

**JOINT CITY AND COUNTY
HEALTH SCRUTINY COMMITTEE
13th FEBRUARY 2007**

**REPORT OF THE HEAD OF OVERVIEW AND SCRUTINY – NOTTINGHAM
CITY COUNCIL**

**MODERNISING OLDER PEOPLE'S SERVICES ACROSS GREATER
NOTTINGHAM**

1. Summary

This committee was first consulted on the proposals for modernising services for older people in October 2005 when Rushcliffe Primary Care Trust (PCT) was the lead NHS Trust in planning for these services. The committee has considered the plans as they have evolved on several occasions since then, making a formal response in July 2006.

At that time the committee had a number of concerns, including the pace of change proposed. Following this there have been developments, including the reconfiguration of PCTs, the merger of the two Nottingham hospitals and an analysis of the impact of the proposals to modernise older people's services by Price Waterhouse Cooper, commissioned by City and County Adult Social Services.

Price Waterhouse Cooper will be giving a short presentation at this meeting on work to date and representatives of Nottinghamshire County Primary Care Trust will be in attendance.

2. Matters for consideration

It is recommended that the Committee:-

- a Considers the report of the Nottinghamshire Primary Care Trust and the joint action plan in response to the report and recommendations of Price Waterhouse Cooper and whether there are any further issues arising from the PCT report or joint action plan on which members wish to comment;
- b Considers whether the concerns of this committee as set out in its formal response dated 11th July 2006 have been responded to its satisfaction.

3. Background information

3.1. The proposals on which consultation was taking place were twofold and members are reminded of these in the paper provided by the Nottinghamshire County Primary Care Trust which is appended at 1.

- 3.2. This committee's formal response to the consultation is appended at 3. Following the response, the committee considered the matter again at its September, October and November meetings.
- 3.3. There have been a number of developments since the consultation period closed and these are also set out in the report at appendix 1.
- 3.4. One of the main developments since this committee's response in July was the commissioning of Price Waterhouse Cooper (PWC) by City and County Adult Social Services to undertake an assessment of the impact of the proposals on local authority adult service provision, including the implications of the concurrent merger of the two main Nottingham hospitals.
- 3.5. As a result of the reconfiguration of the primary care trusts, responsibility for developing the implementation plan for services for older people passed to the newly created Nottinghamshire County PCT and members received an update from Eleri de Gilbert of the new Trust at their meeting in November 2006 at which the committee heard of progress being made towards joint agreement between the PCTs and the two local authority Adult Social Care departments. Progress on joint working was welcomed by the committee. It was agreed that the implementation plan would be brought to this committee in January; however, members were informed of a delay due to the extra work around the PWC assessment and this is now on this agenda for members' consideration and comment.
- 3.6. The joint action plan in response to the PWC report and recommendations is appended at 2. The full PWC report has been made available to members as a background document.

4. Matters on which the committee may wish to focus

- 4.1. Whether all the concerns as set out in this committee's response to the consultation, appended at 3, have been addressed.
- 4.2. In view of the PWC comments and recommendations on understanding the whole patient pathway through all organisations' services, what progress has been made in tracking patients who have been admitted to hospital, their rehabilitation and their final/current destination.
- 4.3. Whether the effects of bed closures are having any immediate impact on services to older people with mental health needs and their carers or on the rehabilitation of older people.
- 4.4. If demand for care home places increases, whether the places and resources are available and from where they will be sourced.
- 4.5. Whether joint commissioning, planning and monitoring arrangements have been put in place and what parties are involved: whether there will be a lead organisation.
- 4.6. Whether there is a selected group of providers from which services are to be commissioned as referred to on page 5 of the report.
- 4.7. Whether the investment plan is ready for submission to PCT boards this month.
- 4.8. Whether there is a vision for the whole service provided by all agencies for older people in the conurbation, both those with mental

health and with rehabilitation needs, including that provided by Nottingham University Hospital NHS Trust.

5. List of background papers other than published works or those disclosing confidential or exempt information

Report of Price Waterhouse Cooper

6. Published documents referred to in compiling this report

Reports to this committee in October 2005 and April, June, July, September, October and November 2006
Consultation documents – Rushcliffe Primary Care Trust – April 2006

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GREATER NOTTINGHAM HEALTH AND SOCIAL CARE COMMUNITY

JOINT HEALTH SCRUTINY COMMITTEE

13th February 2007

Modernising Older People's Services across Greater Nottingham

Introduction

This paper updates the Joint Health Scrutiny Committee on progress made with the Older People's Modernisation Projects since the last update in November 2006.

Background

The Committee will recall that there are two modernisation programmes for older people's services:

(1) Mental Health Services

The aim is to reduce the historically high level of investment in health-funded continuing care places in Greater Nottingham and re-invest NHS funds into community services to support more older people with mental health problems in, or near to, their own homes. The remaining inpatient continuing care beds would locate on the Highbury Hospital site.

(2) Rehabilitation Services

The aim is to improve inpatient services by providing more active rehabilitation and reducing lengths of stay, coupled with a phased reduction in the number of beds and the co-location onto a single site. Funding released from the reduction in the number of beds will be re-invested to increase the availability of intensive rehabilitation at home (intermediate care) to support earlier discharge and improve patient outcomes.

In November 2006, the Boards of both Primary Care Trusts (PCTs) approved the proposed reduction in beds and the rationalisation of specialist inpatient services onto single sites – so that mental health services will be co-located onto the Highbury Hospital site, and inpatient rehabilitation services onto the Lings Bar Hospital site.

Understandably, both these projects have generated concern about the impact of the changes on Adult Social Services budgets and performance targets. Analyses of the impact were developed by the PCTs, working with both Adult Social Services Departments (ASSDs) during 2006. In addition, senior officers from both Health and Social Services have met regularly to understand and work through the implications of the proposed changes.

In November 2006, the two Adult Social Services Departments commissioned an external review, by Price Waterhouse Coopers (PWC), of the impact analyses. In commissioning the review, the ASSDs' concerns were:

- to understand the financial impact upon the ASSDs
- to understand the potential impact on standards of care and on their performance indicators
- to ensure that joint targets are in place to prevent an increase in care home placements
- to ensure the impact analysis and financial implications take account of demographic projections

The PCTs recognised the concerns of the ASSDs and agreed to jointly fund the PWC work.

In addition to these two projects, the scope of the PWC review was widened to factor in the implications of the acute bed closures at Nottingham University Hospitals (NUH).

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Validation of Impact Analysis

The detailed report from PWC incorporating a description of the analyses, their views and recommendations is attached in Appendix 1. The joint action plan in Appendix 2 has been developed and agreed between the PCTs and both ASSDs in response to the report.

Overall PWC felt that the impact analyses prepared for both proposals were clear, understandable and a reasonable starting point.

In summary the main recommendations were as follows:-

- Detailed monitoring is required to produce robust information on actual impact
- Monitoring should measure achievement of a set of agreed key indicators and joint targets
- Funding needs to be released quickly to mitigate the impact of changes already underway
- Progress should be overseen by a joint senior officer group
- Joint planning structures should be reviewed to ensure mechanisms are in place at a senior level to agree investment plans, monitor their deliver and take action to keep the whole system in balance

Next Steps

Papers will be taken to PCT Boards in February updating on progress, reporting on the PWC external review of the impact analyses, and seeking approval for the release of funding in line with agreed joint commissioning intentions.

Subject to Board approval detailed joint commissioning specifications will be submitted to potential providers with a view to establishing new services from April 2007.

For rehabilitation services, this will mean expanding the existing joint intermediate care 'at home' services so that more older people can benefit from these types of services.

For mental health services, the priority areas agreed jointly between the PCTs and ASSDs for investment are:-

- **Specialist support to care homes** and other services (ie day care, home care, hospital) – The PCTs already provide some additional primary care support to care homes, eg continence advice, dietetics, tissue viability. Investment has also been made in a pilot scheme in the City to test out a model of specialist mental health support to care homes. Both the PCTs and ASSDs agree that it is a high priority to improve the care and support provided to older people in the care home sector. During the consultation exercise carers also identified this as an area of concern for them. The intention is to increase investment in specialist mental health support so that the service is available to care homes across the whole of Greater Nottingham.
- **Crisis avoidance service** – this service will be set up to bridge the gap between primary and secondary care, encompassing both the health and social care requirements of the older person. It will be a new service, targeted at older people who are at risk of admission to hospital or long-term care as a result of a breakdown of their carer/support network. It will provide rapid, intensive, specialist support through a multi-professional team whose skill mix will include community psychiatric nursing, occupational therapy, social work, psychology, and 'generic' workers, who will provide the majority of the 'hands on' care.

The PCTs and ASSDs have developed this specification in recognition of the fact that existing intermediate care services are predominantly focused on meeting the needs of physically frail

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older people. Although intermediate care services do have some specialist mental health input they are not resourced or designed to support older people whose primary need is mental health.

- **Carer Support Services** – commissioners recognise the vital role carers play in supporting older people to remain in their own homes and wish to increase their investment in carer support services. The PCTs and ASSDs will be working with stakeholders to identify gaps in service provision and prioritise areas for development or expansion. Again, the feedback from carers during the consultation exercise emphasised the critical need for more support.
- **Community Mental Health Teams (CMHTs)** – Nottinghamshire Healthcare Trust (NHCT) has submitted a business case to the PCTs for increased investment in CMHTs and has identified priority areas eg more psychology and community psychiatric nursing. The PCTs is working with Nottinghamshire Healthcare Trust (NHCT) to review the business case and agree areas for further investment.
- **Primary Care Mental Health Services** - the PCTs already invest in primary care mental health services for common mental health problems in adults, including older people. The services are provided by multi-professional teams, employed by the PCTs, including nursing and psychology. In order to accommodate the growing number of older people with mental health problems who need to be supported at home the PCTs wish to expand and enhance these services to increase capacity so that more older people can be supported and so that services can provide home visits.

Conclusion

There has been a comprehensive and widespread consultation on the proposed service changes, which has benefited from robust scrutiny.

All parties acknowledge that these two projects have presented a significant challenge to the joint working arrangements across the Greater Nottingham Health and Social Care Community. This work has underlined the need for stakeholders to work more effectively together, and at a higher executive level, if real change is to be effected.

However, the joint work undertaken by PCTs and ASSDs (supported by the more recent work by PWC), the transparency of the process and the rigour of the scrutiny from this Committee provide an example of successful partnership working across very complex programmes of service redesign. The experience and lessons learned provide a sound platform to move forward to future challenges.

The need for robust, joint monitoring of the effects of systematic changes is accepted. As confirmed by the PWC report, the impact analyses necessarily include some planning assumptions, which need to be jointly tested over time and revised in the light of actual impact.

However, in the meantime, there is an urgent need to release funding to build capacity in community-based services and begin to mitigate the impact of inpatient bed reductions that are already underway. There is consensus across the PCTS and ASSDs, as commissioners, of the direction of travel and the priority areas identified for investment.

The Committee is asked to note the PWC report and associated action plan, to acknowledge the further joint work undertaken to date and support the next phase of these projects. This next phase will:

- commission new and expanded services, in line with the above summaries
- finalise and establish joint monitoring frameworks and mechanisms
- review and revise joint planning structures.

Joint Action Plan in response to PWC report and recommendations

Mental Health Services for Older People

PWC Recommendations (and page reference)	Comment / Agreed Action	Completion	Review
<p>Page 12 - Demographic projections</p> <ul style="list-style-type: none"> Demographic projections should be taken into account in estimating the number of level 3 continuing care beds provided and in the analysis of impact. An NHCT representative should be asked to present to the ASSDs their analysis for estimating that 45 beds are needed for the medium-term, and to provide clarity on their definition of medium-term, the comparator areas used, how demographic data had informed this, and the anticipated impact of the national framework for continuing care due to be launched later this year. This may lay to rest some concerns about the adequacy of the beds, and there should be understanding and agreement about this and on how the impact will be monitored jointly over time. This is particularly important in view of the fact that the continuing care assessment is not a scientific process and could be open to interpretation moving forwards if there were pressure not to exceed 45 beds. 	<p>Action</p> <ul style="list-style-type: none"> PCTs to include demographic projections in Impact Assessment Impact Assessment to make clear the highly specialist nature of the 45 beds and the alternative provision available if appropriate County tPct to copy NHCT Business Plan to ASSDs 	<p>Demographic projections incorporated</p> <p>Impact Assessment amended for clarity</p> <p>Business Plan circulated</p>	
<p>Page 13 – The impact analysis</p> <ul style="list-style-type: none"> 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 	<p>Comment</p> <ul style="list-style-type: none"> All partners recognise that joint monitoring is central to implementation, and to that end have already collated, into a single framework, all the relevant key 		

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Joint Action Plan in response to PWC report and recommendations

PWC Recommendations (and page reference)	Comment / Agreed Action	Completion	Review
<p>90 people per year (with demographic uplift) as one of the targets</p> <ul style="list-style-type: none"> • Should the monitoring show that the current assumptions are wrong, and there is an unexpected rise in long-term care admissions, there must be recourse to prevent a net shift in cost towards ASSD's. • In the meantime funding needs to be released quickly to take account of the impact that will have happened and prevent any further rise in admissions to long-term care of older people with mental health problems. • Trends in key indicators for both the ASSDs and PCTs need to be tracked over time, so that both the negative and positive trends (for clients or public funding) can be monitored and investigated, understood and acted upon. • In addition a joint audit should be undertaken over a period of time to track the progress of a cohort of older people with mental health problems from both acute and rehabilitation beds, to determine what happens to them and their final destination. The results will enable partner agencies to determine what additional services have, or could have prevented permanent admission to long-term care. 	<p>performance indicators</p> <p>Action</p> <ul style="list-style-type: none"> • Establish Joint Task & Finish Group to finalise the monitoring framework, agree baseline data and design the audit methodology for tracking a cohort of patients. Report to senior officer group by May 2007 • Investment Plan to be presented to PCT Boards in February 07 for approval 	<p>Task & Finish Group established. Work underway.</p>	<p>May 2007</p>

Joint Action Plan in response to PWC report and recommendations

Rehabilitation Services

PWC Recommendations (and page reference)	Comment / Agreed Action	Completion	Review
<p>Page 16 – Transitional funding</p> <ul style="list-style-type: none"> There is a case for agreeing an upfront sum of money to be transferred to the ASSDs at the beginning of year 1, after which more accurate data, and informed joint debate at senior level, will resolve future decisions. If the sum in year 1 turns out to have been an over or under-estimate, the sum in year 2 can be adjusted accordingly. 	<p>Comment It is accepted that the original approach to transitional funding was complex.</p> <p>Action</p> <ul style="list-style-type: none"> An agreed sum of money to be transferred at the beginning of 2007/8 Routine monitoring to be established (see below) Agree review process and timescale 		October 2007
<p>Page 17 – Routine monitoring</p> <ul style="list-style-type: none"> We recommend that the ASSDs and the PCTs begin to routinely monitor patients discharged from Lings Bar and Highbury Hold a 'baselining meeting' in 6 months time to validate and amend the assumptions based on actual data, update the model and agree transitional funding in future years based on this. ASSDs and the PCTs from an agreed approach to identifying whether service redesign results in increased demand for care home placements. 	<p>Comment</p> <ul style="list-style-type: none"> The PCTs routinely monitor patient flows into and out of LB/HH, but this does not include information about the type or level of social care package on transfer <p>Action</p> <ul style="list-style-type: none"> Establish Joint Task & Finish Group to: <ul style="list-style-type: none"> Finalise the monitoring framework Agree baseline data Design the methodology for recording the care packages received by patients on discharge Agree methodology for 	Group established, work under way	May 2007

Joint Action Plan in response to PWC report and recommendations

PWC Recommendations (and page reference)	Comment / Agreed Action	Completion	Review
	<p>assessing whether service design has resulted in any increase in demand for care home placements.</p> <ul style="list-style-type: none"> • Report to senior officer group by May 2007 • Hold a 'baselining meeting' to review actual data and validate/amend assumptions in October 2007 		<p>May 2007</p> <p>October 2007</p>
<p>Page 17 – Senior Level Meetings</p> <ul style="list-style-type: none"> • PWC recommends that periodic senior level meetings are held between the PCT's and ASSD's to address a variety of joint issues in relation to older people, including investment plans during the first year, after which a decision can be made, based on more accurate data, on future funding arrangements. 	<p>Comment Senior level meetings between PCTs and ASSDs have taken place at key milestones for this work. All partners acknowledge that the more formal joint planning structures need to be reviewed in light of recent organisational reconfigurations.</p> <p>Actions</p> <ul style="list-style-type: none"> • To review existing joint planning mechanisms for older people's services and make recommendations to senior officers by March 31st 2007 		<p>May 2007</p>

Joint Action Plan in response to PWC report and recommendations

Acute care

PWC Recommendations (and page reference)	Comment / Agreed Action	Completion	Review
<p>Page 21 – Impact</p> <ul style="list-style-type: none"> As for the other bed closure programmes, monitoring of the impact needs to be put in place urgently This should include a joint audit of a sample of older people to track their progress from admission to NUHT through to discharge destination, to show numbers and proportions being discharged home, to Lings Barr, and to long-term care (as a new admission). This information is not currently routinely collected. The audit should include a retrospective review showing the position before the ward closed, and also establish a monitoring process to track people moving forward to track interim and final discharge destination. 	<p>Comment</p> <p>The need for monitoring the effects of systematic changes is accepted. However, retrospective data will be very difficult to obtain and harder to interpret in terms of establishing a baseline for comparison</p> <p>Action</p> <ul style="list-style-type: none"> Working group to be established made up of NUHT and both ASSDs to design methodology for monitoring impact To report to senior officer group May 2007 	<p>Working group established, process map and analysis developed which will form the starting point for a process audit</p>	<p>May 2007</p>
<p>Page 21 – Business case</p> <ul style="list-style-type: none"> In the mean time, NUHT should provide their business case for the ward closure and reconfigurations, including rationale, expected impact and timescales, so that the PCTs and ASSDs can understand the impact on them. 	<p>Comment</p> <p>There is no single discreet business case document as such for the reconfiguration of older people's services. If there are specific figures which would help partner agencies to understand these processes, then NUH would happy to supply them</p>		

**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 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 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.

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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.

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.