



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

**Date:** Thursday, 21 September 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

- |          |  |                |
|----------|--|----------------|
| <b>1</b> | <b>APOLOGIES FOR ABSENCE</b>   |                |
| <b>2</b> | <b>DECLARATIONS OF INTEREST</b>  |                |
| <b>3</b> | <b>MINUTES</b>   | <b>3 - 8</b>   |
|          | To confirm the minutes of the last meeting held on 20 July 2017  |                |
| <b>4</b> | <b>NOTTINGHAMSHIRE HEALTHCARE TRUST TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE - CAMHS AND PERINATAL MENTAL HEALTH SERVICES UPDATE</b> | <b>9 - 14</b>  |
| <b>5</b> | <b>'TOMORROW'S NUH'</b>  | <b>15 - 26</b> |
| <b>6</b> | <b>NEW AMBULANCE SERVICE STANDARDS</b>   | <b>27 - 38</b> |
| <b>7</b> | <b>SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH</b>  | <b>39 - 40</b> |
| <b>8</b> | <b>REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES - IMPLEMENTATION OF RECOMMENDATIONS</b>   | <b>41 - 44</b> |
| <b>9</b> | <b>HEALTH SCRUTINY COMMITTEE WORK PROGRAMME</b>  | <b>45 - 52</b> |

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 20 July 2017 from 1.30 pm - 3.10 pm**

**Membership**

Present

Councillor Anne Peach (Chair)  
Councillor Merlita Bryan (Vice Chair)  
Councillor Jim Armstrong  
Councillor Patience Uloma Ifediora  
Councillor Dave Liversidge  
Councillor Carole-Ann Jones  
Councillor Adele Williams  
Councillor Eunice Campbell  
Councillor Brian Parbutt

Absent

Councillor Ilyas Aziz  
Councillor Corall Jenkins  
Councillor Ginny Klein  
Councillor Chris Tansley  
Councillor Jackie Morris

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

Jane Garrard - Senior Governance Officer  
Noel McMenemy - Governance Officer  
Shade Agboola - Public Health, Nottingham City Council  
Louise Lester - Public Health, Nottingham City Council  
Agnes Belencsak - NHS England North Midlands  
Sarah Mayfield - NHS England North Midlands

**11 MEMBERSHIP CHANGE**

The Committee noted that Councillor Eunice Campbell, Councillor Jackie Morris, Councillor Brian Parbutt and Councillor Adele Williams have been appointed as members of the Health Scrutiny Committee.

**12 APOLOGIES FOR ABSENCE**

Councillor Ginny Klein (other Council business)  
Councillor Jackie Morris (personal)  
Councillor Chris Tansley (personal)

**13 DECLARATIONS OF INTEREST**

None.

**14 MINUTES**

The minutes of the meeting held on 22 June 2017 were agreed as a true record and they were signed by the Chair.

## **15 NOTES OF INFORMAL MEETING OF THE HEALTH SCRUTINY COMMITTEE**

The Committee noted the notes of the informal meeting of the Health Scrutiny Committee held on 13 June 2017.

## **16 SEASONAL FLU IMMUNISATION PROGRAMME 2016/17**

Shade Agboola, Consultant in Public Health, Nottingham City Council, gave a presentation to the Committee on the national flu immunisation programme 2016/17 in Nottingham City. Also in attendance were Sarah Mayfield, Screening and Immunisation Manager and Agnes Balencsak, Screening and Immunisation Lead of NHS England North Midlands, and Louise Lester, Specialty Registrar in Public Health at Nottingham City Council.

The presentation highlighted the following:

- (a) Flu is a highly infectious acute viral infection of the respiratory tract, and flu immunisation is the most effective way to protect people from it. Uptake is particularly important for those in clinical risk groups, pregnant women and health and social care workers;
- (b) the following groups are eligible for flu immunisation:
  - children aged 2 to 8 years;
  - primary school children in former primary school pilot areas;
  - those aged 6 months to 65 years in clinical risk groups;
  - those aged 65 years and over;
  - those in long-stay residential care homes;
  - carers;
- (c) while Nottingham has seen an increase in uptake in 5 of the 6 cohorts, the only cohort performing higher than the national (England) average is that for those aged 65 and over. The gap between the national and local uptake levels for those aged 2, 3 and 4 years old is particularly wide;
- (d) Nottingham is disproportionately affected by health inequalities issues, where vulnerable groups such as the elderly, the homeless and the chronically ill are most at risk of not being immunised;
- (e) a flu assurance plan is drawn up, with actions being taken to increase uptake among lower-performing cohorts including:
  - providing flu immunisation for pregnant women in a maternity hospital setting;
  - issuing a second reminder letter to parents of those aged 2 and 3;
  - delivering immunisation for 4 year olds in a school rather than in a GP setting;
  - specific targeting of uptake in special schools;
  - providing a second opportunity for immunising 'at risk' groups at the point of admission to clinics;
  - double checking residential care home patient records;

- targeting underperforming GP practices to improve delivery levels;

- (f) local plans will supplement national efforts to increase immunisation levels, which include the roll-out of a nationally commissioned pharmacy flu service and promotion messages from Public Health(England) and NHS England.

During discussion, a number of issues were raised and points made:

- (g) it was explained that achieving a high uptake of child immunisation levels will have a disproportionately positive impact on performance, as children are considered 'super spreaders' of flu;
- (h) GP practice performance variation was down to a combination of some practices being more proactive than others, while certain practices served harder-to-reach communities;
- (i) anecdotally, a particularly resistant flu strain emerged in care homes, meaning that even where a majority had been immunised, a flu outbreak had taken hold;
- (j) being immunised remained a matter of personal choice, and the system relied on patients keeping their GP records up to date if they had, for example, received a flu jab privately;
- (k) the nasal spray method of delivery was particularly effective for children, while misconceptions persisted among citizens about the supposed side-effects of being immunised;
- (l) it was confirmed that information on uptake by GP practice could be made available.

**RESOLVED to**

- (1) thank Ms Agboola, Ms Mayfield, Ms Belencsak and Ms Lester for the presentation and contribution to discussion;**
- (2) request a further update on the 2017/18 flu immunisation programme to come to the Committee's July 2018 meeting;**
- (3) ask Public Health and NHS England colleagues to make available a breakdown of flu immunisation performance by GP practice across Nottingham.**

**17 HEALTHWATCH ANNUAL REPORT 2016/17**

Martin Gawith, Chair of Healthwatch Nottingham, introduced the Healthwatch Nottingham Annual Report, highlighting the following points:

- (a) in the past year, Healthwatch has produced insight reports on Dementia and Mental Health crisis services, has engaged with over 500 people at its 'Talk to Us' events and engaged nearly 300 citizens on Dental Care services;

- (b) the organisation launched a new website and has initiated an Enter and View programme to test health services;
- (c) key ongoing concerns include the shortage of GPs in inner city areas, mental health services available to younger citizens and targeting hard-to-reach groups, including refugees and the LGBT community;
- (d) Healthwatch is conscious that the Sustainable Transformation Plan will bring further changes to the health and social care landscape, and is anxious that the patient voice is represented as the plans are rolled out.

The Committee commended the work of Healthwatch Nottingham over the past year. During discussion the following points were raised:

- (e) there will be a joint Nottingham City and County Healthwatch in place by April 2018. The County organisation currently struggles to recruit sufficient volunteers to support its activities;
- (f) Healthwatch Nottingham is looking to relocate to premises close to the City/County divide;
- (g) there was some concern about co-ordinating activity now that the Joint City and County Health Scrutiny Committee is no longer in place, but co-ordination is taking place through the Health and Wellbeing Board.

**RESOLVED to note the Healthwatch Nottingham Annual Report 2016/17.**

## **18 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18**

Jane Garrard, Senior Governance Officer, introduced the report outlining the Committee's current work programme for 2017/18. She advised that EMAS representatives will attend the September 2017 meeting, and that, with the Joint City and County Health Scrutiny Committee no longer meeting, arrangements to consider Quality Accounts are being worked up. Ms Garrard has also prepared a briefing paper on NHS 'substantial variations' and will share with the Committee in due course.

**RESOLVED to note the Committee's work programme for 2017/18.**

## **19 UPDATE FROM REGIONAL HEALTH SCRUTINY CHAIRS NETWORK MEETING**

The Chair provided a verbal update on the most recent Regional Health Scrutiny Chairs Network meeting. The Network meeting focussed mainly on East Midlands Ambulance Service (EMAS) performance, with the following points raised:

- (a) EMAS performance in respect of Safety, Effectiveness and Leadership has been rated as 'requiring improvement', though it is recognised that there are factors impacting on the organisation's performance, such as queueing outside Accident and Emergency departments and handover delays, that are not solely within its control;

- (b) EMAS is developing an Improvement Plan to address issues within its control, including a programme to replace older vehicles in its fleet, better call filtering, improving patient records management, and improving communications with partner organisations;
- (c) EMAS has a unique challenge in having to engage with a large number of organisations across a number of Sustainable Transformation Programme (STP) areas, and is anxious to have a voice across the region it serves as the Accountable Care System is rolled out.

The Chair also advised that Leicestershire and Lincolnshire are looking to refer regional changes to Congenital Heart Services to the Secretary of State, the consultation period for which has been extended because of the General Election in June 2017.

**RESOLVED to note the update.**

**20 FUTURE MEETING DATE CHANGE**

The Committee agreed to move the date of its December 2017 meeting from 21 December to 14 December 2017 at 1.30pm.

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>21 SEPTEMBER 2017</b>
<b>NOTTINGHAMSHIRE HEALTHCARE TRUST TRANSFORMATION PLANS FOR CHILDREN AND YOUNG PEOPLE – CAMHS AND PERINATAL MENTAL HEALTH SERVICES UPDATE</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

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

**2 Action required**

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

**3 Background information**

- 3.1 Over the last couple of years the Joint City and County Health Scrutiny Committee has heard about plans to improve services for children and young people with emotional and mental health needs. This has included community CAMHS and the development of a new inpatient CAMHS and perinatal mental health facility by Nottinghamshire Healthcare NHS Foundation Trust.
- 3.2 This item focuses on the Trust’s plans for a new facility. The Joint Health Scrutiny Committee previously heard that consultation had taken place during 2015 and based on that, the Trust Board had agreed a proposal to bring the following services together onto a single site on Mansfield Road, Nottingham:
- Community CAMHS – new patient facilities for the City and south of the County with a countywide single point of access and new professional base;
  - Inpatient CAMHS – new unit with an increase in the number of beds from 13 (currently at Thorneywood) to 24 and a new 8 bed Psychiatric Intensive Care Unit (PICU);
  - Purpose built education unit for CAMHS patients; and
  - Perinatal services – new mother and baby inpatient unit (currently at Queens Medical Centre) with a small increase in the number of beds from 7- 8 and new outpatient facilities for the City and south of the County.

- 3.3 The expected benefits included improved fit for purpose facilities offering a therapeutic caring environment and increased bed capacity meaning fewer children and young people would have to travel out of area to access services.
- 3.4 Based on the available information the Committee gave full support to the proposals.
- 3.5 In May 2016 the Committee heard that planning permission had been granted and that construction was scheduled to be completed by February 2018 with services delivered on site shortly afterwards.
- 3.6 The Committee asked to be kept up to date with implementation of the plans, including workforce plans (which were one of the concerns raised during the consultation) and provision of the education facilities.
- 3.7 Representatives of Nottinghamshire Healthcare Trust will be attending the meeting to provide an update on progress.

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

- 4.1 Report from Nottinghamshire Healthcare Trust 'Update on transformation of child, adolescent and perinatal mental health services'

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

- 5.1 None

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

- 6.1 Reports to and minutes of Joint City and County Health Scrutiny Committee meetings held on 24 February 2015, 14 July 2015 and 10 May 2016

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
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Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

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

Nottingham City Health Scrutiny Committee – 21 September 2017

### 1.0 PURPOSE

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

### 2.0 BACKGROUND

Details of the Trust's transformation plans have been shared previously with the Joint Health Scrutiny Committee in February 2015, July 2015 and July 2016. Previous papers outlined a set of proposals for transforming children, young people and perinatal mental health services, supported by capital investment totalling c£21m, incorporating:

- **Inpatient Child & Adolescent Mental Health Services (CAMHS)** - a new unit (*The Lookout Adolescent Unit*), with an increase in the number of beds from 13 (currently at Thorneywood) to 24 (including 12 new specialist eating disorders beds), plus a new 8 bed Psychiatric Intensive Care Unit (PICU). Plans include the development of an education unit (*The Lookout Education Centre*) to support children and young people to continue their education whilst admitted to the unit.
- **Perinatal Mental Health Services** - a new perinatal inpatient unit (*The Margaret Oates Mother and Baby Unit*), with an increase in beds from 6 (currently at the Queens Medical Centre) to 8, and new community outpatient facilities for mothers and their babies from the city and south of county (*Green Haven*).
- **Community Child and Adolescent Mental Health Services (CAMHS)** - new facilities for delivery of community CAMHS services for children and young people from the city and south of county.

Services will be brought together on a single site, named *Hopewood*, to create a child and family friendly 'campus'.

### 3.0 PROGRESS UPDATE

#### Programme Delivery and Timescales

The Trust's transformation plans outlined ambitions to complete delivery of the new development by Spring 2018. Substantial progress has been made in the delivery of capital, operational and workforce workstreams meaning that the Trust is on track to commence delivery of transformed and expanded services in April 2018.

## **Capital Development**

The capital scheme involves the construction of new CAMHS and perinatal inpatient units, along with the refurbishment of an existing building which will house the education centre and community and specialist CAMHS teams.

Whilst construction progress to date has been largely positive, minor slippage to programme timelines have been experienced following the unforeseen identification of asbestos on site. Operational mobilisation plans have been revised in response to this risk to ensure there are no subsequent delays to the planned opening in April 2018.

## **Operational and Workforce Plans**

Comprehensive operational and workforce plans have been developed to support the delivery of the project.

Service delivery frameworks setting out clinical and operating models have been drafted by service leads and are currently subject to internal scrutiny. Additionally, mobilisation plans have been developed to support the safe transition of service users and teams from existing sites, including a phasing plan for new CAMHS eating disorders and PICU inpatient services.

Workforce plans have been scrutinised by the Trust's Workforce, Equality and Diversity Committee, which oversees their delivery. Staffing models set out in the Trust's original business case have been reviewed and revised to ensure they comply with national standards and meet need, demand and safer staffing levels. A comprehensive recruitment, training and induction plan has been developed in recognition of the scope and scale of recruitment required across medical, nursing, allied health professionals and support staffing posts: the establishment within current services (approximately 61 whole time equivalents) will increase by approximately 91 whole time equivalents to give an overall establishment of 152 whole time equivalents.

## **Education Unit**

Education for young people admitted to the Thorneywood Adolescent Unit currently provided from the Thorneywood Education Base will transfer to the Hopewood site. Officers within the Trust and Nottingham City Council have worked effectively in developing plans for The Lookout Education Centre, including the development of joint operating procedures and training and induction plans.

The Local Authority and school have commissioned University College London to undertake an evidence review of hospital education provision to identify best practice to inform education operational and workforce plans for the new unit. Findings and recommendations are expected in late September.

Occupancy arrangements have been negotiated between the two organisations, with the Trust agreeing a rent-free period of two years. Formal lease arrangements have been drafted and are subject to approval by the Trust Board and Portfolio Holder respectively.

## **4.0 CONCLUSIONS**

The Trust has made meaningful progress in delivering its ambitious plans that will significantly improve care quality, patient experience and access to specialist inpatient care for children, young people and perinatal women.

Significant progress has been made in delivery of the capital programme, whilst the delivery of workforce and operational plans is progressing well. Furthermore, joint working between the Trust and Nottingham City Council means that the required education provision is on track to be in place at the same time as the opening of the new services.

The positive progress achieved to date provides confidence that the Trust will successfully deliver the project in order to commence delivery in April 2018.

## **5.0 RECOMMENDATIONS**

The Committee is asked to:

1. Note progress achieved to date.
2. Receive a progress update report at the July 2018 Committee.

Gary Eves  
**Development Programme Manager**  
**Local Partnerships Division**

Dr David Manley  
**Clinical Director**  
**Local Partnerships Division**

September 2017

**For further information, please contact:**

Gary Eves, Development Programme Manager  
[gary.eves@notths.nhs.uk](mailto:gary.eves@notths.nhs.uk)

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>21 SEPTEMBER 2017</b>
<b>'TOMORROW'S NUH'</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To hear about Nottingham University Hospitals NHS Trust's five year strategy for the future 'Tomorrow's NUH'.

**2 Action required**

- 2.1 The Committee is asked to take this opportunity to find out more about the future plans of Nottingham University Hospitals NHS Trust.

**3 Background information**

- 3.1 Nottingham University Hospitals NHS Trust is developing its future strategy and has requested the opportunity to speak to the Committee about this.
- 3.2 This is an opportunity to find out more about future plans of the Trust and use this information to inform the Committee's future work.

**4 List of attached information**

- 4.1 Presentation from Nottingham University Hospitals NHS Trust

**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 Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)



# Tomorrow's NUH



Caroline Shaw, Chief Operating Officer  
September 2017

Tomorrow's NUH

*We are here for you*

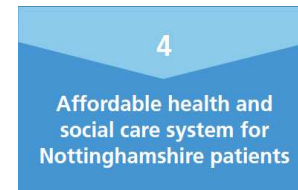
# Our strategic priorities

1: Deliver highest quality clinical service

2: Develop modern and efficient facilities

3: Develop excellent staff delivering nationally renowned patient experience

4: Develop affordable health and social care system for Nottinghamshire patients



# Creating 'Tomorrow's NUH'

- Objective:
  - Delivering excellent clinical services in modernised facilities
  - Reviewing our overall size & shape (consistent with the Notts Sustainability & Transformation Partnership)
  - 10-year transformation plan

# Present constraints

- **Poor clinical adjacencies**
  - Wrong size, shape and in some cases, the wrong location
- **Split site services**
  - Duplication & inefficiencies
- **Condition of the current estate**
  - Ageing
  - Growing challenge meeting statutory requirements
- **Significant capital investment required**

# Urgent & emergency care pathway

- Emergency Department at QMC that was designed for 350 patients daily, now sees 550 daily (sometimes 600+)

**(CQC Inspection Report – urgent and emergency care – 2016 – highlighted that overcrowding too often impacts on patient experience)**

- Need an ED & urgent care facilities that are the right size and design to meet demand now and that we anticipate in the future

# Response

- Development of a 'Master Plan' for transformation and sustainability over the next 10 years and beyond (Strategic Outline Case)

## Interim schemes including:

- Relocation of South Corridor services | Upgrades to QMC theatres | Maternity & Neonatal (Phase 1)

## Enabling schemes including:

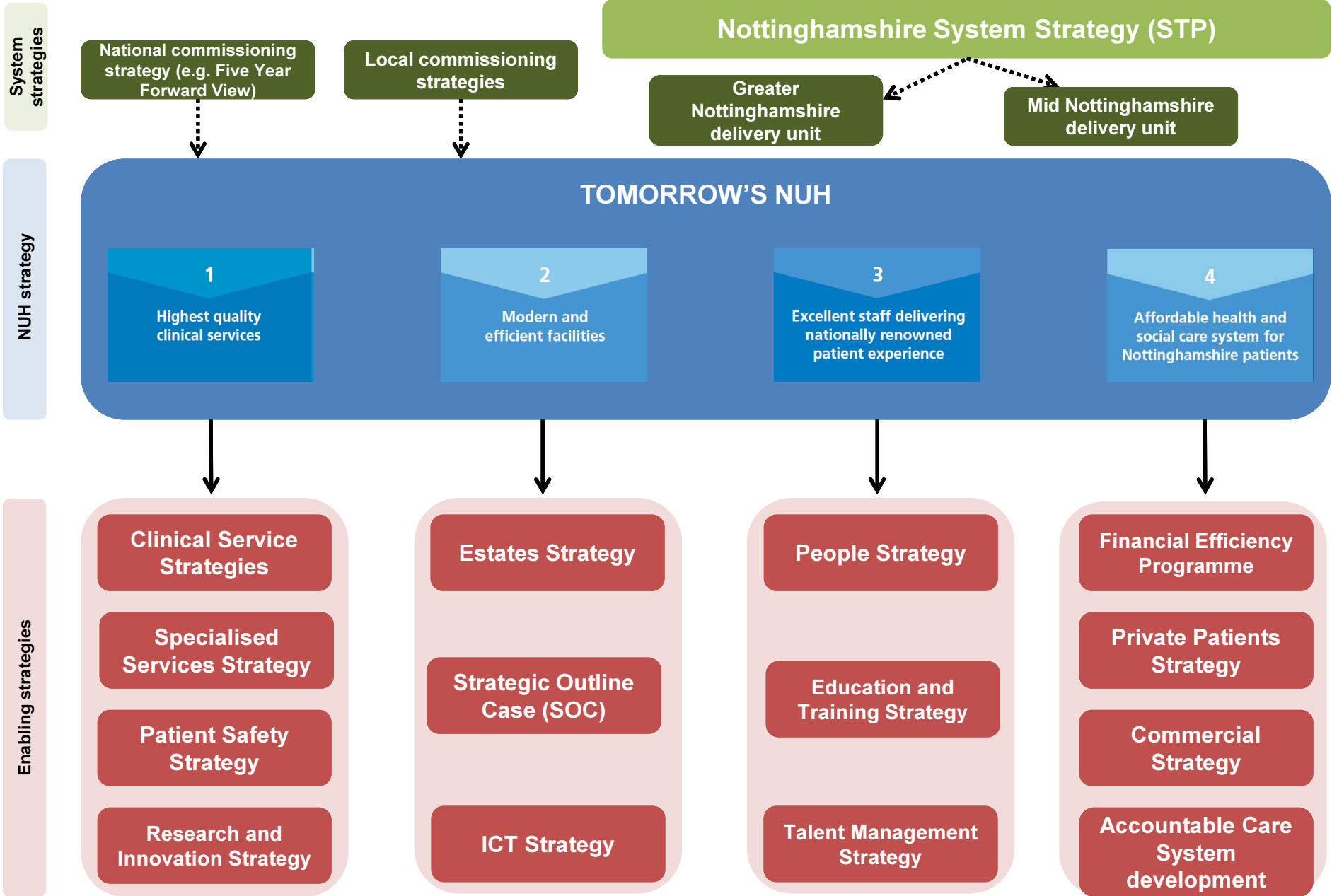
- Multi-story car park

## Long-term transformation, including:

- Urgent and Emergency Care Pathway | Women's and Children's Services

# The NUH & system strategies

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# Strategic partnership NUH/SFH

- More integrated and efficient acute health services
- Joint working arrangements (NEW): Urology and Neurology
- Development of other clinical services shared between these hospitals including cancer and vascular services
- Other support services with potential synergies are being considered, in alignment with the STP (including Sterile Services, Radiology & Pharmacy)
- Partnership Board overseeing progress



# Timeline

- Oct 2017 – Organisational Strategic Outline Case
- Nov/December 2017 – Internal (NUH) approvals
- Early 2018 – NHS Improvement approval
- Spring 2018 – Treasury consideration

# Questions

<b>HEALTH SCRUTINY COMMITTEE</b>
<b>21 SEPTEMBER 2017</b>
<b>NEW AMBULANCE SERVICE STANDARDS</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To receive an update on current issues affecting the work of East Midlands Ambulance Service's Nottinghamshire Division, which includes the Nottingham City area. This will include finding out about the new performance standards for ambulance services in England and the implications of this for performance of the East Midlands Ambulance Service, with a particular focus on the Nottinghamshire Division.

**2 Action required**

- 2.1 The Committee is asked to consider the implications of the introduction of new performance standards for the service received by Nottingham residents from East Midlands Ambulance Service.

**3 Background information**

- 3.1 In July 2017 NHS England announced a new set of performance standards for English ambulance services. The change is based on pilots carried out by Ambulance Trusts participating in the Ambulance Response Programme (independently evaluated by the University of Sheffield) and aims to ensure that the best, high quality, most appropriate response is provided for each patient first time.
- 3.2 The NHS England announcement stated that call handlers will be given more time to assess 999 calls that are not immediately life threatening, which should enable them to identify patients' needs better and send the most appropriate response. This will be supported by a new set of pre-triage questions to identify the patients in need of the fastest response. There will be four categories of call:

Category 1 – Calls from people with life-threatening illnesses or injuries

Category 2 – Emergency calls

Category 3 – Urgent calls

Category 4 – Less urgent calls

Short films about these different types of call can be found at <https://www.england.nhs.uk/urgent-emergency-care/arp/>

- 3.3 In response to the announcement by NHS England, East Midlands Ambulance Service (EMAS) has said that it welcomes the announcement saying that “in most 999 cases we know the best clinical outcome for patients is not about the fastest response by the nearest vehicle but the most appropriate one”.
- 3.4 East Midlands Ambulance Service (EMAS) General Manager for the Nottinghamshire Division will be attending the meeting to provide an update on the Nottinghamshire division and explain what these new performance standards mean for EMAS and Nottingham residents.

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

- 4.1 Presentation from East Midlands Ambulance Service ‘Nottinghamshire division update’

#### **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 NHS England announcement *New ambulance service standards announced* (13 July 2017) available on [www.england.nhs.uk](http://www.england.nhs.uk)

EMAS press release *EMAS welcomes national ambulance service standards announcement* (13 July 2017) available on [www.emas.nhs.uk](http://www.emas.nhs.uk)

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

**NHS**

**East Midlands  
Ambulance Service**  
NHS Trust



# Nottinghamshire division update



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Greg Cox – General Manager Nottinghamshire Division

Maria Stanley – Ambulance Operations Manager Nottinghamshire Division

Emergency care | Urgent care | We care

# 2016/17 overview

- 2016/17 was a real challenge across NHS and Social Care services.
- Independent capacity and demand review.
- Findings of review influenced contract agreement for 2017/18 allowing for further investment in our service.
- We continue to progress our improvement plans, including proactively recruiting to our frontline and investing in new ambulances to expand our fleet.



# Care Quality Commission (CQC)

- CQC inspected EMAS November 2015 and published its report May 2016.
- We progressed our Quality Improvement Plan, and the CQC came back to EMAS February 2017. In March the CQC published its follow-up report:
  - Overall CQC rating ‘requires improvement’
  - Safe: improved from ‘inadequate’ to ‘requires improvement’
  - Effective: remained ‘requires improvement’
  - Well-led: remained ‘requires improvement’
  - Caring and Responsive: remained ‘good’





# Responsive

- Recruited 352 operational and EOC staff and 27 international Paramedics
- Career progression opportunities offered.
- Recruitment taster session held in Nottinghamshire April 2017
- Reviewed and strengthened our emergency resilience, following the devastating and tragic attacks in Manchester and London.





# Responsive

- 57 new double crewed ambulances delivered 2016/17 (*20 in Nottinghamshire*).
- 164 new defibrillators on our vehicles during 2016/17, and 127 this year.
- New Electronic Patient Report Form solution (ePRF) – over £3million investment. (*Nottinghamshire now live*)
- Plans agreed with Commissioners for long-term strategic review to support greater patient care focus and Sustainability & Transformation Plans alignment.



# Ambulance Response Programme (ARP)

- After the largest clinical ambulance trials in the world, NHS England is implementing new standards for English services.
- Evidence shows the changes are safe; no safety issues identified in more than 14 million 999 calls handled over the 18 month trials.
- New system updates a decades old system, providing a strong foundation for the future:
  - prioritising the sickest patients to ensure they receive the fastest response, and
  - driving efficient behaviours to give greater opportunity for the patient to get a response in a clinically appropriate time.
- EMAS introduced ARP 2.3 on 19 July 2017.



**England**

# Ambulance Response Programme (ARP)

Category	Definition	National Standard
Category 1	An immediate response to a life-threatening condition. It is only used for a patient who requires resuscitation or emergency intervention from the ambulance service, for example cardiac or respiratory arrest.	7 minutes mean response time 15 minutes 90th centile response time
Category 2	For a serious condition, for example stroke or chest pain, that may require rapid assessment and/or urgent transport.	18 minutes mean response time 40 minutes 90th centile response time
Category 3	For urgent problems, for example uncomplicated diabetic that needs treatment and transport to an acute setting..	120 minutes 90th centile response time
Category 4	For a problem that is not urgent, for example all stable clinical cases including dermatology, gynaecology, ENT, neurology etc, and requires transportation to a hospital ward or clinic within 1, 2, 3 or 4 hours 4 hours (GP to confirm).	180 minutes 90th centile response time

# Local Developments

- Remodel management team for progression and staff access
- Working with NUH, SFHT and BDGH to improve handovers in times of pressure
- Tactical Performance Office
- Rota Review to align with ARP
- Staff engagement
- Winter and Christmas planning underway



Thank you

Any questions?



Emergency care | Urgent care | We care

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>21 SEPTEMBER 2017</b>
<b>SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To discuss with the Portfolio Holder for Adults and Health his key priorities, progress against relevant aspects of the Council Plan, challenges and pressures and key objectives for 2017/18.

**2 Action required**

- 2.1 The Committee is asked to use the information provided at the meeting by the Portfolio Holder for Adults and Health to inform questioning.

**3 Background information**

- 3.1 On 9 November 2015 the Council Plan was formally approved by Full Council and this guides the Council's services and approach to support the delivery of its key priorities for the City over the subsequent four years to 2019.
- 3.2 Overview and scrutiny has a role in scrutinising performance and progress against the Council Plan and therefore a programme of sessions with Portfolio Holders has been established. The majority of these sessions are carried out by the Overview and Scrutiny Committee but the Health Scrutiny Committee leads on scrutiny of most issues within the remit of the Portfolio Holder for Adults and Health.
- 3.3 Councillor Nick McDonald has been the Portfolio Holder for Adults and Health since June 2017. He will be attending the meeting to discuss progress against relevant aspects of the Council Plan; current challenges and pressures; and his key priorities for 2017/18.
- 3.4 The Adults, Health and Community Sector theme within the Council Plan sets out an ambition to achieve the following by the end of the Plan:
- Make life better for the 35,000 older persons in the City enabling choice and confidence in the care they receive and the way it is delivered, maintaining dignity, independence and control.
  - Be a City that enables healthy lifestyles, promotes wellbeing and supports community resilience.
  - To take the lead on improving working between our social care services and the NHS to ensure better care for our vulnerable residents.

The key things that the Plan states will take place are:

- Tailor care to individual needs through proper integration of the Council's social care services with those delivered by the NHS.
- Reduce teenage pregnancy by a further third.
- Promote community resilience by backing the 'Looking After Each Other' campaign and other groups that tackle loneliness and promote self-help.

**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 Nottingham City Council Plan 2015-2019

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>21 SEPTEMBER 2017</b>
<b>REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES – IMPLEMENTATION OF RECOMMENDATIONS</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To review progress in implementation of the accepted recommendations arising from the Committee’s review of end of life/ palliative care services.

**2 Action required**

- 2.1 The Committee is asked to:
- a) consider the progress made in implementing the accepted recommendations made by the Committee to improve end of life/ palliative care services; and
  - b) decide whether any further scrutiny of progress and/or outcomes is required.

**3 Background information**

- 3.1 During 2015/16 the Committee carried out a study group review of end of life/ palliative care services. The review focused on addressing the following question:

Are end of life/ palliative care services for adults delivered across Nottingham City to a quality standard to meet the needs of patients, their families and carers, including in relation to cultural and faith needs?

- 3.2 Based on the evidence during the review the Committee made 7 recommendations for improvement. These recommendations were aimed at a variety of organisations, including: Nottingham CityCare Partnership, Nottingham University Hospitals NHS Trust, Nottingham City Council and NHS Nottingham City Clinical Commissioning Group.
- 3.3 In May 2016 the Committee heard that all of the recommendations were either fully or partly accepted.
- 3.4 In November 2016 the Committee received an update on implementation of the accepted recommendations. At that time the only outstanding recommendation was:

It is recommended that Nottingham University Hospitals NHS Trust review the level of need, including on acute wards, for the services of the Hospital Palliative Care Team at weekends and ensure services are in place to meet that need.

- 3.5 In response to this recommendation the report and recommendations were discussed at Nottingham University Hospitals (NUH) Quality Assurance Committee (sub-committee of Trust Board attended by Chair, Chief Executive, Chief Nurse and Medical Director) in April 2016. The action following this meeting was for a Consultant in Palliative Medicine to work with the Better for You Team (team that supports change and transformation) to model the effect of providing a seven day service within the current establishment. In November 2016 NUH reported to this Committee that work was underway to review specialist palliative care provision and availability at NUH in response to the Committee's review, the 2015 NUH CQC inspection and the National End of Life Care Dying in Hospital Audit. This work was being reported to the Quality Assurance Committee. A review had been carried out by the Better for You Team. The Quality Assurance Committee felt that further detail on the modelling was required to make a decision on the best way for NUH to provide a seven day service. A data collection exercise commenced on 1 October 2016 to run for six months.
- 3.6 The Quality Assurance Committee considered the outcome of the specialist palliative care seven day working pilot in July 2017 and supported the development of a business case to fund a permanent seven day specialist palliative care service.

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

- 4.1 None

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

- 5.1 Notes from contributor interviews, visits and study group discussions are available from the Senior Governance Officer listed at the bottom of this report.

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

- 6.1 Reports to and minutes of the Health Scrutiny Committee meetings held on 18 February, 19 May and 24 November 2016.

**7 Wards affected**

7.1 All

**8 Contact information**

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>21 SEPTEMBER 2017</b>
<b>WORK PROGRAMME 2017/18</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**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 The current 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 AND 2017/18

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 PUBLIC

Date	Items
<p><b>18 May 2017</b></p> <p><b>CANCELLED</b></p>	
<p><b>13 June 2017</b> <b>10:15am</b></p> <p><b>Informal Meeting</b></p>	<ul style="list-style-type: none"> <li>• <b>Sustainability and Transformation Plan Consultation and Engagement Findings</b> 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)</li> </ul>
<p><b>22 June 2017</b></p>	<ul style="list-style-type: none"> <li>• <b>Nottingham homecare market</b> 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)</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
<p><b>20 July 2017</b></p>	<ul style="list-style-type: none"> <li>• <b>Seasonal flu immunisation programme 2016/17</b> 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)</li> <li>• <b>Healthwatch Nottingham Annual Report 2016/17</b> To receive and consider the Healthwatch Nottingham Annual Report (Healthwatch Nottingham)</li> <li>• <b>Feedback from regional health scrutiny chairs network meeting</b> To receive a verbal update from the Chair</li> </ul>

Date	Items
	<p style="text-align: right;">(Chair)</p> <ul style="list-style-type: none"> <li>• <b>Work Programme 2017/18</b></li> </ul>
21 September 2017	<ul style="list-style-type: none"> <li>• <b>Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update</b> (Nottinghamshire Healthcare Trust)</li> <li>• <b>Scrutiny of Portfolio Holder for Adults and Health</b> To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities (Nottingham City Council)</li> <li>• <b>New Ambulance Service Standards</b> To hear about the new national ambulance service standards and the impact of this locally (East Midlands Ambulance Service)</li> <li>• <b>‘Tomorrow’s NUH’</b> To hear about Nottingham University Hospitals 5 year strategy for the future</li> <li>• <b>End of Life/ Palliative Care Review – Implementation of Recommendations</b> To receive an update from NUH on progress in implementing agreed recommendation</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
19 October 2017	<ul style="list-style-type: none"> <li>• <b>Sustainability and Transformation Plan</b> To receive an update on progression of the Sustainability and Transformation Plan, including accelerator status towards an Accountable Care System (STP Lead)</li> <li>• <b>Carer support services</b> To speak with commissioners and providers about new carer support services and review</li> </ul>



Date	Items
	<p>plans to ensure that carers' needs are met. (Nottingham City Council, Carers Federation, Carers Trust)</p> <ul style="list-style-type: none"> <li>• <b>Clinical Commissioning Group Alignment</b> To hear about changes to local Clinical Commissioning Groups (Greater Nottingham Clinical Commissioning Groups)</li> <li>• <b>Urgent Care Centre</b> (tbc) Item requested by Clinical Commissioning Group</li> <li>• <b>Nottingham Treatment Centre</b> (tbc) Item requested by Clinical Commissioning Group</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
23 November 2017	<ul style="list-style-type: none"> <li>• <b>Child and Adolescent Mental Health Services (CAMHS)</b> (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)</li> <li>• <b>New model for Healthwatch</b> To review development of a new model and future commissioning for Healthwatch in Nottingham. (Nottingham City Council, Healthwatch Nottingham)</li> <li>• <b>Access to dental care</b> (tbc – being rescheduled from October) 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)</li> <li>• <b>Work Programme 2017/18</b></li> </ul>

Date	Items
14 December 2017	<ul style="list-style-type: none"> <li data-bbox="622 233 1890 336">• <b>Cleanliness at Nottingham University Hospitals NHS Trust</b> To review progress in improving cleanliness at Nottingham University Hospitals sites. (Nottingham University Hospitals)</li> <li data-bbox="622 371 1890 539">• <b>Homecare services commissioning framework</b> To review development of a new commissioning framework for homecare services; and review how the Homecare Provider Alliance and Passport for Care scheme are contributing to improving homecare provision. (Nottingham City Council)</li> <li data-bbox="622 574 1039 606">• <b>Work Programme 2017/18</b></li> </ul>
18 January 2018	<ul style="list-style-type: none"> <li data-bbox="622 683 1890 786">• <b>GP services in Nottingham City</b> To review current provision and quality of GP services in the City (Nottingham City CCG)</li> <li data-bbox="622 821 1890 925">• <b>Out of Hospital Services Contract</b> To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG)</li> <li data-bbox="622 960 1039 992">• <b>Work Programme 2017/18</b></li> </ul>
22 February 2018	<ul style="list-style-type: none"> <li data-bbox="622 1062 1890 1166">• <b>Urgent Care Centre</b> To review performance of the Urgent Care Centre against expected outcomes for the service (Nottingham City CCG, Nottingham CityCare Partnership)</li> <li data-bbox="622 1201 1890 1345">• <b>Nottingham CityCare Partnership Quality Account 2017/18</b> To consider performance against priorities for 2017/18 and development of priorities for 2018/19 (Nottingham CityCare Partnership)</li> </ul>

Date	Items
	<ul style="list-style-type: none"> <li>• <b>Suicide Prevention Plan</b> To scrutinise implementation of Suicide Prevention Plan (Nottingham and Nottinghamshire Suicide Prevention Group)</li> <li>• <b>Work Programme 2017/18</b></li> </ul>
22 March 2018	<ul style="list-style-type: none"> <li>• <b>Out of Hospital Services Contract</b> To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG)</li> <li>• <b>Work Programme 2017/18</b></li> </ul>

**To schedule**

- **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
- **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
- **Delivery of a social prescribing approach in Nottingham**
- **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 to ensure that all who need to access equipment are able to

- **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)

### **Visits**

- Connect House (September 2017 tbc)
- 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
- Circle (Nottingham Treatment Centre)
- Regional health scrutiny chairs network
- Informal meetings with commissioners

### **Items to be scheduled for 2018/19**

#### July 2018

- **Seasonal Flu Immunisation Programme**

To review the performance of the seasonal flu immunisation programme 2017/18 and the effectiveness of work to improve uptake rates