



NOTTINGHAM CITY COUNCIL
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 12 January 2016

Time: 10.15 am

Place: LB 31-32 - 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: Jane Garrard **Direct Dial:** 0115 8764315

AGENDA

Pages

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|----------|---|---------|
| 1 | APOLOGIES | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES
To agree the minutes of the meeting held on | 3 - 8 |
| 4 | CHILDHOOD IMMUNISATION AND VACCINATION IN NOTTINGHAM AND NOTTINGHAMSHIRE
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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.

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 December 2015 from 10.15 - 12.33

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Eunice Campbell
Councillor Carole-Ann Jones
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Pauline Allan
Councillor Richard Butler
Councillor John Clarke
Councillor John Handley
Councillor Merlita Bryan
Councillor Corall Jenkins (left after item 45)
Councillor Chris Tansley
Councillor Ilyas Aziz
Councillor Rosemary Healy
Councillor Stuart Wallace (left midway through item 45)

Absent

Councillor Mrs Kay Cutts MBE
(Substituted by Councillor Stuart Wallace)
Councillor Colleen Harwood
Councillor Jacky Williams
Councillor Anne Peach,
(Substituted by Councillor Rosemary Healy)
Councillor Mrs Kay Cutts MBE

Colleagues, partners and others in attendance:

Nancy Barnard - Governance Manager
Debbie Dolan - Nottinghamshire Healthcare Trust
Marie Hannah - Royal College of Nursing
Amanda Kemp - Nottinghamshire Healthcare Trust
Louise Randall - Nottinghamshire Healthcare Trust
Ciara Stewart - Nottingham City Clinical Commissioning Group
James Welbourn - Governance Officer

41 APOLOGIES FOR ABSENCE

Councillor Mrs Kay Cutts MBE
Councillor Colleen Harwood
Councillor Anne Peach
Councillor Jacky Williams

Martin Gately
Martin Gawith
Pete McGavin

42 DECLARATIONS OF INTERESTS

None.

43 MINUTES

The minutes of the meeting held on 10 November 2015 were confirmed and signed by the chair.

44 UPDATE ON PROGRESSION OF PROPOSED SERVICE REDESIGN PROJECTS WITHIN THE ADULT MENTAL HEALTH DIRECTORATE IN 2015/16

Amanda Kemp, Deputy Director of Local Services at Nottinghamshire Healthcare Trust (NHT) provided an update on progression of proposed service redesign projects within the Adult Mental Health Directorate in 2015/16. The following points were highlighted:

- (a) feedback from a diverse range of stakeholders has shown that services are quite difficult to navigate, with too many internal barriers.

Further feedback has suggested that it is quite difficult for GP's to call up and speak to senior nursing colleagues. This can mean that patients have to have repeated assessments;
- (b) NHT are looking to set up a much more locality based focus on services, bringing together skills of specialist teams. This will aid seeing patients more quickly. With a much stronger multidisciplinary team approach, staff from different medical teams can work together more closely;
- (c) in Nottingham City there are approximately ten teams operating. NHT have proposed a single point of access for the three localities;
- (d) following formal consultation, there was strong support for the development of a Community Rehabilitation team in the Mansfield area;
- (e) questions were raised around whether enough money was being reinvested. Programmes such as outreach at Broomhill House were really valued and important to service users and families. Data on this topic will continue to be reviewed;
- (f) service users from homes that have previously shut down, such as Enright Close in Newark, have been tracked and some have had very positive outcomes, including being discharged from the service;
- (g) eCRHT (Enhanced Crisis Resolution and Home Treatment Team) has reduced the need for admission to hospital by supporting people in crisis;
- (h) the Mental health 111 service commenced in February 2015 and is funded by NHS England for one year as a pilot study. Of the services users who contacted 111, 90% were diverted from the Emergency Department;

- (i) the eight week period from the start of September 2015 up until the start of November 2015 was exceptionally challenging for staff. This was part of a national trend. NHT was able to secure private beds in Nottingham for people requiring acute admission. Some out of county beds were also used.

The picture has stabilised over the past six weeks, with only four out of area beds being used from week beginning 23 November. Previously, this figure was higher;

- (j) NHT will review their bed capacity, and examine whether step-down beds are needed. A high number of delayed transfers of care had a big impact on the number of beds used;
- (k) a review of patients with personality disorder is underway to see if community provision could reduce admissions to hospital. There is NICE (National Institute for Health and Care Excellence) guidance that can help with managing this.

After questions from Councillors, the following information was provided:

- (l) historically, services have been delivered from a centralised point; this can lead to services in the north of the County looking different to service provided in Nottingham City. The City does provide services that can be mirrored throughout the County; NHT would like to go out to communities to advertise that there are satellite services elsewhere;
- (m) work is ongoing to have an implementation plan in place in the new year that contains information on any locality offer;
- (n) KPI's (Key Performance Indicators) are monitored every day with regards to beds. Any delays a patient experiences in getting a bed when sectioned has also been monitored.

There seems to be an exodus of patients leaving beds around Christmas time, although conversely there is an increase of elderly patients over the same period;

- (o) to deal with the expected surge in patient numbers in January, doctors are going onto wards every day of the week, in addition to consultant psychiatrists operating once a week. Decisions on discharge are being monitored, so that people aren't delayed and remaining in beds when they don't need to be there;
- (p) a crisis appointment can be secured in four hours, but unfortunately the gap after this initial appointment could be between two-eight weeks. In the city, only 16% of people in the city took up the offer of being seen in crisis within 4 hours;
- (q) to get information out to hard to reach individuals, the key is to engage well with communities, whilst delivering a consistent and correct message;

- (r) there is some involvement between NHT and third sector organisations, although engagement with these organisations is still in its infancy. Funding is being looked at to stop people being detained under section 136 (Police custody) in Nottingham.

Haven House is one such example of a positive collaboration between NHT and the third sector;

- (s) recruitment of staff in certain areas, such as consultant psychiatrists, Cognitive Behavioural Therapists and Psychological Wellbeing Practitioners is challenging. In addition, some doctors are working long shifts, and have some work at the weekends, which can make posts look unattractive to prospective new doctors.

Amongst nurses the most numerous age range is between 50-54 years old; there could be a big reduction in the numbers of nurses when this group of staff reaches retirement age;

- (t) the Comprehensive Spending Review offered a large sum of national funding to pay for services, but this payment will last for four months only. This would make it hard to recruit an individual to work for this short period of time;
- (u) a trial at NUH (Nottingham University Hospitals) will place senior members of specialist staff on the telephone so they are available for GPs to consult should they need advice; there will be GPs available in every Clinical Commissioning area. The plan is for this scheme to be an ongoing feature;
- (v) a not insubstantial amount of money has been used to pay for out of area beds. However, none of the patients that attended, or have come from Broomhill were part of this figure, only patients with acute mental health problems would potentially be sent out of area;
- (w) the student population within Nottingham is a challenging demographic because of their transient nature. The needs of individuals with asylum or immigrant status can also be challenging as these individuals can come along with no historical information, as well as having a language barrier.

Lastly, a lot of people who suffer from stress and unhappy experiences may not suffer from a defined mental illness, but it is important that their health needs are discovered and met;

- (x) it can be difficult to recruit nurses when private providers are able to compete with more favourable working conditions. In addition, acute mental health is a very difficult sector to work within.

RESOLVED to:

- (1) ask Nancy Barnard to circulate paper to members containing groups of people that NHT have worked with;**
- (2) ask NHT to return in 6 months' time following an audit of the changes.**

45 ROYAL COLLEGE OF NURSING

Marie Hannah, Regional Officer (Nottinghamshire) at the Royal College of Nursing (RCN) provided an update to the Committee regarding the issues currently faced by nurses. The following information was provided:

- (a) staffing shortages and vacancy levels are barriers to recruiting new nurses as newly qualified nurses are aware of the challenges of working on understaffed wards from the placement experience;
- (b) RCN is concerned about staffing shortages across the NHS, particularly within acute care for Emergency and elderly cases.

Further concerns including care homes and acute beds facing closure; these all impact on workloads;

- (c) acute hospitals in England have had an issue with their staffing levels. Trusts are in competition with one another. An NUH staff survey shows a reduction in the proportion of staff that recommends the trust as a place to work;
- (d) the government is planning to replace student nurse bursaries with loans. This could affect the number of young people from applying as they do not want to take on significant debt with limited earning capacity and also older people who may have applied as a significant proportion of them carry existing debts, and may be unlikely to want to take on additional debt.

The bursary funds a lot of travel expenses, and funds the educational package. The starting salary for a nurse is comparably low, so they will struggle to pay the loan off. Trainee Midwives will also be affected by the withdrawal of the bursary;

- (e) members of the nursing workforce are often patients or carers themselves, and can endure mental health problems; there have been examples of lack of support for this from managers. There is also a growing concern for nurses that fall foul of policies such as sickness absence; RCN is seeing a large number of nurses exiting trusts as they cannot meet the targets they have been set. In addition, members are reporting being overworked and undervalued;
- (f) RCN Council revalidation process starts next year, involving a lot of work with organisations around the meaning of the workforce and the employer;
- (g) NUH use staff from Europe, but as yet, there has been any recruitment from outside of this area. Traditionally, some of the cultural difficulties of settling combined with delays in gaining registration can prevent nurses coming from abroad;
- (h) work continues with Health Education East Midlands on targeting nurses from further education, however the uncertainty around bursaries can make it difficult to recruit. There are also career talks in schools through the RCN, but

with a small team, this is becoming increasingly hard to do, and might be more suitable for organisations such as Health Education England;

- (i) one of the difficulties with the career pathway in nursing is the transition from support worker to nurse. Another route to becoming a nurse can be through the Open University (OU) – degrees through the OU can be fully funded by the RCN but there will be a duty to the RCN as a result;
- (j) degree entry for nurses has been required for some time, and RCN would like this to continue. At the same, RCN recognises that there is a huge raft of very skilled capable people with no degree who can bring their common sense approach to nursing;
- (k) there is campaigning on a national level through Citizens UK to get the contract care certificate accepted;
- (l) most organisations have been told that if they want to use agency staff, different caps are applicable. These are in the region of 3-4% of agency staff.

RESOLVED to ask Marie Hannah to return in a year's time for a further update.

46 JOINT 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.

12 January 2016

Agenda Item: 4

**REPORT OF THE VICE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH
SCRUTINY COMMITTEE**

**CHILDHOOD IMMUNISATION AND VACCINATION IN NOTTINGHAM AND
NOTTINGHAMSHIRE**

Purpose of the Report

1. To introduce a briefing from NHS England on childhood immunisation and vaccination.

Information and Advice

2. Representatives of NHS England will attend Joint Health Committee to brief on the following areas:
 - Public Health importance and impact of immunisations and vaccinations.
 - Current childhood immunisation schedule – vaccinations given at which age
 - Current commissioning and provision of the childhood immunisations and vaccinations programme
 - Most recent coverage and update of immunisations and vaccinations by district/CCG [age 1, age 2, age 5, Human Papilloma Virus, School Leaving Booster] charts incorporating the data
 - Actions underway to improve update in Nottinghamshire and Nottingham
3. A written briefing from NHS England is attached as an appendix to this report.
4. Members are requested to receive the briefing, ask questions and schedule further briefing as necessary.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

- 1) Receive the briefing on childhood immunisation and vaccination
- 2) Ask questions
- 3) Schedule further consideration

Councillor Parry Tsimbiridis
Chairman of Joint City and County Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All



Public Health
England



Childhood Immunisation and Vaccination Programme in Nottinghamshire and Nottingham City

Sarah Mayfield – Screening and Immunisation Manager, NHS England North Midlands

Amanda Taylor – Screening and Immunisation Coordinator, NHS England North Midlands

Introduction

“The two public health interventions that have had the greatest impact on the world’s health are clean water and vaccines.” (World Health Organisation 2009)

Immunisation is one of the most powerful tools available to improve public and global health. It is a way of protecting against serious infectious diseases. Once we have been immunised, our bodies are better able to fight those diseases if we come into contact with them.

The United Kingdom has one of the most successful immunisation programmes in the world and many countries look to us for guidance with their own immunisation programmes. Due to this success, many vaccine preventable diseases have now been eradicated from this country. However, it is still important that these diseases are kept at bay by high immunisation rates. Around the world, millions of people a year die from infectious diseases with more than five million of these being children under the age of five. Many of these deaths could be prevented by immunisation. As more people travel abroad and come to visit this country, there is a risk that they will bring these diseases into the UK. The diseases may spread to people who have not been immunised, so a child is at greater risk if he or she has not been immunised. Immunisation does not just protect a child, it also helps to protect families and the whole community, especially those children who, for medical reasons, cannot be immunised.

Many of the diseases vaccinated against can be particularly serious in young babies. Therefore it is important to make sure babies are protected as early as possible to prevent them catching the diseases or infection and ensure they receive their vaccinations in a timely way.

Delivering immunisations in Nottinghamshire and Nottingham City

NHS England commissions Primary Care to call and recall infants and pre-school children according to the national immunisation schedule (Appendix 2). Within Nottinghamshire and Nottingham City, NHS England has also commissioned Nottinghamshire Healthcare NHS Foundation Trust to provide a school age immunisation service in Nottinghamshire and Nottingham City schools. This service commenced on 1 September 2015 and started delivering the Healthy Children’s Seasonal Flu Programme from October 2015 when the influenza vaccine became available. They will begin the adolescent immunisation programme in January 2016. This will include human papilloma virus (HPV), meningococcal (Men) A, C, W and Y and the school leaving booster (tetanus, diphtheria and polio).

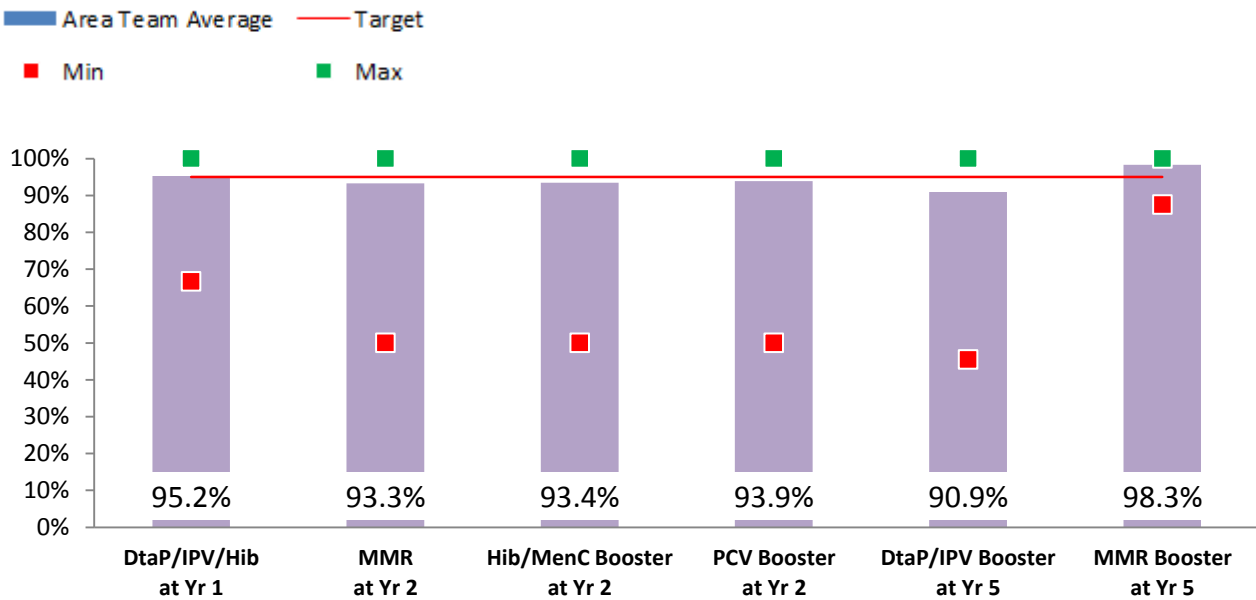
Immunisation services in Bassetlaw are commissioned by the NHS England South Yorkshire and Bassetlaw team. For the services covering Nottinghamshire and Nottingham City, the NHS England Screening and Immunisation Teams have a responsibility to:

- Support the full implementation of the national service specifications
- Set performance levels to address unacceptably low performance by local providers
- Ensure patient group directives are in place to support the delivery of the immunisation service
- Monitor the uptake of immunisations using data from the COVER (Coverage of Vaccination Evaluation Rapidly) Programme
- Support practices with specialist public health advice and expertise to deliver these services including reducing health inequalities
- Work with local partners (clinical commissioning groups (CCGs) and local authorities to improve uptake)

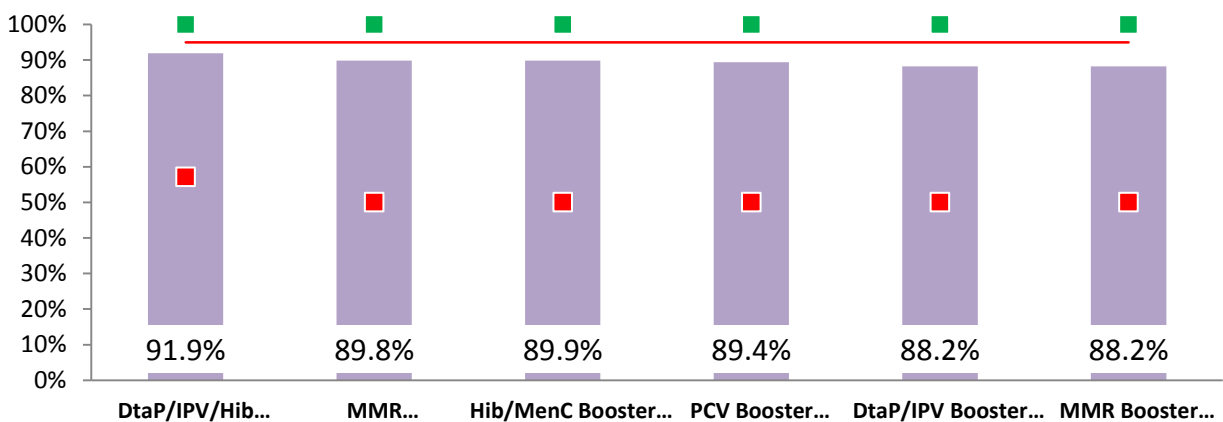
Performance

Local data from COVER Q1 2015-16

Nottinghamshire County



Nottingham City



Bassetlaw

Dtap/IPV/HiB	MMR	Hib/MenC Booster 12/13months	PCV Booster 12/13 months	Dtap/Booster Pre School	MMR Booster Pre School
95.5%	93.3%	94.1%	94.4%	88.0%	86.5%

See Appendix 2 for the criteria for data collection

See Appendix 3 for previous year's data and trends for Nottingham City and Nottinghamshire County

School Aged Immunisation Performance: 2014-15

Nottinghamshire County – Delivered by Nottinghamshire Healthcare NHS Foundation Trust

School Leaving Booster 73.59%
 Men C Booster 72.0%
 HPV 89.7%

Nottingham City – Delivered by CityCare

School Leaving Booster	61.0%
Men C Booster	56.0%
HPV	85.1%

Seasonal Flu Data Week 48

Table 2. 2015/16 Seasonal influenza vaccine uptake in children aged 2, 3 and 4 years in each Area Team, compared to 2014/15 uptake in the same week.

Org Name	2015/16 Week 48						2014/15 Week 48					
	Response Summary			Summary of Flu Vaccine Uptake %			Response Summary			Summary of Flu Vaccine Uptake %		
	No. of practices	No. of forms completed	% of practices responding	All Aged 2	All Aged 3	All Aged 4	No. of practices	No. of forms completed	% of practices responding	All Aged 2	All Aged 3	All Aged 4
NHS EREWASH CCG	12	8	66.7	34.3	35.6	27.0	12	12	100.0	43.8	45.6	33.4
NHS HARDWICK CCG	16	14	87.5	38.7	40.1	32.7	16	16	100.0	38.6	41.0	32.7
NHS MANSFIELD AND ASHFIELD CCG	28	28	100.0	36.8	36.9	29.3	28	28	100.0	38.6	37.4	32.5
NHS NEWARK & SHERWOOD CCG	13	12	92.3	36.8	37.5	31.5	15	15	100.0	36.5	35.4	28.7
NHS NORTH DERBYSHIRE CCG	37	26	70.3	47.6	46.3	44.4	36	34	94.4	48.5	50.8	43.3
NHS NOTTINGHAM CITY CCG	60	50	83.3	27.7	28.4	24.2	62	56	90.3	29.9	31.6	25.0
NHS NOTTINGHAM NORTH AND EAST	21	21	100.0	33.0	38.1	27.7	21	20	95.2	32.2	34.5	24.2
NHS NOTTINGHAM WEST CCG	12	10	83.3	42.5	41.2	36.6	12	12	100.0	38.5	40.1	35.7
NHS RUSHCLIFFE CCG	12	11	91.7	38.3	38.6	31.7	14	11	78.6	54.2	53.1	45.7
NHS SOUTHERN DERBYSHIRE CCG	56	47	83.9	34.9	34.6	30.0	56	56	100.0	36.7	39.5	31.2
Derbyshire and Nottinghamshire Area Team	267	227	85.0	35.6	36.2	30.6	272	260	95.6	38.0	39.6	32.1
ENGLAND TOTAL	7740	5723	73.9	28.4	29.5	24.0	7874	7142	90.7	30.9	33.1	26.0

Please note that the Area Team percentages are calculated from the raw data and may therefore not match the average of the CCG percentages due to rounding.

KEY

% uptake	Cumulative uptake this week has increased in 2015/16 compared to 2014/15
% uptake	Cumulative uptake this week has decreased in 2015/16 compared to 2014/15
% uptake	Cumulative uptake this week is the same in 2015/16 compared to 2014/15

Childhood Flu Vaccination Programme Week 48: w/e 29 Nov 2015

Nottingham City 61%
Nottinghamshire County 79%

Data Analysis

1. COVER Data

As demonstrated in the graphs above, there is a wide variance in the performance of individual GP practices within each Clinical Commissioning Group (CCG). It is with these identified underperforming practices that the Immunisation Co-ordinator aims to co-work, alongside CCG leads, to improve performance. All practices can now view their immunisation performance via a GP-based web tool, which we hope will aid our conversation when addressing poor performance.

Nottingham City has a greater issue with immunisation uptake, which is due to the demographics, as with most cities. We are now seeing a marked trend in reduced uptake of child vaccinations that we wish to address. A meeting has been arranged with the Nottingham City CCG Quality Lead for January 2016.

Nottingham City will soon have appointed a specialist health visitor who will assist GP practices with poor attenders to try to help the most vulnerable receive vaccination in a timely way.

The Screening and Immunisation Team is looking to work with the Primary Care Development Centre to improve immunisation training for nurses in Nottingham City and Nottinghamshire. This in turn will help with performance and coverage of immunisations.

The Screening and Immunisation Team would also like to develop links with Local Authority colleagues to ensure the promotion of immunisation can be facilitated via local children's services.

2. School Age Immunisation Service

The Screening and Immunisation Team is working closely with the new providers to ensure a high performing, high quality service is being provided. This information is shared with the national team on a fortnightly basis.

The service is working extremely hard to vaccinate as many children as possible via the Childhood Flu Vaccination Programme in primary schools. This is the first time a vaccination service has been delivered in primary schools and is mostly being received well.

3. Seasonal Flu Vaccination Programme

At week 48, Nottingham City and Nottinghamshire have a lower uptake than at this point last year. This is a national trend and it is thought to be due to:

- a) Having a mild winter so far
- b) Media reports last year stating that the flu vaccine was ineffective

CCG immunisation leads have been informed of the uptake and will share this information with practices.

The Screening and Immunisation Team has contacted Public Health colleagues to ask for support in promoting the flu vaccination, especially for children and young people and pregnant women.

The team holds a monthly flu planning meeting, where performance issues are discussed. Public Health colleagues are invited to this meeting.

Sarah Mayfield – Screening and Immunisation Manager, NHS England North Midlands
Amanda Taylor – Screening and Immunisation Coordinator, NHS England North Midlands

December 2015

Appendix 1 Routine Vaccination Schedule from September 2015	
<i>2 months</i>	5-in-1 (DTaP/IPV/Hib) vaccine – this single jab contains vaccines to protect against five separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio and Haemophilus influenzae type b (known as Hib – a bacterial infection that can cause severe pneumonia or meningitis in young children) Pneumococcal (PCV) vaccine Rotavirus vaccine Men B vaccine
<i>3 months</i>	5-in-1 (DTaP/IPV/Hib) vaccine , second dose Men C vaccine Rotavirus vaccine , second dose
<i>4 months</i>	5-in-1 (DTaP/IPV/Hib) vaccine , third dose Pneumococcal (PCV) vaccine , second dose. Men B vaccine second dose
<i>12-13 months</i>	Hib/Men C booster , given as a single jab containing meningitis C (second dose) and Hib (fourth dose) Measles, mumps and rubella (MMR) vaccine , given as a single jab Pneumococcal (PCV) vaccine , third dose Men B vaccine third dose
<i>From 3 years 4 months to starting school</i>	Measles, mumps and rubella (MMR) vaccine , second dose 4-in-1 (DTaP/IPV) pre-school booster , given as a single jab containing vaccines against diphtheria, tetanus, whooping cough (pertussis) and polio
<i>Flu vaccinations school years 1, 2, 3 and 4</i>	Children's flu vaccine (annual)
<i>12-13 years - girls only</i>	HPV vaccine , which protects against cervical cancer – two injections given between six months and two years apart
<i>13-18 years</i>	3-in-1 (Td/IPV) teenage booster , given as a single jab and contains vaccines against diphtheria, tetanus and polio Men ACWY vaccine

<i>19-25 years (first time university students)</i>	Men ACWY vaccine
<i>65 and Over</i>	Flu (every year) Pneumococcal (PPV) vaccine
<i>70 years</i>	Shingles vaccine
<i>Vaccines for special groups</i>	<p>There are some vaccines that are not routinely available to everyone on the NHS, but that are available for people who fall into certain risk groups, such as pregnant women, people with long-term health conditions and healthcare workers.</p> <p>Additional ones include hepatitis B vaccination, TB vaccination and chickenpox vaccination.</p>

Appendix 2

Performance Criteria for COVER Data

At 12 months completed courses are defined as:

DTaP/IPV/Hib is three doses before first birthday; if child received primary immunisations outside UK, then three doses of each: DTP or DTaP, IPV or OPV, Hib before first birthday.

At 24 months completed courses are defined as:

PCV booster is one dose on or after 12 months (irrespective of the number of doses before that age) and before second birthday. Hib/MenC booster is either MMR is one dose on or after first birthday and before second birthday (i.e. excludes MMR given before first birthday).

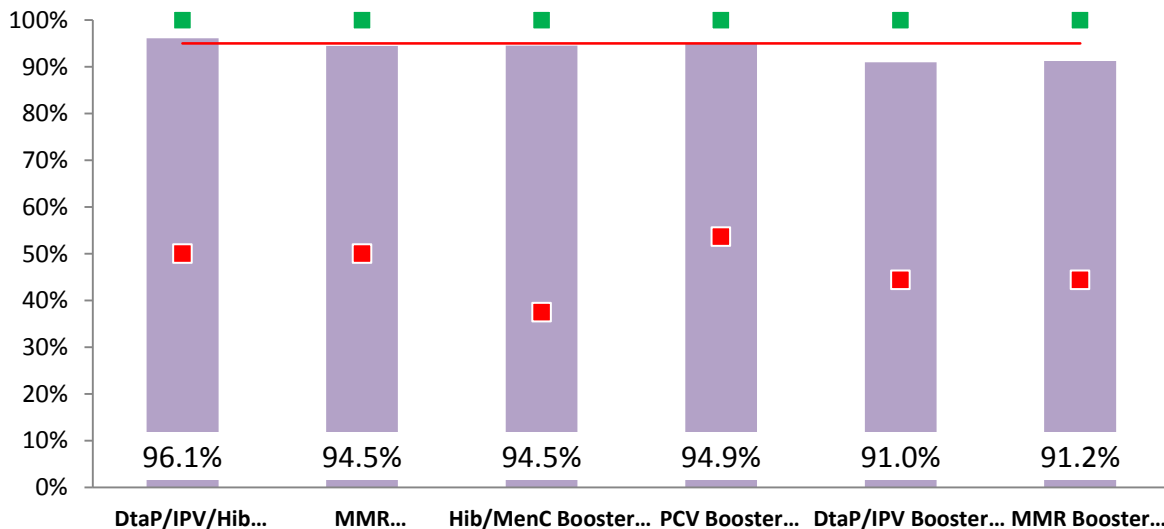
At five years completed courses are defined as:

DTaP/IPV Booster is fourth dose of diphtheria/tetanus/pertussis/polio containing vaccine given from three years four months and before fifth birthday. MMR2 (second dose) is two doses from first birthday and before fifth birthday (i.e. excludes MMR given before first birthday).

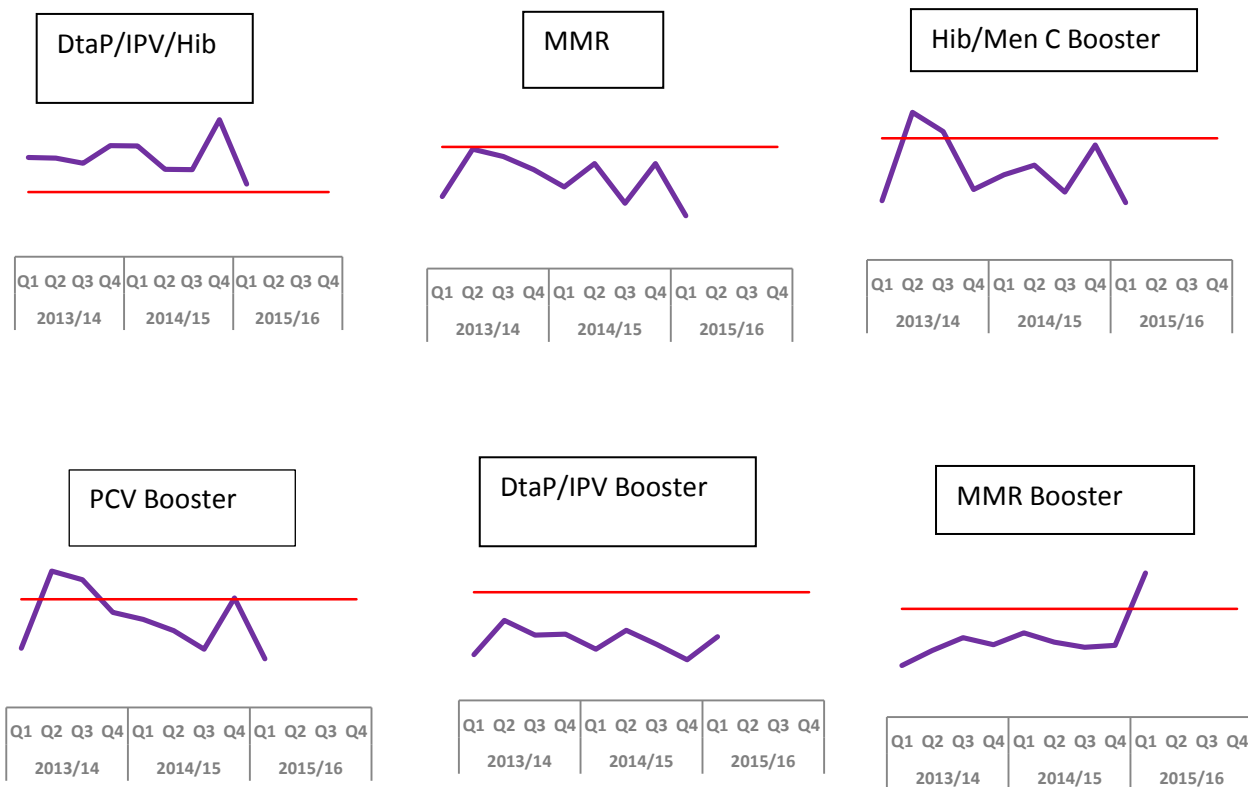
Appendix 3

Nottinghamshire County: Total Full Year Data 2013/2014

Area Team Average Target
 Min Max

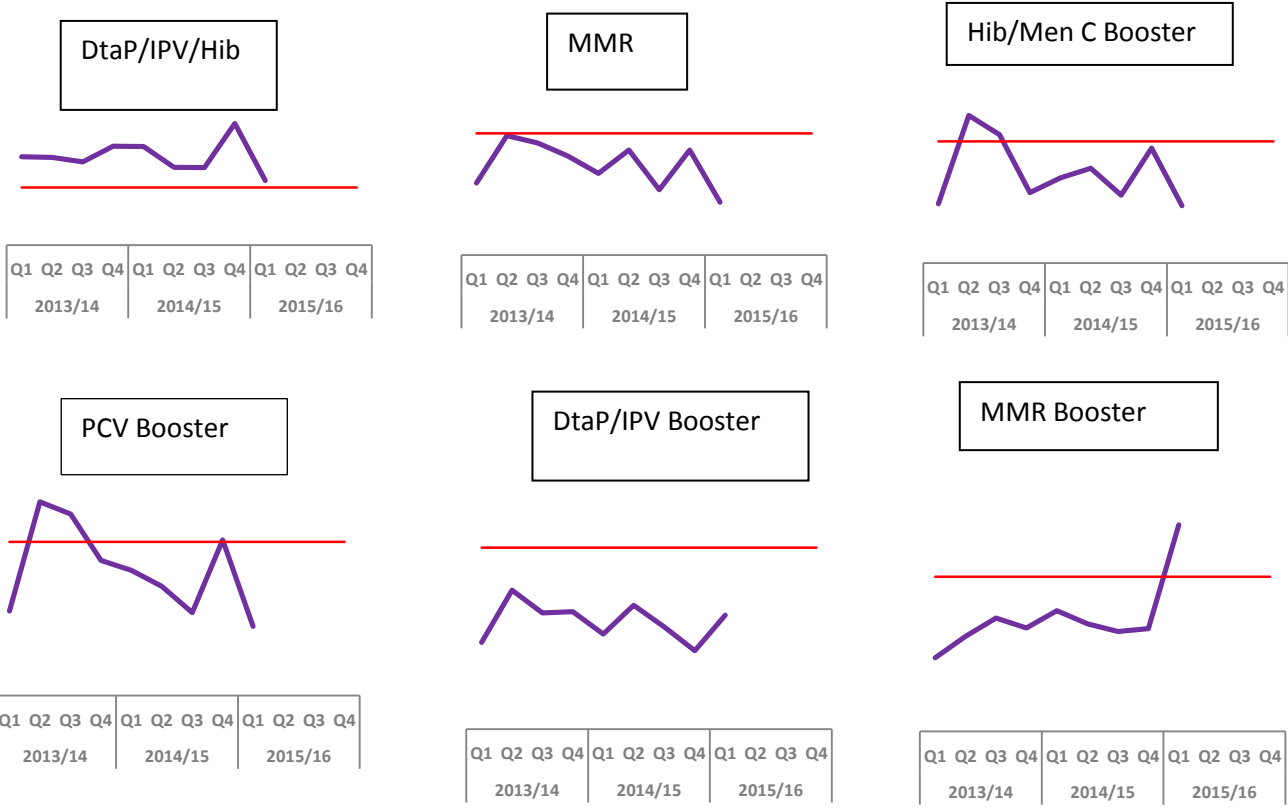
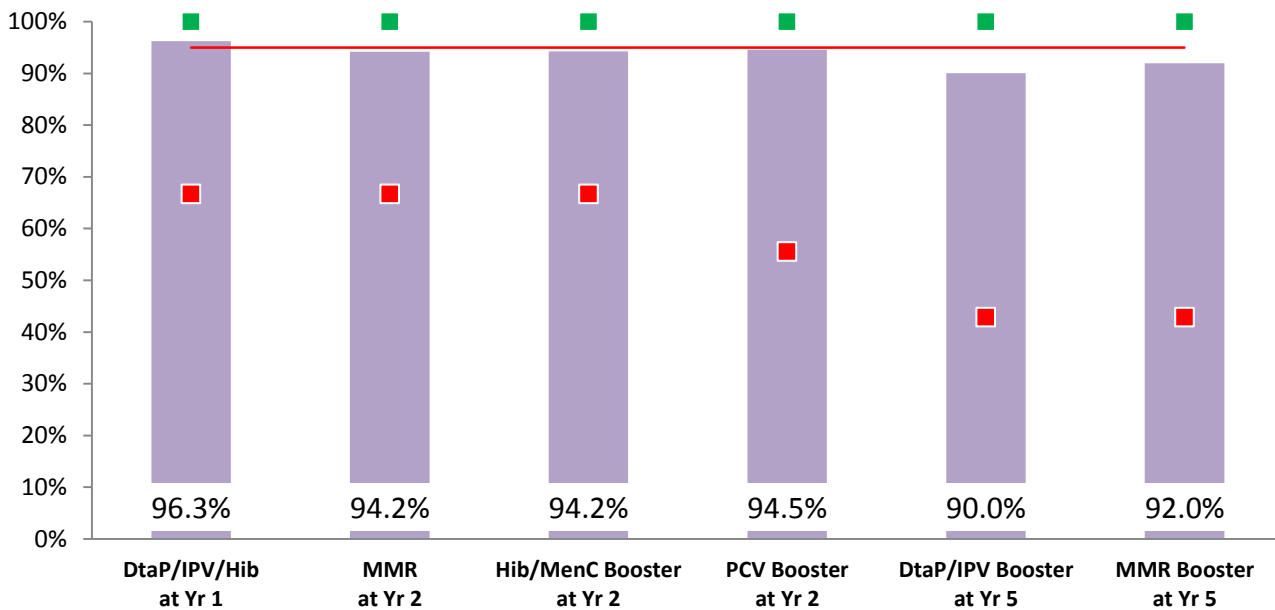


Trends over time

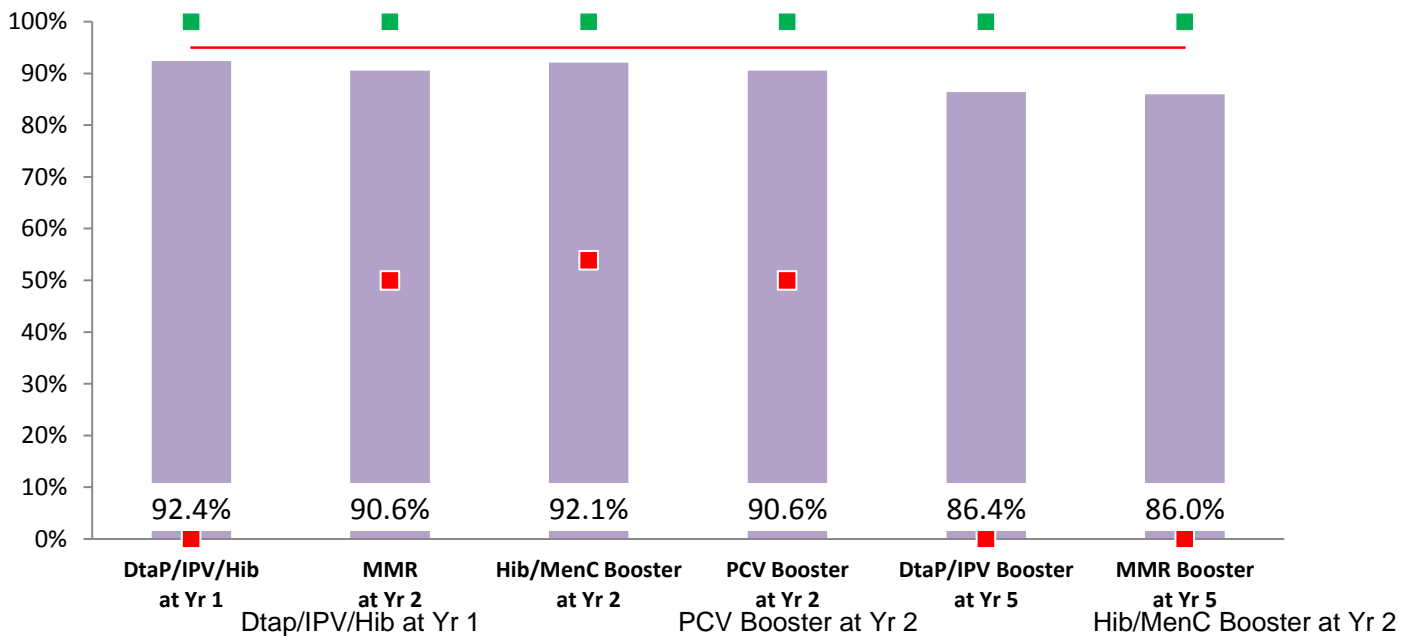


Nottinghamshire County Full Year 2014-2015

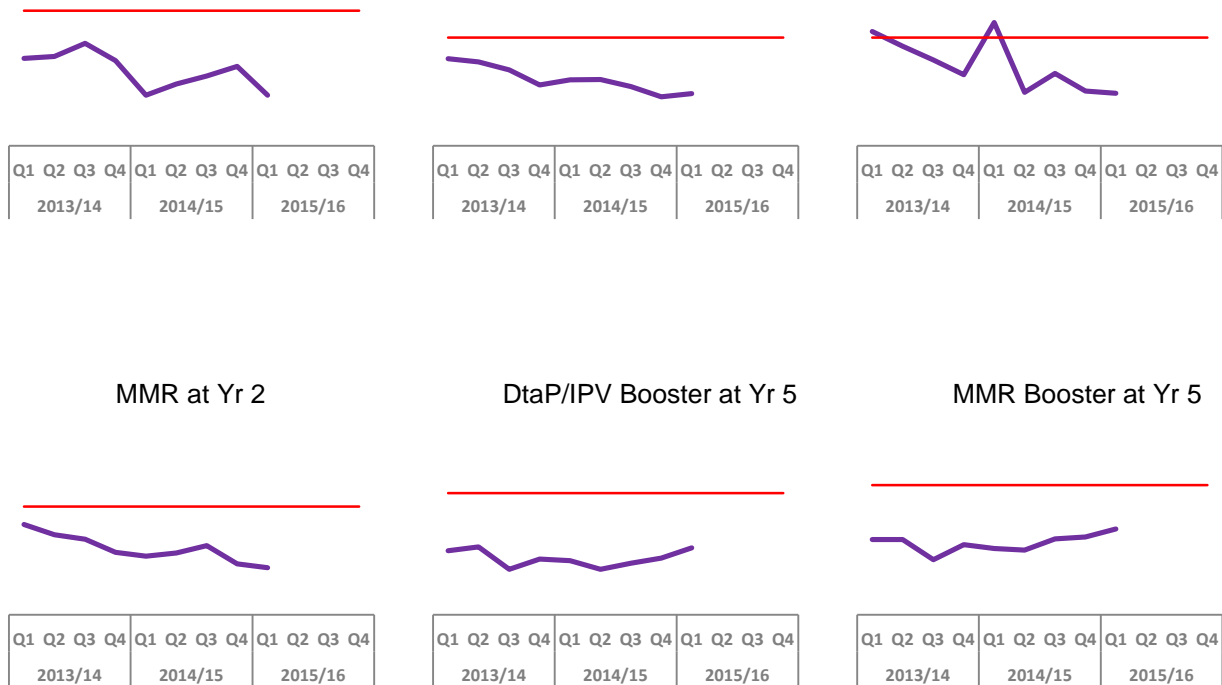
Full 2014/15



Nottingham
City Full
year
2014/15



Trends over time



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JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
12 JANUARY 2016
NHS AND ADULT SOCIAL CARE WORKFORCE CHALLENGES
REPORT OF HEAD OF DEMOCRATIC SERVICES

1 Purpose

- 1.1 To consider a presentation from Health Education East Midlands on workforce challenges across the NHS in Nottingham City and Nottinghamshire.

2 Action required

- 2.1 The presentation has been requested to provide the Committee with further information on what is happening at a national level to address workforce challenges, as well as background and context to the situation in the East Midlands and more specifically South Nottingham.
- 2.2 Representatives of Health Education East Midlands have also been asked to cover challenges in recruiting and retaining:
- Consultants in particular fields (for example Dermatology),
 - GPs (particularly in Nottingham City), and
 - Allied Health Professionals.

3 Background information

- 3.1 Health Education England exists “to support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.”¹ Health Education East Midlands is responsible for this across Derbyshire, Leicestershire and Rutland, Lincolnshire, Northamptonshire and Nottinghamshire.
- 3.2 During the discussions the Committee may wish to discuss the following matters, raised at previous meetings, with the representatives of Health Education East Midlands:
- The potential impact of the loss of the nursing bursary;
 - The age of the nursing workforce in Nottinghamshire and the impact this may have on staffing levels as cohorts of nurses reach retirement age;
 - Challenges in recruiting and retaining skilled staff and what is being done to tackle this;
 - The relationship between social care staffing and NHS staffing

¹ <https://hee.nhs.uk/>

4 List of attached information

4.1 Briefing note from Health Education East Midlands

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 None

7 Wards affected

7.1 All

8 Contact information

Jane Garrard, Senior Governance Officer, Nottingham City Council
jane.garrard@nottinghamcity.gov.uk
0115 876 4315

Report on behalf of Dr Adrian Brooke, Deputy Postgraduate Dean and
Secondary Care Dean, Health Education England working across East Midlands

Report to	Health Scrutiny Committee for Nottinghamshire
Date:	12 January 2015
Subject:	Health Education England, East Midlands – Nottinghamshire Workforce Development

Summary:

Health Education England's remit and function across the East Midlands is to:

- Provide national leadership on planning and developing the healthcare workforce
- Promoting high quality education and training that is responsive to the changing needs of patients and local communities including responsibility for ensuring the effective delivery of important national functions such as trainee national recruitment
- Ensuring security of supply to the health and public health workforce
- Allocating and accounting for NHS education and training resources and the outcomes achieved

HEE working across the East Midlands undertakes a variety of activities to support development of a skilled healthcare workforce to meet the needs of the population of Nottinghamshire. Education of the workforce is commissioned with Trusts and local Universities and ongoing review of training is taking place to align the share of trainees to the proportionate needs of the population of Nottinghamshire. In addition, HEEM is developing fellowships with partners in Nottinghamshire to improve recruitment and increase retention of the healthcare workforce locally.

Action Required:

The Health Scrutiny Committee for Nottinghamshire is asked to consider and comment on the contents of the report.

1. Background

Health Education East Midlands is part of Health Education England (HEE), a non-departmental public body constituted to train the future healthcare workforce. This includes non-qualified staff, nurses, associated health professionals (AHPs) and Doctors. Its agenda for training and workforce development follows from the HEE Mandate (*Delivering High Quality, Effective, Compassionate Care: Developing the Right People with the Right Skills and the Right Values - A Mandate from the Government to Health Education England: April 2015 to March 2016*), issued by the UK Government, and refreshed recently to reflect the emerging challenges to the health and wellbeing of the

population of England. The mandate to Health Education England is available on the following website: -

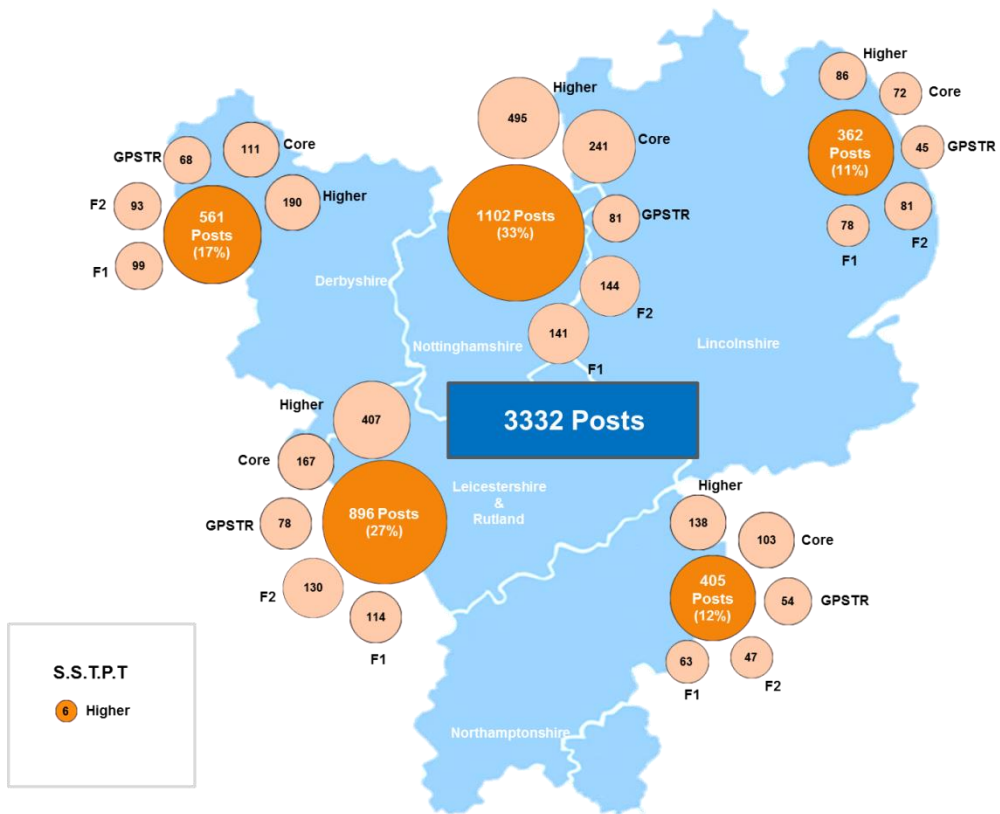
<https://www.gov.uk/government/publications/health-education-england-mandate-april-2015-to-march-2016>

Health Education England receives £5 billion to train Healthcare staff across England. From this total, HEE receives approximately £360 million to train staff in the East Midlands.

From the East Midlands total, Nottinghamshire receives £64 million funding via the established learning development agreements negotiated with the County's trusts/providers.

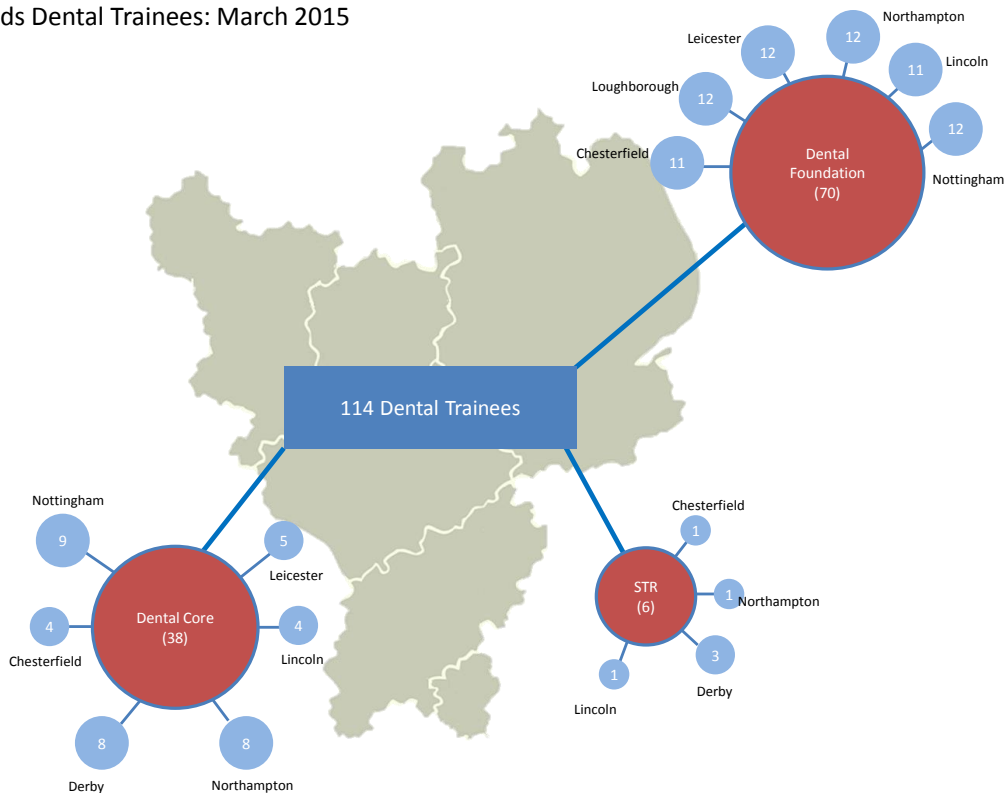
In addition, approximately £40 million of bursary monies spent across East Midlands training and funding healthcare students. It is not possible to attribute a specific proportion of the total to Nottinghamshire.

The total number of medical trainees for East Midlands as a whole and the numbers designated for Nottinghamshire are shown in figure 1.

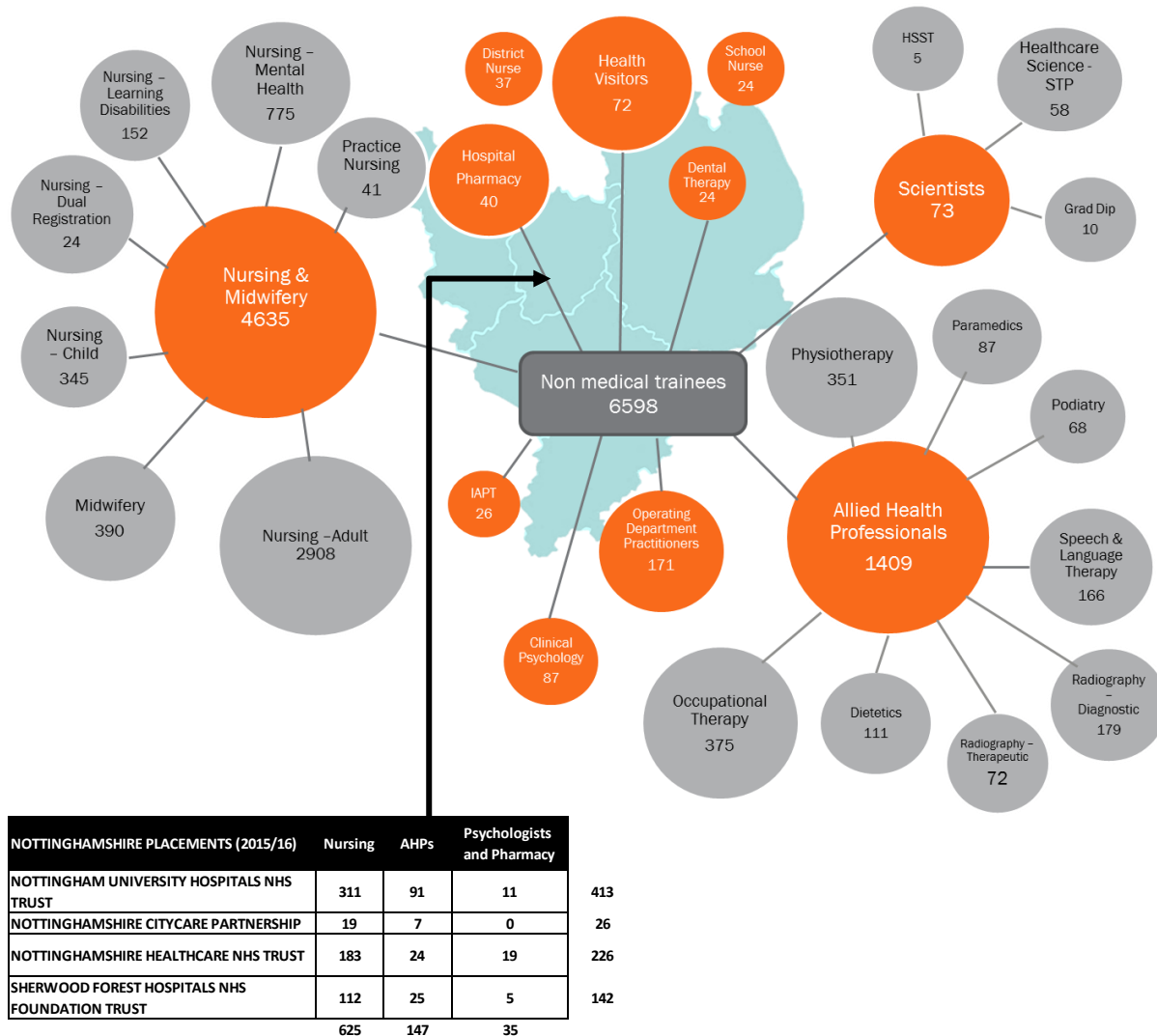


The total number of dental trainees for East Midlands as a whole and the numbers designated for Nottinghamshire are shown in figure 2.

East Midlands Dental Trainees: March 2015



The total number of non-medical trainees for East Midlands as a whole and the numbers designated for Nottinghamshire are shown in figure 3. It can be seen that non-medical trainees include nurses, AHPs (therapists), paramedics, psychologists and pharmacists.



HEE East Midlands is currently engaged with a major redistribution project looking to put medical trainees in the future closer to the present disposition of the population. This will result in redistribution of some trainees from Nottinghamshire and Leicestershire to the other counties of East Midlands which are currently under served by this section of the medical workforce. Plans for this change are currently being developed and will require development of alternate workforce solutions using physician associates, advanced care practitioners and others in association with the local providers. Indicative numbers for the redistribution of core medicine and surgery trainees are detailed below.

Medical Trainees									
Trust Code	Trust Name	Number of allocated posts	Number of filled posts	% of filled posts	% of Selected Activity Medical Specialities (FAE/OP Proc / OP Attendances) and A&E (weighted)	Number of vacancies	% vacant	Allocation of Posts based on share of Selected Activity	Difference to current allocation
RFS	Chesterfield Royal Hospital NHS Foundation Trust	8	5	62.5%	6.5%	3	37.5%	12	4
RK5	Sherwood Forest Hospitals NHS Foundation Trust	10	9	90.0%	8.6%	1	10.0%	16	6
RNQ	Kettering General Hospital NHS Foundation Trust	11	11	100.0%	6.3%	0	0.0%	12	1
RNS	Northampton General Hospital NHS Trust	23	21	91.3%	9.1%	2	8.7%	17	-6
RTG	Derby Hospitals NHS Foundation Trust	15	12	80.0%	11.8%	3	20.0%	22	7
RWD	United Lincolnshire Hospitals NHS Trust	25	24	96.0%	15.5%	1	4.0%	29	4
RWE	University Hospitals Of Leicester NHS Trust	41	33	80.5%	22.2%	8	19.5%	41	0
RX1	Nottingham University Hospitals NHS Trust	51	46	90.2%	20.0%	5	9.8%	37	-14
East Midlands		184	161						
Surgical Trainees									
Trust Code	Trust Name	Number of allocated posts	Number of filled posts	% of filled posts	% of Selected Activity Surgical Specialities (FAE/OP Proc / OP Attendances) and A&E (weighted)	Number of vacancies	% vacant	Allocation of Posts based on share of Selected Activity	Difference to current allocation
RFS	Chesterfield Royal Hospital NHS Foundation Trust	3	2	66.7%	7.0%	1	33.3%	6	3
RK5	Sherwood Forest Hospitals NHS Foundation Trust	8	6	75.0%	9.5%	2	25.0%	8	0
RNQ	Kettering General Hospital NHS Foundation Trust	4	4	100.0%	6.6%	0	0.0%	6	2
RNS	Northampton General Hospital NHS Trust	8	8	100.0%	9.1%	0	0.0%	8	0
RTG	Derby Hospitals NHS Foundation Trust	12	10	83.3%	14.4%	2	16.7%	13	1
RWD	United Lincolnshire Hospitals NHS Trust	3	3	100.0%	15.8%	0	0.0%	14	11
RWE	University Hospitals Of Leicester NHS Trust	24	22	91.7%	20.1%	2	8.3%	18	-6
RX1	Nottingham University Hospitals NHS Trust	26	22	84.6%	17.5%	4	15.4%	15	-11
East Midlands		88	77						

We have also invested in programmes to support recruitment to East Midlands. Money from shortfalls in recruitment is being put into a comprehensive fellowship programme. These include:

- Education Fellows, to improve the reputation and standard of medical education across Nottinghamshire;
- Management Fellows, to help improve quality and safety of patient care and integrated care fellows, to pioneer new ways of learning by working with patients across the traditional silos of acute, community and primary care.

This latter approach is likely to be the model which NHS vanguard sites will pursue to deliver the Five Year Forward View proposed by Simon Stevens, the Chief Executive of the NHS in England. The following table sets out the details of the Nottinghamshire Vanguards and the current workforce issues:

LETB: East Midlands	Vanguard: Principia (Rushcliffe) Multispecialty Community Provider
<p>Summary of Vanguard: Principia is constituted as a Community Interest Company and has three stakeholders classes: Rushcliffe GP practices; Rushcliffe community services providers; and the 126, 000 registered population of Rushcliffe. GP practices in Rushcliffe have come together and are establishing a new and unique primary care partnership and organisation, which will lead on and indeed own the transformation of general practice and develop the progressive model which will be the base component and platform of the MCP. Principia and Partners Health will also be joined by health and social care partners who have committed their enthusiastic support as part of our local South Nottinghamshire transformation work. NHS Rushcliffe CCG is the sponsor, and the programme has the support of the patient and voluntary sector groups, which represent the local population. The proposal is to establish an MCP defined by a culture of mutual accountability, commitment and pride. This will accept contractual</p>	

responsibility for the health, and the quality and costs of care for the local population within the capitated resource allocated. This will be achieved through a new model of integrated care which is focussed on early intervention, living well at home and avoiding unnecessary use of the hospital. The impact will be a reduction in fragmentation, delays, duplication and inefficiencies experienced by patients and carers. Care will be delivered closer to patients' homes resulting in an enhanced experience and improved clinical outcomes, and better use of available resources. The MCP will move to have a capitated outcomes based contract which will cover health and social care.

Overview of workforce issues

Designing new care models – workforce redesign/transformation already underway

- Rotation posts including Therapy rotations
- Advanced Clinical Practitioners roles and opportunities for non-medical prescribing
- Staff working with care home staff and providing them with training when required.
- District Nursing cover 7 day a week.
- GPs providing a service at front door of ED

Designing new care models – supporting innovation

- Delivering workforce innovation to support transformation and new models of patient care.

LETB: East Midlands

Vanguard: Mid-Notts
Primary and Acute Care Systems

Summary of Vanguard:

The Better Together Programme Board partners are: Mid Nottinghamshire Clinical Commissioning Groups (Mansfield and Ashfield and Newark and Sherwood CCGs); Aspirant Accountable Provider Alliance (Sherwood Forest Hospitals NHS Foundation Trust, Nottingham University NHS Trust, United Lincolnshire Hospitals NHS Trust, East Midlands Ambulance Service, Nottinghamshire Healthcare NHS Trust, Central Nottinghamshire Clinical Services, Circle); Voluntary Sector Special Purpose Vehicle (three District Council CVSs); General Practice Provider Clinical Cabinet (facilitated by the Local Medical Committee); Nottinghamshire County Council. This PACs will deliver a whole system integration of hospital, community, social and primary care within a single outcomes-based capitation contract. This will move from predominately reactive hospital-based system of urgent care, to one of home-based proactive care. Specific service interventions include a single front door and integrated triage at ED, locality based integrated care teams, specialist intermediate care teams, community based crisis response teams, referral GP review and speciality triage for referrals. This will all be underpinned by improved data sharing between Primary and Secondary care providers, and integrated data sharing between ED and out of hours GP services.

Overview of workforce issues

Workforce supply to support the New Care models was recognised as a key risk for the transformation programme. Additional capacity has been agreed to focus on this priority area. A Workforce Programme Manager has been appointed to work across the system. This post will build on the work undertaken so far on workforce

modelling and planning. In addition, the post will also work closely with the communications and engagement team on staff engagement.

Designing new care models – workforce redesign/transformation

The work undertaken to date through the system-wide OD diagnostic has highlighted the extent to which the re-commissioning process and Vanguard status have catalysed the development of capability to respond to the integration agenda across the health and social care system. A system-wide conference is planned to further crystallise progress to date and further actions required, and following this a detailed system-wide OD plan will be formulated.

LETB: East Midlands

Vanguard: Nottingham City
Enhanced Health in Care Homes

Summary of Vanguard: Nottingham City CCG covers a registered GP population of 342,000 and 60 GP practices. The CCG's application to work collaboratively to provide models of enhanced care in care homes was submitted in partnership with CityCare Partnership, Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Trust, Nottingham City Council, AgeUK Nottingham and Nottinghamshire and local primary care providers. The proposed new model will provide a structured and pro-active approach to care, complemented by a number of local innovations including; mobile working for Primary care; access to SystemOne for care homes; remote video consultation between care home residents and GP; remote access to resident health data through telehealth; and increased use of telecare. The new model will ensure that all potentially long hospital stays are proactively managed and will build on work already initiated with acute trusts, care homes and community services to develop a 'pull' approach to acute discharges, ensuring that social services are involved at the earliest opportunity. Effective mechanisms to capture the experience of patients discharged into a care home setting will ensure a responsive 'learning lessons' feedback loop, so services can be continually adapted and improved.

Overview of workforce issues

National visit team (which included HEEM representation) identified an energy and motivation to develop a workforce model that centres on the requirements of the population. However, the workforce needs and planning for the new care model are still in their early stages.

LETB: East Midlands

Vanguard: South Nottingham System Resilience Group
Urgent and Emergency Care Networks

Summary of Vanguard:

The South Nottingham System Resilience Group (SRG) is made up of local partners including Nottingham University Hospitals NHS Trust, the South Nottingham and Erewash clinical commissioning groups, Nottingham City and County Councils, East Midlands Ambulance Service (EMAS), Nottingham CityCare Partnership, County Health Partnership, Nottinghamshire Healthcare NHS Foundation Trust, Derbyshire Health United Ltd (111 provider), Nottingham Emergency Services (GP out of hours), Health Watch Nottingham and Health Watch Nottinghamshire. The vanguard will support ambitious improvements in urgent and emergency care for the citizens of South Notts. Partners will look at what more they can do, using innovative workforce solutions to ensure that people receive care in a timely way and closer to home – in many cases avoiding the need for assessment or admission to hospital. Work will focus on:

- Enhancing mental health services in the community this will include rolling out and extending the National Mental Health 111 pilot to provide faster and better care when it is needed.
- Improving access, clinical assessment and treatment to primary care clinicians at the ‘front door’ of the emergency department so that patients are assessed and then followed up closer to home.
- Enabling more direct clinician to clinician conversations so that more patients are directed to the right service, first time, every time.

Overview of workforce issues

Need to develop detailed workforce strategy to support the Vanguard and cross organisational issues.

The future training patterns of doctors envisaged in the ‘shape of training’ review, which is currently with UK health ministers awaiting a decision regarding implementation. The Review entitled *Securing the Future of Excellent Patient Care Final - Report of the Independent Review (Led by Professor David Greenaway)* is available on the following website:

<http://www.shapeoftraining.co.uk/reviewsofar/1788.asp>

Recruitment to general practice training is a challenge nationally, and affects the East Midlands particularly acutely. In an attempt to improve the attractiveness of training across the counties of the region, a pre-GP specialty training programme has been developed to offer potential general practice trainees the chance to sample and prepare for successful entry into GP training. Doctors on this scheme help manage patients in provider trusts and hence help reduce the locum and agency bill for healthcare provision across the county.

General practice trainees who have completed training are also being offered post qualification fellowships to give them additional experience, skills and attributes to contribute to their chances of pursuing a successful career once appointed as a fully qualified GP, and by doing so aim to improve the retention of this highly skilled section of the workforce.

The East Midlands Local Education and Training Board (LETB) is supporting delivering high quality care by working in integrated teams. It can be seen that HEEM is attempting to develop a well trained workforce with the appropriate skills and behaviours that are transferrable across employers.

The Nottinghamshire local education training community (one of HEE’s links to the county) has developed a Local Delivery plan for 2015/16 which follows the same principles outlined elsewhere within this paper.

This report was written by Dr Adrian Brooke, Deputy Postgraduate Dean and Secondary Care Dean, Health Education East Midlands, who can be contacted via adrianbrooke@nhs.net

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
12 JANUARY 2016
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

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 remainder of the 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. It is proposed to put the item on NHS 111 back from February to March to allow more time for a visit to the 111 control room to take place.

4. List of attached information

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

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

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

None.

6. Published documents referred to in compiling this report

Reports to and Minutes of Joint Health Scrutiny Committee meetings held during the 2015/16 municipal year.

7. Wards affected

All.

8. Contact information

Jane Garrard
Tel: 0115 876 4315
Email: jane.garrard@nottinghamcity.gov.uk

Joint Health Scrutiny Committee 2015/16 Provisional Work Programme

<p>Page 35</p> <p>16 June 2015</p>	<ul style="list-style-type: none"> <p>• NUH Pharmacy Information To receive information as part of an ongoing review (Nottingham University Hospitals)</p> <p>• South Notts Transformation Partnership To receive information relating to the establishment, remit and work plan of the Partnership (South Notts Transformation Partnership)</p> <p>• Proposed Transitional Changes Within Nottinghamshire Healthcare Trust Adult Mental Health Service For 2015/16 (Nottinghamshire Healthcare Trust)</p> <p>• Independent Review of Nottingham Dermatology Services 2015 To receive the report following the independent review (Nottingham Dermatology Services Independent Review Team)</p> <p>• Work Programme To consider the provisional 2015/16 Work Programme</p>
<p>14 July 2015</p>	<ul style="list-style-type: none"> <p>• Transformation Plans for Children and Young People To receive an update on the preferred site (Nottinghamshire Healthcare Trust)</p> <p>• Public Consultation regarding Gluten free Prescribing (Rushcliffe CCG)</p> <p>• Changes in Adult Mental Health Care Provision in Nottingham City and County To receive the latest update on the changes (Nottinghamshire Healthcare Trust)</p>

	<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>Page 36</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) • Work Programme To consider the 2015/16 Work Programme
<p>15 December 2015</p>	<ul style="list-style-type: none"> • Royal College of Nursing Further briefing on the issues faced by nurses (RCN) • Update on Progression of proposed service redesign projects within the Adult Mental Health Directorate in 2015/16 To receive the latest update on changes (Nottinghamshire Healthcare Trust) • Work Programme To consider the 2015/16 Work Programme

<p>12 January 2016</p>	<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 To receive a briefing on the local workforce challenges (Health Education England)
<p>9 February 2016</p>	<ul style="list-style-type: none"> • Primary Care Access Challenge Fund Pilots To receive the latest update on the pilots (NHS England/CCGs) • Rampton Secure Hospital Variations of Service To receive a presentation on the issues for consideration within the Variation of Service on treatment and care of people with personality disorders (NHS England and Nottinghamshire Healthcare Trust) • Long Term NUH Strategy (5 years and beyond) To receive a presentation (NUH)
<p>15 March 2016</p>	<ul style="list-style-type: none"> • Patient Transport Service – Performance Update (Arriva CCG lead) • Greater Nottingham Transformation Partnership (formerly South Notts Transformation Partnership) To receive an update on the SNTP developments (South Notts Transformation Partnership) • Long Term Neurology Conditions (NUH and Commissioners) • NHS 111 Update To receive the latest update on NHS 111 developments and performance

	(Nottingham City CCG)
19 April 2016	<ul style="list-style-type: none"> • Urgent Care Resilience Programme 2015/16 To receive an update on the delivery of Winter 2015/16 (Nottingham City CCG and NUH) • Dermatology Action Plan To receive an update on the Action Plan developments and redesign (Rushcliffe CCG) • Daybrook Dental Service Report of findings and lessons learnt (NHS England)
10 May 2016	<ul style="list-style-type: none"> • Transformation Plans for Children and Young People To receive an update on the progress of the transformation plans (Nottinghamshire Healthcare Trust) JG • Progress on developing 7 day NHS Services • Work Programme To consider the 2015/16 Work Programme JG

Scheduled for 2016/17:

June 2016 – Update on Progression of service redesign projects within the Adult Mental Health Directorate

September 2016 – NUH Environment, Waste and Cleanliness Update

October 2016 – East Midlands Clinical Senate and Strategic Clinical Networks Update

December 2016 – Update from the Royal College of Nursing

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

The Future of Clinical Commissioning Groups

NUH Catering Contract Savings

Visits:

Urgent and Emergency Care Services

Rampton Secure Hospital

Arriva Control Centre (undertaken 18/11/15)

NHS 111

EMAS Control Centre

Study groups

Quality Accounts