



**NOTTINGHAM CITY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**

**Date:** Thursday, 24 January 2019

**Time:** 1.30 pm (pre-meeting for all Committee members from 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**

**Governance Officer:** Zena West **Direct Dial:** 0115 8764305

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATIONS OF INTEREST**
- 3 MINUTES** 3 - 8  
To confirm the minutes of the meeting held 22 November 2018
- 4 INPATIENT DETOXIFICATION SERVICES** 9 - 16  
Report of the Head of Legal and Governance
- 5 CARER SUPPORT SERVICES REVIEW** 17 - 20  
Report of the Head of Legal and Governance
- 6 NHS LONG TERM PLAN** 21 - 22  
Report of the Head of Legal and Governance
- 7 NOTES OF INQUORATE MEETING** 23 - 28
  - (a) to confirm the notes of the informal meeting held 13 December 2018;
  - (b) to agree and adopt the following recommendations arising from the informal meeting as formal recommendations of the Health Scrutiny Committee:
    - (i) to request a further update on Homecare Services (in particular the subsidised childcare scheme pilot) to the Health Scrutiny Committee meeting due to be held in December 2019;

- (ii) to request a further update on Primary Care Mental Health Services to the Health Scrutiny Committee due to be held in May 2019;
- (iii) to review progress of Children and Young People's Mental Health and Wellbeing services and request an update to the Health Scrutiny Committee meeting due to be held in December 2019.

**8 WORK PROGRAMME 2018/19**  
Report of the Head of Legal and Governance

29 - 34

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

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**NOTTINGHAM CITY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 22 November 2018 from 1.30 pm - 2.45 pm**

**Membership**

Present

Councillor Brian Parbutt (Chair for the meeting)  
Councillor Anne Peach (Chair)  
Councillor Eunice Campbell-Clark  
Councillor Ginny Klein  
Councillor Andrew Rule  
Councillor Mohammed Saghir  
Councillor Adele Williams  
Councillor Cate Woodward

Absent

Councillor Merlita Bryan (Vice Chair)  
Councillor Ilyas Aziz  
Councillor Georgia Power  
Councillor Chris Tansley

**Colleagues, partners and others in attendance:**

Doctor Mark Simmonds - Deputy Divisional Director for Medicine ) Nottingham University  
and Consultant in Acute Critical Care ) Hospitals(NUH) NHS Trust

Kazia Foster - Service Improvement and Development )  
Manager ) Nottinghamshire Healthcare

Sandra Crawford - Associate Director of Transformation ) NHS Foundation Trust

Debbie Dolan - Local Partnerships, Mental Health )

Zena West - Senior Governance Officer

Catherine Ziane-Pryor - Governance Officer

**44 APPOINTMENT OF CHAIR FOR THE MEETING**

In the absence of the Councillor Anne Peach as Chair at the start of the meeting due to personal reasons, and Councillor Merlita Bryan as Vice-Chair, Councillor Brian Parbutt was appointed Chair for the meeting.

**45 APOLOGIES FOR ABSENCE**

Councillor Georgina Power – personal  
Councillor Chris Tansey – ill health  
Councillor Anne Peach – late, personal  
Sarah Collis (Chair, Nottingham and Nottinghamshire Healthwatch)

**46 DECLARATIONS OF INTEREST**

None.

## **47 MINUTES**

The minutes of the meeting held on 18 October 2018 were confirmed as a true record and signed by the Chair.

## **48 EMERGENCY PATHWAYS TRANSFORMATION**

Doctor Mark Simmonds, Deputy Divisional Director for Medicine and Consultant in Acute Critical Care at Nottingham University Hospitals (NUH) NHS Trust, delivered a presentation (which is included in the agenda) on the progress to date and scheduled for the Emergency Pathways Transformation.

The following points were highlighted and responses provided to the Committee's questions:

- (a) The transformation schedule has been developed as a multi-faceted change programme in response to the increasing demands on the Emergency Department (ED);
- (b) NUH regularly does not meet the national requirement for 95% of patients to pass through the ED within 4 hours and attainment against this target has been declining. This is a result of multiple and often unique factors including the City's rapidly growing population of 1.2million being served by only one ED (when most other similar sized cities have more than one), having a Major Trauma Unit and Neurosurgery Section which attract patients from further afield, and the national factor of an aging population;
- (c) Last winter proved an exceptional challenge nationally with a significant increase in complex presentations. NUH reached 99.8% capacity which proved a serious strain on services and staff, so increased and more in-depth planning with partners for this winter started during the spring;
- (d) Challenges continue to increase and since April 2018, there have been 7.6% more emergency admissions and 3.9% more citizens presenting at ED than planned for;
- (e) The Queens Medical Centre main building is now 48 years old. In 2000 the ED was designed to facilitate 350-400 patients per day, but in 2018 regularly sees 600-650 patients per day. The construction methods used for the building has made it difficult to expand, but further physical ED capacity was required;
- (f) Having consulted staff, patients and other citizens, NUH compiled a business case to expand the ED by 50% by reconfiguring the existing space allocation within the building. Funding of £4.5m was approved from Central Government to undertake this work but in addition to the physical changes, cultural and process changes, including improved ICT, were required to enable patients to move more quickly through ED, either to discharge or to move to the appropriate onward support. The improvement programme is scheduled to take 18 months and is currently at the 6 month point and is on schedule with the new ED anticipated to be opened on 19 December 2018;
- (g) The whole 'front door' to 'back door' patient pathway and experience was closely examined and largely reconfigured to include integrated discharge and discharge to assess, to remove and prevent unnecessary delays, reduce the length of time patients spend in hospital (to a maximum of 3 weeks) and release bed space wherever appropriate. This has included enabling appropriate nurses to discharge patients;

- (h) NUH achieves the best ambulance handover times in the region and maintains a good relationship with East Midlands Ambulance Service (EMAS). However, in addition to the specialist units within the hospital, it is believed that this efficiency results in a further increase in ambulance admissions;
- (i) Several areas of individual interventions have been introduced such as the 'EDFit2Sit', 'EndPJPParalysis', 'Red2Green', and 'SAFER', some of which were devised within NUH and have since been adopted by hospitals nationally;
- (j) Clinical staff recruitment and retention is an issue nationally but NUH is actively encouraging culture change which will benefit patients, resources and also staff by improving the working environment. NUH is considered a fairly attractive employer within the region due to the additional specialist units and the prestige that this offers. Approximately 150 existing staff have been involved in a working group to help identify what changes NUH could make to provide an environment in which people want to work. One of the highest priorities identified was a 'calm and controlled environment', which is what NUH is aspiring to;
- (k) The longer-term plan is for QMC to only have a single 'front door' for rapid access to urgent care through the Urgent Care Centre, to replace the 7 different admission units on site. This will include the ED but the ED will not necessarily be the initial contact;
- (l) A full review of the services and use of the City Hospital site is also being undertaken to examine how underutilisation and duplication of services can be prevented and ensure that the greatest efficiency across both sites is achieved;
- (m) For the extension of the ED, neighbouring physical space was released by services, including the fracture clinic, being moved elsewhere so that work was not taking place around patients; although there are hoardings up in some areas. Some members of the Committee had accepted the offer to tour the ED development work and were pleased with progress;
- (n) Delays in discharge have consistently been blamed on the slow issuing of medication by the Pharmacy Section, but this has been scrutinised and it has been found that once the information is received by the pharmacy, the turn-around for issuing medications is reasonable. The delay can be attributed to the time taken in registering the medication request and the IT systems processing that information before it appears at the pharmacy. There is significant investment in NUH's ICT, but not all upgrades and system replacements can take place at the same time and so have to be carefully plotted and co-ordinated;
- (o) Front door mental health specialist services are the subject of complex commissioning arrangements and whilst changes to the way of working have been requested, with a lack of funding and capacity, these changes are not likely to be achieved in the immediate future. There have been 10 'treatment within 12 hours' breaches since January 2018 and 9 of these were due to primary or additional mental health issues which require assessment by mental health professionals who, due to capacity, were not able to respond promptly .

Members of the Committee welcomed the progress of the Emergency Pathways Transformation programme, the achievements to date and particularly the opportunity to tour the building.

**RESOLVED to:**

- (1) formally record the thanks of the Committee to Dr Simmonds for his thorough presentation;**
- (2) note the progress of the Emergency Pathways Transformation;**
- (3) request an update presentation to the May 2019 Committee meeting.**

**49 ADULT MENTAL HEALTH SERVICES**

Kazia Foster, Service Improvement and Development Manager, was accompanied by Sandra Crawford, Associate Director of Transformation, and Debbie Dolan, Local Partnerships - Mental Health, all from Nottinghamshire Healthcare NHS Foundation Trust, to present the report which provides information on the current work to review and develop Adult Mental Health Services across Nottinghamshire.

A briefing note from Nottingham City Clinical Commissioning Group is also included in the agenda.

The following points were highlighted and questions from Committee members responded to:

- (a) Adult Mental Health Services include:
  - Acute Mental Health Inpatient Care
  - Psychiatric Intensive Care Inpatient Facilities.
  - S136 Places Of Safety
  - Community Mental Health Services.
  - Mental Health Crisis Services
  - A&E Liaison Services
  - Psychology and Psychotherapy
  - Recovery College
- (b) By 2021/22 mental health service providers need to have developed a broad system to support patients across the whole pathway;
- (c) As awareness of mental health rises, so too does the demand on services at a time when budgets need to be tightened. Therefore, new approaches need to be considered to ensure pathways are effective and efficient and with some previously used facilities now considered unsuitable, the potential for an purpose built facility;
- (d) Since last year, it is anticipated that the cost of additional demands for mental health beds has significantly contributed to the increase mental health costs from £6m to £10m. Current facilities do not have the capacity to cope with the additional demand and so it has been necessary to place patients 'out of area' until local beds become available. This is not beneficial to the patient or their family, but currently there are no other alternative options, particularly as within the last few years 42 acute care beds and 60 rehab beds have been withdrawn within the City. This shortfall of facilities against the rising demand needs to be addressed;
- (e) The four key areas identified for transformation are:
  - Local Inpatient Beds Provision

- Crisis and Home Treatment Transformation
  - Admission, Stay and Discharge – Patient Flow
  - Local Mental Health Teams Development (Community Pathways)
- (f) A business case will be presented to the Trust's Board in December, recommending the increase in beds and facilities. If approved, a financial case will be put before the Board in March 2019, which if approved, will aim to have the additional capacity in place locally within 18 months;
- (g) Work Stream Leaders will ensure that all clinical staff will have the opportunity to be involved in the development of a transformation plan along with service users and carers. It is important that everyone engages;
- (h) The Trust is planning to recruit more staff and aims to be an attractive employer. A key part of this is to achieve the national standards and high quality care in a high quality environment in which people want to work. Staff turnover is currently closely monitored with leavers asked for the reasons why they are leaving;
- (i) Currently the Trust is in partnership with private operators to ensure that as many patients as possible are able to be placed locally, and those placed out of area are moved back within 20 days. Part of the rise in the cost of the care is due to the reliance on private beds which obviously have a higher cost;
- (j) If the approval is given and funding obtained for a purpose built facility, possibly on the Highbury Hospital site, it is intended that it will be built to cater for a higher number of patients than the current demand as a future-proofing measure and to ensure that the need to remain locally can be met for all local patients;
- (k) There was an increase of investment in community mental health services, partly as a direct result of beds being withdrawn, but further focus is required to help support citizens in the community and prevent the need for admission to hospital. The profile of service users is becoming broader and more complex with more complex needs so services need to adapt to remain relevant and effective;
- (l) It is vital that community mental health services are able to provide a 24 hour service with face-to-face gate keeping, robust in-reach for inpatients and home treatments where necessary. Changes are due to be made to crisis provision. As the City and County Mental Health Teams have different levels of resourcing, there will be a comprehensive examination of the services offered with the aim to provide cost effective community services and meet the Mental Health 5 year plan target by 2020;
- (m) Although the number of rehabilitation beds has been reduced, there has been a huge amount of work to ensure that the majority of service users are able to live within the community and feel supported to rehabilitate in their own communities. Care doesn't have to be attached to beds and all areas of the pathway will be reviewed with the aim to increase early intervention and reduce the need for rehabilitation beds;
- (n) Ensuring that citizens can access appropriate support at an early stage is core to the aims of the Trust in its review, with patients receiving the right service in the right way and at the right time, including urgent care. However, this requires services to have appropriate resources available to prevent escalations to urgent care;

- (o) Community based social prescribing would be massively beneficial and work is underway to identify what form this should take by examining existing successful models, but it is reassuring that all relevant agencies are already engaged with each other. However, it is historically very difficult to obtain funding for preventative work and existing budgets have already been reduced;
- (p) The review is at a very early stage but the Trust was keen to engage with the Committee at this time and can bring further proposals to the Committee at a later stage to gain member's views prior to progressing.

The Chair thanked Kazia Foster, Sandra Crawford and Debbie Dolan for their attendance and interesting and encouraging presentation.

**RESOLVED to:**

- (1) note the intentions in the review of Adult Mental Health Services;**
- (2) request that the Committee is informed (via Zena West, Senior Governance Officer) of any significant changes develop from the information provided today.**

**50 WORK PROGRAMME 2018/19**

Zena West, Senior Governance Officer, presented the revised proposed work programme for the remainder of the municipal year and a list of topics yet to be scheduled.

**RESOLVED to note the work programme and that there will not be a meeting held in April 2019 due to the local elections being held on 2 May 2019.**



<b>HEALTH SCRUTINY COMMITTEE</b>
<b>24 JANUARY 2019</b>
<b>INPATIENT DETOXIFICATION SERVICES</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To review the effectiveness of current arrangements following closure of The Woodlands Unit and move to Framework as the provider; and intentions for the service specification for future commissioning of inpatient detoxification services.

**2 Action required**

- 2.1 The Committee is asked to comment on Inpatient Detoxification Services and make recommendations for future commissioning if deemed appropriate.

**3 Background information**

- 3.1 Papers have been presented to Health Scrutiny Committee in November 2017, January 2018 and March 2018 regarding drug and alcohol inpatient detox services, with an update requested to this meeting following a change of provider.
- 3.2 Colleagues from Nottingham City Council's Commissioning Team as well as a representative from Framework will be in attendance at the meeting to present an update and answer any questions.

**4 List of attached information**

- 4.1 Information from Commissioning Colleagues, Nottingham City Council.

**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 Agendas, reports and minutes from previous Health Scrutiny Committee meetings:
- Nov 17: <http://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=6345&Ver=4>
  - Jan 18: <http://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=6347&Ver=4>
  - Mar 18: <http://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=6349&Ver=4>

**7 Wards affected**

7.1 All.

**8 Contact information**

8.1 Zena West, Senior Governance Officer  
[Zena.west@nottinghamcity.gov.uk](mailto:Zena.west@nottinghamcity.gov.uk)  
0115 8764305

## Report to Health Scrutiny Committee – 24<sup>th</sup> January 2019

### **Title of paper: Inpatient Drug and Alcohol Detoxification Services**

### **Report author(s) and contact details:**

Lucy Putland, Strategy and Commissioning Manager, Nottingham City Council.  
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### **Report sponsors:**

Alison Challenger, Director of Public Health,  
Nottingham City Council

Christine Oliver, Head of Commissioning,  
Nottingham City Council

### **Summary:**

This paper follows papers presented to Health Scrutiny in November 2017, January 2018 and March 2018 regarding drug and alcohol inpatient detox services.

Nottinghamshire Healthcare Foundation Trust confirmed the closure of the long standing provision at The Woodlands early in 2018. Alternative provision was secured through a temporary arrangement with Framework and delivered from a new dedicated drug and alcohol inpatient detox unit – Edwin House.

This paper provides an update following a competitive tender process for a contract for a new drug and alcohol detox service for Nottingham city residents.

### **1. ENGAGEMENT AND CONSULTATION**

A programme of engagement was undertaken to inform the commissioning of a new drug and alcohol inpatient detox service. The main focus of the engagement activity was to understand:

- Accessibility needs in relation to inpatient detox provision for Nottingham City service users
- What interventions/provision should be provided by the inpatient detox service in addition to the medical detoxification from substances

Engagement with service users and clinicians ran from January to July 2018. We adopted a qualitative approach to data collection, utilising semi-structured interviews and focus groups. Our long-standing involvement structures proved invaluable for engaging with a wide variety of people with a range of issues and experience around treatment over a long period. Engagement activities included:

- Discussions at service user forums
- Two open engagement events
- Structured telephone interviews
- Questionnaire
- Discussion with service users at the existing inpatient detox service

This engagement process involved approximately 60 service users who were either currently engaged in inpatient detox, had completed inpatient detox in the past (at The Woodlands) or could be in a position to need to access detox in the future.

Responses were used to identify key themes in relation to accessibility and interventions as summarised below:

#### Accessibility:

- The majority of people stated that having a Nottingham based facility was preferable and would promote accessibility. A minority stated that accessing inpatient detox somewhere out of area would be acceptable.
- Having to travel to another area for treatment was raised by most service users and clinicians as potentially problematic in terms of both accessibility and acceptability.
- Risks for alcohol dependant service users in having to travel a long distance to inpatient detox, for example risk of withdrawal seizures.
- A pre-admission visit is useful in encouraging engagement with inpatient detox and supporting admission.
- Visits from their worker whilst in the facility were valued and encouraged service users to complete the course.
- If service users discharged themselves from inpatient detox, some service users and clinicians stated that it was safer/less risky if they were already in their own locality.
- Waiting times are important and should not be lengthy. Some sort of rapid access provision should be available to provide 'crisis' detox for those who need it.
- Services need to be welcoming to all people and is important in supporting access for all demographic groups: 'we need to be met by people like us'.

#### Interventions/provision:

- The environment was thought to be important and should be safe, secure, clean, comfortable, not too clinical, and provide 'decent' food. Separate accommodation should be provided for male and female service users.
- The service should be staffed with an empathic and supportive workforce who treat clients with respect.
- Meaningful activities and groups should be available. This should include a range of leisure and exercise activities, basic education (such as literacy and numeracy) or introductions to other courses, peer groups and other groups.
- Exit planning and seamless transition back into community treatment/support is crucial in maintaining the positive benefits of inpatient detox.
- Complimentary therapies were mentioned as 'very helpful'.
- Having peer support/mutual aid within the service would be beneficial, this may also be useful in supporting access.

The findings from engagement were used to inform the development of the service specification and tender questions.

Service users were also involved in the evaluation of the tenders received. A panel of service users met to evaluate the bidder's responses to two case study questions. Their moderated score contributed to the final score for the tender process.

## **2. EQUALITY**

An Equality Impact Assessment (EIA) was completed prior to the tender. The EIA drew on assessment of local need and access to current inpatient detox provision as well as the findings from the engagement process. The EIA was then used to inform the development of the service specification.

The EIA highlighted that:

- The physical environment needs to take into consideration cultural and faith based needs
- The service needs to be delivered by a competent and skilled workforce who can understand and meet the specific needs of a diverse client group
- Different dietary needs must be catered for
- Group work, mutual aid and peer mentors should be provided as part of the service
- Premises must be fully accessible to all service users and be DDA compliant
- The service must be appropriate for pregnant women
- The service must be able to meet the needs of complex service users with co-occurring physical and mental healthcare needs
- Local access would be preferable to support accessibility for vulnerable adults
- Single occupancy rooms are required for male and female service users
- The service must be able to respond to the needs of an ageing population of opiate users
- Ongoing monitoring of accessibility and outcomes across demographic categories is required through contract management processes

### **3. PROCUREMENT PROCESS**

Based on procurement regulations it was necessary to undertake a competitive tender for drug and alcohol inpatient services.

A 'message to the market' was published on the Nottingham Crime and Drugs Partnership website in July 2018 and also sent directly to all providers of existing inpatient detox services that had been identified through market research. The 'message to the market' provided potential bidders with information on the anticipated timescales for tender, background information and the outcomes expected to be delivered by the new service. The tender was advertised nationally and in Europe.

The tender process ran from 26<sup>th</sup> September and the award letter was sent to the successful provider on the 18<sup>th</sup> December. An extended implementation period was allowed to facilitate any new provider entering the market to set up a facility in Nottinghamshire. The new contract will commence 1<sup>st</sup> July 2019 and has been awarded for 5 years with two further possible one year extensions.

### **4. OUTCOME**

Framework was the successful bidder following the tender process. Framework will deliver the new contract from its purpose built 15 bed drug and alcohol detox unit Edwin House located in Radford. The dedicated detox unit is part of a larger 63 bedded Care Quality Commission (CQC) registered care and reablement centre for adults experiencing significant physical, emotional or mental health issues related to long-term problematic substance misuse.

Edwin House is a regional resource, serving the majority of local authority areas across the East Midlands and opened in June 2018. Edwin House will offer medically assisted detoxification/stabilisation programmes tailored to individual need. As part of Nottingham Recovery Network the service facilitates improved working with community teams to ensure that the timing and availability of detoxification is consistent with individuals overarching Recovery Plans.

A full psychosocial interventions program is delivered on the unit with a timetable of three structured groups, covering both structured treatment interventions and lifestyle activities, being delivered daily including at weekends. Framework has partnered with "Dear Albert" a peer led social enterprise to deliver weekly access to mutual aid sessions. These sessions give service

users an introduction to mutual aid recovery and provide information about locally accessible peer led support.

Edwin House provides 24-hour medical care, overseen by a highly experienced Addiction Consultant Psychiatrist. Day to day treatment will be provided by an experienced multi-disciplinary team including Doctors, Nurses, Occupational Therapist, Social Work and Support Workers. This approach brings added value with staff holding a range of specialist interests e.g. tissue viability, sexual health, harm reduction, safeguarding, and domestic violence.

The unit is fully staffed with a mixture of directly employed general and mental health training nurses, non-medical prescribers and support workers. Clinical care is overseen by a Nottinghamshire NHS Trust Consultant Addictions Psychiatrist and C3 Doctors on rotation from Nottingham University.

Nottinghamshire Healthcare foundation Trust provide clinical input to the service, including Consultant Psychiatrist input, Non-medical prescriber, and on-call medical cover.

#### 4.1 Current Outcomes

Framework has been providing inpatient detox for Nottingham City residents since the closure of The Woodlands in June 2018. Since opening in June, the unit has admitted 87 Nottingham City service users under the temporary agreement while the new contract was tendered.

Presenting need:

<b>Substance</b>	<b>Number</b>
Alcohol	43
Heroin	35
Cocaine	1
NPS	8

Gender breakdown:

<b>Male</b>	<b>Female</b>
54	33

At the time of writing, five of these service users remain in treatment on the unit. Of the 82 remaining, 65 (79%) successfully completed their inpatient treatment intervention, 17 (21%) self-discharged early against medical advice and 1 was admitted to hospital following a significant deterioration in Physical health.

An unexpected outcome of the new unit has been the integration with the new specialist substance misuse care and reablement service based at Edwin house. Three service users to date whom were assessed during their detoxification as having unaddressed social care needs of signification enough acuity to require residential care were able to have social care assessments whilst undergoing detoxification and moved straight in to a residential care bed on completion. This new pathway ensures that that some of the most vulnerable service users, whom were facing homelessness or hospitalisation were able to have their needs effectively met in an integrated fashion.

Feedback from service users in relation to the new provision has been overwhelming positive. Some recent quotes from service user feedback are:

“This is an incredible service, I’ve been well looked after, I’m going to miss everyone”

“The staff in all quarters were very respectful and immediately made me feel at ease”

“10/10 totally exceeded expectations”

“Great family atmosphere with both staff and residents, would highly recommend”

“All of the staff have been excellent and very helpful, I cannot praise them enough, excellent”

“Met some great people and all the staff and cleaners were great, I will miss Edwin House, thank you all so much for changing my life”

## **5. NEXT STEPS**

- As the incumbent provider, the transition to the new contract will have no impact on service users.
- A detailed implementation plan was submitted by Framework as part of the tender process. Regular meetings will be held between the commissioner and provider to monitor delivery against this plan.
- Contract management and quality assurance mechanisms are set out within the terms of the contract and will be used to ensure the service compliant with the contract and delivering safe, high quality and effective provision.
- Key performance indicators are set out within the contract and the service will be monitored against these targets.
- As a new service, a Quality Assurance Visit will be undertaken by commissioners as early as possible.
- The service is contracted to provide 1,175 occupied bed days (OBD) annually for Nottingham City service users. Activity to date shows that local need may be higher than the contracted provision. There has also been a 17% increase in opiate users in structured treatment with the main community treatment providers between 2017/18 and 2018/19. Numbers in treatment for opiate clients are at the highest levels since April-13. This is against the national trend, where numbers in treatment are steadily decreasing, and is being monitored.
- Further work will be undertaken in the coming months to establish a robust picture of need for inpatient provision, ensure that referrals are appropriate and minimise the number of service users whom self-discharge against medical advice and that the provision is able to effectively meet the need of Nottingham city residents.

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>24 JANUARY 2019</b>
<b>CARER SUPPORT SERVICES REVIEW</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To consider the outcomes of the review of carer support services, looking at service user experience of carer support services and how service user feedback is used to improve services.

**2 Action required**

- 2.1 The Committee is asked to:
- a) note the actions taken as a result of the review of carer support services, and provide feedback and comment;
  - b) raise the impact on carers when scrutinising access to mental health services.

**3 Background information**

- 3.1 The Committee agreed to carry out a review to explore whether carer support services are meeting the needs of carers in the City.
- 3.2 A study group was established to gather evidence for the review. The study group was made up of:
- Councillor Anne Peach
  - Councillor Merlita Bryan
  - Councillor Ginny Klein
  - Councillor Adele Williams
  - Councillor Cate Woodward
- 3.3 The study group considered a range of evidence including speaking to contributors including young and adult carers; commissioners from Nottingham City Council and Greater Nottingham Clinical Commissioning Partnership; and provider organisations Carers Federation and Carers Trust.
- 3.4 The evidence considered provided the foundation for the areas for improvement identified at previous meetings, for agreement by the Committee.
- 3.5 The attached report outlines actions taken by specific organisations and the impact of these so far.

#### **4 List of attached information**

- 4.1 Information on actions taken by Nottingham City Council and partner organisations to fulfil the objectives of the carer support review.

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

- 5.1 Notes from evidence gathering sessions are available from the Senior Governance Officer listed at the bottom of the report.

#### **6 Published documents referred to in compiling this report**

- 6.1 Report to and minutes of the Health Scrutiny Committee meeting held on 18 January 2018 -  
<https://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=6347&Ver=4>
- 6.2 Report to and minutes of the Health Scrutiny Committee meeting held on 20 September 2018 -  
<https://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=7243&Ver=4>

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

- 8.1 Zena West, Senior Governance Officer  
[Zena.west@nottinghamcity.gov.uk](mailto:Zena.west@nottinghamcity.gov.uk)  
0115 876 4305

## Actions taken to fulfil the objectives of the carer support review

Desired Outcome	Recommendation	Action taken
Carers have access to support services that meet their needs.	Nottingham City Council continues work to explore what activities the local authority can make available to young carers at little/ no cost.	Discussions are ongoing, and any information gathered will be shared with those who organise activities for Looked After Children. The possibility of free or subsidised leisure passes for young carers is being investigated.
	Councillors explore whether ward councillor budgets can be used to fund activities for young carers and if so, identify ways of encouraging councillors to consider this as an option for use of their ward councillor budget.	Whilst the 2019/2020 ward councillor budget has not yet been confirmed, Councillors will highlight to Neighbourhood Development Officers that should any such requests be received, they are suitable to receive Councillor funding.
	Carers Federation and Carers Trust work together to explore opportunities for jointly engaging with GPs on carer issues.	All GP Services in Nottingham City have been contacted, and around ten have been visited in person to talk about the services available and add information leaflets to notice boards.
	In addition to continued signposting to training provided by other providers, Carers Trust explores holding falls and handling training for carers alongside carer support workers.	Training was due to be held in Rushcliffe in Autumn, but was withdrawn due to capacity issues. It is hoped to be rescheduled for March 2019, and that the training will be open to Nottingham City carers as well.
	Nottingham City Council explores whether access to transport for carers can be incorporated into work being led by the Older Peoples Champion on loneliness.	In light of changes to transport offers to other groups and a lack of budget, this recommendation has not been progressed.
	Carers Trust trial holding support groups in the evening.	The first evening session was held in November 2019. The trial of evening sessions is ongoing.

<p>Young people with caring responsibilities are identified at an early opportunity and given access to appropriate support.</p>	<p>Carers Federation speak to the Nottingham Schools Trust about ways of engaging its primary schools on young carer issues.</p>	<p>A training package has been implemented, and links made with Heads of schools and Academy Trusts. Quarterly networking meetings are held, and this relationship is very positive, with lots of referrals for the services received in from schools. Work is also taking place regarding the transition from Primary to Secondary education, and there are currently Carer Champions in 38 city schools.</p>
<p>Carers are aware of services available to support them in their caring role.</p>	<p>Nottingham City Council promotes carer support services in ward newsletters, with a particular focus on services available in that ward.</p>	<p>Whilst Councillors don't have a great deal of editorial control over newsletter content, Councillor Peach will ask Councillor Trimble to raise this with Neighbourhood Development Officers to include ward specific support services.</p>
	<p>Nottingham City Council explores opportunities for promoting carer support services in The Arrow.</p>	<p>This is being progressed with Jamie O'Malley (Corporate Communications Manager – Nottingham City Council).</p>
	<p>Nottingham City Council ensures that awareness of carer support services is included in training for homecare workers.</p>	<p>This is being progressed with Ann Ashworth (Contracts Officer – Nottingham City Council).</p>
<p>There is an efficient way for carers to provide relevant information to inform decision making about support for the carer and the cared for person.</p>	<p>Carers Trust explores opportunities for sharing information with social care teams to reduce the amount of times that carers need to provide the same information and to share relevant information about carers to inform social care decisions about care packages for the cared for person.</p>	<p>Trials of information sharing started in August / September 2018 and this is working very well so far.</p>
<p>The needs of carers are taken into account during decision making on the commissioning and provision of mental health services.</p>	<p>The Health Scrutiny Committee raises the impact on carers when scrutinising access to mental health services.</p>	<p>Clerk has noted, this has been added to the formal recommendations.</p>

<b>HEALTH SCRUTINY COMMITTEE</b>
<b>24 JANUARY 2019</b>
<b>NHS LONG TERM PLAN</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

1.1 To consider the recently published NHS Long Term Plan.

**2 Action required**

2.1 The Committee is asked to consider the NHS Long Term Plan and its potential impact on Nottingham City Council and health outcomes for Nottingham Citizens. Due to the amount of information contained within the Long Term Plan, a further report will be presented to Health Scrutiny Committee in February or March 2019 to consider more detailed recommendations from the Committee.

**3 Background information**

3.1 The NHS published its Long Term Plan on 9 January 2019. It sets out the direction of the NHS over the next ten years, including a focus on integration, and looks at how the NHS will spend the £20.5bn additional funding pledged by the Prime Minister last year. The plan includes priorities of better integrating health and social care, improving prevention and early intervention and addressing health inequalities. This information is key for local authorities due to their responsibilities for Public Health, in their role as commissioners of preventative services and as deliverers of social care.

3.2 The plan sets out:

- how control will be shared with people over their own health and the care they receive;
- how the NHS will make improvements to prevention and health inequalities;
- how the workforce will continue to be supported and encouraged, with a focus on attracting the best people to work for the NHS;
- how to make best use of digital technology and innovation;
- how this will be done whilst getting the best value out of taxpayers' investment in the NHS.

3.3 The renewed NHS prevention programme identifies the top five risk factors for premature death which are smoking, poor diet, high blood pressure, obesity and alcohol and drug misuse. The plan sets out the actions the NHS will take in relation to these to stop an estimated 85,000 premature deaths each year. It also specifically sets out the intended role of local authorities.

**4 List of attached information**

4.1 None.

**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 Launch of the Long Term Plan:

<https://www.gov.uk/government/news/nhs-long-term-plan-launched>

6.2 Long Term Plan website: <https://www.longtermplan.nhs.uk/>

6.3 NHS Long Term Plan blog posts:

<https://www.longtermplan.nhs.uk/blog/?filter-category=long-term-plan>

6.4 Online version of the Long Term Plan:

<https://www.longtermplan.nhs.uk/online-version/>

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Zena West, Senior Governance Officer

[Zena.west@nottinghamcity.gov.uk](mailto:Zena.west@nottinghamcity.gov.uk)

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**NOTTINGHAM CITY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**NOTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 December 2018 from 1.45 pm - 3.43 pm**

**Membership**

Present

Councillor Anne Peach (Chair)  
Councillor Andrew Rule

Absent

Councillor Merlita Bryan (Vice-Chair)  
Councillor Ilyas Aziz  
Councillor Chris Tansley  
Councillor Adele Williams  
Councillor Eunice Campbell-Clark  
Councillor Brian Parbutt  
Councillor Georgia Power  
Councillor Ginny Klein  
Councillor Mohammed Saghir  
Councillor Cate Woodward

**Colleagues, partners and others in attendance:**

Lucy Anderson	- Greater Nottinghamshire Clinical Commissioning Partnership
Clare Gilbert	- Commissioning Lead NCC
Richard Glover	- Nottinghamshire Healthcare NHS Foundation Trust
Councillor Carol McCulloch	- Observer
Christine Oliver	- Head of Commissioning NCC
Catherine Pope	- Nottinghamshire Healthcare NHS Foundation Trust
Charlotte Reading	- Greater Nottinghamshire Clinical Commissioning Partnership
Linda Sellars	- Director for Quality and Change NCC
Zena West	- Senior Governance Officer
Aileen Wilson	- Head of Early Help Services NCC
Catherine Ziane-Pryor	- Governance Officer

**51 INQUORATE MEETING**

With only appointed Councillors Andrew Rule and Anne Peach in attendance, the meeting was inquorate but continued on an informal basis.

**A APOLOGIES FOR ABSENCE**

Councillor Merlita Bryan (Vice-Chair) – other Council business  
Councillor Eunice Campbell-Clark – unwell  
Councillor Brian Parbutt – work commitments  
Councillor Georgia Power – work commitments  
Councillor Chris Tansley – unwell  
Councillor Adele Williams – personal

**B DECLARATIONS OF INTEREST**

None.

## **C MINUTES**

The minutes of the meeting held on 22 November will be submitted to the next meeting for approval.

## **D HOMECARE SERVICES**

Christine Oliver, Head of Commissioning, Clare Gilbert, Commissioning Lead, and Linda Sellars, Director for Quality and Change, all from NCC, were in attendance to provide the Committee with an update on the implementation of the new Homecare Services model that has been operating for six months.

A presentation was delivered and is included with the initial publication of the informal notes.

The presentation outlined:

- the structure of the new model;
- the 4 appointed lead organisations;
- what elements of the model are and are not working well;
- Nottingham's ranking against nearest neighbour comparators;
- The current position and what is planned for the future.

The following additional information was presented during the item and questions from members responded to:

- (a) Whilst there are 4 Lead Provider Organisations, a list of accredited providers is maintained and used when Lead Providers (LPs) do not have capacity to meet demand. However, this is the exception as a close relationship must be maintained with LPs which also helps to ensure that quality standards are maintained;
- (b) There are National problems with recruiting and retaining staff for homecare and it is anticipated that the Brexit outcome may further exacerbate staffing issues. Nottingham's issues are further complicated as the City provides multiple opportunities for less demanding work at the same pay level. In addition, the County Home Care Services generally offer a higher wage;
- (c) It is noted that whilst Nottingham City Council has openly challenged the offer of zero hours contracts, some workers prefer the flexibility of not having set hours. In addition, the affordable provision of child care can be a significant influence with potential workers;
- (d) Patient access to the re-enablement service can take up to 6 weeks and is reviewed by Level 3 Community Care Officers after 2 weeks to ensure that the appropriate support is in place, to assess re-enablement progress, and determine if longer term support is required;
- (e) Due to the formal boundary of Nottingham City not including some of the wealthier suburban areas within the greater city area, there are 11% fewer self-funding clients who pay more and help support the local home care market. This results in added pressure;
- (f) There is potential for a pilot of an accredited pay list for personal assistants as the market exists to create an initiative for carers to have more than one person to care for and therefore enough accumulate working hours to make a living;



- (g) As of today, there are now 8 people in acute beds who are medically safe for discharge and are awaiting for a homecare date (compared to 20 on 23/11), and there are 15 people at home with no formal support (compared to 12 as of 23/11);
- (h) Quality of care is monitored closely with spot checks taking place. This is in addition to the requirements of the Care Quality Commission. Where delays may occur, it is sometimes as a result of a safeguarding concern;
- (i) Internal staff who leave are asked for feedback in exit interviews but although requested of external providers, it cannot be required. It appears that most staff who leave are changing jobs, however, there is a small number who leave jobs to care for their children during the school holidays. A pilot scheme of subsidised childcare is being trialled over the Christmas period 2018. Some councillors in attendance believed that providing reduced cost childcare to carers may be beneficial to staff recruitment and retention;
- (j) There is an aspiration to maximise the use of technology to support home care and reduce the necessity for citizens to enter hospital and, where admission cannot be avoided, to leave hospital as soon as is safely possible;
- (k) As the provider contracts run on a yearly basis, as a result of the constant monitoring, it is possible to improve services each year;
- (l) A recruitment campaign was held in October and November and included films of workers explaining what the job involved and why they liked it. A national homecare staff recruitment campaign will start in January 2019 and members of the Committee are requested to promote the opportunities available.

Councillors in attendance suggested that in addition to exit interviews, remaining staff are asked what they like about the job and why they are happy to stay. The information gathered may then be used in recruitment material.

The Chair welcomed the significant progress achieved from the position a few years ago.

## **AGREED**

- (1) to thank Christine Oliver, Clare Gilbert and Linda Sellars for their attendance and presentation;**
- (2) for a further update to be submitted in approximately 12 months' time, particularly regarding the pilot childcare scheme.**

## **E PRIMARY CARE MENTAL HEALTH SERVICES**

Lucy Anderson, Greater Nottinghamshire Clinical Commissioning Partnership, briefly updated the Committee on the CCG's position of withdrawing primary Care Mental Health Services as of 01/01/2019, with advance notice given to GPs during October 2018.

Although the CCG intended to review services as the funding from 'The Better Care Fund' was to cease, the current position was accelerated as a result of staffing issues within the Primary Care Mental Health Services Team. As movement through the service usually takes about 12 weeks, adequate notice was given to GPs to stop referrals and for alternative services offered.

Existing staff were supported in looking for other work and a full redeployment exit strategy launched.

New service models are being considered and developed and it is anticipated that a proposal will be presented at the end of March 2019 as part of a broader review of Mental Health Services.

## **AGREED**

- (1) to thank Lucy Anderson for stepping in to present the item;**
- (2) to note the update and request a further update to the Committee in May 2019.**

## **F CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING AND THE CAMHS AND PERINATAL MENTAL HEALTH SERVICES UPDATE**

Charlotte Reading and Lucy Anderson, both from the Greater Nottinghamshire Clinical Commissioning Partnership, Catherine Pope and Richard Glover, both from Nottinghamshire Healthcare NHS Foundation Trust, and Aileen Wilson, Head of Early Help Services NCC, were in attendance and presented a joint update on to the two agenda items focusing on young people's mental health.

Further to the Committee's review of the Sustainability and Transformation Partnership and Greater Nottingham Integrated Care System at the October 2018 meeting, an update on the review is now presented regarding issues identified during the implementation of the Transformation Plan and priorities for the forthcoming year.

In addition to the detailed reports, the following information was provided and responses given to members' questions:

- (a) All services should be working together towards a tierless and seamless system with a single point of access. Screening and assessment may identify the need for behavioural support, parenting issues, or occasionally child protection or physical health issues. There may need to be challenging but necessary conversations;
- (b) Following the initial assessment which usually takes place within a week of referral, the length of waiting times for children and young people to receive treatment/support particularly following a mental health episode or suicide attempt would ideally be shortened. Work continues to address this, but initial contact by mental health colleagues is made within 24 hours of referral. Once the initial risk is considered to have passed, parents can be supported through a short parenting group where they are taught what indicators to look for and possible appropriate reactions. It is vital that parents don't feel that they are on their own and they know that support is available and that they can learn to trust their children. Advice is also now provided in hospitals;
- (c) Young people need to be able to manage their own risks and challenge their perceptions. It is important that young people and their parents/carers understand and can apply coping strategies;

- (d) The majority of young people entering the service are aged between 12 and 16 years old. Whilst the transition of children to adult services had been historically awkward in some areas, it should be noted that support in the form of a transition champion is available but that the majority of young people suffering mental health difficulties do not go on to access adult services. Statistics are available but were not accessible during the meeting;
- (e) There are local challenges in that there are different service providers in the City and the County, but there's good evidence of partnership working with the organisations working together well;
- (f) There has been a lot of work with schools on prevention but also to ensure that young people can access information, help and support with mental health issues and can be referred to specialist services when needed. There has been resistance in some schools which were reluctant to escalate pupil's mental health support, but work is continuing to encourage improved engagement;
- (g) Although a lot of work has been done to improve young people's independent access to information and services with a web based presence, it is recognised that there may be further potential to use modern technology, including apps and social media;
- (h) There remain issues around recruitment and retention of specialist staff and it is a concern that fewer people are studying mental health. However, now that adult apprenticeships have been launched, this provides alternative career paths and routes for training and gaining formal qualifications or becoming registered professionals. Careful consideration is taking place as to how career progression can be offered across services and partners to make the offer an attractive career;
- (i) A pilot scheme of having a paediatric mental health specialist available to both Kings Mill and QMC hospitals to support emergency presentations has proved so successful that it is proposed to continue but this is yet to be confirmed;
- (j) Feedback from young people and their families regarding the changes to services is being collected by each service. Focus groups have been held and young people have welcomed consistency in being able to see the same worker each time, feel uncomfortable about being reassessed at 6 weeks as this is perceived as a pressure to have recovered by then, welcome friendly environments, and have responded that 94% would recommend services to friend. It is vital that young people have confidence in the services and this includes consistent and quality interaction with workers, which in turn means that workers cannot be allocated too heavy a workload as they will be overstretched and quality will be affected;
- (k) Hopewood opened in June and although there were a few initial teething problems, the facility is generally operating very well. The onsite school is the same as operates for patients of NUH and works to the national curriculum.

## **AGREED**

- (1) **to thank Charlotte Reading, Lucy Anderson, Catherine Pope, Richard Glover and Aileen Wilson for their attendance and update;**

- (2) for the Committee to review progress of young people's mental health and wellbeing services in 12 months' time.**

**G WORK PROGRAMME 2018/19**

**AGREED to note the work programme for the remainder of the 2018/19 municipal year.**

<b>HEALTH SCRUTINY COMMITTEE</b>
<b>24 JANUARY 2019</b>
<b>WORK PROGRAMME 2018/19</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1. Purpose**

1.1 To consider the Committee's work programme for 2018/19.

**2. Action required**

2.1 To discuss the work programme for the remainder of the municipal year and make any necessary amendments.

**3. Background information**

3.1 The Committee is responsible for setting and managing its own work programme.

3.2 In setting the work programme, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities.

3.3 The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

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.

3.5 Changes and / or additions to the work programme will need to take account of the resources available to the Committee.

**4. List of attached information**

4.1 Health Scrutiny Committee 2018/19 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 None.

**7. Wards affected**

7.1 All

**8. Contact information**

8.1 Zena West, Senior Governance Officer.  
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## Health Scrutiny Committee 2018/19 Work Programme

<p><b>21 February 2019</b></p>	<ul style="list-style-type: none"> <li>• <b>General Practice Services in Nottingham</b> To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future (Nottingham City Clinical Commissioning Group)</li> <li>• <b>Nottingham City Council's fulfilment of its public health responsibilities</b> To review progress in implementation of changes to Targeted Intervention services agreed as part of the Council's budget in March 2018; and review the Council's strategic approach to fulfilling its public health responsibilities and improving the wellbeing of citizens (Nottingham City Council)</li> <li>• <b>Nottingham City Council's relationship to the Integrated Care System – update</b> To receive an update from Councillor Sam Webster of Nottingham City Council's</li> <li>• <b>NHS Long Term Plan – conclusion (TBC – February or March)</b></li> <li>• <b>Work Programme 2018/19</b></li> </ul>
<p><b>21 March 2019</b></p>	<ul style="list-style-type: none"> <li>• <b>Wheelchair Repair Service (TBC)</b></li> <li>• <b>NHS Long Term Plan – conclusion (TBC – February or March)</b></li> <li>• <b>Suicide Prevention Plan (TBC)</b> To scrutinise progress in implementation of the Suicide Prevention Plan and review proposals for the refreshed Suicide Prevention Plan for Nottingham (Suicide Prevention Steering Group)</li> <li>• <b>Review of 2018/19 and work programme 2019/20</b></li> </ul>

## To schedule

- **Role of local pharmacies**  
 To speak to local stakeholders about the future role for pharmacies within local communities  
 Contact: Local Pharmaceutical Committee/ NHS England/ local pharmacy? KLOE: context of GP access issues; financial pressures on local pharmacies; Healthy Living Pharmacies
- **East Midlands Ambulance Service – Nottinghamshire Division**  
 To review the impact of the new national ambulance service standards on performance in the Nottinghamshire Division  
 (East Midlands Ambulance Service)
- **Future configuration of head and neck cancer services**  
 To engage with NHS England on proposals for future configuration of head and neck cancer services  
 (NHS England)
- **Nottingham Treatment Centre Procurement**  
 To hear about the outcome of the procurement process and review plans for contract mobilisation  
 (Greater Nottingham CCGs)
- **Out of Hospitals Service Contract**  
 To review the provision of services by Nottingham CityCare Partnership under the Out of Hospital Community Services contract  
 (Nottinghamshire CityCare Partnership/ CCGs)
- **Reducing Unplanned Teenage Pregnancies**  
 To review progress in reducing levels of unplanned teenage pregnancy in areas with the highest levels of teenage pregnancy  
 (Nottingham Teenage Pregnancy Taskforce)
- **Seasonal Flu Immunisation Programme (tbc)**  
 To review the performance of the seasonal flu immunisation programme 2018/19 and the effectiveness of work to improve uptake rates  
 (NHS England/ Nottingham City Council)
- **Hospital Cleanliness**  
 (NUH Trust)



## **Additional evidence gathering sessions e.g. visits, informal meetings**

- QMC Emergency Department visit – date TBC

## **Study groups**

- N/A

## **Quality Accounts (March/ April 2019 tbc)**

- Nottinghamshire Healthcare Trust
- EMAS Trust
- Nottingham University Hospitals Trust
- Circle (Treatment Centre)

CityCare as a separate item to City HSC, as only affects City, obvs.

## **Other informal meetings attended by the Chair**

- Briefings with Greater Nottingham Clinical Commissioning Groups
- Briefings with Portfolio Holder for Adult Social Care and Health
- Nottinghamshire County Council Health Scrutiny Committee Chair
- Regional health scrutiny chairs network
- Nottingham University Hospitals NHS Trust Chief Executive
- Nottinghamshire Healthcare NHS Foundation Trust Chief Executive

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