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NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 22 June 2017

Time: 1.30 pm (pre-meeting for all Committee members at 1pm)

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 Strategy and Resources

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 8764315

1	**MEMBERSHIP CHANGE** To note that Councillor Carole Jones has been appointed as a member of the Health Scrutiny Committee.	
2	**APOLOGIES FOR ABSENCE**	
3	**DECLARATIONS OF INTEREST**	
4	**APPOINTMENT OF VICE CHAIR**	
5	**MINUTES** To confirm the minutes of the meeting held on 23 March 2017	3 - 12
6	**NOTES OF INFORMAL MEETING OF THE HEALTH SCRUTINY COMMITTEE** To note the notes of the informal meeting of the Health Scrutiny Committee held on 20 April 2017	13 - 16
7	**HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE 2017/18**	17 - 20
8	**NOTTINGHAM HOMECARE MARKET**	21 - 22
9	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18**	23 - 30
10	**FUTURE MEETING DATES**	

To agree to meet on the following Thursdays at 1:30pm:

- 20 July 2017
- 21 September 2017
- 19 October 2017
- 23 November 2017
- 21 December 2017
- 18 January 2018
- 22 February 2018
- 22 March 2018
- 19 April 2018

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

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 23 March 2017 from 13.31 - 15.11

Membership

Present	Absent
Councillor Merlita Bryan (Vice Chair)	Councillor Anne Peach
Councillor Patience Uloma Ifediora	Councillor Jim Armstrong
Councillor Ginny Klein	Councillor Ilyas Aziz
Councillor Dave Liversidge	Councillor Corall Jenkins
Councillor Chris Tansley	Councillor Carole-Ann Jones

Colleagues, partners and others in attendance:

Lucy Anderson	-	Director of Quality Governance, Nottingham City CCG
Owen Bennett	-	Head of Patient Safety, Nottingham University Hospitals
Marie Cann-Livingstone	-	Teenage Pregnancy Specialist/Lead commissioning Manager
Helene Denness	-	Public Health Consultant
Jane Garrard	-	Senior Governance Officer
Dr Lucy Kean	-	Head of Service, Midwifery and Gynaecology, Nottingham University Hospitals
Kate Morris	-	Governance Officer
Charlotte Reading	-	Nottingham City CCG
Laura Rumsey	-	Deputy Head of Midwifery, Nottingham University Hospitals
Becky Stoner	-	South Nottinghamshire Clinical Commissioning Groups

43 APOLOGIES FOR ABSENCE

Councillor Jim Armstrong	- Personal
Councillor Ilyas Aziz	- Personal
Councillor Corall Jenkins	- Personal
Councillor Carol Jones	- Personal
Councillor Anne Peach	- Personal

44 DECLARATIONS OF INTEREST

None.

45 MINUTES

The minutes of the meeting held on 23 February 2017 were confirmed as a correct record and signed by the Chair.

46 REDUCING UNPLANNED TEENAGE PREGNANCIES

Marie Cann-Livingstone, Teenage Pregnancy Specialist and Helene Denness, Consultant in Public Health presented a report on reducing unplanned teenage pregnancies and the work being done in Nottingham City. They highlighted the following points:

(a) national evidence suggests that for the majority of girls who conceive under 18 years there are no specific risk factors, however there are a number of common factors, not seen as causal, that make some young people more at risk of teenage pregnancy. These include:

- eligibility for free school meals
- living in a deprived area
- persistent absence in year 9
- slower than expected progress between Key Stage 3 and Key Stage 4
- attending lower performing schools
- low maternal aspirations
- experience of sexual abuse
- previous pregnancy

(b) studies across the UK show that outcomes for teenage mothers and their children are more likely to be poorer:

- teenage mothers are twice as likely to smoke before and during pregnancy and three times more likely to smoke throughout the whole of their pregnancy;
- teenage mothers are a third less likely to initiate breast feeding and half as likely to be breast feeding at 6-8 weeks;
- teenage mothers have babies that are at 56% higher risk of infant death and are 3 times more likely to die from sudden unexplained death in infancy;
- children born to teenage mothers are twice as likely to be hospitalised due to accidental injury or gastroenteritis;
- at age 5 children are more likely to be behind on spatial ability, non-verbal ability and verbal ability
- mothers are three times more likely to experience postnatal depression and have higher risk of poor mental health for up to three years after birth;
- two in three teenage mothers experience relationship breakdown in pregnancy or in the three years following birth;
- children have a 63% higher risk of living in poverty;
- one in five girls aged 16-18 not in education employment or training are teenage mothers;
- women who were teenage mothers are 22% more likely to be living in poverty at age 30;

(c) recently released statistics show that teenage conceptions in Nottingham City were down from 160 in 2014 to 152 in 2015. There had been a 62.2% decrease from 2004 to 2015. Despite this reduction, Nottingham City's

teenage pregnancy rate was the 17th highest in the UK and the 2nd highest amongst the Core Cities;

(d) if the numbers continue to fall then the Council is on target to reduce teenage pregnancy by a further third as stated in the Council Plan 2015-19;

(e) between 2012-2014 Aspley had the highest teenage pregnancy rates with Arboretum and Bulwell also being higher than the City average whilst Wollaton West had the lowest published figures;

(f) Nottingham's Sex and Relationship Education (SRE) Charter was launched in 2016 and the team has now had 50% schools in the City sign up to the Charter. They are also working with faith schools to offer an approach suited to their needs;

(g) there is a wide range of primary prevention services within Nottingham City, these include:

- Nottingham City Sexual Health Services - delivers accessible, integrated services within the community and offers advice and support alongside a full range of contraceptive services. There are a number of clinics across the city that offer these services;
- C-Card Scheme – offers free contraceptive services to 13-24 year olds alongside SRE. The scheme requires the young person to register for the scheme before being able to collect contraception from over 50 points across the city;
- General Practitioners and Pharmacies – provide a full range of contraception and information including long acting reversible contraception, pregnancy testing and emergency hormonal contraception;
- Public Health Nurse for school age children and young people service, formally known as the School Nursing Service – offers information and practical support;

(h) there are two termination of pregnancy clinics in Nottingham City. These services include support and counselling whilst young people are making a decision and after the decision has been made. In 2015/16 1401 elective terminations took place. 3% were aged 13-16 years and 21% were aged 17-20 years;

(i) there are a number of support services available for teenage mothers:

- Accommodation services – 16 units of self-contained hostel accommodation for vulnerable teenage mothers and their children alongside a further 4 units for teenage fathers and mothers ready for semi-independent living;
- Family Nurse Partnership (FNP) – a programme of support and guidance for up to 200 pregnant teenagers and mothers each year. It is an intensive health visiting programme involved with girls from early pregnancy through to the child's second birthday. The programme aims to enable teenagers to have a healthy pregnancy and improve the child's health. The programme also works with the

mother to improve aspirations. 38% of cases have social care intervention;

- Education Officer – works to provide support for pregnant teenagers and teenage parents to engage with education;
- Teenage Pregnancy Midwifery Service – is available to support all under 18 pregnancies offering flexible and one to one support. The aim of the service is to increase self-esteem, promote self-worth and boost confidence as a parent;

(j) a new Joint Strategic Needs Assessment (JSNA) chapter on reducing unplanned teenage pregnancy has recently been published and the following challenges were identified:

- provision of comprehensive SRE across all schools. Currently there is some reluctance from some schools, a number of which are in areas with high teenage conception rates;
- equitable access to sexual health services on school sites. Some pupils have access to emergency hormonal contraception and pregnancy testing on their school site, some schools do not find it acceptable to provide these services, and others are not able to due to insufficient numbers of public health nurses able to deliver the provision;
- Need for increased focus and service adaptation to match the diverse demographic of the city;
- Encourage services to record accurate ethnicity information to assess teenage pregnancy in the migrant population, for example there is currently very little information on the Roma population who are increasingly featuring in the under 16 conception statistics;
- Establish ways to gather more timely data at a local level. National statistics are 18 months old by the time they are released and as such makes assessing the impact of services and future commissioning decisions difficult;
- Adaptation of services to better support teenage fathers;
- Reducing levels of poverty by increasing the number of teenage parents in education, training or employment;
- Investigate the reasons behind the slower reduction in under 16 years conception;
- Establish whether a reduction in traditionally risky behaviour is linked to the fall in teenage pregnancy rates;
- Gather more information about teenagers who's pregnancy does not end in a live birth, including terminations and miscarriages, as these girls are more at risk of having further pregnancies;
- Establish reasons and barriers to the use of contraception following a termination to enable services to support girls in the choice of a suitable contraception;
- Understand the relationship between the use of long-acting reversible contraception and condom use and the rise in sexually transmitted infections;
- Establish why so many teenagers choose not to return to education, employment or training;

- Research why teenagers decide to either continue or not continue their pregnancy;

(k) in 2015 Professor Yamamoto from the University of Osaka held a number of focus groups in schools across Nottingham to find out about attitudes to sexual risk taking. Pupils in the west area raised concerns that they did not know where to go to get advice and contraception. All focus groups discussed the importance of consent and use of contraceptives and personal experience was the measure against which judgements were made;

(l) There has been a sustained reduction in the number of teenage pregnancies over the last 10 years but there is still much work to be done to ensure service equality across Nottingham City;

Following questions and comments from the Committee the following points were highlighted:

(m) 50% of schools have signed up to the SRE charter with more coming on board all the time. Almost every school in Nottingham City has some kind of input from the SRE team and the team is working hard to engage faith schools, in particular Catholic schools in the city. Those schools that are not already engaged with the SRE team and are in areas with the highest teenage pregnancy rates have been written to individually with the hopes of engaging them;

(n) the SRE team does not deliver SRE directly in schools but instead work with teachers to ensure that they can access appropriate training and resources to deliver effective SRE which is accessible to all pupils on a sustainable basis. The SRE team can also facilitate, where appropriate, parent involvement;

(o) there are a handful of schools who have achieved a “gold” standard in SRE. These schools are now offering help, advice and support to other schools to deliver effective SRE;

(p) SRE will be compulsory in all schools by 2019;

(q) teenage pregnancy rates in Bristol are very low compared to other Core Cities. The reasons for this and the work that they are doing would be worth investigating to see if lessons can be learnt for Nottingham;

(r) it is currently too early to assess if the provision of the new clinic in Aspley has had an impact on the teenage pregnancy rates there. It would be possible to look at the use of the clinic and establish how many people are using the service, however it is common for teenagers to access services at a clinic away from their home area in order to protect anonymity;

(s) the reasons for the high teenage pregnancy rate in Aspley are numerous and complex. There are no specific risk factors, but many of the common risk factors are present. Bulwell also has a comparative demographic with similar risk factors and a high teenage pregnancy rate;

(t) although the national focus on teenage pregnancy may not be as sharp as in recent years the work currently being done within Nottingham City will continue and the Council is committed to reaching its target to reduce teenage pregnancy by a further third by 2020;

(u) indications suggest that the FNP has been successful in reducing the number of second teenage pregnancies although the number of cases is very small. Evidence suggests that where there are subsequent teenage pregnancies the mothers are making a more informed choice. Anecdotal evidence suggests that some of these girls are choosing to have their family at an early age;

(v) there are a number of services being recommissioned. The focus of the recommissioning will be more effective joined up work that will also allow more extensive data to be gathered to inform future work plans;

(w) there are a number of services that teenage fathers can access for support and advice but there are no targeted prevention services available for teenage boys within the city aimed at raising aspirations.

(x) it is traditionally difficult to engage with central and eastern European Roma families however a new online service has been established and included access and signposting to sexual health and contraceptive advice. Although numbers are small it does appear that the number of teenage pregnancies in this group is declining.

RESOLVED to:

(1) thank Marie Cann-Livingstone and Helene Denness for their attendance and for their report on the work being done in Nottingham to reduce unwanted teenage pregnancy;

(2) recommend that colleagues speak to Bristol City Council to identify if any lessons can be learnt for reducing unplanned teenage pregnancies in Nottingham;

(3) recommend that commissioners utilise frontline practitioners e.g. health visitors as a source for gathering local evidence to inform future commissioning decisions;

(4) request that a review of local activity and provision to reduce unplanned teenage pregnancies in the Aspley and Bulwell areas is carried out and the findings reported back to an informal meeting of health scrutiny councillors; and

(5) request that information be provided to councillors about available evidence of the impact of the Family Nurse Partnership on subsequent pregnancies.

47 MATERNAL HEALTH

Lucy Anderson, Director of Quality Governance, Children and Learning Disabilities, Nottingham City Clinical Commissioning Group and Helen Denness, Consultant in Public Health introduced a report on maternal health in Nottingham City. They highlighted the following points:

(a) Following the publication of Better Births: Improving Outcomes of Maternity Services in England (2016) a local maternity transformation programme was established and a steering group has evolved to cover Nottingham City and Nottinghamshire County to look at improving maternity services;

(b) Following a review of the local maternity services in 2013/14 some progress has already been made towards the priorities outlined in Better Births including:

- Personalised Care – Nottingham has introduced the "pocket midwife" app developed by Nottingham University Hospitals (NUH) which is locally targeted and give users free access to maternity advice and signposts to services;
- Continuity of Carer – A pilot in St Anns undertook the continuity of care model of working and this was evaluated positively by both staff and patients. The pilot scheme has been further rolled out to a wider area and is being continually evaluated;
- Safer Care – pathways and services are being improved for women assessed as having complex social factors. This work requires a multi-agency approach to encourage early access to maternity services;
- Better postnatal and perinatal mental healthcare – A steering group was established in 2016 to implement an improved pathway across Nottingham and Nottinghamshire;
- Multi-professional working and working across boundaries;

(c) In 2016/17 there was an assessment of maternity services using four indicators for maternity services. Nottingham City performance on still births and neonatal deaths and for smoking in pregnancy were not at the expected standards and require focused work to improve. This related to data on stillbirths in 2014/15. Performance in the Care Quality Commission survey of women's experience and choice is on par with national rates and is considered good;

(d) Smoking in pregnancy and specifically smoking at the time of delivery continues to be a challenge. In Nottingham in 2015/16 18.7% of mothers were smokers at the time of delivery, which is higher than the regional and English average. The rate of smoking varies greatly across the city with some areas being significantly higher than others;

(e) Currently women who smoke during pregnancy are automatically opted into cessation services but a very large percentage of those do opt out of the services. Of those that access smoking cessation services approx 70% do stop smoking by the time they deliver. However there is a high percentage of women who do start smoking again following delivery;

(f) Of those women who were still smoking at the time of delivery almost 70% were white British although information on smoking status at the time of delivery by ethnicity is not well recorded;

Following questions and comments from the Committee the following information was highlighted:

(g) there is very little data around pregnancy and homelessness. Once a woman presents as pregnant and homeless they are generally fast tracked into accommodation;

(h) there is a dedicated midwife for those women who are homeless and pregnant. They are centrally based but provide a service to women city wide and are able to maintain contact with the mother where ever she moves within the city to ensure continuity of care;

(i) homeless women and those seeking asylum are less likely to present to maternity services early in pregnancy;

(j) there are a number of different pieces of work that could be adopted in Nottingham to improve smoking cessation:

- Risk perception work – including education and visually show the mother how smoking affects her baby in pregnancy and work towards helping the mother understand the long term risks of smoking for their child.
- Carbon Monoxide monitoring – making monitoring a standard test done at each antenatal appointment and training all midwives to actively engage women who do not want to stop smoking with risk awareness work.

(k) currently maternity services and midwives cautiously advise women that use of e-cigarettes and vaping is better for them and their child than smoking, but that the best is to stop smoking entirely. The use of e-cigarettes and vaping is a way to reduce harm, not to eliminate it;

(l) at all face to face, non-emergency appointments women who used English as a second language have the opportunity to have translation services. Most translation work is over the telephone with a specialist contractor who are also used in hospitals and emergency situations;

(m) flu vaccination uptake is still low in pregnant women. Every year there are a number of cases where mothers and/or babies die as a result of contracting flu during pregnancy;

(n) reasons that flu vaccination uptake is low nationally include:

- women are cautious what they put in their bodies during pregnancy;
- reticence to use vaccinations due to the “Wakefield effect”;
- family and friends influence;
- lack of risk awareness;
- access to the vaccine or knowledge of the vaccine;

- poor fit of vaccines in previous years influencing a mother's perception about effectiveness;

(o) the "pocket midwife" app is being developed for use by the NHS UK-wide enabled to be configurable at a local level to ensure local services are accessible. The app can be configured to send reminders about issues such as smoking cessation services and flu vaccinations;

RESOLVED to

(1) thank Helene Denness and colleagues for their attendance and input into the report to the Committee on work being done on maternal health in Nottingham City; and

(2) request that information be provided to the Committee about available data on pregnant women who are homeless and/or asylum seekers and their access to maternity services.

48 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, outlined the Committee's future work programme for the final meeting in 2016/17.

RESOLVED to note the work programme for the remainder of 2016/17.

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NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE - INFORMAL MEETING

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 20 April 2017 from 1.30 pm

Membership

Present	Absent
Councillor Jim Armstrong	Councillor Merlita Bryan
Councillor Ilyas Aziz	Councillor Corall Jenkins
Councillor Patience Uloma Ifediora	Councillor Dave Liversidge
Councillor Carole-Ann Jones	
Councillor Ginny Klein	
Councillor Anne Peach (Chair)	
Councillor Chris Tansley	

Colleagues, partners and others in attendance:

Kathryn Brown	-	Contracts Manager – Community Services, Nottingham City Clinical Commissioning Group
Dave Miles	-	Integrated Care Team, Nottingham City Council/ Nottingham City Clinical Commissioning Group
Maria Principe	-	Director of Cluster Development and Performance, Nottingham City Clinical Commissioning Group
Jane Garrard	-	Senior Governance Officer

1 NEXT PHASE ADULT INTEGRATED CARE

Dave Miles, Integrated Care Team, gave a presentation about the next phase of integration for adult integrated care. He highlighted the following information:

(a) Key achievements of integration so far have included Care Delivery Groups bringing services together; the introduction of new Care Co-ordinator roles supporting Care Delivery Groups; multi-disciplinary meetings now taking place in GP practices; continued expansion and integration of assistive technology; piloting of a range of self-care initiatives including social prescribing in Bulwell; and integration of the Nottingham Health and Care Point.

(b) Objectives for the next phase of integration include ensuring care is delivered in the right place by the right people with the appropriate skill mix; ensuring care is delivered at home or in the community where possible; focusing on prevention and ways in which individuals and resilient communities can best support themselves; building medium and long term sustainability in response to rising demand and constrained resource.

(c) Priorities for the next phase of integration are managing risk; prevention and self care; developing the third sector; workforce and culture; parity of esteem

between physical and mental health; responsiveness; achieving outcomes; and technology enabled care.

(d) The key areas for integration activity will be developing an advanced community offer to promote self care and independence; developing an integrated health and social care response to citizens' changing needs and circumstances; and improving access and navigation.

(e) The recently published Next Steps Five Year Forward View refers to development of new models for care, including Multispecialty Community Providers (MCP). Consideration is also being given to alignment with the Greater Notts Delivery Plan and proposals to develop a Greater Notts Accountable Care System (ACS). This would be a care model wrapped around Nottingham University Hospitals requiring commissioners and providers to work alongside each other with the support of an 'integrator'. Currently contracts are held with individual providers and this means that providers all work to their own individual contracts and not necessarily collaboratively across the system. In an ACS there would be an alliance agreement between commissioners and providers setting out required outcomes across the system. The alliance would monitor how providers are delivering together and the alliance would be overseen by clinical commissioning groups.

In response to questions the following additional information was provided:

(f) The approach to self care was piloted in Bulwell with volunteer navigators to support individuals in supporting themselves. The intention is that this will be rolled out wider and through the Health and Care Point staff will be trained to direct people to support themselves. The volunteer navigators in Bulwell should still be operating. Evaluation of the Bulwell pilot will inform future commissioning.

(g) Commissioners need to get better at joined up commissioning and the ACS should help with this.

(h) Commissioners are under financial pressure. While it is anticipated that prioritising prevention and self care will contribute to a more sustainable health and social care system over the medium and longer term, there are no immediate financial savings to help alleviate current financial pressures.

Commissioners were asked to provide further information about the current and future position of the self care pilot in Bulwell.

2 PROPOSAL TO RE-MODEL THE COMMUNITY SERVICES CONTRACT AND ESTABLISH GOVERNANCE ARRANGEMENTS TO PROCURE AN INTEGRATED OUT OF HOSPITAL SERVICES CONTRACT

Kathryn Brown, Contracts Manager – Community Services, Nottingham City Clinical Commissioning Group, introduced a report outlining a proposal to remodel the Community Services Contract and establish governance arrangements to procure an

integrated Out of Hospital Services Contract. She highlighted the following information:

(a) The current Community Services contract is held by Nottingham CityCare Partnership and due to end in March 2018. This has provided an opportunity to review the contract in terms of what should be included and ways of working and as a result the re-procurement will not be a like-for-like replacement of current provision.

(b) The scope of the new contract is still being determined and the current list of proposed services for inclusion was included with the agenda papers. It is intended that there will be one provider contracted to provide all of the services but that provider will be able to subcontract with other providers. A benefit of this approach is that the Clinical Commissioning Group (CCG) will only have one contract to manage.

(c) The CCG is aiming to ensure that the voluntary and community sector are engaged in service delivery. It is proposed to dedicate a particular percentage of the contract value to be delivered by voluntary and community sector organisations. In the first 12 months of the contract the provider will be asked to review what they want voluntary and sector organisations to deliver, for example self care, carer support.

(d) Some services are integrated with other services commissioned by the local authority for example and the provider will be mandated to continue this.

(e) There is a need to achieve savings and this will be done by only having one contract to manage; reviewing provision to reduce duplication; and creating efficiencies within the contract.

(f) It is a very large contract and the CCG is being supported by procurement experts throughout the procurement process.

(g) It is anticipated that there will be several stages at which public and patient engagement will take place: a review of relevant past engagement findings will be undertaken; assumptions will be tested with population groups; once the provider has been appointed there will be engagement on what the services will be and how they will be provided.

(h) It is intended to develop joint service specifications between the CCG and local authority to maximise opportunities for integration.

(i) The contract going out to tender will not be too specific to encourage innovation.

(j) In addition to the risks included within the agenda papers, the following additional risks have been identified:

i. That patients will experience different services
ii. The re-procurement process may destabilise services

iii. The TUPE process may need to be used to transfer staff to a new provider and this would be a significant amount of work
iv. Better Care Fund guidance isn't yet available but some services are currently funded through the Better Care Fund.
v. Need to recognise the significance of estates
vi. Need to recognise the impact of achieving savings against ensuring that providers bid for the contract and that the contract is deliverable.

In response to questions the following additional information was provided:

(k) The need to ensure that the health needs of new and emerging communities are met is recognised. Each Care Delivery Group area has its own Joint Strategic Needs Assessment and there will be a commissioning manager engaged with each Care Delivery Group area to ensure that the needs of that area are identified and taken into account. This will be different for each Care Delivery Group area.

(l) There will be an expectation that quality of care will be maintained over the 12 month period of the procurement process and current providers would be expected to raise any issues or concerns about this with the CCG.

(m) The workforce is crucial to current and future service delivery and staff will need to be reassured about the process.

It was agreed that the Committee will be kept informed of progress with the procurement process and that updates will come back to future meetings at key points in the process – June 2017; January 2018; and March 2018.

HEALTH SCRUTINY COMMITTEE
20 JUNE 2017
HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE 2017/18
REPORT OF CORPORATE DIRECTOR FOR STRATEGY AND RESOURCES

1 Purpose

1.1 To make sure that all members of the Health Scrutiny Committee are aware of the terms of reference for the Committee and its implications for the operation of the Committee during the year.

2 Action required

2.1 The Committee is asked to note the terms of reference for the Health Scrutiny Committee.

3 Background information

3.1 On 8 May 2017 Council agreed the Health Scrutiny Committee terms of reference. The terms of reference are attached at Appendix 1.

4 List of attached information

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

Appendix 1 – Health Scrutiny Committee Terms of Reference 2017/18

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 Report to Full Council meeting held on 8 May 2017

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
0115 8764315
jane.garrard@nottinghamcity.gov.uk

Health Scrutiny Committee Terms of Reference

a) To set and manage its work programme to fulfil the overview and scrutiny roles and responsibilities for health and social care matters, including, the ability to:
    (i) hold local decision-makers, including the Council's Executive, to account for their decisions, action and performance;
    (ii) review policy and contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Nottingham residents;
    (iii) explore any matters affecting Nottingham and/ or its residents;
    (iv) make reports and recommendations to relevant local agencies in relation to the delivery of their functions, including the Council and its Executive;
b) To exercise the Council's statutory role in scrutinising health services for Nottingham City in accordance with the National Health Service Act 2006 as amended and associated regulations and guidance;
c) To engage with and respond to formal and informal consultations from local health service commissioners and providers;
d) To scrutinise the commissioning and delivery of local health and social care services to ensure reduced health inequalities, access to services and the best outcomes for citizens;
e) To hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities;
f) To work with the other scrutiny committees, to support effective delivery of a co-ordinated overview and scrutiny work programme;
g) To respond to referrals from, and make referrals to, Healthwatch Nottingham as appropriate;
h) To commission time-limited panels (no more than 1 panel at any one time) to carry out a review of a matter within its remit. Commissioning includes setting the remit, initial timescale and size of membership to meet the needs of the review to be carried out. Such review panels will be chaired by the Chair of the Health Scrutiny Committee;
i) To monitor the effectiveness of its work programme and the impact of outcomes from its scrutiny activity;
j) To appoint a lead health scrutiny councillor for the purposes of liaising with stakeholders on behalf of the health scrutiny function, including the Health and Wellbeing Board, Healthwatch Nottingham and the Portfolio Holder with responsibility for health and social care issues;
k) To co-opt people from outside the Council to sit on the Committee or any review panels it commissions to support effective delivery of the work programme.

<u>Membership</u>
The Committee has 10 members. Membership must not include members of the Executive Board. The Committee is politically balanced, with allocation of seats between political groups determined on a year by year basis.

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HEALTH SCRUTINY COMMITTEE
22 JUNE 2017
NOTTINGHAM HOMECARE MARKET
REPORT OF CORPORATE DIRECTOR FOR STRATEGY AND RESOURCES

1 Purpose

1.1 To review how effective the Council's response to pressures in the homecare market has been over the last six months; and longer term plans for the homecare market in Nottingham.

2 Action required

2.1 The Committee is asked to scrutinise the Council's approach to responding to pressures within the homecare market.

3 Background information

3.1 Being aware of the pressures within the homecare market nationally and in Nottingham and the impact that this has on both citizens in need of homecare and other health and social care services, in November 2016 the Committee spoke to the then Portfolio Holder for Adults and Health and the Director for Quality and Change about how the Council was responding to those pressures and mitigating the impact on citizens.

3.2 At that meeting the Committee heard that homecare was a top priority for the Council and that a vision was being developed for future provision. The current commissioning framework was coming to an end and re-commissioning would be based on the new service model.

3.3 In the meantime, there were plans in place to try and address the immediate pressures on the homecare service. The Committee decided to review how effective those actions had been, with a particular focus on the impact on citizens, after six months.

3.4 The Director of Quality and Change will be attending the meeting to give a presentation with the latest information on current performance of the homecare service and plans for changes to homecare provision in the future.

4 List of attached information

4.1 None

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

5.1 All

6 Published documents referred to in compiling this report

6.1 Report to and minutes of the meeting of the Health Scrutiny Committee held on 24 November 2016

7 Wards affected

7.1 All

8 Contact information

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HEALTH SCRUTINY COMMITTEE
20 JUNE 2017
WORK PROGRAMME 2017/18
REPORT OF CORPORATE DIRECTOR OF STRATEGY AND RESOURCES

1. Purpose

1.1 To consider the Committee's work programme for 2017/18 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 the municipal year 2017/18 and make amendments to this programme as appropriate.

3. Background information

3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.

3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.3 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. 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.

3.4 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.

3.5 In previous years Nottingham City and Nottinghamshire County Councils had established a Joint Health Scrutiny Committee to scrutinise the commissioning and delivery of local health services accessed by both City and County residents. However a joint committee will not exist during 2017/18 and therefore all health scrutiny activity relevant to Nottingham City residents will need to be undertaken by this Committee. The intended work programme for 2017/18 has been amended to reflect this change.

3.6 The work programme for the municipal year 2017/18 is attached at Appendix 1.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2017/18 Work Programme

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

5.1 None

6. Published documents referred to in compiling this report

6.1 Reports to and minutes of the Health Scrutiny Committee during 2016/17

Reports to and minutes of the Nottingham and Nottinghamshire Joint Health Scrutiny Committee during 2016/17

7. Wards affected

7.1 All

8. Contact information

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Health Scrutiny Committee 2017/18 Work Programme

Date	Items
18 May 2017 **CANCELLED**	
13 June 2017 **10:15am** **Informal Meeting**	• **Sustainability and Transformation Plan Consultation and Engagement Findings** To review the findings from initial consultation and engagement on the Sustainability and Transformation Plan and if/ how the Plan is developing to take these findings into account. (STP Lead)
22 June 2017	• **Nottingham homecare market** To review the effectiveness of work that has taken place since November 2016 in response to pressures in the homecare market; and the development of longer term plans to address pressures in the homecare market (Nottingham City Council) • **Work Programme 2017/18**
20 July 2017	• **Seasonal flu immunisation programme 2016/17** To review the performance of the seasonal flu immunisation programme 2016/17 and the effectiveness of work to improve uptake rates (NHS England, NCC Public Health) • **End of Life/ Palliative Care Review – Implementation of Recommendations** (tbc) To receive an update from NUH on progress in implementing agreed recommendation • **Healthwatch Nottingham Annual Report 2016/17** To receive and consider the Healthwatch Nottingham Annual Report (Healthwatch Nottingham)

Date	Items
	• **Feedback from regional health scrutiny chairs network meeting** To receive a verbal update from the Chair (Chair) • **Work Programme 2017/18**
21 September 2017	• **Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update** (Nottinghamshire Healthcare Trust) • **Scrutiny of Portfolio Holder for Adults and Health** (tbc) To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities (Nottingham City Council) • **Sustainability and Transformation Plan** (tbc or October) To receive an update on progression of the Sustainability and Transformation Plan, including accelerator status towards an Accountable Care System (STP Lead) • **Work Programme 2017/18**
19 October 2017	• **Access to dental care** To review whether access to, take up and quality of NHS dental services has improved since scrutiny's review of dental care in 2009 (NHS England, NCC Public Health) • **Carer support services** To speak with commissioners and providers about new carer support services and review plans to ensure that carers' needs are met.

Date	Items
	(Nottingham City Council, Carers Federation, Carers Trust) • **Work Programme 2017/18**
23 November 2017	• **Child and Adolescent Mental Health Services (CAMHS)** (tbc) To review progress in implementing the transformation plan for CAMHS, including the impact on waiting times (Nottinghamshire Healthcare Trust/ commissioners/ local authority public health) • **Suicide Prevention Plan** (tbc) To scrutinise implementation of Suicide Prevention Plan (Nottingham and Nottinghamshire Suicide Prevention Group) • **Work Programme 2017/18**
21 December 2017	• **Cleanliness at Nottingham University Hospitals NHS Trust** To review progress in improving cleanliness at Nottingham University Hospitals sites. (Nottingham University Hospitals) • **Work Programme 2017/18**
18 January 2018	• **GP services in Nottingham City** To review current provision and quality of GP services in the City (Nottingham City CCG) • **Out of Hospital Services Contract** To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG) • **Work Programme 2017/18**

Date	Items
22 February 2018	• **Urgent Care Centre** To review performance of the Urgent Care Centre against expected outcomes for the service (Nottingham City CCG, Nottingham CityCare Partnership) • **Nottingham CityCare Partnership Quality Account 2017/18** To consider performance against priorities for 2017/18 and development of priorities for 2018/19 (Nottingham CityCare Partnership) • **Work Programme 2017/18**
22 March 2018	• **Out of Hospital Services Contract** To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG) • **Work Programme 2017/18**

To schedule

- **Improving access to assistive technology**
  To review progress in improving access to assistive technology, with a particular focus on equality groups and how access can be improved for groups that are currently under represented amongst service users
- **Out of Hospital Services Contract**
  To receive an update on procurement of the Out of Hospital Services contract, with a focus on findings from stakeholder engagement carried out and how plans are being developed to respond to these findings
- **Future provision of Congenital Heart Disease Services**
  To consider the implications of NHS England's decision regarding future commissioning of congenital heart disease services
- **Emergency care**
  To review progress in meeting the 4 hour access target for A&E

- **Winter pressures**
  To review plans for dealing with winter pressures; and to review effectiveness of those plans in managing winter pressures
- **Suicide Prevention Plan**
  To scrutinise implementation of Suicide Prevention Plan
- **End of life/ palliative care services for children and young people**
- **Transforming care for people with learning disabilities and/or autism spectrum disorders**
  To review the impact on current and future service users
- **Implications of the Sustainability and Transformation Plan for Nottingham City Council**
- **Adult mental health acute provision and crisis support**
- **Delivery of a social prescribing approach in Nottingham**

Visits

- Connect House
- New Nottinghamshire Healthcare Trust CAMHS and perinatal services site (spring 2018)

Study groups

- Quality Accounts (Nottingham University Hospitals; Nottinghamshire Healthcare; East Midlands Ambulance Service; Circle)

Informal meetings

- Reducing unplanned teenage pregnancies – focus on Aspley and Bulwell

Other informal meetings attended by the Chair

- Nottingham University Hospitals NHS Trust Chief Executive
- Nottinghamshire Healthcare NHS Foundation Trust Chief Executive
- East Midlands Ambulance Service Regional Manager
- Regional health scrutiny chairs network
- Informal meetings with commissioners

Items to be scheduled for 2018/19

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