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Nottingham City Council

ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 13 October 2015

Time: 10.15 am

Place: LB31-32 - Loxley House, Station Street, Nottingham, NG2 3NG

Governance Officer: Clare Routledge **Direct Dial:** 0115 8763514

AGENDA **Pages**

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NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 15 September 2015 from 10:15-12:40

Membership

Present	Absent
Councillor Ginny Klein (Chair)	Councillor Richard Butler (sent substitute)
Councillor Parry Tsimbiridis (Vice Chair)	Councillor John Handley
Councillor Pauline Allan (left at 12:25pm)	Councillor Corall Jenkins
Councillor Ilyas Aziz	Councillor Chris Tansley
Councillor Merlita Bryan	
Councillor Eunice Campbell (left at 12:35pm)	
Councillor John Clarke (left at 12pm)	
Councillor Mrs Kay Cutts MBE (left at 12:35pm)	
Councillor Colleen Harwood	
Councillor Carole-Ann Jones	
Councillor Anne Peach	
Councillor Stuart Wallace (substitute) (left at 12:35pm)	
Councillor Jacky Williams (left at 12:35pm)	

Colleagues, partners and others in attendance:

Martin Gately	-	Lead Scrutiny Officer
Clare Routledge	-	Senior Governance Officer
Vicky Bailey	-	Rushcliffe CCG
Charlotte Lawson	-	NHS England
Jonathan Rycroft	-	NHS England
Asiya Jenlani	-	Arriva
Paul Willetts	-	Arriva
Sean Deasy	-	ArdenGem Commissioning Support Unit
Neil Moore	-	Mansfield and Ashfield CCG
Samantha Westwell	-	EMAS
Ian Cross	-	EMAS
Donna Clarke	-	Healthwatch Nottinghamshire
Janet Baker	-	Nottingham North and East CCG
Hazel Taylor	-	Mansfield and Ashfield CCG

19 APOLOGIES FOR ABSENCE

Councillor Richard Butler
Martin Gawith
Councillor Corall Jenkins
Councillor Chris Tansley

20 DECLARATIONS OF INTEREST

None.

21 MINUTES

The minutes of the meeting held on 14 July 2015 were confirmed by the chair.

22 JOINT HEALTH SCRUTINY REFERRALS - DELEGATION CHANGES

Clare Routledge, Health Scrutiny Project Lead, Nottingham City Council presented the report on Joint Health Scrutiny Referrals – Delegation Change, informing the Committee that the 2012 Health and Social Care Act moved responsibility for health scrutiny referrals to the Secretary of State from Health Scrutiny Committees to Councils.

The Committee was also informed that as Nottingham City Council had adopted the strong leader/cabinet model, it had been agreed at the Full Council meeting in July 2015 that the Council will retain responsibility for referrals to the Secretary of State on matters considered by the Joint City and County Health Scrutiny Committee, with the option of agreeing whether the City or County Council should lead on taking the referral forward, where both authorities agree a referral should be made.

Nottingham City Council has delegated responsibility to the City Council members of the Joint City and County Health Scrutiny Committee to make decisions to refer to the Secretary of State in urgent circumstances, given that Nottingham City Council only meets six times per year.

RESOLVED to note the delegation changes by Nottingham City Council.

23 OUTCOMES OF THE PRIMARY CARE ACCESS CHALLENGE FUND PILOTS

Jonathan Rycroft, Head of Primary Care Area Team, Derbyshire and Nottinghamshire, informed the Committee that Clinical Commissioning Groups (CCGs) were now responsible for commissioning general practice contractors. The NHS is experiencing rising demand, with increased pressures on primary care and there was national concern regarding workforce challenges.

The Primary Care Challenge Fund offered new ways of working and new forms of access to improve patient satisfaction and convenience. Locally across Nottinghamshire and Derbyshire over £5 million Challenge Fund funding had been awarded in wave one over a 12 month period serving a population of 1.4 million.

15 individual schemes had been evaluated with one scheme failing and five schemes received funding beyond September 2015 to complete robust evaluation before making further plans. The following points were highlighted:

(a) Nottingham University's Centre for Health Innovation, Leadership and Learning (CHILL) had been commissioned by NHS England to undertake a formative evaluation of the Prime Ministers Challenge Fund primary care transformation projects (PCTPs) locally;

(b) A conference will be hosted in March 2016 to share the CHILL findings and CCGs will come together to consider the pilots and discuss upskilling;

(c) a range of pilots had been delivered to reflect practices need, with two of the pilots already being mainstreamed;

(d) the funding has been a high profile national project but the pilots have been set up by non-recurrent funding;

(e) financial and workforce sustainability must be considered:

Following questions from Councillors, additional points were highlighted:

(f) work is ongoing at a national level to develop 7 day NHS services;

(g) quantitative pilot data was being uploaded nationally via a web based tool;

(h) Committee members were concerned the CHILL report was out of date and did not give an overview of the pilots or the associated demographics;

(i) CHILL was working with individual local pilot leads and had designed specific patient surveys covering broad objectives including patient accessibility, extending availability of services and patient satisfaction in order to understand local dynamics;

(j) the pilots had enabled practices to design services around patient need and there had been closer working between practices, as it was acknowledged no one pilot would fit all;

(k) there had been between a 20%-25% increase of patients being seen by GPs in 2014/15;

(l) patient self - management was being promoted with information being made available for patients on practice websites;

(m) it was suggested that Healthwatch could work more closely with CHILL regarding patient and family data;

(n) further national guidance was awaited on patients accessing appropriate NHS services;

(o) every GP practice has a Patient Participation Group and patients should contact these groups if practices are not performing;

(p) Committee members raised concerns that although there was a national scheme to increase the role of Pharmacists in under doctored areas patients were facing long waiting times in Community Pharmacies and incorrect diagnosis and treatments were being made;

(o) Committee members highlighted that primary care incorporated more than just GPs and the role of nurses was key;

(p) to help alleviate pressures on primary care and educate young people a School Education Programme had been developed within the city regarding NHS services; a smart phone app had also been developed. Nottingham City Council had invited students to participate in the development and findings were being shared with the Department of Health;

(q) work is also taking place in the city to build public confidence in seeing other members of the primary care team rather than the GP.

RESOLVED to:

(1) note the presentation;

(2) receive a further update to the Committee in February 2016;

(3) request that the final CHILL Evaluation Report be shared with the Committee.

24 PATIENT TRANSPORT SERVICE - PERFORMANCE UPDATE

Neil Moore, Director of Procurement and Market Development, Mansfield and Ashfield Clinical Commissioning Group and lead for Nottinghamshire Non – Emergency Patient Transport Services introduced the Patient Transport Service Performance Update, highlighting the following point:

(a) the contract performance review report was up to June 2015. The four year contract is now in year three.

Asiya Jelani, Head of Communication and Engagement at Arriva reported the following:

(b) Arriva completed 1.3 million patient journeys across the United Kingdom in 2014;

(c) Arriva have also invested in a much stronger management team and in new technology.

Following the performance notice being issued by NHS Commissioners, Paul Willetts, Director of Governance and Quality at Arriva reported that:

(d) 79% satisfaction had been achieved on the whole patient experience on inward journeys;

(e) 75% satisfaction had been achieved on the whole patient experience on outward journeys;

(f) internal improvements had taken place including the establishment of a Transport Working Group;

(g) there had been a change in patient demand with an increase of 100 per day in higher acuity patients;

(h) improvement plans have been developed, but due to the acuity of patients KPIs had plateaued;

(i) fully mobile patient levels had decreased;

(k) there has been an external partnership working with wider the health economy;

(l) Commissioners are considering the change in demand for services;

Following discussions with the Committee the following points were noted:

(m) concerns was raised regarding the robustness of Arriva's Business Plans;

(n) the performance of renal transport patient remains a concern for the Committee but as reported to the Committee in July 2015 a separate Improvement Programme for renal patients is being developed in conjunction with Healthwatch Nottinghamshire, with ongoing monitoring taking place;

(o) a Renal Co-ordinator is now in place at the City Hospital and Healthwatch Nottinghamshire will undertake a further visit to the renal unit in November 2015;

(p) Arriva staff are fully contracted to Arriva, but agency staff are used on occasions and Arriva does contract out to other transport providers;

(q) Arriva has a Systems Resilience Group in place;

(r) road conditions during the winter impact on Arriva's ability to transport patients;

(s) Arriva meet with NHS acute providers in order to achieve greater capacity and provide a better service;

(t) it was reported that operations in Bassetlaw are working well with a good working group in place, but it was acknowledged that Bassetlaw is a smaller environment;

(u) texting to advise patients of their transport arrangements is problematic, as numbers can change and appointment details can change;

(v) work is currently taking place to consider the change and increase in demand regarding patient transport; issues include reduced eligibility and the complexity gap increasing.

RESOLVED to:

(1) note the performance update;

(2) receive a further update in April 2016;

(3) organise a trip for Committee members to visit the Arriva control room.

25 NHS 111 PERFORMANCE UPDATE

Stewart Newman, Head of Urgent Care at Nottingham City Clinical Commissioning Group and Dr Christine Johnson, NHS 111 Clinical Lead, Nottingham City Clinical Commissioning Group presented an update on NHS 111 to the Committee. The following points were highlighted:

(a) the current contract with Derbyshire Health United (DHU) runs until March 2016;

(b) a competitive procurement process has been initiated by the CCGs but as national Commissioning Standards for NHS 111 were expected to be published at the end of September 2015, all current procurement has been paused;

(c) it is understood that NHS 111 will remain as a national service but changes will be made to its composition;

(d) locally the performance of NHS 111 has continued to stabilise;

(e) over 90% of calls are answered within sixty seconds each month; less than 1% of calls have been abandoned this financial year;

(f) locally NHS 111 has participated in nationals pilots and innovations and this has been beneficial to the service development. Patient experience surveys are used and complaints are reviewed and monitored.

Following questions from Councillors, additional points were addressed:

(g) NHS 111 is not a designated emergency service;

(h) a national campaign to promote NHS 111 is planned prior to Christmas;

(i) patients with known complex or special needs have a note attached to their electronic records to assist in processing calls;

(j) there is a difficulty in recruiting nurses to NHS 111;

(k) there is not difficulty in recruiting call advisors but it is difficult to retain them;

(l) Health Education East Midlands and NHS England are responsible for workforce developments.

RESOLVED to:

(1) note the report and update;

(2) request that a further update on NHS 111 be provided to the Committee in June 2016;

(3) arrange a visit to NHS 111 Call Centre for Committee members.

26 EAST MIDLANDS AMBULANCE SERVICE - NEW STRATEGIES UPDATE

Samantha Westwell and Ian Cross, both Locality Managers within the East Midlands Ambulance Service (EMAS) provided the following information on the implementation of a range of new strategies:

(a) EMAS is keen to work more closely with voluntary and community organisations (VCO). The aim is to have ten groups in each of EMAS's five counties, with VCOs supporting the setting up of the county based branches of EMAS Patient Voice;

(b) the Community First Response model is being developed by EMAS;

(c) EMAS currently has an ageing fleet of vehicles and as the fleet budget has been reduced, the EMAS Trust Board is in the process of applying for a loan from NHS Trust Development Authority to enable the purchase of 337 new ambulances over the next four years at a cost of £33.2 million;

(d) there are three staffing levels within EMAS:
- Emergency Care Assistant (do not provide patient care)
- Ambulance Technician
- Paramedic;

(e) Paramedics receive two years hands on training and following the completion of the third year Paramedics receive a Bachelor of Science (BSc), currently from either Sheffield Hallam University or Northampton University;

(f) it is hoped that 42 Paramedics will be recruited in 2015/16;

(g) EMAS is sharing resources where possible. For example, Fire Stations can be used as Stand By points;

(h) the proposed development of EMAS hubs will now not take place;

RESOLVED to:

(1) recommend that EMAS does not return to the Committee unless there is a significant service development or change;

(2) encourage members of the Committee take the opportunity to visit the EMAS Control Room and observe an Ambulance shift.

27 JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE 2015/16 WORK PROGRAMME

The Committee considered the report of the Head of Democratic Services regarding the Committee's work programme for 2015/16.

Resolved to note the work currently planned.

STRATEGIC CLINICAL NETWORKS AND CLINICAL SENATE
BRIEFING FOR
NOTTINGHAMSHIRE JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
OCTOBER 2015

INTRODUCTION

This paper provides the Nottingham Joint City and County Health Scrutiny Committee with background information as to the role and function of the East Midlands Strategic Clinical Networks and Clinical Senate and a brief update on their recent and current work programmes. It also provides an opportunity to update colleagues on the current national review of improvement and leadership development across the health and care system

NATIONAL REVIEW OF IMPROVEMENT AND LEADERSHIP DEVELOPMENT

There has been a national review of improvement and leadership development, 'The Smith Review',and the recommendations were approved by the NHS England Board in March 2015. Whilst details around the implementation phase are yet to be confirmed, it is clear that there is a role for both the clinical networks and the clinical senates moving forward to support health economies to improve health outcomes. There will be a greater alignment with Academic Health Science Networks, which will build on the positive partnership arrangements already in place in the East Midlands.

CLINICAL SENATE

The East Midlands Clinical Senate provides independent strategic advice to commissioners and other stakeholders to support them in making the best decisions about health care for their populations. They do this by bringing together a range of health and social care professionals, with patient representatives. More specifically the Clinical Senate can:

- Provide clinical advice, act as an honest broker and, if required, undertake reviews to areas where there may be lack of consensus in the local health system
- Provide independent clinical advice to commissioners, in respect of major change programmes, to inform the NHS England service change assurance process
- Work with stakeholders to identify aspects of health care where there is potential to improve outcomes and value. Provide proactive advice about the areas for inquiry or collaboration, and the areas for further analysis of current evidence and practice

As well as responding to requests for reviews The Clinical Senate has published three reports for commissioners of health and social care services:

- **Meeting the needs of an ageing population:** written in conjunction with the Royal College of Surgeons and with the support of the Academic Health Science Network: commissioning services for an ageing population and those living with frailty summarises recent national publications with guidance on delivering services for older people and those living with frailty.
- **Using exercise as treatment:** the report on physical activity and exercise medicine, written in conjunction with Public Health England, looks at physical activity and the benefits through its use in prevention of ill health, risk reduction and as an active treatment.

- The Clinical Senate has worked with Public Health England to develop a report in respect of prevention and an East Midlands specific response to the Five Year Forward View.

The Clinical Senate is also in the early stages of scoping a report to support 'Efficient and Effective Planned Care' in conjunction with the East Midlands AHSN and the Royal College of Surgeons.

EAST MIDLANDS STRATEGIC CLINICAL NETWORKS

The role of the Clinical Networks is to support health systems to improve the health outcomes of their local communities by connecting commissioners, providers, professionals, patients and the public across a pathway of care to share best practice and innovation, measure and benchmark quality and outcomes, and drive improvement. The core offers from the Clinical Networks are to:

- Enable clinical and patient engagement to inform commissioning decisions
- Define and drive quality improvements across complex pathways of care
- Coordinate and support commissioners and providers to reduce unwarranted variation, improve cohesion and ensure sustainable services within a single pathway of care

They focus on four core disease and population groupings: cardiovascular (stroke, renal, diabetes, vascular and cardiology), cancer, maternity and children and mental health, dementia and neurology. They also respond to local priorities for improvement programmes which this year include respiratory and end of life care.

The Clinical Networks and the Clinical Senate cover Lincolnshire, Nottinghamshire, Derbyshire, Leicestershire, Rutland and Northamptonshire

CANCER NETWORK

During 2014/15 the cancer network developed an upper gastrointestinal cancer care pathway, which is estimated to save over £1million. During 2015/16 the Cancer Network is coordinating plans across commissioners and providers to support the improvement in meeting the constitutional standards for ***cancer waiting times***.

CHILDREN AND MATERNITY NETWORK

The Children and Maternity Network has been facilitating joint activities across Nottingham University Hospitals and University Hospitals Leicester to improve ***specialised care for children and young people*** within the East Midlands, including new solutions for paediatric transport. This has complemented reviews of general paediatric surgery, resulting in Trust-specific reports, and work in conjunction with the Royal College of Surgeons to develop NICE accredited guidance for appendicectomy and orchidopexy.

MENTAL HEALTH, DEMENTIA AND NEUROLOGY NETWORK

The Mental Health Network has convened the first ever East Midlands ***crisis concordat*** event and laterally established an East Midlands clinical network group. A ***CAMHS*** mapping exercise was undertaken to identify gaps and variation in the current provision of CAMHS services The Network is also supporting commissioners with the national target ambition for Dementia Diagnosis and to develop acute inpatient standards.

The parity of esteem work programme provided two innovation funds to pilot new models of working to increase parity of esteem between mental and physical health, for people with ***severe mental illness (SMI) and Dementia***. The funds have been made available to commissioners and providers to allow them to trial or pump prime new models of working that sought to reduce premature mortality rates for patients with SMI and to improve the support offered to patients with dementia e.g. hospital avoidance schemes. EMAHSN is providing ongoing specialist expertise and guidance to these projects in 2015-16 supporting putting into practice, evaluation, creating a culture of continuous learning and improvement and effective project management.

CARDIOVASCULAR DISEASE NETWORK

The Cardiovascular Disease Network has made the case for change and engaged 19 East Midlands CCGs to deliver improvements in the ***identification and management of common cardiovascular disease conditions within primary care***. By March 2015, 18 of the 19 CCGs have implemented atrial fibrillation upskilling programmes and 7 a heart failure upskilling programme, improving GP diagnosis and management of these conditions. It is anticipated that there will be 983 fewer strokes and 325 fewer deaths each year and stroke related hospital admission costs could be reduced by £14.7m, as a result.

The Network is also supporting a diabetes upskilling programme across all 19 CCGs. All these programmes should have a direct impact on reducing referrals into secondary care.

The East Midlands ***Renal Transplantation*** Improvement Group is collaborating with the CVD network to deliver an East Midlands transplant service which allows equality of access to a high quality patient focused service. This will achieve consistency of access to transplantation, patient pathways and experience, and identify areas of significant variation that impact on patient outcomes across Leicester and Nottingham renal transplant centres.

PARTNERSHIP WORKING IN THE EAST MIDLANDS

Within the East Midlands there are a number of health organisations with the same region-wide footprint; whilst our remits are different we share a collective aim: to serve the East Midlands' 4.5m residents, improving health outcomes for patients and the public. A formal partnership agreement reinforces this commitment and collaborating to explore all opportunities to share resources, develop joint projects and reduce the risk of duplication.

The SCN and Senate team also works closely with specialised commissioning to offer support and clinical expertise into a range of programmes. We are actively informing the initial priorities for the proposed East Midlands collaborative commissioning group to address whole pathways of care across specialised commissioners and CCGs.

Where joint priorities (currently cancer, stroke, diabetes and mental health) exist, we are committed to aligning our work programmes and

resources to maximise impact. In 2015-6 the activities, engagement and collaborative approaches above will continue to be developed in order to maximise the levers for change across the East Midlands. We will:

- Operate in partnership
- Avoid duplication
- Work collaboratively, not competitively
- Share knowledge through open and honest communication
- Represent each other positively

2015/16 BUSINESS PLAN
The Clinical Networks have a business plan for 2015/16 that provides more in depth detail about their work programmes

2014/15 ANNUAL REPORT
The Annual report for 2014/15 contains details of the range of programmes worked on throughout the previous year

ACTIONS
Nottinghamshire Joint City and County Health Scrutiny Committee is asked to note the Briefing on Strategic Clinical Networks and the Clinical Senate.

Sarah Hughes
East Midlands Clinical Senate Manager
October 2015.