Nottinghamshire County Council

Health Scrutiny Committee

Date: Monday, 12 November 2012
Time: 10:30
Venue: County Hall
Address: County Hall, West Bridgford, Nottingham NG2 7QP

AGENDA

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
17 September 2012 at 10.30am

Membership

Councillors
Sue Saddington (Chairman)
Wendy Quigley (Vice-Chair)
Stuart Wallace
June Stendall
A Chris Winterton
Brian Wombwell

District Members
Trevor Locke – Ashfield District Council
A Paul Henshaw – Mansfield District Council
Tony Roberts – Newark and Sherwood District Council
June Evans – Bassetlaw District Council

Officers
Ruth Rimmington - Governance Officer

Also in attendance
Councillor V H Dobson
Nina Ennis – Project Manager Mansfield and Ashfield Clinical Commissioning Group
Ola Junaid
Ian Fletcher
Deborah Jaines

MINUTES

The minutes of the last meeting of the Committee held on 25 June 2012 were confirmed and signed by the Chair.

It was confirmed that an item on the Sherwood Hospitals Trust would be on the agenda for the meeting in November.

Appointments to the Committee

The committee noted the following appointments to the Committee:-

Councillor June Stendall
Councillor June Evans – Bassetlaw District Council representative

APOLOGIES FOR ABSENCE

No apologies submitted.

DECLARATIONS OF INTEREST

Councillor Sue Saddington declared a personal interest in agenda items 6 and 7 – East Midlands Ambulance Service Change Programme and East Midlands Ambulance Service – Rural Response times; due to her husband being an ambulance driver for the Newark and Sherwood volunteer service.

PROPOSED CHANGES – ASHFIELD HEALTH VILLAGE – UPDATE

Deborah Jaines, COO Nina Ennis Project Manager and Iain Fletcher Head of Communications, representatives of NHS Nottinghamshire County and the Clinical Commissioning group provided members with an update on work being undertaken in relation to the proposed changes to the Ashfield Health Village (AHV). **and consultation feedback.** Proposals had been developed by the Mansfield and Ashfield Clinical Commissioning Group to ensure a local response to the national strategies for Stroke and dementia care. These involved plans to relocate three of the four wards at the AHV and to use the vacated wards for improved daytime services to meet the changing health needs of the people in Ashfield and Mansfield. Plans supported by all NHS Partners. A copy of the briefing to members was attached as an appendix to the report which included an overview of the consultation that had concluded on 9 September 2012; responses to those consultations and the next steps.

A full analysis of the consultation feedback would take place with a first report to the PCT Board on 27 September, together with consultation feedback from an independent project team based at the University of Lincoln. The PCT Board expected to receive detailed consideration of the consultation response in the form of a report and recommendations in November.

The committee heard about the consultation process that had to satisfy four tests; support from the GP commissioners, strengthen patient and public engagement, provide clarity in the clinical evidence base and be consistent with current and prospective patient choice.

Officers thanked members for taking their time to visit the Ashfield Health Village to gauge a better understanding of the proposals first hand.

The following additional information was provided in response to questions:-

- The findings of the Lincoln report would say whether there had been a viable response to the consultation.
- The Health Village would not close as it was required to address pressing health issues i.e. Diabetes and improve daytime services to meet the changing health needs of people in Ashfield and Mansfield. The Centre was already a centre of excellence for Chronic Obstructive Pulmonary Disease.

- Significant efforts had also been made to get the views from the areas bordering Mansfield and Ashfield areas through the use of Citizen's panels that included the Clinical Commissioning Groups facilitating consultations with groups such as MIND and the Alzheimer's Society, discussions which had been recorded.

Members made the following comments:-

- People were cynical these days about consultations.
- There was a stigma attached to the Millbrook hospital that required attention and consideration should be given to the re branding of the hospital.
- Some people did not understand the proposals and therefore not enough had been done to get the message across.
- Local people in Ashfield had the impression that it was a done deal.

Following discussion the Chair asked the committee if they felt that the public had been properly consulted on and that the public interest had been taken into account through appropriate consultation.

Following a show of hands,

- a majority of the committee agreed that there had been proper consultation carried out
- It was further agreed that the committee would receive a report in the future on the findings of the Lincoln report.

EAST MIDLANDS AMBULANCE SERVICE CHANGE PROGRAMME - UPDATE

David Farrelly Deputy Chief Executive and David Winter Acting Assistant Director of Operations had been invited to provide the committee with a briefing on the change programme being undertaken by the East Midlands Ambulance Service (EMAS).

Mr Farrelly explained that the formal consultation 'Being the Best' had been launched that morning and would run for 90 days up to 17 December 2012. Copies of the document would be circulated to members of the committee. Consultation would include four advertising campaigns in Nottinghamshire to present detailed data. The consultation document proposals to change and develop the way the care and services are provided sought the views of others to help in shaping the future of EMAS.

The proposals included having 13 purpose built hub, with 120 clinicians expected to be at each hub. Staff would start their shift and collect a fully equipped, well maintained and clean vehicle. These would provide a base to for training and support for clinicians and support staff. Clinicians would be instrumental in defining what should be incorporated in the hubs.
The proposed changes were all about improving performance on how quickly they could respond to all life threatening 99 calls. There was no direct link between clinical care and ambulance stations since patients were not treated at ambulance stations, therefore staff travel time would need to be taken into

account. It was important to look closely at staff feedback. The changes to core business would see significant changes for staff in terms of the length of shifts and break facilities that would form part of the rota consultation.

In terms of its estate, there had been meetings with the unions to ensure that everyone linked in to the plethora of change.

It was hoped to receive wide ranging feedback from public meetings to inform the process. The plan for change was expected to take 5 years. Mr Farrelly said they believed that these changes would improve response times in rural and urban areas. It was recognised that there was a lot of work to do to understand the rural areas.

Members were particularly concerned about how the County's rural areas would be covered in all of this. The Chair drew attention to recent newspaper articles that concerned people's bad experiences with the emergency services in the north of the county.

During discussion on this item the following additional information was provided in response to questions:-

- **A recent public meeting had taken place in Retford with one planned for Bassetlaw in November. Detailed maps would be available for areas at the public consultation meetings. Have something in Worksop or Retford to serve rural areas such as Harworth.**

- **Mr Winter commented that when Newark's changed services meant that most were transferred to either Kingsmill or the QMC. The job cycle was usually 1 hour and had progressed to 2 hours, which had led to the deployment of another ambulance and two cars. There would be a focus placed on areas in the north of the county to ensure that vehicles were available.**

- **There would be a meeting held in Newark. There was spare vehicles in and were increasing the number of standby areas. Some areas were already being shared. They needed to look at local needs. The intention was to have a make ready process like the one trialled at Kings Mill.**

- Discussions were in place to look at sharing buildings with other emergency services that would involve the county and districts.

All responses would be considered and the Board would receive a report on the views of the public and staff before a decision was made in January 2013.

EAST MIDLANDS AMBULANCE SERVICE – RURAL RESPONSE TIMES

David Farrelly gave a presentation to the committee on the performance of the EMAS in relation to rural response times in rural Nottinghamshire, a copy of which was appended to the report.

He said that constantly monitoring performance was essential since it was a vital indicator of how well they respond to patient need and how they can ensure standards of care are not only maintained but continuously improved upon.

All NHS ambulance services must respond to 75% of Red emergency calls (the most serious and life threatening) within 8 minutes. Red calls could include patients having a heart attack or experiencing severe breathing difficulties. The quicker a patient receives treatment the better the chance of survival.

For all other calls, ambulance services were not measured simply on time alone, but on how they treat patients and the outcomes of the treatment.

A set of Clinical Quality Indicators allowed EMAS to identify areas of good practice and areas which needed improvement. Using information given to them by the caller the most appropriate response is allocated. If the patient's condition is life-threatening or serious they would receive an ambulance response and a face-to-face assessment would be made. If the condition was non-life threatening a telephone assessment will be made by a skilled clinician who will help direct the patient to the right care (this could be to visit their GP, a minor injury unit, call NHS Direct, or a non-emergency ambulance would be sent to assess the patient face-to-face).

The representatives were able to provide briefing on current levels of performance and answer questions.

He explained that there were improvements to be made and efficiencies to address with a current independent review of resourcing in process. Last year Nottinghamshire achieved both A8 and A19 performance standards of 75% and 95% respectively. Performance for 2012/13 to date was 73.86% - A8 (8 minute response to a minimum of 75% of 999 calls) and 96.74% - A19 (19 minute response to a minimum of 95% of 99 calls – patient carrying capability).

Plans were already in place and deployed to enable A8 and A19 are achieved.

Councillor Wallace requested data on community responders for the Newark and Sherwood area. Newark and Worksop was performing better than the county due the benefits of the cars being gable to treat patients. Standby areas in rural areas had produced better attendance times. There were also more specialist paramedics on hand in the rural areas.

Volunteers were not suitable due to the nature of the job and the possibility of coming into contact with bodily fluids.

Councillor Saddington asked that officers be informed of the meetings in Mansfield and Sutton areas sp that the parish councils could be engaged with.

If sufficient issues and concerns are raised by this briefing, Members may wish to consider undertaking a review of ambulance response times in rural areas.

Following the discussion it was agreed to invite the officers back on 21 Jan 2012 to provide a review of the consultation exercise.

WORK PROGRAMME

The committee would receive a progress report on gynaecology and fractured neck of femur changes, in addition to a briefing on the Sherwood Forest Hospitals Foundation Trust. Cllr Roberts…..

The meeting closed at 12.40pm.

CHAIR

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 November 2012

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST - BRIEFING

Purpose of the Report

1. To introduce a briefing from Sherwood Forest Hospitals NHS Foundation Trust.

Information and Advice

2. On 28 June, the Health Scrutiny Committee requested a briefing on the work of the Sherwood Forest Hospitals NHS Foundation Trust with an emphasis on provision of services at Kings Mill and satellite hospitals and continuity of management. Since that time, the Trust has received an intervention from Monitor, the Independent Regulator for Foundation Trusts in relation to failure to comply with its terms of authorisation. The Trust also has a new interim Chief Executive, Mr Eric Morton.

3. A briefing on the current position with the Trust is attached as Appendix A. Carolyn White the Deputy Chief Executive will attend the Health Scrutiny Committee to brief the committee and answer questions as necessary.

4. Members may wish to identify any further areas associated with the work of the Trust on which they require information.

RECOMMENDATION

1) That the Health Scrutiny Committee receive the briefing and asks questions, as necessary.

2) Identify any additional requirements for information.

Councillor Sue Saddington
Chairman of 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

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Update Report to
Nottinghamshire County Council Overview and Scrutiny Committee

October 2012

Purpose

The purpose of this report is to inform Nottinghamshire County Council of current issues facing Sherwood Forest Hospitals NHS Trust and proposed plans for future management.

Current Status

On the 5th October 2012 Monitor, the Independent Regulator for Foundation Trusts, notified Sherwood Forest Hospitals that its Board had decided to exercise its formal powers of intervention under section 52 of the National Health Services Act (2006) as a consequence of the trust being in breach of its terms of authorisation as a foundation trust.

The decision was made on the basis of information made available to Monitor by Sherwood Forest Hospitals NHS Foundation Trust and having taken into account representations made to Monitor by the Foundation Trust.

Monitor confirmed that it was satisfied:

(a) that the Foundation Trust had contravened, and is failing to comply with its terms of Authorisation, in particular:

  (i) Condition 2, which requires the Foundation Trust to exercise its functions effectively, efficiently and economically; and
  (ii) Condition 5, which requires the Foundation Trust to ensure the existence of appropriate arrangements to provide representative and comprehensive governance; and

(b) that the contraventions and failures are significant under section 52(1) of the Act.

Full details of the notification to the trust can be found on Monitor's web site www.monitor-nhsft.gov.uk/home/news-events-and-publications.

As a consequence of the intervention Monitor require the Trust to:

(a) agree to Monitor's advisory engagement in the Foundation Trust's appointment process for a permanent CEO;

(b) commission a review of quality governance at the Foundation Trust;

(c) commission a review of Board governance at the Foundation Trust;

(d) commission a diagnostic review to assess the Foundation Trust's current financial position;

(e) commission a review to urgently assess the Foundation Trust's strategy for long term financial viability and the extent to which this strategy may need to be revised;

(f) agree in relation to all of the reviews which the Foundation Trust is required to commission in paragraphs (b) to (e) inclusive above that both the scope of the reviews and the external advisers to be engaged to undertake them will be agreed with Monitor;

(g) report regularly on progress towards delivery of key milestones to be stipulated by Monitor, and to meet Monitor on a regular basis until Monitor is assured that the Foundation Trust has returned to full and sustainable compliance with its Authorisation.

Leadership Changes

With effect from Thursday 4th October 2012 Tracy Doucét stood down from her position of Chairman of Sherwood Forest Hospitals NHS Foundation Trust.

As a consequence Monitor appointed Christopher Mellor with effect from 8th October 2012 as Interim Chairman of the Foundation Trust to support the organisation going forward and until a substantive Chairman can be found and appointed.

On the 12th October Dr Mark Goldman's appointment as Interim CEO came to the end of its contracted period. Eric Morton, an experienced and respected CEO, has been appointed as Interim CEO to Sherwood Forest Hospitals NHS FT with effect from 15th October 2012.

Three of the Trusts non executive directors have notified their intention of standing down from their posts between October and November this year. The newly appointed chairman will be making arrangements to co-opt suitable individuals to these important Board posts.

Focus on Quality

Despite the financial challenges facing the Trust it has maintained its focus on delivery of high quality patient care and has continued to deliver in line with expectation the majority of its key performance indicators.

In addition the Trust has developed a 'heat map' of metrics which will be carefully monitored to ensure that any future organisational changes do not

detrimentally impact on the quality and safety of patient care. The trust is working closely with local CCG's to ensure transparency of approach and to provide assurance regarding service delivery.

In addition, Monitor has requested that the Care Quality Commission (CQC) undertake a review of standards of care across the organisation. The Trust is currently working with the CQC to ensure that this is done in a timely way.

Proposed actions going forward

The Trust is in the process of commissioning the governance reviews requested by Monitor and anticipates being able to commence this work week commencing 5th November.

Working with Monitor plans to recruit to substantive Chairman and CEO posts will begin to be developed.

Experienced individuals will be co-opted to vacant Non Executive Director posts over coming weeks.

To continue to monitor the quality and safety of care delivered to patients using a comprehensive set of performance indicators which will provide an early alert to the organisation and commissioners where changes in financial arrangements are having a detrimental impact on the quality of patient experience.

Work with the CQC to undertake an external review of the trusts performance against CQC standards of quality.

Summary

Sherwood Forest Hospitals NHS Foundation Trust remains committed to its key purpose, the delivery of high quality care to the patients it serves.

In accordance with the health regulator Monitor's requirements the trust will undertake a series of governance reviews and will act on the outcome of the reviews to strengthen and improve its performance going forward.

The trust will continue to support the work of the CQC and will act upon any findings.

Working with Monitor the newly appointed CEO and Chairman will work towards the appointment of substantive posts to the Board.

Carolyn White
Deputy Chief Executive

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 November 2012

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

ASHFIELD HEALTH VILLAGE – PROPOSED CHANGES

Purpose of the Report

1. To introduce further briefing on the consultation on proposed changes at Ashfield Health Village.

Information and Advice

2. Representatives of the Mansfield and Ashfield Clinical Commissioning Group (CCG) previously attended the Health Scrutiny Committee on 17 September to describe the results of the consultation. At this team the Health Committee agreed that a proper consultation had been carried out.

3. A descriptive analysis of the consultation was undertaken by the University of Lincoln and an extract from the executive summary from this report is attached as an appendix. The full University of Lincoln report is lengthy and is therefore listed as background paper. Note that the report is descriptive of the consultation, not an interpretation of the data. The University of Lincoln indicates that interpretation is the role of the CCG.

4. Dr Amanda Sullivan, the Chief Executive of the Mansfield and Ashfield CCG will attend Health Scrutiny Committee to brief Members on the current position with the proposals.

5. Following the briefing, Members will wish to determine if the Health Scrutiny Committee has been sufficiently consulted in relation to these proposals and if the proposals are in the interests of the local Health Service. Further to this, the Health Scrutiny Committee may wish to ask for updates on the progress towards implementation of these proposals.

RECOMMENDATION

That the Health Scrutiny Committee:

1) receive the briefing and ask questions as necessary
2) indicate if the committee has been sufficiently consulted
3) determine if the proposals are in the interests of the health service
4) request updates on the implementation of the proposals

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

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

Background Papers

The University of Lincoln Report – "A Vision for a Healthier Ashfield" – The Outcome of the Public Consultation

Electoral Division(s) and Member(s) Affected

All

Appendix 1

Summary of Key Findings

Question 1

Respondents were asked, “Do you agree with our vision to improve existing services for older people and to develop a ‘one stop service’ approach to care?”

79% of respondents agreed with this vision with 6% opposing.

Question 3

Respondents were asked, “Do you agree with our plans to look after people with long term conditions?”

77% of respondents agreed with this plan with 3% opposing.

Question 5

Respondents were asked, “How do you feel about the proposed transfer of the stroke rehabilitation ward from Ashfield Health Village to a specialist stroke unit at King’s Mill Hospital?”

61% were supportive of this proposal with 13% opposing.

Question 6

Respondents were asked, “Do you agree with our plans to improve services for people with dementia – both in hospital (Bronte ward) and those in the community?”

69% of respondents agreed with this plan with 8% opposing.

Question 8

Respondents were asked “Do you think Chatsworth ward should remain as possibly the only ward at Ashfield Health Village? Or should it be…at Mansfield Community Hospital?”

40% felt that Chatsworth should move to Mansfield, 20% that it should remain in Ashfield and 25% were of no strong opinion (it should be noted that many of these felt that clinical best practice should be the determining factor).

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 November 2012

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

INTEGRATED CARE TEAM PROGRAMME

Purpose of the Report

1. To introduce a briefing on Newark and Sherwood Clinical Commissioning Group's Integrated Care Team Programme.

Information and Advice

2. The Integrated Care Team Programme addresses the large and increasing numbers of people living with one or more long term conditions. The care teams bring together a range of services including community nursing, mental health and social care. The first integrated care team will commence in Ollerton, Edwinstowe and Clipstone by December 2012. Further teams will be implemented in the South and Newark and Trent localities by March 2013.

3. A briefing from Newark and Sherwood Clinical Commissioning Group (CCG) is attached to this report an Appendix A. Zoe Butler of the CCG will attend the meeting to make a presentation and answer questions.

4. Members may wish to ask questions regarding any arrangements to involve patients and the public in consultation. Particularly around:

    - Planning services
    - Developing and considering proposals for change in the way services are provided; and
    - Decisions to be made that affect how those services operate

5. Following the briefing, Members may wish to determine if they require any further information on these proposals and, if they do not, proceed to indicate whether or not the proposals are in the interests of the health service.

RECOMMENDATION

1) That the Health Scrutiny Committee determine if further information is required and indicate if the proposals are in the interests of the local health service, as necessary.

Councillor Sue Saddington

Chairman of 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 Newark & Sherwood Clinical Commissioning Group Integrated Care Team Programme

Briefing for Health Scrutiny Committee

22 October 2012

Background

Newark and Sherwood district has a registered population of 127,000 and around 37,000 of these patients are living with one or more long-term condition. Currently, these patients account for around 50% of GP consultations, and 70% of stays in hospital. The average cost of caring for a patient with a long-term condition is estimated to be £3000 per year (compared to £1000 per year for a person with no long term condition), and this rises to £8000 per patient per year with three or more long-term conditions. The Department of Health estimated that the number of people living with one or more long-term condition is set to increase by 253% between now and 2050. For Newark and Sherwood, that will mean an additional 50,000 patients requiring significant health and social care input.

The long-term conditions challenge

The growing challenge of long term conditions and the expected rise in the number of people with multiple and complex needs requires a seismic shift in approach from the current **disease specific and reactive model of care**, whereby a patient may be cared for by 2, 3 or even more different teams, all looking at their own specialty, to one where patients are **proactively managed in a holistic way** by **multidisciplinary and integrated teams who can support all of the patient's needs.**

There is a need to provide more care for more people in their own homes and reduce the reliance on secondary care services so that secondary care can reduce capacity and focus on delivering acute complex care, for patients who appropriately need to be in hospital.

The strategy underpinning the Integrated Care Programme has been developed around the 3 core principles of Long Term Conditions management:

1. Understanding the needs of the population through systematic risk stratification of every patient.
2. Integration of care and services
3. Systematic Self-Management and Shared Decision making

This evidence-based model of care has been shown to significantly reduce the need for unplanned admissions, provide better patient outcomes and satisfaction, and improved quality of care.

Uniquely in Newark and Sherwood, cancer care will be included within the Long Term Conditions model, and Macmillan Cancer Support are a key partner in delivering this programme.

PRISM – the Newark and Sherwood approach

PRISM (Profiling Risk, Integrated care and Self-Management) is Newark and Sherwood's response to the long-term conditions challenge. PRISM aims to develop and implement this model across the area, utilising all three elements.

In order to achieve the necessary transformation from reactive to proactive care in the community setting, it has been vital to ensure that all of our stakeholder organisations are equally committed and engaged in the process. A Partnership Board has been created with commitment and sign up from:

- Sherwood Forest Hospitals Foundation Trust
- Health Partnerships
- Nottinghamshire Healthcare Trust
- Nottinghamshire County Council
- Patient representatives
- GP representatives from across the CCG area
- Macmillan Cancer Support

A total of £1million funding has been secured to support the implementation of the PRISM programme, with a recognition from the CCG that there needs to be significant investment in services in order to achieve the desired outcomes for patients. A dedicated project team from the CCG, Macmillan Cancer Support and Health Partnerships is in place to drive this programme forward.

Overview of the PRISM elements

-Risk stratification

The CCG has commissioned a tool to stratify the population according to their risk of having an unplanned admission. It pulls on data from a wide range of sources to enable clinicians to accurately predict those patients at the highest risk. This will enable primary care and community services to proactively identify those patients who may need additional support, and who need either better management of their Long Term Condition from a specialist team, or 'admission' to a virtual ward to provide intensive support.

-Integrated Care Teams

There will be Integrated Care Teams across three localities in Newark and Sherwood, which will bring together community nursing, mental health, social care, therapist support and healthcare assistants to work with Primary Care within a 'virtual ward' approach. There will be specialist teams supporting the Integrated Care Teams with long term condition management including diabetes, respiratory disease, heart failure and cancer.

-Self-care

Patients and clinicians will work together to agree self-management strategies to enable patients to live well with their conditions, and provide them with support and information on what actions to take when their condition is worsening. This will include support from self=help groups, voluntary sector providers as well as more traditional health care approaches.

Timescales

The first Integrated Care Team will be implemented in the North locality, covering Ollerton, Edwinstowe and Clipstone practice population by December 2012. Funding has been secured to employ a dedicated social worker and mental health worker for the team, as well as existing community staff being mobilised to work within the new structure.

Further teams for the South locality and Newark and Trent locality will be in place by March 2013. The specialist teams needed to support the Integrated Care Teams are currently being developed in conjunction with this stepped timetable, the first – the Community Respiratory team, will be in place by December 2012.

Nottinghamshire County Council

Report to Health Scrutiny Committee

12 November 2012

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Health Scrutiny Committee work programme.

Information and Advice

2. The 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 County residents – specifically, those located in the Northern part of the County.

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

4. In order to balance the work programme for this meeting, the update on the Bassetlaw Clinical Services Review has been deferred (to a date to be advised).

5. Members will be aware that they are invited to attend the Joint City and County Health Scrutiny Committee on 13 November for the item on the East Midlands Ambulance Service Change Programme Consultation. This item initiates a Joint Review of this topic further to agreement with the Chairman of the Joint Health Committee. It is anticipated that Members will examine the issues in some detail in a sub-committee.

RECOMMENDATION

1) That the Health Scrutiny Committee consider and agree the content of the draft work programme.

Councillor Sue Saddington
Chairman of 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

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
25 June 2012				
Terms of Reference		For Noting	Martin Gately	
Proposed changes – Ashfield Health Village	The Committee will be consulted on the movement of a ward from Ashfield Health Village to Mansfield Hospital	Scrutiny	Martin Gately	Rhiannon Pepper Notts PCT
East Midlands Ambulance Service Change Programme – Being the Best	The Committee will receive an initial briefing on this change programme (which is also directly relevant to estates management).	Briefing	Martin Gately	Phil Milligan and Rob Walker, EMAS
17 September 2012				
Proposed changes - Ashfield Health Village	Further consideration of Ashfield Hospital changes	Scrutiny	Martin Gately	Iain Fletcher and Deborah Jaines
EMAS – Rural response times	Initial briefing on this issue. Possible topic for future Scrutiny.	Briefing	Martin Gately	Rob Walker, EMAS
East Midlands Ambulance Service Change Programme – Being the Best	An update on consultation in relation to the change programme	Scrutiny	Martin Gately	Rob Walker, EMAS

12 November 2012				
Proposed Changes - Ashfield Health Village	Update on current position with the consultation	Consultation Update	Martin Gately	[Amanda Sullivan and Iain Fletcher, Mansfield and Ashfield CCG]
Integrated Care Teams	Changes in Newark and Sherwood – possible topic for Scrutiny	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Trust	Briefing	Martin Gately	Carolyn White, Deputy Chief Exec, SFHT
21 January 2013				
Public Health	Progress Report on the development of NCC's public health responsibilities	Update	Martin Gately	Dr Chris Kenny
East Midlands Ambulance Service – Change Programme	Results of the consultation exercise and briefing on implementation	Scrutiny	Martin Gately	Dave Farrelly and Dave Winter, EMAS
Principles of Health Scrutiny (provisional)	Briefing from the Centre for Public Scrutiny	Briefing	Martin Gately	Centre for Public Scrutiny
18 March 2013				
Operation of Health and Wellbeing Board	Briefing on the operation of the Health and Wellbeing Board	Briefing	Martin Gately	TBC

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Local Immunisation Services
End of life Care
Arrangements for Local Healthwatch

To be rescheduled

Bassetlaw Clinical Services Review	Progress Report on gynaecology/fractured neck of femur changes	Update	Martin Gately	Phil Mettam, Bassetlaw PCT