Joint City / County Health Scrutiny Committee

Tuesday, 07 February 2017 at 10:15

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

AGENDA

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 COMMMITTEE
10 January 2017 at 10.15am

Nottinghamshire County Councillors

A Councillor Joyce Bosnjak
Councillor Kay Cutts MBE
Councillor Richard Butler
Councillor John Clarke
Councillor Alice Grice
Councillor John Handley
Councillor Colleen Harwood
Councillor Jacky Williams

Nottingham City Councillors

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

Officers

David Ebbage - Nottinghamshire County Council
Martin Gately - Nottinghamshire County Council
Jane Garrard - Nottingham City Council

Also in attendance

Officers

Ian Cross - EMAS
Dr Maria Koufali - Research & Innovation, NUH
Caroline Shaw - Chief Operating Officer, NUH
Dr Mark Simmonds - Consultant in Acute & Critical Care Medicine, NUH
Keith Underwood - EMAS

MINUTES

The minutes of the last meeting held on 13th December 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 Watson and Councillor Bosnjak.

MEMBERSHIP

Councillor Grice replaced Councillor Tsimbiridis for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest.

WINTER PRESSURES – EAST MIDLANDS AMBULANCE SERVICE

Ian Cross and Keith Underwood from the East Midlands Ambulance Service gave a short presentation introducing the latest briefing on EMAS on the response to winter pressures.

During his presentation, they raised the following points:-

- The service is ensuring maximum coverage from Community First Responders (CFRs) and Emergency Fire Responders (EFRs). The EFRs are being piloted up until February and have been operating since November, and three full time tenders who are based in Carlton, Edwinstowe and Worksop and available 24 hours a day, 7 days a week.

- EMAS seeks to proactively manage hospital turnaround and mobilization times. The Government target is 30 minutes for a turnaround, currently QMC turnaround times stand around one hour or even longer during busy periods.

- Equipment – The Division will create central stock of spare equipment at each of the two locality hubs (Beechdale and Kingsmill), to maintain a capability to deploy additional resources. The on-call fleet's mechanic is available 24/7 to deal with any ambulances that breakdown or require repairs and all fast response vehicles are 4x4 so they able to access a variety of terrains.

- That control centre staff encourage the use of Paramedic Pathfinder and alternative care pathways in order to prevent unnecessary admissions and appropriately clinically 'safety net' the patient.

- EMAS Managers seek to proactively manage sickness absence. The rate of sickness absence has declined from 10.1% in December 2015 to 8.4%, so it is moving in the right direction.

- Out of the five counties, Nottinghamshire has been performing the best over the past two months' with over 70% of Red 1 calls being dealt with within the 8 minute from phone call target.

- EMAS is grateful for the County and District Councils with regards to the roads in the area that get gritted when severe weather hits, so the crews are still able to attend to calls.

During discussion and answering questions, the following points were raised:

- Members were pleased to hear the joint working with the Fire Service. EMAS indicated that the Fire Service will only deal with Red 1 & Red 2 calls within their area.

- They have found that winter tyres are most suitable for all vehicles which they have a contract with a national supplier.

- To reduce the turnaround times will always be challenging, most calls that are made, patients believe they need an ambulance so an ambulance is sent. More work needs to be done with different pathways to help try reduce the number of admissions with minor injuries

- Over 55% of staff have had flu vaccination, members expressed their concern as to the 45% who have not received it. Whilst the vaccination is voluntary some staff do decline, which can affect the spread of flu.

The Chair thanked the EMAS representatives for their attendance.

NOTTINGHAM UNIVERSITY HOSPITALS – RESEARCH AND INNOVATION UPDATE

Dr Maria Koufali, Deputy Director, Research & Innovation and Caroline Shaw, Chief Operating Officer, NUH introduced the latest information from NUH on research and innovation.

During the presentation, the following points emerged:

- Increasing the volume of applied health research to benefit patients and the public, and to also develop and support the people who conduct and contribute to applied health research.

- NUH's ambition is to become an outstanding clinical partner to academia, industry and local government and to make NUH a centre for cutting edge research and innovation.

- Helping to speed up the translation of scientific advances for the benefit of patients and to further endorse of our excellent partnership with The University of Nottingham.

- NUH have been awarded £23.6m from the government to look into mental health & deafness research.

- That amount of funding is the 2nd highest award within their peers outside the golden triangle (London, Oxford & Cambridge) and is the most research active Trust outside of London.

During discussion and answering questions, the following points were raised:

- 90% of patients who were approached for research were happy to participate. The public want to be involved and a part of the process, just more work has to be done to making it more accessible to everyone.

- With the research that has already taken place, NUH have attracted a higher calibre of doctors and nurses internationally and from this country.

- Dr Koufali wants to work with local partnerships and schools within Nottinghamshire to help promote science and to get pathways in place for the next generation of Doctors and Scientists to be local talent.

- Members were very impressed with the work and research that has been carried out and found it superb with the amount of patient participation which has taken place.

The Chair thanked Dr Koufali and Caroline Shaw for their attendance.

NOTTINGHAM UNIVERSITY HOSPITALS – TECHNOLOGY IN CARE

Dr Mark Simmonds, Consultant in Acute & Critical Care Medicine, introduced a briefing on the use of technology being used at Nottingham University Hospitals who are aiming to make NUH paperless by 2021, as well as improving safety by means of technological development.

During the presentation, the following points emerged:-

- The Trust have handed out near to 5,000 devices to all doctors, nurses and Allied Health Professions, more than any other Trust in the country.

- Over 75 wards are live including the Emergency Department. The database has received over 5 million sets of observations which averages out at 9,000 entries per day.

- This E-handover has replaced paper charts and 4 million entries have been made, mainly through mobile devices.

- The E-handover includes the patient's summary, discharge information and bed management.

- E-bed Management (E-Ops) is reducing discharge delays through better data and improved communication with the community.

During discussion and answering questions, the following points were raised:-

- Members were concerned with staff being able to take devices home and the dangers around that of breaching data protection. Dr Simmonds told Members that the devices only work within the hospitals Wi-Fi range, once outside of it, staff are unable to access the system.

- The Trust believes this new electronic way of working is far safer and more secure from when dealing with paper.

- The information on the devices will stay with the patient through every stage of their stay at the hospital, from admission through to discharge.

- Other Trusts will hopefully be able to access the information if a patient were to be transferred.

The Chair thanked Dr Simmonds for his attendance.

RESOLVED:

That the information within the report was considered and commented on by the Joint City/County Health Scrutiny Committee

WORK PROGRAMME

Members noted the Work Programme

The meeting closed at 12.28pm.

Chairman

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

7 February 2017

Agenda Item: 4

REPORT OF THE VICE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

CHILDHOOD IMMUNISATION AND VACCINATION IN NOTTINGHAM AND NOTTINGHAMSHIRE

Purpose of the Report

1. To introduce updated briefing from NHS England and Public Health England on childhood immunisation and vaccination.

Information and Advice

2. Members will recall that childhood immunisation and vaccination was last on the agenda of the Joint Health Committee in January 2016. Then, the committee heard that Nottinghamshire and Nottingham City perform well with their immunisation rates when compared to other similar local authority areas, and are broadly in line with national rates. Nottingham City faces challenges that are not such as large issue in the wider county – such as language barriers, mixed communities, and a wider range of mental health issues.

3. The committee also heard that Health Visitors in Nottingham City link in with all relevant stakeholders and work with children's centres. Special Health Visitors are able to vaccinate, and are available for vulnerable families who cannot access primary care.

4. Members requested that the latest data on immunisation uptake be brought back to the committee in a year's time.

5. Sarah Mayfield, Screening and Immunisation Manager, Public Health England and Dr Agnes Belenscak, Screening and Immunisation Lead will attend the committee to present the latest information and answer questions as necessary. A written briefing containing the latest immunisation uptake data is attached as an appendix to this report.

6. Members may wish to focus their questioning on such issues as: what is being done to address porcine content in vaccinations (e.g. ensuring that messages from faith group leaders that the use of gelatin in vaccines do not break religious rules are widely disseminated). How will concerns regarding rotavirus, MMR and the pre-school booster be addressed? What work will CCGs and Local Authorities engage in to promote the offer of flu vaccines to children? What support does the school based immunisation programme require from Local Authorities?

7. Members are requested to receive the briefing, ask questions and schedule further briefing as necessary.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Receive the briefing on childhood immunisation and vaccination

2) Ask questions

3) Schedule further consideration

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

Public Health England

NHS England

NHS England and Public Health England

Nottinghamshire Joint Health Scrutiny Committee

Childhood Immunisation Programme: Nottingham County and City Annual data 2015-2016

Dr Agnes Belencsak and Sarah Mayfield
2/7/2017

Childhood Immunisation Programme: Nottingham County and City Annual data 2015-2016

The Screening and Immunisation Team presented a paper on childhood immunisation in January 2016. At the request of the Joint Health Scrutiny Committee this paper provides an update on childhood immunisations in Nottingham City and Nottinghamshire County. Annual data for 2015 – 2016 will be presented plus Q2 16/17 data.

Routine Childhood Immunisation Programme (see appendix 1)

Information on childhood immunisation coverage is collected at ages 1, 2 and 5 years. It is collected through the Cover of Vaccination Evaluated Rapidly (COVER) data collection for Upper Tier Local Authorities (LAs) on a quarterly basis. Data is collated by Child Health Records Departments from General Practice Information Systems. Data is reviewed locally by local Screening and Immunisations Teams and presented quarterly at the NHS England Immunisation Programme Board.

Immunisation coverage at 12 months of age:

Table 1: Completed primary immunisations at 12 months by Local Authority Area, Derbyshire & Nottinghamshire and England: Annual 2015/16 & Q1 2016/17

Upper Tier LA Name	12m DTaP/IPV/Hib %		12m MenC %		12m PCV %		12m Rota %	
	annual 15/16	Q2 16/17	annual 15/16	Q2 16/17	annual 15/16	Q216/17	Annual 15/16	Q2 16/17
England	93.6	93.0	95.1	95.2	93.4	93.1	89.7	89.5
East Midlands Region	95.6	93.9	-	95.7	95.5	94.2	-	91.5
Nottingham	91.1	91.6	95.1	95.5	90.2	91.8	89.4	86.4
Nottinghamshire	95.8	95.4	-	97.2	95.7	95.4	-	93.0

Source: Quarterly Cover data (https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2016-to-2017-quarterly-data)
NHS Digital http://content.digital.nhs.uk/catalogue/PUB21651

England coverage figures reported for most routine childhood vaccinations at 1 and 2 years a slight decrease in 2015-16 for the third consecutive year.

Key Facts for Nottinghamshire Local Authority - 95.8% of children received a three dose course of DTaP/IPV/Hib, also known as 5-in-1 vaccine, by their 1st birthday in 2015-16. This is above the World Health Organisation (WHO) target of 95% and higher than the England average of 93.6% and East Midlands average of 95.6%.

Key Facts for Nottingham Local Authority - 91.1% of children received a three dose course of DTaP/IPV/Hib, also known as 5-in-1 vaccine, by their 1st birthday in 2015-16. This is below the WHO target of 95% and also below the England and East Midland's average uptake.

This compares to 95.6% in the East Midlands Region and 93.6% nationally.

To note: for Q2 16-17 the uptake for Nottingham has increased to 91.6%

Rotavirus has also seen a decrease in uptake in Nottingham that is below the national average.

Immunisation coverage at 24 months of age

Table 2: Completed immunisations at 24 months by Local Authority Area, Derbyshire & Nottinghamshire and England: Annual 2015/16 & Q2 2016/17

Upper Tier LA Name	24m DTaP/IPV/Hib3 %		24m PCV Booster %		24m Hib/MenC %		24m MMR1 %	
	Annual 15/16	Q2 16/17	Annual 15/16	Q2 16/17	Annual 15/16	Q2 16/17	Annual 15/16	Q2 16/17
England	95.2	95.1	91.5	91.4	91.6	91.5	91.9	91.4
East Midlands Region	97.0	96.1	94.0	92.8	94.0	92.8	94.1	92.7
Nottingham	94.1	95.3	89.2	90.5	89.3	90.3	89.7	89.2
Nottinghamshire	97.5	95.9	94.1	92.1	94.1	92..0	93.9	91.9

Source: Quarterly Cover data (https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2016-to-2017-quarterly-data)
NHS Digital http://content.digital.nhs.uk/catalogue/PUB21651

In England, the first dose of the Mumps, Measles and Rubella (MMR) vaccine for children reaching their second birthday decreased slightly to 91.9% in 2015-16. This continues a downward trend in recent years. Coverage was 92.3% in 2014-15 and 92.7% in 2013-14.

Key Facts for Nottinghamshire Local Authority - 93.9% of children received the first dose of the MMR vaccination by their 2nd birthday in 2015-16.

This is below the World Health Organisation (WHO) target of 95% and higher than the England average of 91.9%.

Key Facts for Nottingham Local Authority - 89.7% of children received the first dose of the MMR vaccination by their 2nd birthday in 2015-16.

This is below the World Health Organisation (WHO) target of 95% and below the England average of 91.9% and the East Midlands average of 94.1%

Immunisation coverage at 5 years of age

Table 3: Completed immunisations at 5 years by Local Authority Area, Derbyshire & Nottinghamshire and England: Annual 2015/16 & Q2 2016/17

Upper Tier LA Name	5y DTaP/IPV/Hib%		5y MMR1%		5y MMR2%		5y Hib/MenC%		5y DTaP/IPV/Hib% Booster	
	annual 15/16	Q2 16/17	annual 15/16	Q2 16/17	annual 15/16	Q2 16/17	annual 15/16	Q2 16/17	annual 15/16	Q2 16/17
England	**95.6**	**96.0**	**94.8**	**95.0**	**88.2**	**87.5**	**92.8**	**92.6**	**86.3**	**94.9**
East Midlands Region	97.0	95.7	96.5	95.6	90.5	87.2	93.4	92.4	89.2	89.2
Nottingham	81.8	95.3	95.9	96.1	84.2	83.4	88.8	90.1	81.8	82.4
Nottinghamshire	90.9	97.7	96.2	96.8	89.9	87.0	95.1	95.0	90.9	88.1

Source: Quarterly Cover data ((https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2016-to-2017-quarterly-data)
NHS Digital http://content.digital.nhs.uk/catalogue/PUB21651

Uptake in England of the first dose of the MMR vaccine (MMR1) for children aged 5 years old was at a record high of 94.8 % in 2015-16. Coverage was above the World Health Organisation (WHO) target of 95% in seven of the nine government office regions.

UK MMR2 coverage decreased by 0.4% to 88.2%, and is now back to a similar level reported in 13/14.

National coverage figures reported for the Diphtheria, Tetanus, Pertussis and Polio (DTaP/IPV) booster as measured at 5 years show a decrease in 2015-16 for the third year in a row.

Key Facts for Nottinghamshire Local Authority – A decrease in MMR 2 uptake has been observed for the past few years and is below WHO target. This is also the case for 5y DTaP/IPV/Hib% Booster (pre-school booster)

Key Facts for Nottingham Local Authority – A decrease in MMR 2 uptake has been observed for the past few years and is below WHO target. This is also the case for 5y DTaP/IPV/Hib% Booster (pre-school booster)

Local initiatives:

MMR will be used by the Screening and Immunisation Team as an indicator of poor GP practice performance. Practices will be identified and targeted by their local CCG primary care managers to identify any issues that could be causing the poor uptake of MMR.

Local Authorities will be instrumental in this piece of work with their local knowledge and links. Nottingham City have committed to doing a piece of work looking at MMR uptake and unimmunised children. Updates will be provided via the quarterly NHS England Immunisation Programme Boards.

Childhood Flu Programme

Information on children aged 2, 3 and 4 years of age immunised against seasonal flu are collected from GPs through PHE's ImmForm system. Data was collected at CCG level for last year's programme. This year's data (16/17) can be presented at both CCG and Local Authority level.

Information on the school age programme is also collected via PHE's ImmForm system.

1. **Children aged 2, 3 and 4 years**

Table 4

	2015/16			2014/15		
CCG	**All 2 year olds**	**All 3 year olds**	**All 4 year olds**	**All 2 year olds**	**All 3 year olds**	**All 4 year olds**
Mansfield and Ashfield	44.2	43.8	36.1	44.4	44.1	36.5
Newark and Sherwood	43.0	44.8	35.3	45.4	46	35.9
Nottingham City	34.9	36.2	29.7	35.3	39.2	29.7
Nottingham N/E	40.1	44.2	32.1	39.7	43.9	31.9
Nottingham West	46.2	48.8	39.8	48.4	51.9	43.5
Rushcliffe	51.5	53.9	44.5	56.7	55.3	49.8
All Derby/Notts CCGS	43.7	45.0	37.6	45.4	48.4	38.5
England Average	35.4	37.7	30.0	38.5	41.3	32.9

Source: Public Health England Report on Seasonal influenza vaccine uptake amongst GP Patients in England Final monthly data for 1 September 2015 to 31 January 2016 (Immform Surveys)

Nationally, a decrease in the uptake of the healthy children's flu programme was observed in 15/16. This was also observed across Nottinghamshire.

Table 5: Provisional end of November 2016 cumulative uptake data for England on influenza vaccinations given from 1 September 2016 to 30 November 2016

	All 2 year olds	All 3 year olds	All 4 year olds
Nottingham City	31.1	33.5	26.6
Nottingham County	38.7	40.5	32.5
England	33.8	35.5	29

Source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-1-september-2016-to-30-november-2016

Provisional data to data is showing an increase in childhood flu vaccinations across nearly all CCGs

Local initiatives:

Work with Nottingham City and Nottingham County Local Authorities has helped to increase awareness and promote uptake. Communication plans and links with children's services have helped to achieve this. Both Local authorities are members of the NHS England Flu Planning Group.

2. **School Age Flu Programme**

The school age flu programme delivered a routine immunisation programme in primary schools for the first time in 2015/16, to children in school years 1 and 2. A lower uptake was observed for Nottingham City schools. This, we think, was due to it being a new school based programme; a new service provider was commissioned to go in to schools in Nottingham and the cities demographics, with porcine content in the vaccine being cited as an issue for some parents.

Table 6: School age flu programme final data 2015/16

Source: https://www.gov.uk/government/collections/vaccine-uptake#seasonal-flu-vaccine-uptake:-figures

Area	Cohort Y1 (5-6years)	Cohort Y2 (6-7 years)
Nottingham	45.4	44.7
Nottinghamshire	71.3	71.1
Derby/Notts	**59.9**	**60.5**
England	**54.4**	**52.9**

Table 7: Provisional monthly data for 1 September 2016 to 30 November 2016

Area	Cohort Y1 (5-6years)	Cohort Y2 (6-7 years)	Cohort Y3 (7-8 years)
Nottingham	36.6	35.7	36.0
Nottinghamshire	47.6	51.0	48.5
Derby/Notts	**45.8**	**45.4**	**43.7**
England	**45.8**	**45.4**	**43.7**

Source: https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-children-of-primary-school-age-1-september-2016-to-30-november-2016

Data to date shows a higher uptake rate for both City and County and will be shared once published by Public Health England.

The Local Authorities assisted with the schools based programme by helping Nottinghamshire Healthcare NHS Trusts to link in with schools and Headteachers. A joint letter was sent to schools from NHS England and the relevant Local Authority to help promote the programme.

Adolescent Immunisations

1. **School based meningococcal ACWY (MenACWY)**

MenACWY immunisation was added to the national immunisation programme in August 2015 following advice from the Joint Committee on Vaccination and Immunisation (JCVI) in response to the rising number of meningococcal W (MenW) cases [1].

The objective of the MenACWY immunisation programme is to immunise all teenagers in school years 9 to 13 before they complete academic year 13. This is being met through replacing the routine adolescent MenC booster given in years 9 or 10 with the MenACWY vaccine since September 2015, and through a series of school and general practice (GP) based catch-up campaigns targeting older teenagers.

Approximately half of teenagers in Years 9 and 10 in 2015/16 were offered MenACWY vaccine in 2015/16; the remaining half (now in Years 10 and 11) are currently being offered vaccine in 2016/17.

Additionally, MenACWY is offered to older students aged up to 25 who are in university as part of the existing time-limited 'freshers' programme.

Table 8: MenACWY adolescent vaccine coverage data by Local Authority, England, Sep 2015 to Aug 2016

	Cohort Y9 - Routine 13-14 years	Cohort Y11 –Catch-up 15-16 years
Nottingham City	77.7	62.9
Nottingham County	87.6	65.6
England	84.1	71.8

Source: https://www.gov.uk/government/publications/meningococcal-acwy-immunisation-programme-vaccine-coverage-estimates

This was an increase on the previous year's data for Men C in Y9 with Nottingham City reporting 56% and Nottingham County 72% uptake.

2. School Based HPV

2015/16 is the first year HPV vaccine coverage for the two-dose schedule has been calculated in school Year 9 females in England. Most areas have, for the first time seen a decrease in the uptake of HPV vaccinations but Nottinghamshire saw an increase. This was due to the hard work and dedication of Nottinghamshire Healthcare NHS Foundation Trust who are commissioned to provide the service.

Table 9: HPV vaccine coverage data by Local Authority, Sep 2015 to Aug 2016 and Sep 2014 to Aug 2015

	Cohort Y8 – 2014-15 12-13 years, one dose	Cohort Y8 – 2015-16 12-13 years, one dose	Cohort Y9 – 2015-16 13-14 years, two doses
Nottingham City	85.1	87.7	83.9
Nottingham County	90	91.8	90.1
England	89.4	87	85.1

Source: https://www.gov.uk/government/statistics/annual-hpv-vaccine-coverage-2015-to-2016-by-local-authority-and-area-team

3. Tetanus, Diphtheria and Pertussis (Td/IPV –School Leaving Booster)

This programme is also provided by Nottinghamshire Healthcare NHS Foundation Trust to school children in year 9. Data is not currently collated at a national level but local data shows an increase on previous year's uptake.

Key points and recommendations:

Nationally, a decrease in most childhood vaccinations is being observed. A national steering group involving wide range of professionals has been established to explore the reasons of the downwards trend of 12 and 24 months immunisation uptake rates over the last three year. It has been raised that one potential explanation could be the reduced capacity of the Screening and Immunisation Team. It has also been noted that immunisation uptake rates are very much dependant on other local factors, such as primary care engagement and approach towards immunisation. There is not a national IT system, which would be able to capture the life-long immunisation status of individuals. Immunisation records often become inaccurate if a patient moves from one area to another.

In summary, Nottinghamshire are still performing very well in some of the routine vaccinations. The main concerns are with rotavirus, MMR and the pre-school booster. Work will commence with Local Authorities and CCGs to look in to practice level data for MMR2, as this will act as a good indicator of practice immunisation performance. This also fits with the national agenda of addressing MMR2 uptake. Work will continue with CCGs and Local Authorities to promote the offer of flu vaccinations to children. Once the final data is collated for flu vaccination uptake, the Screening and Immunisation Team can review the uptake and start to plan for next year's programme, learning from this years programme.

The schools based immunisation programme will continue to evolve and develop and support from the Local Authorities will be imperative to ensure as many young people take up the offer of vaccination in school.

Dr Agnes Belencsak Screening and Immunisation Lead
Sarah Mayfield Screening and Immunisation Manager
Contributors:
Helene Denness Consultant in Public Health, Nottingham City Council

References

1. NHS Immunisation Statistics, England - 2015-16 http://content.digital.nhs.uk/catalogue/PUB21651

2. https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2016-to-2017-quarterly-data)

3. PHE (2016). Introduction of MenACWY vaccine. 2015.

Appendix 1

The routine immunisation schedule from Summer 2016

Age due	Diseases protected against	Vaccine given and trade name		Usual site[1]
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio and *Haemophilus influenzae* type b (Hib)	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)	Prevenar 13	Thigh
	Meningococcal group B (MenB)[2]	MenB[2]	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix	By mouth
Twelve weeks	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	Rotavirus	Rotavirus	Rotarix	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib	Pediacel or Infanrix IPV Hib	Thigh
	MenB[2]	MenB[2]	Bexsero	Left thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
One year old	Hib and MenC	Hib/MenC booster	Menitorix	Upper arm/thigh
	Pneumococcal (13 serotypes)	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMR VaxPRO[3] or Priorix	Upper arm/thigh
	MenB[2]	MenB booster[2]	Bexsero	Left thigh
Two to seven years old (including children in school years 1, 2 and 3)[5]	Influenza (each year from September)	Live attenuated influenza vaccine LAIV[4]	Fluenz Tetra[3]	Both nostrils
Three years four months old	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Infanrix IPV or Repevax	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMR VaxPRO[3] or Priorix	Upper arm
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-24 months apart)	Gardasil	Upper arm
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y disease	MenACWY	Nimenrix or Menveo	Upper arm
65 years old	Pneumococcal (23 serotypes)	Pneumococcal polysaccharide vaccine (PPV)	Pneumococcal polysaccharide vaccine	Upper arm
65 years of age and older	Influenza (each year from September)	Inactivated influenza vaccine	Multiple	Upper arm
70 years old	Shingles	Shingles	Zostavax[3]	Upper arm[6]

[1] Where two or more injections are required at once, these should ideally be given in different limbs. Where this is not possible, injections in the same limb should be given 2.5cm apart. For more details see Chapters 4 and 11 in the Green Book. All injected vaccines are given intramuscularly unless stated otherwise.
[2] Only for infants born on or after 1 May 2015
[3] Contains porcine gelatine
[4] If LAIV (live attenuated influenza vaccine) is contraindicated and child is in a clinical risk group, use inactivated flu vaccine
[5] Age on 31 August 2016
[6] This can be administered subcutaneously but intramuscular is preferred.

All vaccines can be ordered from www.immform.dh.gov.uk free of charge except influenza for adults and Pneumococcal polysaccharide vaccine.

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immunisation
The safest way to protect children and adults

NHS

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

7 February 2017

Agenda Item: 5

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

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST SERVICE REVIEWS

Purpose of the Report

1. To provide the Joint Health Committee with an initial briefing on the review of services and service changes at Nottingham University Hospitals (NUH) being undertaken by Nottingham North and East Clinical Commissioning Group.

Information and Advice

2. Further to reviews of commissioned services, the Joint Health Committee has been informed that a large number of services at NUH may be subject to service change. The potential changes relate to such services as: Chronic Fatigue Syndrome, Back Pain and Pain Management, Renal Home Visiting, Motor Neurone Disease, Geriatric Day Care/Medicine, Neuro Assessment/Brain Injury, Dietetics, and Orthoptics.

3. The CCG has indicated that none of the changes are likely to amount to a substantial variation of service. Engagement rather than formal consultation is therefore taking place in relation to these services

4. Hazel Buchanan, Director of Operations at Nottingham North and East CCG will attend this meeting of the Joint Health Scrutiny Committee to brief Members and answer questions.

5. A full briefing covering all of the areas that are potentially subject to change is attached as an appendix this report.

6. Members may wish to make a determination as to whether any of the areas of change described are, or may be, substantial variations of service.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

1) Consider and comment on the information provided

2) Form a view on whether or not any of the service changes or decommissioning described represents a substantial variation of service

3) Schedule further consideration, as appropriate

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

Local Commissioning

Nottingham University Hospitals NHS Trust Service Reviews

1. Introduction

CCGs have a duty to act efficiently, effectively and economically and in order to do this, we are continually reviewing and planning services to meet the needs of the local population and to secure value for money. The Nottingham University Hospitals NHS Trust (NUH) service reviews are an element of this.

With agreement from NUH, over the last year, a team of clinical staff have been reviewing some of the services provided at the QMC and City Hospitals, to ascertain whether they are being provided in a more appropriate setting and whether they are delivering best value for money. As part of these reviews, the CCG governance processes have been followed, including the completion of quality impact assessments (QIA) and equality impact assessments (EIA) and patient and public engagement. These processes have been iterative and are continuing in both County and City in order to inform decisions.

As part of the process, consideration has also been taken with respect to future planning and the aims of the STP. As a result, NHS Nottingham City CCG are managing the proposals from the service reviews along with plans to commission a multispecialty community provider (MCP).

A list of the services being reviewed is provided in appendix one of this document, including the proposals. Overall the services are ones that are not bed based and are not part of essential/core care in a hospital environment. As such, the reviews considered whether services could be more appropriately provided differently and/or in a community setting.

CCGs want to reassure people that the reviews have been about looking at ways in which services can be delivered more effectively and efficiently. Services are not stopping. The driver of the review has been improving quality under an environment of increasing cost pressures.

In Nottingham and Nottinghamshire we are fortunate to have highly competent, skilled and clinically robust services across primary (including GP practices), community and hospital (acute) care. Our aim through the reviews is to commission services that capitalise on utilising the full range of the high quality service provision available to us. It is important to acknowledge that if services are moved to the community we will continue to maintain the specialist elements of clinical care that are required. If we decide to move a service, it will be to ensure that patients are receiving the right care in the right place. This helps to support the CCGs deliver their statutory duty to offer the best service possible within the budget that is available. It is important to emphasise that if a patient requires treatment in hospital then they will continue to receive such treatment; services will be delivered in the most appropriate setting clinically.

Therefore, the majority of reviews have resulted in a proposal that services remain at NUH with an updated specification, the remainder, in proposals that the service be moved to enable them to be provided in a community setting or the patient's own home.

2. Patient and Public Involvement and Clinical Involvement

2.1 Patient and Public Involvement

As outlined above, proposals are around individual services and the approach to engagement has been taken in order to facilitate involvement relative to the type of change, whether it impacted on patient outcomes, the significance of the change taking into consideration the size of the service and/or the number of people affected.

The following are the engagement activities that were carried out by Nottinghamshire CCGs with service users and the public in order to inform the proposed specifications:

- Local surveys
- Focus groups with service users and carers
- Reaching out to local interest groups ie Headway, Fibromyalgia Action Group, MND Association Nottingham
- One to one meetings with service users and carers
- Existing patient and public involvement intelligence
- Where relevant, national surveys and resources were also used to validate the feedback received locally ie commissioning guidance for rehabilitation, Improving MND Care Survey, NICE consultations

At the start of this process it was not possible in all cases to contact service users directly. Therefore, CCGs actively sought to involve service users, carers and potential service users through existing networks and outreaching to the general public.

This work started in August 2016 and is ongoing by Nottingham and Nottinghamshire CCGs, depending on the service line and where it fits with future planning.

In addition to the above, engagement on the proposed specifications has been carried out and is also ongoing. Where the proposal has been to move the service into the community, details of proposed changes have been included on Nottinghamshire CCG web-sites, and available through PALS,for people to comment on. The majority of the proposals were put on web-sites on the 21st December with an end date for comments of the 5th February 2017. Dietetics and Orthoptics are following different timescales. Ongoing engagement also includes focus groups , engagement with local interest groups and individual input. Alongside putting the proposals on the web-sites in order to receive feedback, information has been sent out through networks (to individuals and groups) on the engagement including on the radio and tv. Service users and the public have been invited to comment in writing or by phone, as well as electronically.

2.2 Clinical Involvement

CCGs requested clinical input from NUH in order to inform the specifications and proposals. This was supplemented with additional broader clinical views by:

- Asking all local providers, including NUH, to nominate clinicians who could be involved with the work
- The Clinical Senate circulating their wider membership to ask for people who would be prepared to support the reviews
- Approaching key individuals or organisations relevant for the service e.g. Local Optometrist Committee, Charted Society of Physiotherapy, specialist advisors
- Clinical engagement events were held for some service areas
- Public health provided support in relation to the evidence base and service models for some teams

As with patient and public involvement, clinical engagement has been ongoing, including additional focus groups and one to one meetings.

3. Conclusion and Timescales

Where services are staying with NUH, CCGs are working closely with the relevant clinicians, managers and service users on plans for 2017/18. This may include finalising the specification, performance measures and patient outcomes and progress is dependent on the service line.

For those services that may be going out to procurement, it is expected that this process will start in February and this is to be finalised following the review of engagement feedback. Where required, procurement processes will align with a mobilisation and implementation date in July.

Also, during 2017 Nottingham City CCG are going out to tender for the MCP Contract which will commence on 1st April 2018. Services decommissioned from NUH will be directly awarded to existing community providers on a short term basis to enable the CCG to align timescales and consolidate contracts for maximum efficiency. Legal advice has been taken on this approach and all providers will have the opportunity to bid for the services in the long term and participate in the engagement events for the MCP.

CCGs will develop plans with NUH and the new providers, where relevant, (when known) on exit strategies to ensure that, existing and new patients continue to access services as per their patient journey and appropriate handovers are managed with clinicians.

Appendix 1

* No. of Patients or Contacts - It is not possible to report on activity by number of patients across all services. This is because data collection has not been consistent across services and may also have been impacted by contractual agreements ie block versus activity based contracts. Number of patients or contacts includes all patients that are seen by the service, including patients who may be registered outside of Greater Nottingham CCGs, therefore, actual numbers pertaining to the proposals will be lower.

1. Proposal for Services to Remain at NUH with Updated Specification

A. Change in Service Design

Clinical Psychology	Current Service	The core purpose of this specialised service is the assessment and treatment of psychological distress related to a physical illness. Currently provided in a few specialties.
	No. of Patients or Contacts*	3576 contacts
	Proposal	The service will develop to provide an equitable and targeted specialist service to patients for all specialties where there is a psychological need associated with a physical illness.
Outpatient Physio and Complex Orthopaedic Rehab	Current Service	Outpatient physio (including women's health, support to fracture clinic, burns and plastics, spinal, pain, paediatrics, sports medicine, hands, shoulders, orthopaedics including prehabilitation, and post operative treatments) and orthopaedic rehab service
	No. of Patients or Contacts*	ortho rehab 630/physio 29,525/1386 group sessions
	Proposal	Outpatient physio and orthopaedic rehab service including women's health, fracture clinic, burns and plastics, spinal, paediatrics, sports medicine, hands, shoulders, pre-op, post-op. Pain will be part of new service model. Services to review how can integrate with community rehab services.
Orthotics	Current Service	The Orthotics Department provides an outpatient service for the professional assessment, prescription and provision of orthotic devices, including (but not exclusive to) functional foot orthoses, ankle foot orthoses, knee ankle foot orthosis, orthopaedic footwear, spinal and upper limb orthoses. These are intended to assist the functioning of a deformed or weakened part of the body, improve mobility and reduce pain.
	No. of Patients or Contacts*	11 847
	Proposal	Where patients would be able to purchase a suitable orthoses over the counter the Orthotics Department will recommend the product. Products will stocked by NUH pharmacy. Where products are not available over the counter and patients could have their needs met by the community podiatry service, the Orthotics Department

		within the hospital will recommend this approach, this will be facilitated through the agreement of referral criteria and patient pathways for the two services.
Critical Care Outreach	Current Service	Critical care is usually only offered to those patients presenting with a potentially reversible condition. It is expected that patients who require critical care have access to appropriate care whether in a designated critical bed or via outreach services, as soon as possible, in accordance to their individual needs, and that care in the services continues at the relevant level throughout the patients stay.
	No. of Patients or Contacts	Information not available
	Proposal	Critical care specification has been amended to include critical care outreach as this is included in tariff from 17/18. CCGs are keen that the Trust continue to optimise the team's role in managing the bed base within critical care and eliminating admissions to the unit where their in put enables the base ward team to manage the patient safely and effectively.
Anti-Coagulation Remote Dosing Service (ACORDS)	Current Service	To offer safe anticoagulation management for patients prescribed warfarin (or other vitamin K antagonists VKA). Anticoagulants have a narrow therapeutic margin and are safe only if monitored closely. Anti-coagulants are one of the classes of drugs most commonly associated with fatal medication errors. The anticoagulant remote dosing service is designed to ensure that consistent high standards of clinical care are delivered conveniently and safely to patients on anticoagulation therapy.
	No. of Patients or Contacts*	9000
	Proposal	The proposal being considered is to keep the current service with the introduction of self-monitoring coagulometers (assistive technology) and offering patients informed choice of anti-coagulant agents (DOACs).
Dialysis Home Visits	Current Service	Training and assessment of patients competency to self-manage their dialysis. Includes at least one home visit per month delivered by a registered nurse. Home visits teach, support, guide and review both the health and ability of the patients to cope with their treatment.
	No. of Patients or Contacts*	275
	Proposal	The proposal is to continue with the service delivered by a registered nurse. Review of frequency of visits is being agreed as part of the specification.

B. No Change in Service Design

Outpatient Speech and Language Therapy for ENT patients(SLT)	Current Service	This service delivers a triage voice clinic for the initial assessment after consultant referral from the general Ears Nose and Throat clinic with a request for SLT involvement
	No. of Patients or Contacts*	
	Proposal	To continue to provide the service at NUH with no changes.
Specialist Palliative Care Pre-Assessment	Current Service	To provide a Specialist Palliative Care Day Therapy to allow the assessment and management of the complex palliative care needs of adults living in Nottinghamshire.
	No. of Patients or Contacts	2586
	Proposal	Patients will have their assessment and induction in the specialist palliative day care service as part of their first visit. Current service sees an average of 14 patients per day with a capacity to see 25. Pricing has been reduced to reflect activity.
Community Paediatrics	Current Service	Community paediatrics service being provided without clarity on outcomes and model to deliver statutory requirements.
	No. of Patients or Contacts	Not applicable as relates to delivery of statutory functions.
	Proposal	The service will remain in NUH and the proposal is that it is provided in line with five specifications including statutory responsibilities. Five specifications include designated professional services, looked after children, safeguarding, rapid review of sudden deaths, non-statutory provision.
Outpatient parenteral antimicrobial therapy (OPAT)	Current Service	The OPAT service is designed to reduce the length of stay in acute hospitals for delivery of IV antimicrobial antibiotics and to improve the patient experience by avoiding an unnecessary lengthy hospital stay. The service reduces the length of stay for those infections which are at a stage where they can be safely managed within a community setting. The service treats patients in their home environment for receiving OPAT when meeting the agreed criteria.
	No. of Patients or Contacts*	10601
	Proposal	To continue with the service and specifically target provision to the areas which will be of greatest benefit in helping flow of patients.

Outpatient Occupational Therapy	Current Service	To provide a structured and consistent approach to delivery of occupational therapy through multidisciplinary working, promoting effective working relationships with the clinicians within the acute setting, community services and Primary Care.
	No. of Patients or Contacts*	9161
	Proposal	It is proposed that the service will remain the same with agreed patient outcomes aligning with commissioning intentions.
Dietetics Total Parenteral Nutrition (TPN)	Current Service	The aim of the dietetic support to home TPN service at NUH is to provide a structured and consistent approach to delivery of Home TPN through multidisciplinary working, promoting effective working relationships with the clinicians within the acute setting, community services and Primary Care.
	No. of Patients or Contacts	Caseload is 77 patients per month
	Proposal	There is no change to the service provided. Specification and contract agreed.
Hepatitis	Current Service	The aim of the service is to maximise appropriate uptake and completion of Hepatitis C and Hepatitis B treatment and to cure more people of infection and reduce the risk of onward transmission.
	No. of Patients or Contacts	Information not available
	Proposal	There is no change to the service provided. Specification and contract agreed.
Audiological Medicine	Current Service	To provide Consultant led treatment to patients who have intractable imbalance, dizziness, vertigo and tinnitus issues that in general have failed to have their conditions managed or diagnosed by either ENT or Audiology services
	No. of Patients or Contacts*	828
	Proposal	There is no change to the service. Referral pathway clarified for GPs. Specification and contract agreed.

C. Non patient facing service and/or tariff change

Advice & Guidance	Current Service	Clinician to clinician service providing advice and guidance in relation to specific patients and specialties.
	No. of Patients	Not applicable
	Proposal	All advice and guidance specified within the NHS Standard Contract will continue to be provided.
Healthcare Associated Infection Co-ordination Service & Infection Control Doctor	Current Service	To provide infection, prevention, control and treatment specialism at the interface between secondary/laboratory and community/primary care.
	No. of Patients	Not applicable
	Proposal	To remove duplication across the two services by commissioning a single service.
Pre-operative Assessments	Current Service	To provide pre-operative assessments
	No. of Patients	Not applicable
	Proposal	Pricing will fall under national tariff as opposed to a locally agreed price.

2. Proposal for Service to be all or Partially Community Based

Chronic Fatigue Syndrome	Current Service	The current service at Nottingham University Hospitals (NUH) assesses and helps those patients diagnosed with mild to moderate Chronic Fatigue Syndrome (CFS). The service supports patients to develop appropriate strategies for managing their symptoms and improving their quality of life. Patients begin with a therapist or consultant assessment. Patients can be discharged at this point with advice, or they can receive one or more of the following interventions: • 6-8 individual sessions with an occupational therapist • 9 week group programme led by appropriate therapists • 10 -12 individual Cognitive Behavioural Therapy (CBT) or Psychology sessions
	No. of Patients or Contacts*	Consultant 77/CBT course 158/Group Therapy 449/Individual 251/Assessment 125
	Proposal	The National Institute for Clinical Excellence (NICE) has published guidelines for CFS management which recommend the following: • Patients and therapists working together • Cognitive Behavioural Therapy • Graded Exercise Therapy

		• NICE highlights that these are the interventions for which there is the clearest evidence of benefit. In addition the guidelines advise that CFS services should provide support if symptoms worsen during treatment and should develop a plan to manage relapses. It is proposed that this service provides evidence based interventions only, as identified by NICE. The proposal is that a community based service will provide the following: • Be delivered by a multi-disciplinary team which will include appropriate CFS specialists that can triage all referrals and manage patient's physical, psychological and social needs • Act as a single point of access for patients with chronic pain or CFS providing a simpler patient journey • Provide a holistic assessment and management approach for patients with chronic pain or CFS as early as possible in the pathway • Support patients living with chronic pain or CFS and their nominated carers to: ○ manage their own condition and make decisions about self-care and treatment ○ allow them to live as independently as possible continue care and support (where appropriate) learnt through the service post discharge • Provide appropriate access points for patients and carers following discharge to support in the management of flare ups and avoid re-entry into the service where possible As part of the proposal, the group therapy that is currently provided will not continue. It is proposed that this service could be integrated into existing community based physio and rehab services. In order to ensure the specialist skills for CFS continue in the community the specification will include the requirement that clinicians have the competencies required to work with CFS patients.
Back Pain and Pain Management	Current Service	The current pain service is very fragmented with different services being provided in different areas. There is a lack of clarity as to which service is most appropriate to meet patient needs. Within NUH there is a pain management service and a separate back pain service, as well as outpatient appointments for joint injections and consultant clinics.

		The current service specifications provide a multi-disciplinary approach to the management of pain, working within a cognitive behavioural therapy framework. The services incorporate therapy, nursing and psychology input to deliver biopsychosocial assessment and support for people with long term pain.
	No. of Patients or Contacts*	pain mgmt. 483/back pain 2714
	Proposal	In developing this proposal, a review of the evidence of the clinical and cost effectiveness of interventions currently used has been conducted by Public Health colleagues and in conjunction with the Core Standards for Pain Management in the UK (Faculty of Pain Medicine Oct 2015), NICE guidance and SIGN guidance. It is proposed that pain management services should be delivered through a three level system: • Level One - primary care services from GPs, community pharmacists, community psychological therapies, pain self-help organisations/groups and community based physical and psychological therapies. • Level Two - community based services offering a multi-disciplinary team approach to pain management or CFS care including specialist physical and psychological therapies, evidence based interventions such as exercise programmes and access to self-help resources. • Level Three - secondary care service for patients requiring surgery or procedures that require an acute care setting. Referrals to this service must be in line with the agreed service pathway The proposal is that the Level Two service will consist of a multi-disciplinary team that can assess all referrals, and manage patient's physical, psychological and social needs associated with pain. The proposal aims to ensure that patients experiencing chronic pain are appropriately managed in a community environment. Patients requiring secondary care can be referred into an appropriate hospital setting when they need specialist interventions and the proposal is that they will then be transferred back to a community setting (if necessary) once Level Three intervention is complete. It is proposed that the use of a "never discharged but not followed up" policy will be adopted to enable long term follow up of patients at set points as agreed with the patient. This enables the patient to self-refer back into the service directly when agreed changes in their condition are noted or if the patient/carer/family need to seek advice to assist in self-management. It is proposed that

		all patients will have a comprehensive treatment plan which uses standardised language and terminology to enable colleagues across services to talk to the patient regarding their care plan using common language that everyone understands. The treatment plan will include a clear explanation of the circumstances that require them to re-engage with the service, how to manage flare ups and the importance of contacting the service at these times in preference to primary care or attending ED where possible It is proposed that reducing the fragmentation of the current pathway for patients with chronic pain and ensuring more standardisation in the treatment of patients will reduce duplicating or overlapping service provision and consequent extra payment for the same or similar service.
Renal Home Visiting (Renal Conservative Management)	Current Service	End of life support through the Conservative Management Home Visiting Service for end stage renal disease. The current service provides advanced care planning, symptom management, practical nursing care, facilitates end of life care and discusses preferred place of care and death.
	No. of Patients or Contacts*	84
	Proposal	There are currently other dedicated end of life services provided in the community and therefore the proposal is to move this service to the community with the aim of fully integrated care. It is proposed that this could allow for a greater emphasis on patient outcomes and how to meet these and improved patient and carer experience. The proposed change takes into consideration the removal of duplication in services and as a result, could provide better value for money. The proposal outlines a case management approach: Principles include: • 24 hour nursing care within their own home due to long term chronic disease or as a result of an acute episode of ill health; • Ongoing case management or rehabilitation as a result of a long term condition(s) or complex needs from multiple conditions. • Adherence to and provision of evidence of compliance with the NICE quality standard for End of life for adults

		The proposal is that the service will continue to be provided in a patient's own home and the aim of the new model is care co-ordination across other relevant community services.
Moto Neurone Disease (MND) Co-Ordinator	Current Service	The MND Care Co-ordinator provides home visits which include a holistic health, psychosocial and physical review. The main emphasis being on MND symptom management control.
	No. of Patients or Contacts*	27
	Proposal	In reviewing this service the proposal takes into consideration the view that there is duplication with services provided in the community. It is proposed that if the service was moved out of the acute setting this could allow for improved integration of care and as a result a greater emphasis on patient outcomes. It is proposed that care will still be provided in a patient's home as required. The proposal is to maintain the current principles of crisis management, rehabilitation, self-management. The following care is provided under the existing service and it is proposed that it will continue with the new service: • Assessment of oxygen saturation levels • Swallow assessment • Nutrition assessment • Activities of daily living assessment • Discussion regarding Do Not Resuscitate • Discuss advance decision to refuse treatment (and put this in place) • Facilitate end of life care with community teams and GP • Discuss preferred place of care and death The proposal includes care co-ordination across other relevant community services. It is proposed that links with the acute neurology team will remain.
Geriatric/Medicine Day Care	Current Service	The Nottingham University Hospitals Rehabilitation Unit (NUHRU) provides specialised comprehensive, multidisciplinary assessment and individualised treatment programmes to meet the goals and needs of frail older out-patients whose needs are too complex to be provided for effectively in community i.e. complex falls patients, early complex stroke patients, Parkinson's Disease patients and complex geriatric patients. Patients are discussed at a multidisciplinary team (MDT) meeting, and a goal-oriented, individualised care plan produced.

	No. of Patients or Contacts*	Falls 279/Parkinsons 79
	Proposal	The proposal is that the service will be provided in either a community location with specialised equipment or in the home environment. Referral criteria will remain the same, along with a focus on complex falls and complex neurological conditions including Parkinson's Disease. It is proposed to deliver rehabilitation for this cohort of patients with the aim of services being integrated. The aim of the proposal is to provide rehabilitation following a multi-disciplinary team approach with physiotherapy, occupational therapy and social care being provided by a community service. The proposal includes medical review of complex patients within a multi-disciplinary team environment and the aim is that this would also include a community geriatrician service and where complex investigations are needed, these would be requested through secondary care (for example, tilt table testing and imaging). It is proposed that close links with primary care on prescribing and medicines management would support the service model and support for nursing services such as continence care and dietetics support would be provided through community services. The delivery model will exclude stroke patients where those stroke patients will be cared for by the specialist stroke community service.
Neuro Assessment Service/Brain Injury Service/Neuro re-ablement	Current Service	There are currently 3 services provided at NUH which serve very similar patient groups: • Neuro assessment service – this provides outpatient services for patients who have a neurological diagnosis, are under the care of a consultant physician and have specific treatment goals. Specifically the service provides assessment of clinical and psychological needs, identifies and treats or manages problems, and helps co-ordination of services to achieve an integrated, seamless and cost-efficient plan to achieve rehabilitation goals and care. • Brain injury service – this provides an outpatient service for patients who have had a documented Glasgow Coma Scale Score of 12 or less for at least 30 minutes which requires admission to hospital, and a definite, documented, traumatic brain injury. Specifically it provides interdisciplinary assessment and treatment to patients who present with complex physical and/or cognitive deficits resulting from neurological conditions and who require on-going

		therapy. Patients are offered an appointment for an initial assessment which results in the patient's goals/focus for neuro rehabilitation and professionals required being identified • Neuro re-ablement - this service is designed to rehabilitate and enable patients for a wide range of conditions following their admission to hospital. Specifically it facilitates complex discharges and promote earlier discharges , provides rehabilitation in the patient's home, and provides specialist neurological rehabilitation for a wide range of conditions
	No. of Patients or Contacts*	TBI 72 (new patients per year 35-40)/Neuro Assessment 276/Reablement 46
	Proposal	The proposal is to commission a community based neuro rehabilitation service with the aim of providing the same services and patient outcomes that are currently provided. The proposal aims to provide a high quality, equitable specialist community neuro-rehabilitation service to reduce the impact of both physical and psychological impairments, maximise independence, reduce mortality and prevent avoidable complications. The proposed service includes assessment of patients who are referred and confirmation through a multi-disciplinary team whether the patient requires interventions for 16 weeks in relation to a long-term neurological condition or 12 to 14 months for a traumatic or acquired brain injury. It is proposed that where clinically appropriate for the service, patients will commence on a 16 week or 12 to 14 month community treatment and rehabilitation programme provided by a multi-disciplinary team. It is proposed that the service provides each patient with a senior expert clinician as their case manager who will oversee the delivery of the plan It is proposed that by bringing together services that are currently delivered separately there is opportunity to review the overall staffing levels and skill mix whilst still ensuring high quality services are delivered. The aim is that patients will receive intensive but time limited rehabilitation after which they will be referred to community services for the continuation of the rehabilitation programme if required.

		The proposal includes patients being seen in community clinics and their own home. The proposal takes into consideration delivering care against patient need.
Dietetics	Current Service	Nottingham University Hospitals (NUH) provides a Dietetics Outpatients service which treats adults and children. The aim of the service is to treat the nutritional consequences of disease through a variety of nutritional interventions. For many of the pathways, patients are seen as part of the multidisciplinary team (MDT) clinic and are generally seen on the same day as the Consultant and other members of the team. In other cases, where a dietitian does not sit in the MDT clinic, referrals are managed in a stand-alone clinic or when they come to NUH for their treatment. The service also offers telephone contacts to appropriate patients. The service accepts referrals for the following conditions/ reasons renal, diabetes, obesity, cancer, HIV, Cystic Fibrosis, Gastroenterology conditions (e.g. Coeliac Disease), Paediatrics specific conditions (Metabolic, Allergy, Failure to thrive).
	No. of Patients or Contacts*	To be confirmed
	Proposal	In addition to the NUH dietetics service, there is also a community dietetic service provided by Community Health Partnerships. They may see patients for similar conditions and provide community based clinics, group sessions and home visits. Due to the nature of long term conditions managed by the Dietetics Outpatient team, service users may vary between requiring specialist management within secondary care, and when more stable could be managed within the community setting, closer to home. At present, it is difficult to flow between the two services and settings. Therefore the proposal is for a single provider (or group of providers working together) to provide an integrated dietetic service to deliver all non-inpatients dietetics. The proposal is for an integrated dietetic service with the aim that it will provide the following: • A structured and consistent approach to dietetic management through multidisciplinary working, promoting effective and integrated working relationships with the clinicians within the acute setting, community services and Primary Care.

		• The aim that the most appropriate clinician, setting and intervention are identified and offered at the outset of treatment. This is reviewed during the patients care and is adjusted as clinically appropriate. • A movement towards specialist staff delivering services closer to home and up-skilling of community staff to see a more complex case mix. • A broader offer of delivery methods, to include group sessions, improved access to self-care information and greater use of technology.
Orthoptics	Current Service	Orthoptics is an ophthalmic field relating to the treatment of patients with disorders of the visual system with an emphasis on binocular vision and eye movements. The following are some of the conditions all treated by orthoptists: • Strabismus (Squint) • Amblyopia (lazy eye) • Refractive Errors, such as astigmatism (problem with focusing of light and blurred vision) • Myopia (near sighted) • Hyperopia (far sighted) • Low vision (visual problems that is not correctable through surgery, medicines, glasses or contact lenses) The service assesses diagnoses, manages and treats vision disorders for people of all ages in order to enhance visual performance and relieve symptoms.
	No. of Patients or Contacts*	13,184
	Proposal	The proposal is that there could be an orthoptic community service which provides services for patients who do not require emergency care for their condition. The proposal is that the service will assess and treat people of all ages from babies to adults. It is proposed that the service will be provided by orthoptists and optometrists who are skilled in caring for people with a range of eye conditions. It is proposed that the service will work closely with the hospital to provide seamless care and access to hospital specialists as required and according to patient need. It is proposed that pathways between the community and hospital service are clinically designed and monitored to ensure access to care is timely. All emergency eye conditions that need treatment on the same day will continue to access the services provided by eye casualty at the QMC hospital site.

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

7 February 2017

Agenda Item: 6

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. 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

12 July 2016	• **Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables** 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 (Nottingham City CCG lead) • **The Willows Medical Centre, Carlton** 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. (Nottingham North and East CCG) • **Work Programme** To consider the 2016/17 Work Programme
13 September 2016	• **Environment, Waste and Cleanliness at Nottingham University Hospitals** To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites (Nottingham University Hospitals) • **Defence and National Rehabilitation Centre (Stanford Hall)** To examine the development of services for trauma rehabilitation (Nottingham University Hospitals)

	• **Future of Congenital Heart Disease Services** 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. • **Work Programme** To consider the 2016/17 Work Programme
11 October 2016	• **Nottingham University Hospitals and Sherwood Forest Hospitals Trust Merger – Progress Update** (Nottingham University Hospitals) • **Community Child and Adolescent Mental Health Services (CAMHS)** **(**Nottinghamshire Healthcare Trust/ commissioners/ local authority public health) • **Rampton Hospital/Psychologically Informed Planned Environments (PIPES)** To receive information on the operation of PIPES in prisons (NHS England) • **The Willows Medical Centre, Carlton** To consider changes to services following the resignation from Dr Nyatsuro in relation to his GP practice contract (Nottingham North and East CCG) • **Work Programme** To consider the 2016/17 Work Programme

8 November 2016	• **East Midlands Clinical Senate and Strategic Clinical Networks** To receive the EMCSSCN Annual Report and updates on other recent developments (EMCSSCN) • **NUH Emergency Department Targets** To receive briefing on Accident and Emergency performance (NUH) • **NUH Planning for Winter Pressures** To receive briefing on NUH's plans to cope with winter pressures 2016/17 (and also whole system briefing from commissioners and social care partners). (NUH) • **Work Programme** To consider the 2016/17 Work Programme
13 December 2016	• **Environment, Waste and Cleanliness at Nottingham University Hospitals** To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites (NUH) • **Daybrook Dental Practice Report Findings** An update further to the conclusion of recent proceedings (NHS England) • **Sustainability and Transformation Plan** To receive information about the STP, including an outline of the Plan, governance and plans for delivery, plans

	for consultation and engagement; and information about any anticipated substantial developments or changes to services. (STP Team) • **Work Programme** To consider the 2016/17 Work Programme
10 January 2017	• **Winter Pressures - EMAS** Evidence gathering as part of an ongoing review of winter planning • **NUH – Research and Innovation Update** Briefing on new developments • **NUH – Technology in Care** Briefing on new developments • **Work Programme** To consider the 2016/17 Work Programme
7 February 2017	• **Uptake of Child Immunisation Programmes** To consider the latest performance in uptake and how uptake rates are being improved (NHS England/ Local Authority Public Health) • **Nottingham University Hospitals NHS Trust Service Reviews** To receive information about the local commissioning changes across a variety of services further to service reviews undertaken by the CCG. (Nottingham North and East CCG)

	• **Work Programme** To consider the 2016/17 Work Programme
14 March 2017	• **Congenital Heart Disease** To consider a potential substantial variation of service NHS England • **GP service capacity in Carlton area** To take a strategic overview of GP capacity and any pressures on service provision in the Carlton area and, where appropriate, work taking place to ensure access to good quality GP services for all residents in the area (Nottingham North and East CCG/ Nottingham City CCG) • **Sustainability and Transformation Plan Governance Arrangements** To consider proposed governance arrangements for development and delivery of the Sustainability and Transformation Plan and to give consideration to the role for health scrutiny STP Team • **NUH/Carillion Contract** To provide an update on the position with the cleaning services contract at NUH NUH • **Work Programme** To consider the 2016/17 Work Programme
18 April 2017	• **Urgent Care Resilience** 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. (Nottingham City CCG/ NUH)

	• **Sustainability and Transformation Plan** To review the findings from initial consultation and engagement on the Sustainability and Transformation Plan and if/ how the Plan is developing to take these findings into account. (STP Team) • **Integrated Community Children and Young People's Healthcare Programme** To review the implementation and impact of the new service model. (ICCYPH Programme Manager, commissioners, Nottinghamshire Healthcare Trust) • **Work Programme** To consider the 2016/17 Work Programme

To schedule:

- 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
- Evaluation of Urgent and Emergency Care Vanguard (primary care at the 'front door')
- Integrated Urgent Care
- Strategic Health Plans for the South of the County
- Evaluation of GP Access pilots
- STP Governance Proposals
- Healthwatch Report – Experiences of Mental Health Crisis

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)