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**Nottingham
City Council**

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

Councillors are requested to attend the above meeting to transact the following business

Corporate Director for Resilience

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

AGENDA

Pages

- | | | |
|----------|--|-----------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES
Last meeting held on 15 September 2015 (for confirmation) | To Follow |
| 4 | EAST MIDLANDS STRATEGIC CLINICAL NETWORKS AND CLINICAL SENATE
Report of Head of Democratic Services. | 3 - 6 |
| 5 | URGENT CARE RESILIENCE PROGRAMME 2015/16
Report of Head of Democratic Services. | 7 - 24 |
| 6 | JOINT CITY AND COUNTY HEALTH SCRUTINY WORK PROGRAMME 2015/16
Report of Head of Democratic Services. | 25 - 32 |

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
13 OCTOBER 2015
EAST MIDLANDS CLINICAL SENATE AND STRATEGIC CLINICAL NETWORKS BRIEFING
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 The Committee will receive a briefing on the role and responsibilities of the East Midlands Clinical Senate and Strategic Clinical Networks, which form part of NHS England.

2. Action required

- 2.1 The Committee is asked to use the information provided in the presentation to explore the work of the East Midlands Clinical Senate and Strategic Clinical Networks.
- 2.2 Both the Clinical Senate and Clinical Networks have been discussed by other organisations previously presenting to the Committee, therefore a clear understanding of their roles and responsibilities will help inform the future work programme of the Committee.

3. Background information

- 3.1 The East Midlands has one of 12 regional clinical senates and strategic clinical networks which have been established as a result of NHS reforms and serves a population of 4.5 million.
- 3.2 The East Midlands Clinical Senate is a source of independent, strategic, clinical advice to commissioners. The aim of the senate is to ensure that clinical leadership and advice are at the heart of clinical service change and improvement for the benefit of improved patient outcomes and population health. The East Midlands Clinical Senate provides independent and expert clinical advice on complex clinical issues, where a whole system strategic response is required, major change proposals and areas for service improvement.
- 3.3 The East Midlands Clinical Senate comprises of a Senate Council and Assembly. The council is a small multi professional steering group (including patients) who co-ordinate the senate's activity and provide strategic overview.

- 3.4 The assembly is a multi-professional forum providing the council with access to experts from a broad range of health and care professionals. The assembly also includes patient representatives and encompasses the birth to death spectrum.
- 3.5 The East Midlands Senate has undertaken a number of reviews ranging from individual service reviews to a whole system plan and members of the Clinical Senate Council have developed advisory reports on frail older people and physical activity.
- 3.6 The East Midlands Strategic Clinical Networks provide clinical leadership and support 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.
- 3.7 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 neurological conditions. They also develop improvement programmes in response to local priorities, including respiratory and end of life.

4. List of attached information

- 4.1 Presentation to follow.

5. Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6. Published documents referred to in compiling this report

- 6.1 East Midlands Clinical Senate
East Midlands Strategic Clinical Network
<http://www.emsenatescn.nhs.uk/>

7. Wards affected

- 7.1 All

8. Contact information

Clare Routledge Health Scrutiny Project Lead
Tel: 0115 8763514
Email: clare.routledge@nottinghamcity.gov.uk

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JOINT CITY AND COUNTY HEALTHSCRUTINY COMMITTEE
13 OCTOBER 2015
IMPROVING URGENT AND EMERGENCY CARE FOR PATIENTS, THEIR FAMILIES AND CARERS
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider the lessons learnt from pressure on the Urgent Care System during winter 2014/15 and the planning and future developments in place for winter 2015/16.

2. Action required

- 2.1 The Committee is asked to use the information provided to scrutinise the action taken across the urgent and emergency care system in south Nottinghamshire to minimise the impact of pressures on the system ahead of winter 2015/16.

3. Background information

- 3.1 There are well documented pressures on the urgent care system nationally and locally and the Committee has been interested in action being taken to address these pressures and minimise the impact on service users. Locally in 2014/15 the flu season started early it was the busiest winter on record.
- 3.2 At previous meetings the Committee has been informed of:
- the establishment of the Greater Nottingham System Resilience Group;
 - meeting the four hour Emergency Department waiting time target;
 - a trial involving GPs working at the front door of the NUH Emergency Department during Easter 2015;
 - improvements in discharge;
 - “Breaking the Cycle” weeks.
- 3.3 The Committee will receive a joint presentation from representatives from Nottingham University Hospitals and Nottingham City Clinical Commissioning Group providing an update on work and patient and performance data from winter 2014/15, as well as current performance, innovations and challenges facing the local health and care community ahead of winter 2015/16.

- 3.4 Committee members may wish to consider exploring in more detail the following points in the scrutiny of this item:
- 2015/16 flu virus preparation;
 - South Nottingham Urgent and Emergency Vanguard;
 - staffing challenges;
 - hospital admissions rates;
 - closer working between the health and social care system.

4. List of attached information

- 4.1 Improving urgent and emergency care for patients, their families and carers presentation – September 2015

5. Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None.

6. Published documents referred to in compiling this report

- 6.1 Reports and minutes of meetings of the Joint Health Scrutiny Committee held on 10 September 2013, 11 February 2014, 15 July 2014, 7 October 2014 and 21 April 2015

7. Wards affected

- 7.1 All.

8. Contact information

Clare Routledge, Health Scrutiny Project Officer
Tel: 01159 8763514
Email: clare.routledge@nottinghamcity.gov.uk

Improving urgent and emergency care for patients, their families and carers

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Caroline Shaw, Chief Operating Officer, NUH
Dara Coppel, System-wide Emergency Care
Programme manager

Our preparation : last winter

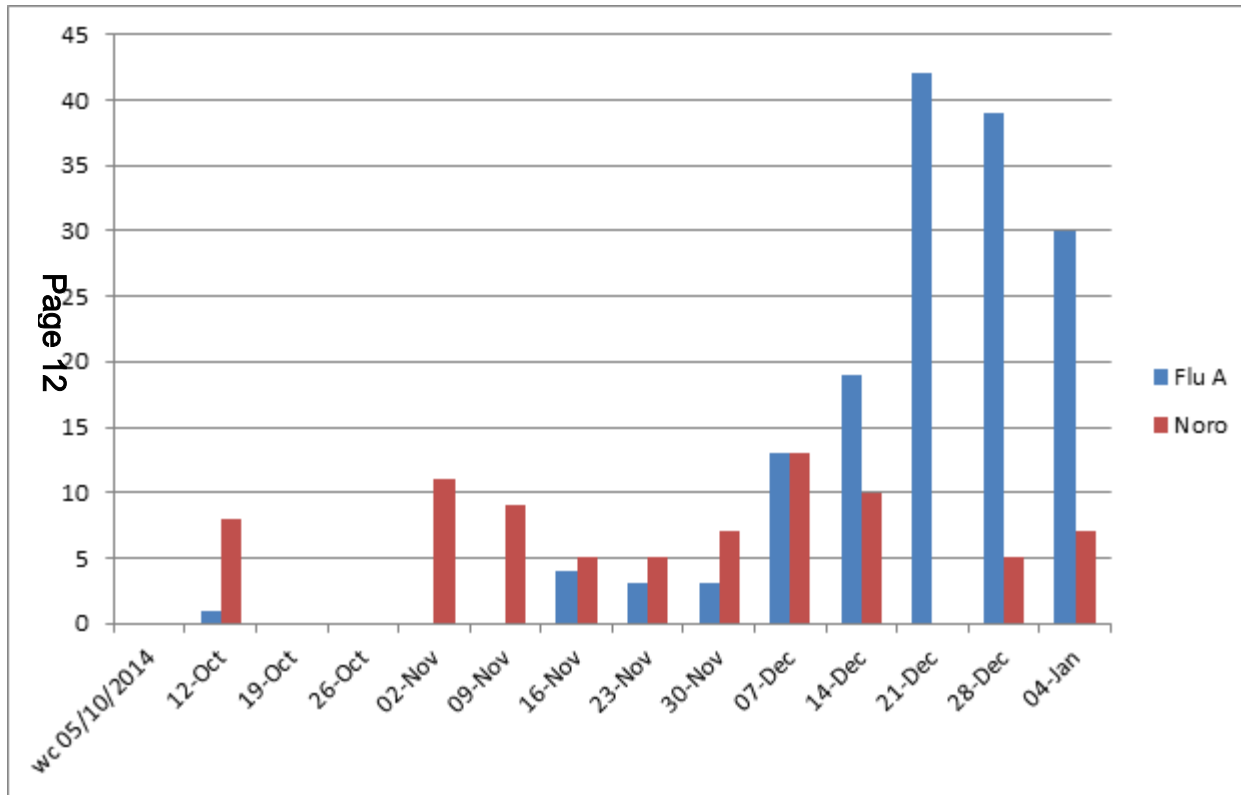
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- £10+M for the Nottinghamshire health and social care system
- 70 extra beds: NUH
- 48 extra beds: community
- 12 additional Emergency Department cubicles
- All extra capacity opened on time

Emergency demands challenging : Dec

- **Increase in admission volumes** vs. expected
 - ED attendances +13% (760)
 - ED attendances over 65yrs + 23% (303)
 - Bed-days for emergency admissions + 11% (1098)
 - Calls to NHS 111 exceeded revised plan by 21%
- **More elderly patients**
 - Increase in emergency admissions +3% (107)
(disproportionately in >65yrs)
 - Acuity high

Early flu & Norovirus

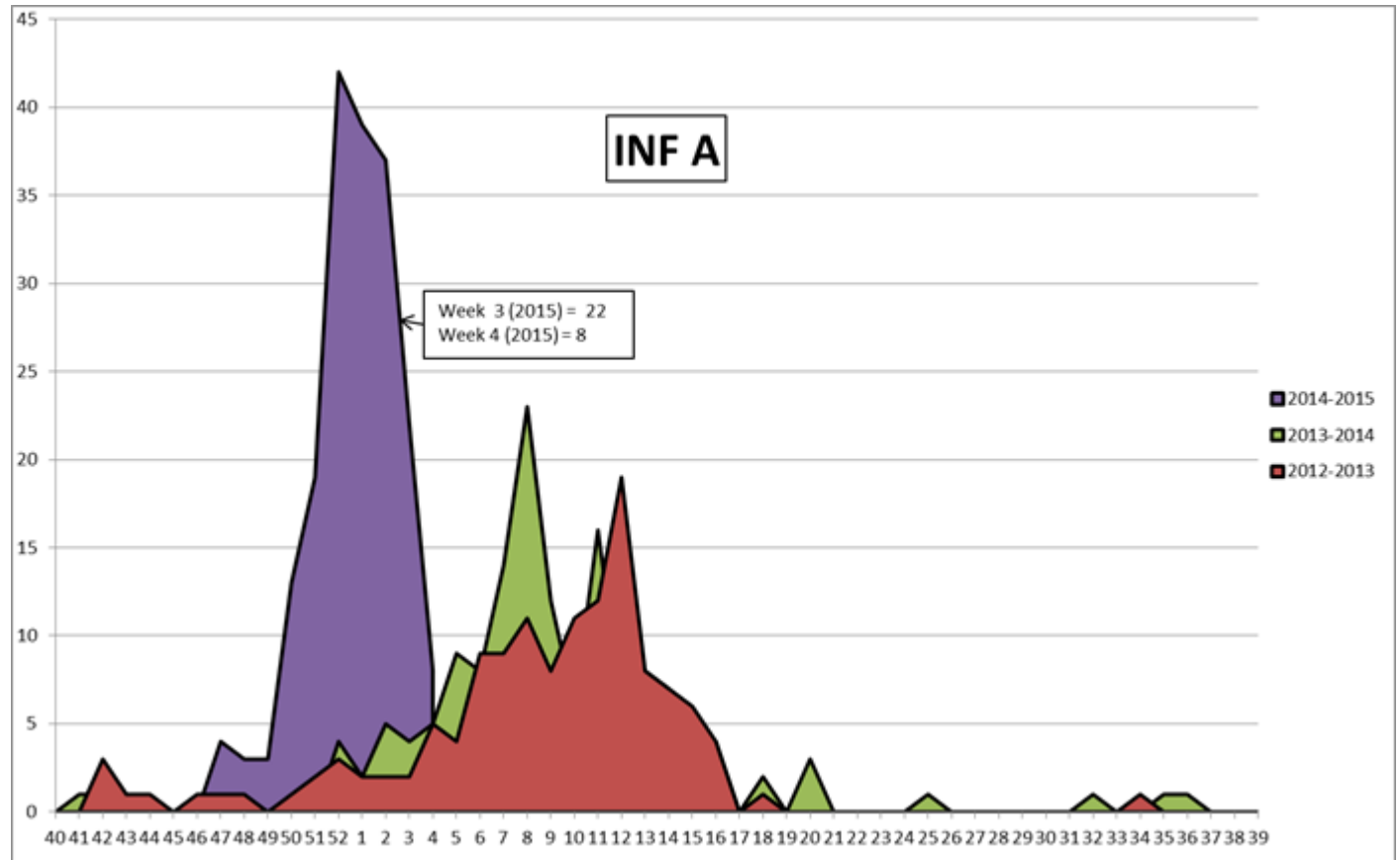


- Flu season started earlier this year, peaking over Christmas (NUH and the community)
- In contrast, October-December 2013, we had zero cases of norovirus and peak activity (flu/norovirus) was Jan/Feb 2014, which led to a spike in admissions and ward closures

Flu (Influenza A) – last 3 winters

Earlier peak in
2014/15 Vs
previous 3
winters

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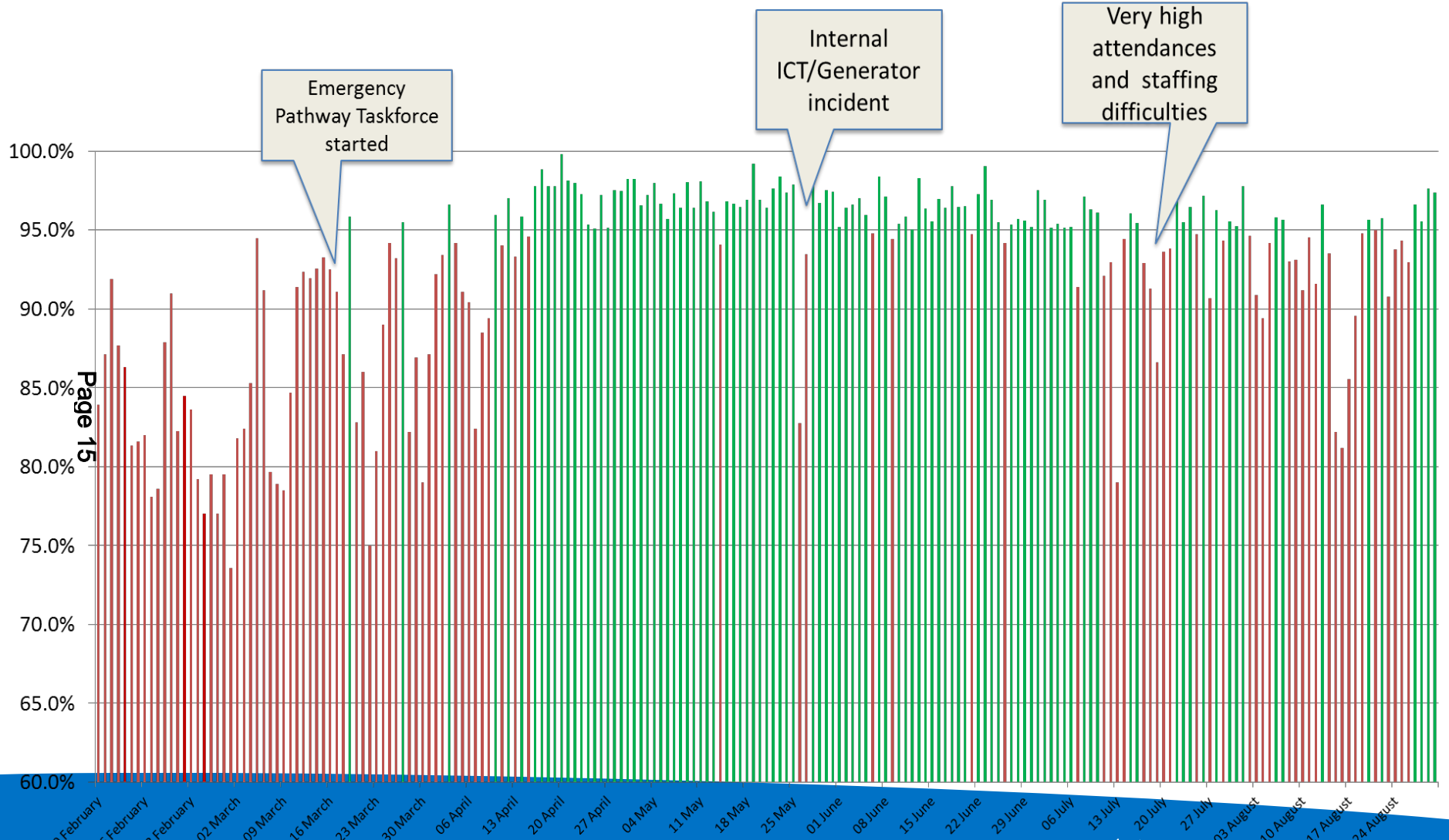


Performance: improved

- 2014/15: 86%
- Quarter 1 2015/16: 95.63%
- 2015/16 year-to-date: 95%

Current performance

Breakdown of Day by Day Performance; Monday 9th February 2015 - Midnight Monday 31st August 2015

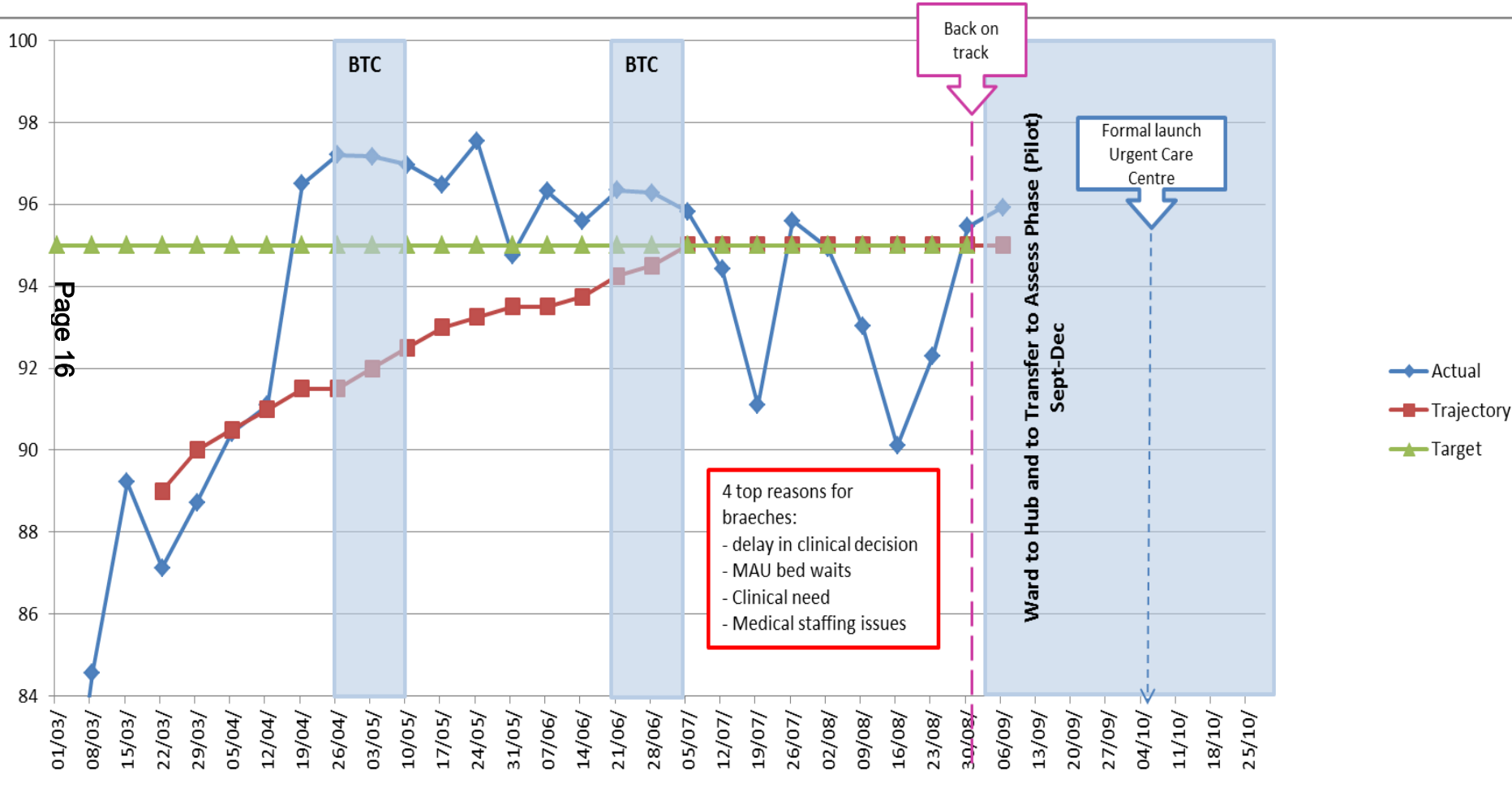


Improving the timeliness of emergency patient care

We are here for you

Nottingham revised trajectory target

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4 top reasons for braeches:
 - delay in clinical decision
 - MAU bed waits
 - Clinical need
 - Medical staffing issues

NUH response

1. Internal multi-disciplinary Emergency Taskforce
2. Strengthened operational processes
3. 5 SAFER actions for flow
4. Dedicated phone line for GPs to NUH clinicians reduced admissions by 20+%
5. 'Specialty tagging'
6. New patient flow and escalation policy
7. Strengthened leaving hospital policy
8. Centralisation of respiratory service at City (2014)

Surgical Triage Unit: success

- Opened new consultant-led unit at QMC (April 14)
- All potential emergency surgery admissions discussed with surgical consultant (phone)
- Means patients avoid ED (and reduces unnecessary surgical admissions)
- 52% fewer admissions (C31)
- 27% reduction in total bed days
- Reduced LOS
- Fewer readmissions

System response

- Closer working with health and social care system
- Emergency Care Intensive Support Team (ECIST) feedback following 3 x Breaking the Cycles at QMC and City
- Focus on increasing (complex) discharges
- Easter trial of GPs working at the front door (ED)
- Integrated approach to community re-ablement teams
- Increase community beds accepting patients with more complex needs
- Development of clinically-led community hubs

Vanguard: Greater Notts

- South Nottingham one of 8 Urgent and Emergency Care Vanguards in England
- Aim to help people who need urgent care to get the right advice in the right place

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Our work will focus on:

1. Enhancing mental health services
2. Improving access, clinical assessment & treatment to primary care clinicians at the 'front door' of ED
3. More direct clinician to clinician contact to navigate patients to the right service, first time

Quality & experience

- Patient feedback and experience re: quality of care and experience remains strong, including:
 - Friends and Family Test
 - Social media, Patient Opinion, NHS Choices
- Carefully monitor safety (pressure ulcers, falls, R&R) – no adverse patient outcomes
- RCA on all 12 hour trolley breaches

Ongoing challenges

Staffing

- Availability of key staff
- Agency staff usage

Supported discharges

- Working with system partners to understand plans to increase weekly numbers of supported discharges

Fragility of system

- Working with senior social care colleagues & commissioners to resolve capacity gaps across the emergency pathway
- Strengthening plans to reduce attends and admissions

Going forward

- Breaking the Cycle Week – Jan 2016
- Winter capacity plans
- Right-sizing bed capacity
- New Divisional Leadership Teams
- Speciality tagging: phase 2 (City)
- Patient transport focus (with Arriva)
- Speciality Tagging & Outlier Policy

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JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
13 OCTOBER 2015
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE 2015/16 WORK PROGRAMME
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider the Committee's work programme for 2015/16, based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

- 2.1 The Committee is asked to note the work that is currently planned for municipal year 2015/16 and make amendments to this plan if considered appropriate.

3. Background information

- 3.1 The Joint City and County Health Scrutiny Committee is responsible for setting and managing its own work programme to fulfil its role in relation to health services accessed by both City and County residents, including:
- scrutinising the commissioning and delivery of local health services
 - holding local decision makers to account
 - carrying out the statutory role in relation to proposals for substantial developments or variations in NHS funded services
 - responding to consultations from local health service commissioners and providers.

The detailed terms of reference for the Committee can be found in the respective Council Constitutions.

- 3.2 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities as outlined above. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.
- 3.3 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or

additions to the work programme will need to take account of the resources available to the Committee.

- 3.4 The work programme for the coming municipal year is attached at Appendix 1, based on areas of work identified by the Committee at previous meetings and suggestions already put forward by Councillors. Councillors are asked to put forward any other possible suggestions of issues for scrutiny.

4. List of attached information

- 4.1 The following information can be found in the appendix to this report:

Appendix 1 – Joint Health Scrutiny Committee 2015/16 Work Programme

5. Background papers, other than published works or those disclosing exempt or confidential information

- 5.1 None

6. Published documents referred to in compiling this report

Reports to and Minutes of Joint Health Scrutiny Committee meetings held on 10 June, 15 July, 9 September, 7 October, and 9 December 2014, 13 January, 10 February, 10 March, 21 April 2015 and 16 June 2015, 14 July 2015, 15 September 2015.

7. Wards affected

- 7.1 All

8. Contact information

Clare Routledge, Health Scrutiny Project Lead
Tel: 0115 8763514
Email: clare.routledge@nottinghamcity.gov.uk

Joint Health Scrutiny Committee 2015/16 Provisional Work Programme

<p>16 June 2015</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 27</p>	<ul style="list-style-type: none"> • NUH Pharmacy Information To receive information as part of an ongoing review (Nottingham University Hospitals) • South Notts Transformation Partnership To receive information relating to the establishment, remit and work plan of the Partnership (South Notts Transformation Partnership) • Proposed Transitional Changes Within Nottinghamshire Healthcare Trust Adult Mental Health Service For 2015/16 (Nottinghamshire Healthcare Trust) • Independent Review of Nottingham Dermatology Services 2015 To receive the report following the independent review (Nottingham Dermatology Services Independent Review Team) • Work Programme To consider the provisional 2015/16 Work Programme
<p>14 July 2015</p>	<ul style="list-style-type: none"> • Transformation Plans for Children and Young People To receive an update on the preferred site (Nottinghamshire Healthcare Trust) • Public Consultation regarding Gluten free Prescribing (Rushcliffe CCG) • Changes in Adult Mental Health Care Provision in Nottingham City and County To receive the latest update on the changes (Nottinghamshire Healthcare Trust)

	<p>To receive an update on addressing the findings of the Report produced in March 2015</p> <ul style="list-style-type: none"> • Healthwatch – Renal Patient Transport Review (Healthwatch Nottinghamshire and Arriva Transport Solutions) • Work Programme To consider the 2015/16 Work Programme
<p>15 September 2015</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 28</p>	<ul style="list-style-type: none"> • Nottingham City Council - JHSC Delegation change Regarding Urgent Referrals to the Secretary of State • Outcomes of the Primary Care Access Challenge Fund Pilots Evaluation of Results (South Nottinghamshire CCGs and Area Team) • Patient Transport Service – Performance Update (Arriva /CCG lead) • NHS 111 Performance Update (Nottingham City CCG) • East Midlands Ambulance Service – New Strategies Update Update on the implementation of new Strategies (EMAS) • Work Programme To consider the 2015/16 Work Programme
<p>13 October 2015</p>	<ul style="list-style-type: none"> • East Midlands Clinical Senate and Strategic Clinical Networks To receive a briefing on the remit and work undertaken by the Senate and Clinical Networks (EMSNC & Senate) • Urgent Care Resilience Programme 2015/16 To receive an update on the preparation and planning for Winter 2015/16 (Nottingham City CCG and NUH)

	<ul style="list-style-type: none"> • Work Programme To consider the 2015/16 Work Programme
<p>10 November 2015</p>	<ul style="list-style-type: none"> • NUH Environment, Waste and Cleanliness Update To receive the latest update (NUH) • Rampton Secure Hospital Variations of Service To receive an update on treatment and care of people with personality disorders (NHS England and Nottinghamshire Healthcare Trust) • Dermatology Action Plan To receive an update on the Action Plan developments and redesign (Rushcliffe CCG)
<p>15 December 2015</p>	<ul style="list-style-type: none"> • Royal College of Nursing Further briefing on the issues faced by nurses (RCN) • Long Term NUH Strategy (5 years and beyond) To receive a presentation (NUH) • Long Term Conditions (including Neurology) • Update on Transitional Changes Within Nottinghamshire Healthcare Trust Adult Mental Health Service For 2015/16 To receive the latest update (Nottinghamshire Healthcare Trust)

12 January 2016	<ul style="list-style-type: none"> • Child Immunisation To receive information relating to performance and impact of Child Immunisation (Public Health) • NHS and Adult Social Care Workforce Challenges • South Notts Transformation Partnership To receive an update on the SNTP developments (South Notts Transformation Partnership)
9 February 2016	<ul style="list-style-type: none"> • Primary Care Access Challenge Fund Pilots (NHS England/CCGs) • NHS 111 Update (Nottingham City CCG)
15 March 2016	<ul style="list-style-type: none"> • Patient Transport Service – Performance Update (Arriva CCG lead)
19 April 2016	<ul style="list-style-type: none"> • Daybrook Dental Service Report of findings and lessons learnt (NHS England)

To schedule:

- NHS England Area Team and Quality Surveillance Groups (QSC)
- End of Life Care
- Nottingham University Hospital Maternity and Bereavement Services
- NHS Out of Hours Dental Services
- Progress on developing 24hour services

Visits:

Urgent and Emergency Care Services
Rampton Secure Hospital
Arriva Control Centre
NHS 111
EMAS Control Centre

Study groups

Quality Accounts

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