



NOTTINGHAM CITY COUNCIL
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

Date: Tuesday, 10 May 2016

Time: 10.15 am (per-meeting for all Committee members at 10am)

Place: Ground Floor Committee Room - 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

- 1 APPOINTMENT OF VICE CHAIR**
To note the appointment of Vice Chair
- 2 COMMITTEE MEMBERSHIP**
To note the appointment of Councillor Joyce Bosnjak to the membership of Joint City and County Health Scrutiny Committee
- 3 APOLOGIES FOR ABSENCE**
- 4 DECLARATIONS OF INTEREST**
- 5 MINUTES** 3 - 8
To confirm the minutes of the meeting held on 19 April 2016
- 6 NOTTINGHAMSHIRE HEALTHCARE TRUST TRANSFORMATIONAL PLANS FOR CHILDREN AND YOUNG PEOPLE - CAMHS AND PERINATAL MENTAL HEALTH SERVICES** 9 - 14
Report of the Head of Democratic Services (Nottingham City Council)
- 7 NHS 111 PERFORMANCE UPDATE** 15 - 18
Report of the Vice-Chair of the Joint City and County Health Scrutiny Committee

8 JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK 19 - 24
PROGRAMME 2016/17
Report of the Head of Democratic Services (Nottingham City Council)

9 DATES OF FUTURE MEETINGS

To agree to meet on the following Tuesdays at 10:15am at County Hall,
West Bridgford:

- 14 June 2016
- 12 July 2016
- 13 September 2016
- 11 October 2016
- 8 November 2016
- 13 December 2016
- 10 January 2017
- 7 February 2017
- 14 March 2017
- 18 April 2017

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 19 April 2016 from 10.15 - 12.02

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Eunice Campbell
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Pauline Allan
Councillor Richard Butler
Councillor John Clarke
Councillor John Handley
Councillor Colleen Harwood
Councillor Jacky Williams
Councillor Anne Peach
Councillor Merlita Bryan
Councillor Corall Jenkins
Councillor Chris Tansley

Absent

Councillor Carole-Ann Jones
Councillor Ilyas Aziz

Colleagues, partners and others in attendance:

Vicky Bailey	- Chief Officer, Rushcliffe Clinical Commissioning Group
Jane Garrard	- Senior Governance Officer
Martin Gately	- Lead Officer for Health Scrutiny
Nicky Pownall	- Programme Director, Nottingham City Clinical Commissioning Group
Noel McMenamin	- Governance Officer
Caroline Shaw	- Chief Operating Officer, Nottingham University Hospital
Helen Tait	- General Manager, Circle

65 APOLOGIES FOR ABSENCE

Councillor Ilyas Aziz (other Council business)
Councillor Carole Ann Jones (leave)

This was the Committee's final meeting with Councillor Ginny Klein as Chair, and the Committee thanked her for her hard work and commitment to the Committee's work over the year.

66 DECLARATIONS OF INTERESTS

None.

67 MINUTES

The minutes of the meeting held on 15 March 2016 were agreed as a true record and they were signed by the Chair.

68 DERMATOLOGY ACTION PLAN MONITORING

The Committee considered a report updating it on issues affecting dermatology in Nottinghamshire, in line with a commitment to monitor the implementation of recommendations arising from the Clough Independent NUH Review of Dermatology Services.

Vicky Bailey, Chief Officer, Rushcliffe Clinical Commissioning Group (CCG), Caroline Shaw, Chief Operating Officer, Nottingham University Hospitals (NUH) Trust and Helen Tait, General Manager, Circle Group briefly introduced the report, providing the following information:

- (a) Recruitment and retention of dermatologists remained a national concern. Commissioners continued to meet at a regional (East Midlands) level to consider commissioning issues and concerns, but there were no quick and easy solutions;
- (b) 5 acutely ill patients needed to be transferred to the University Hospitals of Leicester for urgent inpatient care, but no additional cases or issues had arisen;
- (c) NUH has since been inspected by the Care Quality Commission and no patient impact issues were raised in respect of dermatology services provided by the Circle Group.

The following issues were raised during discussion:

- (d) It was explained that demand for dermatologists was very competitive nationally, with specialists tending to locate where they attended University. Commissioners were aware that areas with a strong research profile fared better in recruiting and retaining staff;
- (e) A councillor commented that more engagement with 6th Form colleges could help impact the region's recruitment and retention gap in the longer term;
- (f) Commissioners confirmed that patient transfers between providers happened routinely, and that different commissioning models were currently being assessed to draw up a Memorandum of Understanding between the Circle Group and the University Hospitals of Leicester;
- (g) It was explained that acutely ill patients receiving inpatient care were 'residual issues' because the extent of the issue was previously unknown, but commissioners and providers acknowledged that it would be appropriate to change the wording going forward;
- (h) It was confirmed that the 'survey of attendees' referred to in the action plan was a survey of professionals, not service users;
- (i) The roll-out of tele-dermatology services in GP practices has also had a positive impact both on service provision and the patient experience, and Healthwatch

Nottingham and Nottinghamshire confirmed that no issues and concerns have been raised by their groups on dermatology issues.

RESOLVED to

- (1) thank commissioners and service providers for attending the meeting;**
- (2) agree that, in view of the successful implementation of the dermatology action plan to date and its positive impact on the patient experience, no further scrutiny of the service was required at this time.**

69 URGENT CARE RESILIENCE PROGRAMME

Caroline Shaw, Chief Operating Officer, Nottingham University Hospitals (NUH) Trust and Nikki Pownall, Programme Director, Urgent Care, Nottingham City Clinical Commissioning Group (CCG) introduced a report and presentation, updating the Committee on the delivery of urgent care services by NUH during the winter of 2015/16. Ms Shaw and Ms Pownall made the following points:

- (a) Performance in quarters 3 and 4 fell away, in part down to high levels of staff changes and departures, an increase in admission of over-85s and an outbreak of Norovirus in 4 out of 5 community facilities. There is no one cause for the increase, and no single solution;
- (b) In managing winter pressures, 38 extra beds had been located at both Queen's Medical Centre and the City Hospital and £1.1 million invested. In order to strike a balance between emergency, cancer and planned operations in the busiest winter months, elective surgeries were reduced;
- (c) There has been a reduction in the number of vacancies recorded across the service. There are currently 8.7 whole time equivalent (WTE) registered nursing vacancies as opposed to 18.8 WTE vacancies recorded in March 2015. This demonstrates a stabilising staffing situation;
- (d) The Committee commended both the clear and comprehensive information provided, and the positive approach commissioners and providers demonstrated to find solutions in a challenging environment.

A number of points were raised during the discussion which followed:

- (e) Ms Pownall advised that tracking mental health patients in the Emergency Department (ED) was a key and ongoing work strand within the Urgent and Emergency Care Vanguard;
- (f) The involvement of GPs in the Urgent Care and Emergency Care Vanguard had proved effective in Nottingham, though less in driving down response times and more in providing better quality care and patient experience. The Urgent Care Centre was a valuable GP/nurse-led facility where walk-in patients could be assessed initially;

- (g) The Committee asked that the evaluation of the Urgent and Emergency Care Vanguard, with a focus on the GP element of the process, be put on the Committee's work programme;
- (h) It was explained that fewer and fewer trusts are able to achieve the national target of 95% of ED patients being treated within 4 hours, and that administering safe and appropriate care was the overriding priority. There are indications of a national move towards a more achievable target of 85%;
- (i) A roof collapse at the City Hospital was in an empty emergency 'decamp' ward held in reserve as part of the NUH Estates Strategy, and was not in public use;
- (j) Divisional nurse leads were in place for each division to help drive performance and ensure, for example, that scripts were written up in a timely way by junior doctors to minimise delays for patients;
- (k) It was acknowledged that more work was needed in changing Occupational health models and in reducing numbers of elderly frail patients presenting at ED;
- (l) Staffing issues were becoming less acute. There were no vacancies at the consultancy level, and the Advanced Nurse Practitioner role will enable better nurse retention;
- (m) Ms Pownall reported improvements in performance at the interface/exchange of patients from the East Midlands Ambulance Service, and Nottingham did not have incidents of ambulance 'stacking' outside EDs seen elsewhere in the NHS.

RESOLVED to

- (1) thank Ms Shaw and Ms Pownall for their presentation and involvement in the subsequent discussion;**
- (2) add 'Evaluation of the Urgent and Emergency Care Vanguard, with a focus on the GP involvement in its delivery' and 'primary care at the front door' to the Committee's work programme;**
- (3) to request an update on the service at the Committee's April 2017 meeting.**

70 JOINT HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

The Committee considered the report of the Head of Democratic Ser about the Committee's work programme for the remainder of 2015/16 and into 2016/17. Jane Garrard, Senior Governance Officer, gave the following update:

- (a) Consideration of NHS11 has been deferred until May 2016 because of work currently taking place to re-procure the service;

- (b) All Quality Account study groups have now met. Further meetings are planned to consider final draft Quality Accounts in late May/early June 2016;
- (c) The Committee will consider the Urgent Care Resilience programme at its April 2017 meeting, in line with the resolution at minute 69 above.

RESOLVED to note the report and update.

71 DEVELOPING WORK PROGRAMME 2016/17

The Committee noted the report of the Head of Democratic Services without discussion.

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JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
10 MAY 2016
NOTTINGHAMSHIRE HEALTHCARE TRUST TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE – CAMHS AND PERINATAL MENTAL HEALTH SERVICES
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

1. Purpose

- 1.1 To consider an update on Nottinghamshire Healthcare Trust’s work to improve CAMHS and Perinatal Mental Health Services.

2. Action required

- 2.1 The Committee is asked to scrutinise progress in implementation of Nottinghamshire Healthcare Trust’s proposals to improve CAMHS and Perinatal Mental Health Services.

3. Background information

- 3.1 In July 2015 the Committee heard about Nottinghamshire Healthcare Trust’s proposals to improve services for children and young people with emotional and mental health needs. Part of a wider programme of change, the focus was on Child and Adolescent Mental Health Services (CAMHS) and Perinatal Mental Health Services.

- 3.2 Following consultation, the Trust was proposing to bring the following services together onto a new single site on Mansfield Road, Nottingham:

- Community CAMHS – new outpatient facilities for the City and south of the County with a countywide single point of access and new professional base;
- Inpatient CAMHS – new unit with an increase in the number of beds from 13 to 24 and a new Psychiatric Intensive Care Unit (PICU);
- Purpose built education unit for CAMHS patients – working in partnership with education colleagues and Nottingham’s Hospital and Home Education Learning Centre; and
- Perinatal services – new mother and baby unit with a small increase in the number of beds from 7 to 8 and new outpatient facilities for the City and south of the County.

- 3.3 Based on the available information, the Committee gave full support to these proposals.

- 3.4 The business case was approved by the Trust Board in September 2015.
- 3.5 Representatives of Nottinghamshire Healthcare Trust will be attending the meeting to provide an update on implementation, including showing a short 'fly-through' film of the new site.

4. List of attached information

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

Appendix 1 – 'Update on child, adolescent and perinatal mental health services'

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 to and minutes of meetings of the Joint Health Scrutiny Committee held on 24 February and 14 July 2015.

7. Wards affected

All.

8. Contact information

Jane Garrard, Senior Governance Officer
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

UPDATE ON TRANSFORMATION OF CHILD, ADOLESCENT & PERINATAL MENTAL HEALTH SERVICES

Joint Health Scrutiny Committee – 10 May 2016

1.0 PURPOSE

The purpose of this paper is to update the Committee on Nottinghamshire Healthcare NHS Foundation Trust's transformation proposals for child, adolescent and perinatal mental health inpatient provision.

2.0 BACKGROUND

Previous reports presented to the Committee in February 2015 and July 2015 outlined a set of proposals for transforming children, young people and perinatal mental health services.

In summary, the proposals incorporate the development of:

- **Inpatient Child & Adolescent Mental Health Services (CAMHS)** - a new unit, with an increase in the number of beds from 13 (currently at Thorneywood) to 24, plus a new 8 bed Psychiatric Intensive Care Unit (PICU). Plans include the development of an education unit to support children and young people to continue their education whilst admitted to the unit.
- **Perinatal Mental Health Services** - a new Mother and Baby inpatient unit, with an increase in beds from 7 (currently at the Queens Medical Centre) to 8, and new community outpatient facilities for mothers and their babies from the city and south of county.
- **Community Child and Adolescent Mental Health Services (CAMHS)** - new facilities for delivery of community CAMHS services for children and young people from the city and south of county.

Services will be brought together on a single site to create a child and family friendly 'campus', built on the vacant site currently known as the Cedars Rehabilitation Unit, Foster Drive, off Mansfield Road, Nottingham.

The expected benefits of this proposal include:

- Improvements to the quality of care through modern, fit for purpose facilities which are child and family friendly and offer therapeutic, caring environments
- Increased bed capacity for those requiring access to specialist inpatient care, meaning fewer children young people and perinatal women travelling out of area to access specialist care.

3.0 PROGRESS UPDATE

Engagement and Consultation

Engagement and consultation has been and continues to be central to the development of plans. Comprehensive service user, staff and stakeholder engagement activities began in 2014 and a formal three-month public consultation was undertaken between June and September 2015.

This Committee considered the proposals at its meeting on 14 July 2015 and gave its full support.

Findings from the engagement activities and formal consultation demonstrated overwhelming support from a wide range of stakeholders. 85% of respondents in an online survey supported the overall proposal.

Some concerns were noted through the consultation, mostly relating to the need to ensure the new services are properly staffed, that the development is co-designed with service users and partner agencies and the new site is easily accessible with sufficient parking.

All concerns raised are being addressed through appropriate project delivery groups.

The final public consultation report can be found on the Trust website: <http://www.nottinghamshirehealthcare.nhs.uk/proposals-for-camhs-and-perinatal-mental-health-services>

Full Business Case

Following the outcome of the public consultation, a Full Business Case (FBC) was presented to the Trust Board in September 2015 and following careful consideration, approval was granted by the Board of Directors. The approval includes a commitment to new investment totalling £20.9m to deliver the proposals.

Planning Permission

Design plans developed by the Trust and its architect and building partners were submitted to the Nottingham City Planning Committee on 20 January 2016. Plans were unanimously supported resulting in planning permission being granted for the project.

A short 3D fly through of the plans approved by the Planning Committee can be found on the Trust's website: <http://www.nottinghamshirehealthcare.nhs.uk/latest-news/green-light-for-new-children-young-people-and-families-unit--1429>

Construction and Service Development Timescales

Demolition has commenced on-site whilst the Trust finalises contractual arrangements with its building partner. Subject to final agreement, construction completion is estimated for February 2018.

Detailed service development and workforce plans are currently being developed and, subject to construction completion, the Trust expects to commence delivery of services on the new site during Spring 2018.

Education Unit

Officers within the Trust continue to engage positively with Nottingham City Council Education colleagues (responsible for the provision of hospital-based education) in developing plans for the education unit. Funding arrangements for the education provision need to be clarified as soon as possible in order to address and risk to overall delivery of the development. Advice and support is being sought at a national level in order to take this forward, partly linked to the Government's academy agenda.

4.0 CONCLUSION

The Trust has worked in partnership with service users, staff and stakeholders to develop ambitious plans that will significantly improve care quality, patient experience and access to specialist inpatient care for children, young people and perinatal women. Furthermore, these have received unanimous support from stakeholders.

Approval of the FBC and investment by the Trust's Board of Directors and planning permission being granted represents two important milestones that have been achieved. Robust plans are being developed and the Trust is confident that it will successfully deliver the project in order to commence delivery in Spring 2018.

5.0 RECOMMENDATIONS

The Committee is asked to:

1. Note findings from stakeholder engagement and formal public consultation.
2. Consider progress achieved to date.
3. Receive a progress update report at the May 2017 Committee.

Simon P Smith
Executive Director – Local Services
Local Services Division

May 2016

For further information, please contact:
Gary Eves, Development Programme Manager
gary.eves@notths.nhs.uk

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10 May 2016

Agenda Item:

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

NHS 111 PERFORMANCE UPDATE

Purpose of the Report

1. To introduce an update on the performance of the NHS 111 service.

Information and Advice

2. Members will recall that an update on this service was last received by the committee in September 2015 when Stewart Newman, Head of Urgent Care at Nottingham City Clinical Commissioning Group and Dr Christine Johnson, NHS 111 Clinical Lead, Derbyshire Health United.
3. The committee heard that the current contract with Derbyshire Health United would run until March 2016. A competitive procurement process had been initiated by the CCG, but as national commissioning standards for NHS 111 were expected to be published at the end of September 2015, all procurement was, at that time, paused. In addition, it was understood that NHS 111 would remain as a national service although changes were likely to be made to its composition.
4. Members were also told that locally the performance of NHS 111 had continued to stabilise. Over 90% of calls are answered within 60 seconds each month, and less than 1% of calls have been abandoned within the last financial year. Locally, NHS 111 has also participated in national pilots and innovations which have improved the service.
5. A written report setting out NHS 111 performance is attached as an appendix to this report.
6. Members may already be aware from press reports that the new contract to provide the NHS 111 telephone service across the East Midlands has been awarded to a consortium of Derbyshire Health United and the East Midlands Ambulance Service (EMAS) NHS Trust. The DHU and EMAS consortium will take over the contract in October 2016.
7. Dr Christine Johnson, NHS 111 Clinical Lead at Derbyshire Health United and Helen Jones, the new Head of Urgent Care at NHS Nottingham City Clinical Commissioning Group will attend the Joint Health Committee to present the performance information and answer questions.

RECOMMENDATION

That the Joint City and County Health Scrutiny Committee:

- 1) Consider and comment on the NHS 111 performance information
- 2) Schedule further consideration, as necessary

Councillor Parry Tsimbirdis

Vice-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

Joint Health Overview and Scrutiny Committee UPDATE ON NHS 111 SERVICE APRIL 2016

1. Introduction

The NHS 111 service is free for people to call, it will assess and advise people what service they need when they think they have an urgent need for care and are unsure what to do.

The provider of the NHS 111 service for the whole of Nottinghamshire (excluding Bassetlaw) is Derbyshire Health United (DHU). The service went live in March 2013. As part of a national review of urgent and emergency care, NHS England has published a revised set of service standards for NHS 111 in June 2014 and a further iteration is expected by the end of September 2015. In order to allow CCGs to consider and respond appropriately to these revised service standards, NHS England has written to CCGs to ask that procurement activity be paused until after the service standards are released.

The current contract with DHU runs until March 2016 and a competitive procurement process has been initiated by the CCGs. This has concluded in April 2016 with a contract to be awarded from October for the 111 service. This does not cover the national standards for integrated urgent care (aforementioned revised service standards) which sit outside the 111 service. The existing contract for 111 with DHU has been extended to cover the period April – October 2016.

In her role as NHS 111 Clinical Lead for Nottinghamshire, Dr Christine Johnson has been heavily involved in helping to shape the new service standards for the NHS 111 service.

2. Performance

2.1 CALL ANSWERING

The update to the Overview and Scrutiny Committee in September 2015 identified that the performance of the NHS 111 Service for Nottinghamshire on the proportion of calls answered in 60 seconds had improved. The target of 95% is still not being met consistently but since March 2015 performance has been between 90 - 95% with the target achieved in 3 months. Performance has been consistently above the national average.

The other main call answering standard is that no more than 5% of calls should be abandoned. From April 2015 the percentage of abandoned calls has been between 0-1.5%. In the majority of months performance of less than 1% has been achieved with 2 months hitting 1.5% and 1.3% Performance has been consistently better than the national average.

2.2 DISPOSITIONS

From April 2015, the proportion of callers being advised to attend an emergency department or been sent an emergency ambulance has been broadly in line with the national average; with fewer emergency ambulance dispositions and more emergency department dispositions.

2.3 CALL BACKS

Ideally, where patients need to speak to a nurse within the NHS 111 service they will be warm transferred to a nurse (i.e. during the same phone call). The number of people that nurses at DHU have to call back and the timeliness with which call backs are made remains a concern. The CCGs and DHU have agreed a new process around the prioritisation of callers that need to speak to a nurse to ensure that capacity is protected for those callers with the most urgent needs.

April – July 2015 showed call backs within 10 minutes were around the 35% mark, lower than the national average. However, from July – December 2015 call backs within 10 minutes increased to between 40-50%. In February 2016 the average wait for a call back is 54 minutes.

3. Quality and Patient Experience

The previously circulated patient experience survey remains the most recent. DHU will be undertaking a new survey in the upcoming months, the results of which will be shared with commissioners for review and action where necessary.

Therefore, currently the levels of patient satisfaction and compliance with the advice given by the NHS 111 service is the same as previously reported:

- 96% of callers reported that they followed some (8%) or all (88%) of the advice from NHS 111
- 86% of callers were fairly (21%) or very (65%) satisfied with the service
- 35% of callers said they would have gone to A&E or called 999 if they hadn't contacted NHS 111

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE
10 MAY 2016
JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2016/17
REPORT OF HEAD OF DEMOCRATIC SERVICES (NOTTINGHAM CITY COUNCIL)

Purpose

- 1.1 To consider the Committee’s work programme for 2016/17, 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 2016/17 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.

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 2016/17 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

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Joint Health Scrutiny Committee 2016/17 Work Programme

<p>14 June 2016</p>	<ul style="list-style-type: none"> • Update on progression of service redesign projects within the Adult Mental Health Directorate in 2015/16 To review implementation of service redesign projects (Nottinghamshire Healthcare Trust) • Development of Nottinghamshire Sustainability and Transformation Plan To consider development of, and proposals for the Nottinghamshire Sustainability and Transformation Plan; and if, and if so how the Committee wishes to engage with implementation of the Plan. • Work Programme To consider the 2016/17 Work Programme
<p>12 July 2016</p>	<ul style="list-style-type: none"> • Transforming care for people with learning disabilities and/or autism spectrum disorders in Nottingham and Nottinghamshire – outcomes of consultation and progress against key deliverables To consider the consultation process and findings and if/how proposals are changing to reflect those findings; and progress against the key deliverables to be completed by June 2016 (Nottingham City CCG lead) • Work Programme To consider the 2016/17 Work Programme
<p>13 September 2016</p>	<ul style="list-style-type: none"> • Environment, waste and cleanliness at Nottingham University Hospitals To review progress in improving the environment, waste management and cleanliness at Nottingham University Hospitals sites (Nottingham University Hospitals)

	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme
11 October 2016	<ul style="list-style-type: none"> • East Midlands Clinical Senate and Strategic Clinical Networks To receive the EMCSSCN Annual Report and updates on other recent developments (EMCSSCN) • Work Programme To consider the 2016/17 Work Programme
8 November 2016	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme
13 December 2016	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme
10 January 2017	<ul style="list-style-type: none"> • Uptake of child immunisation programmes To consider the latest performance in uptake and how uptake rates are being improved (NHS England/ Local Authority Public Health) • Work Programme To consider the 2016/17 Work Programme
7 February 2017	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme

14 March 2017	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme
18 April 2017	<ul style="list-style-type: none"> • Work Programme To consider the 2016/17 Work Programme

To schedule:

- Rampton Secure Hospital Variations of Service – commissioners/ prison environment
- Daybrook Dental Service - findings and lessons learnt (NHS England) – awaiting outcome of General Dental Council case (contact: Dr Ken Deacon)
- Progress against JHSC recommendation that “that the City and County Councils work with their partners, for example Marketing Nottingham and Nottinghamshire to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work”
- Integrated Community Children and Young People’s Healthcare Programme – review of outcomes of service changes
- Procurement of Patient Transport Service, including development of service specification - awaiting confirmation of procurement timings
- Progress in establishing long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals
- Scrutiny implications of long term partnership between Nottingham University Hospitals and Sherwood Forest Hospitals

Study Groups:

- Quality Accounts

Visits:

Other meetings:

- NUH (Peter Homa)
- NHCT (Ruth Hawkins)
- EMAS (Greg Cox)

Items for 2017/18 Work Programme: