

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 19 July 2018 from 1.31 pm - 3.24 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Eunice Campbell-Clark
Councillor Ginny Klein
Councillor Andrew Rule
Councillor Chris Tansley
Councillor Adele Williams
Councillor Cate Woodward

Absent

Councillor Merlita Bryan
Councillor Ilyas Aziz
Councillor Georgia Power
Councillor Brian Parbutt
Councillor Mohammed Saghir

Colleagues, partners and others in attendance:

Shade Agboola	- Consultant Director of Public Health
Hazel Buchanan	- Director of Operations, NHS Nottingham North & East CCG
Alison Challenger	-
Jane Garrard	- Constitutional Services
Hugh Porter	- NHS Nottingham City CCG
Mark Sheppard	-
Phil Wye	- Governance Officer

18 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan – other Council business
Councillor Brian Parbutt – personal reasons

19 DECLARATIONS OF INTEREST

None.

20 MINUTES

The minutes of the meeting held on 21 June 2018 were approved as a correct record and signed by the Chair.

21 NOTTINGHAM TREATMENT CENTRE PROCUREMENT

Hazel Buchanan, Hugh Porter and Mark Shepherd, Nottingham City Clinical Commissioning Group (CCG) introduced the report on the procurement of services provided at Nottingham Treatment Centre, highlighting the following:

- (a) there are currently no proposed service changes at the Treatment Centre;
- (b) the incumbent providers will be directly awarded an extension to their contract for a further 12 months in order to give time for the procurement;
- (c) the governance structure for the procurement remains the same. A procurement is held weekly, and a procurement Board meets fortnightly which has delegated authority to make decisions;
- (d) a clinical group, with representatives from primary care, secondary care, public health and patients, meets weekly to discuss service specifications. Whilst no service changes are proposed, some changes may be nationally mandated;
- (e) a patient impact and engagement group meets weekly to discuss a range of issues which may affect patients and equalities. Focus groups will also be run on the Treatment Centre as an institution, its location and accessibility.

The following points were raised during the discussion which followed:

- (f) NHS contracts have provision to be adjusted for local changes. Legislative changes must be provided for by the provider;
- (g) the providers at the Treatment Centre are permitted to supplement their income with private procedures. However, if they do this it must not impact on waiting times and standards for NHS patients, otherwise they will receive penalties.

RESOLVED to thank Hazel, Hugh and Mark for the information provided

22 DEVELOPMENT OF NEW VISION FOR EAST MIDLANDS AMBULANCE SERVICE

Will Legge and Greg Cox, East Midlands Ambulance Service (EMAS), introduced the report and delivered a presentation highlighting the following:

- (a) EMAS is currently under-resourced and unable to meet expected standards due to increasing demand. Additional funding has been secured for 5 ambulances and 40 additional staff across the region, and recruitment is underway;
- (b) additional resources also allow EMAS to develop a vision with a clear sense of direction and focus. This should develop a confidence at all levels and improve EMAS's reputation;
- (c) the vision has three strategic priorities:

Respond: to get the basic service right with the right vehicles, people and models to do this;

Develop: moving the organisation forward and improving its Care Quality Commission rating from Requires Improvement to Good and then Outstanding;

Collaborate making a difference to healthcare on a wider level by working with other organisations and sharing knowledge.

- (d) EMAS want to become national leaders on mental health, patient safety, use of technological solutions and equality and diversity within the next 5 years;
- (e) Consultation on the vision is taking place with staff, scrutiny committees across the region, Healthwatch organisations, healthcare partners and commissioners, MPs, the police, the fire service, and patients.

The following points were raised during the discussion which followed:

- (f) mental health has been raised as one of the most urgent improvement needs nationally by frontline staff. Dealing with mental health issues at the scene rather than taking them to Accident and Emergency is often preferable;
- (g) some ambulance services can contact GPs for a patient's medical history and receive a call back within 15 minutes, which helps them to determine the best way forward;
- (h) EMAS is consulting with a Patient Voice group. It can be difficult to consult with patients at point of contact due to the nature of ambulance services.

RESOLVED to

- (1) thank Will and Greg for the information provided;**
- (2) delegate authority to the Chair of the Health Scrutiny Committee to approve and submit a response to the consultation by East Midlands Ambulance Service NHS Trust on the development of its new vision.**

23 SEASONAL FLU IMMUNISATION PROGRAMME

Shade Agboola, Consultant in Public Health, Nottingham City Council, introduced the report describing the performance of the seasonal influenza (flu) immunisation programme in Nottingham City, highlighting the following:

- (a) flu immunisation is one of the most effective interventions to reduce harm and health and social care pressures. Increasing uptake in clinical risk groups is important because of increased risk of death and serious illness;
- (b) the groups eligible for free flu vaccination in 2017/18 remained the same as the previous year, with the addition of morbidly obese patients. The flu vaccine was delivered at GP practices, in schools for school-aged children of 4-9, and pharmacies;
- (c) higher levels of flu were recorded nationally, particularly in November, December and January. Uptake of the flu vaccine was also higher in over 65 year olds, under 65 year olds in clinical risk groups, pregnant women and children;
- (d) annual activity and initiatives included flu planning meetings, a local flu assurance plan, the school-age immunisation programme, the pharmacy flu service and vaccination of front-line staff at Nottingham University Hospitals NHS Trust,

Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council;

- (e) initiatives for 2018/19 include an Astra Zeneca pilot to increase uptake in GP practices, letters sent to parents of 2 and 3 year olds, introduction of a new vaccine for over 65s and training for health care professionals.

The following points were raised during the discussion which followed:

- (f) uptake is higher regionally than in Nottingham City. There are varying factors to this, but there is a correlation nationally between areas with higher deprivation and lower uptake;
- (g) the NHS is responsible for making sure that their own front-line staff take up the vaccine and they are measured on the level of this uptake;

RESOLVED to thank Shade for the information provided.

24 UPDATE ON IMPLEMENTATION OF TARGETED INTERVENTION BUDGET SAVINGS

Alison Challenger, Director of Public Health, Nottingham City Council, introduced the report and highlighted the following:

- (a) savings totalling £7.175m were identified from services and functions funded by the public health grant, which is reducing year on year. Savings included loss of vacant posts, reductions of budgets where spend if demand led, reductions in contract values and decommissioning of some services;
- (b) stop smoking support through the New Leaf service ended on 30th April 2018. There is still some budget for smoking cessation and a new service is being proposed which will work within primary care at GP surgeries out of hours. This will be a smaller and more targeted service with a focus on priority groups including pregnant women;
- (c) the contract for a Adult Healthy Weight service was terminated during 2017/18 and a replacement service was not recommissioned. A small amount of budget has been identified for provision for high risk groups. Funding will also be used to build the capacity of the wider public sector workforce in the city to support citizens achieve a healthy weight;
- (d) providing open access sexual health services is a statutory requirement of local authorities. Discussions are ongoing between Nottingham City Council and Nottingham University Hospitals to identify how savings can be realised. Sexual health services previously delivered at the Health Shop, Broad Street, will now be delivered from the Wellbeing Hub at Hounds Gate;
- (e) the Knowledge and Resource Centre will now continue to operate from Standard Court with joint funding from Nottingham City Council and the CCG;

- (f) the City Council funded element to the community infection prevention and control service provided by CityCare has been decommissioned meaning that residential care homes will no longer receive support from CitCare's infection control team.

The following points were raised during the discussion which followed:

- (g) impacts of the reduction in services will continue to be monitored. The short timeframe to deliver the savings has made it difficult to communicate effectively with other providers and stakeholders but this is important as they will be impacted as well;
- (h) loss of smoking cessation services has had the highest impact as these services have been demonstrated with evidence to improve health and have a positive financial impact elsewhere;
- (i) the savings have resulted in more partnership working with the NHS and community and 3rd sector organisations.

RESOLVED to thank Alison for the information provided.

25 HEALTHWATCH ANNUAL REPORT

RESOLVED to note the Healthwatch Annual Report 2017/18

26 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

It was proposed to postpone the item on Homecare Services from the September meeting to the December meeting, and replace it with a new item on Bilborough Medical Centre.

With the proposed change outlined above, the work programme for the municipal year 2018/19 was noted.