

## Health Scrutiny Committee

**Tuesday, 19 June 2018 at 10:30**

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

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the meeting held on 26 April 2018   | 3 - 8   |
|   | Minutes of the last meeting held on 8 May 2018   | 9 - 12  |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Ashfield Homestart   | 13 - 16 |
| 5 | Shortage of Capacity of Head and Neck Cancer Service   | 17 - 20 |
| 6 | Circle - Nottingham Treatment Centre   | 21 - 24 |
| 7 | Work Programme   | 25 - 32 |

### Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

- (2) 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

- (3) 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 David Ebbage (Tel. 0115 977 3141) or a colleague in Democratic Services prior to the meeting.

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

## Membership

### Councillors

Keith Girling (Chair)  
Richard Butler  
Dr John Doddy  
Kevin Greaves  
David Martin  
Michael Payne  
Liz Plant  
Francis Purdue-Horan  
Steve Vickers  
Muriel Weisz  
Martin Wright

### Officers

Keith Ford  
Martin Gately

Resources

Jonathan Gribbin

Adult Social Care and Public Health

### Also in attendance

David Ainsworth	Mid Notts. Clinical Commissioning Groups (CCGs)
Dr Nicole Atkinson	Nottingham West CCG
Michelle Livingston	Healthwatch Nottinghamshire
Victoria McGregor-Riley	Bassetlaw CCG
Gary Thompson	Greater Nottingham CCGs

## 1. **APOLOGIES**

None.

The following temporary change of membership for this meeting only was reported:-

- Councillor Francis Purdue-Horan had replaced Councillor Kevin Rostance.

## 2. **DECLARATIONS OF INTEREST**

Councillor Dr John Doddy declared a private and non-pecuniary interest in agenda item 3 – GP Forward View Nottinghamshire, as he was part of the same GP practice as Dr Nicole Atkinson, which did not preclude him from discussing or voting on that item.

### **3. GP FORWARD VIEW NOTTINGHAMSHIRE**

David Ainsworth (Director of Primary Care, Mid-Notts. CCGs) and Victoria McGregor-Riley (Executive Lead for Primary Care) introduced the briefing papers from their CCGs highlighting plans for implementation of the General Practice Forward View and key priority areas in their areas.

The following points were raised and/or clarified during discussions:-

- although GP practices do have geographical boundaries, patients could still choose to register at a practice outside of their area. It was explained that patient lists nationally range from 3-35,000 and that the largest list in the Mid Notts. area was approximately 20,000. Funding was dependent upon patient numbers and segmented into three contracts relating to primary medical services, general medical services and alternative primary medical services. The price varied depending on the contract and the average amount of funding per patient was approximately £85, with the amount not dependent upon the frequency of appointments. It was recognised that Bassetlaw patients would often access services in Sheffield and Doncaster as well as Nottinghamshire, with the large rural geographical spread of the area also informing choices. Transport and ability to access services was on the list of issues considered by Health colleagues when arranging care packages;
- It was underlined that the budget for primary care remained ringfenced and protected. Currently the bulk of NHS resources was spent on acute, bed-based care but the direction of travel through the integrated care system was for greater investment in community services through multi-disciplinary teams. Implementation of this would require an incremental phased approach, with GPs acting as commissioners. Funding and time was being invested to support GP practices to work better together and achieve greater economies of scale. Members queried whether the pace of this change was fast enough, whether GPs had enough time to signpost people to appropriate services and whether other partners could play a part in such 'social prescribing'. It was clarified that in Bassetlaw this integrated approach was being pursued with any member of a Primary Care Team able to 'socially prescribe';
- Members questioned the description of the primary care premises in Bassetlaw as being of a 'generally high standard' with specific reference to the Newgate site. In response, it was stated that the general estate was good although the issues with Newgate were recognised, with a business case for alternative premises being actively considered;
- Members queried the lack of interaction with local nursing homes. Primary care colleagues were being encouraged to work better with NHS colleagues, with Memorandums of Understanding between GPs and care homes (involving GP visits every 2-3 weeks) seen as good practice which were rewarded through the incentive scheme. The ideal situation would be for each care home to be linked into a specific GP practice but such an approach would not offer full patient choice as required. Practices and care homes were being asked to identify training and development needs and GPs would be supported to provide such training where possible.

- Members highlighted the removal of the previous walk-in facility at Larwood (which had appeared to be working very successfully) and the current lack of availability of same-day appointments in the area. NHS England had taken the decision to end the contract for the walk-in service at Larwood although it was hoped that out of hours provision would increase the availability of appointments;
- whilst recognising the good ratings for access to services and care for patients, Members queried what plans were in place to improve the rating of the helpfulness of receptionists in the County (currently rated 60<sup>th</sup> nationally). In response it was confirmed that training for receptionist staff was being arranged to enable them to signpost people to other services where appropriate. It was underlined that such staff do feel frustrated themselves by the lack of available appointment time;
- with regard to the national data collection exercise around waiting times for appointments referenced within the briefing note, Members queried the anticipated completion date of this, how regularly it would be repeated and how patients were being made aware of this. It was clarified that this exercise was being co-ordinated by NHS Digital but the findings had not been shared with NHS England as yet. This date would be made more available once finalised. Members highlighted concerns raised by constituents who were going to hospital because they were unable to get a GP appointment. It was stated that it was down to each practice to monitor demand for appointments and the extent to which this was being met, in order to inform practice, resources and their workforces. Patient Participation Groups and the Friends & Family Surveys were other sources of information in that respect. GPs in each locality were being encouraged to meet together, in order to share good practice, such as call-back systems in Newark, triage systems in Eastwood and Bassetlaw and 'Ask My GP' in Bassetlaw;
- Members criticised the large amount of unexplained acronyms within the briefing reports and officers agreed to avoid this in future to assist members' understanding. With regard to the language used, Members felt that the description 'primary care homes' was confusing, as it gave the impression of residential homes, and felt that such terminology needed to be addressed;
- Members welcomed the plans to widen the roles of pharmacists and practice nurses to help address patients' needs and to signpost where appropriate. They also felt that voluntary sector involvement was crucial, especially for issues such as suicides and post-natal depression and the potential role of primary care centres such as Sure Start centres was underlined;
- Members felt that improved links with local establishment establishments, through recruitment fairs and roadshows, was one way of widening the diversity of the workforce, with reference to the work which the Police and the Armed Forces did in that respect. The importance of inspiring youngsters to pursue such careers, and highlighting, at a relatively early age, the breadth of career options in this field, was also underlined. In response, Mr Ainsworth underlined his personal role in that area, both in his work and through his personal role with the World Youth Organisation, and agreed to pursue that

suggestion through the workforce work stream, with education partners linked in as necessary;

- Members also queried what work was underway to recruit and retain GPs in the area. In response it was underlined that Mid-Nottinghamshire was lucky in that respect in having two GP training places. The levels of people wanting to leave was highlighted and it was felt that if the job could be made easier by placing boundaries around workload levels so that more people may feel inclined to remain in this profession. GPs were also being encouraged to pursue particular specialisms, such as dermatology, with plans to increase the offer of such opportunities. Problems in recruiting internationally were also highlighted, with the recent example of 2 Canadian GPs who were not appropriately regulated to be able to work in the United Kingdom. It was also underlined that many GPs were choosing not to work in a practice on a full-time basis these days, taking up other options for career development such as Portfolio GP roles. Members queried the feasibility of the target to recruit 100 GPs a year and it was acknowledged that this was a challenging target and a high level figure that was more of a gap analysis to highlight the challenges currently faced;
- Members raised concerns about the psychological and potentially traumatic impact on patients of hospital readmissions via the accident and emergency route. In response it was stated that a system was in place to manage and monitor every readmission and work was also underway to improve care co-ordination to try and ensure people had the appropriate care to avoid readmissions. This issue was firmly on the prevention agenda. In Bassetlaw, it had been noted that one of the issues causing readmissions was patients not taking or managing their medication as required and this issue was being addressed via practices. Members also highlighted the issue of dementia patients not accessing repeat prescriptions as required;
- the work to improve the rates of early diagnosis of cancer was said to be ongoing and this was welcomed by Members;
- Members highlighted the lack of specific reference to mental health within the report and queried why relatively low-level support such as counselling could not be made available through GP practices. GPs were seen as an opportunity to signpost patients to counselling services to access appropriate expertise, although the initial symptoms could be physical in nature. There were also self-referral schemes in areas such as Rushcliffe although it was recognised that more needed to be done to raise awareness of such schemes. It was also noted that good practice around many specific medical issues existed in different pockets across the County and the challenge was to share this across the whole County. Members felt that mental health was not an equal footing with physical health in terms of successful and consistent signposting;
- Members queried the numbers of people that were not registered with a GP;
- Members felt that the NHS had benefitted in the past from the willingness of GPs and other Health professionals to work additional hours on a goodwill basis and felt that such an approach may be less forthcoming in the new

system whereby GPs were salaried staff who may be less willing to go above and beyond what was required. In response it was agreed that the demands on individuals, teams and practices were growing with evening and weekend services reflecting changes in an increasingly consumerist society. As the public's expectations grew this could also result in professionals such as receptionists facing increased abuse which could also erode goodwill;

- Members queried how technologies were advancing with regard to developing a unified system whereby patients would be able to access their own health information. In response it was stated that although there had been some advances, such as the unified System One in Mid-Notts., (whereby Summary Care Records could be accessed by the Ambulance Service and Out of Hours GPs) further work was needed in terms of exploring the potential for patient held records and online bookings. Patients would need to be brought along on any such journey in developing ICT, in order to address the public's concerns about confidentiality and consent. South Yorkshire and Bassetlaw had made a £40m bid for an integrated records system but this had not been successful so far. It was clarified that individual practices could decide what level of access to give to patients online, such as medical history, and it was recognised that perhaps more could be done to inform patients of this;
- Members queried whether the lack of take-up of Sunday appointments could be due to the public not being aware of their availability and therefore pursuing other options such as the 111 service. Members underlined that they could play a role in raising public awareness of such services. It was clarified that some practices could choose to have a receptionist on duty on a Saturday and/or Sunday. With the new national specification it was expected that the clinical triage approach would increase with patients signposted to the most appropriate service (which would not always be a GP);
- Members queried how the GP Forward View would address health inequalities. It was clarified that all aspects of the Integrated Care System were now expected to address this, including GP practices and wrap around care. It was underlined that this was not just about what the Health Service could provide but what patients could do for themselves to take responsibility and ownership of health issues such as smoking and obesity. The balance needed to shift to promotion of health and prevention of sickness;
- Members queried whether there were any national guidelines for home visits criteria. It was clarified that this was a matter for individual practices to decide but ideally there should be a policy or protocol in place;
- in response to a Member's query it was clarified that the role of Physician Associate was a model which worked increasingly well in America, with some examples of this post running a whole Emergency Department with a Clinical Physician overseeing. Currently legislation did not allow for such roles to prescribe in the United Kingdom and their remit involved taking a proper medical history and presenting it to the Physician to inform the Physician's diagnosis. The training for such a post in the United Kingdom would take two years to complete. An example of such a post operating very successfully in Bassetlaw was cited although any decision to extend this would be for the individual practice to make.



The Chairman thanked the CCG representatives for attending and answering Members' queries.

#### **4. WORK PROGRAMME**

The Chairman introduced the report. Members requested that an item about the decommissioning of funding to Home Start in Mansfield be added to the work programme to ensure the Committee was aware of any implications as soon as possible.

Martin Gately explained that the next report on Neuro-Rehab (Chatsworth Ward) currently scheduled for the May Committee meeting would need to be rescheduled to June as the latest proposals had not been back to the Trust Board at this stage.

The Chairman added that the May meeting would now include an item about the Procurement of the Treatment Centre at Queen's Medical Centre, to consider the provider's concerns about the deliverability of the contract going forward.

The current work programme, subject to the above changes, was noted.

The meeting closed at 12.21 pm

**CHAIRMAN**



## Membership

### Councillors

A Keith Girling (Chair)  
Richard Butler  
Dr John Doddy  
Kevin Greaves  
David Martin  
Michael Pyne  
Liz Plant  
Kevin Rostance  
Steve Vickers  
Muriel Weisz  
Martin Wright

### Officers

David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

### Also in attendance

Michelle Livingston Healthwatch Nottinghamshire

### **MINUTES**

The minutes of the last meeting held on 27 March 2018, having been circulated to all Members, were taken as read and were signed by the Chair.

### **APOLOGIES**

None

### **DECLARATIONS OF INTEREST**

None

### **RAMPTON HOSPITAL – SUICIDE AND SELF-HARM PREVENTION**

Dr John Wallace, the clinical director of Rampton Hospital gave a briefing to Members on suicide and self-harm prevention at the hospital. He raised the following points:-

- While patients are only admitted to Rampton Hospital because they are assessed as posing a 'grave and immediate' risk to others (that cannot be managed in conditions of lesser security), many also present with significant or severe risks to themselves.
- Women attempt to self-harm more than men but men are more successful at suicide. There have been 2 suicides in the last 10 years at Rampton,
- Within the hospital there are 280 beds for men and 50 national beds for women
- For women, it is difficult to understand what is behind the behaviour but many women unfortunately have history of some sort of abuse in the past.
- Severe restraint techniques are needed to stop a patient from trying to either self-harm or commit suicide as all staff are trying to save a life and to prevent injury.
- Security tests are carried out on all objects patients have access too, to see whether it is dangerous and can be used to health and wellbeing of the population
- Co-locating women patients does not help, turns into competitive self-harm, patients learn techniques from other patients.
- The role and full expectations of STPs is still under national development - the governance structure will be reviewed at six-monthly intervals or where necessary to reflect any changes to functions.

During discussions, the following issues were raised:-

- Impact on staff is huge with the environment they are working in, they build intense relationships with patients taking risks with them on a daily basis. When they do self-harm, they feel let down.
- Clinical supervision for all staff is in place, case discussions happen on a regular basis, staff are able to talk openly about their feelings. Support networks are in place and emotional de-briefings also.
- All incidents regarding assaults are reported and categorised. This data is also used for risk profiles.
- Unsuccessful attempts of suicide or self-harming happen multiple times on a daily basis, extremely repetitive.
- In regards to recruitment and training, there is a challenge for registered nurses across the NHS, although the hospital is successful is successful at nursing assistance staff. All staff go on a two week induction which helps prepare them for reality. Sickness absence is higher in the women's section, down to 8% from 12-13%.
- The hospital try to get the balance right with patients voice and experiences, meetings take place with carers but not a lot can be disclosed in those meetings due to patient conduct. Overriding factor is to keep people alive.

The Chair thanked Dr John Wallace for attending.

### **NOTTINGHAM TREATMENT CENTRE COMMISSIONING**

Penny Harris from NHS England briefed Members on the current position with elective outpatients and day case procurement at the Nottingham Treatment Centre. The following points were raised:-

- The contract was retendered by the Greater Nottingham Clinical Commissioning Partnership in January 2018 then reissued in February 2018 with a deadline for submissions of the 7 March 2018.
- Circle Nottingham Ltd issued two sets of proceedings against NHS Rushcliffe Clinical Commissioning Group at the end of March on the basis of procurement law and by way of Judicial Review.
- An out of court settlement was agreed with Circle, the consequence of that means they will provide the service for another year and then will start the procurement process.
- New timelines and timescales for this will be brought back to Committee at a later date

During discussion, the following points were made:-

- Members queried whether lessons could be learnt from recent events and the quality of care going forward has to be monitored carefully.
- Have to make sure all involved in the contract work together.

The Chair thanked Penny and her colleagues for their attendance and asked for them to come back in July with the latest developments.

### **BASSETLAW CHILDREN'S WARD COMMISSIONING**

Richard Parker, Chief Executive and Moira Hardy, Director of Nursing at Doncaster and Bassetlaw Hospitals NHS Trust updated Members on paediatric admissions at Bassetlaw Hospital's A3 Ward. The following points were made:-

- Since implementing this service in January 2017, there has been an average of 11 children transferred from Bassetlaw to Doncaster each week. Weekly figures do show some seasonal variance however the numbers have remained fairly consistent for the past 12 months. Overall attendances on the unit have dropped slightly.
- The Trust continues to advertise for additional nursing staff and since 2017, had undertaken a number of recruitment campaigns, most recently hosting open events for newly-qualified nurses and midwives at both Bassetlaw Hospital and Doncaster Royal Infirmary. In total, we had around 100 attendees.
- They currently have around 15 applicants for paediatric nursing posts from students due to qualify later in the year; however as just one of a number of NHS organisations with vacancies within the area we will face stiff competition for these candidates.

- Certain services at Bassetlaw such as Urgent & Emergency Care, Maternity and Stroke Services will not be removed, the challenge will be going forward on how to deliver those services with the workforce available.
- To keep the ward open at Bassetlaw would require 14FT equivalent children nurses. Vacant posts within the hospital have been offered to student nurses and have all been taken up, will have to wait until September to see if they choose Bassetlaw for their placement.
- External recruitment for registered nurses, offered 60 places, 6 got posts at Bassetlaw, a number were unsuccessful on the English test or suffered issues regarding their visas.

## **WORK PROGRAMME**

The Chairman introduced the report and members agreed that a report on Circle to be added to the July meeting.

The current work programme was noted

The meeting closed at 1.20 pm

## **CHAIRMAN**

19 June 2018

Agenda Item: 4

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **ASHFIELD HOMESTART**

#### **Purpose of the Report**

1. To consider an initial briefing on the decommissioning of Homestart services in Ashfield.

#### **Information**

2. Further to concerns raised with the commissioners by Councillor Weisz and Councillor Girling regarding the decommissioning of Homestart Services in Ashfield last summer, Dr Amanda Sullivan wrote a letter in response on 14 May (Attached as an appendix to this report).
3. Councillor Girling requested further more detailed briefing and this is also attached as an appendix to this report.
4. Members will wish to explore the reasons why this service was decommissioned, and what comparable services are currently available.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Schedules further consideration as necessary.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

#### **Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

Our Ref: AS/RB/May

E-mail: [amanda.sullivan7@nhs.net](mailto:amanda.sullivan7@nhs.net)

Date: 14 May 2018

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**Sent via email**

Councillor Girling  
Newark and Sherwood District Council  
Castle House  
Great North Road  
Newark  
Notts  
NG24 1BY

Councillor Muriel Weisz  
Gedling Borough Council  
Civic Centre  
Arnot Hill Park  
Arnold  
Nottingham  
NG5 8LU

Dear Councillor Girling and Councillor Weisz

I am writing, as requested, in relation to decommissioning of Homestart services in Ashfield.

As you may be aware over the past couple of years we have been reviewing all services in line with commissioning best practice guidelines. We have unfortunately had to make some very difficult decisions in terms of prioritising resources in the areas most likely to have a direct health impact on the population. That said, we are fully committed to continuing to work with you and your officers as further difficult decisions are made in the Council and NHS.

The CCG reviewed Homestart last year, following our service benefit review policy, and made the difficult decision to decommission the service in August 2017 as similar statutory services are available. The service was reviewed by various committees in the CCG including Clinical Executive, Quality and Risk Committee and the Governing Body (which has social care representation). We work with Council colleagues when undertaking this process, so that comments can be taken into account.

The rationale for this decision is set out below:-

- There were concerns whether social sign-posting and services provided were core NHS business, given the extreme pressure on budgets
- Consideration was given to the alternative provision of similar statutory services
- The effectiveness and outcomes from services were not clear
- This was a national organisation with ability to fund raise more widely

Parents with children under 5, who require family support, continue to be able to access services such as Health Visiting Services (part of the Healthy Family Teams) and at SureStart Children's Centres. Existing Homestart users have been supported to transition to alternative services to avoid any adverse effects. We have not received any complaints from families since making this change.

The CCG is committed to providing the best and most appropriate care to local residents within the budgets provided to us for our population and continues to monitor local services to ensure that we provide the best care possible within our financial means. We recognise that areas such as this do have considerable overlap across health and social care. We remain very willing to work in a more integrated way with the Council as commissioning decisions are made, recognising the considerable financial constraints for both parties.



With kind regards

Yours sincerely

*A. Sullivan*

**Dr Amanda Sullivan**  
**Chief Officer**

19 June 2018

Agenda Item: 5

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **SHORTAGE OF CAPACITY HEAD AND NECK CANCER**

#### **Purpose of the Report**

1. To provide an initial briefing on the shortage of capacity in head and neck cancer care.

#### **Information**

2. A shortage of head and neck consultants in Nottingham has resulted in the decision to divert referrals for the two week wait and benign head and neck cancer service to other centres outside of Nottingham.
3. Nottingham's limited capacity will be prioritised for Nottingham City patients, based on proximity, levels of deprivation and the challenges of travelling further afield.
4. Members will wish to explore the reasons for this service change and how they can be mitigated – particularly in relation to the proposed duration of this measure and the impact on County residents also suffering levels of deprivation.
5. A briefing from the commissioners is attached as an appendix to this report.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Schedules further consideration as necessary.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

#### **Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

**To: Chairs of Health Overview and Scrutiny Committees; Healthwatch Nottingham**

**Stakeholder briefing**

**RE: Shortage of capacity for Head & Neck Cancer service**

Due to a shortage of head and neck consultants at Nottingham Hospitals NHS Trust (NUH), system partners have taken the decision to divert referrals for the two week wait and benign head and neck cancer service to other centres outside of Nottingham with immediate effect.

As you may be aware, there is a national shortage of consultants in this field, with particular challenges in the East Midlands. From 19 May, NUH will have just one full-time consultant head and neck surgeon, against an establishment of four.

Extensive efforts have been made to recruit replacements over the last 18 months, with one consultant due to take up a post in September and a further consultant due to join the Trust in August 2019 (subject to completion of a fellowship).

However, regrettably the Trust has been left with little option but to divert some head & neck referrals to other centres in the short-term to avoid patients who may have a cancer diagnosis experiencing unacceptably long waits.

Please be assured that the health system across the East Midlands is working together to ensure patients have timely access to care which is provided in a planned and co-ordinated manner. We are taking various actions in mitigation of the shortage of capacity:

- We have asked GPs across greater Nottingham (outside the city) to refer all two week wait and benign head and neck service pathway patients direct to other neighbouring centres (Derby, Leicester, Sherwood Forrest) for their care.
- We have also agreed to prioritise the limited capacity towards patients from Nottingham city. This decision is based on their proximity, levels of deprivation and challenges of travelling further afield.
- NUH continues to proactively recruit for locum and permanent head and neck consultant surgeons in this field and will fill any vacancies if suitable candidates are found.
- Meetings have taken place with Clinical Leads from across the East Midlands to understand capacity and patient pathways in these exceptional circumstances.
- Conference calls are taking place on a daily basis over the next two weeks to review the position (waiting times, flow to other units, sourcing of capacity etc); these calls include colleagues from CCGs, NUH and NHS Improvement, plus there is a weekly oversight meeting chaired by Wendy Saviour, Managing Director of the STP.

We will of course continue to keep you informed as there are developments.

Lewis Etoria, Head of Engagement and Communications  
NHS Nottingham City CCG



**19 June 2018****Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****CIRCLE – NOTTINGHAM TREATMENT CENTRE****Purpose of the Report**

1. To provide an initial briefing on services provided Circle at the Treatment Centre and how Circle fits within the wider health terrain (e.g. the Sustainability and Transformation Plan and Integrated Care System).

**Information**

2. Members will be aware that the recent procurement exercise resulted in Circle's contract to provide services at the Treatment Centre being extended for another year (until July 2018). The services provided by Circle at the Treatment Centre include: colorectal surgery, dermatology, gastroenterology, gynaecology, rheumatology, trauma and orthopaedics, vascular surgery, endocrinology, general surgery, respiratory and urology.
3. Claire Probert, Service Transformation Manager at Circle NHS Treatment Centre will attend this meeting of the Health Scrutiny Committee to brief Members and answer questions as necessary. A written briefing from Circle is attached as an appendix to this report (to follow).

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Schedules further consideration as necessary.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All





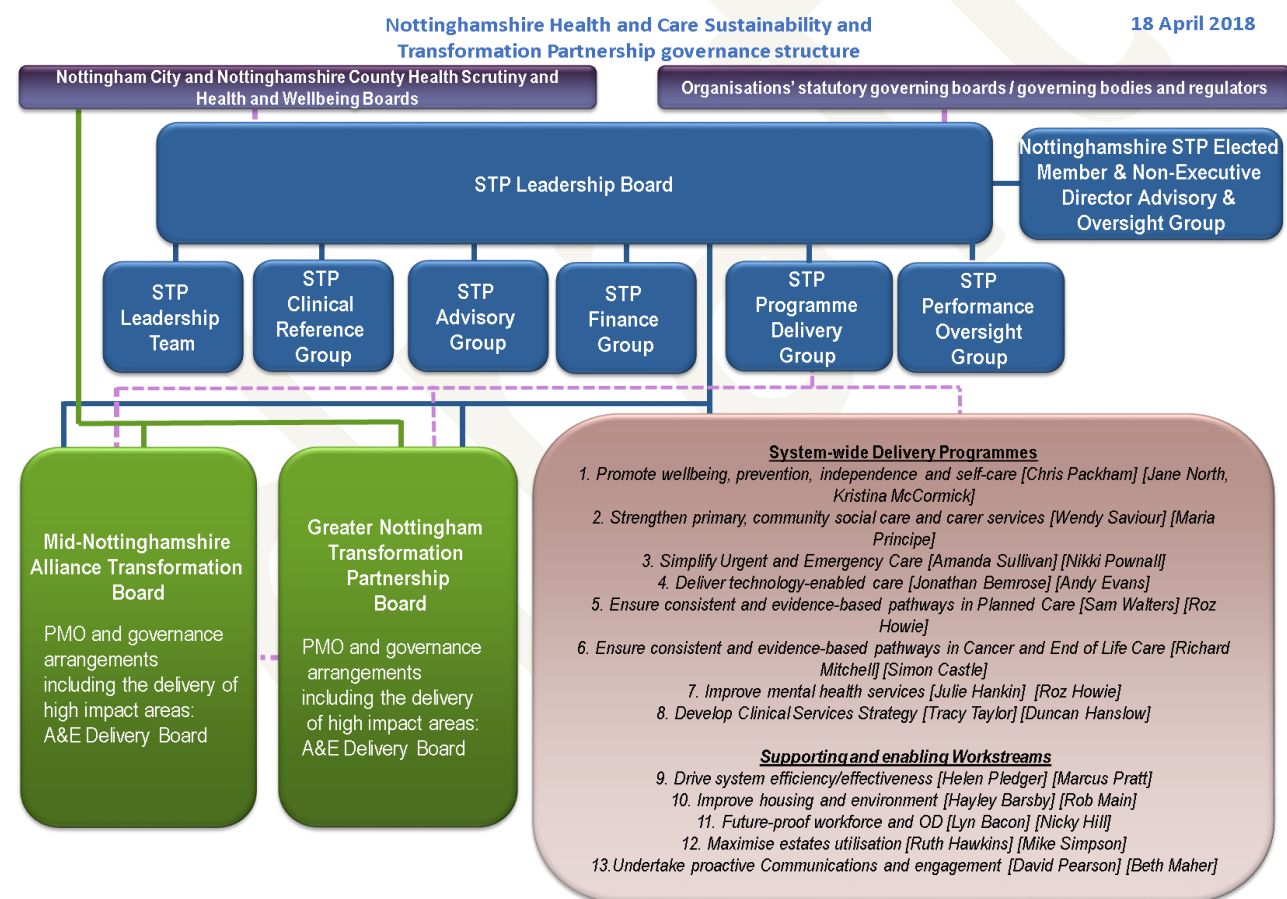
## Circle Nottingham NHS Treatment Centre & Integrated Care Systems

### Background

Commissioners and providers from health & social care across Nottingham and Nottinghamshire came together in 2016 to develop a Sustainable Transformation Plan (STP) in accordance with national guidance. The STP outlines the locally relevant implementation of the Five Year Forward View (FYFV) by addressing the Nottinghamshire health and wellbeing, care and quality and finance and efficiency gaps. It confirmed the role of two place based delivery units within the footprint: Greater Nottingham and Mid Nottinghamshire.

Following the publication of the planning guidance: **Refreshing NHS Plans for 2018/19** on 5<sup>th</sup> February 2018 there have been some changes in terminology. In the future the STP will become an Integrated Care System (ICS) and will adopt the strategic commissioning role covering the whole of Nottinghamshire. The local delivery units will be known as the Integrated Delivery Partnership (ICP).

### Circle Nottingham current fit in the system governance structure



Above is the current infrastructure of the system and Circle have representation at the following groups

- STP Advisory Group
- Greater Nottingham Transformation Partnership Board
- System - wide delivery group – Planned Care

We have been advised as a non-statutory organisation that Circle would not be able to be part of the STP leadership board unless like Nottingham CityCare we were a work stream lead for one of the system delivery groups. We are currently working to ensure that there is Clinical representation from Circle on the STP Clinical Reference Group.

**Circle Involvement with STP Elective Care Transformation**

- Circle has been supportive working to standardise elective care pathways to achieve better value by reducing unwarranted clinical variation. An example of this is where Circle has proactively implemented to align with the CCG restricted and not funded policy to seek prior approval for treatments
- Faecal Immunochemical Testing (FIT) - Circle is working to implement FIT testing which is an efficient pathway of reducing interventions part of a new Rapid Colorectal Diagnostic pathway. FIT's value is in being able to stratify the risk of colorectal cancer in patients, allowing those with a high risk of colorectal cancer to have their investigations prioritised. Patients with no risk will avoid having an outpatient appointment or invasive colonoscopy.
- Nottingham Digestive Diseases Interface – (NDDI) is a new pathway which allows referrals to be worked up and be reviewed in the community by gastroenterology or Hepatology consultant before being automatically booked for hospital which is a better for the patients as it allows faster access for a specialist clinical review. It also gives easier and more efficient access to diagnostic testing.
- Transforming Outpatients - We are committed to working to ensure that pathways are delivered which are the best for patients and redesigning services to ensure that they are delivered in the community where appropriate. An example of this is we have transitioned pain services into a community model which reduces the requirements for outpatient appointments as care is delivered closer to home and we are currently helping to develop principals of a community gynecology model.
- Rushcliffe MSK – we are current working to deliver an expanded MSK service to include advanced triage with the aspiration to make greater commissioner savings and test new methodologies of working.

**19 June 2018****Agenda Item: 7**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **WORK PROGRAMME**

#### **Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

#### **Information**

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All

## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2017/18

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
<b>13 June 2017</b>				
Health Inequalities	Update on ongoing work to address health inequalities in the County	Scrutiny	Martin Gately	Barbara Brady, Public Health NCC
Introduction to Health Scrutiny	An introduction to health service issues and the operation of health scrutiny	Scrutiny	Martin Gately	Brenda Cook Health Scrutiny Expert (Centre for Public Scrutiny)
<b>25 July 2017</b>				
Public Health Briefing	Introduction to Public Health issues	Initial Briefing	Martin Gately	Barbara Brady, Public Health NCC
Bassetlaw Hospital Services (Update)	An update on children's services and recruitment issues.	Scrutiny	Martin Gately	TBC
Sherwood Forest Hospitals Performance Update	The latest performance information from Sherwood Forest Hospitals Trust.	Scrutiny	Martin Gately	Dr Andy Haynes, Medical Director, Richard Mitchell, Chief Executive
IVF Substantial Variation	Update on re-consultation/Further action taken by the commissioners	Scrutiny	Martin Gately	Dr Amanda Sullivan, Sherwood Forest CCG/Lucy Dadge
<b>10 October 2017</b>				
Bassetlaw Hospital (Including Children's Services)	Update on the latest position	Scrutiny	Martin Gately	TBC
Chatsworth Ward, Mansfield Community	Initial briefing on changes at Chatsworth Ward which provides specialised neuro-rehabilitation services	Scrutiny	Martin Gately	Lucy Dadge/Sally Dore Mansfield and Ashfield CCG

Hospital variation of service				
East Midlands Ambulance Service	Latest Performance Information (Particularly in relation to ambulances delayed when dropping patients off at A&E).	Scrutiny	Martin Gately	Annette McFarlane, Service Delivery Manager (Nottingham Division)
Nottingham University Hospitals – Winter Planning	Initial briefing on winter pressures and winter plans.	Scrutiny	Martin Gately	TBC
Sherwood Forest Hospitals – Winter Planning	Initial briefing on winter pressures and winter planning	Scrutiny	Martin Gately	TBC
Nottingham Treatment Centre Procurement	Initial briefing on the procurement of services for Nottingham Treatment Centre	Scrutiny	Martin Gately	Maxine Bunn, Director Contracting, NHS Nottingham/Rushcliffe CCGs.
<b>21 November 2017</b>				
Bassetlaw Hospitals – Winter Planning	Initial briefing on winter pressures and winter planning	Scrutiny	Martin Gately	TBC
Primary Care 24	Latest performance information	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield/Newark and Sherwood CCG
Chatsworth Ward Neuro-Rehabilitation Ward	Further consideration of this service change.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Ashfield/Newark and Sherwood CCG
Newark Hospital	Briefing on the transition to Urgent Treatment	Scrutiny	Martin	Lucy Dadge, Chief

Urgent Treatment Centre	Centre taking place from early 2018, with the intention that Newark Hospital becomes a centre of excellence across a broad range of diagnostics.		Gately	Commissioning Officer, Ashfield/Newark and Sherwood CCG
<b>9 January 2018</b>				
Local Pharmaceutical Council	Initial Briefing on the work of the LPC.	Scrutiny	Martin Gately	Nick Hunter, Local Pharmaceutical Council.
Obesity Services	Initial Briefing	Scrutiny	Martin Gately	TBC
Suicide Prevention Plans	A preliminary examination of Suicide Prevention Plans further to a general request from the Parliamentary Health Select Committee.	Scrutiny	Martin Gately	Susan March, Senior Public Health and Commissioning Manager
<b>13 February 2018</b>				
Sherwood Forest Hospitals/NUH Partnership	Update on the working relationship between Sherwood Forest Hospitals and NUH	Scrutiny	Martin Gately	Tracy Taylor, Chief Exec NUH, Richard Mitchell, Chief Exec SFH
East Midlands Ambulance Service – Response to Winter Pressures	Initial briefing on the severe pressure placed on the NHS emergency ambulance service during late December 2017 and early January 2018.	Scrutiny	Martin Gately	Keith Underwood and Annette MacFarlane, EMAS
Neuro-Rehabilitation Update	Further update on proposed changes to Neuro-Rehabilitation services at Sherwood Forest Hospitals Trust.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer Mansfield and Ashfield/Newark and Sherwood CCG
<b>27 March 2018</b>				
STP Governance	Initial briefing on STP governance issues	Scrutiny	Martin Gately	David Pearson, NCC Lead Officer for the STP



GP Services Access	Initial briefing on issues with accessing GP services (particularly in rural areas)	Scrutiny	Martin Gately	TBC
<b>26 April 2018</b>				
Primary Care Commissioning – GP Forward View	An initial briefing on Primary Care Commissioning, specifically the GP Forward View across the whole of Nottinghamshire.	Scrutiny	Martin Gately	Idris Griffiths, Bassetlaw CCG, Gary Thompson, Chief Operating Officer, Nicole Atkinson and Sharon Pickett, Nottingham North and East, Dr David Ainsworth, Mansfield and Ashfield and Newark and Sherwood.
<b>8 May 2018</b>				
Bassetlaw Children's Ward	Further consideration	Scrutiny	Martin Gately	Richard Parker, Chief Executive, DBH,
Suicide and Self Harm Prevention – Rampton Hospital	An initial briefing on suicide and self-harm prevention at Rampton Hospital as part of the committee's ongoing look at suicide prevention.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital (Nottinghamshire Healthcare Trust).
<b>19 June 2018</b>				
Ashfield Homestart	Examination of the decommissioning of the Ashfield Homestart Service, which took place in August 2017.	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield CCG (TBC)
Shortage of	Examination of the decision to direct	Scrutiny	Martin	Lewis Etoria, NHS

Capacity for Head and Neck Cancer Service	Nottinghamshire patients to out of county services due to a shortage of capacity.		Gately	Nottingham City CCG (Others TBC)
Circle	Briefing on the services provided by Circle and how Circle fits within the wider health service.	Scrutiny	Martin Gately	Claire Probert Service Transformation Manager, Circle.
<b>24 July 2018</b>				
Hospital Meals	Initial briefing	Scrutiny	Martin Gately	TBC
Dementia in Hospital	Initial briefing/commencement of a review	Scrutiny	Martin Gately	TBC
NUH Maternity Services	Initial Briefing	Scrutiny	Martin Gately	TBC
EMAS Transformation Plans	Continuing examination of EMAS improvement plans	Scrutiny	Martin Gately	Richard Henderson, Chief Exec.
<b>To be scheduled</b>				
Community Pharmacy Issues Update				Liz Gundel, Pharmacy Lead, NHS England
Healthcare Trust Mid and North Notts Services				
Never Events				
Substance Misuse				

### **Potential Topics for Scrutiny:**

CCG Finances

Recruitment (especially GPs)

### **Former Joint Health Committee Issues**

STP

Implementation and Evaluation of services decommissioned from NUH (TBC)

Community CAMHS

Transforming care for people with learning disabilities/autism

Emergency Care

Winter Pressures

Congenital Heart Disease Services

Progress/Evaluation of implementation changes to mental health services

Defence National Rehabilitation Centre

East Midlands Ambulance Service

### **Overview Sessions** (To be confirmed)

Nottinghamshire Healthcare Trust – July (TBC)

Nottingham University Hospitals (NUH) – autumn