Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 25 July 2017 at 10:30

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

AGENDA

1	Minutes of the last meeting held on 13 June 2017	3 - 6
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	In-Vitro Fertilisation - Variation of Service June	7 - 16
5	Paediatric Admissions at Bassetlaw Hospital and Maternity Services - Update	17 - 28
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8	Work Programme	57 - 62

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

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Tuesday 13 June 2017 at 10.30am

Membership

Councillors

Keith Girling (Chairman)
Richard Butler
Kevin Greaves
Vaughan Hopewell
David Martin
Michael Payne
Mike Pringle
Francis Purdue-Horan
Kevin Rostance
Steve Vickers
Muriel Weisz

Officers

David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Brenda Cook	Centre of Health Scrutiny
Barbara Brady	Public Health, Nottinghamshire County Council

CHAIRMAN AND VICE-CHAIRMAN

The appointment by the County Council on 25 May of Councillor Keith Girling as Chairman and Councillor Martin Wright as Vice Chairman was noted

MEMBERSHIP OF THE COMMITTEE

The membership of the committee was noted as:

Chairman – Councillor Keith Girling
Vice-Chairman – Councillor Martin Wright
Councillor Richard Butler
Councillor Dr John Doddy
Councillor Kevin Greaves
Councillor David Martin
Councillor Michael Payne
Councillor Liz Plant
Councillor Kevin Rostance
Councillor Steve Vickers
Councillor Muriel Weisz

MINUTES

The minutes of the last meeting held on 27 March 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

APOLOGIES

No apologies.

Councillor Hopewell replaced Councillor Wright for this meeting only
Councillor Purdue-Horan replaced Cllr Doddy for this meeting only
Councillor Pringle replaced Councillor Plant for this meeting only

DECLARATIONS OF INTEREST

None.

INTRODUCTION TO HEALTH SCRUTINY

Brenda Cook from the Centre of Health Scrutiny gave a short presentation to Members on their roles within Health Scrutiny and the powers in which the Committee has.

During the presentation, the following points were highlighted:

- She outlined the main functions within Health Scrutiny such as; can help to shape, influence, support and challenge emerging and changing structures. The Committee is a statutory consultee on substantial variations of services, must involve users of services, but has no powers to inspect; it may trigger others' inspections e.g. Healthwatch and the Care Quality Commission.

- Regulations give powers for Health Scrutiny to review and scrutinise matters relating to planning, provision and operation of the health service in the area. Make reports and recommendations to certain NHS bodies and expect a response within 28 days. Require employees including non-executive directors of certain NHS bodies to attend before them to answer questions.

- Refer proposals for substantial reconfiguration of services to Secretary of State, after local mediation, if the local authority considers the consultation has been inadequate, the NHS body has given inadequate reasons and the proposal would not be in the interests of the health service in its area.

During discussions the following points were raised:

- That there is no legal definition of a substantial variation. There continues to be debate over the term, but the change must cause a substantial impact. The committee can make the referral to Secretary of State when it does not believe that the substantial variation is in the interests of the local health service.

- The Chairman outlined to the Committee that there is no statutory requirement for district councillors to form part of the committee and a letter has been sent to district councillors explaining that District co-optees no

longer comprise part of the membership. The Chair indicated that he would invite District Councillors to attend when there were items on the agenda where the Committee would substantially benefit from receiving their views.

The Chairman thanked Brenda for her attendance and the very informative presentation she gave to the Committee.

INTRODUCTION TO HEALTH INEQUALITIES

Barbara Brady from Public Health, gave a short presentation to Members on the latest measures to address health inequalities.

She highlighted the following points:

- Health Inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off, experiencing poorer health and shorter lives.
- Health Service Act 2006 introduced for the first time legal duties to reduce health inequalities, with specific duties on CCGs and NHS England.
- This council currently receives a Public Health ring fenced grant which is to support the authority in carrying out its public health duties. The grant has some nationally set conditions which includes reducing health inequalities across the life course, including within hard to reach groups.
- Health and Social Care Act 2012 established Health & Wellbeing Boards as statutory committees of all upper tier local authorities to act as a forum for key leaders from the local health and care system to improve the health and wellbeing of the people in their area; reduce health inequalities and promote the integration of services.

The Chairman thanked Barbara for her presentation and attendance at the meeting.

WORK PROGRAMME

The work programme was discussed and it was agreed to keep the IVF item in the July committee and also for Bassetlaw Hospital services to provide an update in the July meeting as well as the October meeting.

The meeting closed at 12.50pm

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

25 July 2017

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

IN-VITRO FERTILISATION – VARIATION OF SERVICE

Purpose of the Report

1. To allow consideration by the Health Scrutiny Committee of the latest position in relation to the In-Vitro Fertilisation (IVF) Service commissioned by Mansfield & Ashfield and Newark & Sherwood CCG.

Information and Advice

2. During September 2016, Mansfield and Ashfield CCG and Newark and Sherwood CCG asked the public to help them to prioritise services for funding, as a result of this process, the public identified IVF as a low priority service. Further to this, the CCG ran a consultation exercise between 14th November 2016 and 13th January 2017. In this consultation, 47% of respondents agreed that the female age limit for IVF should be reduced from 42 years to 40 years, with 53 % disagreeing. In addition, 56% of respondents thought that an IVF limit for men should be developed, with 44% disagreeing.

3. Further to receiving the results of the consultation, the CCG decided that the age limit for women would be 25-34 (inclusive) and up to 40 for men, with these measures to be put in place by 1st April 2017.

4. Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield CCG and Newark and Sherwood CCG and Sally Dore Pathway Redesign Manager at NHS Arden & Greater East Midlands Commissioning Support Unit attended a meeting of the Health Scrutiny Committee on 16th March 2017 to explain to Members the outcomes of the consultation and the reasoning behind the decision making.

5. The Health Scrutiny Committee registered concern that the CCG had proceeded with an option that it had not consulted on, and after a formal vote on the issue recommended to the CCG that it consulted fully on the specific IVF service change it had proposed i.e. limiting eligibility criteria to 25-34 for women and an upper age limit for men of 40, and that the commissioners should reconsider the decision in the light of the new consultation results. The Health Scrutiny Committee's expectation being that there is careful consideration of this recommendation by the commissioners at board level.

6. Representatives of the CCG will attend the committee to brief Members on the latest position in relation to IVF.

7. Ultimately, Members will need to determine if this service change is in the interests of the local health service.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided IVF treatment consultation and decision making

2) Identify any requirements for further information

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

IVF Decision document (Mansfield and Ashfield and Newark and Sherwood CCGs)

Electoral Division(s) and Member(s) Affected

All

Report for the

Overview and Scrutiny Committee

July 2017

Lucy Dadge
Director of sustainability
Mansfield and Ashfield Clinical Commissioning Group **(CCG)**
Newark and Sherwood Clinical Commissioning Group

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1. Introduction

The local NHS has been very successful in treating more conditions and in helping people to live longer. Additional funding has been made available to the NHS, but new treatments, growing levels of long-term conditions and increasing expectations mean that CCGs now have to re-prioritise how NHS resources are deployed. As the health needs of local populations change, CCGs need to review how best to allocate resources available, so that maximum health benefits can be achieved overall.

As commissioners, NHS Mansfield and Ashfield Clinical Commissioning Group (CCG) and Newark and Sherwood CCG, plan and buy health care services for the local population. CCGs have a legal duty to live within their means and need to save around £39 million this financial year (17/18) and a further £24milliion next year in order to be able to meet increased population requirements for health care as people live longer with more illnesses and new treatments come on line. This is likely to increase over the next few years. CCGs need to ensure that there is enough money to maintain high quality and safe services. The overall annual budget for the CCGs is £470m.

The Mid Nottinghamshire CCGs are engaged in a period of rapid and significant change, to create a future health and social care system that is sustainable and provides the best population health outcomes within available resources. Whilst designing and delivering change is part of the ongoing business of an evolving health care system (facilitated through ongoing public dialogue) the pace and scale of change required nationally and locally is un-precedented.

The system financial position, described in the Nottinghamshire Sustainability and Transformation Partnership (STP), means that the CCGs will have to make difficult decisions about the future of some services; including changes to access thresholds and the re-commissioning of some services where alternative provision exists at lower cost and delivering similar or better outcomes. Some services may be de-commissioned, subject to detailed impact assessments and a period of engagement. Communications and engagement will be managed on an individual proposal basis, with a consistent approach applied each time.

2. In vitro fertilisation (IVF) Consultation

The CCGs consulted on IVF provision in November 2016. This was an 8 week consultation.

The decision taken on 16 February 2017 at the Joint Meeting of the CCGs' Governing Bodies was to continue the provision of IVF treatment but to limit the criteria for eligibility to women aged 25 to 34, based on clinical evidence. This age range represents the best possible chance of a successful pregnancy with IVF. The CCGs also proposed to introduce an upper age limit of 40 for men.

This was a very difficult decision but balanced the needs of people who need fertility treatment with other calls on NHS funding. The clinical and cost-effectiveness of IVF falls rapidly as age increases and female fertility declines.

However, the Overview and Scrutiny Committee requested the CCG to undertake further consultation on the age groups chosen.

After taking advice from the Consultation Institute (established in 2003, a well-established not-for-profit best practice Institute, promoting high-quality public and stakeholder

consultation in the public, private and voluntary sectors) a decision has been made to undertake a new consultation on the provision of IVF. Options will be developed and a full public consultation will take place.

The consultation will run for 8 weeks and will aim to start in August 2017.

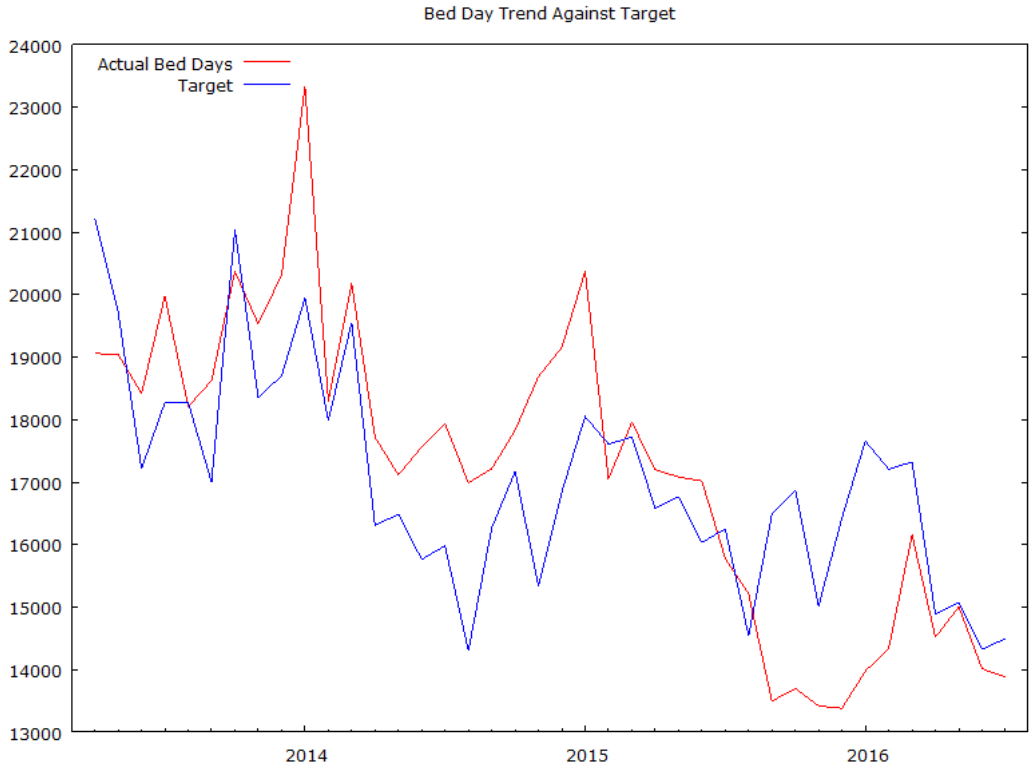
3. Financial Pressures

There are wider financial pressures facing the CCGs over the next couple of years.

The Better Together programme (transformation programme) has introduced a different way of working which includes, a team of staff being available for GP practices to ensure that patients who are most vulnerable of falling ill and being admitted to hospital, are identified earlier in their illness and any physical or social needs are addressed to prevent hospital admission, allowing people to stay at home (Local Integrated Care Teams). There has also been an introduction of a community urgent care service which allows GPs, paramedics and other professionals to get support into patient's homes within 2 hours, again preventing admission to hospital (call for care). The team are also working on developing a service for people who may require more specialist support in their own homes (Specialist Intermediate Care).

As the above changes have begun to take effect the local district hospital has been able to use less beds for people as they are receiving excellent care in their own homes. The next stage for the NHS and social care is to review the services in community type hospitals and the community.

The graph below shows the number of days patients spent in a bed in Sherwood Forest Hospitals NHS Foundation Trust which includes (King's Mill Hospital, Newark Hospital and Mansfield Community Hospital). The red line shows the actual days and the blue line shows the target. As you can see the trust has achieved the target.



As part of the CCGs offer to deliver savings work has already been undertaken with the public to promote self-care and self-management. A patient activation project has commenced which will identify people who require further knowledge, skills and confidence to self-manage. This will help the population to look after themselves as much as possible to prevent future ill health.

The CCG also use public health data, demographic and epidemiological information, evidence based research and predictive analytics when making decisions about which health and care interventions have the best outcomes on population health. Whilst the individual service user is at the heart of everything that we do when we re-design services, we do have to consider overall population health outcomes when planning to make changes that optimise value for money For example it is well known that people recover quicker in their own homes where appropriate.

The CCG will be talking to the public about a number of areas over the next few months to discover if they can be provided in a different way, for less cost, whilst maintaining high quality. For this purpose we will describe our services under a number of key headings, recognising that individual patients may access more than one of them;

- Urgent and Proactive Care
- Elective (planned) Care
- Women and Children's Care
- Mental Health and Community Care

4. Principles

There are seven key principles that guide the NHS in all it does. These are laid out in the NHS constitution (www.gov.uk/government/publications/the-nhs-constitution-for-england)

These principles will guide the CCGs with future plans especially with any reconfiguration of services.

5. Next Steps

We are very keen to involve our citizens in helping us to plan for new services, whilst also making significant savings on current ones. A process for determining the scale of communications and engagement work required will be established based on the following:

- The **scale** of the change
- The **impact** of the change on patients
- The likely level of **controversy**

Schemes will broadly fall into one of three categories of approach depending on the above factors. These are:

Category A
These are proposals which can be implemented immediately after normal internal processes have been completed in accordance with HR policies and legal requirements.

Category B
Proposals in this category are to be approved in principle, subject to engagement with stakeholders and partners before implementation.

Category C
Proposals in this category will require statutory consultation before implementation. Proposals in this category are particularly susceptible to change as a result of consultation and subsequent refinement.

The CCGs are holding 4 listening events with the public (day and evening of; 6th and 24th July)

6. Recommendations

The Overview and Scrutiny Committee are asked to;

- Note this report, and provide any comments upon the proposed approach
- Agree the best approach and timescales for future scrutiny involvement

Appendix

Principle 1	**The NHS provides a comprehensive service available to all** It is available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
Principle 2	**Access to NHS services is based on clinical need, not an individual's ability to pay** NHS services are free of charge, except in limited circumstances sanctioned by Parliament
Principle 3	**The NHS aspires to the highest standards of excellence and professionalism** It provides high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.
Principle 4	**The NHS aspires to put patients at the heart of everything it does** It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.
Principle 5	**The NHS works across organisational boundaries and in partnership with other organisations in the interests of patients, local communities and the wider population** It works in partnership with other organisations in the interest of patients, local communities and the wider population. The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.
Principle 6	**The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources** It is committed to providing the most effective, fair and sustainable use of finite resources. Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
Principle 7	**The NHS is accountable to the public, communities and patients that it services** The NHS is a national service funded through national taxation, and it is the government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.

Nottinghamshire County Council

Report to Health Scrutiny Committee

25 July 2017

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

PAEDIATRIC ADMISSIONS AT BASSETLAW HOSPITAL - UPDATE

Purpose of the Report

1. To introduce an update on the alteration to paediatric admissions at Bassetlaw Hospital.

Information and Advice

2. Earlier this year, the Health Scrutiny Committee heard that due to staffing shortages, the paediatric ward at Bassetlaw Hospital would close to admissions at 7:00 pm with the ward itself closing at 10:00 pm. This service only comprised six beds with 80% of patients discharged within 24 hours. The sorts of conditions treated in the unit are typically upper respiratory or long term conditions. It is not a facility for children who are very acutely unwell e.g. suffering from meningitis. The Trust has made strenuous efforts to address the issue of staff shortages, but now faces a shortages of nurses as well as one of doctors.

3. An update from the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust on paediatric services is attached as an appendix to this report. Richard Parker, Acting Chief Executive, Doncaster and Bassetlaw Hospitals will attend the committee to answer questions accompanied by senior representatives of the commissioners.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.
2) Determine if further information is required.

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

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Briefing

July 2017

Paediatric Admissions at Bassetlaw Hospital (A3)

Background

Due to identified staffing shortages in December 2016 we had to close our Paediatric Ward, A3, in January 2017 at night to ensure that the staffing resource which was available was used to provide services at BDGH that were safe and sustainable.

This change was not about cutting back at Bassetlaw but was due to national shortages of paediatric staff which has the greatest effect on smaller services. As our highest priority at the Trust is to provide the safest care and treatment for our patients we assessed that the risks to children would be significantly reduced by providing an enhanced assessment service in the day and inpatient paediatric care at Doncaster Royal Infirmary or Sheffield Children's Hospital.

Our highest priority at the Trust is providing the safest care and treatment to our patients.

The current service

Children attending Bassetlaw Emergency Department after 7pm are assessed and:

- children requiring admission are transferred (via a specially commissioned children's private ambulance service) to the Children's Ward at Doncaster Royal Infirmary for their immediate care and treatment
- discharged home, and/ or referred to a dedicated Review Clinic on the Children's Assessment Unit (CAU) the next morning.

As part of the changes we have taken steps to enhance our day services. A paediatric consultant is now on site until 6pm and junior paediatric medical staff are on site 24 hrs per day to support ED and the Maternity Service. This means that any children coming to the Emergency Department continue to be seen and offered necessary treatment.

Paediatric services remain at Bassetlaw Hospital and in the current model special clinics with senior paediatricians are hosted each morning to support children's care and avoid unnecessary admission. Elective children's day surgery also continues as well as children's outpatients in the newly built facility following a £ 250,000 investment in 2015/ 2016.

Ahead of the changes we identified a small number of children who had visited the ward on a frequent basis and had often stayed overnight. Working with these children, and their families, we have made sure there is a personal care plan in place for any future stays.

Numbers of children and families affected by the changes

All children needing overnight care have been transferred safely to Doncaster Royal Infirmary where they bypass the Emergency Department at DRI and are admitted to the Children's Unit. Those awaiting transfer are cared for at Bassetlaw Hospital by our skilled clinicians, and paediatricians who are on-site 24/7.

Our team work very hard to make sure this experience is as comfortable and seamless as possible, and if parents encounter any issues, we ask that they speak to a member of staff or contact the Trust directly.

Since the changes the numbers of transfers are as follows:

Date	Numbers transferred from CAU	Numbers transferred from Emergency Department	Total	Transfers as a % the of children attending Bassetlaw Hospital
30 Jan to 5 Feb	7	12	19	6.9%
6 Feb to 12 Feb	11	3	14	5.4%
13 Feb to 19 Feb	2	7	9	4.1%
20 Feb to 26 Feb	11	6	17	7.5%
27 Feb to 5 Mar	13	6	19	8.01%
6 Mar to 12 Mar	12	1	13	5.40%
13 Mar to 19 Mar	6	4	10	
20 Mar to 26 Mar	7	4	11	
27 Mar to 2 Apr	6	3	9	
3 Apr to 9 Apr	10 (*+1)	4	15	7.21%
10 Apr to 16 Apr	7	4	11	
17 Apr to 23 Apr	6	4	10	
24 Apr to 30 Apr	12	3	15	
1 May to 7 May	6	7	13	7.47%
8 May to 14 May	12	4	16	
15 May to 21 May	3 (*+1)	10	14	
22 May to 28 May	8	4	12	
29 May to 4 Jun	7	3	10	

These numbers include patients who require prolonged observation or inpatient admission who are transferred to the Children's Ward at Doncaster Royal Infirmary (DRI) as early as

possible, and include patients who would have transferred under the previous arrangements.

Note: *transferred as ordinary practice.

Providing information to the community and families

In response to a public campaign on social media we have published on our website and promoted through social media Frequently Asked Questions (see appendix) about the changes to the services.

We also placed columns in the Worksop Guardian and Retford Times from both the Chief Operating Officer and the Director of Nursing clarifying the changes to the services and what families need to know about caring for their children and what to do in an emergency (still attend Bassetlaw Hospital).

Recruitment update

As part of a recruitment drive in March we advertised for trained and newly qualified Children's Nurses (qualifying in September 2017). From our initial advertisement we received five applications to our Paediatric nursing positions, four of whom were student nurses qualifying in September and one that was not paediatric trained.

In addition to this we ran a number of open days and attended recruitment events and as a result in April we offered interviews to 16 people for paediatric nursing and special care baby unit posts, most of whom are soon-to-qualify. 15 accepted and were allocated an interview slot, 6 of these withdrew on the day of the interview and 1 did not attend. Of the 8 interviewed we offered 6 staff posts. Five were student nurses who would not be available to commence work until October.

Despite our aim to ensure that we are an attractive prospect for potential team members, making Doncaster and Bassetlaw Teaching Hospitals their number one choice when choosing a future employer the competition is such that we have since received back word from a number of the newly qualified nurses who were offered positions with us, with only 2 still accepting positions on CAU.

We currently have an advert out for Children's Nursing vacancies on both sites, and this is being publicised through national nursing journals. We remain committed to try to recruit to a full establishment at Bassetlaw however this is looking increasingly unrealistic. News this week highlights that for the first time ever the number of nurses and midwives leaving the profession is higher than those joining, and like many other local and regional hospitals we are looking to recruit from a highly specialist pool of nurses, with paediatric nursing having the second highest vacancy rate across the country.

Richard Parker
Chief Executive

Frequently Asked Questions

Why have we changed?
We have made these changes on the Paediatric Ward, known as A3, due to staffing issues, a problem that is affecting the entire NHS. It would be unsafe to admit children overnight if we do not have sufficient doctors and nurses to look after them and we have taken this decision in line with expert advice and guidance.

My child attends A3 regularly, what will happen to them?
For children who have used A3 regularly individual letters have been sent to the parents, describing the service available to them to continue to use A3 and for alternatives for when the unit is closed.

Is this about funding?
No, the Ward is funded for 12 (whole time equivalent) band 5 Registered Children's Nurses. Currently we only have six, and have been unsuccessful in recruiting to these vacant posts. Admitting children without a full complement of staff would be unsafe.

Are you actively recruiting to nursing vacancies at Bassetlaw Hospital?
The last recruitment at Bassetlaw Hospital received one applicant who was offered a post but didn't take up the offer. The next tranche of paediatric nurses will complete their paediatric training and register with in the Nursing and Midwifery Council in September/October 2017 and we intend to time our next full recruitment drive with when they become available, while our Clinical Educators routinely attend recruitment fairs at universities throughout the year and promote both of our sites to soon-to-qualify students.

Is this permanent?
If we are able to fully and safely staff the Ward in the future, we will re-open to overnight admissions; however we do not anticipate that this will occur in the short term. We will review the position in October 2017.

Does this mean I need to go to Doncaster or Sheffield Emergency Department if my child falls ill in the night?
Regardless of the time of day, we urge parents to bring children needing urgent care to Bassetlaw Hospital's Emergency Department. Here we will have a paediatric senior doctor on duty 24 hours a day.

In light of these changes, will Maternity and the Special Care Baby Unit (SCBU) close?
No, the current obstetric-led maternity service is continuing and we have ensured 24/7 paediatric senior cover at Bassetlaw Hospital to maintain safety on SCBU and to the Labour Suite. High-risk births are cared for at Doncaster and this has been the service for a number of years.

I've been told there is currently no Consultant Paediatrician at Bassetlaw Hospital, is this true?
We have a Paediatrician on site from 9am to 6pm purely for the Children's Ward and a dedicated on-call Paediatric Consultant covering the time in-between. We also have a Registrar on site 24/7, who can make the clinical decision if a child needs to be transferred.

I've heard that the Breast Unit is also being closed?
The Breast Unit at Bassetlaw Hospital is not closing or being transferred to Doncaster and no services are being cut. Sheffield Teaching Hospitals currently provides some specialist breast clinics at Bassetlaw Hospital but due to an unusual combination of retirements and maternity leave affecting their Specialist Consultant Oncologists who provide the service, we have temporarily moved two

clinics to Doncaster Royal Infirmary until the Consultants return from maternity leave. In most cases, the Trust will continue to see and deliver care for breast cancer patients at Bassetlaw Hospital.

Does this change mean that Bassetlaw Hospital will eventually close?
No, as Doncaster and Bassetlaw Teaching Hospitals our Worksop site remains an integral part of the Trust and this will remain the case for the foreseeable future. We are proud to serve Bassetlaw and we have only made changes to ensure we can safely treat young patients.

When is the ward open?
8am to 10pm each day of the week (including weekends). While a senior Paediatrician will also be available 24 hours a day.

Will there be enough beds available at Doncaster Royal Infirmary due to the admissions from Bassetlaw?
At Doncaster Royal Infirmary there is enough capacity for the population we serve and the outside area. To date we have never transferred a child to another trust for non-clinical reasons and we don't foresee this happening in the future. Our current bed-base is 48, second only to Sheffield.

Is the Maternity Unit closing at Bassetlaw?
No, we remain committed to delivering a Maternity service at Bassetlaw now and into the future.

I've been told that a minibus has been provided for children to be transferred to Doncaster is this true?
The majority of transfers are undertaken by a private ambulance, crewed by appropriately trained staff, providing transfers to Doncaster. This is jointly commissioned by the Trust and NHS Bassetlaw Clinical Commissioning Group at a cost of £3,500 a week.

Is it true that these changes have been made for financial reasons?
No money is being saved by this change; this is based upon safety, and is not a financial decision. The Ward is funded for 12 (whole time equivalent) band 5 Registered Children's Nurses. Currently we only have six, and have been unsuccessful in recruiting to these vacant posts. Admitting children without a full complement of staff would be unsafe and we will review staff availability in October 2017.

Based on what guidance have you made this decision to change?
Facing the Future guidance from the Royal College of Paediatrics and Child Health, which is accessible here: http://www.rcpch.ac.uk/facingthefuture. Recommendations from this document have already been implemented in a number of hospitals.

Have there been any issues since closing overnight?
All children needing overnight care have been transferred safely to Doncaster Royal Infirmary where they bypass the Emergency Department at DRI and are admitted to the Children's Unit. Those awaiting transfer are cared for at Bassetlaw Hospital by our skilled clinicians and paediatricians who are on-site 24/7.
Our team work very hard to make sure this experience is as comfortable and seamless as possible, and if parents encounter any issues, we ask that they speak to a member of staff or contact the Trust directly.

How successful was the advertisement posted in March?
From our initial advertisement in March, as requested by many on social media, we received five applications to our Paediatric nursing positions, four of whom were student nurses qualifying in September and one that was not paediatric trained.

Subsequent to this job advert, we have run a number of open days and attended recruitment events and as a result in the coming days we will be interviewing 16 shortlisted applicants for paediatric nursing and special care baby unit posts, most of whom are soon-to-qualify. With such stiff competition, it is our aim to make sure we are an attractive prospect for potential team members, making Doncaster and Bassetlaw Teaching Hospitals their number one choice when choosing a future employer.

Why does advertising vacant posts cost so much?
In order to promote vacant positions to the most relevant clinicians and medical professionals, we often use national journals, such as the Nursing Times. Depending on the advert type, size and duration, these can range in price from a few hundred pounds to thousands. As a Trust we try to time these promotions with the availability of staff we intend to recruit, for example targeting the Paediatric nursing cohort graduates who qualify in September.

How much does it cost to transfer children, and couldn't that money be better spent?
The private ambulance that we commission in partnership with NHS Bassetlaw CCG costs £14,000 a month. This is to ensure that we have the right service in place for patients that need to be transferred to Doncaster Royal Infirmary. As we have previously stated, this change was not about cost-savings but ensuring we have a safe service for the people of Bassetlaw, and this is the only option while we do not have the right staff in place. If we are able to fully and safely staff the Ward in the future, we will re-open to overnight admissions.

I've heard that children being assessed at Bassetlaw have to stay in the waiting room which can be very uncomfortable, is this true?
At Bassetlaw Hospital we have beds, cots and buggies available, and while it may have been appropriate for a child to sit in the waiting room upon admission, if they become uncomfortable or tired, we ask that parents speak to a member of staff who will be happy to oblige with any requests.

I've heard that Doncaster Royal Infirmary has turned away patients due to a lack of beds, is this true?
This is incorrect; Doncaster Royal Infirmary has sufficient bed capacity, and historically has never transferred a patient for anything other than medical reasons, such as severity of condition which requires the expertise of Sheffield Children's Hospital.

We take these matters very seriously, if parents feel that their child has been discharged too early, please speak to the on-duty nurse or get in touch with the Trust and we will investigate further.

I've heard a message was sent to staff stating that the Ward A3 was closing?
The message that was sent to a section of our staff was actually an instruction on the patient administration system, CaMIS. This instruction is to ensure that children's attendance is correctly clinically coded and recorded, and this was not an announcement of closure.

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Briefing correction July 2017

Each month at their Governing Body Bassetlaw Clinical Commissioning Group (CCG) publishes an update of the number of patients transferred from the Emergency Department and the Children's Ward (known as A3) at Bassetlaw Hospital.

Unfortunately from 15 May to 4 June, the information provided understated the amount of children moved to Doncaster Royal Infirmary. The correct numbers have since been published and provided for the overview and scrutiny meeting.

We have apologised for this mistake which can only be attributed to human error made at Doncaster and Bassetlaw Teaching Hospitals and we continue to work with our partners, and the wider public, to be as open and transparent about this process as possible.

Nottinghamshire County Council

Report to Health Scrutiny Committee

27 March 2017

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST PERFORMANCE UPDATE

Purpose of the Report

1. To update Members on the current performance information for Sherwood Forest Hospitals Trust.

Information and Advice

2. Dr Andy Haynes, Medical Director and Richard Mitchell, Chief Operating Officer will attend the Health Scrutiny Committee to update Members on the Trust's performance and the improvements that continue to be made following the inspection made by the Care Quality Commission (CQC).

3. Representatives from Sherwood Forest Hospitals previously attended the Health Scrutiny Committee on 27 March 2017 when Members heard emergency care transformation within the Trust and how performance has increased from an initial position in November 2014 of being the second worst in the country for the four hour emergency standard to being the best performer in the region and in the top 10 in the country (and this is in the context of a 15% rise in Emergency Department attendances. Members also heard how the Trust had taken out 60 beds and thereby saved approximately £6 million per year and reduced risk by targeting challenging wards areas.

4. A briefing from Sherwood Forest Hospitals Trust is attached as an appendix to this report. The briefing focuses on emergency care transformation and pharmacy delay.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing on the latest position at Sherwood Forest Hospitals, and asks questions, as necessary

2) Schedules further monitoring of Sherwood Forest Hospitals improvement, as required

Councillor Keith Girling
Chairman of Health Scrutiny Committee

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

Background Papers

Sherwood Forest Hospitals NHS Foundation Trust Quality Report

Kings Mill Hospital Quality Report

Mansfield Community Hospital Quality Report

Newark Hospital Quality Report

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

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals Our Improvement Journey

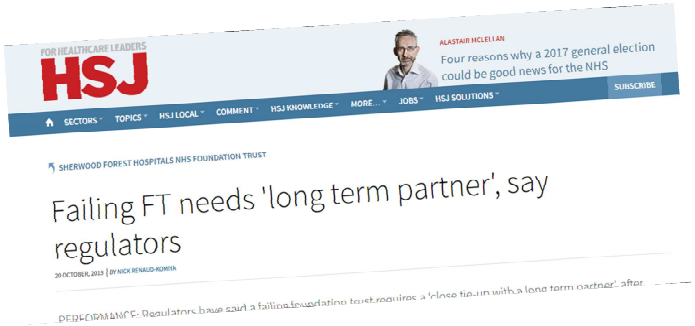
Our Journey of Improvement
From this:

Sherwood Forest Hospitals
NHS Foundation Trust

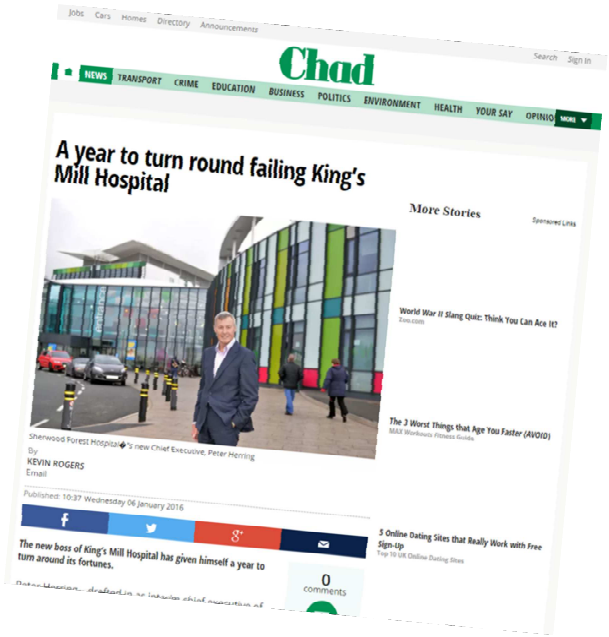
CQC rates Sherwood Forest Hospitals NHS Foundation Trust as Inadequate and recommends trust remains in special measures

Published: 20 October 2015

Provider: Sherwood Forest Hospitals NHS Foundation Trust



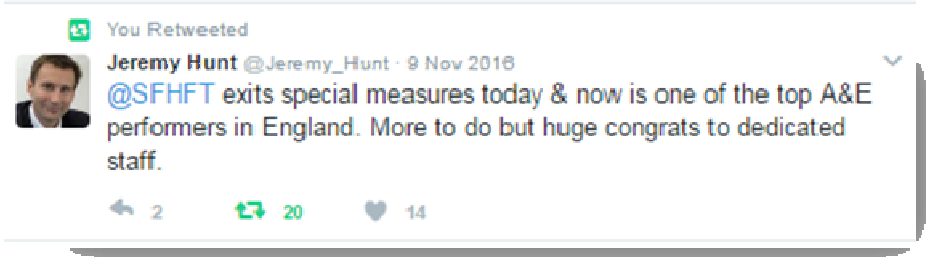
Struggling King's Mill to be taken over by high-performing Nottingham hospital trust



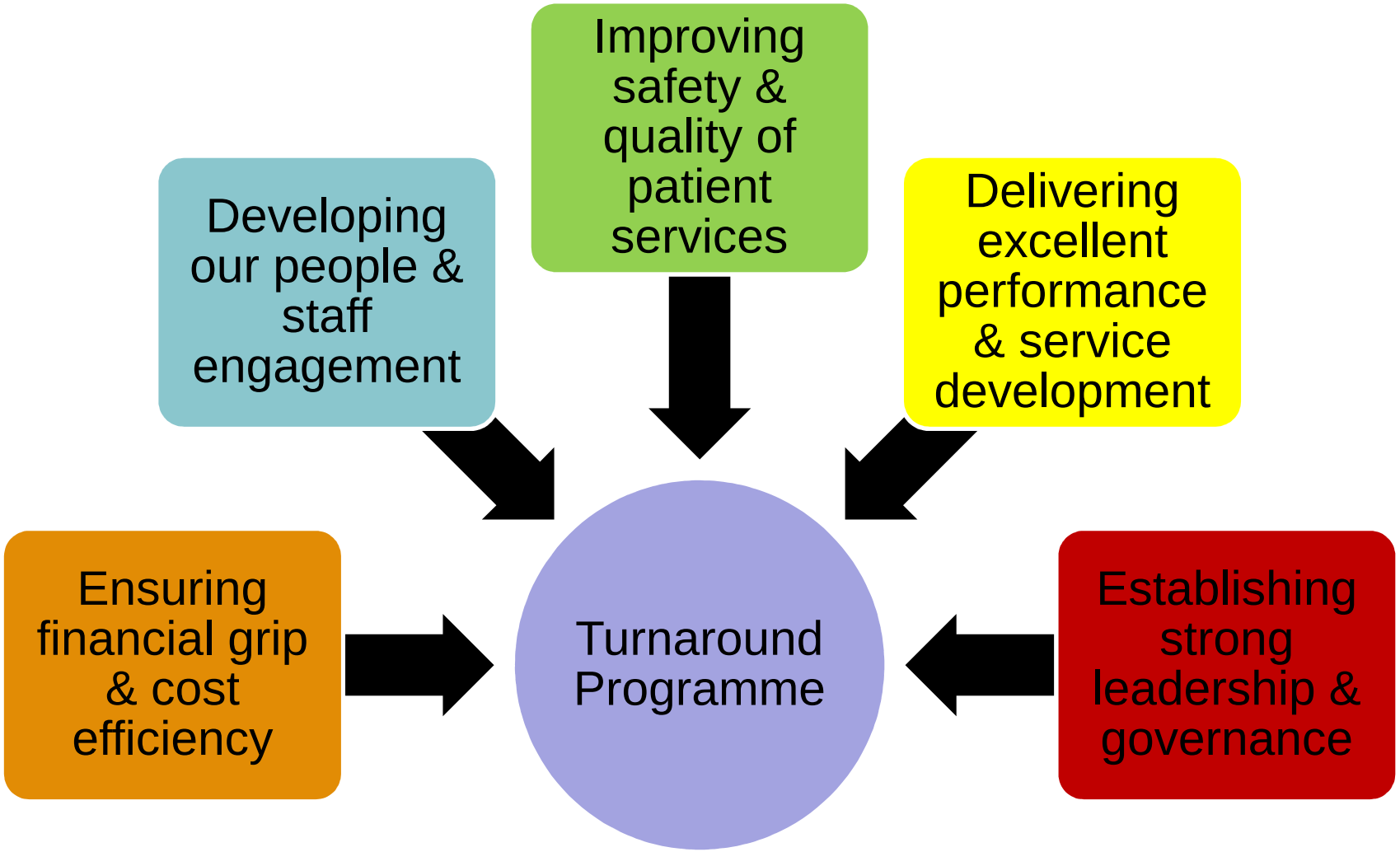
Dedicated to Outstanding care

Our Journey of Improvement
To this:

Sherwood Forest Hospitals
NHS Foundation Trust



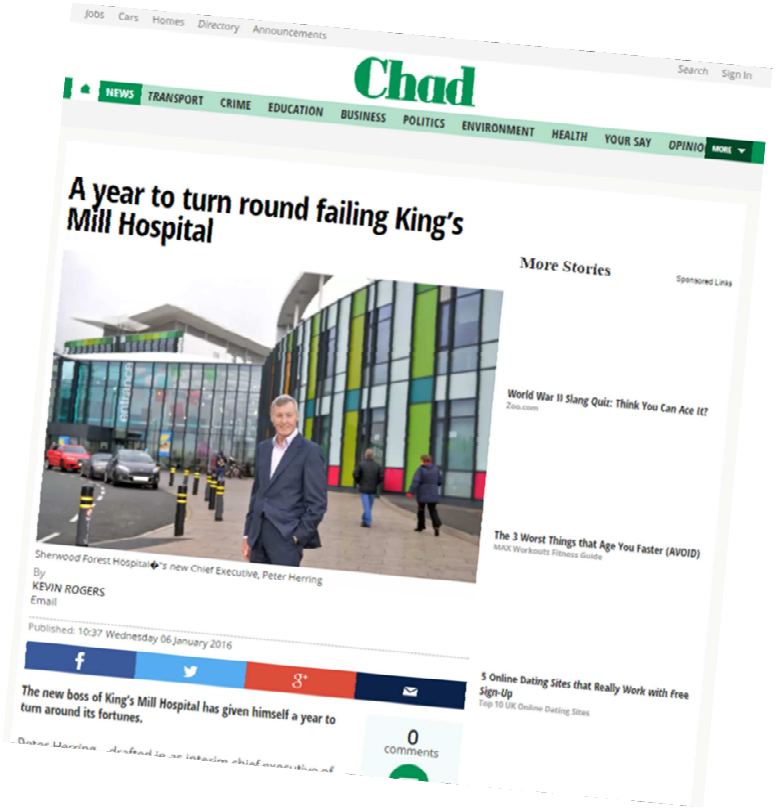
Dedicated to Outstanding care


Improving safety & quality of patient services
Developing our people & staff engagement
Delivering excellent performance & service development
Ensuring financial grip & cost efficiency
Turnaround Programme
Establishing strong leadership & governance

Quality Improvement Programme

Sherwood Forest Hospitals NHS Foundation Trust

Throughout 2016, SFH implemented a major Quality Improvement Programme (QIP) to turnaround performance. The programme included 287 actions across ten workstreams with a particular focus on reducing the potential for avoidable patient harm.



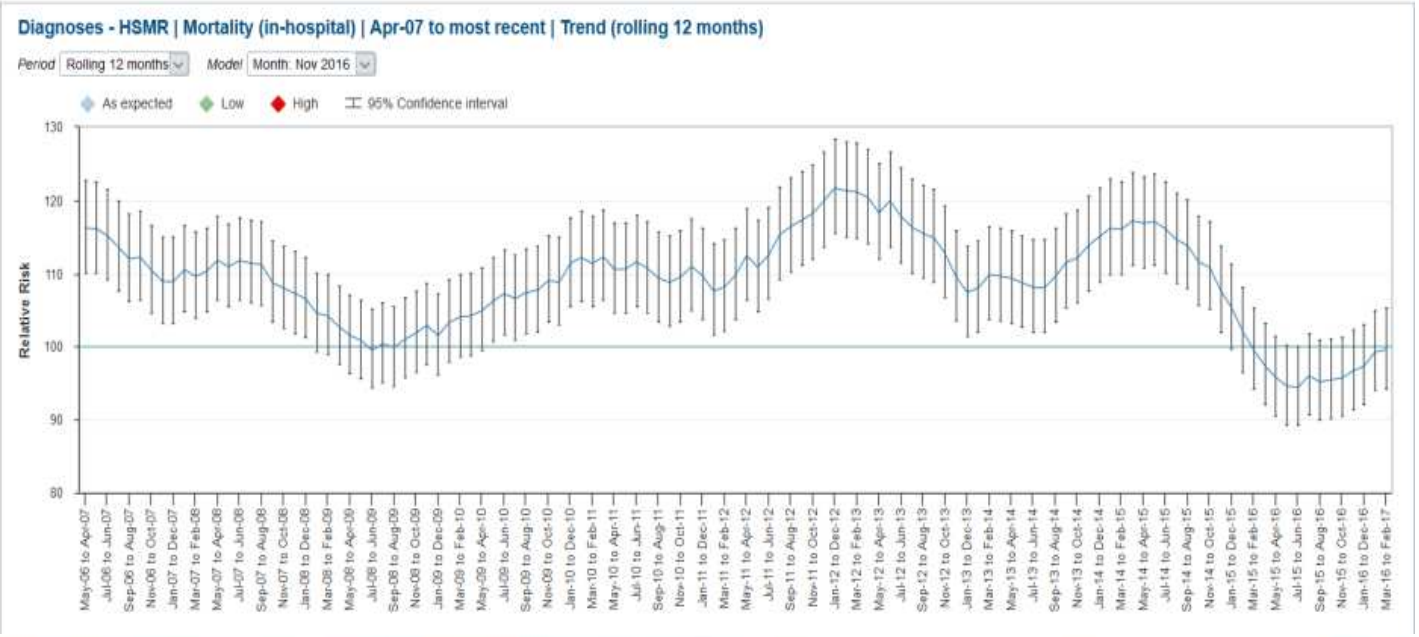
Dedicated to Outstanding care

Improving the safety and quality of patient services – mortality rates

Sherwood Forest Hospitals NHS Foundation Trust

Keogh Review (2013) puts SFH among the 13 worst Trusts for the Hospital Standardised Mortality Ratio (HSMR).

CQC verdict Oct 2016 – SFH is among the top 30 performing Trusts.



First time in 10yrs we have consistently been below 100

Dedicated to Outstanding care

Sepsis - Change In Safety Culture

Embedded therefore sustained

Sherwood Forest Hospitals
NHS Foundation Trust

Sherwood Forest Hospitals is among the top 30 best-performing trusts for the management and screening of the potentially fatal condition sepsis.

Outstanding Care: CQC Report October 2016

Since our last inspection in June 2015 the trust had demonstrated significant improvements in the management of the deteriorating patient and the treatment of sepsis. Across medical care services staff identified and responded appropriately to changing risks to deteriorating patients. Where patients had met the trust criteria for sepsis screening, patients were screened appropriately.

CQC

"I often cite the work you and your team have done as an exemplar of how to improve sepsis and deteriorating patient work streams"

Training

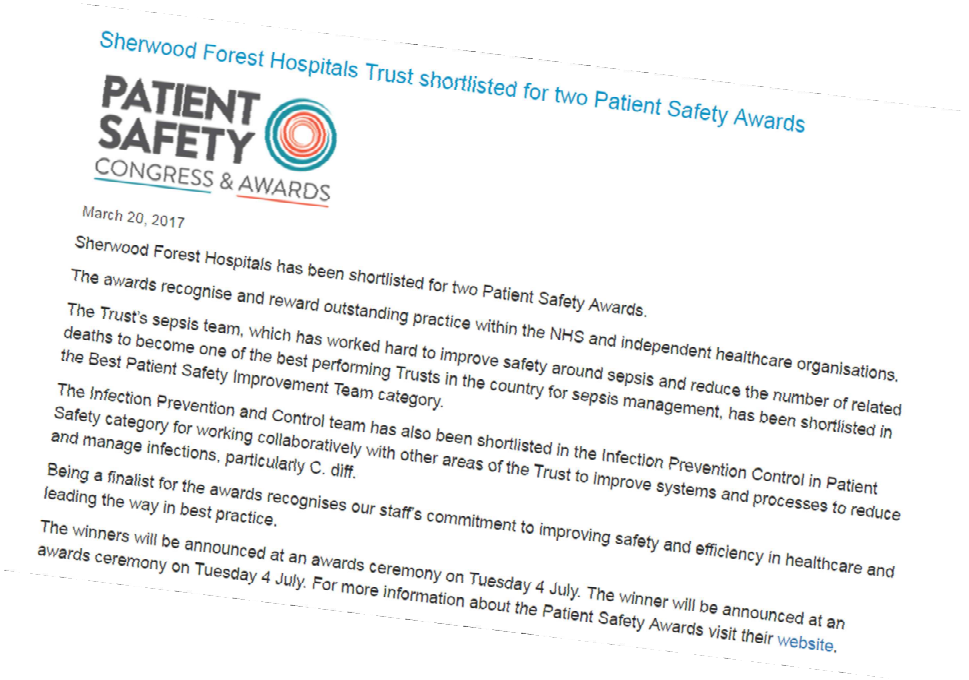
As of 31 March 2016 compliance with sepsis training was;
consultant 99%, nursing staff 90% and junior doctors 100%

Further safety improvements

Sherwood Forest Hospitals NHS Foundation Trust

- Stroke service is now A-rated by the Sentinel Stroke National Audit Programme (SSNAP) and 8th best in the country for the way it handles patients suspected of having a stroke.

- Infection Prevention and Control team shortlisted in Patient Safety Congress 2017 Awards. (C. diff cases 28 a year, well below the NHS England threshold of 48 and down from 67 in 2015/2016).



Sherwood Forest Hospitals Trust shortlisted for two Patient Safety Awards

PATIENT SAFETY CONGRESS & AWARDS

March 20, 2017

Sherwood Forest Hospitals has been shortlisted for two Patient Safety Awards.

The awards recognise and reward outstanding practice within the NHS and independent healthcare organisations.

The Trust's sepsis team, which has worked hard to improve safety around sepsis and reduce the number of related deaths to become one of the best performing Trusts in the country for sepsis management, has been shortlisted in the Best Patient Safety Improvement Team category.

The Infection Prevention and Control team has also been shortlisted in the Infection Prevention Control in Patient Safety category for working collaboratively with other areas of the Trust to improve systems and processes to reduce and manage infections, particularly C. diff.

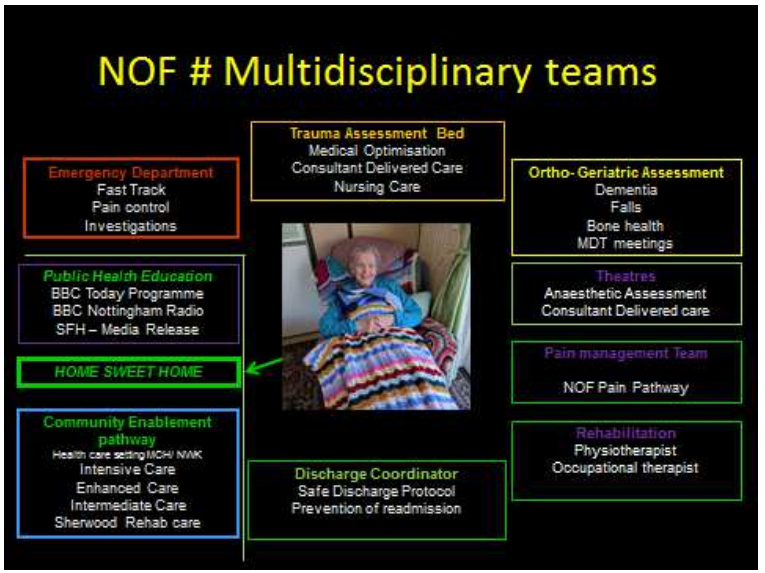
Being a finalist for the awards recognises our staff's commitment to improving safety and efficiency in healthcare and leading the way in best practice.

The winners will be announced at an awards ceremony on Tuesday 4 July. The winner will be announced at an awards ceremony on Tuesday 4 July. For more information about the Patient Safety Awards visit their website.

Improved pathway for fractured neck of femur

Sherwood Forest Hospitals NHS Foundation Trust

	SFH 2015	National 2016	SFH 2016
Geriatric assessment	66%		93.1%
Best Practice achievement	19.6%	56%	76%
Length of Stay (days)	30	21	20
Patient discharge to own home	31%	65%	74%
Inpatient Falls leading to NOF	6%		<2.5%



FOR HEALTHCARE LEADERS HSJ

HSJ Value in Healthcare Awards 2017: Finalist in Improving Value in the Care of Frail Older Patients and Emergency, Urgent and Trauma Care

Source: NHFD

Patient Safety Culture

Sherwood Forest Hospitals
NHS Foundation Trust

To empower every member of ward staff to:

- Take part in a survey that captures the patient safety culture in that specific ward
- Define any issues that prevent a focus on patient safety
- Raise ideas and opportunities to trial new ways of working
- Celebrate and recognise good practices and share with other areas
- Learn from each other

"The difference this has and is making at the Trust is both measurable and palpable. I believe this is an exemplar programme that illustrates how we really can create the conditions where front line teams who do extraordinary things every day can deliver great care and continuously improve care for patients."

Interim Programme Director of Better For You

Hospital flow and the four-hour A & E standard

Sherwood Forest Hospitals NHS Foundation Trust

To treat and discharge or admit 95% of urgent and emergency attendances within four hours.

- November 2014 – among the
- worst in the country (86%).

- By May 2017 – best performer in the region and consistently among the top 20 nationally, against a backdrop of a 15% increase in attendances.

Dedicated to Outstanding care

Avoiding unnecessary admissions	• Co-location of primary care • Only admit those who cannot be treated at home • Do not admit for investigation
Ensuring timely and safe care of patients during hospital stay	• Plan workforce around patients • Daily consultant reviews • Enhanced medical staffing at weekends • Speedy ordering of tests and x-rays
Whole system approach	• Integrating processes and enhancing communication and interface with primary, community and social care

FOR HEALTHCARE LEADERS
HSJ

ALASTAIR MCLELLAN
NHS leaders must resist and harness populism

SECTORS TOPICS HSJ LOCAL COMMENT HSJ KNOWLEDGE MORE... JOBS HSJ SOLUTIONS MY ACCOUNT

FINANCE AND EFFICIENCY

HSJ Value in Healthcare Awards 2017: Emergency, Urgent & Trauma Care

25 MAY, 2017

COMMENT

Sherwood Forest Hospitals Foundation Trust: From the Bottom to the Top

MORE FROM: WINNERS OF THE HSJ VALUE IN HEALTHCARE AWARDS 2017 REVEALED

In November 2014 Sherwood Forest Hospitals was the second to the bottom in the ED four-hour target performance in England. The ED department had been rated as 'inadequate' for safety in 2015 and the trust had 17 patients breach 12 hours during December 2014 and January 2015.

The trust recognised that this was not just a problem for ED to solve and so created the Emergency Flow Programme, which is organisation wide.

The most significant improvement has been to become the best performer of the four-hour ED target in

MOST POPULAR MOST COMMENTED

Vanguard site issues multi-billion-pound tender in NHS first

Simon Stevens names the first 'accountable care systems'

New ministers at Department of Health confirmed

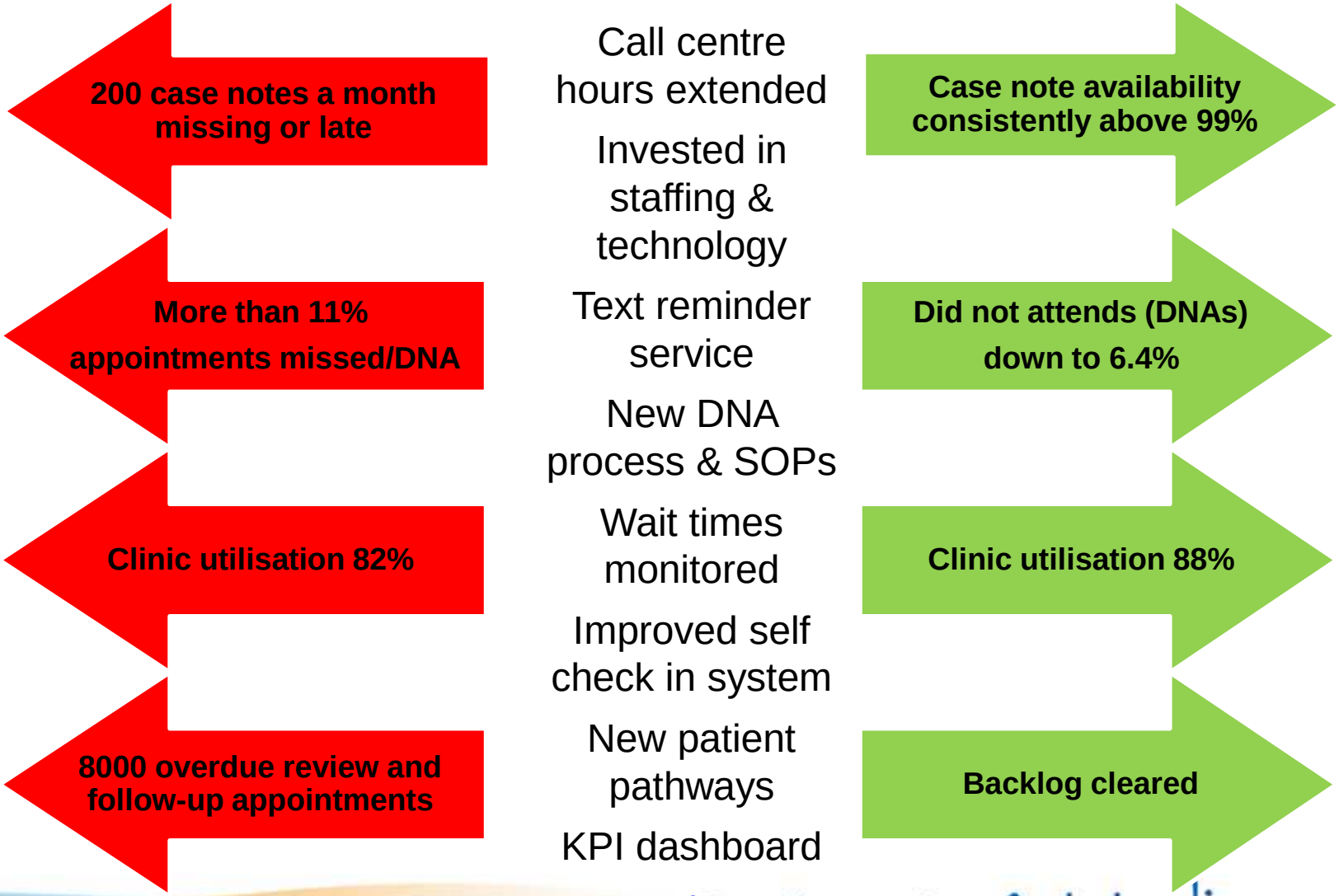
CCG vice-chair resigns after pay rise review uncovers 'weak governance'

Exclusive: NHS England restructures its national teams

SFH won the HSJ Value in Healthcare Awards 2017 for Emergency, Urgent and Trauma care

Outpatient improvement programme

Sherwood Forest Hospitals NHS Foundation Trust



Dedicated to Outstanding care

Expanding and improving services at Newark Hospital

Sherwood Forest Hospitals NHS Foundation Trust

- £700,000 upgrade for the hospital's Urgent Care Centre
- Co-location of GP out of hours and urgent care has brought primary and secondary care closer together
- A 5% increase in annual attendances at in urgent care, and
- 99.12% of urgent care patients treated and discharged within four hours
- Extension to range of outpatient services and 3,000 more outpatient appointments undertaken in 2016/17, an increase of 4% More day cases undertaken with theatre utilisation up by 14% year on year
- Physiotherapy, ophthalmology and audiology were the three most used specialities

Dedicated to Outstanding care

Dedicated people delivering outstanding healthcare

Sherwood Forest Hospitals NHS Foundation Trust

- Nursing vacancies down from 22% in 2016 to 15.8% and will reduce further with offers to 18 additional nurses recently made.
- Medical vacancies reduced from 18% in 2016 to 11% currently

- **Overall staff engagement score rose from below national average of 3.68 in 2015 to 3.86 above national average (3.79) in 2016**

- % of staff recommending SFH as a place to work up from 48% in autumn 2015 to 68% in autumn 2016
- % of staff recommending SFH as place to receive care up from 57% in 2015 to 74% in 2016
- Satisfaction with the quality of care in the best 20% of acute trusts in England
- Use of agency staff and agency costs reduced by 40% in past year

EXCEL2017
EXCELLENCE IN HRM AWARDS 2017 | hpma

Finalists in the Healthcare People Management Awards 2017.

NHS Sustainability Awards

Finalists alongside our facilities partner Skanska in the 2017 NHS Sustainability Awards.

Ensuring financial grip & cost efficiency

Sherwood Forest Hospitals NHS Foundation Trust

2016-2017

- Delivered control total of £41.4m.
- Delivered £14m cost improvements against planned savings of £13m.

FOR HEALTHCARE LEADERS
HSJ

ALASTAIR MCLELLAN
NHS leaders must resist and harness populism

SECTORS | TOPICS | HSJ LOCAL | COMMENT | HSJ KNOWLEDGE | MORE... | JOBS | HSJ SOLUTIONS | MY ACCOUNT

FINANCE AND EFFICIENCY

NHS finances: The best and worst performing trusts in quarter three

20 FEBRUARY, 2017 | BY LAWRENCE DUNHILL

15 COMMENTS

HSJ analysis shows which trusts are performing best, and worst, against their financial plans in 2016-17.

MORE FROM: TURNAROUND CONSULTANTS HEADING TO MORE STRUGGLING TRUSTS

MOST POPULAR | MOST COMMENTED

Vanguard site issues multi-billion-pound tender in NHS first

Simon Stevens names the first 'accountable care systems'

New ministers at Department of Health confirmed

Exclusive: NHS England restructures its national teams

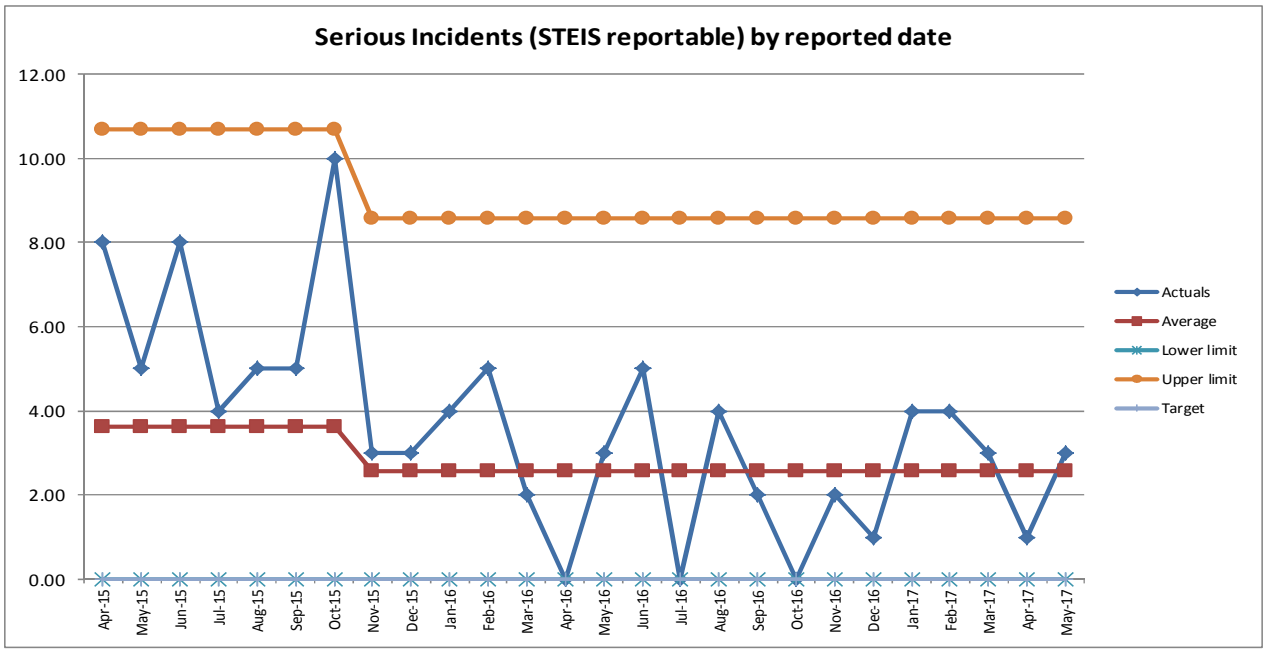
Trusts forecasting the best performance against 2016-17 plan (in relation to size of organisation)

	Control total (excluding STF allocation) '000	Forecast at Q3 (excluding STF allocation) '000	Positive variance '000	Variance as a % of turnover
Sherwood Forest Hospitals NHS Foundation Trust	-67318	-60650	6668	2.2
Doncaster And Bassetlaw Hospitals NHS Foundation Trust	-38268	-30867	7401	2.1
Moorfields Eye Hospital NHS Foundation Trust	1531	5762	4231	2.0
Royal Surrey County Hospital NHS Foundation Trust	-16079	-10079	6000	1.9
Dorset Healthcare University NHS Foundation Trust	-1758	2408	4166	1.6
University College London Hospitals NHS Foundation Trust	-25700	-11149	14551	1.5
Tees, Esk And Wear Valleys NHS Foundation Trust	8077	11099	3022	1.0
East Cheshire NHS Trust	-24200	-22700	1500	0.9
Pennine Acute Hospitals NHS Trust	-35747	-30747	5000	0.8
Worcestershire Acute Hospitals NHS Trust	-47683	-44736	2947	0.8

Governance and risk

Sherwood Forest Hospitals NHS Foundation Trust

Average of 6.96 serious incidents per month before January 2016 down to 2.92 per month after January 2016

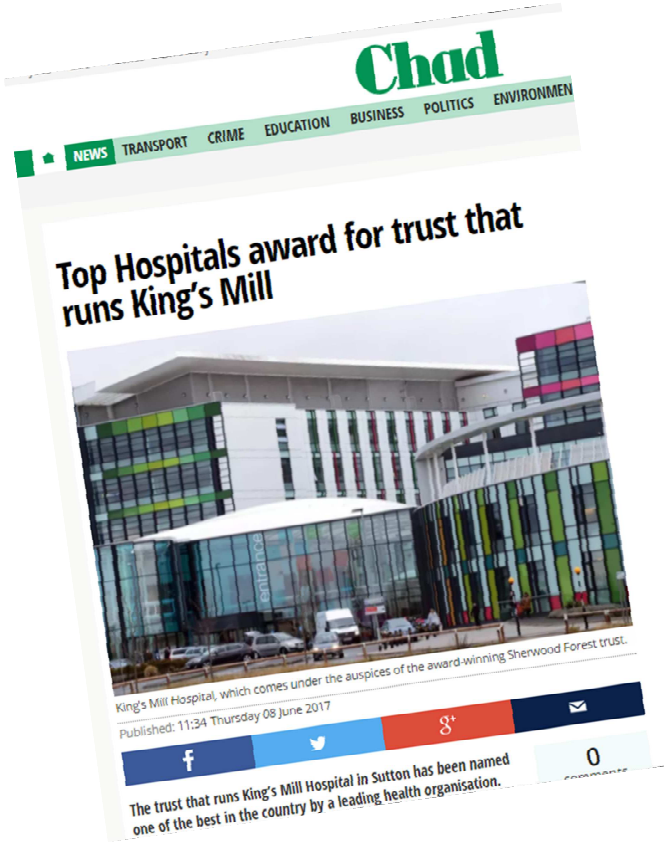


Backlog of serious incidents cleared, delivering on our commitment to conclude investigations within 60 working days.

Leadership

Sherwood Forest Hospitals
NHS Foundation Trust

- Stable and experienced senior leadership team in place after years of multiple changes
- Leadership at all levels being strengthened and developed.
- New vision set by the Board for the Trust with 5 key strategic priorities



Dedicated to Outstanding care

Sherwood Forest Hospitals NHS Foundation Trust

Our Vision, Strategic Priorities, & Values

Our **vision**	**Dedicated people**, delivering **outstanding healthcare** for our **patients** and **communities**				
Our **strategic priorities**	1. To provide **outstanding care** to our patients				
	2. To **support each other** to do a great job				
	3. To **inspire excellence**				
	4. To get the **most from** our **resources**				
	5. To play a leading role in **transforming local health** and **care services**				
Our **values**	**Communicating** and **working together**	**Aspiring** and **improving**	**Respectful** and **caring**	**Efficient** and **safe**	

Dedicated to Outstanding care

Nottinghamshire County Council

Report to Health Scrutiny Committee

25 July 2017

Agenda Item:

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

HEALTH SCRUTINY ON PUBLIC HEALTH COMMISSIONED SERVICES

Purpose of the Report

1. To inform the committee of the arrangements for Public Health commissioned services so that the committee can advise Public Health regarding what the ongoing relationship between Health Scrutiny and Public Health should be.

Information and Advice

Background

2. Local authorities' statutory responsibilities for Public Health (PH) are set out in the *Health and Social Care Act 2012* and came into effect in April 2013. From this date local authorities have had a duty to improve the health of local population. Local authorities also inherited responsibility for a range of public health services previously funded and commissioned by the NHS. Broadly speaking the responsibilities of the PH team fall into 2 categories:

   - Commission Public Health services which are FREE at the point of use.
   - Provide professional advice to influence policy and practice both within NCC and other organisations across Nottinghamshire in order to secure health gain for the local population.

3. To cover the costs of these responsibilities each top tier LA receives a ring fenced PH grant with nationally set conditions relating to how that money is spent, in 2017/18 this is circa £42m. The grant is used to fund the PH team employed by NCC who support both of the categories above, with the majority of the grant spent on commissioned PH services.

   A. *Prescribed functions/Services – set nationally*
      - Sexual Health Services – Contraception, STI testing and treatment
      - NHS Health Check
      - LA role in health protection - This is a combination of PH professional advice from the NCC based team and a small commissioned service
      - National Childhood Measurement Programme (NCMP)
      - Prescribed children 0-5 services

   B. *Local PH Priorities*, which are based on local needs assessment work and support the Health and Wellbeing Strategy:
      - Tobacco Control (including workplace health)
      - Public Health children's services 0-19 years
      - Obesity Prevention and weight Management

- Substance Misuse (drugs and alcohol)
- Domestic Violence and Abuse
- Oral health
- General Prevention

These services are commissioned by Nottinghamshire County Council and provision is by the local NHS, private providers or not for profit organisations (third sector).

Governance

4. The Adult Social Care and Public Health Committee is responsible for all PH functions with the exception of functions reserved to the Health and Wellbeing Board. This committee receives regular reports to enable them to scrutinise the performance of all PH commissioned services. An example of a recent performance report is referenced in the background papers.

5. The majority of PH commissioned providers are required to be registered with the Care Quality Commission (the scope of CQC practice is set nationally). However, in addition to this and for all PH services (regardless of CQC requirements), there is a locally agreed approach to Quality Assurance. PH applies the definition of quality as set out in the National Quality Boards - shared commitment to quality (NHS 2016) with quality described in terms of

- Safety
- Effectiveness
- Positive experience (caring, responsive and person centred)

And for providers to ensure that services are

- Well led
- Use resources sustainably
- Equitable for all

6. Quality Assurance Visits (QAV) form part of the quality assurance process for PH commissioned services and are generally planned in advance with the provider, giving the opportunity for the provider and commissioner to work collaboratively to enhance the quality of care and Service User experience. The notion of undertaking QAVs is well embedded within QA of NHS commissioned services. A proportionate and planned approach to QAVs has been applied, considering for example; the financial value of the contract, the clinical risk posed, client vulnerability, confidence and prior knowledge of the provider. The frequency of visits are set out in the contract. A process of action learning with colleagues undertaking QAV has supported and informed the current QAV system and process to help deliver a flexible, yet consistent and replicable approach to QAVs. The findings and recommendations from these visits informed subsequent improvement plans.

7. There is also a process in place which oversees the reporting of incidents to PH in NCC that occur within provider services, so that lessons can be learnt and improvements made.

Functioning within a bigger System

8. Whilst Nottinghamshire County Council has specific responsibilities these are discharged in a wider context and one which changed significantly in 2013 as a result of the Health & Social Care Act. The example below illustrates how the commissioning of sexual health

services is distributed between local and national bodies. It serves to illustrate the importance of all commissioners and providers working together in an integrated way in order to secure the best possible outcomes for our population.

9. Local Authorities commission:
   - Comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception sexually transmitted infections (STI) testing and treatment, chlamydia screening and HIV testing
   - Specialist services, including young people's sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

10. CCGs commission:
   - Most abortion services
   - Sterilisation
   - Vasectomy
   - Non-sexual-health elements of psychosexual health services
   - Gynaecology including any use of contraception for non-contraceptive purposes
   - Delegated from NHS England, contraception provided as an additional service under the GP contract promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs

11. NHS England commissions:
   - HIV treatment and care
   - Sexual health elements of prison health services
   - Sexual assault referral centres
   - Cervical screening
   - Specialist fetal medicine services

Public Health Commissioning Intentions

12. Since April 2013 all PH commissioned services have been re procured. That cycle is due to start again possibly in 2018. In preparation for this PH commissioning intentions are currently being drafted for consideration at the Adult Social Care and Public Health Committee in autumn 2017. This approach is informed by a comprehensive needs assessment, a good understanding of the evidence base in terms of what works and increasingly moving towards commissioning for outcomes. All of this is informed by involving service users and public along the way.

Reason for Recommendations

13. To ensure that Health Scrutiny understands the roles and responsibilities of Public health with regard to commissioned services and can advise how Health Scrutiny and Public Health should relate to each other going forward

Statutory and Policy Implications

14. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk,

service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

1) Asked to note Public Health's responsibilities regarding commissioned services.
2) Health Scrutiny advises Public Health regarding what the ongoing relationship between Health Scrutiny and PH should be.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:
Barbara Brady
Barbara.brady@nottscc.gov.uk
Tel 0115 9772851

Constitutional Comments (LM 11/07/2017)

15. The Health Scrutiny Committee has responsibility for scrutinising health matters in relation to service provision for residents living in the County Councils area and may approve the recommendations in the report.

Financial Comments (DG 13/07/2017)

16. There are no financial implications arising directly from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- ASC & PH Committee Report 10 July

Electoral Division(s) and Member(s) Affected

- 'All'

Nottinghamshire County Council

Report to Health Scrutiny Committee

25 July 2017

Agenda Item: 8

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 and Advice

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

1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.

2) That the Health Scrutiny Committee 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
13 June 2017				
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)
25 July 2017				
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 (TBC)
IVF Substantial Variation	Update on re-consultation/Further action taken by the commissioners	Scrutiny	Martin Gately	Dr Amanda Sullivan, Sherwood Forest CCG/Lucy Dadge
10 October 2017				
Bassetlaw Hospital (Including Children's Services)	Update on the latest position	Scrutiny	Martin Gately	TBC
Primary Care 24 [TBC]	Latest performance information	Scrutiny	Martin Gately	TBC

East Midlands Ambulance Service	Latest Performance Information	Scrutiny	Martin Gately	TBC
21 November 2017				
9 January 2018				
13 February 2018				
27 March 2018				
8 May 2018				
24 July 2018				
To be Scheduled				
Obesity Services				
Suicide Prevention Plans – Public Health	New role for Health Scrutiny – further to suggestion from Health Parliamentary Select Committee			
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:

TBC

Recruitment (especially GPs)

Rushcliffe CCG Pilots Update

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