

## Health Scrutiny Committee

**Tuesday, 12 February 2019 at 10:30**

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

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### AGENDA

Minutes of last meeting held on 8 January 2019	3 - 6
Apologies for Absence	
Declarations of Interests by Members and Officers:- (see note below)	
(a) Disclosable Pecuniary Interests	
(b) Private Interests (pecuniary and non-pecuniary)	
Clinical Commissioning Group Financial Recovery (Greater Nottingham and Mid-Nottinghamshire)	7 - 10
Whyburn Medical Practice	11 - 16
Developing a Clinical Services Strategy for Nottinghamshire	17 - 30
Neuro-Rehabilitation Update	31 - 34
Work Programme	35 - 42

### 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 Noel McMenamin (Tel. 0115 977 2670) 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>

## Membership

### Councillors

Keith Girling (Chair)  
Richard Butler  
Dr John Doddy  
Kevin Greaves  
David Martin  
Michael Payne  
Liz Plant  
Kevin Rostance  
Steve Vickers  
Muriel Weisz

### Officers

Martin Gately  
Noel McMenamin

Nottinghamshire County Council  
Nottinghamshire County Council

### Also in attendance

Councillor John Longden

Adam Brooks  
Sarah Collis  
Miriam Duffy  
Moiria Hardy  
David Purdue  
Alison Wynne

NHS East Midlands Trauma Centre  
Nottingham and Nottinghamshire Healthwatch  
NHS East Midlands Trauma Centre  
Bassetlaw Hospital  
Bassetlaw Hospital  
Nottingham University Hospitals Trust

## 1. MINUTES

The minutes of the last meeting held on 20 November 2018, having been circulated to all Members, were taken as read and were signed by the Chair.

## 2. APOLOGIES

None

## 3. DECLARATIONS OF INTEREST

None

#### **4. DEFENCE AND NATIONAL REHABILITATION CENTRE**

Adam Brooks, Clinical Director, East Midlands Major Trauma Centre, Miriam Duffy, Programme Director, National Rehabilitation Centre and Alison Wynne, Director of Strategy and Transformation at the Nottingham University Hospitals Trust provided an update and presentation on the National Rehabilitation Centre (NRC) on the Stanford Hall Estate in rural Nottinghamshire.

The following points were raised within their briefing and presentation:-

- 5 delivery boards report to the NRC Programme Board, - Clinical, Training and Education, Research and Innovation, Capital and Planning, and Legal and Commercial;
- The NRC is to deliver rehabilitation programmes for up to 800 patients (both defence and civilian) following completion of an acute hospital stay. The rehabilitation clinical model will improve outcomes particularly in respect of a return to functional lives;
- The NRC will help provide improved outcomes for the East Midlands population, with a reduction in ongoing social care costs through improved patient functionality;
- The Centre will also provide employment opportunities, attracting the best talent in the fields of research and innovation and training and education;
- In addition to the £300 million raised through a variety of funding streams, the Chancellor in his 2018 Autumn Statement approved £70 million for capital investment in the Centre;

The Chair welcomed the introduction and presentation, and explained that he was to visit the NRC in his capacity of Armed Forces Champion for the County Council.

During discussions, a number of issues were raised:-

- It was confirmed that there was a discrete and secure military facility within the Centre, and that there were no shared rehabilitation sessions involving both civilians and military personnel. There was some interface in the shared open space within the site, but this was by individual choice;
- Prospective beneficiaries were required to undergo a full rehabilitation assessment, and to formally commit to their own rehabilitation;
- Mental rehabilitation and recovery post-trauma was just as important as physical rehabilitation, and NRC representatives welcomed an offer of assistance to support the whole individual from the Nottingham and Nottinghamshire Healthwatch;
- It was confirmed that the NRC was an adult establishment with a focus on re-enablement for those of working age, and it was not the intention to rehabilitate children or the elderly onsite;
- The NRC was looking at ways to improve both public transport and virtual links to the facility, so that family and friends could visit those in recovery, or contact them via skype, more easily.

The Chair thanked Adam Brooks, Miriam Duffy and Alison Wynne for their attendance.

## **5. BASSETLAW HOSPITAL – CHILDREN’S WARD UPDATE**

David Purdue, Deputy Chief Executive and Moira Hardy, Nursing Director, Bassetlaw Hospital provided the Committee with an update on recruitment and retention issues and their impact on paediatric provision at Bassetlaw Hospital, making the following points:

- Despite a number of recruitment drives throughout 2018 to reduce vacancies for children’s nurses, capacity issues remained extremely challenging for Bassetlaw and neighbouring hospitals, and in part reflected national pressures in the sector;
- During a recent unannounced Care Quality Commission inspection, the hospital received a ‘Good’ rating for Leadership. Children’s Services and Maternity Services. It received a ‘Requires Improvement’ for its Emergency Department and this was because the standard determines that there should be 2 qualified children’s nurses available at all times, which Bassetlaw cannot currently meet;
- the hospital is exploring potential collaboration with the Universities of Sunderland and Sheffield Hallam on developing specialist training in children’s nursing;

During discussions, a number of issues were raised:-

- It was explained that overseas recruitment was not an option for filling the children’s nursing vacancies as overseas candidates did not have the specific or equivalent qualifications. In addition, children’s nurses often preferred working within specialist children’s services, such as those at the Sheffield Treatment Centre;
- While there was a rota system in operation between hospitals, this sometimes provided the opportunity to sample different work environments, and in an employer-led jobs market staff have sometimes chosen to move on;
- It was pointed out that an entire recruitment cycle could run its course, only for there not to be an appointable candidate. It was not appropriate to appoint the most successful candidate in this instance, despite the pressures on existing staff
- Care quality governance and standards are evidence-based and so it’s difficult to disagree with stricter capacity requirements being rolled out, even when these placed ever greater pressure to comply on the hospital. However, it was agreed that concerns would be raised at the national level;
- It was confirmed that the hospital continued to make provision for ambulance cover above and beyond that contracted to the East Midlands Ambulance Service (EMAS) It was also explained that there had been a number of meetings with EMAS to resolve the wider issue without success. The same

issues had not arisen to anywhere near the same extent with the Yorkshire Ambulance Service;

- The Committee was reminded that Bassetlaw hospital was commended for introducing the additional ambulance provision in the interests of patient safety and service;
- The Chair advised that EMAS was due to attend the Committee in March 2019, and that they would be requested to explain this element of their performance as part of their update.

The Chair thanked Dr Purdue and Ms Hardy for their attendance.

### **WORK PROGRAMME**

The Committee agreed the following amendments to the work programme:-

- Whyburn Medical Practice, Hucknall:  
Move to February 2019 from March 2019;
- East Midlands Ambulance Service – Recruitment Update:  
March 2019: to include response to issues raised in respect of Bassetlaw Hospital;
- Air Quality:  
Add to June 2019;
- Integrated Care System – Prevention  
Add to June 2019
- Ashfield HomeStart Review Update:  
Add to June 2019

The meeting closed at 12.10pm.

**CHAIRMAN**

**12 February 2019****Agenda Item: 4**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **CLINICAL COMMISSIONING GROUP FINANCIAL RECOVERY**

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

1. To introduce a briefing on the financial position of the Mid Notts and Greater Nottingham Clinical Commissioning Groups (CCGs).

#### **Information**

2. Health Scrutiny Committees are instructed by the Local Authority Health Scrutiny Guidance (June 2014) to recognise the resource envelope in which the NHS operates and therefore take into account the effect of proposals on sustainability of services, as well as on their quality and safety when considering substantial variations or developments of service.
3. Members will be aware of the challenging financial pressures faced by the NHS at the moment. Senior representatives of the Mid Nottinghamshire and Greater Nottingham CCGs will attend the Health Scrutiny Committee to present information on their financial recovery and answer questions as necessary. In addition, a written briefing on financial recovery is attached as an appendix to this report.
4. Members may wish to schedule further consideration of CCG financial issues.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and comment on the information provided.
- 2) Schedule further consideration, as necessary.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

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

All



## Briefing on Greater Nottingham and Mid Nottinghamshire Financial Recovery

### Briefing for the County Health Scrutiny Committee – February 2019

#### Background

- The financial position of the six Clinical Commissioning Groups across Greater Nottingham and Mid Nottinghamshire remains extremely challenging
- Our financial position has been influenced by pressures including an increase in acute activity and expenditure and additional community support to improve discharges from hospital
- The CCGs are forecasting a breakeven position for 2018/19, in line with the agreed control total
  - Greater Nottingham has identified a forecast outturn of £1.8m deficit
  - Mid Nottinghamshire has identified a forecast outturn of £2.5m deficit.
- To tackle this challenge, it is more important than ever that we work together to develop innovative schemes that will maintain and improve patient care and deliver efficiency savings
- Although we're going through a period of transformation with CCG alignment, financial recovery remains the top priority.

#### Greater Nottingham Financial Recovery Plan

The four Greater Nottingham CCGs have worked together to develop Quality, Innovation, productivity and Prevention (QIPP) schemes since April 2016.

The Financial Recovery Plan for 18/19 was signed off by the Joint Commissioning Committee in April. NHS England meet regularly with the CCGs to receive assurance around financial plans.

The programme structure is well developed to manage financial recovery with:

- A Programme Management Office (PMO) to manage and oversee the work
- Senior Responsible Officers (SROs) identified to lead different areas of work
- A Director of Financial Recovery to provide leadership for the programme.

For 18/19 the savings target is £52.5m which represents 5.2% of the CCGs allocation. The Financial Recovery Plan submitted to NHS England in April 2018 identified a savings plan of £50.95m.

2018-19	Nottingham North and East	Nottingham West	Rushcliffe	Nottingham City	Greater Nottingham
Allocation	£213.80m	£136.71m	£163.93m	£498.64m	<b>£1013.08m</b>
QIPP Target	£13.31m	£5.07m	£9.46m	£24.69m	<b>£52.52m</b>
%age	6.2%	3.7%	5.8%	5.0%	<b>5.2%</b>

The CCGs are on track at month 8 to deliver £43.6m (4.3%) of efficiency savings.

## Mid Nottinghamshire Financial Recovery Plan

The two Mid Nottinghamshire CCGs have worked as one since April 2016 to deliver a comprehensive range of QIPP projects aiming to improve care and deliver efficiencies.

Many of these projects have been delivered collaboratively through the Mid Nottinghamshire Better Together Alliance of health and care partners.

For 18/19 the savings target is £31m which represents 6% of the CCGs allocation as illustrated in the table below.

2018-19	Mansfield and Ashfield	Newark and Sherwood	Mid Nottingham
Allocation	£298.0m	£194.08m	£492.10m
QIPP Target	£19.37m	£11.68m	£31.05m
%age	6.1%	5.7%	6.0%*

\*Please note small variances in the calculation methodology used by Greater Nottingham and Mid Nottinghamshire CCGs.

The 18/19 Financial Recovery Plan for the full £31m was signed off by the Governing Body and submitted to NHS England in April 2018. This includes QIPP projects which build on those successfully delivered in 2017/18 and focusses on the following themes:

- o **Reducing unwarranted clinical variation**
- o **Transformation** - Changing the way we work for future wider system benefit
- o **Innovation** - Investment to enable opportunity
- o **Efficiency** - More for the same, more for less or the same for less

The programme structure is well developed to manage financial recovery with:

- A Director of Turnaround to provide leadership for the programme
- Executive Senior Responsible Officers (SROs) who lead different programmes of work
- Programme / project managers to operationally deliver QIPP projects
- A Programme Management Office (PMO) to monitor, assure and support QIPP delivery

The CCGs are on track at month 8 to deliver £31m (6%) of efficiency savings although within this position there is some risk. NHS England meets regularly with the CCGs to receive assurance around financial plans.

## Planning for 19/20 – the scale of the challenge

The opening position of the CCGs into 2019/20 is extremely challenging. The working assumptions for 2019/20 indicate that the savings required will be around £75m (around 7% of allocations) across Greater Nottingham and Mid Nottinghamshire. The challenge will be to continue to improve quality whilst reducing costs. The work to align the CCGs will support the sharing of experience and learning of approaches to identify savings opportunities.

**12 February 2019****Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WHYBURN MEDICAL PRACTICE****Purpose of the Report**

1. To introduce the latest information on Whyburn Medical Practice.

**Information**

2. Whyburn Medical Practice in Hucknall has faced considerable difficulties around tenancy and workforce. Senior representatives of the commissioners will attend the Health Scrutiny Committee to brief Members and answer questions as necessary. In addition, a written briefing is attached as an appendix to this report.
3. Members will see from the briefing that although the practice exercised its right to terminate the contract on 30 November, and that the contract will therefore cease on 31 May, a procurement exercise has now been initiated. In addition, the CCG and NHS England have been working with other stakeholders to ensure that patients are aware that there is no need to register at another practice and they can expect to continue to receive care from the same premises.
4. Members may wish to schedule further consideration for after the service commencement date (1 June 2019).

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration, as necessary.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

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

All

## **WHYBURN MEDICAL PRACTICE**

### **Briefing for the County Health Scrutiny Committee – February 2019**

#### **Background**

In the latter half of 2018, NHS Nottingham North & East CCG (“the CCG”) and NHS England (North Midlands) Primary Care Team (“NHS England”) worked with Whyburn Medical Practice to help support and address some of the concerns that were being raised by the practice partners.

The principle concern of the partners has been in relation to the tenancy in Hucknall Health Centre and the liabilities in relation to non-reimbursable premises costs. The dispute with NHS Property Services is in common with a significant amount of other NHS Property Service tenants both locally and nationally. Since the inception of the organisation as part of the Health & Social Care Act 2012, changes to historic tenancy arrangements have been implemented including updated charging policies between landlord and tenants and a move from local administration to a national system. The practice tenancy was undocumented which left the practice vulnerable to fluctuating charges and without security of tenure.

In conjunction with the premises dispute, the practice experienced workforce pressures which led them to successfully apply for a temporary list closure in October 2018. In comparison to the position in June 2016, the practice was routinely down a total of 19 GP clinical sessions due to GPs leaving the partnership and sick leave. In addition, a practice nurse left the practice and the practice was unable to recruit to this role. The practice Business Manager was also on long term sick leave. All of which led the practice to state that they were struggling to maintain clinically safe services to patients and struggling to manage the increased administration workload.

A significant amount of CCG and NHS England resource was dedicated to supporting the practice through the dispute for property charges incurred up until 31 March 2018 with NHS Property Services. A fair and reasonable offer was secured from NHS Property Services that would have enabled the practice to be in a position to move on to lease negotiations for 2018/19.

In relation to the workforce pressures, the practice was supported with the GP sickness absence in line with the Regulatory provisions for reimbursement of locum charges. The practice was also given practical support in the management and administration of claims for payments and the identification of historic lapses in claiming where the practice had not maximised its income.

At the end of October 2018, the practice agreed to participate in a financial review under the locally agreed Hardship Policy. The practice submitted its annual accounts for the past 5 years as part of this process however did not submit the remainder of the information requested. This allowed a limited amount of analysis to be undertaken but the conclusion on the basis of this analysis was that the underlying business was viable.

Following a meeting with the practice on 20 November 2018, the practice put forward a request for additional financial support across a range of issues. The practice was advised this would be put to the Committee for consideration on 12 December, however exercised its right to terminate the contract on 30 November 2018. The contract will accordingly cease on 31 May 2019.

### **Actions To Date**

The relevant Primary Care Commissioning Committee considered the options around securing continuity of provision for the patients registered with Whyburn Medical Practice on the 12<sup>th</sup> December 2018.

The following practices are within 2 miles of Whyburn Medical Practice:

PRACTICE NAME	DISTANCE FROM WHYBURN	RAW LIST SIZE AT 1/10/18
The Om Surgery	0 miles	2,122
Oakenhall Medical Practice	0.3 miles	7,234
Torkard Hill Medical Centre	0.4 miles	15,316
St. Albans Medical Centre	2 miles	7,282

Given the size of the Whyburn Medical Centre list (the practice list size at the 4<sup>th</sup> December 2018 was 11,908 patients, the list is closed to new patients until 2 April 2019) and the difficulty that neighbouring practices would experience in absorbing this volume of patients the decision was taken to seek a new provider.

A range of options were considered as to how that new provider could be secured and the decision was taken to carry out a mini-tender for a caretaker provider on an initial contract for 12 months with the option to extend the contract for a further 12 months. This will allow time for a process to be carried out to secure long term provision for the patients registered with Whyburn Medical Practice.

A procurement exercise has been initiated and the CCG and NHS England are working with Whyburn Medical Practice and NHS Property Services to ensure that all the information is available to allow that exercise to be completed successfully.

The CCG and NHS England have been working with other stakeholders to ensure patients are aware that there is no need for them to register at another practice and that they can expect to continue to receive care from the same premises.

### **Indicative Timeline**

Item	Action	Planned Date
1.	Release invitation to tender	1 <sup>st</sup> February 2019
2.	Invitation to tender closes	15 <sup>th</sup> February 2019
3.	Announcement of successful bidder	22 <sup>nd</sup> March 2019

4.	Service commencement date	1 <sup>st</sup> June 2019
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**12 February 2019****Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****DEVELOPING A CLINICAL SERVICES STRATEGY FOR NOTTINGHAMSHIRE****Purpose of the Report**

1. To introduce a presentation on the development of a Clinical Services Strategy for Nottinghamshire.

**Information**

2. Dr. Nicole Atkinson, Nottingham West CCG Clinical Chair and Joint Programme SRO, and Duncan Hanslow, Programme Director will attend the Health Scrutiny Committee to brief Members and answer questions as necessary.
3. A presentation covering Integrated Care Systems, system priorities and the need for a Clinical Services Strategy for Nottinghamshire is attached as an appendix to this report.
4. Members will see from the presentation that the intention when integrating care is to consistently and sustainably achieve the best outcomes while making the best overall use of existing resources. Integration also allows the NHS to address any fragmentation that has arisen, and enable better coordinated and more continuous care, frequently for an ageing population with an increasing incidence of chronic disease.
5. Achieving integrated care requires that those involved with planning, financing and providing services have a shared vision, employ a combination of processes and mechanisms, and ensure that the patient's perspective remains a central organising principle throughout.

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

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

All



The Nottingham and Nottinghamshire  
Integrated Care System

# Developing a Clinical Services Strategy for Nottinghamshire

**Dr Nicole Atkinson, Nottingham West CCG  
Clinical Chair and Joint Programme SRO  
Duncan Hanslow, Programme Director**

# Integrated Care Systems in England

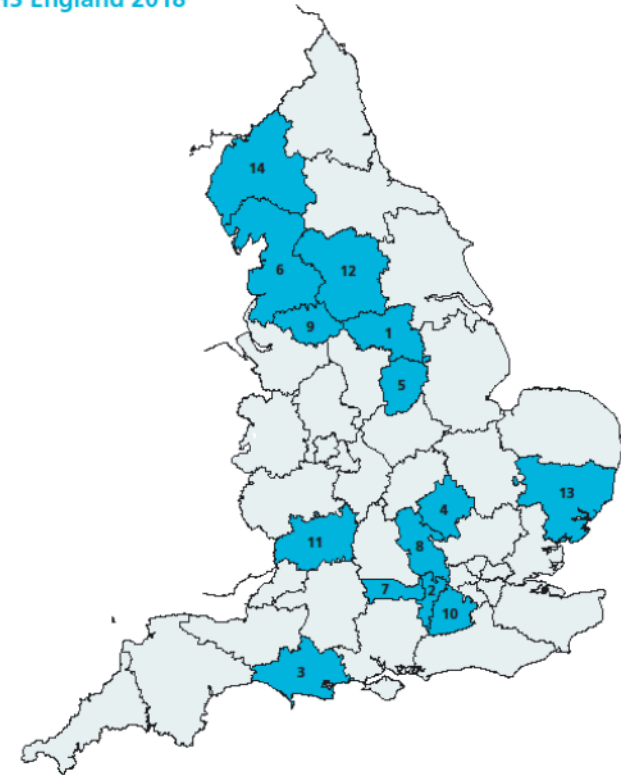
There are 14 Integrated Care Systems (ICS) taking collective responsibility for:

- Managing resources
- Delivering NHS standards
- Improving health of the population



The Nottingham and Nottinghamshire  
Integrated Care System

Integrated Care Systems  
NHS England 2018



- |  |   |
|--|---|
| 1. South Yorkshire and Bassetlaw         | 8. Buckinghamshire                      |
| 2. Frimley Health and Care               | 9. Greater Manchester (devolution deal) |
| 3. Dorset                                | 10. Surrey Heartlands (devolution deal) |
| 4. Bedfordshire, Luton and Milton Keynes | 11. Gloucestershire                     |
| 5. Nottinghamshire                       | 12. West Yorkshire and Harrogate        |
| 6. Lancashire and South Cumbria          | 13. Suffolk and North East Essex        |
| 7. Berkshire West                        | 14. North Cumbria                       |

# Why are we integrating care?



The Nottingham and Nottinghamshire  
Integrated Care System

- To sustainably and consistently achieve the best outcomes – making best overall use of existing resources
- Coherent decisions and processes to plan and deliver care across the system – local people tell us this isn't evident
- Primacy to the needs of individuals or population groups – not organisations, transactions or sectors / professional interests
- Alignment of objectives and incentives for better collective decisions, based around population needs

# System's priorities



The Nottingham and Nottinghamshire  
Integrated Care System

- 1. Promote wellbeing, prevention, independence & self-care
- 2. Strengthen primary, community, social care & carer services
- 3. Simplify urgent and emergency care
- 4. Deliver technology enabled care
- 5. Ensure consistent & evidence-based pathways in planned care
- 6. Ensure consistent & evidenced-based pathways in cancer and end of life care
- 7. Improve Mental Health Services
- **8. Clinical Services Strategy**

# Why do we need a Clinical Services Strategy for Nottinghamshire?



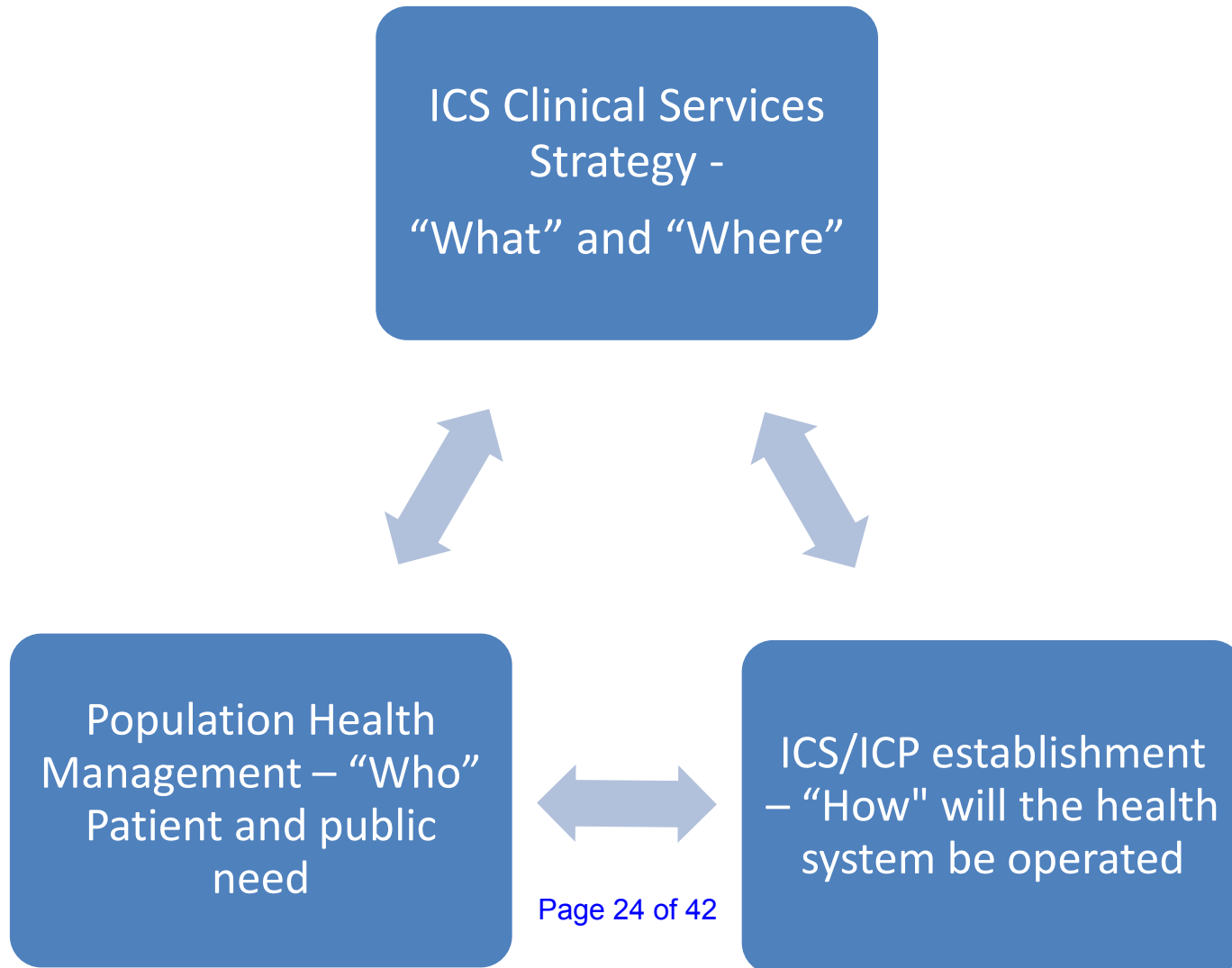
The Nottingham and Nottinghamshire  
Integrated Care System

- We recognise that we need to view change to the system in its totality and not just the individual elements
  - Sustainability
  - Viability
  - Scale and sizing
- We need to justify and sustain long term capital investment
- Long term means planning over a 5-10 year timeframe
- As a partnership we need a strategy that integrates with other changes across the whole system

# Links to other programmes



The Nottingham and Nottinghamshire  
Integrated Care System



Page 24 of 42



# Key considerations



The Nottingham and Nottinghamshire  
Integrated Care System

- On its own a shift of care into community settings will not make sufficient difference to ensure sustainable healthcare delivery for Nottingham and Nottinghamshire
- Care closer to home has to also enable
  - Better prevention
  - Developed self care
  - Earlier intervention

# Clinical Services Strategy objectives



The Nottingham and Nottinghamshire  
Integrated Care System

1. Define a place based model of care
2. Define the levels of standardisation or autonomy at different levels of the system
3. Provide a long term sustainable healthcare model for Nottingham and Nottinghamshire
4. Embed personalised care, prevention and early intervention
5. Provide a strategy in sufficient quality to enable a Pre-Consultation Business Case for any service change that emerges

Page 26 of 42

# Potential areas of focus for the strategy



The Nottingham and Nottinghamshire  
Integrated Care System

The ICS is developing a Clinical Services Strategy which will shape what and how health services are provided across the area.

This may include:

- Prevention and self-care
- Maternity and family health
- Urgent care
- Long-term conditions
- Planned operations and treatment
- Cancer care

# Draft principles for the strategy



The Nottingham and Nottinghamshire  
Integrated Care System

- **1** - Care provided as close to home as possible, making sure it is clinically-effective and most appropriate for patients
- **2** - Prevention and early intervention will be supported across health and social care
- **3** - Mental health and wellbeing will be considered alongside physical health and wellbeing
- **4** - Strong collaboration between the different parts of health and social care, including sharing information
- **5** – Evidenced-based and best practice healthcare provision which will avoid duplication and will promote a consistent standard of access across Nottinghamshire

# The fixed planning points



The Nottingham and Nottinghamshire  
Integrated Care System

Some service locations are important as they link to other services. These are the fixed planning points

- Consultant-led A&E Services will be provided at King's Mill Hospital (KMH) and QMC (QMC) as a minimum
- Obstetrician-led maternity services will be provided at KMH and QMC as a minimum
- Urgent Care Facility at Newark Hospital
- Neonatal Intensive Care Unit at QMC
- Regional Major Trauma Centre at QMC (with associated specialist services, including neurosurgery)
- Existing PFI and LIFT estate in Nottingham and Nottinghamshire has to be used in any final model

# Next steps



The Nottingham and Nottinghamshire  
Integrated Care System

- Meeting with Mid Notts Citizen's Council
- Meeting with city representatives
- Healthwatch to undertake community engagement
- Identification of other key audiences
- Develop strategy for reaching wider audience through digital channels
- Identify engagement required for specific areas of review

**12 February 2019****Agenda Item: 7**

## **REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

### **NEUROREHABILITATION UPDATE**

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

1. To consider a further update in relation to changes in Neurorehabilitation services at Chatsworth Ward, Sherwood Forest Hospitals.

#### **Information**

2. Members will recall that this matter was last on the agenda of the Health Scrutiny Committee in July 2018 when the committee heard that the CCG's Governing Body had met on the 5<sup>th</sup> July 2018 and supported the business case to commission guaranteed Neurorehabilitation beds on the current Chatsworth ward as well as to provide a community neurorehabilitation service for patients in mid-Nottinghamshire. In addition, the Governing body asked for further work to be undertaken with prospective providers to ensure pathways were in place to ensure that the right level of patients (from a neurological point of view) were in the right place in the new model and that the provision was adequate for 24 hour care on the ward.
3. The next steps will be to secure a provider for the service and work with them to ensure the delivery of the required service and there after a 6 month evaluation.
4. Senior representatives of the Clinical Commissioning Group will attend Health Scrutiny Committee to brief the committee and answer questions as necessary. In addition, a short written briefing from the commissioners is attached as an appendix to this report.

#### **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

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

All



## Health Scrutiny Committee Neuro rehabilitation update

This briefing paper aims to give an update on the proposed community neuro-rehabilitation service for Mid Nottinghamshire. As the committee are aware from the briefing provided in July 2018, neuro rehabilitation services across Mid Nottinghamshire have been under review and are now progressing towards a new community neuro rehabilitation service being delivered for the service users.

The CCGs Governing Body have supported the new service to commission guaranteed Neuro rehabilitation beds on the current Chatsworth ward as well as to provide a community neuro rehabilitation service for patients in mid Nottinghamshire.

A new provider for the community neuro rehabilitation service has been commissioned and the CCG have worked with the new provider to mobilise towards implementation of the new service whilst ensuring no disruption to the current provision for neuro patients.

Lucy Dadge  
Chief Commissioning Officer  
Mansfield & Ashfield CCG



**12 February 2019****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 work programme is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree.
4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.
5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

**Councillor Keith Girling**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Martin Gately – 0115 977 2826**

**Background Papers**

Nil

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

All

## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2018/19

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
<b>08 May 2018</b>				
Bassetlaw Children's Ward	Further consideration.	Scrutiny	Martin Gately	Richard Parker, Chief Executive DBH
Suicide and Self-Harm prevention – Rampton Hospital	An initial briefing on suicide and self-harm prevention at Rampton Hospital as part of the committee's ongoing look at suicide prevention.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital (Nottinghamshire Healthcare Trust)
<b>19 June 2018</b>				
Ashfield Homestart	Examination of the decommissioning of the Ashfield Homestart Service	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield CCG
Shortage of capacity – Head and Neck Cancer Service	Examination of the decision to direct Nottinghamshire patients to out of county services due to the shortage of capacity	Scrutiny	Martin Gately	Dr Keith Girling, NUH Medical Director
Circle	Briefing on the services provided by Circle and how Circle fits within the wider health service (and STP governance structure)	Scrutiny	Martin Gately	Claire Probert, Service Transformation Manager
<b>24 July 2018</b>				
Chatsworth Neuro-rehab Ward	Consideration of final proposals	Scrutiny	Martin Gately	Dr Amanda Sullivan, Sherwood Forest CCG
Gluten Free prescribing consultation and other	Consideration of consultation and initial evidence gathering on	Scrutiny	Martin Gately	Greater Notts CCG (TBC)

prescribing restrictions	prescribing restriction issues.			
East Midlands Ambulance Service Transformation Plans	Continuing examination of EMAS improvement plans.	Scrutiny	Martin Gately	EMAS
Treatment Centre Procurement Update	An update on the latest position with commissioning/procurement of Nottingham Treatment Centre	Scrutiny	Martin Gately	Greater Nottingham CCG representatives
<b>09 October 2018</b>				
Dementia in Hospital	Initial briefing/commencement of a review	Scrutiny	Martin Gately	TBC
Rampton Hospital – Improvement Plan following CQC inspection	Further to the recent CQC inspection, an examination of progress against the improvement plan.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital
Gluten Free Proposals	Consideration of the proposals for gluten free prescribing	Scrutiny	Martin Gately	Hazel Buchanan, Cheryl Gresham/Toni Smith
NUH Winter Plans & A&E Modernisation	An examination of winter plans and changes to the ‘front door’ of A&E.	Scrutiny	Martin Gately	Dr Keith Girling TBC
Review of Health Scrutiny Work Programme 2017/18	A summary of the issues examined by the Health Scrutiny Committee in the last municipal year.	Scrutiny	Martin Gately	None
<b>20 November 2018</b>				
Food and Nutrition in Hospitals (Sherwood Forest Hospital and NUH)	An initial briefing on nutritional standards, including hydration.	Scrutiny	Martin Gately	Sherwood Forest Hospitals/NUH TBC
Ashfield Homestart	Update on the review by stakeholders on the decommissioning of the Ashfield Homestart service.	Scrutiny	Martin Gately	Newark and Sherwood CCG/Mansfield and Ashfield CCG
Nottinghamshire Healthcare Trust Services	An initial briefing on mental health services within Nottinghamshire with a	Scrutiny	Martin Gately	Kazia Foster Nottinghamshire

	focus on adult services			Healthcare Trust
Child and Adolescent Mental Health Service (CAMHS)	An initial briefing on mental health services for children and young people	Scrutiny	Martin Gately	Nottinghamshire Healthcare Trust/Nottinghamshire Commissioners
East Midlands Ambulance Service Transformation Plans and Performance	Further consideration	Scrutiny	Martin Gately	TBC
<b>08 January 2019</b>				
Defence National Rehabilitation Centre	A further briefing on the new facility for injured service men and Nottinghamshire residents.	Scrutiny	Martin Gately	Nottingham University Hospitals/DNRC senior officers TBC
Bassetlaw Children's Ward – Update	Update on the current position regarding overnight closure of the Children's Ward at Bassetlaw Hospital.	Scrutiny	Martin Gately	Doncaster & Bassetlaw Hospital
<b>12 February 2019</b>				
CCG Finances	An initial briefing on CCG finances.	Scrutiny	Martin Gately	Hazel Buchanan, Greater Notts CCGs
Long-Term Clinical Service Strategy (NUH)	Briefing on initial progress linked to the Integrated Care System long-term clinical strategy.	Scrutiny	Martin Gately	Senior NUH officers TBC
Whyburn Medical Practice – Hucknall	Following the GP Practice's decision to hand back the contract to the commissioner, the CCG will brief the committee on progress to ensure continuation of service.	Scrutiny	Martin Gately	Greater Nottingham Commissioners
<b>26 March 2019</b>				
East Midlands Ambulance Service – Recruitment Update	An update on the progress by EMAS in filling vacant posts.	Scrutiny	Martin Gately	Annie Palmer, EMAS Other senior EMAS officers TBC

Patient Transport Service	The latest performance information on patient transport from the commissioners and Arriva.	Scrutiny	Martin Gately	Neil Moore
Treatment Centre Procurement Update	Update on the latest position with Treatment Centre procurement and mobilisation	Scrutiny	Martin Gately	Hazel Buchanan,
Healthwatch (TBC)	A briefing on recent Healthwatch reviews	Scrutiny	Martin Gately	Sarah Collis, Chair, Healthwatch (TBC)
<b>07 May 2019</b>				
NUH CQC Inspection and Improvement Plan	Initial briefing on outcomes and planning following the CQC inspection	Scrutiny	Martin Gately	NUH
NUH Winter Plans	Briefing on lessons learnt from last winter and future plans	Scrutiny	Martin Gately	NUH
Muscular Dystrophy Pathway	Initial briefing on patient experience in the muscular dystrophy pathway, including the physiotherapy service	Scrutiny	Martin Gately	NUH
Dentistry in Nottinghamshire	An initial briefing on the commissioning of dental services in Nottinghamshire.	Scrutiny	Martin Gately	Laura Burns, NHS England (Liz Gundel and Julie Ryan TBC)
<b>18 June 2019</b>				
Integrated Care System – Ten Year Plan (TBC)		Scrutiny	Martin Gately	TBC
Nottinghamshire Healthcare Trust – Adult Services Update	An update on a range of issues in Adult Mental Services, including feedback on additional bed spaces at the Highbury Hospital site.	Scrutiny	Martin Gately	Kazia Foster/Sandra Crawford, Healthcare Trust
Air Quality	Initial briefing on air quality issues	Scrutiny	Martin Gately	Jonathan Gribbin, Director of Public Health
<b>To be scheduled</b>				



NHS Property Services				
Social Prescribing				
Healthwatch				

### **Potential Topics for Scrutiny:**

CCG Finances

Recruitment (especially GPs)

The pathway for Muscular Dystrophy

Allergies and epi-pens

Diabetes services

Air Quality (NCC Public Health Dept)

### **Overview Sessions** (To be confirmed)

Nottinghamshire Healthcare Trust – 16 October 2018 (Completed)

Urgent Care Pathway (QMC visit) – New Year/Spring 2019 (11 December (AM) -

Nottingham University Hospitals (NUH) – January/February 2019

Public Health – March/April 2019

**VISITS**

DNRC – Spring 2019

Sherwood Forest Hospitals Trust (Hospital meals tasting) Spring 2019

Medium secure mental hospitals – TBC