

Health Scrutiny Committee

Tuesday, 13 February 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 9 January 2018 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Sherwood Forest Hospitals and Nottingham University Hospitals Partnership | 9 - 16 |
| 5 | East Midlands Ambulance Service - Response to Winter Pressures | 17 - 24 |
| 6 | Neuro-Rehabilitation Update | 25 - 28 |
| 7 | Work Programme | 29 - 36 |

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:-

- (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)
Nicki Brooks
Richard Butler
Dr John Doddy
Kevin Greaves
David Martin
Michael Payne
Liz Plant
Kevin Rostance
Steve Vickers
Martin Wright

Officers

Barbara Brady	Nottinghamshire County Council
David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council
Susan March	Nottinghamshire County Council
John Wilcox	Nottinghamshire County Council

Also in attendance

Michelle Livingston Healthwatch Nottinghamshire

MINUTES

The minutes of the last meeting held on 21st November 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

APOLOGIES

Councillor Brooks replaced Councillor Weisz for this meeting only.

DECLARATIONS OF INTEREST

None

LOCAL PHARMACEUTICAL COUNCIL

Nick Hunter, Chief Officer for the Local Pharmaceutical Committee and Samantha Travis, gave a presentation on the [Pharmaceuticals](#) carried out by the Committee.

The following points were raised within the presentation:-

- The Committee is a body recognised in statute to represent community pharmacies of which there are 243 and that number includes 60 pharmacies within the City delivering over 25,000 health interventions a day. It is made up of 13 members who are nominated or elected and it works closely with local NHSE, CCGs, Local Authorities and other healthcare professionals to help plan healthcare services.
- The LPC negotiates and discusses pharmacy services with commissioners and is available to give advice to community pharmacy contractors and others wanting to know more about local pharmacy. LPCs liaise closely with their medical equivalent the Local Medical Committee so that GPs and pharmacists can work together to deliver services to patients
- Each NHSE team has three LPNs (Local Professional Network) – pharmacy, dentistry and optometry. They also work with CCGs, Local Authorities and others on prevention and medicines optimisation initiatives.
- There are over 200 accredited healthy living pharmacies who have trained healthy living health champions on site who cater for the public health needs of the community.
- The Committee recognised 5 high impact areas to be worked on, these were:-
 - Promote Wellbeing, Prevention, Independence and Self-Care
 - Strengthen primary, community, social care and carer services
 - Simplify Urgent and emergency care
 - Deliver Technology enabled care
 - Ensure consistent and evidence based pathways in planned care
- Since April 2017 25,600 pharmacy first consultations have taken place saving GP practice consultations. Around 8,300 patients have used the local community pharmacy emergency supply service saving out of hours GP appointments.

During discussions the following points were raised:

- There is a lot of close working with the 111 service referring patients with relevant symptoms to pharmacists instead of arranging a GP appointment.
- The 243 pharmacies does not include the pharmacies in hospitals apart from the community pharmacy at the Queens Medical Centre.
- The situation with delays between hospitals prescribing medication to patients being discharged is an in house procedure and the Pharmaceutical Council is not involved with that area. The QMC has a community and an independent pharmacy on site.
- SFH are able to send discharge information to community pharmacies, in the next 6 months, an upgrade is planned to make it easier than the current model. NUH are a little further behind but the intention is for it to happen in the near future. Funding for technology needs to be provided.

- Relationships between GPs and Pharmacies remain positive, NHS England campaign called 'stay well this winter'. Booklets have been delivered to every household, TV adverts, promoted on buses. The benefit of getting people into a pharmacy has been recognised.
- Members were advised if they received any queries regarding unwanted drugs or medication, you are able to take them back to any pharmacy who will be able to get rid of them.

The Chair thanked Nick Hunter for his attendance.

OBESITY SERVICES

John Wilcox and Barbara Brady from Nottinghamshire County Councils Public Health provided information on the issue of obesity, and programmes and plans that contribute to obesity prevention, and weight management services. They highlighted the following points:

- It was estimated that the NHS in England spent £5.1 billion on overweight and obesity related ill health in 2014/15. This is more than is spent each year on the police, fire service and judicial system combined and it does not cover the costs of wider economic and societal impacts including sickness absence, reduced productivity and welfare payments.
- The percentage of adults who have excess weight in Nottinghamshire is significantly higher than the England average. Levels of overweight and obesity are highest in Bassetlaw and lowest in Rushcliffe.
- The percentage of children in England who are obese, doubles between Reception age (age 4-5 years) and Year 6 (age 10-11 years). The percentage of Year 6 children who have excess weight in Nottinghamshire is lower than the England average. Levels of overweight and obesity are highest in Ashfield and lowest in Rushcliffe.
- For individuals who are already overweight or obese the provision of treatment services that are accessible and appropriate is needed, they are described in 4 tiers:-
 - Tier 1 – Preventative programmes
 - Tier 2 – Weight management services
 - Tier 3 – Specialist weight management services
 - Tier 4 – Severe and complex obesity services
- Nottinghamshire County Council's Public Health Division has a programme of work to tackle obesity. This involves working with relevant County Council Divisions, District and borough councils, the NHS and other Partner organisations. These Public Health programmes are:
 - Strategic Leadership and Partnership Working to address the causes of obesity
 - A commissioned Obesity Prevention and Weight management Service
 - Healthier Option Take away scheme (HOT)

- National Child Measurement Programme
- Joint working between Public Health and Planning departments
- Breastfeeding support and Breastfeeding Friendly Nottinghamshire
- During discussions the following points were raised:

During discussions the following points were raised:

- With regards to the children statistics, vending machines in schools do not help with the choices the children make. They made high sugar drinks easily accessible. More promotion on diet and nutrition needs to be done in schools.
- When new housing developments are being built, developers meet with planning officers from the Local Authority about the health and wellbeing elements, it's not just about the number of houses being built. Space, paths, connectivity and other aspects are also taken into account.
- If parents opt out of the National Child Measurement Programme, they have to give reasons why, 100% of schools participate in the programme.
- Work is being done in schools, making sure the link with the nurses in health service who measure children engage with parents and give advice about a healthy diet and lifestyle.

The Chairman thanked John and Barbara for their briefing.

SUICIDE PREVENTION PLANS

Susan March from Nottinghamshire County Councils Public Health outlined arrangements for preventing suicides in Nottinghamshire County. The following points were raised:-

- For the period 2014 -16, the age-standardised incidence rate of suicide in Nottinghamshire County was 8.2 per 100,000 population, which is slightly lower than the average for England (9.9 per 100,000). This equated to approximately 58 suicide deaths per annum of which about three quarters occurred in men aged between 21 and 49 years.
- Effective prevention of suicide requires a whole system approach involving Nottinghamshire County Council, primary care, health and criminal justice services, voluntary organisations and local people affected by suicide.
- In 2016, there were ten suspected suicides on Nottinghamshire railways. Public Health in partnership with Network Rail, British Transport Police and the Samaritans are working to prevent any further suicides. In 2017, there has been a 20% reduction Nottinghamshire Network Rail suicide deaths.
- CCGs have funded suicide prevention. Public health and CCGs together have invested in mental resilience programmes in schools to prevent and improve children and young people's mental health problems. The provision

of government funding to the NHS for suicide prevention that is guaranteed for 2018/19-2020/21 is still to be allocated.

- On the 11th of December 2017, the ASCH and PP Committee agreed £50k from the Public Health grant to be allocated to Mental Health and Suicide Prevention awareness and training.

During discussions, the following points were made:-

- Most of the successful suicides are not individuals who are involved with support services previously, majority happen within their own home.
- The £50k allocated to Mental Health and Suicide Prevention will fund training for about a year.
- Members requested information around suicides as Rampton Hospital to see how it compared to prison in Nottinghamshire

WORK PROGRAMME

The Committee agreed to bring back EMAS to the February meeting to inform us on how they are getting on with their performance around winter pressures.

The work programme was noted

The meeting closed at 1pm

CHAIRMAN

13 February 2018

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS AND NOTTINGHAM UNIVERSITY HOSPITALS PARTNERSHIP

Purpose of the Report

1. To consider information regarding partnership arrangements between Sherwood Forest Hospitals and Nottingham University Hospitals.

Information

2. Members may recall that two years ago, proposals were announced regarding a possible merger between Sherwood Forest Hospitals and Nottingham University Hospitals. The rationale for the merger included the clear strategic fit between the two organisations, and the strong intent to work collaboratively – taking the best of both Trusts to make a new one.
3. Although the merger did not go ahead, the Trusts continue to work together in partnership. A presentation on the partnership from NUH and Sherwood Forest Hospitals is attached as an appendix to this report. The Chief Officers of both Trusts will attend the Health Scrutiny Committee to deliver the presentation and answer questions.

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

NUH and SFH: working together to further improve services for Nottinghamshire patients

Tracy Taylor, Chief Executive, NUH
Richard Mitchell, Chief Executive, SFH

Health Scrutiny Committee: 13 February 2018

Progress

In our first year we have taken the following steps to improve patient care:

1. Invested much of the preparatory work, that we did in readiness for the merger, into our strategic partnership
2. Established a Partnership Board
3. Established a clinically-led work programme
4. Approved 2 business cases: Neurology and Urology
5. Worked up a vascular business case (pending approval)
6. Implemented a shared Urology on-call service and repatriation of Urology cancer patients closer to home
7. Developed a joint Quality Governance framework to strengthen the delivery of safe clinical services
8. Agreed an overarching Joint SLA to underpin the delivery of joint models of care
9. Committed to the development of a joint clinical strategy and further areas of collaboration where it is in the interests of patients

A clinical work programme to lay the foundations for more integrated and efficient hospital provision

Current clinical work programme

NUH@models	Shared services
Oncology	Urology
Vascular	Stroke
Neurology	ENT
Renal	Sterile Services

Improvements to quality of care & patient experience

Urology:

- Since August, we have started repatriating urology cancer patients from Derby, which provides care closer to home and addresses a previously fragmented cancer pathway which required patients to travel to numerous hospitals for diagnostics, treatment and after-care
- Since November, we have produced a sustainable on-call rota, enabling patients to be seen immediately by a consultant during office hours or the next morning if admitted out of hours
- Established emergency outpatient clinics twice a week

Neurology:

- A locum-led outpatient service at SFH has been replaced with consultant-led clinics provided by NUH consultants

Lessons learnt & challenges

- ☐ National workforce shortages in hard to recruit areas
- ☐ Existing national financial models do not always support the design and implementation of shared pathways
- ☐ Delivering significant cultural, behaviour and organisational change at both sites
- ☐ Maintaining operational delivery and performance with increased demand on our services and during Winter pressures
- ☐ Different systems and processes

Next steps & priorities for 18/19

1. Build on the significant progress already made between the two acute providers articulate a single future clinical services vision and strategy for Notts ; testing alignment with STP, primary and community care strategies
2. Agree the specialties where there will be further clinical collaboration between NUH and SFH, where is in the best interest of our patients.
3. Closer collaboration around support services including: progressing a Sterile Services business case and joint initiatives on procurement
4. Embed the changes we have initiated in Urology and Neurology and monitor effectiveness of pathways

13 February 2018**Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****EAST MIDLANDS AMBULANCE SERVICE - RESPONSE TO WINTER PRESSURES****Purpose of the Report**

1. To consider information on the response to winter pressures from the East Midlands Ambulance Service (EMAS).

Information

2. In the last few days of December 2017 and the early part of January 2018, there were huge pressures on EMAS which resulted in escalation to the National Ambulance Resilience Unit Resource Escalation Action (REAP) Level 4. REAP 4 is the highest alert level for ambulance trusts and was a response to:
 - Huge pressure in the NHS system,
 - Lengthy delays for ambulance crews during hospital handover, and
 - 999 demand.
3. A written briefing from EMAS is attached as an appendix to this report.
4. Keith Underwood, Ambulance Operations Manager for Nottinghamshire and Annette McFarlane, Service Delivery Manager for Nottinghamshire will attend the Health Scrutiny Committee to brief Members and answer questions as necessary.

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

17 January 2018

Briefing for Nottinghamshire Health Overview and Scrutiny Committee

Meeting: Tuesday 13 February 2018

East Midlands Ambulance Service provides emergency 999 care and telephone clinical assessment services for a population of 4.8 million people.

On average we receive a new 999 call every 34 seconds – around 2,500 a day.

Our vision is 'to deliver outstanding sustainable emergency and urgent care services across the communities of the East Midlands'.

Managing demand over the winter period

Winter was a particularly challenging period for the NHS and we, like other organisations experienced pressures which impacted our ability to reach patients in a timely manner.

We had plans in place and in response to the huge pressures in the NHS system, lengthy delays our ambulance crews experienced waiting at hospitals and an increase in 999 demand we escalated our Capacity Management Plan (CMP) to Level 4 (equal to major incident situation and the highest level in the plan), for periods between 30 December to 2 January.

Our busiest period was in the new year and we escalated to the National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 – equal to hospital Opel 4 status.

REAP 4 is the highest escalation alert level for ambulance trusts, and we remained there from Wednesday 3 January to Tuesday 9 January. A briefing note was issued to council members on Wednesday 3 January which outlines the actions we took to ensure patients in the community reported to be in a life-threatening or very serious condition received a timely response. (see appendix 1).

Nottinghamshire figures

Our busiest day was New Years Day where we responded to 527 emergency and urgent calls in Nottinghamshire. We were also busy on the 31 December, responding to 481 incidents, the 30 December responding to 491 incidents and the 25 January responding to 481 incidents.

We increased cover levels by having extra ambulance crews on duty throughout December and January and ran a triage facility in Mansfield town centre and in

Nottingham city to ensure those enjoying the party season were able to do so safely.

Conclusion

We are committed to responding to as many patients as safely and quickly as we can with the resource base that we have however there are on-going challenges that we are working hard to address:

- Our Trust Board has a fundamental belief that there is a resourcing gap despite the efficiencies made at EMAS, and discussions with our commissioners on the level of funding and resource required continue.
- The huge pressure faced by the NHS over recent weeks has seen many of our ambulance crews and patients kept waiting at hospital. If our ambulances are at hospital with a patient they are not able to respond to new calls coming in.
- Subsequently, patients in the community can experience a delayed response to their 999 call. We have continued to escalate our concerns to our commissioners and regulators about patient safety, and we continue to work very closely with NHS and social care partners to improve the welfare of our patients and staff.

Appendix 1

Issued to council members on Wednesday 3 January.

3 January 2018

Stakeholder update

Huge pressure on NHS emergency ambulance service

Today we escalated to the National Ambulance Resilience Unit's Resource Escalation Action Plan (REAP) Level 4 – equal to hospital Opel 4 status.

REAP 4 is the highest escalation alert level for ambulance trusts, and is our response to the:

- huge pressure in the NHS system,
- lengthy delays many of our ambulance crews are experiencing with hospital handover, and
- 999 demand.

It remains our priority to get clinicians on scene for patients waiting in the community reported to be in a life-threatening or very serious condition.

REAP 4 actions agreed by our Executive Directors and Senior Management team today include:

- **Set up of a REAP Incident Cell** at our Headquarters in Nottingham.
- **Alternative use of some Community First Responder Schemes (CFR).** We are looking to task the fifteen EMAS cars (without blue lights and sirens) operated by CFR schemes to transport 'walking patients' to hospital instead of a double crewed ambulance. Our Clinical Assessment Team (paramedics and nurses based in our Emergency Operations Centre) to ensure patient safety.
- **Statutory and mandatory training and clinical education to be rescheduled.**
- **Doctor cover in our Emergency Operations Centre.** We will have a rota for a doctor to be in our control centre for the next seven days to support our Clinical Assessment Team

- **No send for Category 3 patients.** We have introduced a clinical safety net to support this REAP 4 action: a set of criteria including age and clinical condition is used by our clinicians to review each call Category 3 call and a senior clinician is involved in the final 'no send' decision, e.g. patients are advised that they need to arrange to get themselves to a treatment centre via car or taxi, or a relative or friend's car. Category 3 patients include people with uncomplicated diabetic needs, while Category 4 patients are clinically stable cases including dermatology, gynaecology and neurology. You can read more about the four response categories in the National Ambulance Response Programme by visiting the NHS England website here: <https://www.england.nhs.uk/urgent-emergency-care/arp/>

New Year at EMAS

It's been incredibly challenging for the NHS since 30 December 2017 and this has impacted on how quickly we have reached some patients.

Our management and clinical teams had planned for a busy New Year to give us the best possible level of resource to meet the predicted increase in demand, including:

- Over 145 ambulances and 50 fast response cars were manned by EMAS clinicians on duty to respond to emergency calls.
- Temporary triage centres in Derby, Leicester, Lincoln, Northampton, Nottingham and Scunthorpe allowed us to treat more minor injuries on scene rather than send a fully kitted emergency ambulance.
- Over 120 colleagues worked in our two Emergency Operations Centres to receive and respond to the 999 calls received.
- Over 25 managers and leaders worked to support our crews, many of them working out on the frontline.
- Good management cover in our Emergency Operations Centres, at busy hospitals and in the temporary triage centres to support our staff and other NHS colleagues.
- A strategic command cell was set up throughout the night and early hours of the morning to manage demand.
- On-duty and on-call managers were based at busy hospital emergency departments to support patient flow and to get ambulances back on to the road to respond to patients waiting in the community.

What happened?

The New Year period resulted in:

- 1,027 calls received during the first six hours of 2018. We answered each call within two seconds.
- Many calls related to illness or injury suffered as a result of too much alcohol.
- Just under 8,500 emergency calls received between 30 December to 1 January with 25% of calls put through to EMAS by NHS111. On average we receive 2,500 calls per day.
- We lost over 500 hours on New Year's Day due to delays experienced by our crews at hospital. When emergency department staff are not able to accept a clinical handover from our ambulance crews we are delayed from getting back out on the road to respond to patients waiting for a response in the community Lincolnshire, Northamptonshire and Leicestershire were the worst affected. Hospital handover delays occur because of other pressures in the wider NHS and social care system and we are all working together to address this.

What did EMAS do in response?

We had plans in place to help us manage the increase in calls and pressure faced on the wider NHS. We escalated our Capacity Management Plan (CMP) to Level 4 (equal to major incident situation and the highest level in the plan), for periods between 30 December to 2 January.

- This was due to very large numbers of patients in the community waiting for an ambulance response.
- It was our priority to get clinicians on scene for patients reported to be in a life-threatening condition.
- We liaised with the hospital emergency departments to ask that our ambulance crews were able to return to their vehicle as soon as possible.
- We asked patients who were fit to sit to do so in a hospital chair on arrival rather than wait on an ambulance stretcher.
- Community First Responder and Emergency First Responder volunteers provided support where available, as well as St John Ambulance, private

ambulance services and schemes such as East Midlands Immediate Care Scheme (EMICS doctors) and LIVES in Lincolnshire.

- Off-duty frontline colleagues were asked to report for duty if they were able to provide support.
- We deployed our Derbyshire Patient Transport Service (PTS) to support hospitals with discharges and transfers. Note: PTS in Northamptonshire, Leicestershire and Rutland, Nottinghamshire and Lincolnshire are provided by different organisations.
- Our social media channels and proactive media work promoted when to use 999 and the alternative NHS care available.

Level of ambulance service given

- Some patients unfortunately experienced a delay and we are sorry that we were not able to provide the service that we endeavour, and had planned to give. Patients with a less serious condition were advised to seek alternative care, to seek alternative transport if appropriate, or advised that they would experience a delayed response because of demand on the service.
- Our temporary triage centres helped by treating several patients on scene, keeping ambulances available for other 999 incidents, and reducing the amount of patients taken to the very busy hospital emergency departments.

In conclusion

The continued dedication, commitment and hard work of our EMAS colleagues, volunteers and partners is helping us manage this exceptional period of high demand would have had on more people if it were not for the actions taken. We continue to monitor activity and identify any opportunities for learning. We're also working with our commissioners and regulators to identify how the increase in demand impacted on the patient care we were able to give.

My heartfelt thanks go to all that worked with us over the festive period and into the beginning of January to provide the best possible patient care.

Ben Holdaway, EMAS Director of Operations

13 February 2018**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NEURO-REHABILITATION UPDATE****Purpose of the Report**

1. To consider an update in relation to changes in Neuro-Rehabilitation services at Chatsworth Ward, Sherwood Forest Hospitals.

Information

2. Members will recall that this matter was last on the agenda of the Health Scrutiny Committee in November 2017 when the committee heard that the commissioners had been collecting information about current provision, exploring other models which work elsewhere, as well as engaging with patients, family members, staff and other partners in order to canvas views.
3. The committee requested the commissioners stay in close contact and return to the committee before implementation of any changes.
4. A written briefing from Mansfield and Ashfield/Newark and Sherwood Clinical Commissioning Group is attached as an appendix to this report. The briefing sets out the timeline in relation to this topic, but does not detail the outcomes from the public consultation. These will be presented to the committee verbally by representatives from the commissioners.

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

Health Scrutiny Committee
Neuro rehabilitation update

This briefing paper aims to give a timeline for the neuro-rehabilitation work that has been undertaken to date. The Clinical Commissioning Group (CCG) will be attending the February Health Scrutiny Committee to share progress.

- July 2017-Sherwood Forest Hospitals NHS Foundation Trust gave notice of their intention to withdraw services.
- August 2017-1st Engagement event August was held on the 17th August.
- September-Audit of service activity 2016-2017 completed plus weekly assessment data of patient needs. The CCG identified a lead in Commissioning to support process. Meetings with key stakeholders commenced and continue. There was analysis of best practice and service options across the country with particular focus locally.
- October 2017- A paper to Health Scrutiny Committee and meeting Oct 10th 2017 followed by a 2nd engagement event 4th October. There have been many meetings with staff and visits to Chatsworth ward.
- November- the CCG came back to the Health Scrutiny Committee on the 21st November.
- November- a co design event took place (80 attendees) to understand priorities for redesigning services. This led to a set of design principles.
- December- further meetings with staff to further understand the patient journey.
- January- The formation of a proposal paper for the CCGs Governing Body.
- February- public engagement session followed by a presentation to the Health Scrutiny Committee.

Lucy Dadge
Chief Commissioning Officer

13 February 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. An additional meeting of Health Scrutiny Committee has been scheduled for Thursday 26th April (10:30 am). This meeting will be devoted solely to looking at Primary Care commissioning by way of an examination of the GP Forward View.
6. 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
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
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
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
21 November 2017				
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 Urgent Treatment Centre	Briefing on the transition to Urgent Treatment Centre taking place from early 2018, with the intention that Newark Hospital becomes a centre of excellence across a broad range of diagnostics.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Ashfield/Newark and Sherwood CCG

9 January 2018				
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
13 February 2018				
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
27 March 2018				
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

26 April 2018				
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.
8 May 2018				
Bassetlaw Children's Ward	Further consideration	Scrutiny	Martin Gately	TBC
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).
Nottingham Treatment Centre Procurement	Progress Report on the results of the procurement	Scrutiny	Martin Gately	Maxine Bunn, Director of Contracting TBC
Winter Planning Update	Further update on actions arising from last winter.	Scrutiny	Martin Gately	TBC
4 July 2018				
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
To be scheduled				
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