Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 16 July 2024 at 10:00

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

AGENDA

1	To note the appointment at Council on 16 May 2024 of Councillor Roger Jackson as Chairman and Councillor Bethan Eddy as Vice-Chairman of Health Scrutiny Committee for the 2024-2025 municipal year	
2	To note the membership of the Committee for the 2024-25 municipal year as follows: Councillors Mike Adams, Sinead Anderson, Steve Carr, Johno Lee, David Martin, John Maggie McGrath, Nigel Turner, Michelle Welsh, John Wilmott	
3	Apologies for Absence	
4	Declarations of Interests by Members and Officers:- (see note below)	
5	Minutes of last meeting held on 14 May 2024	3 - 14
6	Nottingham University Hospitals NHS Trust - Maternity Services Update	15 - 22
7	Achieving Financial Stability in the NHS	23 - 40
8	Work Programme	41 - 46

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Katherine Harclerode (Tel. 0115 854 6047) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Tuesday 14 May 2024 at 10.00am

COUNCILLORS

Jonathan Wheeler (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson – apologies
Callum Bailey
Steve Carr
David Martin
John 'Maggie' McGrath – apologies
Nigel Turner
Michelle Welsh
John Wilmott - items 1-5 only

SUBSTITUTE MEMBERS

Councillor Eric Kerry for Councillor Sinead Anderson
Councillor Pauline Allan for Councillor John 'Maggie' McGrath

OTHER COUNCILLORS IN ATTENDANCE

None

OFFICERS

Martin Elliott – Senior Scrutiny Officer
James Lavender – Democratic Services Officer
Noel McMenamin – Democratic Services Officer

ALSO IN ATTENDANCE

Lucy Dadge – Director of Integration, NHS Nottingham and Nottinghamshire ICB
Diane Hull – Director of Nursing, Nottinghamshire Healthcare NHS Foundation Trust
Lisa Janiec – Head of Elective Care, NHS Nottingham and Nottinghamshire ICB
Ifti Majid – Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
Jan Sensier – Director of Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust

1 MINUTES OF THE LAST MEETING HELD ON 16 APRIL 2024

The minutes of the last meeting held on 16 April 2024, having been circulated to all members, were taken as read and signed by the Chairman.

- Item 6: Work Programme

"An update on progress on the medical centre in Warsop was of interest to Members" to be replaced with "An update on progress on the medical centre in Worksop was of interest to Members".

2 APOLOGIES FOR ABSENCE

Councillor Sinead Anderson – Other reasons
Councillor John 'Maggie' McGrath – Other reasons

3 DECLARATIONS OF INTEREST

None.

4 NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST – CARE QUALITY COMMISSION FINDINGS

Representing the Nottinghamshire Health NHS Foundation Trust (NHT), Ifti Majid, Chief Executive, Jan Sensier, Director of Partnerships and Strategy, and Diane Hull, Director of Nursing, presented the report which outlined the background and summary of the Care Quality Commission's (CQC) Section 48 review of their organisation. The following points were raised:

- Following a visit to Rampton Secure Hospital in June and July 2023, the CQC found a number of issues with the running of the hospital which involved insufficient staffing levels, patient care and the state of the buildings. There were also concerns around medicine practice and the hospital's death service with regards to communication. The CQC's report was published in January 2024. Soon after publication, there were reports in the press about Rampton staff not carrying out therapeutic observations correctly and falsifying records. A significant number of staff were suspended because of these incidents. Between July and December 2023, the NHT made improvements to Rampton Secure Hospital by increasing staffing, reducing restrictive practices, and increasing the number of staff trained in British Sign Language, however these improvements were not included in the CQC's report.

- Along with the CQC visit and the press coverage regarding the falsifying of records and failure to carry out therapeutic observations correct, the court hearings regarding Valdo Calocane, the perpetrator of the Nottingham Murders on 13 June 2023, resulted in the Secretary of State for Health requesting a Section 48 review into the NHT.

- As part of the Section 48 review, the CQC was asked to look at what information was available within the public domain regarding Valdo Calocane's care and treatment from all the organisations he was involved with. The second part of the Section 48 review examined the safety of certain services provided by NHT. The third part of the review focused on the improvements which were recommended at Rampton Secure Hospital

and were implemented during the months between the CQC visit and the publication of the report.

- The first two CQC reports were published on 1 March 2024 which related to impatient mental health services for adults and older adults. The findings were disappointing as concerns were raised around medicine management, risk documentation, food and fluid monitoring, environment, leadership, and local management. Serious concerns were raised around the conduct of staff as reports of patients being assaulted by staff were raised. Talks were taking place with the CQC to address these issues. The report about the care of Valdo Calocane was expected to be published by the CQC at the end of June 2024. The reports contained commentary on not just the NHT mental health provision, but on the national mental health sector, as well as recommendations for the NHT, NHS England (NHSE) and the CQC

- As there was a high demand for community services, there was a need to monitor those people on the waiting list and assess whether they needed rapid intervention. Consistency was needed across the organisation in terms of risk assessment and management of patients, as well as engagement with families across the wider organisation. Questions were raised around whether community mental health teams should be commissioned to focus more locally than provide their service across the county.

- The CQC were concerned about staffing levels within NHT mental health services. Whilst the CQC highlighted that NHT responded quickly to their recommendations, they stated that the NHT's leadership were not pro-active enough in addressing issues. Communication between pathways was not effective enough. The CQC recognised that the issues faced by the NHT were also issues faced by all mental health services across the country.

- The CQC had seen improvements at Rampton Secure Hospital such as more staff being trained in BSL, patients feeling safer, and improvements staffing levels. Concerns were raised about therapeutic practices being cancelled, the physical wellbeing of patients was not being addressed, and that staff were being redeployed too regularly. Overall, there was some improvement in the culture of Rampton.

- As a result of the Section 48 review, the wider quality issues identified, and the scrutiny which the NHT were facing at a national level, they were placed into Segment 4 of the NHS National Oversight Framework, and thus enter the Recovery Support Programme. This was used by NHSE to provide mandated supported to NHS Trusts which require it. This support included an allocated Improvement Director, access to extra funding, and priority for national NHS programmes. The NHT will also develop an Integrated Improvement Plan (IIP) which would then allow the Trust to leave Segment 4 support as this plan will be used as the basis for long-term scrutiny of the NHT.

- In terms of mental health service improvements, there was a 9% fall in the number of people awaiting an assessment. This was due to a better understanding what people were waiting for, comprehensive assessment at the triaging stage, and implementing the NHT's Waiting Well policy. The Waiting Well policy involved a person being assessment at triaging. Afterwards, they would receive information and guidance about where they could obtain additional help, and then regular contact takes place between the service and the person to check on them.

- There was a 30% reduction in out of area placements. The NHT recognised that if people needed in-patient care, their recovery would be quicker if they were closer to their families and friends. The Robust Quality Oversight Framework for out of area placements ensured that patients received a quality assessment. The NHT keep in close contact with the out of area patient, and, with the patient's permission, their family, throughout the treatment and care process. An additional two leaders have been recruited into the mental health services to work with the teams to improve the waiting process and the interventions which the service could deliver. There were improvements in the numbers of patients discharged into primary care in a more timely way.

- Regarding in-patient care and support, the work into improving this started before the CQC inspections. There were three levels of therapeutic observation within in-patient care: general, intermittent, and enhanced. This allowed staff to connect with patients, assess their needs, and escalate where appropriate. This policy was reviewed after the CQC inspections. The training in observations was reviewed with over 90% of staff now trained. A robust governance oversight process was in place to review observations through documentation, talking with patients, and CCTV monitoring. There was an over 97% compliance rate with observations.

- There was a new focus on physical healthcare, particularly amongst elderly patients. 96% of staff have received on training on how to recognise the early signs of a deteriorating patient and take action. 'Falls experts' supported and trained staff to identify and reduce the risks of falls among patients. Nursing leadership was strengthened in in-patient areas.

- At Rampton Secure Hospital, there was an increase in nursing recruitment, with newly qualified nurses starting in the summer. This has let to an increase in morale and culture, as well as positive feedback from patients.

- The IIP was design to address not just short-term or medium-terms issues, but the long-term root causes of problems within NHT mental health services. The plan was made up of five key programmes:

    1) Quality and Patient Safety
    2) Leading for the Future
    3) Finance and Productivity Programme
    4) People and Culture

5) Governance

- The final processes of the plan and the metrics were still being developed and would be shared with the Committee in further details.

- In terms of financial performance, the NHT posted a deficit position at the end of 2023/24. Work would be undertaken to bring the deficit down by tackling the causes of financial difficulties, for example, the use of the private sector for extra bed capacity.

- There were three phases of the IPP, with Phase 1 involving meeting the recommendations of the Section 48 review, the improvements at Rampton, and bringing down the deficit.

- The NHT provided wide-ranging services, and those other services would not suffer because of the IPP's focus on mental health services. The organisation was meeting their targets in other areas such as Healthy Families and SEND support.

In the discussion that followed, members raised the following points and questions:

- Members sought assurance from the NHT that patients using their services would get the treatment they needed.

- How would the NHT ensure newly qualified nurses were supported to help them gain experience within their new roles?

- Members raised concerns about the falsifying of records within the service and highlighted the importance of staff coming forward to managers about making sure that the correct processes were being followed.

- Members highlighted the leadership failures at NHT and stated the plans should have been put in place earlier. They also highlighted individual cases of members of the public not getting the mental health support they need.

- Members could be used to provide feedback on the coverage of mental health services within their areas.

- Were staff consulted on the report and was staff training being reviewed?

- Members wanted assurance that these improvements would not divert resources from other areas of the NHT.

- Members highlighted cases where failures of mental health provision have resulted in danger to wider society such as the Nottingham Murders. They also highlighted the danger to frontline public services in dealing with people with severe mental health problems not getting the care and treatment they needed.

- What was being done to change the working culture within NHT?

- Would the NHT see the report into Valdo Calocane before it was published in public and would the Committee see this report?

- Members raised questions around the financial pressures on the NHT such as the deficit, the cost of private healthcare beds and the recruitment of agency staff.

- Members raised questions around the quality of the triaging and risk assessment of patients.

In relation to the points raised by the Committee, the representatives of the NHT provided the following responses:

- The Safe Today Dashboard provided key indicators which would help determine if an area of the service was safe for patients such as staffing, complaints, compliance, observations, restrictive interventions (seclusions and segregations) and waiting lists. The process helped identify early signs of concern, which would allow for early intervention.

- The NHT have discussed with universities about having nursing students interviewed at the end of the second year, be offered a position within a service, then use their third year to prepare for their preceptorship. This would allow them to access in-house training and establish a relationship with their mentors. Training in patient engagement was being commissioned. Newly qualified nurses have also identified training opportunities which the NHT could provide in areas such as shift coordination and delegating to other staff. The creation of Clinical Band 6 and 7 roles would bring experienced practitioners back onto wards to support newly qualified nurses.

- Staff have more confidence to speak up to senior managers if they see unethical and fraudulent activities.

- All the issues highlighted by the NHT were current and ongoing. Some of the routes of the current issues were historical. There was evidence that crisis teams were responding quicker to individuals when needing support when there were in the community. They also had one of the best police liaison teams within the country. The approach outlined demonstrated that the IIP was making a difference, however much more work needed to be done in terms of community support and ensuring people receive mental health support if they don't meet the requirement for secondary mental health support.

- Staff were consulted and supported through the CQC review process. To make the changes at Rampton sustainable, it was important to make the hospital an attractive place for people to work, retaining staff as well as attracting new staff. 70 new nurses and nursing assistants have been recruited. Patient and staff engagement was being built into the IPP.

- The NHT recognised that the failure of people to receive the right mental health support did have a damaging impact on a person, their family and wider society. Most people with a mental health illness were not violent or aggressive, and lived well in the community.

- There were 'mini-cultures' within the NHT. The Trust recognised that in the past, the organisation had operated in silos, which meant services within the wider organisation did not communicate with one another effectively. Work was undergoing to make services communicate with one another. The culture of learning needed to be improved. The organisation welcomed in people who were recruited externally to give fresh perspectives to change the culture, whilst also promoting people from within the organisation. The shift from a task-based approach to an individual needs-based approach has improved the working culture within the NHT.

- Falsification of records took place during intermittent and general observations by staff who said they had undertaken these observations when they had not. A more robust process was now in place to ensure that all observations took place and were recorded correctly. Staff are more confidence in calling out other members of staff for not carrying out observations. Any falsification was followed by a disciplinary process.

- Two reports were produced into the Nottingham Murders. The first report was undertaken by the CQC as part of the Section 48 review, which reviewed the available evidence and a review of other individuals within the county. There were no interviews with NHT staff regarding this report. It was expected to be published by the end of June. It would be seen by the NHT before publication. After publication, the Committee could scrutinise the report. The second report was an Independent Homicide review, which was normal process for tragic events within the country. This report involved examining wider contributing factors, records and processes, and interviewing staff, clinicians, and leaders. Work had started on this report and it was expected to be published towards the end of the summer, but it might be delayed. Both these reports would be public.

- A staff reorganisation took place at Rampton Secure Hospital. Further staff support was brought in externally to support managers and leaders in the improvement journey and to improve the leadership culture at the hospital and across the wider organisation.

- The financial factors which drove the deficit were the cost of out of area placements, agency staff, and the failure to deliver certain efficiencies within the Trust. The Finance and Productivity Programme within the IIP aimed to address the deficit. When patients are taken on by private healthcare providers both inside and outside of the county, they are responsible for their day-to-day care and treatment based on their own processes and regulations whilst the NHT continued to provide the quality oversight. This was not the ideal for the Trust as sending patients to private health providers was costly and they could provide the kind of quality oversight which they can do internally, and it was preferable to keep patients within the county. The Covid-19 financial support

and non-recurrent funding masked a long-term building up of the deficit. The 'silo working' had resulted in less understanding of the financial pressures of a particular service, so the overall goal was to conduct an overall review of how the organisation delivered its services. The NHT run 10 hospitals. New governors were provided with a briefing on the structure and services provided by the organisation both locally and nationally. This could be shared with Members.

- All the risk assessments were reviewed by the crisis teams and they were now 100% compliant. There was a monthly audit of those risk assessments. The safeguarding team were crucial in the process. Risk assessment management meetings within the local mental health and crisis teams take place. The Nurse Consultant for Suicide Prevention and Self-Harm attending those meetings to triangulate actions for anyone at risk of harm. Risk assessment documents were provided to those patients for them to understand whether they felt that the document accurately reflected their risk. Work has taken place with GPs, local nurses, and the third sector to further understand risks.

The Chairman thanked the representatives of the NHT for attending and the Committee would awaiting a further report into actions of the Improvement Plan in six months' time.

(The Chairman called for a comfort break at 11:45am. The meeting was reconvened at 11:53pm).

RESOLVED 2024/09

1) That the briefing be noted.

2) That a further report be presented to the Committee on the implementation of the Improvement Plan in six months' time.

5 ACCESS TO ELECTIVE SURGERY IN NOTTINGHAMSHIRE

Representing the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), Lucy Dadge, Director of Integration, and Lisa Janiec, Head of Elective Care, delivered the report into the current waiting times for diagnosis and planned care procedures in Nottinghamshire, which outlined the current situation, the actions being taken to reduce waiting times, and how the ICB were maintaining patient safety. The following points were raised:

- The long-term impact of the Covid-19 pandemic and industrial action were the main causes for the lengthening of waiting times for NHS healthcare providers across the country as well as in Nottinghamshire. A surge in demand in emergency care has resulted in cancellations of planned care and less flexibility to reschedule those cancelled appointments.

- The national target for patients being referred to treatment for planned care was 18-weeks. 57.6% of NHS Trusts were meeting that target. Sherwood Forest Hospitals Foundation Trust, which ran King's Mill and Newark

Hospitals, was achieved 60.9% of patients being treated within 18 weeks, whilst the Nottingham University Hospitals NHS Trust, which ran the Queen's Medical Centre and City Hospital, were slightly below the 18-week target at 54.3%, but they were showing signs of improvement.

- The ICB had a target of having no patients waiting over 78 weeks for planned care by the end of May 2024. Some patients on the waiting lists had complex needs which could only be met by a specific service, whilst others chose to wait for planned care due to holiday or family commitments. The next target was having no patients waiting over 65 weeks by the end of September 2024, followed by no patients waiting over 52 weeks by the end of March 2025.

- The waiting lists were impacted by the volume of specialist planned care for ear, nose and throat trauma and orthopaedics. The ICB were meeting the targets for diagnostic waits with 15% waiting no more than 6 weeks by April 2024 and being on track for 5% waiting no more than 6 weeks by April 2025.

- The ICB were creating additional capacity for planned care procedures to meet national targets through weekend appointment and commissioning independent sector providers. Additional community diagnostic spaces have been created in Mansfield and Newark and a mobile MRI service was used in Nottingham, Mansfield and Newark. In the long-term, the ICB needed to increase the number of patients to diagnose and treat by creating extra physical capacity and increase productivity through new ways of working. The first phase of a new Community Diagnostics Facility at Mansfield Community Hospital aimed to be ready by April 2025, with full capacity achieved by July or August 2025. Elective Hubs, which were ringfenced wards and theatres purely used for planned care, were opened at Newark Hospital and were being created at Nottingham City Hospital.

- Productivity was under review and patients were being more supported and prepared for planned care.

- GPs were offered guidance and support to patients who may or may not require planned care.

- The ICB were making sure that waiting lists were not exacerbating local health inequalities. There was no evidence from the waiting lists that those waiting over 56 weeks were no more disadvantaged being from an economically deprived area than from an economically well-off area.

- Patients on waiting lists were reviewed regularly to make sure that they would not be harmed by the wait for their planned care procedure.

- Patients were offered a choice of provider where that was appropriate or clinically beneficial, and it could be outside of the county. Patients were offered this choice at the point of referral and the waiting list was explained to them. Sherwood Forest Hospitals and Nottingham University Hospitals

compared waiting lists to provide mutual aid where possible. The independent sector provided planned care on a weekly basis on NHS rates.

- In October 2023, all patients waiting more than 40 weeks were offered a choice of provider over a 50-mile radius. 277 patients were found that could be offered capacity elsewhere. 70 patients were moved to another provider for planned care.

In the discussion that followed, members raised the following points and questions:

- Members noted that waiting times for planned care were growing for years before the Covid-19 pandemic and the recent wave of NHS staff industrial action.

- Members recognised that surgeons were taking on heavy workloads.

- Members highlighted those early interventions such as changes in lifestyle, accessibility to MRI scans and health screenings would reduce waiting times for planned care.

- Was there a Primary Care Hub in Newark?

- Were the Community Diagnostics Centres mobile?

- What provision was being provided in Bassetlaw?

- Members spoke of their own experiences of surgery being provided at GP surgeries.

- Members also spoke of the need for a campaign around the use of suncream.

- Members were reminded of the health inequalities in areas of the county, for example, the prevalence of people with lung conditions within North Nottinghamshire which contained areas of poverty. There was also the opinion that the waiting list exacerbated health inequality. People who have the option to go for private planned care will do.

In relation to the points raised by the Committee, the representatives of the ICB provided the following responses:

- There was still a focus on prevention. Working was going on around personalised care in which patients would be contacted after referral by their GP onto a waiting list to review whether planned care was the appropriate goal or treatment for them to make them better. GP surgeries were not the appropriate environments for surgery, but improvements in day surgery

operations could free up capacity. Efforts were being made to improve the organisation of work to allow surgeons to manage their patients effectively.

- Ongoing work was taking place on a programme of early health screenings within Primary Community and Secondary Care. Patient information would be provided on how to manage their conditions whilst they were on the waiting lists.

- PC 24 at King's Mill Hospital was open 24 hours a day and patients were able to turn up with an urgent care need and be treated, however it was not a Primary Care Hub.

- The mobile screenings took place where there was a known need for them, for example, mobile lung screenings in areas with a high prevalence of lung cancer. The government funded Community Diagnostic Centres were permanent facilities. Whilst there was one being constructed in Mansfield; one was being planned in the Broadmarsh area of Nottingham city. The ICB did provide care for residents in Bassetlaw, however in-patient care was provided by hospitals ran by different ICBs.

- The mission of the ICB was to close the gap in health outcomes between the richest and poorest areas of Nottinghamshire and to improve overall life expectancy.

- 18 weeks was the longest to wait for surgery a few years ago, so the work of the ICB was to return to that goal.

The Chairman thanked the representatives of the ICB for attending the meeting.

RESOLVED 2024/10

1) That the briefing be noted.

2) That further scrutiny of the issue and the form of that scrutiny be considered.

6 WORK PROGRAMME

Councillor Jonathan Wheeler, the Chairman of Health Scrutiny Committee, and Noel McMenamin, Democratic Services Officer, introduced the Work Programme. For the June meeting, the following reports would be presented:

- Nottingham University Hospitals (NUH) briefing on the maternity service provision.
- Lung Health Pathways (Non-cancer) in Nottinghamshire.

For the July meeting, the following reports would be presented:

- NHS 111 Service – Additional performance data
- Mental Health in Bassetlaw and Update on A&E Village Development (subject to confirmation)

The Newark Hospital Urgent Treatment Centre report would go to a future meeting, however this would be subject to further advice from the ICB about when the proposals would be ready for further consideration.

Whilst the Committee had wished to consider the Council's Suicide Prevention Strategy, the Adult Social Care and Public Health Select Committee would be considering a report into the Suicide Prevention Strategy at their meeting in June, so it was recommended that members of the Committee channel any questions and concerns around the strategy into the Adult Social Care and Public Health Select Committee.

The ICB might bring a report to the June or July meeting of the Committee around the financial pressures from within the ICB, but this was yet to be confirmed.

During the discussion between Members made the following comments:

- The changes of the General Practitioner (GP) contracts should be investigated by the Committee as this could have a wide-ranging impact on the quality of healthcare nationally.

- It would be more beneficial for a briefing note to be circulated to the Committee regarding the NHS 111 Service, and once the additional performance data was released, a further report could be provided at a future meeting.

- The NUH maternity service provision would be a review of the work undertaken by the Ockenden Review into maternity services at NUH so far, as the report was not due until late 2025. The reporting aimed to provide assurance to the public that improvements have been made and that it was safe to use their service.

- The June meeting of the Committee would be the first of the new municipal year, hence there would be a review and a consolidation of the work programme for the following year. The NUH maternity service provision report would be a substantial item.

RESOLVED 2024/11

1) That the Work Programme be noted.

2) That consideration be given to how best to receive additional information regarding the issues raised by members.

The Chairman thanked Members for attending the meeting and for supporting him in his capacity as Chairman of the Health Scrutiny Committee. He closed the meeting at 12:50 pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

16 July 2024

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST – MATERNITY SERVICES UPDATE

Purpose of the Report

1. To consider the latest in a series of updates from the Nottingham University Hospitals NHS Trust (NUH) in respect of the delivery of maternity services. The NUH Chief Executive, Anthony May, will attend the meeting to introduce the item and to contribute to discussions.

Information

2. The NUH Chief Executive Anthony May last attended the Committee at its October 2023 meeting, where the findings of two Care Quality Commission inspection visits ('Maternity Services' and 'Well-led') were scrutinised. While the findings highlighted a range of areas where improvement is still required, the improved ratings – from 'Inadequate' to 'Requires Improvement' - highlighted the positive impact of the People First strategy adopted by the Trust to address areas of inadequate performance.

3. At the October 2023 meeting, the Committee reaffirmed its ongoing commitment to scrutinise current maternity services performance while the service remained rated as 'requiring improvement', and the attached update informs the Committee of actions taken since then to drive service improvement. The current update focuses on work undertaken as part of the Inclusion Project, and on the Maternity improvement Plan

4. Mr May will be accompanied by Tracey Pilcher, Chief Nurse, Sharon Wallis, Director of Midwifery and Gemma Mailin, Consultant Obstetrician to brief members and answer questions.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and comments on the information provided about the current performance and ongoing improvement work.

Councillor Roger Jackson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Title: Summary of Feedback Received from the Independent Maternity Review and Improvements made as a result of this from Nottingham University Hospitals NHS Trust

Report for: Nottinghamshire County Council Health and Adult Social Care Scrutiny Committee

Date: 16 July 2024

Report prepared by: Tracy Pilcher, Chief Nurse, Nottingham University Hospitals NHS Trust

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1. Purpose of this report

This report provides a summary of the feedback that has been received to date by Nottingham University Hospitals (NUH) Trust from the independent Chair of the Independent Maternity Review (IMR) and an update on the work that the Trust has undertaken to respond to the feedback in order to improve the safety and quality of maternity services for women and families.

2. Introduction

The Independent Maternity Review of NUH was established in September 2022. It is led by Donna Ockenden as the independent Chair supported by a multidisciplinary team including clinicians and administrators. Its focus is to identify areas of concern within maternity care at NUH, providing information and recommending actions to help improve the safety, quality and equity of maternity care and the handling of concerns at NUH when they are raised by women and/or their families and staff members. The Review is scheduled to be published in September 2025.

NUH receives feedback from the independent Chair when areas of concern are identified in a number of ways. These include regular scheduled learning and improvement meetings and via direct communication and correspondence between the independent Chair and NUH Executives to alert the organisation to any concerns outside of the regular meetings if required.

The Learning and Improvement meetings are held bi-monthly and these are used to share learning from the case reviews and engagement with women and families undertaken by the IMR with NUH. The format and regularity of the meetings enables NUH to take time action on the information we are given to address the feedback raised and make immediate improvements in our maternity services.

A Maternity Improvement Programme (MIP) is in place, and in September 2023, the CQC improved maternity ratings at Queen's Medical Centre and City Hospital to Requires Improvement.

3. Themes of the Feedback Received

- Service users reporting racist and discriminatory behaviour from a range of care givers throughout maternity services
- A failure to appreciate cultural sensitivities for women and families
- Lack of translation and interpreting service provision across maternity care
- Availability of information necessary for women translated into other languages
- Women not being believed when they contacted services to say that they were in labour
- Women not being listened to when they report feeling unwell or in need of assistance
- Access to birth reflection and obstetric debrief services has not been timely, consistent and is limited

4. Actions taken or underway to respond to the feedback received

The initiatives in place to respond to the feedback received are detailed below:

4.1 Inclusion Project

To address all of the themes in the feedback about how our services are not inclusive and responsive to the needs of all of our women and families, a new inclusion taskforce was established. This is made up of midwives, doctors, researchers, advocates and representatives from the global majority staff and families who have worked together to create ambitions and objectives for the Inclusion Project which are:

Ambitions

- To prioritise inclusivity within maternity services, by recognising and respecting the diverse needs and experiences of women/birthing people staff and the communities we serve to be able to reduce Health Inequalities and make maternity services inclusive by 2025.
- To support the organisation to deliver its vision to build on our position as employer of choice, with an engaged, developed and empowered workforce and support the delivery of the People First three key priorities and the delivery of the WIS strategy
- To improve the experience of staff, patients and the community we serve in maternity and encourage institutional cultural awareness around racial equality and diversity

Objectives

1. Improve interpreting services and accessibility for patients in Maternity
2. Develop Cultural Awareness Training for all staff in Maternity with a view to expand this to the wider workforce
3. Increase engagement with local community groups initially prioritising Global Majority groups with a view to expand this for all nine protected characteristics
4. Increase diversity within the maternity workforce at all levels

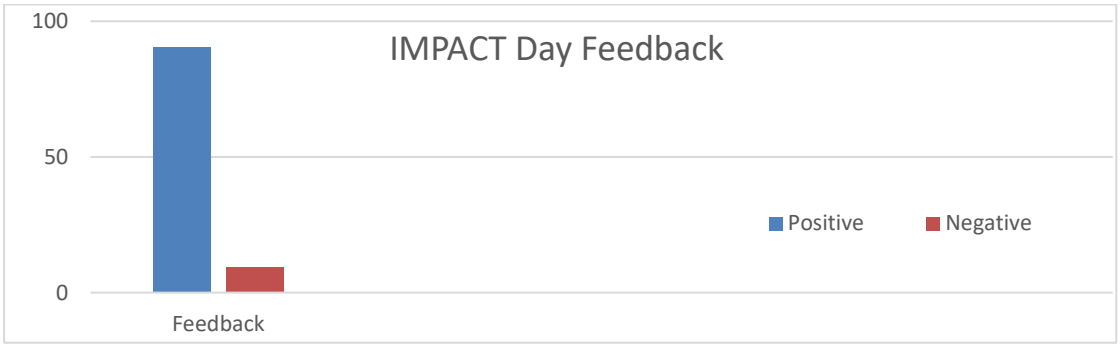
A range of activities are underway to support delivery of the four objectives. Some examples of these are provided below:

Objective 1 - Improve Interpreting services and Accessibility

- Trials of CardMedic (a healthcare translation app that provides on-demand access to translation and Pocketalk (a multi-sensory two-way translation device) are underway
- Additional information cards have been introduced into CardMedic app which include Pelvic Health.
- Pocketalk pilot being extended to Urdu language and will be used in Urdu clinic at Mary Potter with support from Interpreter to QC translation from device
- Evaluation of the products is in progress with evaluation sheets for women/birthing people in different languages created.
- A Maternity Linguistics Task Group has commenced with members of the MDT (Multi Disciplinary Team) with the aim of implementing the Birth Trauma Report recommendations.
- A review of current face-to-face interpreting resource underway. Stakeholder panel with Clinicians is being organised to scope current operational challenges with Interpreting in emergency scenarios/obtaining consent out of hours
- Bi-Lingual Antenatal Classes Pilot over the Summer which includes our Urdu class on the 13 and 20 July and African/Caribbean class on 10 and 17 August Bookings and enquiries are still being taken for both classes. Midwives with shared language leading the Urdu class and Midwives from global majority leading African/Caribbean class
- Awaiting DPIA approval to launch Good Things Foundation Initiative which will allow NUH to become a data hub where women/birthing people can access data SIM cards. Working with trust ICT device team to look at recycling trust mobile phone devices that can be handed out in the community with SIM cards. Areas of digital poverty will be targeted focus.

Objective 2 - Develop Cultural Awareness Training for all staff in Maternity with a view to expand this to the wider workforce

- A One hour introduction into cultural awareness being delivered on existing mandatory IMPACT training day for Midwives and Maternity Support Workers has bene in place since January 2024
- As at April 2024, 48% of Midwives and 32% of Maternity Support Workers have attended training with the evaluation at that time shown below



- The one hour session for Midwives and Maternity Support Workers will finish on the 17th July as due to positive feedback / evaluation of the 1 hour session along with multiple requests to extend the training, a one full day Cultural Awareness training day has been approved.

- Content is being developed for the one day session referencing core competency framework and working with Inclusive Task Group members, Maternity and Neonatal Voices Partnership (MNVP) and community engagement from Women/Birthing people
- Expectation is for the MDT to attend the day, which will commence from September 2024.

Objective 3 - Increase engagement with local community groups initially prioritising Black, Asian and Ethnic Minority + GRT Women/birthing people with a view to expand this for all 9 protected characteristics

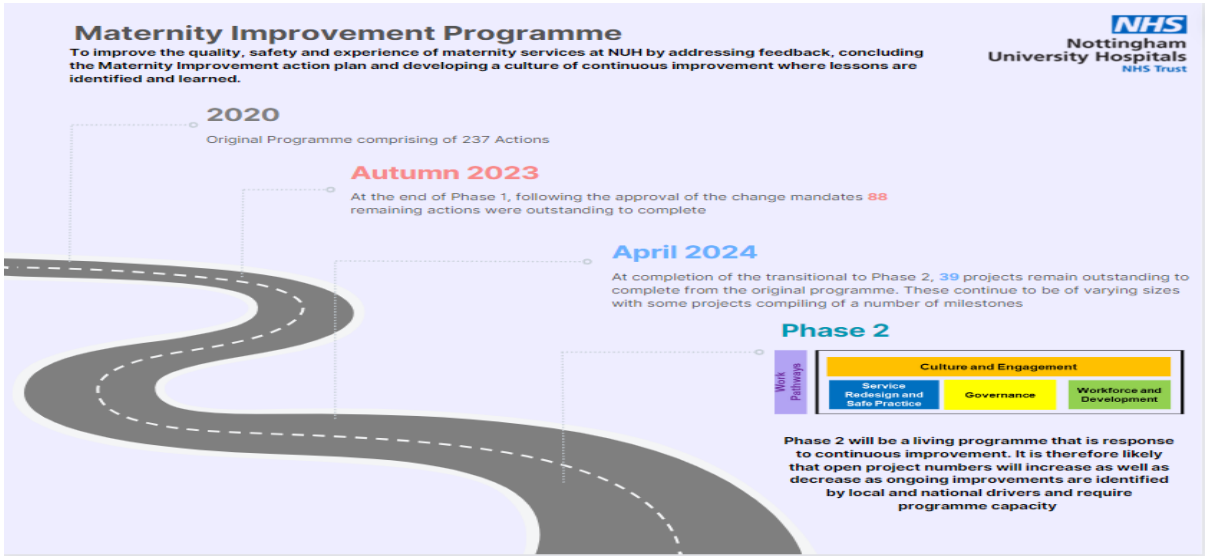
- Ongoing collaborative outreach work with Community Groups commenced with the first Community Engagement session was held with the Muslim Women's network in June 2024, which was positive and enabled discussion regarding birth experiences and service improvement. The next one is planned with the Mojatu Foundation, which is a charitable incorporated organisation that works to empower and support global majority communities in Nottingham at risk from ongoing prejudice and whose needs are often overlooked.
- Direct communication with Reverend Clive Foster Senior Minister to support engagement directly with Black African/Caribbean women across local Communities/Churches.
- Scoping work has begun with collating information re toddler groups predominately in South Asian communities to begin programme of engagement.
- Inclusive Task Group Obstetric representatives are working with Roma Community. The aim is to develop a workshop directed at staff to discuss the experiences of the Roma community and how we can improve engagement.
- Community clinic initiatives underway including plans to relocate the FGM clinic into the community as well as further discussions with Diabetic team and Vaccination department to develop community clinics.

Objective 4 - Increase diversity within the maternity workforce at all levels

- There were three midwives from the global majority recruited between January and June 2024
- There are now 16 Internationally Educated Midwives at NUH.
- The Matron for Recruitment and Retention has met with 26 student midwives on a 1:1 basis from a variety of Universities, 11 of those Student Midwives are global majority groups
- Review of Voluntary service in progress in relation to location, vacancy and diversity within recruitment
- Ongoing Collaborative work across the University for Midwives and Medical Workforce
- Attendance to careers fair/talks to promote Maternity as a career choice
- Our recruitment of Midwives from Global Majority communities has increased (confirmation from Recruitment and Retention lead)

4.2 Maternity Improvement Programme

The Trust established its original Maternity Improvement Programme (MIP) in 2020 with 237 actions to be completed and included on the project plan at that time – as at the end of May 2024 only 37 actions remained open. This became known as Phase 1 and has now transitioned into Phase 2. Phase 2 is a responsive framework developed to provide oversight of completion of the remaining actions and to provide opportunity for ongoing quality improvement driven by local and national metrics. The MIP has a quality improvement methodology embedded within the programme with supporting project templates, providing standardised reporting and oversight of delivery risks.



The MIP has a number of specific projects within the key work pathways that are driving and supporting the work to address the feedback received via the IMR as can be seen below:

Culture and Engagement	Safe Practice	Workforce	Governance
• Supported by quality improvement methodology revisit psychological safety project and identify further opportunities to embed amongst the operational teams. • Leadership Development sessions designed to enhance skills of those leading our workforce. • Continuation of team Affina journeys, recognising the direct impact of improved safety with successful team working.	• Updated Antenatal Risk Assessment Guideline and training, aimed to reduce inappropriate referrals and maximise clinic capacity. • Homebirth Project to create a sustainable team that can provide ongoing choice of birth to our local families. • Evaluation of postnatal pathway projects from 2023, to improve the pathway for our local families. Outcomes identified from the evaluation will be used to influence future project proposals. **Proposed/Developing;** • PPH project aligned to reduce the PPH rate at Nottingham University hospitals.	• Approval of annual plan aligned with CCFv2. • Implementation of the SSBC apprenticeship pilot project, with Band 4 roles being mapped into the establishment. **Proposed/Developing;** • Project to identify the pathway and reconfiguration of Band 2-5 within the Maternity service.	• Patient leaflet project to ensure all leaflets are visible and in line with local and national guidance • On going process developed to support the sustained reduction in those awaiting birth reflections and holistic birth planning **Proposed/Developing;** • Project to improve the current pathway and provision for wound care management, to optimise experience and clinical recovery

5. Conclusion

The Trust recognises that there is more work needed to continue to improve the safety, quality and equity of maternity services and address the concerns that have and are being raised with us by the Chair of the Independent Review. We have improvement programmes underway to address the feedback we have received and will continue to ensure that these are responsive to and reflective of the areas being raised with us.

We welcome and are grateful for the timely feedback being provided and the opportunity this gives us to improve services for our women and families rather than waiting for the publication of the review to act.

Nottinghamshire County Council

Report to Health Scrutiny Committee

16 July 2024

Agenda Item: 7

ACHIEVING FINANCIAL SUSTAINABILITY IN THE NHS

Purpose of the Report

1. To consider a briefing paper from the Nottingham and Nottinghamshire Integrated Care Board (ICB) providing a summary of the financial position of the NHS in Nottingham and Nottinghamshire, and highlighting a series of planned service changes and adjustments over the next two years to deliver financial sustainability.

Information

2. While overall NHS expenditure in Nottingham and |Nottinghamshire will increase in 2024-25, this comes against a backdrop of increasing national and local pressures on resources. These pressures, which include increased and more complex demand for services, inflationary pressures, increased staffing and the impact of industrial action, make it more difficult to deliver service priorities and requirements identified by NHS England within existing available resources.

3. The ICB has therefore drawn up a set of proposals designed to address patient need, best value and financial sustainability over the next two years. The proposed actions include rationalising and consolidating contracts in line with value-based commissioning principles, increased use of digital technology, more cost-efficient prescribing practices and a review of health and social care packages. It is anticipated these changes will deliver savings of £64 million over the two-year period of financial adjustment.

4. Lucy Dadge and Alex Ball will attend the meeting to brief members and answer questions.

RECOMMENDATION

Nottinghamshire Health Scrutiny Committee is asked to:

- • Note the contents of this report.
- • Indicate which proposed changes require further consideration.
- • Discuss how the Committee would like to receive further updates.

Councillor Roger Jackson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Achieving financial sustainability in the NHS

Briefing for Nottinghamshire Health Scrutiny Committee

July 2024

1. Introduction

The purpose of this paper is to provide an update on the current financial position of the NHS in Nottingham and Nottinghamshire and plans to achieve financial stability over the next two years.

2. Context

The NHS is increasing spend in Nottingham and Nottinghamshire for 2024/25, but the demands on health and care services are rising. This means all partners in the Nottingham and Nottinghamshire Integrated Care System need to work together to transform the way that health and care services are delivered across our geographical area.

As part of this approach, Nottingham and Nottinghamshire Integrated Care Board (ICB) need to make decisions about how spending is prioritised to achieve the best value.

The pressures on budgets are being experienced nationally and are caused by:

- Increased demand: Across Nottingham and Nottinghamshire, the population is growing and numbers of people suffering more serious ill health for longer periods are increasing.
- Increased staffing: There has been an increase of 24% in permanent staff at Nottingham University Hospitals Trust, Sherwood Forest Hospitals Trust and Nottinghamshire Healthcare Trust since April 2019, higher use of agency staff and meeting the costs of the staff pay rises.
- Inflationary costs: The cost of prescribed medicine and of providing care in peoples' homes and other settings have increased.
- Industrial action: There has been an ongoing requirement to pay for additional staff to cover urgent and emergency care.

There is also a requirement to deliver in line with guidance set out by NHS England[1], which includes:

- Focusing on quality and safety of services and reduction in inequalities.
- Improving access to community and primary care, particularly general practice and dentistry.
- Improving access to mental health services.
- Improving ambulance response and A&E waiting times.
- Reducing elective long waits and improve performance against cancer and diagnostic standards.
- Improving staff experience, retention and attendance.

Nottingham and Nottinghamshire ICB is focussed on the three Principles of our Integrated Care Strategy[2]: integration, equity and prevention and on the four Aims[3]: Improve outcomes in population health and healthcare; Tackle inequalities in outcomes, experience and access; Enhance productivity and value for money, and; Help the NHS support broader social and economic

[1] 2024/25 priorities and operational planning guidance (england.nhs.uk)
[2] Integrated Care Strategy - NHS Nottingham and Nottinghamshire ICS - NHS Nottingham and Nottinghamshire ICS (healthandcarenotts.co.uk)
[3] https://healthandcarenotts.co.uk/integrated-care-strategy/our-key-aims-and-principles/

development. However, as financial spend is adjusted to align with allocated budgets, some services will inevitably be impacted.

Nottingham and Nottinghamshire ICB is striving to strike the balance between the need to achieve financial sustainability with the ambition to provide the best possible health and wellbeing for our communities, creating a health and care system that is fit for the future.

3. Our approach

As part of the work to ensure that NHS organisations across Nottingham and Nottinghamshire operate within their budgets by the end of March 2026, all services are being reviewed to check that they are having the desired impact and are affordable. In some instances, the focus is on increasing productivity and efficiencies in the way that services are provided. This ensure that we make the best use of our facilities and workforce. The ICB has also considered services under six overall domains to ensure that the cumulative impact on services and populations is minimised. These domains are;

1. Standardisation and Consolidation: Is there an opportunity to standardise the service offer across the system?
2. Benchmarking: Is there an opportunity based on financial benchmarking against national reference costs and expected volume for our population demographics?
3. Amending Service Offer: Is there an opportunity to reduce amend the service offer in line with clinical best practice?
4. Service Improvement: Are there any opportunities to deliver service improvement that would deliver savings within the contract?
5. Provider Delivery: Are there any opportunities for providers to deliver at a reduced cost?
6. Decommissioning: Is the health intervention also offered through another service and therefore an opportunity to decommission some provision across the ICB, i.e. “delayering”?

This will be done working with clinicians to check that there is no duplication of services and that services offered are evidence-based and demonstrably beneficial to patients. If services are identified that do not provide improved health outcomes or value for money or don’t impact effectively on health outcomes, then it is proposed they will be changed, removed or expenditure reduced accordingly.

There is commitment from all system partners to work more collaboratively to transform the way citizens are supported. Specifically, there is an intention to review how services can be organised in a more joined up and efficient way that works better for people who use them, while also reducing operational costs. An example of this is the frailty pathway and a cross-system workstream has already been set up to review and improve services.

Efforts will also be directed towards the amount of money spent on prescription drugs and support healthcare professionals in selecting the most appropriate medications, particularly as more affordable generic versions become available.

4. Summary of proposed changes to services

A summary of the proposed changes can be found in the table below. Further details on each scheme within the Programmes described can be found in the sections referenced.

Programme	Summary	Anticipated savings 2024/25 (£'000)	Identified savings 2025/26 (£'000)	Further information
Acute, Planned Care and Non-Acute – Service Redesign	Application of existing Value Based Commissioning Policy to a range of services including MSK, Gynaecology, Ophthalmology, Vasectomy and Dermatology. Consolidate contracts where appropriate to be more efficient. Reshape Bassetlaw hospice care provision. Take benefit from slippage of investment into CDC.	£2,499	£375	Appendix 2 Table 1
Acute, Planned Care and Non-Acute - Transactional	Review of transactional actions related to contract management. Application of existing Value Based Commissioning Policy to a range of areas. Make sure activity is being counted and coded correctly to maximise income. Ensure follow-up appointments in Independent Sector are clinically appropriate and in line with peers.	£6,314	£-	Appendix 2 Table 2
Continuing Healthcare (CHC)	Review of care packages (health and social care) for citizens with long-term complex health needs.	£16,474	£-	Appendix 2 Table 8
Corporate	Review of assets and tools critical to business function, e.g. software, mobile phones etc.	£10	£-	Management of mobile phone contract including data bundles. Centralisation of procurement of hardware and software assets.
Digital	Review of digital national allocations.	£1,600	£-	Review national digital allocations to ascertain best investment profile, including taking into account slippage and alignment to other programmes

Estates	Review of our administrative office facilities to ensure that space is used appropriately and we are only paying for what we need and use.	£1,272	£-	Possible closure of some administrative bases, removal of duplication and appropriate allocation of back-office costs
Mental health social prescribing	Savings from slippage in implementation of model in Nottingham West and Mid Notts.	£159	£-	Appendix 2 Table 3
Mental Health – S117	Clinically led review of process and policy care delivered under S117 of the Mental Health Act	£278	£503	Appendix 2 Table 7
Mental Health Investments review	Review of two year Mental Health Investments with Nottinghamshire Healthcare Trust	£3,100	£-	Appendix 2 Table 4
Prescribing	Review to maximise the cost-effectiveness of prescribed products, ensuring value for money in NHS expenditure.	£12,768	£-	Appendix 2 Table 5
Preventative	Review of training for healthcare staff.	£-	£1.5	Appendix 2 Table 10
Primary Care	Review of a number of schemes to ensure that only activity delivered is paid for.	£2,252	£189	Appendix 2 Table 6
Proposed Better Care Fund (BCF) efficiencies	Reduction in investment into BCF.	£2,700	£-	Reduce overall spend into the BCF whilst protecting existing discharge arrangements
Service Development Funding (SDF)	Annual non-recurrent funding received by the ICB to support specific transformation areas including primary care and prevention. This represents a savings opportunity to not provide additional investment. It is not a reduction in business as usual spend.	£6,800	£-	Appendix 2 Table 11
Urgent and Emergency Care (UEC)	Review of a mixture of transformational and transactional proposals including discharge from hospital and frailty.	£5,129	£1,594	Appendix 2 Table 9
	Total	£61,355	£2662.5	

Although the financial situation is extremely challenging, efforts continue to deliver on positive developments including:

- Health Inequalities Innovation and Investment Fund: Providing more personalised and targeted support to our most disadvantaged people and communities.
- Integrated Neighbourhood Teams: Collaborating with local authorities, health and social care providers, community, voluntary and social enterprise organisations, and citizens to enhance the health and wellbeing of local communities.
- Sharing and analysing data: Using data from various organisations to ensure services and support are directed where they are most needed.
- Improving primary care access: Continuing to recruit for additional roles in primary care, implementing new digital solutions and systems, and expanding services offered by pharmacists.
- Improving urgent and emergency care: Expanding virtual ward beds to support patients who would otherwise be in hospital (216 virtual ward beds for 18 conditions as of April 2024), creating an Urgent Care Coordination Hub to streamline care packages between the NHS and local authorities, and developing home support for individuals with new or additional health and social care needs.
- Significantly reducing waiting times for treatment. Achieving significant reductions in waiting times, with 78-week waits down by 70% and 65-week waits down by 21% (from April 2023 to February 2024).

5. Appendices

Appendix 1: Glossary of terms

Appendix 2: ICB Saving and Efficiency schemes and opportunities – (Values - £000k)

Appendix 1: Glossary of Terms

Term	Definition
Discharge to Assess	Nottinghamshire County Council has a joint strategy and policy with partners in the Nottingham and Nottinghamshire Integrated Care System (ICS) in line with national NHS England Discharge to Assess (D2A) Policy and Guidance[4]. Under this model there are four routes out of hospital for people as follows: • P0 – No additional support required on discharge at home from Adult Social Care but could include District Nursing input. The patient will return to their usual place of residence (including care homes). • P1 – Reablement or rehabilitation at home - in Nottinghamshire this is provided by the Local Authority (LA) and NHS Community Health Provider. Patient returns to usual place of residence with interim support. • P2 – Residential rehabilitation or further assessment - this is provided by the NHS. Patient is transferred to a non-acute (i.e. not in hospital) bed and received a rehab/reablement assessment until able to safely return to place of residence. • P3 – Complex discharge planning, often including assessment for Funded Nursing Care or NHS Continuing Healthcare – this is also an NHS provision on discharge from hospital. Patient is transferred to a new long-term bed, assessment bed, or usual residence and received the complex support and/or assessment for their needs.
Service Development Fund (SDF)	Service Development Funding (SDF) supports the delivery of the NHS Long Term Plan commitments. Funding is made available via additional allocations to local systems. Local system allocations of SDF are for specific, identified programmes of work in line with national ambitions and priorities. For 2024/25 the ICB has identified some areas where the SDF activity can be paused or delayed and so represent a saving. These are pilots or enhancements to core services that will be reviewed for their effectiveness before further investment is planned. These will not affect core services that residents will be used to receiving.
Slippage	In the context of the NHS, "slippage" refers to the delay in the implementation, progress, or completion of planned projects, initiatives, or targets. This can occur due to various factors such as resource constraints, unforeseen challenges, staffing issues, changes in policy, or other operational difficulties. When slippage occurs, it can lead to the reallocation of the budget to other areas, creating potential savings from the unspent balance.
Value Based Clinical Commissioning Policy[5]	The purpose of this policy is to ensure that Nottingham and Nottinghamshire Integrated Care Board (the Commissioners) fund treatment only for clinically effective interventions delivered to the right patients. It sets out the treatments deemed to be of insufficient priority to justify funding from the available fixed budget. This policy lists a number of procedures and services that the Commissioners restrict funding for. Patients should only be referred for the procedures and services listed if they meet the eligibility criteria set out in the policy. The onus is on the clinician to ensure that appropriate authorisation from the commissioner is achieved, authorisation will be achieved either by prior approval or, where there are significant numbers of procedures, by retrospective audit (as agreed by individual ICBs per provider) to assure compliance with criteria. The clinician must provide sufficient information to evidence how the patient meets the criteria

[4] Hospital discharge and community support guidance - GOV.UK (www.gov.uk)
[5] Value Based Commissioning Policy (icb.nhs.uk)

Appendix 2: ICB Saving and Efficiency schemes and opportunities – (Values - £000k)

Table 1: Acute, Planned Care, Non-Acute - Service Redesign & Change

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
ACUPS-S01	End of Life Care	**Redesign existing provision in Bassetlaw to provide more hospice at home and hospice at night services. Change use of Specialist Palliative Care beds to Community bed model.**	£125	£375	£500
ACUPS-S02	MSK	**Consolidation of contracts for muscular skeletal and pain to deliver efficiency on administration costs. Application of Value Based Commissioning Policy to ensure only clinically effective interventions are provided.**	£370	£-	£370
ACUPS-S03	Gynaecology	**Consolidation of contracts for gynaecology to deliver efficiency on administration costs. Review pathway to reduce unnecessary steps and increase use of Advice and Guidance. Implementation of new tariff for Termination of Pregnancy services with no change for service provided to patients.**	£134	£-	£134
ACUPS-S05	Vasectomy	**Application of Value Based Commissioning Policy to ensure only clinically effective interventions are provided. Reporting of activity to achieve Elective Recovery Fund payment.**	£1,078	£-	£1,078
ACUPS-S06	Dermatology	**Reporting of activity to achieve Elective Recovery Fund payment. Reviewing opportunity for lead provider model.**	£292		£292
ACUPS-S07	CDC	**Slippage in funding for Community Diagnostic Centre due to delays in staff recruitment for both Mansfield and Nottingham locations**	£500		£500
		Total:	**£2,499**	**£375**	**£2,874**

Table 2: Planned Care, Non-Acute Contracts - Transactional

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
ACU-S01	Activity recording	**Reporting of activity to achieve Elective Recovery Fund payment for community gynaecology services. Accurate coding of ophthalmology services to ensure correct tariff payment.**	£684	£-	£684
ACU-S02	First to follow up outpatient ratio	**Reduction in number of follow up appointments at Independent Sector Providers in line with national standards to reduce appointments that are not clinically necessary.**	£1,368	£-	£1,368
ACU-S03	Contract Negotiations and	**Review of locally defined services at Nottingham University Hospitals to ensure they are required and being delivered**.	£1,200	£-	£1,200

	controls - NUH Local Prices				
ACU-S10	Contract Negotiations and controls - ISP	**Review of contract terms and conditions with Independent Sector Providers.**	£456	£-	£456
ACU-S04	Value based Commissioning Policy	**Application of Value Based Commissioning Policy to ensure only clinically effective interventions are provided.**	£570	£-	£570
ACU-S05	Primary Care Psychological Medicine	**PCPM was an NHS Vanguard pilot project, provided only in the former Rushcliffe Clinical Commissioning Group (CCG) geography. Following detailed consideration of value for money and population level outcomes, the Rushcliffe Service has been superseded from 2024/25 by an equitable offer of other services to all patients in Nottingham and Nottinghamshire who may benefit from dedicated psychological medicine input in primary care settings to improve physical health outcomes.**	£416	£-	£416
ACU-S06	Oxygen rebate	**Rebate on VAT for home oxygen supplies.**	£920	£-	£920
ACU-S07	Renal transport - Bassetlaw	**Reduction in contact value following reprocurement. ICB is an associate to the contract tendered by South Yorkshire.**	£140	£-	£140
ACU-S08	Inter facility transfers Bassetlaw	**Change in contractual responsibility from ICB to Doncaster and Bassetlaw Hospitals Trust. Contract in place to transport inpatients between hospital sites - no change for patients.**	£410	£-	£410
ACU-S09	SpaMedica rebate	**Rebate from provider for procedures undertaken outside of Value Based Commissioning policy.**	£150	£-	£150
		Total:	**£6,314**	**£-**	**£6,314**

Table 3: Mental Health

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
HC/23/76	Mental Health Social Prescribing	**Savings from slippage in implementation of model in Nottingham West and Mid Notts.**	£159	TBC	TBC

Table 4: Mental Health Investment Review

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
MHIR-ALL	Mental Health Investment Review	**Review of 2-year Mental Health Investments with NHFT.**	£3,100	£-	£3,100

Table 5: Prescribing

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
PSC-S01	Optimise Rx - Notts	**Improved software to support prescribers with point of prescribing decision making. This will improve patient care and cost-effective prescribing. Messages are authored / tailored by the ICB medicines optimisation team according to national and local guidelines, policies and priorities.**	£2,220	£-	£2,220
PSC-S02	Optimise Rx - Bassetlaw	**Improved software to support prescribers with point of prescribing decision making. This will improve patient care and cost-effective prescribing. Messages are authored / tailored according to national and local guidelines, policies and priorities.**	£228	£-	£228
PSC-S04	Triple Inhalers (COPD & Asthma)	**Proposal to swap patients who currently use two inhalers for COPD to a single inhaler which is easier to manage and creates less waste and fewer harmful emissions.**	£360	£-	£360
PSC-S05	ICB Meds op Team Ad hoc Savings	**General efficiencies identified by the ICB Prescribing Informatics Team.**	£500	£-	£500
PSC-S06	Vitamin D	**Proposal to switch vitamin D prescribing to a more cost-effective equivalent product. Provide guidance for care homes around providing prevention doses to residents.**	£150	£-	£150
PSC-S07	Insulin Biosimilars	**Proposal to change prescribed insulin to a more cost-effective similar brand where clinically appropriate ("biosimilars").**	£12	£-	£12
PSC-S08	Blood Glucose Testing Strips (BGTS)	**To encourage prescribing of cost-effective blood glucose test strips, which are in line with nationally recommended choices, and to ensure patients are prescribed appropriate quantities for their condition.**	£100	£-	£100
PSC-S09	Fostair to Luforbec	**The proposal is to switch patients from Fostair Metered Dose Inhaler (MDI) to Luforbec MDI which contains the same ingredients at a lower cost. This proposal is in line with the Nottinghamshire Joint Formulary and respiratory guideline as Luforbec is the first choice of MDI for combination steroid and long-acting beta agonist.**	£540	£-	£540
PSC-S10	Generic prescribing	**Increase amount of generic prescribing for medicines where there is a significant saving by prescribing generically (i.e. not by brand name). Generic prescribing prices are governed by the Drug Tariff, rather than being set by manufacturers. Generic prescribing also helps to reduce the impact of medicines shortages on prescribers, community pharmacies and patients.**	£166	£-	£166

PSC-S11	Oral Glucose	**No longer prescribe glucose treatment for hypoglycaemia (low blood sugar) in diabetic patients. Position statement for primary care was produced in April 2024, and patient leaflet about using sweets, juice etc. as alternative ways to manage low blood sugar.**	£12	£-	£12
PSC-S12	Safety Needles	**Work with community service providers to inform them that staff should access safety needles, if they are needed for employee protection, through their employer rather than through prescribing to patients.**	£100	£-	£100
PSC-S13	Enoxaparin	**Increased use of Arovi, a more cost-effective brand of the blood thinning injection, enoxaparin.**	£24	£-	£24
PSC-S15	Direct supply wound care	**Proposal for Bassetlaw residents to receive wound care supplies directly from their community nurse rather than by prescription if the patient is under the care of the community nursing team. This will provide patients with a faster service, in line with the service delivered in other areas.**	£75	£-	£75
PSC-S16	High-Cost medicines	**Use of biosimilar (similar medicine) at NUH and SFHT for specific products. Switching from the original reference medicine to a biosimilar does not appear to impact efficacy, safety or immunogenicity. Using best value biological medicines in line with NHSE England commissioning recommendations.**	£207	£-	£207
PSC-S18	Rebate	**Rebates received when specific drugs are prescribed. Contracts negotiated by ICB medicines optimisation team.**	£1,911	£-	£1,911
PSC-S03	Patent Expiries - Apixaban	**Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.**	£3,982	£-	£3,982
PSC-S20	Patent Expiries from 23/24	**Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.**	£118	£-	£118
PSC-S19	Patent Expiries new 24/25	**Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.**	£827	£-	£827
PSC-S17	Patent Expiries - Rivaroxaban	**Informing prescribers of the most cost-effective way of prescribing and encouraging them to move away from expensive branded prescribing where generic prescribing is clinically appropriate and more cost effective.**	£1,176	£-	£1,176
PSC-S21	Soprobec	**Encouraging prescribers to change prescribing from Soprobec to a more cost-effective brand.**	£60	£-	£60
		Total:	**£12,768**	**£-**	**£12,768**

Table 6: Primary care

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
PRC-S01	PC IT Contracts	**Savings on software licences and cost of SMS messaging by practices. Management of IT equipment spend.**	£123	£25	£148
PRC-S02	Protected learning time/PCDC	**Greater use of virtual methods to deliver GP protected learning time, reducing overhead costs compared to face to face training.**	£13	£50	£63
PRC-S04	PCARP Flexibility	**Savings from anticipated underspend due to reduced uptake of national support programme for General Practice relating to access to primary care.**	£350	£-	£350
PRC-S05	Primary Care Delegated	**Efficiencies in contract management for: additional staff/staff relief support; business rates rebates; slippage in achievement of QoF scheme; slippage on premises development schemes; clinical effectiveness audit of minor surgery; accrual of Additional Roles Reimbursement Scheme.**	£1,767	£114	£1,881
		Total:	**£2,252**	**£189**	**£2,441**

Table 7: S117

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
S117-01	Review of Section 117 aftercare process and policies.	**Review of process and policy for s117 mental health aftercare.**	£278	£503	£781

Table 8: Continuing Health Care

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
CHCJF-S01	JF - New Cases and Direct commissioning of HCC	**A new Joint Funding Policy has been developed to determine what are health needs and should receive a health care contribution and what are social care needs.**	£559	£-	£559
CHCJF-S02	JF - Review existing packages	**Proposal to assess everyone who currently receives care which is part-funded by the NHS to check the support they are receiving is in line with their health needs. A new policy has been approved which determines what are health needs and what are social care needs. People who are assessed as having no health needs will no longer be jointly funded by the NHS. People who are assessed as having health needs will still be funded.**	£9,000	£-	£9,000

CHCJF-S05	JF - Liaison reviews	**Full year effect of previous review of continuing health care packages where people did not have a health need.**	£1,475	£-	£1,475
CHC-S01	One to One in Care Homes	**Continuing to review all existing and new requests for one-to-one care in standard nursing home placements. One-to-one care can be very restrictive for residents, so it should only be provided in cases where there is need. This reviewing process has already been in place for a year.**	£816	£-	£816
CHC-S02	Eligibility review	**Proposal to review existing packages of care to ensure equitable and in line with policy.**	£1,536	£-	£1,536
CHC-S03	Childrens	**Proposal to reviewed children's care packages to ensure care is equitable, appropriate for the child and offers value for money.**	£500	£-	£500
CHC-S04	Fast track	**Proposal to reduce inappropriate referrals for Fast Track care packages. Proposal for Fast Track services in North Notts to be provided by the Mid Notts end of Life Better Together Alliance. Fast Track is the funding received in the final 12 weeks of life.**	£350	£-	£350
CHC-S05	High-cost packages	**Proposal to review high-cost packages to see if they can be delivered more efficiently and ensure robust case management**	£200	£-	£200
CHC-S07	Roving service	**Proposal to end contract for roving service in Bassetlaw and buy services on an ad hoc basis. Patients will still receive a service.**	£118	£-	£118
CHC-S08	Notice period 28 to 14 day	**Proposal to reduce the notice period from 28 days to 14 days when a person is no longer eligible for health care funding.**	£521	£-	£521
CHC-S09	4-week backdating	**Proposal that providers who request refunds for changes in care packages will only receive these backdated for a four-week period.**	£500	£-	£500
CHC-S10	Transport	**Proposal that transport for people with continuing health care to day services and respite care will no longer be available as part of their care package.**	£900	£-	£900
		Total:	**£16,474**	**£-**	**£16,474**

Table 9: Urgent Emergency Care

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
UEC-S01	Virtual ward budget	**The proposal is to defer the procurement of a long-term IT solution and reduce the overall budget for virtual wards by a total of £1.4m. Further expansion of virtual wards will be deferred.**	£1,400	£-	£1,400
UEC-S03	BCF Discharge fund	**An additional £4m of government funding has been received as part of the Better Care Fund to support discharge from hospital. This has been partly utilised to meet the costs of previously approved P1 costs, releasing the budget created to support these costs to value of £2.3m**	£2,300	£-	£2,300

UEC-S04	Patient Transport Services (PTS)	**It is proposed that by improving the way transport is booked and utilised across the ICS, savings/efficiencies can be made on total spend on PTS across the ICS.**	£38	£-	£38
UEC-S05	P1 reduced funding	**Consolidation of number of providers delivering Pathway 1 packages of care following discharge from hospital. A reduction in total P1 budget by £2m (the current NWB pathway would be included within this saving - see below).**	£400	£1,200	£1,600
UEC-S16	P1 NWB	**Ensure adherence to contract terms with all providers delivering Pathway 1 packages of care for non-weight bearing patients. This would allow us to cease the additional NWB spend.**	£400	£-	£400
UEC-S06	P2 financial envelope	**Review of Pathway 2 community bed base and model with proposal to recommission and top slice the financial envelope by approx 380k with 80k in 24/25.**	£80	£300	£380
UEC-S07	FLS contract savings	**The ICB has approved a phased exit from the South Notts Fracture Liaison Service infusion service at East Bridgford Medical Centre. Work is underway to secure an equitable, affordable and consistent standard of service for all ICB citizens.**	£300	£-	£300
UEC-S09	Urgent Community Response (UCR)	**Proposal is to mobilise an integrated UCR offer between providers to release efficiencies of around 70k which represents 2% of the budget.**	£-	£70	£70
UEC-S11	Bassetlaw Urgent Care Service (BUCS)	**The proposal is to novate the contract we hold with Nottinghamshire Healthcare Trust who commission DHU to provide the BUCS service and to contract directly with DHU.**	£-*	£-*	£-*
UEC-S12	Directory of Services (DoS)	**Serve notice on Bassetlaw DOS and bring in house so ICB DOS team cover Bassetlaw work - saving £5k.**	£5	£-	£5
UEC-S13	Discharge to Assess (D2A)	**We are reviewing all D2A BCF funded posts and have identified at least 9k of savings from posts that are currently within the TOCHs etc**	£9	£-	£9
UEC-S14	BCF	**Review of funding for discharge support including housing adaptations and assistive technology.**	£45	£-	£45
HC/22/22	Local Area Coordination (LAC)	**Review ICB contribution to year two allocation of funding for Local Area Coordination roles in Nottingham City.**	£140	£-	£140
HC/23/18	Recurrent Funding Agreement for the 'Reducing Conveyance Lead' Post	**Cease ICB funding of EMAS posts recruited to reduce ambulance conveyances to hospital.**	£12	£24	£36
		Total:	**£5,129****	**£1,594****	**£6,723****

* Note that the savings are commercial in confidence information about a third party.
** Does not include the savings from UEC-S11 (Bassetlaw Urgent Care Service)

Table 10: Preventative

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
HC/23/79	LGBT+ Network	**Review of training for healthcare staff.**	£-	£1.5	£1.5

Table 11: Service Development Funding

Reference	Scheme	Brief description	Anticipated 24/25 savings	25/26 Savings	Total savings
SDF	Mental Health - MH CYP	**ICB is undertaking review of Mental Health Investment Standard (MHIS) and SDF investment to ensure VFM and targeted impact, before proposing any additional investment**	£765	£-	£765
SDF	Mental Health - MH Adult Community	**ICB is undertaking review of Mental Health Investment Standard (MHIS) and SDF investment to ensure VFM and targeted impact, before proposing any additional investment**	£1,095	£-	£1,095
SDF	Mental Health - IPS additional funding (New 24/25)	**Services already meeting standards – no further implementation in-year.**	£337	£-	£337
SDF	Mental Health - MHLDA Inpatient Quality (New 24/25)	**Three-year Inpatient Plan published end of July 2024; investment plans are being finalised.**	£855	£-	£855
SDF	LDA	**Review of funding commitments and phasing of full year plan**	£506	£-	£506
SDF	Women's health hubs	**Savings from slippage in Service Development Fund to support Women's Health Hub.**	£251	£-	£251
SDF	Prevention & Long-Term conditions - Prevention & LTC Universal Allocation	**Savings from reduced investment of recurrent Service Development Fund to support CVD, stroke and diabetes.**	£253	£-	£253
SDF	Prevention & Long-Term conditions - Prevention & LTC Targeted Allocation	**Savings from reduced investment of non-recurrent Service Development Fund to support CVD, stroke and diabetes.**	£423	£-	£423
PRC-S03	PC Workforce	**Reduction in training for non-clinical General Practice staff through multi-professional support unit.**	£25	£-	£25
SDF	Primary Care - Primary Care Transformation	**Savings from reduced investment of non-recurrent Service Development Fund to support primary care transformation.**	£990	£-	£990

UEC-S02	Proactive care	**Cease the temporary Proactive Care pilots and embed learning within core service offers. Frail older people will continue to receive support for medication reviews, assessment for carer support and advice and nutrition via other roles in primary care teams.**	£1,300	£-	£1,300
		Total:	**£6,800**	**£-**	**£6,800**

Nottinghamshire County Council

Report to Health Scrutiny Committee

16 July 2024

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.

3. The Council's adoption of the Leader and Cabinet/Executive system means that there is now an Overview and Scrutiny function, with Select Committees covering areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the new Overview and Scrutiny structure, it is appropriate to keep this Committee's work programme under review in conjunction with those of the Select Committees. This is to ensure that we work in partnership with the wider scrutiny function, that work is not duplicated, and that we don't dedicate Committee time unduly to receiving updates on topics.

4. The latest work programme as available at the time of agenda publication is attached at Appendix 1 for the Committee's consideration. The work programme will continue to develop, responding to emerging health service changes and issues (such as substantial variations and developments of service), and these will be included as they arise.

5. The work programme has been revisited for 2024-25 to map out both outstanding and emerging issues for the Committee's consideration.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and agrees the content of the work programme.

Councillor Roger Jackson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2024/25

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
16 July 2024				
NUH briefing – Update on Maternity Service provision.	Update on current performance in respect of delivery of maternity services by NUH		NUH	
Achieving Financial Sustainability in the NHS	Report outlining proposed actions to address ICB financial sustainability		ICB	
08 October 2024				
Lung Health Pathways (non-Cancer) in Nottinghamshire -	Follow-up to Targeted Lung Health programme item at March 2024 meeting			
Nottinghamshire Healthcare Trust – Improvement Plan -	To consider progress against the NHFT improvement plan		NHFT	
19 November 2024				
Mental Health in Bassetlaw and Update on A&E Village Development STC)	To update the Committee on the development and delivery of mental health services in Bassetlaw	Scrutiny		

07 January 2025				
11 February 2025				
Newark Urgent Treatment Centre - Update			ICB	
Sherwood Forest Hospitals Trust		Scrutiny	Further discussion with SFHT to have focussed scrutiny report on areas where challenges are greatest	
25 March 2025				
01 July 2025				
To be scheduled and potential alternative actions				
Health and Wellbeing Provision in Hucknall – Cavell Centre	Pause in development of Cavell Centres at national level in June/July 2023	Scrutiny	Holding position agreed at January 2024 meeting to consider when revised proposals from ICB/NHS England emerged	
Walk-in Centres				
NHS 111 Service – Additional performance data as			Briefing paper as requested at May 2024 meeting	

requested at January 2024 meeting				
Enhanced Clinical Role for Pharmacies – Impact on Pharmacies and GP Services	To consider how the delivery of services by pharmacies which were formerly the preserve of GP practices has impacted both sectors	Scrutiny	Integrated Care Board	