: these include those of the PPIFs, the NUH, the City and County Social Services and the commissioning PCTs.
  3. The primary concerns of this Joint Committee should also be addressed and these are:-
    - a That the proposals be drawn up with joint targets between the partner bodies and the implementation of the proposals phased as agreed by all the involved bodies;
    - b That there should be in place a detailed and achievable joint budgetary framework, including an investment plan based on actual financial information on the savings accruing from the reconfiguration of hospital services;
    - c That issues of access to the reconfigured hospital sites be given further consideration, to include provision for carers whose role this Committee sees as vital to the successful rehabilitation and after care of people once they leave hospital: this access consideration should include travel plans, outreach treatment facilities and be produced in partnership with the PPIF;
    - d That there should be provision for planned packages of care to be in place for each discharged patient which have been drawn up in conjunction with partners, including agreement on funding the package and the robust management and organisation of delivery.
  4. The responses of all those responding to the consultation should be addressed by Rushcliffe PCT and published.
  5. When reviews or developments are to be commissioned in future, key stakeholders and/or key service providers should be involved at the earliest opportunity to explore the whole environment of the service in its widest context in order that there is a holistic and strategic approach to achieving the best outcomes for patients.
  6. Consultations should provide stakeholders and partner organisations with sufficient detail to enable a full understanding of the issues and implications of the proposals and include a proposed forward or delivery plan for implementation of the proposals which has been drawn up in collaboration with partner organisations.

**STATUTORY ROLE OF THE JOINT HEALTH COMMITTEE**

Section 11 of the Health and Social Care Act 2001 places a duty on strategic health authorities, PCTs and NHS trusts to make arrangements to involve and consult patients and the public in:

- a) Planning services;
- b) Developing and considering proposals for change in the way services are provided; and
- c) Decisions to be made that affect how those services operate.

Regulations under Section 7 require NHS bodies to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. This duty is additional to the duty of involvement or consultation under Section 11 (i.e. other stakeholders should be consulted and involved in addition to OSCs).

The aim of formally consulting the OSC(s) is to consider:

- (i) whether, as a statutory body the OSC has been properly consulted within the consultation process;
- (ii) 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;
- (iii) whether, a proposal for change is in the interests of the local health service.

# Executive Summary

PricewaterhouseCoopers LLP (PwC, 'we', 'us') has been commissioned by Nottingham City Council, on behalf of itself, Nottinghamshire County Council and Nottingham City Primary Care Trust (PCT) and Nottinghamshire County PCT to undertake a review of the impact analyses undertaken in respect to the closure of beds in mental health and rehabilitation and to consider how the impact of acute bed closures across the County should be factored into these analyses.

The scope of work was agreed in December, with a deadline for us to report on 19<sup>th</sup> January. Given the tight timescale, we have not considered the accuracy or robustness of information provided to us but have, where possible, questioned underlying assumptions and the appropriateness of these assumptions.

A summary of our key findings and recommendations, by area are provided below.

## **(a) Reduction in continuing care beds for older people with mental health problems**

The mental health trust (NCHT) is proposing to reduce the number of continuing care beds for older people with mental health problems serving Greater Nottingham to 45, releasing funds for investment in community provision to help support people at home. The PCTs have undertaken an analysis indicating that as a result of this, and the consistent application of continuing care assessments generally, just under 90 more people per year

(by year 3) will need to be supported at home if there is not to be a net increase in admissions to long-term care funded by social services.

Following review of the impact analysis we have concluded:

- Overall the analysis of impact is a reasonable starting point for planning the expansion of community service provision.
- However, the exact impact cannot be estimated in advance, particularly in light of the predicted rise in the number of older people in Nottinghamshire, and in the prevalence and incidence of dementia which has not currently been factored into the analysis. Consequently detailed monitoring is required to produce robust information on actual impact. Monitoring should measure achievement of agreed joint targets, which should include supporting a further 90 people per year (with any demographic uplift) as one of the targets.
- A joint audit should be established to track the progress of a cohort of relevant patients, to determine what happens to them and their final destination.
- Investment plans need to be completed and signed off urgently to release funding to take account of the impact that will already have happened in relation to social services provision with the tightening of the application of continuing care assessments, and prevent any further rise in admissions to long-term care of older people with mental health problems.

- Although the PCT is committed to funding any continuing care placements if in future demand exceeds 45 beds, PwC recommends that NCHT be asked to present their analysis to the ASSDs, showing how they have arrived at the figure of 45 beds, and how demographic projections have been taken account of.
- Budgetary alignment and closer joint commissioning arrangements will help to ensure a coherent whole system approach to supporting this client group.

### **(b) Reduction in rehabilitation beds for older people**

The PCTs are intending to reduce the number of rehabilitation beds at Lings Barr and Highbury, through reconfiguring care and reducing lengths of stay it is believed that the same throughput of patients will be achieved despite fewer beds.

The key impact of these proposals is that Adult Social Services Departments (ASSDs) will be required to assess and make provision for patients being discharged early; at present the PCTs target is to reduce the average length of stay by 19 days.

Following review of the impact analysis in respect of rehabilitation we have made the following key conclusions:

- Overall, the analysis performed to establish the additional number of days which ASSDs will be intended to support patients discharged from rehabilitation beds is clear and appears reasonable.
- The proposed approach to transitional funding provided to ASSDs by the PCTs is more complex, with payments being linked to a patient's lifetime.
- Due to the way in which current PCT and ASSD systems operate, much of the data used within the model, especially in regard to the type and nature of care provided by ASSDs post discharge are based on planning assumptions.

Based on our findings we have made the following recommendations:

- ASSDs and PCTs should begin to routinely monitor patients being discharged from rehabilitation beds to establish the nature and extent of care they are receiving and the cost of that care.
- Payment of 50% of the transitional funding should be made up front to ASSDs to support reduced lengths of stays, at 6 months a 'baselining' meeting should be held to test and validate current assumptions within the model.
- ASSDs and PCTs should agree an approach to identifying whether service redesign results in increased demand for care home placements.
- Senior level meetings between ASSDs and PCTs should be held on a periodic basis to address a variety of joint issues in relation to Older Adults and funding arrangements.

### **(c) Reduction in acute care of older people beds**

Nottingham University Hospitals Trust (NUHT) has recently closed a care of older people ward with the loss of 28 beds. The intention is that the rehabilitative input to the remaining beds be stepped up to allow earlier discharge so that the same number of people can be cared for in fewer beds.

In our view closing the ward in advance of alternative provision being made available is likely to lead to greater demand for beds at Lings Bar, and pressure on community health and social services, which could lead to a rise in unnecessary admissions to long-term care in the absence of alternative provision. We conclude that pending a meeting of the partner agencies to be hosted by NUHT after submission of this report:

- Monitoring of the impact of the closure should be put in place urgently.
- This should include a retrospective and forward-looking joint audit of a sample of older people to track what happens to them and their final destination. This should be linked to the audit proposed under a) above.

- In the mean time, the acute trust should provide a copy of its business case for the ward closure and reconfigurations so that the PCTs and adult social services departments can understand the likely impact on them and take action accordingly.

**(d) Partnership working – pulling the 3 strands together:**

It is important to manage health and social care systems as a whole, so that changes made by one partner agency do not simply pass problems (of cost and capacity) on to another agency, and ultimately result in a reduction in choice and independence for older people. The danger inherent in the current bed closure programmes is that the net impact may be a shift in responsibility and budgetary pressure from the PCTs to the ASSDs in the case of the rehabilitation and continuing care beds, and from NUHT to both the PCTs and the ASSDs.

There is insufficient hard evidence as yet to accurately estimate the impact of each of the closures in the short, medium and long-term. Consequently the measures that the partner agencies began to agree and firm up during the course of our review are vital to keep the system in overall balance, and need to apply to the whole system: These are:

- Joint investment plans, including joint targets and timescales.
- A set of indicators to allow joint monitoring of key performance indicators for each organization, and the achievement of the joint targets.
- Establishment of a joint senior-level decision-making structure to agree the investment plans, monitor their delivery, and take action to keep the whole system in balance.

In addition we recommend:

- A guiding principle of the joint structure should be that if decisions adversely affect one partner agency, the other partners will work together to manage and mitigate that risk. Critically this relates to the potential for a net rise in long-term admissions. The overriding objective will be to ensure better outcomes for patients. However, this should include a

review of where costs are met and, if appropriate, recouped.

- We understand NUHT is engaging financial turnaround advisors to help construct a recovery plan. It is important that partner agencies are aware in advance on any changes to acute services proposed in the recovery plan that may have an impact on their own services and budgets. The joint senior-level decision-making structure mentioned above will play an important role in ensuring such issues are discussed and resolved in a timely manner.
- A joint balanced scorecard will enable parties to monitor and stabilize the health and social care economy. An early example of what such a scorecard might look like is provided. The actual scorecard would best be developed in a joint workshop of the partner agencies.



APPENDIX D

# Joint City/County Health Scrutiny Committee

**Response to proposals on Improving Health  
Services from Older People in Greater Nottingham**

14 February 2007



## Background and Introduction

The **Joint City/County Health Scrutiny Committee** is pleased to provide further comments on the proposals from Nottinghamshire County Teaching Primary Care Trust to changes in the local NHS to improve health services for older people in Greater Nottingham.

The Joint Health Scrutiny Committee is the Overview and Scrutiny Committee designated responsible by Nottingham City Council and Nottinghamshire County Council for considering this proposal. The Chair of the Committee is Councillor Edward Llewellyn-Jones and the Vice-Chair is Councillor Gill Haymes. The Joint Committee is comprised of Members, who consider issues affecting the conurbation of Greater Nottingham, from the following local authorities:

- Nottingham City Council
- Nottinghamshire County Council
- Ashfield District Council
- Broxtowe Borough Council
- Gedling Borough Council and
- Rushcliffe Borough Council

The primary aims of health overview and scrutiny are to ensure that:

- health services reflect the views and aspirations of local communities
- all sections of local communities have equal access to services
- all sections of local communities have an equal chance of a successful outcome from services.<sup>1</sup>

The aim of formally consulting an Overview and Scrutiny Committee is to consider:

1. whether, as a statutory body, the Overview and Scrutiny Committee has been properly consulted within the consultation process;
2. 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;
3. whether, a proposal for change is in the interests of the local health service.<sup>2</sup>

The Joint Health Scrutiny Committee considers the proposals to improve health services for older people in Greater Nottingham to be **substantial variations or developments** under the terms of the Health and Social Care Act 2001. An initial response to these proposals to was submitted to Rushcliffe PCT in July 2006 and is attached as an appendix to this response.

The content of this response was agreed by the Chair and Vice-Chair of the Joint Committee following from the recommendations made by the Joint Committee on 13 February 2007. It forms the comments of the Joint Committee following from detailed review of the proposals since October 2005.

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<sup>1</sup> substantial variations and developments of health services – a guide – CfPS 2005

<sup>2</sup> see1

## Response

In response to the Joint Action Plan presented to the Joint Health Scrutiny Committee on 13 February 2007:

**The Joint Health Scrutiny Committee welcomes the improved partnership working and joint action plan which addresses many of the concerns previously highlighted by the Joint Committee.**

In supporting the action plan, the Joint Health Scrutiny Committee makes the following recommendations:

1. The Joint Committee notes the significant progress that has been made working towards these proposals and strongly encourages the PCTs and Adult Social Care and Health Departments to further develop the partnership approach by ensuring that all other Trusts involved in the patient pathway are fully involved. The Joint Committee considers it vitally important that providers of public services work together in partnership to provide a high quality service for the people of Nottingham and Nottinghamshire.
2. The Joint Committee notes the worst case scenario identified by Price Waterhouse Coopers and whilst hoping that this situation would not arise asks the PCTs to ensure that there is sufficient capacity and flexibility available to address this scenario.
3. The Joint Committee welcomes the commitment to further consideration of access issues and reiterates the comments submitted in July 2006 that; issues of access to the reconfigured hospital sites be given further consideration, to include provision for carers whose role this Committee sees as vital to the successful rehabilitation and after care of people once they leave hospital: this access consideration should include travel plans, outreach treatment facilities and be produced in partnership with the PPIFs.
4. The Joint Committee asks the PCTs and Adult Social Care and Health Departments to complement the Action Plan by considering and including Joint Workforce Planning.
5. The Joint Committee requests that a report on progress be provided when appropriate. The Joint Committee suggests that feedback could be provided in September 2007.

The Joint Health Scrutiny Committee having considered the report of Price Waterhouse Coopers (PWC) at its meeting on 13 February 2007 **endorses the independent report and the recommendation for the early release of funding. The Joint Committee recommends that the independent report and the action plan be adopted.**

## Evidence

In making its recommendations the Joint Health Scrutiny Committee has considered commentary supplied by:

- Nottinghamshire Healthcare Trust PPI Forum,
- Nottingham City PCT PPI Forum,
- the City and County Adult (Social) Services Departments,
- Nottinghamshire Healthcare Trust,
- Broxtowe Borough Council,
- Broxtowe and Hucknall PCT PPI Forum,
- Nottingham City PCT,
- Nottingham University Hospitals PPI Forum.

The Joint Health Scrutiny Committee thanks all of these bodies for their contribution.

The Committee also considered the formal responses to the consultation made by:

- Nottingham University Hospitals Trust,
- Nottingham City PCT PPI Forum and
- Nottinghamshire County and Nottingham City Adult (Social) Services.

Information has been supplied directly by

- Rushcliffe PCT and
- Nottinghamshire County tPCT.

The Joint Health Scrutiny Committee thanks the officers of the PCT for their contribution.

The Joint Health Scrutiny Committee also considered the findings of independent analysis conducted by Price Waterhouse Coopers.

The Joint Health Scrutiny Committee has had regard to this information at meetings on:

- 18 October 2005,
- 23 April 2006,
- 13 June 2006,
- 11 July 2006,
- 12 September 2006,
- 10 October 2006,
- 14 November 2006 and
- 13 February 2007

## Response submitted - July 2006

The Joint Committee responds to the proposals as follows:-

**Whilst understanding and accepting the vision for older people's rehabilitation and mental health services, the Joint Committee regards the proposals as set out so far as being the starting point only, from which in depth impact analysis and planning will follow. This should be undertaken with the full involvement of all organisations which provide health and/or social care for older people and those likely to be involved in or affected by the proposals. The Joint Committee does not consider that sufficient evidence or assurance is available at this time to determine whether these proposals are in the interest of the local health service or patients.**

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2. The Joint Committee would expect to see the concerns and comments of all partners and those involved in this area of service to have been fully addressed: these include those of the PPIFs, the NUH, the City and County Social Services and the commissioning PCTs.
3. The primary concerns of this Joint Committee should also be addressed and these are:-
  - a That the proposals be drawn up with joint targets between the partner bodies and the implementation of the proposals phased as agreed by all the involved bodies;
  - b That there should be in place a detailed and achievable joint budgetary framework, including an investment plan based on actual financial information on the savings accruing from the reconfiguration of hospital services;
  - c That issues of access to the reconfigured hospital sites be given further consideration, to include provision for carers whose role this Committee sees as vital to the successful rehabilitation and after care of people once they leave hospital: this access consideration should include travel plans, outreach treatment facilities and be produced in partnership with the PPIF;
  - d That there should be provision for planned packages of care to be in place for each discharged patient which have been drawn up in conjunction with partners, including agreement on funding the package and the robust management and organisation of delivery.

4. The responses of all those responding to the consultation should be addressed by Rushcliffe PCT and published.
5. When reviews or developments are to be commissioned in future, key stakeholders and/or key service providers should be involved at the earliest opportunity to explore the whole environment of the service in its widest context in order that there is a holistic and strategic approach to achieving the best outcomes for patients.
6. Consultations should provide stakeholders and partner organisations with sufficient detail to enable a full understanding of the issues and implications of the proposals and include a proposed forward or delivery plan for implementation of the proposals which has been drawn up in collaboration with partner organisations.