

## **Joint City / County Health Scrutiny Committee**

**Tuesday, 13 September 2016 at 10:15**

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

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### **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the meeting held on 12 July 2016  | 3 - 8   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Environment Waste and Cleanliness at Nottingham University Hospitals   | 9 - 22  |
| 5 | Defence National Rehabilitation Centre   | 23 - 36 |
| 6 | Future of Congenital Heart Services  | 37 - 42 |
| 7 | Work Programme   | 43 - 50 |

### **Notes**

- (1) 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

- (2) 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 Julie Brailsford (Tel. 0115 977 4694) or a colleague in Democratic Services prior to the meeting.

- (3) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (4) A pre-meeting for Committee Members will be held at 9.45 am on the day of the meeting.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE**  
**12 July 2016 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor J Bosnjak  
Councillor R Butler  
Councillor J Clarke  
Councillor Mrs K Cutts MBE  
Councillor C Harwood  
Councillor J Handley  
Councillor J Williams

### **Nottingham City Councillors**

Councillor A Peach (Vice- Chair)  
A Councillor M Bryan  
Councillor E Campbell  
Councillor C Jones  
Councillor G Klein  
A Councillor B Parbutt  
Councillor C Tansley  
A Councillor M Watson

### **Officers**

Peter Barker - Nottinghamshire County Council  
Paul Davies - Nottinghamshire County Council  
Jane Garrard - Nottingham City Council

### **Also In Attendance**

#### **Councillors**

Jim Creamer - Nottinghamshire County Council

#### **Officers**

Pete McGavin - Healthwatch, Nottingham  
Theodore Phillips - Nottinghamshire Transforming Care Partnership  
Rachael Rees - Nottingham North and East CCG  
Sally Seeley - Nottingham City CCG  
Sam Walters - Nottingham North and East CCG

## **MINUTES**

The minutes of the last meeting held on 14 June 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES**

Apologies were received from Councillor Parbutt and Councillor Watson.

## **MEMBERSHIP**

It was noted that Councillor Marcia Watson had replaced Councillor Corall Jenkins.

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISTIC SPECTRUM DISORDERS**

Sally Seeley and Theodore Phillips gave a presentation about consultation on the Nottinghamshire Transformation Plan for transforming care for people with learning disabilities and autism. They also updated the committee about changes resulting from the consultation, and progress being made to deliver the Plan.

During discussion the following points were raised:

- This would be a challenging project. - In response, it was agreed that it was complex. The consultation had produced broad support for the proposals, which had now been broken down into themes, each with targets. Service users and their families remained at the heart of the programme.
- It was explained that there would be a Transition Nurse in the north on the county. Reference was made also to the reforms for children and young people with Special Educational Needs and Disabilities.
- It was indicated that there would be working with schools and GPs to diagnose autism. It was recognised that early intervention was key.
- In reply to a comment, it was explained that a crisis team was in existence. However crisis beds were not available on a 24/7 basis.
- In relation to housing, there were concerns about changes to Housing Benefit which impacted adversely on service users whose benefit paid for support. There might be some capital monies available but there remained the issue that developers were reluctant to invest where returns were uncertain.
- Concern was expressed about the lengthening timescale for transforming services, and the Government should recognise the need to for more resources. – It was explained that aims were clear for the three years covered by the transformation plan, which was subject to close scrutiny. The only funding for alternative services was by releasing the money spent on beds.
- Housing associations should become partners in the project. - There had been workshops with housing providers.
- People with learning disabilities might require guidance on how to spend their income sensibly. - It was agreed that guidance and advocacy for service users were key.

- It was observed that training a suitable workforce was a national problem. - It was indicated that locally work was starting to build on employees' existing skills.
- It was queried whether there was a lack of respite care? - Some respite care already existed, and it might be possible to use short term crisis accommodation. It might also be possible for service users to use their personal budgets or personal health budgets.
- How confident were the team about resources? - The team had received some non-recurrent funding last year. It was anticipated that the transfer of funding from NHS England would take some time.
- How were service users and their families being kept aware of developments? - Consultation had raised awareness about the transformation work, and there had also been individual engagement with services users and families.
- Committee members encouraged the involvement of housing associations, district councils, the voluntary sector and spatial planners in developing services.

### **RESOLVED to agree that**

- 1) The Joint Health Scrutiny Committee (as the relevant Overview and Scrutiny Committee) has been properly consulted within the consultation process;
- 2) In developing the proposals for service changes, the Transforming Care Partnership has taken into account the public interest through appropriate patient and public involvement and consultation;
- 3) The proposal for change is in the best interests of the local health service;
- 4) A copy of the three year Transformation Plan be available to the Committee and information presented to the feedback sessions on how issues raised in the consultation are being reflected in the plan, to be provided to Committee and; based on that information, to schedule a future agenda item to review progress against the three year plan.

### **WILLOWS MEDICAL CENTRE, CARLTON**

Sam Walters and Rachael Rees introduced the report and informed the Committee that the CQC had inspected the Centre on 6<sup>th</sup> June and suspended work there from 10<sup>th</sup> June, giving very little time for the CCG to respond. Rachael explained how other local practices were contacted to see whether they had the capacity to take on more patients. Publicity was also organised to get the message across that the Willows Centre was closed. Particular attention was given to vulnerable patients to ensure that they were aware of the changes. CCG staff members were also present at all the practices to assist with the temporary registrations and to answer any queries. The practices involved were very supportive and helped the work of the CCG tremendously. A report from the CQC detailing the way forward was due to be published on 18<sup>th</sup> August but this has been delayed owing to a bereavement.

During discussion the following points were raised:

- Is there was anything more that should be done and what happens after the publication of the CQC report? At the moment 1,700 patients have re-registered at other practices but there were 3,700 patients registered at the Willows Centre.

More patients came forward for re-registration following publicity and more information will be available in the media when the CQC report is published.

- Committee commented on the distances given in the report between the alternative practices and the Willows Centre and asked whether the hilly terrain in the area considered. This was especially relevant to elderly patients who would have problems travelling round the area easily. It was confirmed that the distances stated in the report were 'as the crow flies' but that the local geography would be taken into account.
- It was asked what the CCG could learn from the experience, especially about the scope to intervene. Committee was informed that the CCG had only been monitoring quality since April 2016 and was currently liaising with h CQC regarding the quality dashboard.
- How confident was the CCG that patients could be accommodated elsewhere if the Willows Centre did not reopen? The relevant practices had indicated that they would be able to accommodate all of the extra patients from the Willow Centre between them if necessary and in fact one practice had said that it could accommodate all 3,700 patients themselves if required.
- Will the Willows Centre reopen and if not is there a 'Plan B'? The CQC will make that decision. At the moment the CCG is concentrating on ensuring the Willows Centre patients are receiving appropriate care. If the Centre does not re-open then all available options will be considered to ensure the former patients continue to receive high quality primary care services.

## **RESOLVED to**

Note the contents of the report.

## **WORK PROGRAMME**

Committee requested that reports on the following subjects be brought to future meetings:

- Cleanliness at NUH sites (Sept)
- CQC Report on Willows Centre (Sept)
- CAMHS (Oct)
- NUH Partnership arrangements with Sherwood Forest Trust (Oct)
- Delays in reporting X-Rays to be looked into

## **EMAS**

The Vice Chair updated the Committee on a recent regional Health Scrutiny meeting, to which the East Midlands Ambulance Service (EMAS) and Hardwick CCG (lead commissioners) were invited to discuss the response to the recent Care Quality Commission inspection which found EMAS to be 'Requires Improvement':

- (a) staffing issues, including numbers of staff, skill mix and frontline leadership underpin many of the aspects raised by the CQC under the 'safe' domain which was rated 'inadequate'. Therefore staffing is a key focus for action;
- (b) EMAS is investing in its fleet - one third of EMAS vehicles have recently been replaced;

- (c) there has been an increase in the number of Red Calls which puts pressure on the service. However recent analysis found that 50% of the 'red' referrals from NHS 111 don't actually result in conveyance and this needs addressing.
- (d) delays in handover at Emergency Departments continue to cause problems and not only affects the quality of care for the patient waiting to be admitted but also impacts on EMAS' ability to respond to other calls in the community.
- (e) the 2016/17 contract is not based on meeting national response targets and national response targets will not be met this year. Instead minimum contract standards have been set locally and commissioners expect to see continual month on month improvement in performance. So far Red 1 performance is meeting local targets but Red 2 performance is below the minimum performance trajectory. The 2016/17 contract includes reinvestment of financial penalties and is intended to provide a year of financial stability. Hardwick CCG is disappointed that the contract won't deliver national response targets.
- (f) the EMAS Board had been concerned about a lack of consistency in Executive leadership in recent years. There is now a new Acting Chief Executive (Richard Henderson) who has worked for the organisation for a number of years and a new Director of Operations at EMAS. Hardwick CCG supports the current leadership arrangements;
- (g) a Strategic Demand, Capacity and Price Review is being carried out, looking at EMAS in the context of the whole emergency and urgent care system. It is aiming to look at what it would cost to deliver national targets at a regional (East Midlands) level, and to understand what this means at a County level. There is no blank cheque for implementation of the Review but there is scope for investment/reinvestment over the 2-3 year period. The findings of the Review should be known by October 2016 and another regional health scrutiny meeting is being scheduled to look at these findings and action being taken to implement improvement actions.

### **Oak Field School**

Local concern had been raised with some Councilor's about changes to nursing services at Oakfield School, and other Special Schools. The changes affect children in both the City and County. It was understood that a new service model had recently been commissioned. It was agreed to find out further information on the commissioning of the new service to inform consideration as to the appropriateness of the Committee scrutinising the issue.

**RESOLVED** to note the contents of the work programme and suggested updates.

The meeting closed at 11.45pm.

Chairman



**13 September 2016****Agenda Item: 4****REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH  
SCRUTINY COMMITTEE****ENVIRONMENT, WASTE AND CLEANLINESS AT NOTTINGHAM  
UNIVERSITY HOSPITALS****Purpose of the Report**

1. To introduce the latest data on Environment, Waste and Cleanliness at Nottingham University Hospitals (NUH).

**Information and Advice**

2. The Joint Health Committee regularly examines issues of Environment Waste and Cleanliness at NUH.
3. In late July, NUH issued a statement indicating that there had been some early signs of improvement from Carillion in some of the areas which required urgent attention, including the availability of cleaning materials and linen. Carillion also introduced a new 'bank' to cover unexpected staff absences and have adapted some working practices so that services are more responsive to the needs of NUH wards and clinical areas. NUH satisfaction levels are based on the 'lived' experience of patients and staff, and this indicates that there remains much work to do to ensure the consistent delivery of the necessary standards across all services. At the same time, Carillion reactively stated that it was committed to providing a high standard of service to the Trust, and wishes to work closely with the Trust to tackle any identified problems. Carillion will continue to monitor clinical teams' experience of their services.
4. In August, Unison issued a statement saying it believes that Carillion is failing to deliver on cleaning services. In response, NUH issued a statement that the Trust Board requires urgent improvements from Carillion in response to declining cleanliness standards and inconsistent standards across a range of services including linen provision, availability of equipment and portering. It reported that there had been no general increase in infections over the period standards of cleanliness have deteriorated. The Trust Board is monitoring Carillion's performance monthly and is considering the future of the contract with Carillion.
5. A presentation from Nottingham University Hospitals (NUH) is attached as an appendix to this report.
6. Dr Stephen Fowlie, Medical Director for NUH will attend the Joint Health Committee to deliver the presentation and answer questions.

7. Members may wish to add a visit to the NUH work programme of the Joint Health Committee.

## **RECOMMENDATION**

- 1) That the Joint City and County Health Scrutiny Committee consider and comment on the information provided.

**Councillor Parry Tsimbiridis**

**Chairman of Joint City and County Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

### **Background Papers**

Nil

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

All

# A cleaner, smoke-free NUH

Dr Stephen Fowlie  
Medical Director

August 2016

# Agenda

- 16/17 quality priorities
- PLACE scores
- Facilities performance – including cleanliness
- Smoking
- Car parking

## 16/17 quality priorities



# 2016 PLACE results

	QMC 2015	QMC 2016		City 2015	City 2016		National average 2016
Cleanliness	93	<b>94</b>		96	<b>96</b>		98
Food	87	<b>81</b>		92	<b>92</b>		88
Food Organisational	90	<b>89</b>		84	<b>89</b>		87
Ward Food	87	<b>80</b>		93	<b>93</b>		89
Privacy, Dignity and Wellbeing	74	<b>83</b>		78	<b>77</b>		84
Condition and Appearance and Maintenance	81	<b>93</b>		89	<b>94</b>		93
Dementia	56	<b>73</b>		74	<b>72</b>		75
Disability (NEW)	N/A	<b>79</b>		N/A	<b>79</b>		79

# Carillion performance

- Running E&F services since July 2014, including cleaning, catering, car park management, laundry, portering and maintenance
- 5 year contract (option to extend by 3 years, subject to satisfactory performance)
- Circa 1,200 Carillion staff
- NUH Contract Management Team

# Inconsistent standards

- Cleanliness audits (internal & external) showed deterioration early 2016 after spell of improvement
- Inconsistent standards: linen provision, availability of consumables/equipment, portering, helpdesk
- Rapid improvement required by NUH Trust Board



# Cleaning & decontamination: infection control

- **No general increase in infections over the period**
- Deep cleaning programme re-started mid '15 (after a decant ward was identified at QMC)
- New cleaning manual (roles & responsibilities)
- More cleaning staff & supervisors
- Increased cleanliness audit standard from 90% to 95% in high risk areas

# Carillion improvement plan

- New 'bank' (circa 50 staff) for unplanned leave
- Plans to recruit extra cleaners and porters
- 39 more estates staff – quicker responses to jobs
- Changes to working practices (eg linen deliveries twice daily and different way of ordering and distributing goods to ensure adequate stocks)

# Monitoring progress

- Trust Board visits & oversight
- Staff feedback (the 'lived experience')
- Publish weekly performance dashboard (staff)
- Patient feedback
- External inspections
- Audits
- Think Clean Days

# Smoke-free

- Smokers can use e-cigarettes in hospital grounds to help them give up tobacco
- Ward-based New Leaf advisors at QMC and City (facilitating nurse referrals to cessation services)
- Pharmacy support (incl Nicotine Replacement)
- On-the-spot fines for littering (circa 20 per week)

# Car parking

- Staff permit review

Coming in 2016 & 2017.....

1. Fines for inappropriate parking
2. 120 extra parking spaces at QMC
3. Tram entrance with direct access to hospital

# Questions

13 September 2016

Agenda Item: 5

## **REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE**

### **DEFENCE NATIONAL REHABILITATION CENTRE (STANFORD HALL)**

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

1. To introduce information on the new Defence National Rehabilitation Centre.

#### **Information and Advice**

2. The new Defence and National Rehabilitation Centre (DNRC) is currently being constructed in the grounds of Stanford Hall on the Nottinghamshire-Leicestershire border at a cost of £300 million, and is due to open in 2018. The centre will replace the outdated Headley Court in Surrey, where patients are currently treated.
3. The DNRC will provide rehabilitation primarily for injured military personnel, but it will also, significantly, treat civilians (East Midlands residents). The centre will be able to accommodate around 300 patients.
4. A written briefing from Nottingham University Hospitals (NUH) is attached as an appendix to this report.
5. Caroline Shaw, Chief Operating Officer, NUH and Miriam Duffy, NUH's lead for the clinical work stream at the DNRC will attend the Joint Health Committee to present the briefing and answer questions.
6. Members may wish to focus on any emerging criteria for the treatment of civilians within the DNRC, and what the expected capacity of the centre for civilians will be. In addition, since the centre will be treating military personnel, there may be security issues which impact on civilian use of the site (for both patients and visitors) which could perhaps be explored.
7. Members may wish to add a visit to the DNRC to the long-term work programme of the Joint Health Committee.

#### **RECOMMENDATION**

- 1) That the Joint City and County Health Scrutiny Committee consider and comment on the information provided.

**Councillor Parry Tsimbiridis**  
**Chairman of Joint City and County Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

**Background Papers**

Nil

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

All



# Stanford Hall

## Developing a world-class rehabilitation facility for the East Midlands

Caroline Shaw, Chief Operating Officer

Miriam Duffy, Head of Service for Rehabilitation & Pathway Lead for Major Trauma

August 2016

# Agenda

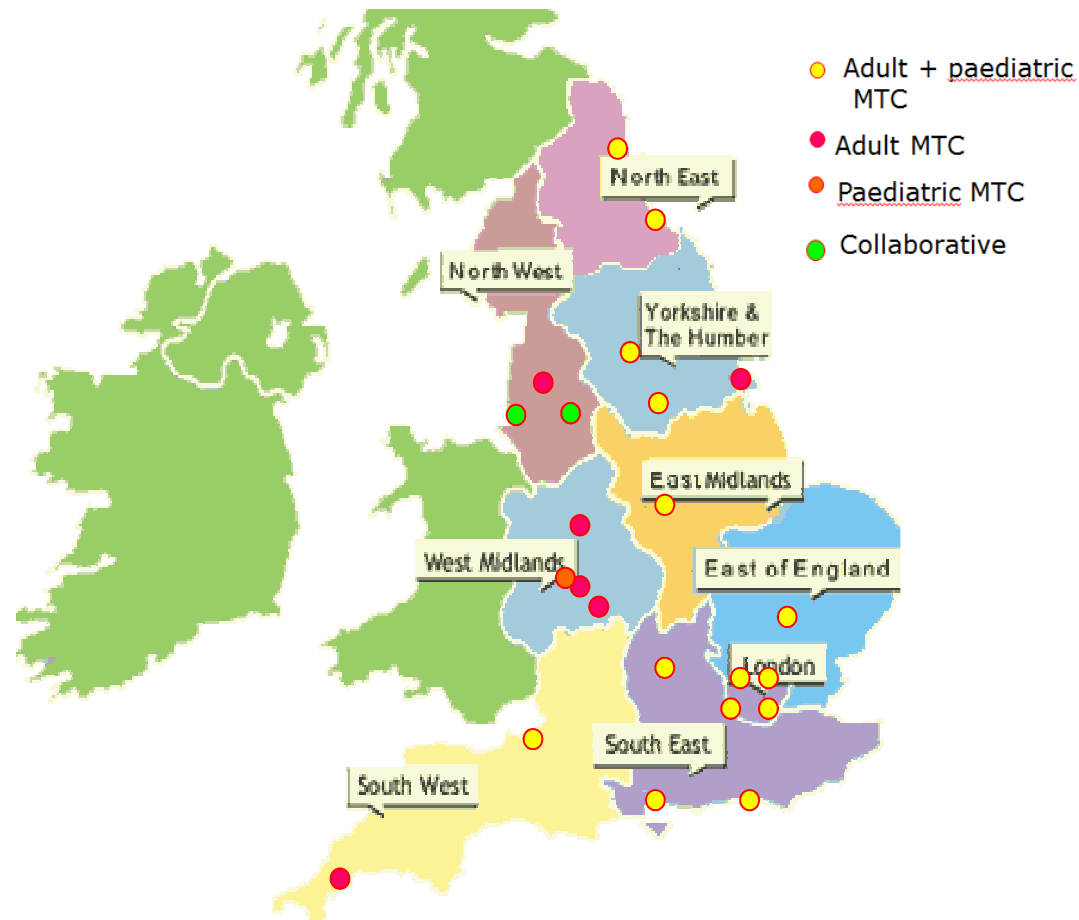
- Major Trauma facts
- The Stanford Hall development
- NUH's role
- Benefits for patients
- Next steps

# Major Trauma facts

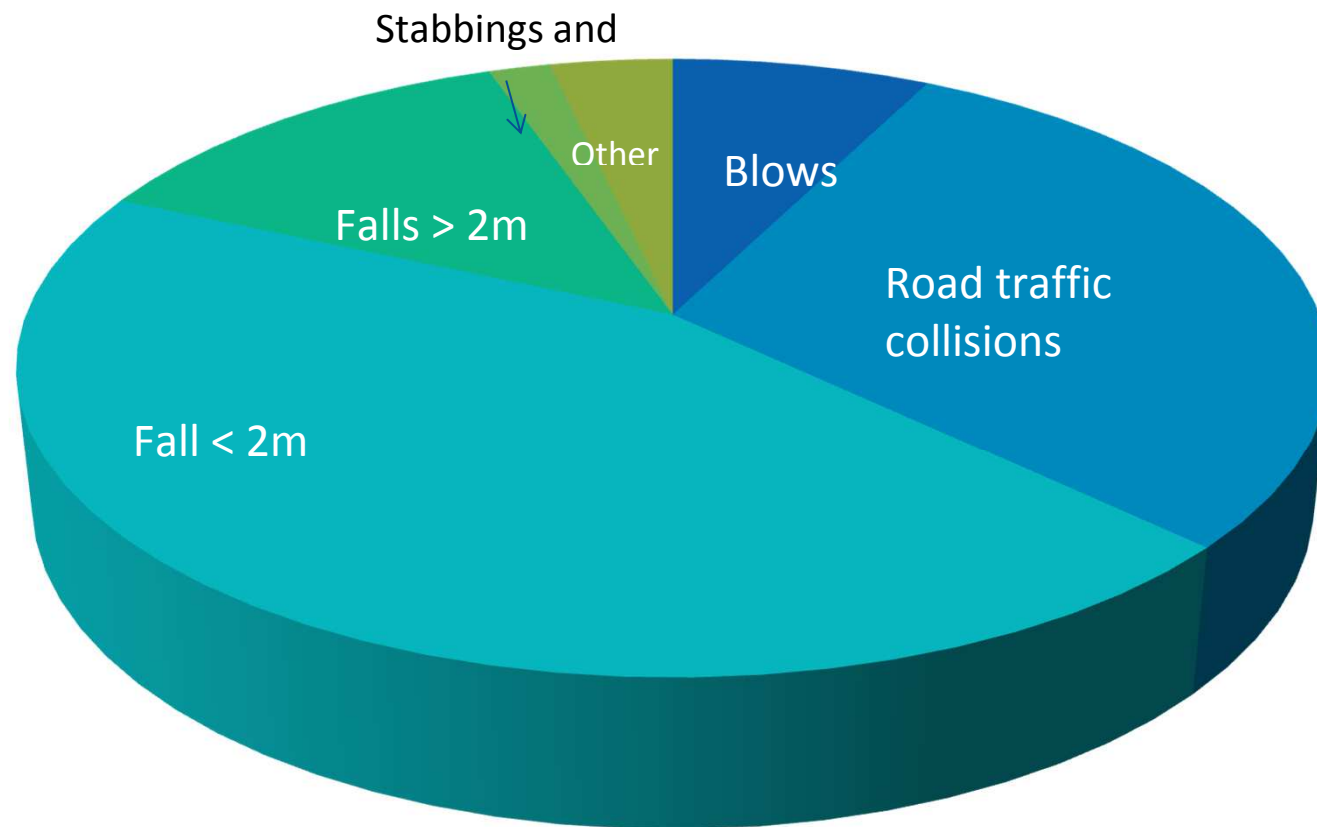
- Busiest Major Trauma Centre in country
- Cared for 5,400 patients since April 2012
- 143 trauma calls per month (average 4 a day)
- 350 unexpected survivors
- Among strongest clinical outcomes in the country

# Major Trauma Centres

- Major trauma patients have a 10% mortality
- Major Trauma Centres are supported by Trauma Units



# Trauma injuries: facts



# Rehabilitation: rebuilding lives

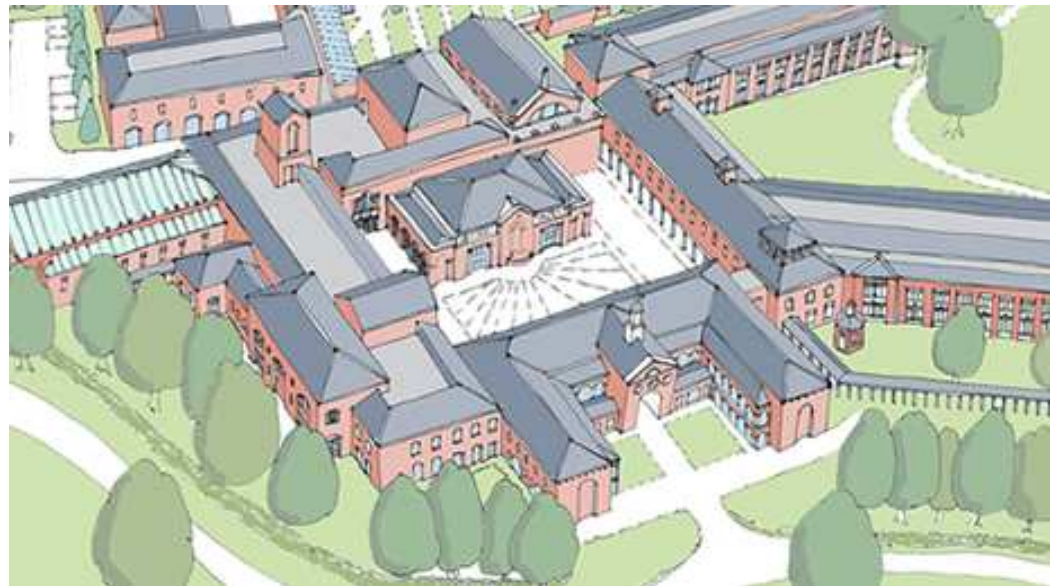
- Maximise potential for physical, social, vocational and psychological independence
- Important from day one – what happens in critical care affects outcomes a year on
- Inpatient and outpatient services
- Regional rehabilitation strategy

# Rehabilitation at NUH

- Significantly improved rehabilitation outcomes by mean scores:
  - RCS admission 12.3 discharge 10.5 ( $p < 0.001$ )
  - EADL admission 8.0 discharge 13.7 ( $p < 0.001$ )
  - BARTHEL admission 8.2 discharge 13.2 ( $p < 0.001$ )
- Accepted assessment of patients

# Stanford Hall development

- £300m Defence & National Rehabilitation Centre
- Global centre of excellence for injured servicemen/women and NHS patients across the East Midlands
- Due to open 2018





# Patient benefits

- Improved outcomes
- More patients returning to work (just 28% of major trauma patients get back to full employment and a further 39% partially return to work after 6 months)

# Other benefits

- Joint appointments & rotations (currently working on rehabilitation consultant, and therapy posts)
- Opportunity for acute skill competence for medical staff
- Workforce planning
- Shared learning

# Questions



<b>JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE</b>
<b>13 SEPTEMBER 2016</b>
<b>FUTURE OF CONGENITAL HEART DISEASE SERVICES</b>
<b>REPORT OF CORPORATE DIRECTOR FOR RESILIENCE (NOTTINGHAM CITY COUNCIL)</b>

## **1 Purpose**

- 1.1 To consider NHS England's recent announcement about the future of congenital heart disease services, including changes to the commissioning of services at the East Midlands Congenital Heart Centre at Glenfield Hospital, Leicester.

## **2 Action required**

- 2.1 The Committee is asked to decide whether it considers the transfer of congenital heart disease surgical and interventional cardiology services from Glenfield Hospital, Leicester to appropriate alternative hospitals (as announced by NHS England on 8 July 2016) to be a 'substantial development or variation to services' for Nottingham and Nottinghamshire residents.

## **3 Background information**

- 3.1 The East Midlands Congenital Heart Centre is one of ten centres in England and Wales providing heart surgery to children. It is located at Glenfield Hospital in Leicester and is part of the University Hospitals of Leicester NHS Trust.
- 3.2 The provision of congenital heart disease (CHD) services has been the subject of a number of reviews since the public inquiry at Bristol Royal Infirmary in 2001 and this has led to on-going uncertainty about the future configuration of services.
- 3.3 The most notable of these reviews was the national 'Safe and Sustainable' review into children's heart services. This review was carried out in response to concerns that some centres carrying out children's heart surgery were not performing enough surgical procedures to maintain and develop the specialist skills necessary to undertake increasingly complex procedures and that some centres did not have enough surgeons to guarantee a safe service 24/7. The review recommended reducing the number of centres in England that provide children's heart surgery and a number of options for configuration were consulted on. This Committee engaged with the consultation process

and supported the option for having seven surgical centres including retaining the centre at Glenfield Hospital, Leicester.

- 3.4 In 2012 a Joint Committee of Primary Care Trusts approved an option for the future configuration of services that did not include continuation of surgical services at Glenfield Hospital. This decision was referred to the Secretary of State for Health by several local authority health scrutiny committees including Leicester, Leicestershire and Rutland Overview and Scrutiny Committee and the Health Scrutiny Committee for Lincolnshire. A review was carried out by the Independent Reconfiguration Panel which made a number of recommendations. Separately a judicial review of the 'Safe and Sustainable' consultation resulted in the decision being quashed.
- 3.5 NHS England took over responsibility for commissioning CHD services in 2013 and launched the New Congenital Heart Disease Review. The review had the following aims:
- Securing the best outcomes for all patients – not just lowest mortality but reduced disability and an improved opportunity for survivors to lead better lives;
  - Tackling variation – ensuring that services across the country consistently meet national standards, and are able to offer resilient 24/7 care; and
  - Improving patient experience – including how information is provided to patients and their families, and consideration of access and support for families when they have to be away from home.
- 3.6 In 2014 there was national consultation on the standards and service specifications for CHD services with the intention that these service standards and specifications would form the basis of future commissioning of CHD services.
- 3.7 The review's report was considered by NHS England in July 2015 and it approved around 200 new standards and service specifications which providers of CHD services should meet. These standards began in April 2016, with a five year trajectory to full compliance. Trusts providing CHD services were asked to complete a self-assessment against the standards and plans to meet them within the time frames.
- 3.8 On 8 July 2016 NHS England made an announcement about action it is taking in response to the self-assessments and further verification carried out. This included that :
- “Subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England will also work with University Hospitals of Leicester NHS Trust and Royal Brompton & Harefield NHS Foundation Trust to safely transfer CHD surgical and interventional cardiology services to appropriate alternative hospitals. Neither University Hospitals Leicester or the Royal Brompton Trusts meet the standards and are extremely unlikely to

be able to do so. Specialist medical services may be retained in Leicester.”

And

“NHS England will work with Blackpool Teaching Hospitals NHS Foundation Trust, University Hospital of South Manchester NHS Foundation Trust, Papworth Hospital NHS Foundation Trust, Nottingham University Hospitals NHS Trust and Imperial College Healthcare NHS Trust to cease occasional and isolated specialist medical practices. Plans will be put in place to transfer services to other appropriate providers”.

3.9 In making this announcement NHS England acknowledged that some patients will have further to travel to access specialist services but says that “emergency admissions are rare, and ongoing work aims to ensure that more of a patient’s long-term care can be delivered closer to home, meaning fewer trips to specialist centres”.

3.10 There was no information in the announcement or on the NHS England website about which alternative hospitals services will be transferred to.

**3.11 Role of this Committee in relation to substantial developments or variations to services**

Legislation requires commissioners of NHS and public health services to consult local authority overview and scrutiny committees on proposals for substantial developments or variations to services. While a ‘substantial development or variation’ of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. A committee’s responsibilities in relation to substantial developments or variations to services are to consider:

- Whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- Whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- Whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in

the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

- 3.12 A number of other local authorities across the East Midlands are considering the implications of the NHS England announcement on future provision of CHD services for their populations. At the time of writing the only health scrutiny committee to have considered this at a formal meeting is the Health Scrutiny Committee for Lincolnshire. In July the Committee resolved that it considers the proposed decommissioning of Level 1 Paediatric and Adult CHD services from the East Midlands Congenital Heart Centre to be a substantial development or variation in health service provision for the residents of Lincolnshire. It has also written to NHS England seeking clarification of NHS England's intentions in relation to consultation, advising that if it does not comply with statutory requirements to consult with local authority overview and scrutiny committees then it intends to refer the matter to the Secretary of State for Health. The most up-to-date information on the work of other local authority scrutiny committees across the region on this issue will be reported verbally at the meeting.

#### **4 List of attached information**

- 4.1 None

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

- 5.1 None

#### **6 Published documents referred to in compiling this report**

- 6.1 Reports to and minutes of the meeting of the Joint Health Scrutiny Committee on 14 June 2011

NHS England news "Congenital Heart Disease: NHS England takes action to deliver consistent and high quality services now and for the future" [www.england.nhs.uk](http://www.england.nhs.uk) 08/07/16

Minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 20 July 2016

#### **7 Wards affected**

- 7.1 All



## **8    Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)



**13 September 2016****Agenda Item: 7****REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH  
SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

1. To introduce the Joint City and County Health Scrutiny Committee work programme.

**Information and Advice**

2. The Joint City and County Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by both City and County residents.
3. Members will recall that at the Joint Health Scrutiny Committee meeting on 12 July they heard about the temporary closure of the Willows Medical Centre in Carlton following an inspection by the Care Quality Commission (CQC). The CQC inspection report has now been published and circulated to all Members of the committee for information along with a statement from Nottingham North and East Clinical Commissioning Group. The CCG will be attending a future meeting of the committee in relation to future service provision in that area.
4. At the last meeting of the committee, Councillor Jacky Williams raised the issue of delays in the X-ray department at Nottingham University Hospitals (NUH). A briefing has now been received from NUH and circulated to all Members for information. Members may wish to request a further briefing on performance in MRI reporting for October (to check whether the backlog of images awaiting report has been cleared in accordance with the planned trajectory for improvement).
5. At the previous meeting of the committee, Members also raised the issue of changes to the provision of nursing services at Oakfield School and other Special Schools. The lead officers for Joint Health Scrutiny met with representatives of the Integrated Community Children and Young People's Healthcare Service (ICCYPH) programme, commissioners and the provider, Nottinghamshire Healthcare Trust. Reassurance was received that the nursing needs of children and young people would be met in all settings by the reconfigured service. However, the reconfiguration of the service would mean that school nurses would not be based permanently within schools – services would follow the child with interventions wherever they are, delivered by a locality based integrated service. Implementation of the new arrangements will be proceeding at a slower pace than initially envisaged to enable concerns raised by schools and parents to be addressed and is now due to start in January.

Members may wish to schedule a review of implementation and the impact of the new service model for 2017.

6. The work programme for 2016-17 is attached as an appendix for information.

## **RECOMMENDATION**

1) That the Joint City and County Health Scrutiny Committee note the content of the work programme for 2016-17 and dates for future meetings.

**Councillor Parry Tsimbiridis**  
**Chairman of Joint City and County Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 9772826**

### **Background Papers**

Nil

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

All

## Joint Health Scrutiny Committee 2016/17 Work Programme

<p><b>12 July 2016</b></p>	<ul style="list-style-type: none"> <li> <p>• <b>Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables</b>  To consider the consultation process and findings and if/how proposals are changing to reflect those findings; and progress against the key deliverables to be completed by June 2016  <span style="float: right;">(Nottingham City CCG lead)</span></p> </li> <li> <p>• <b>The Willows Medical Centre, Carlton</b>  To review action taken by Nottingham North and East Clinical Commissioning Group to ensure that all patients in the Carlton area have access to good quality GP services during the temporary closure of The Willows Medical Centre; and in the future.  <span style="float: right;">(Nottingham North and East CCG)</span></p> </li> <li> <p>• <b>Work Programme</b>  To consider the 2016/17 Work Programme</p> </li> </ul>
<p><b>13 September 2016</b></p>	<ul style="list-style-type: none"> <li> <p>• <b>Environment, Waste and Cleanliness at Nottingham University Hospitals</b>  To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites  <span style="float: right;">(Nottingham University Hospitals)</span></p> </li> <li> <p>• <b>Defence and National Rehabilitation Centre (Stanford Hall)</b>  To examine the development of services for trauma rehabilitation  <span style="float: right;">(Nottingham University Hospitals)</span></p> </li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Future of Congenital Heart Disease Services</b> To consider NHS England's recent announcement about the future of congenital heart disease services, including changes to the commissioning of services at the East Midlands Congenital Heart Centre at Glenfield Hospital, Leicester.</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
11 October 2016	<ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals and Sherwood Forest Hospitals Trust Merger – Progress Update</b> (Nottingham University Hospitals)</li> <li>• <b>Community Child and Adolescent Mental Health Services (CAMHS)</b> (Nottinghamshire Healthcare Trust/ commissioners/ local authority public health)</li> <li>• <b>Rampton Hospital/Psychologically Informed Planned Environments (PIPES)</b> To receive information on the operation of PIPES in prisons (NHS England)</li> <li>• <b>The Willows Medical Centre, Carlton (tbc or November)</b> To consider changes to services following the resignation from Dr Nyatsuro in relation to his GP practice contract (Nottingham North and East CCG)</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>

<b>8 November 2016</b>	<ul style="list-style-type: none"> <li>• <b>East Midlands Clinical Senate and Strategic Clinical Networks</b> To receive the EMCSSCN Annual Report and updates on other recent developments (EMCSSCN)</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<b>13 December 2016</b>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<b>10 January 2017</b>	<ul style="list-style-type: none"> <li>• <b>Uptake of child immunisation programmes</b> To consider the latest performance in uptake and how uptake rates are being improved (NHS England/ Local Authority Public Health)</li> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<b>7 February 2017</b>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>
<b>14 March 2017</b>	<ul style="list-style-type: none"> <li>• <b>Work Programme</b> To consider the 2016/17 Work Programme</li> </ul>

<p><b>18 April 2017</b></p>	<ul style="list-style-type: none"> <li> <b>Urgent Care Resilience</b>            To review progress in developing resilience within the urgent care system, including the delivery of services during winter 2016/17 and how effectively winter pressures were dealt with.  <div style="text-align: right;">(Nottingham City CCG/ NUH)</div> </li> <li> <b>Work Programme</b>            To consider the 2016/17 Work Programme         </li> </ul>
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**To schedule:**

- Daybrook Dental Service - findings and lessons learnt (NHS England)/ future dental regulation – awaiting outcome of General Dental Council case (contact: Dr Ken Deacon)
- Progress against JHSC recommendation that “that the City and County Councils work with their partners, for example Marketing Nottingham and Nottinghamshire to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work”
- Integrated Community Children and Young People’s Healthcare Programme – review of implementation and outcomes from service changes
- Procurement of Patient Transport Service, including development of service specification - awaiting confirmation of procurement timings
- Scrutiny implications of long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals
- Evaluation of Urgent and Emergency Care Vanguard (primary care at the ‘front door’)
- Integrated Urgent Care
- Evaluation of GP Access pilots

**Study Groups:**

- Quality Accounts



**Visits:**

- Nottingham University Hospitals sites

**Other meetings:**

- NUH (Peter Homa)
- NHCT (Ruth Hawkins)
- EMAS (Greg Cox) (informal meeting with East Midlands Health Scrutiny Chairs to consider EMAS response to CQC inspection)

**Items for 2017/18 Work Programme:**May/ June

- Nottinghamshire Healthcare Trust Transformational Plans for Children and Young People – CAMHS and Perinatal Mental Health Services update (to include workforce issues, development of Education Centre and financial position)

NHS 111 (align with publication of NHS 111 Annual Report)

Visit to new CAMHS and Perinatal Services Site (spring 2018)

