Nottinghamshire County Council

Joint City / County Health Scrutiny Committee

Date: Tuesday, 09 October 2012
Time: 10:15
Venue: County Hall
Address: County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

MINUTES

JOINT HEALTH SCRUTINY COMMMITTEE
11 September at 10.15am

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor Rev T Irvine
Councillor E Kerry
A Councillor P Tsimbiridis
A Councillor C Winterton
Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
A Councillor E Campbell
A Councillor A Choudhry
A Councillor E Dewinton
Councillor C Jones
Councillor T Molife
A Councillor T Spencer

Also In Attendance

Simon P Smith) Executive Director for Local Services, Nottinghamshire Healthcare Trust
Dr P Homa) Chief Executive of NUH Trust

Mrs R Rimmington) Nottinghamshire County Council

Mr N McMenamin) Nottingham City Council

Mrs B Venes - Nottingham City LINks

Laura Skaife) Associate Director of Communication

MINUTES

The minutes of the meeting held on 10 July 2012 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

An apology for absence was received from:-

Councillor Eunice Campbell (Other Council Business)
Councillor Emma Dewinton (Other Council Business)
Councillor Parry Tsimbiridis (other)
Councillor C Winterton (other)
Councillor A Choudhry

DECLARATIONS OF INTERESTS

None.

PSYCHOLOGICAL THERAPIES UPDATE

Following a report to the Joint Committee in March this year a number of issues were raised by members that had resulted in further information being sought about Psychological Therapies provided by the Trust and about the transitional arrangements from Child and Adolescent Mental Health Service to Adult Mental Health Services. Councillor G Klein (Chair of the Joint Committee at that time) received a letter from Professor Mike Cooke MBE Chief Executive that provided a response to those issues raised; attached at appendix A to the report. Mr Smith, Executive Director of Local Services had been invited to answer questions in response to this letter. A copy of the briefing to the Committee was attached at appendix B to the report.

Following discussion the following additional information was provided in response to questions:-

- The Trust was committed to service user involvement in all its services regarding its current care and treatment. Whilst it acknowledged that consultation had not happened on this occasion, it would ensure that any further changes would see effective involvement take place.

- A Patients' access to therapy would begin with a general discussion with a Therapist to gather information about the reasons for their GP referral and to explain what therapy would entail in order to determine the most appropriate intervention. It was important to keep opportunities open for the patient.

- Therapists had been asked to review patients at 15 and 20 sessions to be used in their treatment pathway. The majority of intervention was limited to 30 sessions but could be extended if it were felt necessary as part of a patients treatment pathway. No incidents of this had been reported as yet. Ultimately, there would be a review after each session with a request to the Primary Care Trust before the 30th session in order not to break intervention.

The Committee requested a presentation in the future, on the Step 4 Service that provided specialist treatment for service users using Adult Mental Health Services across Nottinghamshire. In particular, on how the service worked together with all appropriate agencies involved in addressing psychological needs, including evidence-based therapeutic models.

The Chair commented that he was happy with the response in that no concerns had been raised by GPs and that the Trust had not received any complaints from service users.

It was agreed to receive a presentation to a future meeting of the Committee on the performance and progress of the Psychological Therapies Services, including their links with other therapeutic services.

NOTTINGHAM UNIVERSITY HOSPITAL TRUSTS – CANCELLATION OF NON-URGENT ELECTIVE OPERATIONS – PROGRESS REPORT

This was the first of three quarterly progress reports requested by the Committee following its meeting in May this year, when a report was received on the cancellation of non-urgent elective operations. The report had related to media coverage at that time and concerns raised about the number of non-urgent elective operations which had been cancelled by the Trust.

Mr Homa Chief Executive of Nottingham University Hospitals gave a presentation to the Committee, which summarised information set out in the letter to Councillor Klein attached as an appendix to the report, dated 30 August 2012.

Following his presentation the following additional information was provided in response to questions:-

- The number of errors listed as a reason for cancelled operations included those patients who requested a more convenient appointment.

- The increase in reasons seen in June and July this year to do with equipment was due to a national shortage of treatment for bladder cancer and the operations therefore not taking place.

- Where staffing had been given as a reason, this had been due to an increase in the demand for emergency cases.

- Planned operations were not overbooked to take account of any that might drop out.

- The Trust continued to prioritise patients who had operations cancelled when booking operations, to ensure they had them as soon as possible. Only in extreme cases would a patients operation be cancelled twice.

- Although the position of Nottingham University Hospitals had improved it still did not perform as well as most similar sized peer organisations. Figures on operations cancelled earlier than 'on the day' were not routinely collected or made available by hospitals, although they gave a much fuller account of cancelled operations. The Trust was the first of its kind to adopt this approach and publish its results.

- The Board was adamant to improve further on its number of cancelled operations. Whilst it acknowledged there would always be an irreducible number, it hoped to achieve no more than 3% in terms of all cancellations.

- It intended to continue to provide and publish information on its cancellations and put them open to examination in order to become one of the best.

The final report on the external review of emergency and elective pathways and the Nottingham University Hospitals action plan was being published at its September Board meeting, which would be shared with the Committee once finalised.

The Chair thanked Mr Homa for his presentation and update.

The Committee agreed to note the update and progress made by the Nottingham University Hospitals Trust and looked forward to receiving its next report in December, including the final report on its external review.

WORK PROGRAMME

The committee would receive reports at its meeting on 9 October 2012 on the Quality Care Commission and Contraceptive and Sexual Health Services.

It was reported that Members had agreed following the Alcohol briefing it would not be necessary for this study group to enter a phase of evidence gathering. A list of possible areas for development had been drawn up and would be shared with the Health and Wellbeing Boards for the City and County as possible areas for development in relation to alcohol services.

The report and oral update was noted.

The meeting closed at 12:30pm.

Chair

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

9 October 2012

Agenda Item: 4

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

CARE QUALITY COMMISSION - UPDATE

Purpose of the Report

1. To introduce an update on the work of the Care Quality Commission (CQC).

Information and Advice

2. Further to the ongoing work by this committee in developing relations with the CQC, representatives of the CQC last made a presentation to the Joint Health Committee on 13th March 2012.

3. Members heard then that the boundaries used by the CQC had now been aligned with those used by NHS Commissioning Boards and the Government's planned reorganization of social care services. There would also be additional funding to recruit more inspectors and managers. The new inspectors would be allocated between Nottinghamshire and Nottingham City. There would be 12 to 13 in each team and 40-45 cases per inspector.

4. While the CQC was not carrying out themed inspections, similar issues were emerging during the course of inspections and these included:

   - Better care planning
   - Staffing levels
   - Support and supervision of staff
   - Involving people in their own care

5. The CQC was currently aiming to improve collaborative working and information sharing. When investigations involved a number of different agencies there were always clear boundaries as to role and priority for evidence gathering – with priority given to the Police in a criminal investigation.

6. CQC representatives reported in March that they were on track to complete the inspection programme of existing registered providers. However, new providers are registering all the time.

7. Deanna Westwood, CQC Compliance Manager for the Central Region will attend the Joint Health Committee on 9th October to provide an update on the work of the CQC.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee receive the update from the Care Quality Commission and ask questions about the information provided.

Councillor Mel Shepherd
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

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

9 October 2012

Agenda Item: 5

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

ALCOHOL SERVICES BRIEFING – REPORT BACK

Purpose of the Report

1. To present the information received by the study group of Joint Health Members examining alcohol services.

Information and Advice

2. On 3rd September 2012, Tammy Coles, Senior Public Health Manager, NHS Nottinghamshire County and Barbara Brady, consultant in public health made a presentation to Members of the Joint Health Committee on alcohol services. The presentation is attached as an appendix to this report.

3. Members heard that in Nottinghamshire it is estimated that 21,000 people are dependent on alcohol in Nottinghamshire – 2.7% of the population. Commissioning alcohol services is transferring to local authorities. In the County alcohol and drugs services would be brought together, whereas the City alcohol is dealt with separately to drugs. The concern now is for 'poly-drug' use and the use of alcohol and drugs in combination.

4. All alcohol use carries risk; men should not regularly consume more than 3-4 units per day and for women 2-3 units per day. Consumption greater than this increases the risk of memory loss, depression and ultimately liver disease and cancer.

5. 20% of people binge drink, which is defined as consuming twice the daily amount in one session. The majority of us would binge drink at a dinner party.

6. In response to questions, the NHS Nottinghamshire County officials indicated that they collaborated well with City PCT colleagues.

7. It was confirmed that there is work to be done around 'getting the message out' and employees suffering from alcohol dependency need to be supported in the journey. There needs to be a greater awareness of what services are available in a non-prejudicial way. Society has stigmatized alcoholism and we do not intervene when we encounter it the same way we might if we suspected someone has cancer.

8. There is also a relationship between alcohol and obesity – a glass of wine is like a slice of cake – it has no nutritional value.

9. The following areas were identified as possible areas for development:

- Awareness of where families can go for help
- What alcoholics can do for themselves
- Promotion of the unit calculator
- Targeted use of resources
- Realisation that the problem is not just social but anti-social

10. In further discussion Members agreed that following this briefing it would not be necessary for this study group to enter a phase of evidence gathering. Instead, the Chairman of Joint Health Scrutiny Committee will write to the Health and Wellbeing Boards for the City and County to highlight the possible areas for development listed above.

RECOMMENDATION

1) That Joint City and County Health Committee notes that the work of the Alcohol Services Study Group has now concluded.
2) That Chairman of the Joint City and County Health Scrutiny Committee writes to the Chairmen of the City and County Health and Wellbeing Boards to highlight the possible areas for development in relation to alcohol services

Councillor Mel Shepherd
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

Substance Misuse in Nottinghamshire

Alcohol

Nottinghamshire County Council

NHS Bassetlaw

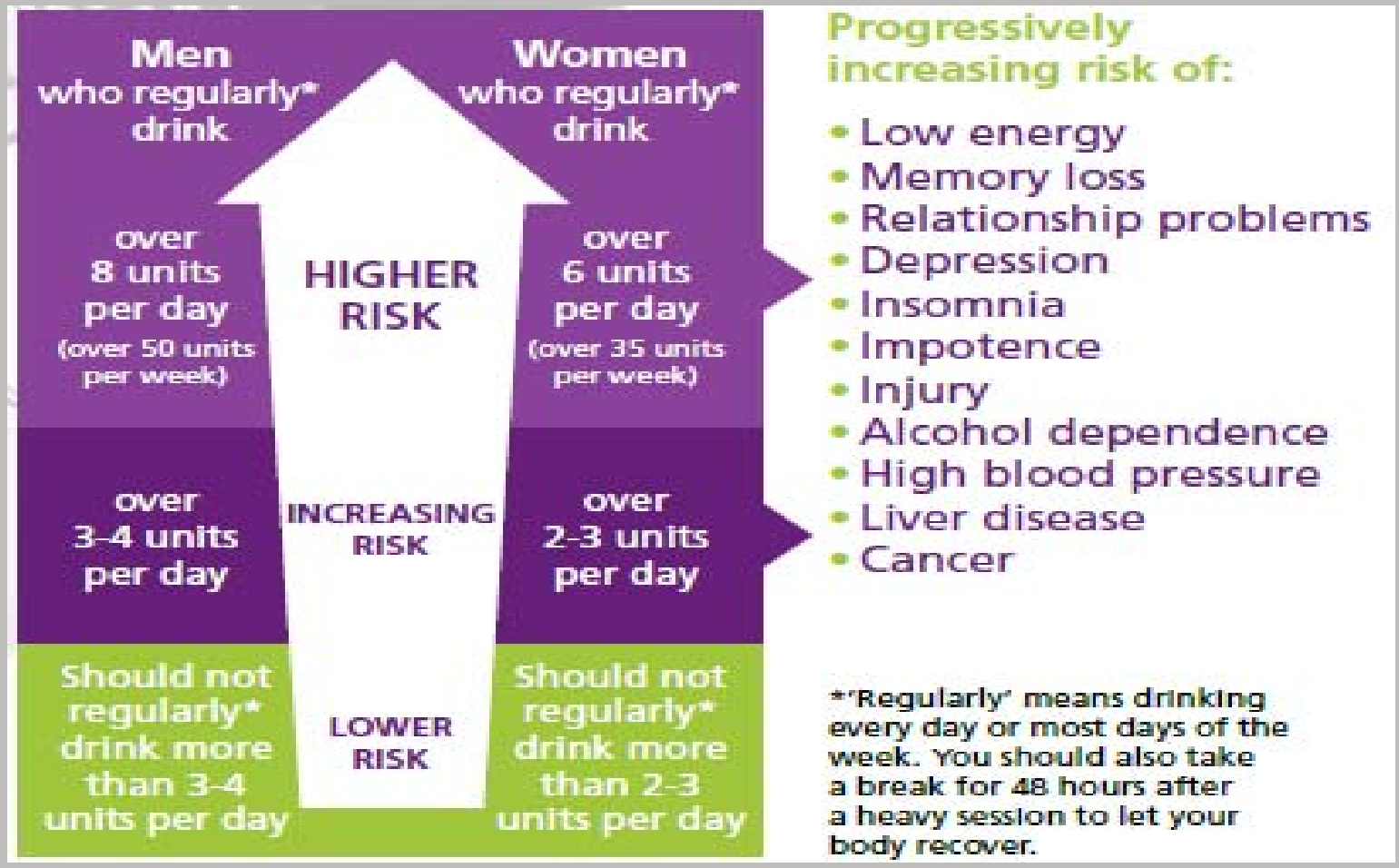
NHS Nottinghamshire County

Understanding Alcohol Risk

Nottinghamshire County Council

NHS Bassetlaw

NHS Nottinghamshire County



Nottinghamshire County Council

NHS Bassetlaw

NHS Nottinghamshire County

Understanding dependence

Nationally 9% males 3% females are dependent on alcohol

In Nottinghamshire its estimated 21,000 are dependent on alcohol (2.7%)

Different factors contribute:

- **Predisposition can be inherited (genetic risk 40-60%)**
- **Family attitude**
- **Stress i.e work pressures**
- **Stress such as major life events – loss of job or bereavement**

However, in Nottinghamshire

20% Binge drink

7% High Risk

21% Increasing Risk

72% Low Risk

Risk factors

- No single risk factor

Children and young people particularly at risk include those:

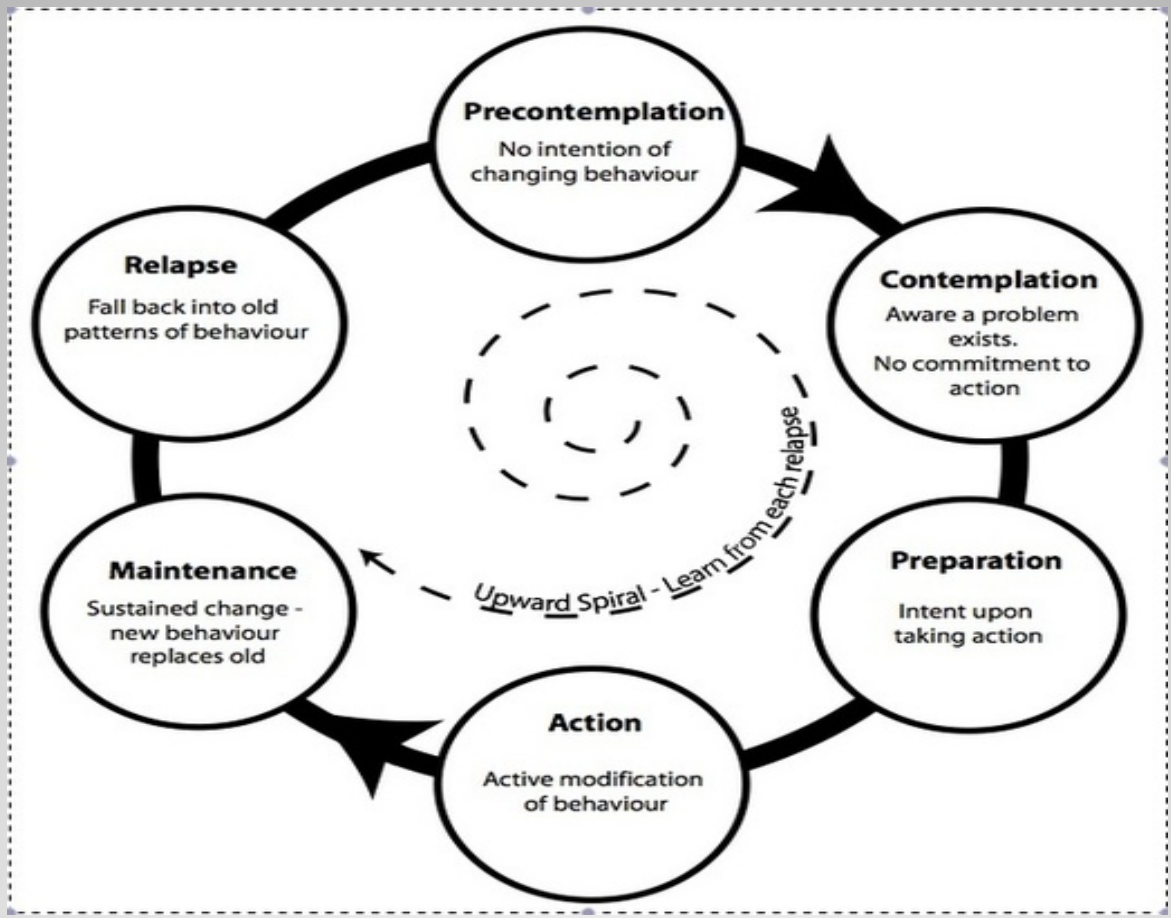
- who are – or who have been – looked after by local authorities, fostered or homeless, or who move frequently
- whose parents or other family members misuse substances
- marginalised and disadvantaged communities, including some black and minority ethnic groups
- behavioural conduct disorders and/or mental health problems
- those excluded from school and truants
- young offenders (including those who are incarcerated)
- involved in commercial sex work
- with other health, education or social problems at home, school and elsewhere
- who are already misusing substances.

The relationship between drugs and mental illness

The Department of Health has identified four possible relationships between drugs and mental health:

- A mental illness can lead to substance misuse.
- The use of alcohol or drugs can make a mental health condition worse or alter its course.
- Use of drugs or alcohol may lead to psychological symptoms.
- Substance misuse or withdrawal may trigger mental health problems.

The Cycle of Change



Getting Help

0800 561 0040

Nottinghamshire County Council

NHS Bassetlaw

NHS Nottinghamshire County

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

9 October 2012

Agenda Item: 6

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

CONTRACEPTIVE AND SEXUAL HEALTH SERVICES - UPDATE

Purpose of the Report

1. To provide an update on the progress made to change the delivery model for sexual health services that transferred to Nottingham University Hospitals (NUH) NHS Trust via the Transforming Community Services (TCS) model..

Information and Advice

2. On 15th November 2011, Dr Immy Ahmed-Jushuf, Head of Service, Sexual Health and Infectious Diseases, NUH made a presentation regarding the strategic service review of sexual health services across Nottingham City and Nottinghamshire County (South).

3. Members heard that the purpose of the review was to bring together all sexual health services in Nottingham and South Notts and improve provision of services to all users; as well as improved access and choice through centralised booking and the facilitation of a one stop shop.

4. The background to this review is that as part of the TCS process a robust procurement exercise had taken place which culminated in the transfer of the bundle of sexual health services from local PCTs to NUH on 1st April 2011.

5. Members also heard that NUH had been consulting with commissioners, NUH staff and engaging with current patients to develop proposals for a fully integrated service model. Due to the complexity and scale of the services, the integration of the model has been split into two phases. Phase one will concentrate on core services and phase two will look at specialist targeted services.

6. Generally, staff welcomed and embraced the proposed changes which provided a clear governance framework, and integrated pathways. Staff understood that the changes were required to provide better services.

7. Peter Wozencroft, Associate Director of Strategy for NUH and Dr Immy Ahmed-Jushuf, Head of Service, Sexual Health and Infectious Diseases will attend to brief the Joint Committee and answer questions.

8. A substantial briefing outlining the conclusions of the Contraceptive and Sexual Health Review is attached as an Appendix to this report.

RECOMMENDATION

1) That Joint City and County Health Committee receive the information and ask questions as necessary

Councillor Mel Shepherd
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

NHS Nottinghamshire County

NHS Nottingham City Clinical Commissioning Group

Nottingham University Hospitals NHS NHS Trust

Sexual Health Services in

Nottingham and Nottinghamshire

A review of sexual health service provision 2011/12 and a proposed integrated service model

Sexual Health Services in Nottingham and Nottinghamshire

1. Introduction

It is the commissioners' intention for sexual health services to be:-

Community based, integrated Sexual Health services which are easily accessible, that are driven by the needs of our local population and where patients can expect to receive the same standards whichever provider/ service they go to

This document describes the process undertaken to review current sexual health service provision in Nottingham and Nottinghamshire. It identifies potential areas for service improvement and describes a new integrated service offer building on existing provision and together with the next steps in the process.

2. Background and Context

For a list of the related documents, national and local policy drivers associated with this paper see **Appendix 1**.

The NHS Operating Framework 2010/11 instructed Primary Care Trusts (PCTs) to divest themselves of provider services by April 2011 as part of the Transforming Community Services Programme. As a result the responsibility for the delivery of community sexual health services for Nottingham City and south Nottinghamshire County transferred to Nottingham University Hospital Trust (NUH) on 1 April 2011. The contract was awarded on the basis that NUH committed to delivering improved quality and added value through better integration of community and hospital-based sexual health services, streamlined governance arrangements, integrated staff training/deployment and developing a single IT system.

Appendix 2 describes both the contraception and sexual health services (CASH) that transferred from the local PCTs to NUH and the Sexually Transmitted Infection/Genitourinary Medicine (STI/GUM) services.

The total value of these services in terms of cost to the commissioners is £5,981,448.

The strategic ambition detailed in the Nottingham University Hospital (NUH) Clinical Services Strategy for Sexual Health 2009 is to be 'the major community and specialist provider of Sexual Health Services for Nottingham City and surrounding Nottinghamshire'. Taking on the provision of community sexual health services previously provided by Nottingham City PCT's provider arm enables the creation of a co-ordinated network of community sexual health clinics whilst maintaining 'hubs' for specialist level care.

Following a successful transfer of services in April 2011 a project steering group was established to oversee a review of the services and the development of a proposal for a new integrated service model. The following work groups were established to review the public health information and identify service issues, training needs and opportunities for an integrated information system:-

- Young Peoples Services
- Outreach Services
- Core Services
- Training Needs Analysis and Training Strategy
- Integrated IT

3. Aims and Objectives

The aim of this report is to describe how Nottingham University Hospitals NHS Trust proposes to develop an integrated sexual health service that better meet the sexual health needs and demands of residents in Nottingham City and Nottinghamshire County's southern boroughs.

The main purpose of an integrated sexual health and contraception service is to improve the sexual and reproductive health of the people in Greater Nottingham, reduce the incidence of, and harm caused by, sexually transmitted infections (STI) and reduce the numbers of teenage and unwanted conceptions. It should be noted that HIV and sexual dysfunction treatment and care is excluded from this review.

Bringing together sexual health service delivery in Nottingham City and Nottinghamshire South will:

- Ensure that seamless sexual health care pathways will lead to better patient outcomes.
- Extend the provision of contraception to all patients accessing sexually transmitted disease services.
- Extend the provision of STI testing to those accessing contraception services.
- Facilitate a "one-stop shop" holistic service model with a centralised booking system for patients whose needs can be addressed in one visit.
- Develop specialist hubs within the service model providing immediate advice, support and facilities for onward referrals.
- Develop a unified robust clinical governance framework with a single performance management framework.
- Identify opportunities for productivity and efficiency to increase capacity and capability of services, and improve access and uptake of services.
- Continue to ensure services are designed to be young people friendly.

4. Needs Assessment

To drive and inform this review a detailed sexual health needs assessment has been developed to inform any proposals for change (see **Appendix 3** for more details).

Local data are presented on key indicators of sexual health need and demand, including teenage conception, occurrence of sexually transmitted infections, terminations of pregnancy, emergency hormonal contraceptive prescribing and other types of contraceptive prescribing. These have then been mapped against current service provision and potential gaps identified.

The **KEY FINDINGS** from this report are:-

Sexual health inequalities:

- Overall the poorest sexual health of residents in Nottingham City is in an arc, spanning from Bilborough, Aspley and Bulwell in the North West of the city to most of the Central and Eastern wards and Clifton to the South.
- Areas of poorest sexual health in South Nottinghamshire including Hucknall, Arnold, Carlton and Stapleford.
- There are high rates of chlamydia positivity in CASH services in Bullwell in the city and Eastwood and Hucknall in the county and also in young people's outreach services in the city, especially those for young offenders.
- In 2011, 794 people accessed HIV care within NUH. Whilst the numbers are relatively small, the impact on those individuals is significant, the cost of treatment is high and the prognosis for people diagnosed late is poorer than those diagnosed early.
- Late diagnosis of HIV is an issue in Nottingham with 80.6% of new diagnoses in the City and 73.3% of new diagnoses in the County having a CD4 cell count (a measure of the strength of the immune system) <350/mm3 (an indication of late diagnosis).

Potential gaps in provision and recommendations for improvement are:

- Whilst the current GUM and CASH services cover most of the areas of highest need in the city there are some potential gaps in provision in the high need areas of Aspley, Basford, Carlton and to a lesser extent Bingham.
- Currently young people's specific services are commissioned as part of core sexual health services provision for the Southern Boroughs. There are high teenage conception rates in Stapleford, Hucknall, Bonington, Killisick, Carlton, Manvers and Bingham West and so core contraceptive services in these areas need to be young people friendly.
- Outreach work with commercial sex workers (CSW) has successfully identified STIs in this group and local experience suggests that persuading this group to access treatment can be difficult. This is partly because working with this vulnerable group is highly specialist work that relies on establishing a great deal of trust between services and clients. Integrating screening and treatment into one site would help to ensure access necessary treatments for this high risk group.
- Moving forward there is potential to increase engagement with other vulnerable groups including MSM, CSW, refugees (particularly in terms of early identification of HIV) and injecting drug users (IDU).
- Whilst sexual health services need to be appropriate for all local residents, they need to be particularly focussed on the needs of younger people (<30 who are most at risk) and be accessible and available at times that are suitable.

5. Engagement and Involvement

The proposed integrated hub and spoke model service model (described below) has been discussed with and supported by existing sexual health teams, NUH Review Project Board, the NUH Directors Group, the Nottingham Clinical Commissioning Group and the Joint Overview and Scrutiny Committee.

In addition, comprehensive engagement exercise has taken place with both non-service users and current service users (see the embedded pdf file for the questionnaire used and insert web link for full report).

The findings of the questionnaire must be read in context of the fact that between GUM and CASH, the services see >50,000 clients annually.

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Commissioning & Perf

The following key points emerged from the questionnaire:-

- The current service could be improved if more consideration was given to minority groups, eg sexual orientation and translation/interpreting needs.
- Suggestions were made that separate male and female wellbeing clinics might encourage people from minority groups to attend and help to reduce the stigma attached to sexual health whilst enabling people to access other health and health promotion services at the same time.
- The most comfortable setting for a sexual health clinic was identified as a GP practice or NHS building specifically for sexual health based near to where the patient lived.
- Flexibility of opening times for clinics was crucial, specifically the evening clinic (between 5.00pm – 8.00pm) as this time was the most convenient especially for those who work.
- Drop-in clinics were the most popular (52%) with the option to make a pre-bookable appointment (31%) not far behind. The option to access sexual health services online was not found to be popular with only 5% selecting this method.
- 49% of the responders did not mind whether or not the GUM and sexual health and contraception services were integrated, however more participants would like to see an integrated service (30%) than those who would like the services to remain separate (20%).
- The largest proportion of participants had heard about sexual health services via an information leaflet. It was felt that leaflets would be more beneficial if designed for each specific target group by members of that group and should cover general wellbeing and wider sexual health issues rather than focusing on sexually transmitted diseases and / or contraception.
- Participants raised the issue of age discrimination specifically in relation to accessibility of services for students specifically screening and the C-card scheme (Condom Distribution) for those aged 25 and over despite them attending college full time.
- Concerns were also raised to the change in delivery of chlamydia screening in Nottinghamshire County which is impacting on those universities whose boundaries/campuses cross the city/county

divide'

- Nottinghamshire County PCT has previously consulted on the development of an integrated Sexual Health Tiered model for the development of sexual health services, this also formed part of Transforming Community Services at a wider Trust level. The development currently underway as part of the review is in keeping with this approach to the development of services.'

6. Current Service Review and findings

- Sexual health Services within Nottingham City and County South are fragmented due to historical reasons and organizational boundaries.

- Currently GUM services are provided in an open access outpatient setting in the GU Clinic on the City Campus. In additional there are a number of community based nurse delivered clinics delivered from 5 community sites within the city.There was no contraception provision in GUM clinics.

- CASH services are delivered from the Victoria Health Centre. These include core contraception as well as pre-Termination of Pregnancy (TOP) assessment services. In additional there are a number of peripheral clinics providing CASH services across the City and south of the County. There was very limited provision for STI testing in CASH clinics.

- Over recent years a number of outreach services have also developed to target the hard to reach populations with a high index of sexual health needs. These include:

    - Chlamydia Screening Programme
    - Young Persons Sexual health Outreach
    - Base 51
    - Health Gay Nottingham
    - C Card
    - Sexual Health Outreach Team

- These targeted services are all provided separately, each with its own reporting and management structures, often targeting the same/similar client groups , resulting in resource duplication, lack of workforce flexibility and inadequate clinical governance and performance management arrangements.

Figure 1 details the Current Service Model

An indepth review of current service provision has been carried out and a summary of the key issues is outlined below:

Findings:

- *Management Structure:* – The management structure needs to facilitate effectively leadership and accountability in line with the performance management processes of NUH. A new management structure needs to be developed that can deliver an effective and efficient integrated service.

- *Areas of inefficiency:* – There are low levels of activity at particular Cash Core and outreach clinics eg (Prostitute Outreach Workers (POW), Radford and Kimberley Health Centres. In addition, we believe there

are opportunities to optimise patient flow in a number of CASH core and GUM clinics, thus increasing clinic throughput.

- *Inconsistent service provision:* – Services like POW, Base 51/NGY, Kimberley and Beeston Health Centres are dependant on single clinicians or small teams. This 'silo' working results in inconsistency in provision with clinics being cancelled as there is no provision for cover during staff absences.

- *Clinic closures:* - There is a culture of clinical staff not providing cover for colleagues during absences and doctors working to job plans which need to be reviewed. This results in clinic closures during periods of annual leave and staff sickness.

- *Duplication of clinics/overlap of services:* – In some venues there are a number of different clinics being provided that provide similar services. eg POW, Clifton Cornerstone, VHC GUM clinic.

- *Staffing skill mix:* – A review of case mix suggests that there are opportunities to match staff competencies with the needs of the service, in a more efficient and effective way. This will be addressed when the skill mix review is undertaken.

- *Missed opportunities to offer contraception/GUM services:* - An internal audit has shown that up to 25% of women aged 16-24 who attend GUM are not using contraceptives. Likewise, there are patients accessing contraceptive services who are not having their GUM needs addressed.

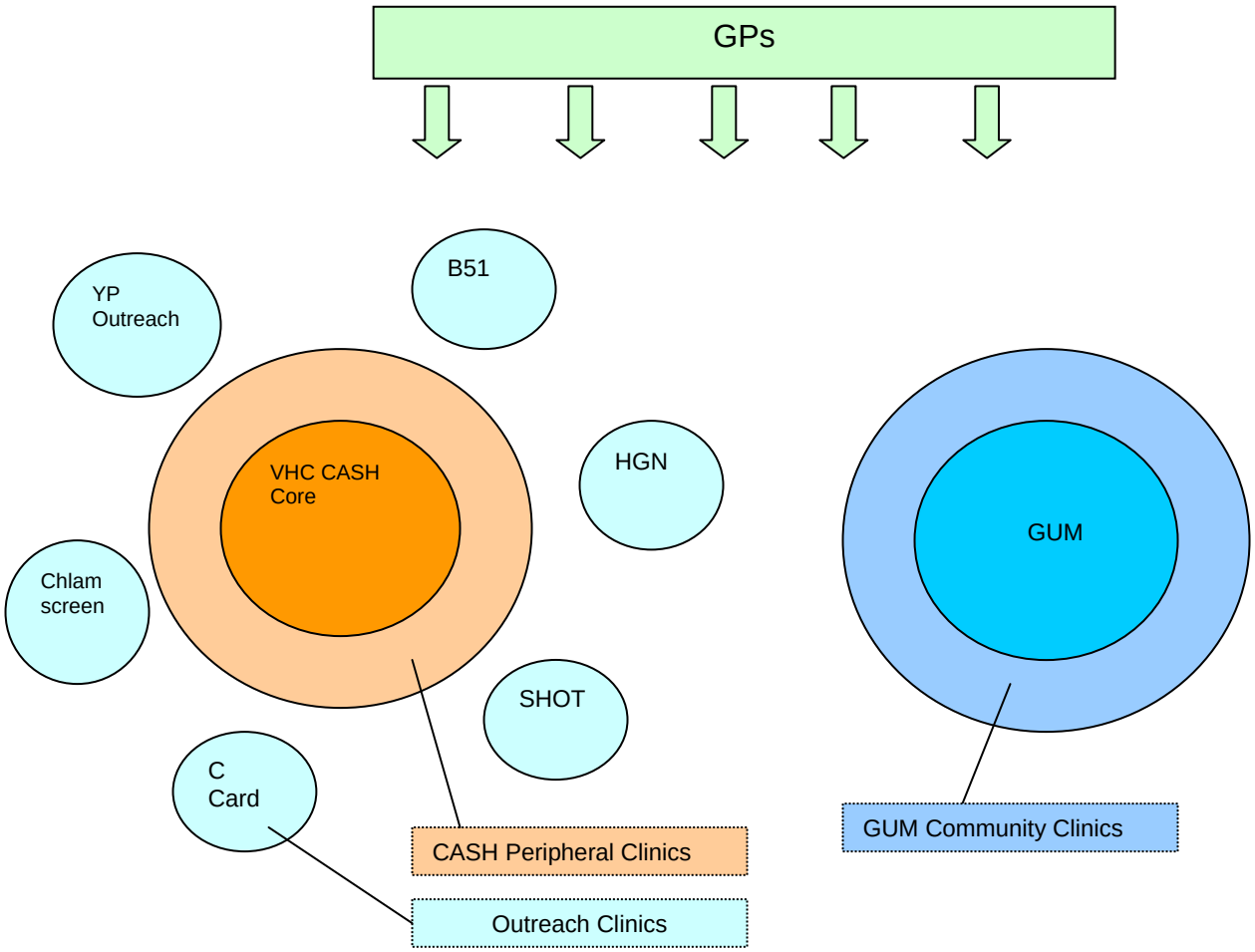
- *Uncoordinated health promotion/asymptomatic screening:* - there are elements of health promotion in all the above services. These are currently un-co-ordinated and have largely developed on historical grounds and not evaluated/benchmarked systematically or against available best practice evidence. There is a need to improve and co-ordinate health promotion and asymptomatic screening across the service. More innovative measures are needed to promote sexual health and reduce risk taking behaviour especially among MSM. In addition existing data suggest that some young people are presenting late to TOP services.

- *Fragmentation of outreach service provision*: - A number of outreach services have been developed as part of widening services to target hard to reach populations with a high index of sexual health. Ie. Chlamydia Screening Programme, Young Persons Sexual Health Outreach, Base 51, Healthy Gay Nottingham and C Card. These targeted services are provided separately, resulting in resource duplication, lack of workforce flexibility and inadequate clinical governance and performance management arrangements.

- *Inadequate IT systems*: - The current IT systems are not fit for purpose. Information is stored or accessed through a number of IT systems with no integration between the systems.

Figure 1

Current Model



Base	Level
VHC CASH Core	**CASH 1,2,3**
Peripheral Clinics	
City: Mary Potter; Clifton Cornerstone; Strelley; Radford; Aspley Childrens' Centre	CASH 1,2*
County: Hucknall & Hucknall Hi; Stapleford inc Health 4 U; Eastwood; Arnold X 2; Carlton; West Bridgford; Kimberley; Beeston	CASH 1,2*
Outreach clinics	
Young People: Basford Hall; Clarendon College; High Pavement College; Club 1 (Bulwell); Kiss (Clifton Cornerstone); Safe @ YOT; Bilborough College; Victoria Saturday	CASH 1,2*
Prostitute Outreach workers (POW)	CASH 1,2*
Base 51 (B51)	CASH 1,2*
Sexual Health Outreach Team (SHOT)	CASH 1,2*
Healthy Gay Nottingham (HGN)	N/A
C Card	N/A
Chlamydia Screening	N/A
GUM	**GUM 1,2,3**
GUM Community Clinics	
Mary Potter	GUM 1,2
Walk-In Centre	GUM 1,2
NEMS	GUM 1,2
Clifton Cornerstone	GUM 1,2
Victoria	GUM 1,2

7. New Integrated Sexual Health Hub and Spoke Model

In order to address the findings of the service review a number of service model options were proposed.

An option appraisal was then carried out scoring how well the various options for reconfiguration met the required criteria. The options considered were:-

- No change (option 1)
- Modifications to current service model (option 2)
- Integrated service model with multiple sites for specialist provision (option 3)
- Integrated service model with a single site for specialist provision (option 4)

The scoring criteria were:-

- Level of integration achieved
- Impact on patient experience
- Impact on staff experience
- Affordability, value for money, delivery of productivity and efficiency

Appendix 4 summarises the consideration and scoring of the options.

Although it was felt that a single site for specialist provision would be the best option the availability of estate options and potential capital costs make this option unviable for the immediate to medium term. An integrated service model with multiple sites for specialist provision was therefore considered to be the preferred model.

The Proposed Model is in Figure 2

- This model will incorporate a unified management structure and provide specialist services at both the City Campus Specialist Hub (level 1, 2 & 3 GUM / level 1 & 2 CASH) and at the Victoria Specialist Hub (level 1, 2 & 3 CASH / level 1 & 2 GUM). See **Appendix 5** for the service levels descriptions.

- Whilst GUM and CASH services are commissioned separately, level 2 services for STI at the Victoria Hub and Level 2 CASH clinics within the GUM hub will be introduced as an interim step towards further integration.

- Key sites have been identified as Community Hubs, which are primarily LIFT buildings which will provide level 1 & 2 GUM and CASH as an integrated services, excluding emergency IUDs.

- One of the community hubs will be developed to provide a GUM service specifically for men (Men's Centre). This would deliver level 1 and 2 GUM services in addition to elements of level 3 including STI testing and treatment of MSM, and men presenting with dysuria and genital discharge. Referral pathways to the specialist centre, City Campus, would be strengthened for referrals to other level 3 services.

- There will also be a community hub dedicated to young people which will be based at NGY which will deliver the levels of services as per the community hubs.

- Due to the specific needs and complexities of the Broxtowe/Aspley and Bilborough areas and the lack of a central location and accommodation such as a LIFT building, we will pursue alternative models of service provision such as a Community Network model in partnership with primary care (Norcomm).

- In addition to the Community Hubs and Network, there will be Spoke Clinics and GP Partnerships which will provide level 1 and 2 GUM and CASH excluding investigations and treatment of problems with oral contraceptives and IUD insertion, including emergency IUD.

- Within this model Young People's Outreach will continue to be provided in a variety of settings. The level of service will mirror the levels of service provided in the spoke clinics.. These settings will be reviewed on an ongoing basis to ensure maximum utilisation and that they meet the needs of the local population.

- Chlamydia screening, C Card (condom distribution scheme) and SHOT, currently provided as separate services will be integrated with in the proposed service model.

- GP practices will continue to provide level 1 and some elements of level 2 Cash and GUM as part of the integrated sexual health services within Nottingham City and Nottinghamshire County South. We intend to strengthen this through further and on-going training and support for GPs in Nottingham.

To deliver the new integrated service model current services will need to be remodelled, reconfigured, developed or rationalised to reflect both sexual health needs(as illustrated by public health data on sexually transmitted infections rates and teenage conception/termination) and current patient demand from the local population (current service activity levels will as a minimum be maintained). **However, any proposed changes to service delivery will only be made after due engagement and consultation with the local population, the commissioners, other stakeholders and staff**.

Services will be aligned using demographic data and the best available evidence on need and demand for these services to target for those currently not accessing sexual health services and making the most efficient use of current resources. There will be emphasis throughout on the efficiency of the services provided, so that the limited resources can be used to bring about the greatest improvements to sexual and reproductive health.

Proposals:

- *Implement a unified management structure* – We will develop a unified management structure to ensure that the service provision is consistent and that there is uniformity in the processes and procedures across the service and in line with the Trust. This will also facilitate more efficient management of the clinical teams as well as the production of reliable management information to enable us to optimise the service. The structure will include Medical, Nursing and Business leadership along with Data Management and Administrative Management roles.

- *Review clinic productivity:* – We will review the patient flow, booking rules and processes to facilitate a smooth patient flow. Current work practices will be streamlined and duplication eliminated where appropriate.

- *Undertake staff engagement events:* – These will be undertaken with an external facilitator to implement best practice clinical services and work towards changing the service culture to reflect the current service needs.

- *Implement an integrated training strategy:* - This will be undertaken to develop multi-trained staff who can deliver both contraceptive and STI services. This is fundamental to the delivery of the integrated efficient and effective sexual health service. Training for GPs will be strengthened through implementation of local Sexually Transmitted Infection Foundation (STIF) courses and competency based training and assessment.

- *Develop effective pathways:* - These are required between different elements of the service and between the specialist hubs to improve the patient experience and ensure an efficient and effective patient pathway.

- *Reduce duplication:* – This will be done by combining the roles of clinicians practicing at certain outreach sites e.g. POW, Clifton Cornerstone, Saturday morning young persons service etc, thus enhancing utilisation of resources and facilitating the strengthening of other areas of the service. This will help provide resources to cover staff absences to ensure consistency of service provision.

- *Undertake a skill mix review:* - This will be undertaken as part of our work force planning to ensure that the appropriate levels of staffing with the appropriate competencies are in place to meet the service needs.

- *Development of an Integrated IT system:* - Sexual Health Services will be incorporated within the main NUH PAS Replacement Project and future Electronic Care Record (ECR) programme. This will facilitate the implementation of a centralized booking system, on-line booking, results management, development of statutory and commissioning datasets as well as enhanced performance monitoring.

- *Outreach Services at NGY (Formerly Base 51):* - This service will be developed into a fully integrated sexual health service and integrated into the main 'Young Persons' service so that a team of nurse practitioners will be available to ensure continuity of provision. Integration with other services for young people in the NGY venue will provide a @Young Person' City Centre hub.

- *Sexual Health Services for Men:* - It is proposed that a Community Hub providing sexual health services for men be developed. This would encorporate the counselling and psychotherapy services currently provided by HGN.

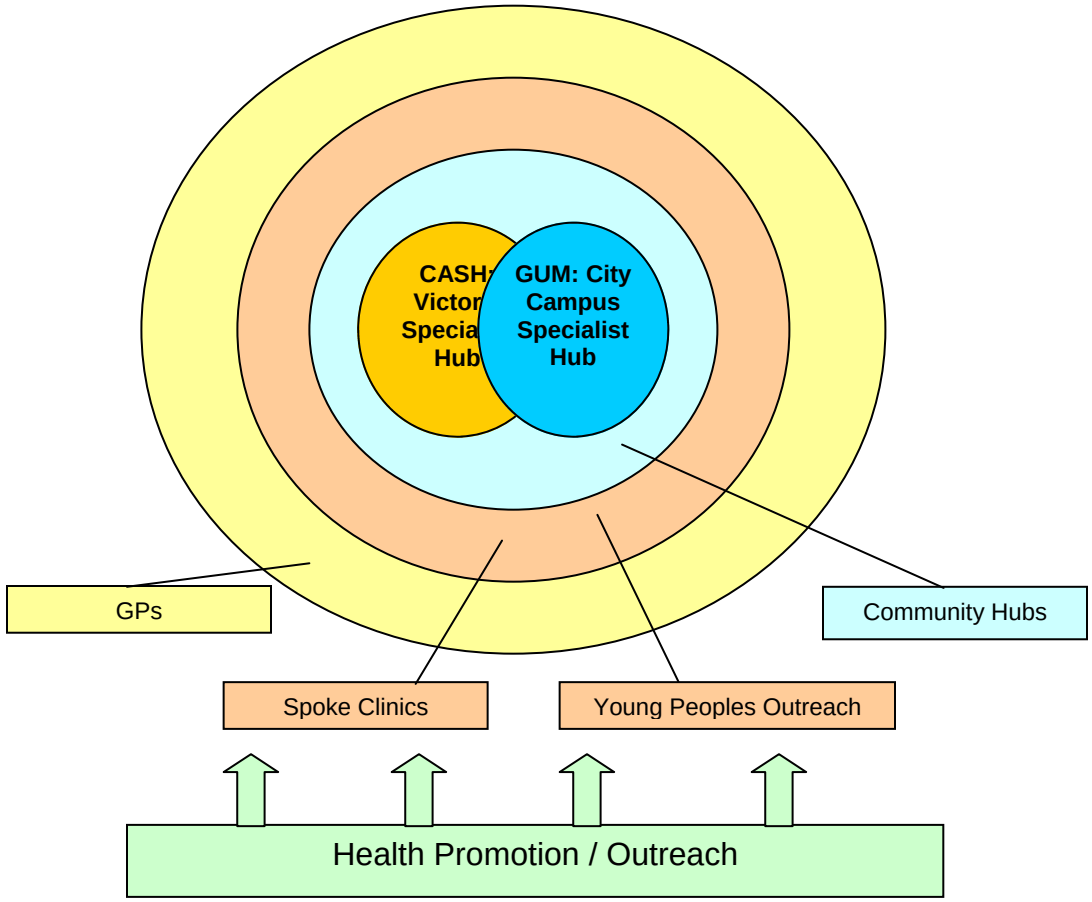
- *Chlamydia Screening, C Card and SHOT services:* - It is proposed that both these services will be assimilated into the mainstream integrated sexual health service.

- *Establish a Health Promotion Team*: - A Health Promotion Team will be established across the service to include Health Advisers and Information Workers. The team will review all health promotion and screening activities against the current evidence base for best practice and develop and implement a Health Promotion Strategy. Events that have proved to be beneficial in the light of local experience and evidence base eg 'Teach and Screen' will be retained.

- *Communication and Branding*: - The review and integration of sexual health services across the City and Southern County provides a unique opportunity to re-brand and re-launch the service. It is proposed that communications and branding are managed by the Health Promotion Team Leader who will be instrumental in the development of a communications plan for the service. This will be done in partnership with the management team and the Trust Communications Team.

Figure 2

Proposed Model



Victoria Specialist Hub	**Level, 1,2,3 CASH** **Level 1,2 GUM**
GUM Specialist Hub	**Level 1,2,3 GUM** **Level 1,2 CASH**
Community Hubs	
Mary Potter	Level 1 & 2 GUM and CASH (excludi emergency IUDs)
Clifton	
Bulwell	
Stapleford	
NGY – Young People	
Men's Centre (TBA)	
Spoke Clinics / GP Networks & partnerships	
Eastwood	Level 1 GUM Level 1 & 2 CASH (excluding IUD)
Hucknall	
Arnold	
Carlton	
Strelley	
West Bridgford	
Beeston	
Aspley/Bilborough/Broxtowe	
Young Peoples Outreach	
Basford Hall	
Clarendon College	
High Pavement College	
Club 1 (Bulwell)	
Kiss (Clifton Cornerstone)	
Safe @ YOT	
Bilborough College	
Victoria Saturday	
POW	

Implementation Timelines:

From October 2012 (assuming the proposals are supported):
Introduce Level 2 nurse-led services for STI at Victoria Hub
Introduce Level 2 CASH clinics within the GUM hub.
Commence improvements to clinic productivity/efficiency
Increase STI and Chlamydia screening
Develop plans for integrated management structure
Reduce service duplication
Continue with integrated training delivery

By March 2013:
Progress achieved on all the above
All staff will have level 1 competency in delivering STI and contraception services

By March 2014:
All the above will be delivered

From March 2014:
Implementation of fully integrated sexual health service commences

7. Next Steps

This paper will be circulated for consideration, comment and support to the Project Steering Board, NUH Directors Group, NHS Nottingham City GP Executive Group, NHS Nottinghamshire Professional Executive Committee and the Joint Overview and Scrutiny.

Comments will be taken into account and implementation of service improvements will begin. Quarterly updates on progress will be overseen by the project steering group and the contract management group.

Appendix 1

National and Local Policy Drivers

1. "*Transforming Community Services : Enabling New Patterns of Provision*". Department of Health (DOH) 2009 and "*Revision to the Operating Framework for the NHS in England 2010/11*" requires PCTs to divest themselves of all current PCT provided community services by 1 April 2011.

2. *"Better Prevention, Better Services, Better Sexual Health: the National Strategy for Sexual Health and HIV 2001"* and the Independent Advisory Groups review of the National Strategy in 2008, both stressed the desirability for contraceptive and sexual health services to be integrated with mainstream STI services.

3. *"Effective Commissioning of Sexual Health and HIV Services – DOH"* promotes single assessment and single points of access into the range of Sexual Health services to minimise the risk of revolving door syndrome.

4. The *Nottingham City PCTs 5 year strategy (2009/10 – 2013/14)* aims to improve infant and child health linked with which are the associated targets to reduce the teenage conception rate and the teenage pregnancy initiative. With currently approx. 25% of under 25 year olds using Sexually Transmitted Infection (STI) Services and not using contraception, the integration of these services is key to the delivery of these targets.

5. *The Nottingham City Teenage Pregnancy Plan (2011/12)* aims to ensure that young people are able to access appropriate contraceptive and sexual health advice, information and services and therefore make informed choices regarding their sexual health needs.

6. *The Nottingham City Sexual Health Strategy (2006/10)* identifies key aims/objectives for improving the picture of sexual health in response to the local needs of the population.

7. *The Nottingham City Joint Strategic Needs Assessment (2010/11)* considers the health and wellbeing of the local population and identifies gaps in service provision resulting in local health inequalities.

8. The Nottinghamshire Joint Strategic Needs Assessment (2010/12) provides a detailed analysis of needs in Nottinghamshire and identifies potential populations who are in greatest need of services.

9. Nottinghamshire's Early intervention Strategy and Prevention (2011) identifies key groups for ensuring better outcomes for those teenage parents and pregnant teenagers

10. Nottinghamshire Child and Poverty Strategy (20) identifies the ongoing work and commitment to teenage pregnancy rates in hotspots wards.

11. Nottinghamshire Joint Commissioning Strategy Teenage Pregnancy (2012/14) aims to ensure young people have access to a range of young people friendly services to include Contraception and Sexual Health services to make informed choices.

Appendix 2 – Service Description

Service Name:	Service Description:	Service Location:	Funding Source
CASH (Core Service) Nottingham City	Provision of level 1 – 3, (depending on location) contraception and sexual health services (see appendix 6) and community gynaecology services, e.g. for premenstrual syndrome (PMS), menopause care, for men and women registered with GPs in NHS Nottingham City Pre-Termination of Pregnancy (TOP) assessment services (Victoria Health Centre).	Victoria Health Centre and a number of local peripheral Clinics e.g. Bulwell, Mary Potter, Clifton, Strelley, Radford Health Centres.	Nottingham City PCT
CASH (Core Service) Nottinghamshire County	Provision of level 1 – 3, (depending on location) contraception and sexual health services (see appendix 6) and community gynaecology services e.g. for premenstrual syndrome (PMS), menopause care, for men and women registered with GPs in NHS Nottingham City and South of County Pre-Termination of Pregnancy (TOP) assessment services (Victoria Health Centre) – decommissioned April 2011.	Victoria Health Centre and a number of local peripheral Clinics e.g. Arnold, Beeston, Eastwood, Kimberley, West Bridgford Health Centres	Nottinghamshire County PCT
Young Peoples Outreach Service	Young Peoples' integrated contraception and sexual health services for clients 14 to 24 years old who are registered with GPs in NHS Nottingham City, in a number of community and primary care locations throughout Nottingham City, in a variety of settings including colleges, LIFTs and Health Centres The level of service provision varies throughout the Service with targeted level 3 contraception in most colleges, Victoria Health Centre. Other venues provide level 1-2	Sites across Nottingham City linked to teenage pregnancy hot spot wards which are accessible to young people e.g. Bilborough College, New College Nottingham sites, Youth Offending Team and Clifton LIFT	Nottingham City PCT

Service Name:	Service Description:	Service Location:	Funding Source
	Contraception and Sexual Health Services. All of these venues have achieved or are working towards the 'You're Welcome Standards' These services are also accessed by young people from other areas		
Sexual Health Outreach (SHOT)	A number of planned, regular sessions providing information on contraception, asymptomatic health screening, appropriate symptomatic (level 1) screening and management of STIs and referrals/signposting to other sexual health services for high risk and vulnerable groups (15 to 24 yrs) who are registered with GPs in NHS Nottingham City In addition ad-hoc sessions throughout the year which are delivered around the regular clinics as required by other services	Multiple sites across Nottingham City plus additional clinics delivering to Prostitute Outreach Workers, Women's refuge, Health Gay Nottingham and other high risk target groups.	Nottingham City PCT
C Card Condom Service	Sexual health advice, support and condom distribution service for young people to increase the availability, accessibility and acceptability of condoms to young people aged 13-24 years registered with GPs in NHS Nottingham City, to risk assess and link young people into mainstream sexual health services as appropriate and to increase the number of workers within the community who have sexual health knowledge, skills, and understanding. Walk-in and appointment service available during the daytime, evenings and weekends.	Multiple 'registration' and 'pick-up' sites across Nottingham City linked to teenage pregnancy hot spot wards which are accessible to young people.	Nottingham City PCT
Chlamydia Screening Office (CSO)	Coordination of the Nottingham City chlamydia screening and prevention programme, in line	CSO is based in the Victoria Health Centre. Screening is delivered	Nottingham City PCT

Service Name:	Service Description:	Service Location:	Funding Source
	with the standards of the National Chlamydia Screening Programme (NCSP) for young people aged 15 to 24 years. Includes co-ordination of the Chlamydia screening providers including training, data collection, contact tracing and treatment via the Nottingham Chlamydia screening office ensuring that an accessible community based programme is provided for young people registered with GPs in NHS Nottingham City.	across a range of suitable community venues with acceptable access times for the target client groups	
Base 51 Medical Service, now NGY (prescribing Nurse and health Information Advisor)	Provision of health services to vulnerable young people aged 12-25yrs, who are marginalised as a result of being e.g. In/leaving care; homeless; teenage parents etc, and are resident in or registered with a GP in Nottingham City. Includes risk assessment, history taking and management of care plans. Provision of health information and advice; vaccinations, e.g. BCG, TB; asymptomatic STI testing; full range of contraception methods; pregnancy testing and referral to primary and secondary care services as required, e.g. GUM, antenatal, TOP assessment.	Base 51 (**moved to NGY MyPlace since April 2012)**	Nottingham City PCT
Healthy Gay Nottingham	A counselling/emotional well-being service providing health promotion to improve and promote the health of gay and bisexual men and men who have sex with men (MSM), focusing on HIV prevention and STIs and homophobic bullying, for clients registered with GPs in NHS Nottingham City and South County.	Appropriate sites across Nottingham City to include clinic sessions and outreach provision targeting this group.	Nottingham City PCT and Nottinghamshire County PCT

App3 – public health

Appendix 4 - Option Appraisal

Option	Service Elements	Key requirements service depend upon	Score
Option 1: No Change	o As per current service provision	o No changes	Remit of TSC: 0/ Patient Experienc Staff Satisfaction Value for Money: **Total: 5/20**
Option 2: Modifications to current service	o Unify Management o Assimilate aspects of Chlamydia Screening, and some aspects of Young Peoples' Outreach o Rationalise clinics with very low activity o Increase STI provision and HIV testing within current SRH facilities o Increase limited contraception (level 1) in GUM	o Appropriate tariff top-up o Upgrading of IT system to enable central data collection for commissioners and statutory reporting	Remit of TSC: 2/ Patient Experienc Staff Satisfaction Value for Money: **Total: 11/20**
Option 3: Integrated service model	o Unify Management o Specialist Hubs – City and VHC o Community Hubs o Targeted Outreach o Centralised booking o One stop shop – integrated care o Assimilate Young Peoples' Outreach and Chlamydia Screening	o Central IT system allowing central appt management and data collection/performance management/commissioners/statutory reports o Adoption of the London Consortium Sexual Health Tariff o Commitment to training staff o Appropriate estate for community hubs	Remit of TSC: 5/ Patient Experienc Staff Satisfaction Value for Money: **Total: 17/20**
Option 4: Integrated Service Model with specialist provision on one site	o Unified management o Central specialist hub consisting of GUM and SRH in one building o Community hubs o Targeted outreach o Central booking o Fully integrated GUM and SRH	o Appropriate estate (capital required) o Central IT system allowing central appt management and data collection/performance management o Adoption of the London Consortium Sexual Health Tariff o Commitment to training staff o Appropriate estate for community hubs	Remit of TSC: 5/ Patient Experienc Staff Satisfaction Value for Money: **Total: 19/20**

Appendix 5 – Service Level Definition

(A) Definitions of levels 1, 2 and 3 Sexually Transmitted Infection (STI) management

(Source: 'Standards for the Management of STIs – BASHH/MEDFASH' (published 2010))

LEVEL 1:

- **Sexual history-taking and risk assessment**
  (Including assessment of need for emergency contraception and HIV post-exposure prophylaxis following sexual exposure – PEPSE)
- **Signposting to appropriate sexual health services**
- **Chlamydia Screening**
  (Opportunistic screening for genital Chlamydia in asymptomatic males and females < 25yrs)
- **Asymptomatic STI screening and treatment of asymptomatic infections**
  (except treatment for syphilis in men (excluding MSM) and women
- **Partner notification of STIs or onward referral for partner notification**
- **HIV testing**
  (Including appropriate pre-test discussion and giving results)
- **Point of care HIV testing**
  (Rapid result HIV testing using a validated test, with confirmation of positive results or referral for confirmation)
- **Screening and vaccination for hepatitis B**
  (appropriate screening and vaccination for hepatitis B in at-risk groups)
- **Sexual health promotion**
  (Provision of verbal and written and sexual health promotion information)
- **Condom distribution**
- **Psychosexual problems**
  (Assessment and referral for psychosexual problems)

LEVEL 2 Incorporates Level 1 plus:-

STI testing and treatment of symptomatic but uncomplicated infections in men (except MSM) and women excluding:

- Men with dysuria and/or genital discharge
- Symptoms at extra-genital sites eg rectal or pharyngeal
- Pregnant women
- Genital ulceration other than uncomplicated genital herpes

LEVEL 3 Incorporates Level 1 and 2 plus:-

- STI testing and treatment of MSM
- STI testing and treatment of men with dysuria and genital discharge
- Testing and treatment of STIs at extra-genital sites
- STIs with complication, with or without symptoms
- STIs in pregnant women
- Recurrent conditions (recurrent or recalcitrant STIs and related conditions)
- Management of syphilis and blood borne viruses
- Tropical STIs
- Specialist HIV treatment and care
- Provision and follow up of HIV post exposure prophylaxis (PEP) (both sexual and occupational)
- STI service co-ordination across a network

(B) Definitions of levels 1, 2 and 3 contraception and sexual health (CASH) management

(Source: National Strategy for sexual health and HIV (published in 2001/updated 2009)

LEVEL 1:

Sexual History-Taking and Risk Assessment
(Including assessment of need for emergency contraception)

Signposting to appropriate sexual health services
(including information regarding local level 1, 2 & 3 provision, including Outreach services)

Contraception Provision
- First prescription and continuing supply of oral contraception (combined + progestogen-only)
- First prescription and continuing supply of injectable contraception
- Emergency oral contraception
- IUD/IUS routine follow-up

Sterilisation (referral for male and female sterilisation)

Psychosexual Problems (assessment and referral)

Pre-conceptual Advice/Provision of Folic Acid (Including Pregnancy testing and appropriate referral and referral for antenatal care)

Referral for TOP Assessment

Primary Investigation of Menstrual Disorders

Cytology
(Including referral for colposcopy for abnormalities from routine screening)

Chlamydia Screening
(Opportunistic screening for genital Chlamydia in asymptomatic males and females < 25yrs)

Condom Distribution
(C-Card Programme)

LEVEL 2 Incorporates Level 1 plus:

- Problems with choice of contraception method
- Investigations and treatments of problems with oral contraceptives
- Cu and medicated IUD insertion
- Emergency IUD insertion
- Diaphragm fitting and follow-up
- Contraceptive implant insertion and removal
- Assessment for TOP (self-referral)

LEVEL 3 Complex Care & Governance - incorporates level 1 and 2 plus:

Contraceptive Services Co-ordination Across a Network

Young Persons Outreach Provision

Overlap of Contraception & Gynaecological Care

Failed Insertion of Devices

Failed Removal of Devices

Missing Devices (Uterine perforation & deep implants)

Sonography (Linked to the provision of termination services, lost coils and gynaecology)

Coincidental Medical Conditions requiring Specialist Assessment and Planning Contraceptive Care
(Often linking with GP and hospital specialist e.g. haematologist or oncologist, endocrine disorders and exclusion of endometrial abnormality)

Nottinghamshire County Council

Report to Joint City and County Health Scrutiny Committee

9 October 2012

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 – specifically, those located within the City and in the Southern part of the County.

3. Additions to the work programme for November are a presentation on the work of the Royal College of Nursing and a briefing on the East Midlands Ambulance Service Change Programme.

4. The work programme is attached at Appendix 1 for the Committee to consider, amend and agree.

RECOMMENDATION

1) That the Joint City and County Health Scrutiny Committee agree the content of the draft work programme.

Councillor Mel Shepherd
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

15 May 2012	• **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 (new)** To consider the reasons for the recent spate of cancelled operations, to find out what actions are being taken to address the situation, and to agree any follow-up action by the Committee (Nottingham University Hospitals Trust) • **Quality Accounts** To consider Trust's Quality Accounts 2010/11 and whether to make a statement for inclusion (Nottinghamshire Healthcare Trust / Nottingham University Hospitals Trust / East Midlands Ambulance Service/NHS Treatment Centre/Nottinghamshire Hospice - new) • **East Midlands Ambulance Service (EMAS) NHS Foundation Trust consultation (new)** To consider review of EMAS Service Delivery Model and Operating Strategy as part of formal consultation. (EMAS)
12 June 2012 (revert to County)	• **Review of Specialist Palliative Care Services across Nottinghamshire - update** To consider proposals and the consultation process for changes to improve access to day care for people with life limiting diagnoses (NHS Nottingham City / Nottingham University Hospitals Trust) • **Integrated Health and Social Care Discharge Project - update** To consider how to partners are working together to deliver more efficient services on discharge from hospital (Nottingham University Hospitals Trust and partners – to be identified)
10 July 2012	• **Out of Hours Services** To consider an update on the procurement exercise being planned for Out of Hours Services in Nottinghamshire (NHS Nottingham City / NHS Nottinghamshire County) • **Mental Health Utilisation Review** To receive the findings of the review undertaken by NHS Nottingham City CCG and NHS Nottinghamshire County CCG in conjunction with the local authorities

	(NHS Nottingham City/NHS Nottinghamshire County)	
11 September 2012	• **Psychological Therapies Service Changes – update** To consider how the changes to the Service have been delivered, and their impact on service users (Nottinghamshire Healthcare NHS Trust) • **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)	
9 October 2012	• ***Care Quality Commission (CQC)*** *To consider the work of the CQC in the City and County and the implications for scrutiny (CQC)* • **Contraceptive and Sexual Health Services** (from June 2012) To consider findings informing the new service model (NHS Nottingham City / NHS Nottinghamshire County / Nottingham University Hospitals Trust)	
13 November 2012	▪ **Eating Disorders – feedback on review recommendations** To consider responses to the study group recommendations (Department for Education , Department of Health, others to be confirmed) • **East Midlands Ambulance Service (EMAS) NHS Foundation Trust consultation – Change Programme (new)** To consider the EMAS Change Programme as part of formal consultation ▪ **Royal College of Nursing – Presentation** To consider an introductory presentation on the work of the RCN	

11 December 2012	▪ **Lings Bar Update** (NHS Nottinghamshire City/Nottinghamshire County**)** • **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)
15 January 2013	• **Patient Transport Service (PTS)** Update on performance of Arriva Group following takeover of PTS contract from EMAS (NHS Nottinghamshire County / NHS Nottingham City) • **Quality Accounts** Preliminary consideration of priorities for Trusts' Quality Accounts 2012/13 (Nottinghamshire Healthcare Trust/Nottingham University Hospitals Trust/NHS Nottingham Treatment Centre/Nottinghamshire Hospice)
12 February 2013	• **Dementia Care - Update** Annual update on dementia issues, including national audit on dementia (Nottingham University Hospitals Trust) • **Out of Hours Services - Update** To consider an update on the procurement exercise being planned for Out of Hours Services in Nottinghamshire (NHS Nottingham City / NHS Nottinghamshire County) • **Mental Health Utilisation Review - Update** To receive an implementation update undertaken by NHS Nottingham City CCG and NHS Nottinghamshire County CCG in conjunction with the local authorities
12 March 2013	• **Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update** To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)

16 April 2013	
May 2013	▪ **Consideration of Quality Accounts**

To schedule:

Review of Specialist Palliative Care Services across Nottinghamshire – further update (June 2013)
Integrated Health and Social Care Discharge Project – further update (June 2013)
Children's Cardiac Services
East Midlands and East Stroke Review
Psychological therapies update

EMAS control centre visit

Date in May 2013 –as part of consideration of dates in June 2012