

Health Scrutiny Committee

Tuesday, 20 April 2021 at 10:30

Virtual meeting

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of Last Meeting held on 9 March 2021 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | School Nurses and Families Teams | 9 - 18 |
| 5 | Work Programme | 19 - 24 |

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>

COUNCILLORS

Keith Girling (Chairman)
Martin Wright (Vice-Chairman)

Richard Butler	Kevin Rostance
John Doddy	Stuart Wallace
Kevin Greaves	Muriel Weisz
David Martin	Yvonne Woodhead
Liz Plant	

SUBSTITUTE MEMBERS

None.

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Ajanta Biswas	-	Healthwatch Nottingham & Nottinghamshire
Leon Blackwell	-	Nottingham & Nottinghamshire CCG
Shaun Deasy	-	NHS Arden/Greater East Midlands
Dr Keith Girling	-	Nottingham University Hospitals Trust
Mark Merriman	-	ERS Medical Ltd
Sarah Moppett	-	Nottingham University Hospitals Trust
Mark Sheppard	-	Nottingham & Nottinghamshire CCG
Simon Smith	-	ERS Medical Ltd
Kelly Stoneman	-	ERS Medical Ltd

1. MINUTES OF MEETING HELD ON 12 JANUARY 2021

The minutes of the meetings held on 12 January 2021, having been circulated to all Members, were taken as read and were signed by the Chair.

2. MINUTES OF MEETING HELD ON 26 JANUARY 2021

The minutes of the meetings held on 26 January 2021, having been circulated to all Members, were taken as read and were signed by the Chair.

3. APOLOGIES

None.

4. DECLARATIONS OF INTEREST

None.

5. NOTTINGHAMSHIRE NON-EMERGENCY PATIENT TRANSPORT SERVICES

Following an introduction by Nottingham and Nottinghamshire CCG representatives Mark Sheppard and Leon Blackman, the Committee received a brief presentation from Kelly Stoneman of ERS Medical Ltd, with contributions from Simon Smith and Mark Merriman, also of ERS Medical Ltd.

The presentation covered performance during the first full year of operating the non-emergency patient transport service in Nottinghamshire and Bassetlaw, and how the service had been impacted by the pandemic. Ms Stoneman made the following points:

- the number of complaints received (121) equated to 0.06% of all regulated activity delivered in the period December 2019 to January 2020;
- ERS Medical acknowledged initial transitional issues in respect of communication with service users, but had adopted a rigorous and consistent approach to service user engagement, taking forward learning and improving patient understanding of the service being provided;
- Commissioners and providers had worked closely and constructively throughout the pandemic. Key performance indicators were put on hold, and additional resource had been provided to ensure social distancing was in place, without detriment to service;
- Some delays had been experienced by service users where priority needed to be given to discharges from hospital in order to free up bed capacity. However, this was outside ERS Medical's immediate control, and the provider had been proactive in communicating both with service users and with specific NHS services to explain and minimise inconvenience;
- Almost 85% of ERS Medical staff had been vaccinated, with 8% having currently declined and the remainder been unable to date to be vaccinated.

The Committee welcomed the update, and there was consensus that performance of patient transport services had improved under ERS Medical's stewardship. During discussion, a number of issues were raised and points made:

- It was confirmed that staff had received additional training identify where patients might have issues about remembering to be ready for pick-ups, and

that ERS Medical was committed to actively managing situations, such as difficulties with mobility equipment as they arose;

- There had been instances where services had been booked without full disclosure of patient needs – again, work had been carried out to communicate with all parties to avoid a repetition. Significant work had gone into ensuring acute patients were identified and treated accordingly, and no patient was left without it being confirmed that they had access to their end destination;
- It was confirmed that reticence among staff was mainly around concerns about the possible effect on female fertility. ERS Medical encouraged its staff to have discussions with their GPs to address concerns and queries about vaccination, but acknowledged that there were genuine concerns that needed to be handled sensitively;
- CCG representatives advised that additional transport services might be needed as England moved out of lockdown, and it was hoped that funding would be made available to address any additional pressures that arose

The Chair thanked ERS Medical, CCG and NHS representatives for their attendance during consideration of this item and requested a further update in March 2022.

6. NOTTINGHAM UNIVERSITY HOSPITAL MATERNITY SERVICES IMPROVEMENT PLAN

Nottingham University Hospitals Trust representatives Dr Keith Girling, Medical Director, and Sarah Moppett, Interim Chief Nurse, introduced a report, updating the Committee on the Trust's improvement plan for maternity services in the wake of the Care Quality Commission 'Inadequate' rating in December 2020.

Dr Girling and Ms Moppett made the following points:

- The Trust accepted that there was evidence of longstanding concerns about maternity services within the Trust. It had been taking a range of actions to improve oversight of maternity services even before the 'Inadequate' rating had been issued, given the Prevention of Further Deaths Report issued in September 2020;
- Moreover, a range of actions had been identified for all Trusts following the review of maternity services at Shrewsbury and Telford Hospital NHS Trust. The Trust's Improvement Plan had the ambition to address issues, concerns and recommendation arising from all these reviews, and to move to a 'Good' rating by the end of 2021. While very much a 'stretch target', the Trust and its staff were very committed to delivering the improved rating within this timeframe;
- The focus of the Trust's Maternity Oversight Committee was on improving a range of areas including leadership, safety, governance, communications and engagement, as detailed in the report, with work streams led by Executive Directors. An Interim Director of Midwifery had also been appointed;

- It was also explained that the Trust had the ambition to build a new maternity unit and to combine City and QMC maternity services, but this was by way of additional context as part of the Tomorrow's NUH agenda, and was considered outside the remit of this discussion.

During discussion, a number of issues were raised and points made:

- It was explained that there had been a national midwifery shortage for a number of years. Student Bursaries, which had been withdrawn, had now been reinstated, and capacity/supply of midwives was gradually improving;
- Changing demographics meant that although birth rates had fallen, the number of interventions needed was increasing, while the Trust handled more complex cases from further afield;
- It was acknowledged that while staff training and development interventions to address maternity services' shortcomings had been carried out previously, not enough had been done at the time to embed the learning within the workforce;
- It was confirmed that the delivering postnatal care had been very difficult during the pandemic, but that face to face postnatal visits were recommencing in mid-March 2021;
- While the need for significant and sustained improvement was clear, the point was made that the Trust's data set for still births was better than the national average;
- There was consensus that it was vital that staff at all levels had the confidence to raise issues and concerns. The Chair of the Maternity Oversight Committee was the Maternity Safety Champion, and was very active in engaging with staff in terms of checking and challenging practices, as well as being clear about accountability at all levels;
- There was a need to improve capacity in Obstetrics as the service moved towards 24/7 coverage, but the Trust's current shortfall in capacity reflected the national picture;
- It was acknowledged that holding meetings with the Maternity Voices Partnership was not in itself sufficient – issues and concerns arising from those meetings needed to inform actions being taken to improve and sustain the quality of maternity services;
- The view was expressed that nobody within the Trust felt untouched by recent outcomes of inquests and reviews, and Trust representatives regretted if the impression had been given in public pronouncements that it was less than fully empathetic to the issues and concerns that had arisen.

The Chair thanked Dr Girling and Ms Moppet for their attendance. In view of the Committee's comments and concerns, the Chair requested an update at its June 2021 Committee meeting, and that the Interim Director of Midwifery attend that meeting.

6. WORK PROGRAMME

During discussion, it was agreed to defer items originally scheduled for the Committee's June 2021 meeting – 'NHS Property Services and Contracts' and 'Allergies in Children' – in order to consider NUH Maternity Services, as well as 'Diabetes and Pre-Diabetes', in view of comments made about a significant increase in prevalence being reported, in part as a result of lifestyle changes from the pandemic lockdown.

Subject to these amendments, the Committee work programme was approved.

The meeting closed at 12:30pm.

CHAIRMAN

20 April 2021

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SCHOOL NURSES AND FAMILIES TEAMS

Purpose of the Report

1. To provide an initial briefing on the work the Nottinghamshire Healthy Families Programme.

Information

2. This service is commissioned by Nottinghamshire County Council and delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHFT). The contract for the service is known locally as the Healthy Families Programme (HFP) and started on 1st April 2017.
3. A briefing from Nottinghamshire County Council's Public Health department is attached as Appendix 1 to this report. Details on Tier One interventions offered to children and families by the Healthy Families Programme are attached as Appendix 2.
4. Kerrie Adams, Senior Public Health and Commissioning Manager, Nottinghamshire County Council and Sherrel Dudley, General Manager Healthy Families Programme, NHFT will attend the Health Scrutiny Committee to brief Members and answer questions.
5. Members are requested to consider and comment on the information provided and schedule further consideration, as necessary.

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

Briefing for Nottinghamshire County Council Health Scrutiny Committee**Nottinghamshire Healthy Families Programme****1. Introduction**

“The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status”

Michael Marmot, 2010, Fair society, Healthy Lives

The ambition to give every child the best start in life is a key local priority. Nottinghamshire County Council’s Strategic Plan (2017-2021) sets out a commitment to ensure families prosper and achieve their potential, and our Health and Wellbeing Strategy (2018-2022) aims to give every child a good start in life. Two recent joint strategic needs assessments: *1001 Days (from conception to age 2)* and *Early Years and School Readiness* highlight how pregnancy and the early years represent a phase of increased vulnerability, yet also offer a short window of significant opportunity to improve outcomes. A new Best Start Strategy, launching in 2021, will lead a multi-agency partnership to provide every child in Nottinghamshire with the best possible start in life, because we know that a good start shapes lifelong health, wellbeing and prosperity.

The Healthy Families Programme, an early intervention and prevention public health service, supports Nottinghamshire families to provide their children with the best start in life.

With the Department of Health’s Healthy Child Programme at the centre of its delivery, the Healthy Families Programme offers every child and family a programme of screening tests, immunisation advice, developmental reviews and information and guidance to support parenting and healthy choices, to ensure that children and families achieve optimum health and wellbeing. The service promotes early intervention, identifying and supporting families in need.

2. Statutory responsibilities and commissioning arrangements

The Health and Social Care Act 2012 requires Local Authorities to ensure that the Healthy Child Programme and National Child Measurement Programme are provided to the local population of children, young people and families. More specifically, five universal health visitor reviews, from late pregnancy to age 2 to 2.5-years, are mandated for delivery.

The commissioning responsibility for health visiting services transferred to the Authority in October 2015 when a procurement process was undertaken to recommission health visiting, public health school nursing, the Family Nurse Partnership and the National Child Measurement Programme as an integrated service.

The contract for the service known locally as the Healthy Families Programme (HFP) started on 1st April 2017 and is delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHFT). The contract was awarded for an initial three-year period with the option to extend for a further four years. The four-year extension has now been enacted, with the current contract due to end in 2024.

3. Role of the Healthy Families Programme (HFP)

The HFP brings together care provided by health visitors, school nurses, the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme.

The HFP is delivered by 20 local Healthy Family Teams across the county that provide children, young people and families with care from before birth to their late teens. Each family receives a schedule of support including:

- Antenatal contact (in pregnancy)
- New baby review
- 6 to 8-week review
- 1-year health and development review (comprehensive assessment of a child's health, social, emotional, behavioural and language development)
- 2 to 2.5-year health and development review (comprehensive assessment of a child's health, social, emotional, behavioural and language development)
- Health review, information and support for school-age children and young people.

Tiers of provision

There are tiers of service provision based around the levels of needs identified in the Healthy Child Programme including:

- **Universal:** every parent and child or young person has access to a HFT. Each family receive a programme of health and development checks and information and support to provide the best start in life. This includes promoting good health and identifying problems early.
- **Universal plus:** provides a swift response to families when specific help and support is required. This might be identified through a health check or through the provision of easily accessible HFT services. This could include a time limited evidence-based intervention for a specific issue, managing long-term health issues and additional health needs, reassurance about a health worry, advice about public health concerns such as diet or smoking, or low-level support for emotional and mental health wellbeing.
- **Universal partnership plus:** ongoing support is provided to families as part of a range of local services working together to deal with more complex problems over a longer period-of-time. This might include partnership working with children's social care, voluntary sector organisations, and specialist NHS services such as child and adolescent mental health services (CAMHS)

Safeguarding children and young people is a core role for HFTs who identify and support vulnerable families at increased risk in line with Nottinghamshire Safeguarding Children Partnership's procedures. HFT's work in partnership with key stakeholders to help promote the welfare and safety of children and young people, and they contribute to multi-agency decision-making, assessments, planning and interventions relating to children in need, children at risk of harm and Looked After Children, including carrying out assessment of health need.

Appendix 1

Early years

Healthy Family Team's (HFT) are skilled at identifying maternal health and wellbeing needs, assessing child development, proactively identifying problems, and supporting families and carers to promote readiness for learning and school across a child's early years.

HFT's support children's early development by working with all families to:

- Improve emotional and social wellbeing through strong parent-child attachment, positive parenting and supportive family relationships
- Promote early speech and language development
- Detect and act early to address development delay, abnormalities or health concerns
- Enhance health by eating well and playing actively
- Promote creative and imaginative play
- Detect and act early to reduce the adverse impact of psychosocial issues such as poor parenting, disruptive family relationships, domestic violence, mental health issues and substance misuse

The Family Nurse Partnership Programme is an evidenced-based nurse led prevention and early intervention programme for vulnerable first-time teenage parents and their children. It is delivered as part of the HFP by specially trained Family Nurses who work intensively with young parents throughout pregnancy and until their child is aged 2. Family Nurses are experts in the parent-infant relationship and early child development and work closely with young families to ensure they have the best possible start in life

School-age

School age children and young people can access their HFT for advice and support relating to their physical health and emotional wellbeing. HFT's work closely with schools and usually see children and young people in school settings. HFT's deliver low level interventions for a range of emotional and mental health issues including depression, low mood, self-harm, anxiety, risk-taking behaviour, and anger management, working closely with schools and families.

A health review in early adolescence, traditionally delivered via questionnaire, is moving online using the Health for Teens website to encourage uptake. Nottinghamshire's Health for Kids and Health for Teens websites are also available to support children and young people with their physical health and emotional wellbeing, the websites offer clinically assured interactive content and signpost young people to local services and sources of support.

4. Care delivered across the Covid-19 pandemic

Across the Covid-19 pandemic HFT's have continued to deliver all universal and targeted elements of the service using a blended approach of face to face contacts, telephone and digital platforms to support all children, young people and their families. The service has adapted their model of delivery in response to changing Covid-19 restrictions and embraced new and innovative ways of working. At all stages of the pandemic HFT's have worked hard to ensure that our most vulnerable families have received face to face support, and all new parents have been visited at home.

The HFT offer is further strengthened by telephone and digital support and increasing numbers of families have accessed advice via these platforms. Families are encouraged to contact their local HFT advice line for information, advice and support about their family's health, wellbeing and development. Children, young people, parents and carers can also access advice from

Appendix 1

their HFT through their text messaging services: ChatHealth, for young people ages 11-19 and Parentline, for parents and carers of 0-19's.

5. Contract management and quality assurance

Robust contract management processes are in place to ensure a well performing, high-quality and value-for-money service is available for the population of Nottinghamshire. These processes include:

- A quarterly Contract and Quality Review Meeting (CQRM), including senior leaders from NHFT, public health, and NCC finance officers. Scrutiny is applied to the data within the performance framework and quality schedule, and any plans for improvement are assessed for progress. Senior leads from NHFT are positive contributors to this meeting and readily facilitate service improvement.
- A performance framework, applied to the contract based on evidence of what works to improve outcomes for children, young people and families and underpinned by Public Health England guidance.
- A quality dashboard applied to the contract based on local NHS quality dashboards and NHS England guidance. Information reported includes data relating to relevant CQC inspections, adherence to NICE guidance, service user feedback, safeguarding and workforce data such as sickness/absence, EPDRs, and clinical supervision.
- In addition to the CQRM, a service review meeting is held for each element of the service (HFTs, Family Nurse Partnership Programme, infant feeding support, and the National Childhood Measurement Programme). Following review of the performance schedule, areas for celebration or service improvement are explored with clinical leads within NHT, and areas for exception reporting escalated to CQRM. Public health officers work collaboratively with leads from NHFT to facilitate service improvement.
- Collaborative partnership meetings are held to drive ongoing service transformation and ensure an appropriate, evidence-based model of care is provided. For example, evidence relating to 'Best Start' has recently been incorporated requiring some amendments to the current service model. These meetings are driven by a service transformation plan developed in partnership between officers from NCC and leads from NHFT and frequency varies as required.
- Quality Assurance visits are undertaken, focussing on specific elements of service delivery and form part of the quality assurance process. They provide an opportunity for NHFT and NCC to work collaboratively to enhance the quality of care and service user experience. Visits enable public health officers to identify, promote and share good practice and identify areas of challenge or improvement. Any recommendations will be monitored as action plans at the CQRM. Quality visits have been paused for 2020-21 in light of the Covid-19 pandemic.
- Financial scrutiny applied via an open book accounting agreement with NHFT as part of the CQRM where queries and challenges are formally raised and resolved. This enables NCC to ensure that a best value for money service is offered to residents. The contract value for 2020-21 is £13,759,895.

Appendix 1

Financial envelope

The financial envelope for the Healthy Families Programme reduced over the initial three-years of the contract in line with the reduction in the national public health allocation announced in the Comprehensive Spending Review in November 2015. The pressure of a reducing budget coupled with inflationary cost pressures (the additional sum it costs each year to deliver the same level of service) meant a significant risk of reduced workforce capacity over the length of the contract. To avoid this, NCC and NHFT worked closely to further streamline the delivery model and release capacity, whilst maintaining a high quality, effective service. This enabled the available funds to be re-apportioned across the life of the contract, and as a result, we are well-positioned to sustain an efficient and value for money service to 2024.

		Financial envelope (planned /budgeted)	Revised envelope (actual spend)
Initial contract period	2017-18	14,208,321	12,970,448
	2018-19	13,652,775	13,627,322
	2019-20	13,035,954	13,229,468
Contract extension	2020-21*	13,759,895	
	2021-22*	13,959,895	
	2022-23*	14,159,895	
	2023-24*	14,359,895	

*Please note the figures above are not directly comparable. From 2020-21 these figures include national baseline funding for the NHS pay award which applies to all NHS provided services. The additional funding for the NHS pay award is £305,000 per annum. From 2020-21 onwards this was transacted via the public health allocation from Government, a change from arrangements in previous years. Also included is an additional investment of £200,000 per annum to bolster the activity delivered in the 1001 days from pregnancy to 2.

6. Performance of the Healthy Families Programme

The key performance measure for the HFP is delivery of the health and development reviews for 0-2's. A summary of performance across 2019-20, compared to the England average where this data is available, is included below:

	Q1		Q2		Q3		Q4*	
	Notts	Eng	Notts	Eng	Notts	Eng	Notts	Eng
Percentage of new birth visits completed by 14 days	90%	86.8%	89.6%	87.9%	88.6%	86.5%	91%	N/k
Percentage of new birth visits completed (total)	99.8%	98%	99.8%	97.9%	100%	97.8%	99%	N/k

Appendix 1

Percentage of 6-8 week reviews completed by 8 weeks	88.5%	86.1%	89.4%	84.7%	88.8%	85.1%	87%	N/k
Percentage of 12 month development review completed by 12 months	88.4%	77.8%	87.6%	78.5%	85.3%	78.4%	86%	N/k
Percentage of 12 month development reviews completed (by the time the child turns 15 months)	90%	83%	91.9%	83.8%	90.9%	84.5%	91%	N/k
Percentage of 2-2.5 year reviews completed (by the time the child turns 2 years 6 months)	86.8%	78.3%	84.7%	79%	86%	78.5%	90%	N/k

**National data not yet available*

Across the Covid-19 pandemic, between 1st April and 31st December 2020, HFT's have maintained excellent levels of performance. A total of:

- 5618 new birth visits were completed, representing 98% of all families
- 5573 6-8 week reviews were completed, representing 96% of all families
- 5390 12-month development reviews were completed, representing 91% of all families
- 5149 2-2.5 year reviews were completed, representing 83% of all families

7. Next Steps

In view of the positive performance of the service and to maintain the stability of service provision for families the contract has recently been extended to 31st March 2024.

Senior leads from NCC and NHFT will continue to work collaboratively to drive ongoing service development and transformation, monitor performance and quality, and ensure the care delivered to children, young people and families responds to emerging need and evidence-based practice. The HFP is well-placed to support the delivery of the Best Start Strategy.

8. For further information please contact:

Kerrie Adams

Senior Public Health and Commissioning Manager
Kerrie.adams@nottscc.gov.uk

Tier one interventions offered to children and families by the Nottinghamshire Healthy Families Programme 2020/2021

Data sourced for the time period 1/4/20 to 31/3/2021 identifies that there is a high need for support for emotional health and wellbeing with Anxiety, Anger Management and Self Esteem being the predominant areas.

Tier one interventions are evidence based, time limited packages of care, focussing on a specific need or issue. When a young person is happy to provide feed-back and information, the Healthy Family team practitioner asks them to complete a pre and post intervention questionnaire. This enables the service to understand what impact the intervention has had on the child/young person’s emotional health and wellbeing.

A total of 753 Pre/Post questionnaires were matched and completed during 2020-2021. A further 558 children/young people have completed a pre intervention questionnaire and are currently still undergoing the Tier 1 Intervention. An additional 172 did not want to complete the ‘pre’ questionnaire but did complete the post intervention questions.

3 questions are asked pre and post intervention. Of those young people who provided information on how confident they felt, 82.96% showed an improvement in their confidence with 7.92% showing that their confidence level had reduced, or they felt more worried after completing the intervention. 9.12% did not answer the confidence questions.

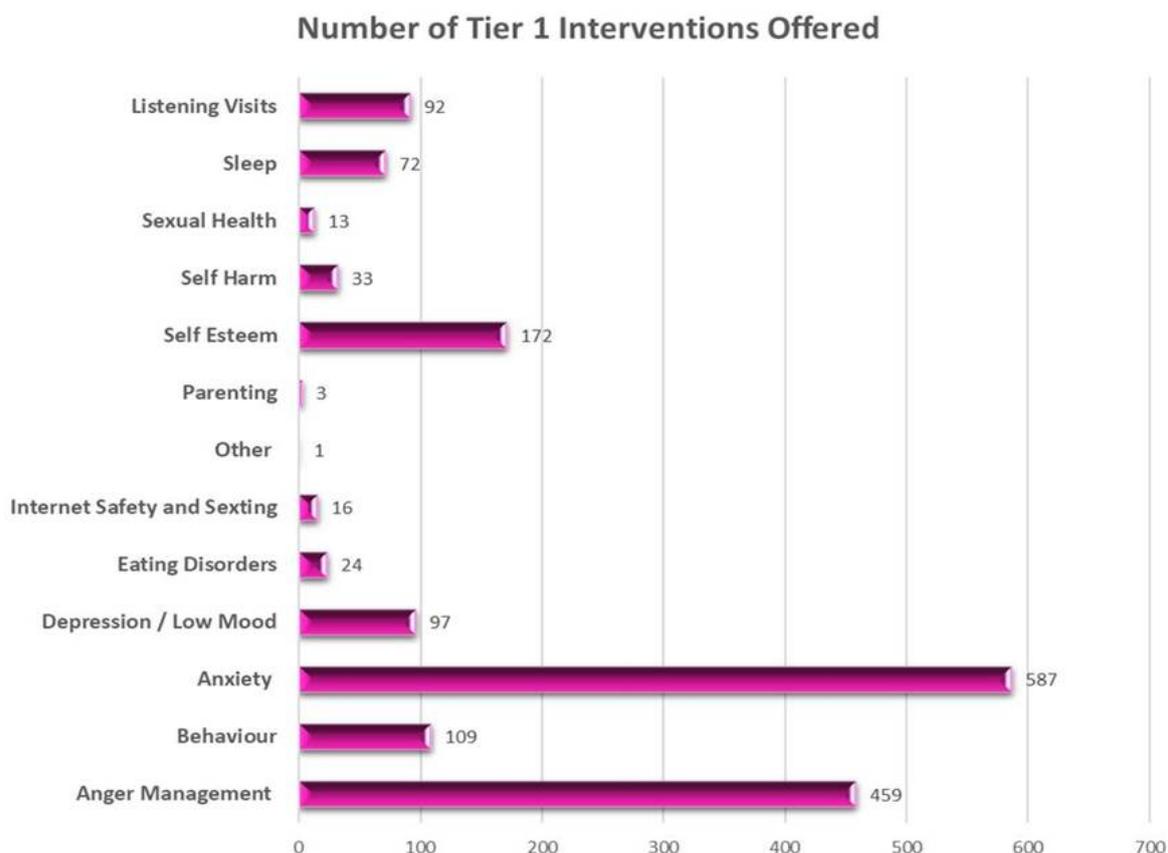


Table 1. Number of interventions offered by Healthy Family Teams by main presenting issue

Appendix 2

Data shows that the main cohort of all children being offered Tier 1 support are 10-14 years of age (44%), followed by the 5-9 years (28%).

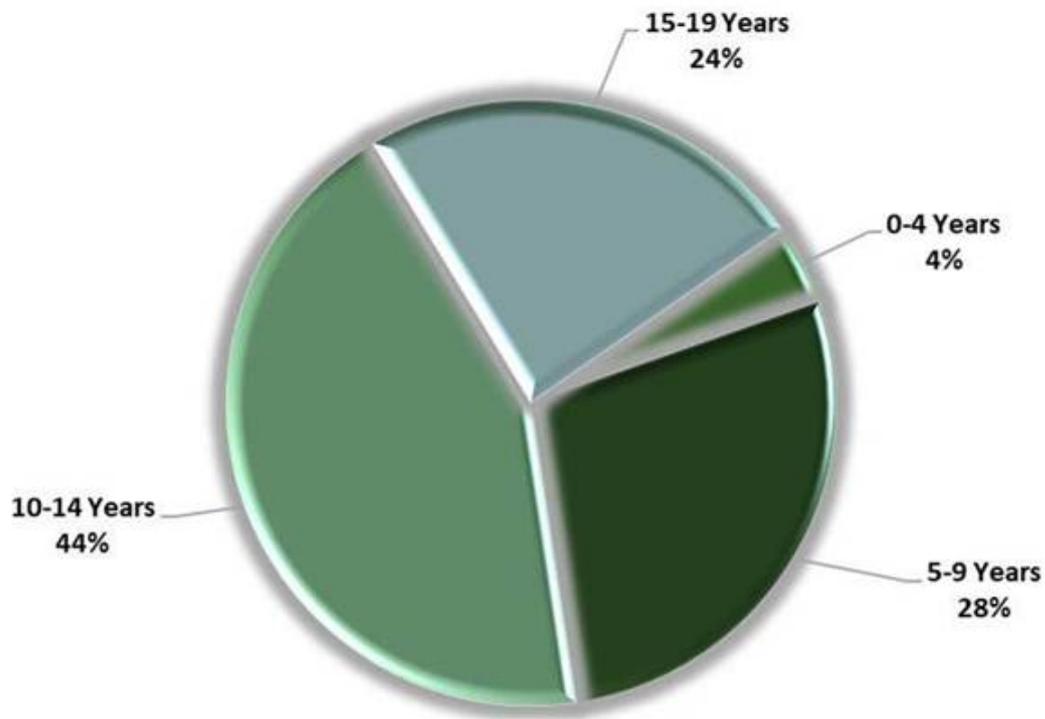


Table 2. Percentage of children offered Tier one support via the Healthy Families Programme by age

For more information please contact:

Kerrie Adams

Senior Public Health and Commissioning Manager

Kerrie.adams@nottsc.gov.uk

20 April 2021

Agenda Item: 5

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 2020/21

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
29 September 2020				
Health Trust CQC Improvement Plan	Further Scrutiny of Nottinghamshire Healthcare Trust's improvement plan following last year's CQC inspection.	Scrutiny	Martin Gately	Anne Maria Newham Executive Director for Nursing, AHPs and Quality
Millbrook Service Variation	Improvements to inpatient mental health provision			Sharon Creber, Healthcare Trust
Bassetlaw Hospital Service Variation	Initial briefing on a potential substantial variation of service and engagement/consultation	Scrutiny	Martin Gately	Victoria McGregor-Riley, Bassetlaw CCG
14 October 2020				
NRC Consultation Response	[Final] consideration of responses to the National Rehabilitation Centre consultation	Scrutiny	Martin Gately	Lewis Etoria, Nottinghamshire CCG
10 November 2020				
Tomorrow's NUH	Future development of services at NUH	Scrutiny	Martin Gately	Dr Keith Girling, NUH
COVID-19 Restoration	Further briefing on service changes linked to COVID-19	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG
COVID-19 and Mental Health	Mitigation of COVID-19 on mental health, including mental health support for NHS staff	Scrutiny	Martin Gately	CCG/Healthcare Trust TBC
Chatsworth Neurorehabilitation Service (move to community model)	Further briefing on the Chatsworth Neurorehabilitation Service and service development towards a community service.	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG

15 December 2020				
Dentistry and Orthodontic Provision (Bassetlaw)	An initial briefing on dentistry in Bassetlaw	Scrutiny	Martin Gately	Emma Wilson, Head of Co-commissioning Debbie Stovin, Dental Commissioning Manager, NHSE
GP Mental Health Referrals	An initial briefing from the CCG and Nottinghamshire Healthcare Trust on the operation of GP mental health referrals.	Scrutiny	Martin Gately	Maxine Bunn, Associate Director of Commissioning, Nottinghamshire CCG
Equity of Access to GPs	An initial briefing on equity of access to GP services across Nottinghamshire	Scrutiny	Martin Gately	David Ainsworth, Locality Director, Nottinghamshire CCG
Bassetlaw Proposals Engagement	Briefing on the planned engagement in relation to the emerging proposals for Bassetlaw	Scrutiny	Martin Gately	Dr Victoria McGregor-Riley, Bassetlaw CCG
12 January 2021				
Rehabilitation Services	A full and detailed briefing on rehabilitation services within Nottinghamshire	Scrutiny	Martin Gately	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire CCG
26 January 2021				
Tomorrow's NUH	Further briefing on future development of services at NUH	Scrutiny	Martin Gately	TBC
Dementia in Hospital	An initial briefing from NUH on dementia services in hospital	Scrutiny	Martin Gately	
9 March 2021				
Patient Transport Service Performance Update	Latest Performance Information on the PTS	Scrutiny	Martin Gately	Mark Sheppard, Nottinghamshire CCG
NUH Maternity Services Improvement Plan	An initial briefing on NUH's improvement plan for Maternity	Scrutiny	Martin Gately	Dr Keith Girling and Sarah Moppett (NUH)

	Services following last year's CQC inspection			
20 April 2021				
School Nurses and Family Teams	An initial briefing on the work of school nurses	Scrutiny	Martin Gately	Kerrie Adams, Nottinghamshire County Council
8 June 2021				
NUH Maternity Services Improvement Plan	Further briefing on NUH's improvement plan for maternity	Scrutiny	Martin Gately	Dr Keith Girling and Sarah Moppett (NUH) TBC
Diabetes Services/Public Health	Initial briefing on diabetes and public health services	Scrutiny	Martin Gately	TBC
13 July 2021				
East Midlands Ambulance Service Performance	TBC	Scrutiny	Martin Gately	TBC
Allergies in Children	Initial briefing in relation to allergies and epi-pens	Scrutiny	Martin Gately	TBC
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	Martin Gately	TBC
To be scheduled				
Public Health Issues				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	Martin Gately	TBC
NHS Property Services	TBC	Scrutiny	Martin Gately	TBC
Operation of the Multi-agency safeguarding hub	TBC			
Bassetlaw Proposals Engagement	Briefing on the results of engagement in relation to the emerging proposals for Bassetlaw	Scrutiny	Martin Gately	Dr Victoria McGregor-Riley, Bassetlaw CCG TBC
NHS Property Services and	TBC	Scrutiny	Martin	TBC

contracts			Gately	
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	Martin Gately	TBC
Winter Planning (NUH) (Sept)	Lessons learned from experiences of last winter	Scrutiny	Martin Gately	TBC

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Pre-diabetes and public health

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID