



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 19 April 2018

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:**

- | | | |
|----------|---|----------------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES | 3 - 12 |
| | To confirm the minutes of the meeting held on 22 March 2018 | |
| 4 | SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND
GREATER NOTTINGHAM ACCOUNTABLE CARE SYSTEM | 13 - 14 |
| 5 | SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH | 15 - 16 |
| 6 | HEALTH SCRUTINY COMMITTEE WORK PROGRAMME | 17 - 24 |

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD

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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 March 2018 from 1.01pm - 3.27pm

Membership

Present

Councillor Anne Peach (Chair)
 Councillor Jim Armstrong
 Councillor Ilyas Aziz
 Councillor Patience Uloma Ifediora
 Councillor Chris Tansley
 Councillor Adele Williams
 Councillor Ginny Klein

Absent

Councillor Merlita Bryan (Vice-Chair)
 Councillor Jackie Morris
 Councillor Eunice Campbell
 Councillor Brian Parbutt
 Councillor Georgia Power

Colleagues, partners and others in attendance:

Dr David Rhinds	- Consultant Addiction Psychiatrist	- Nottinghamshire Healthcare Trust (NHCT)
Apollos Clifton-Brown	- Clinical Lead for Substance Misuse Services	- Framework
Caroline Shaw	- Chief Operating Officer and Deputy CEO	- Nottingham University Hospitals Trust (NUHT)
Nikki Pownall	- Lead for Urgent and Emergency Care	- Nottingham City Clinical Commissioning Group
Greg Cox	- Nottinghamshire General Manager) East Midlands
Keith Sharpe	- Operations Manager) Ambulance Service (EMAS)
Helen Woodiwiss	- Assistant Director of Clinical Services) Nottingham CityCare
Kate Whittaker	- Head of Patient and Public Involvement) Partnership
Jo Powell	- Communications)
Lucy Putland	- Strategy and Commissioning Manager) Nottingham
Christine Oliver	- Head of Commissioning) City Council
Jane Garrard	- Senior Governance Officer)
Catherine Ziane-Pryor	- Governance Officer)

63 CHANGE IN MEMBERSHIP

RESOLVED to note that Councillor Corall Jenkins has resigned as a member of the Health Scrutiny Committee.

64 APOLOGIES FOR ABSENCE

Councillor Eunice Campbell – personal
Councillor Jackie Morris – other Council business
Councillor Georgia Power – ill health

65 DECLARATIONS OF INTEREST

None.

66 MINUTES

The minutes of the meeting held on 22 February 2018 were confirmed as a true record and signed by the Chair.

67 INPATIENT DETOXIFICATION SERVICES

Lucy Putland (Strategy and Commissioning Manager) and Christine Oliver (Head of Commissioning), both of Nottingham City Council, Dr David Rhinds (Consultant Addiction Psychiatrist), Nottinghamshire Healthcare Trust, and Apollos Clifton-Brown (Clinical Lead for Substance Misuse Services) at Framework, were in attendance to update the Committee on the current position regarding the provision of inpatient detoxification services.

At the November and January meetings of the Committee, members had been informed that the Woodlands Unit, provided by Nottinghamshire Healthcare Trust, was no longer financially viable under current arrangements and was facing closure. Members of the Committee were concerned that if there was no other option than for the unit to close, it was vital that an alternative local NHS-supported provision of the service is secured.

In January Nottinghamshire Healthcare Trust took the decision not to seek to renew or further extend contracts for specialist inpatient detoxification services run at The Woodlands beyond 31 May 2018.

Whilst the City Council's contract for the Woodlands Unit has been extended to the end of May 2018 (from March 2018), there is not enough time to undertake a full procurement process. As such, commissioning officers and medical specialists have been working together to identify an interim arrangement. The outcome of which is that Framework, the lead provider of local community drug and alcohol services, has agreed to a 10 month contract to provide inpatient detoxification beds and professional support (including transfer of many staff from Woodlands) at Framework's recently refurbished drug and alcohol unit at Edwin House in Radford. Framework has also secured a contract to provide inpatient detoxification services for Leicester, Leicestershire and Rutland. A full procurement for services in Nottingham will take place during 2018.

The following points were highlighted by Lucy Putland:

- a) it is important to maintain a local inpatient detox service, particularly with the recognised aging cohort of opiate users in and around the City and the complexity of need;

- b) service users and their families were consulted on what they felt was most important to them. Responses included:
- c) timely access from community services;
- d) provision and effective management of male/female accommodation (three quarters of patients are male);
- e) several possible models were considered such as completely decommissioning the service (patients and their families would have to travel out of county to access services), procuring a new service, or purchasing bed space from another provider;
- f) Framework (a charity and housing association dedicated to helping homeless people, preventing homelessness, and promoting opportunities for vulnerable and excluded people), has recently refurbished a former care home and provides drug and alcohol treatment services, so is well positioned to expand their current provision. Commissioners and the NHS are working closely with Framework to ensure everything required is in place and ready for the service transition from Woodlands to Edwin House when the contract starts on 1 June 2018;
- g) the Committee are assured that as patients for whom community detox has not been successful, are usually inpatients for a period of 8-10 days, there is no expectation that inpatients will be moved between sites during their detox.

Apollos Clifton-Brown, Framework's Clinical Lead for Substance Misuse Services added:

- h) the Care Quality Commission (CQC) registration is in place for patients, appropriate staffing is in place and it is anticipated that the service at Edwin House will be provided much as it was at Woodlands but with minor changes to include:
- i) delivery of pharmacy services which will be audited by NHCT and provided from a community pharmacist, rather than operated on-site;
- j) whilst the staff numbers and cover will remain the same, the required qualifications mix of staff will be different, for example having nurses and an occupational therapist at Edwin House in addition to mental health nurses;
- k) the service will operate under a difference governance structure through the Nottingham Recovery Network governance structure, which will enable improved monitoring of risk and sharing of information with partners;
- l) with community and inpatient services operated by the same provider, this will enable closer working and improved transfers and pre/post planning.

Dr David Rhinds commented that:

- m) there will be medical cover of 2 sessions provided by the Consultant Psychiatrist and 2 trainee doctors at Edwin House, which is the same as at The Woodlands. Out of Hours provision will be slightly different and be through alliances with GPs;

- n) the approval of the General Medical Council (GMC) is required to engage trainee doctors but as this will be with the intention of retaining those doctors, it is not anticipated that there will be any objection.

Questions from members of the Committee were responded to as follows:

- o) the Framework service will offer facilities to citizens referred by Nottingham City, Leicester City, Leicestershire, Rutland and South Yorkshire Local Authorities but is keen to ensure that patients from Nottingham will need not go elsewhere;
- p) the £99,000 saving on inpatient detoxification services agreed as part of the Council's budget process will be achieved due to the use of a different business model and a lower occupational bed day rate. Some staff will be on Framework contracts rather than NHS contracts, which has slightly different terms and conditions. Whilst this may potentially impact on recruitment, it isn't a problem for current staff working for Framework;
- q) treatment regimes will be the same at Edwin House as at The Woodlands;
- r) consultation was advertised widely across the NHCT and to service users. As white males account for 75% of opiate users in the City, it was to be expected that the majority of consultation responses were from white males, but for a further session next week there has been a focus on engaging Black, Asian, Minority, Ethnic (BAME) responses. The information gathered through consultation will also contribute to the tender process;
- s) with regard to the sustainability of the service provided by Framework, Derby and Derbyshire appear to rarely use inpatient detox services, but they may require services in future. Leicester, Leicestershire and Rutland already commission the service from Framework;
- t) transition of the service will be closely monitored, as will the provision at Edwin House as quality monitoring is a requirement of provision.

Members of the Committee commented as follows:

- u) this positive initial outcome is very much welcomed for service users, citizens of Nottingham and the transferred staff;
- v) all parties should be congratulated for an excellent example of how partnership working can be successful;
- w) further information on the outreach work of Framework would be welcomed, possibly in conjunction with a future update to the Committee.

RESOLVED

- 1. to note that the Committee welcomed the proposals and does not consider the transition of inpatient detoxification services from Woodlands, provided by Nottinghamshire Healthcare Trust, to Edwin House, provided by Framework, as a substantial variation of services;**

2. **for the Committee to determine at a later date whether a review of provision inpatient detoxification services is required.**

68 RESPONSE TO PRESSURES ON URGENT AND EMERGENCY CARE SERVICES IN THE POST-CHRISTMAS PERIOD

Caroline Shaw, Chief Operating Officer and Deputy CEO at Nottingham University Hospitals Trust (NUHT), Nikki Pownall, Lead for Urgent and Emergency Care at Nottingham City Clinical Commissioning Group (NCCCG), Greg Cox, Nottinghamshire General Manager and Keith Sharpe Nottinghamshire Ambulance Operations Manager, both from East Midlands Ambulance Service, were in attendance to update the Committee on the extreme and sustained pressures experienced by urgent and emergency care services up to, during and following the Christmas period and well into the New Year.

Whilst a rise in emergency admissions is anticipated during the winter period, this year's demand on services has been substantially higher, as outlined in the report.

In addition to the report and presentation in the agenda, the following points were highlighted:

- a) the pressure of massive demand on services impacted not only on NUH, but across healthcare services in Nottinghamshire and nationally ;
- b) the Accident and Emergency Delivery Board, consisting of local emergency service managers, meets regularly to ensure a co-ordinated approach, but during the sustained rise in admissions, it met daily to try and arrange appropriate responses to the consistently high demand which is only just now, 3 months later, subsiding;
- c) the telephone service 'NHS 111' received 37% more calls than anticipated;
- d) patients being admitted to hospital were significantly sicker than usual, many with breathing difficulties and there was a higher proportion of older and frailer patients than usual;
- e) 30% more GP appointments were made available at weekends and in the evening but this still did not meet demand;
- f) extraordinary actions were taken, including reorganisation of staff within services to help meet demand and the whole of the NHS was told to free-up staff to assist;
- g) nationally NHS England asked all hospitals to consider cancelling outpatient and routine operations to alleviate pressure and locally 410 operations and 640 outpatient appointments were cancelled by NUH;
- h) in addition to increasing hospital admissions, the flu also impacted on staff sickness levels, adding further pressures;
- i) an unprecedented 93 additional community beds were temporarily made available alongside 34 additional hospital beds;
- j) many staff agreed to work additional shifts;

- k) GPs were based at the front of A&E all day, every day to deal with non-urgent presentations ensuring that A&E staff were free to deal with emergency cases;
- l) the financial impact of this period will be substantial across the Health and Social Care economy. It is estimated that the financial impact to NUHT was in the region of £500,000 per week;
- m) in spite of the pressures, there were no 12 hour trolley breaches, ambulance turn-around times (which have improved significantly during the past year) were maintained, and feedback on patient experience remained positive;
- n) EMAS attended an average of an additional 1,200 incidents per month in Nottingham compared to the same period last year;
- o) whilst the wider health community plan for a winter peak in demand, there was no way that this level of demand, which is equivalent to responding to a major incident, could have been anticipated;
- p) staff are weary now and unable to sustain additional shifts/overtime, which is recognised by NUHT which is trying to work with and support staff;
- q) the large number of cancelled operations and procedures has resulted in a cost of approximately £2m and will have a knock-on effect, particularly for those patients affected;
- r) it has been a very challenging few months.

Questions from the Committee were responded to as follows:

- s) initially, when GPs were introduced to the 'front door' of A&E, A&E consultants were sceptical but soon realised the value of this additional support, particularly as patients were arriving at A&E from other routes, including the respiratory unit;
- t) it was noticeable that the age of patients is increasing as many patients were presenting in their 90's and 100's, with more complex issues;
- u) vaccination of staff against the flu is not mandatory but there was approximately a 65% take-up of the offer. It is now being considered if vaccination should be mandatory in future, although there is an indication that the strain of flu which was most prevalent this year, was not included in the vaccination, so further work needs to be done in this area;
- v) previously the configuration of and admission processes in A&E had been identified as hindering the smooth and timely hand-over of patients. However, following a revision of admission processes, improved staff ownership of roles, along with some physical changes to A&E lay-out to provide more cubicles and staff, patient hand-over time from EMAS to A&E has improved significantly, along with time saving measures established by EMAS;
- w) Queens Medical Centre Emergency Department is already accepting up to 650 patients in a building designed for 350. A new Emergency Department is needed;

- x) there are clear precautions in place regarding Norovirus and preventing its spread within the Trust's premises. As soon as any symptoms are identified, the area is closed and thoroughly cleaned. Management is much harder for community beds (in nursing/care homes) which often struggle to attain the cleaning standards required due to the environment being more homely with soft furnishings and often having communal areas which provided further challenges. When patients are discharged from NUH they often still have care needs and it was a struggle to find community beds, but overall nursing homes worked well with the CCG during the period of extreme demand;
- y) there are several areas of learning which will be taken from the experience of the past few months. The new NUHT Chief Executive has stated that the Trust can't close beds at this time, there will be an examination of admission and discharge turnaround, the future needs of an aging population will be further investigated and consideration will be given to developing a different framework for community beds.

It is noted that the Committee is scheduled to consider flu vaccination and up-take at a future meeting.

Members of the Committee congratulated and expressed their gratitude to NHS staff in all areas that had successfully supported the system during a very difficult and extended period.

RESOLVED

- 1. to note the update and gratefully acknowledge the hard work and dedication of urgent and emergency care staff and partners during a period of exceptionally high demand;**
- 2. for consideration of future winter planning for 2018/19 to be added to the Committee's work programme.**

69 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2017/18

Helen Woodiwiss, Assistant Director of Clinical Services, Kate Whittaker, Head of Patient and Public Involvement, and Jo Powell, Communications, all from Nottingham CityCare Partnership, were in attendance to provide an interim update to the Committee on the progress against current quality improvement priorities, and proposals for CityCare's quality improvement priorities for 2018/19, with regard to the Quality Account. The final draft Quality Account will be submitted to the Committee in May 2018, for comment.

The Quality Account is a document prepared by health providers to illustrate how they have performed in meeting the quality domains of patient safety, clinical effectiveness and patient experience.

Current priorities for 2017/18 for which the CityCare Partnership will illustrate they have identified areas for improvement and then addressed include:

- promoting prevention;
- more integrated seamless care;
- reducing avoidable harm;

The proposed priorities for 2018/19 are:

- promoting prevention;
- reducing avoidable harm;
- supporting our staff;
- safe and effective discharge;

The presentation outlined what has been achieved so far:

- (i) in promoting prevention;
- (ii) with more integration;
- (iii) learning from incidents
- (iv) recognition of the deteriorating patient;
- (v) safeguarding;

Also included was a summary of patient and service user feedback on the quality of services with suggestions on what further improvements could be made.

Questions from the Committee were responded to as follows:

- a) with regard to mental health service demand and whether the needs of patients can be met, the Partnership is working closely with patients and in addition to the current provision for children and young people, the new contract will include a dementia outreach team which is considered important in an aging population;
- b) CityCare regularly considers its aims and outcomes and makes adjustments where they are needed;
- c) the Basic Care Team is very proactive and has Community Matrons to help support work in the community, but work is ongoing with regards preventing the need for hospital admissions from the community;
- d) CityCare is unwilling to discharge patients home unless they are as healthy as possible so, having assessed the patient in hospital, works to a three stage discharge pathway:
 - discharge to their own home;
 - discharge temporarily to community beds, including re-enablement centres like Connect House;
 - discharge to long term care for support of long-term health conditions.
- e) during the recent increased demands on services, an additional 52 community beds were spot-purchased to support hospital discharges.

RESOLVED to note the provisional update and note that the Quality Account will be presented to the Committee in May 2018.

70 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18

Jane Garrard, Senior Governance Officer, presented the work programme schedule and requested the Committee's comments and suggestions.

In reference to the previously agreed topic of carer support services, during National Carers Week on 12 June 2018, 4-6pm in the Council House, there will be a Carers Event to which 5-6

members of the Committee are invited to meet with and discuss carer's perspectives as part of evidence gathering for this review.

RESOLVED that April's meeting of the Committee should include consideration of:

- i. progress against the City Council priority of reducing unplanned teenage pregnancy, particularly in wards such as Aspley and Bulwell where rates of unplanned teenage pregnancy have been consistently high over many years;**
- ii. year-end review of the activity of the Portfolio for Adults and Health;**
- iii. update on Nottinghamshire Sustainability and Transformation Partnership and development of a Greater Nottingham Accountable Care System;**
- iv. review of 2017/18 and work programme 2018/19.**

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HEALTH SCRUTINY COMMITTEE
19 APRIL 2018
SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP AND GREATER NOTTINGHAM ACCOUNTABLE CARE SYSTEM
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To receive an update on the Sustainability and Transformation Partnership and Greater Nottingham Accountable Care System.

2 Action required

- 2.1 The Committee is asked to review the progress of the Sustainability and Transformation Partnership and development of a Greater Nottingham Accountable Care System.

3 Background information

- 3.1 The Committee has previously received updates on progress of the Sustainability and Transformation Plan/ Partnership (STP) and development of an Accountable Care System for Greater Nottingham.
- 3.2 David Pearson, Dr Stephen Shortt and Rebecca Larder will be attending the meeting to give a presentation updating on developments since the previous update in November 2017.

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 Minutes of the Health Scrutiny Committee meetings held on 22 June and 23 November 2017

7 Wards affected

7.1 All

8 Contact information

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

HEALTH SCRUTINY COMMITTEE
19 APRIL 2018
SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To speak to the Portfolio Holder for Adults and Health about work that has taken place within that Portfolio, including performance against Council Plan objectives, during 2017/18; and plans for 2018/19.

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 and review performance over the last year and plans for the forthcoming year.

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 review performance and progress during 2017/18 and look ahead to 2018/19.
- 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
jane.garrard@nottinghamcity.gov.uk
0115 8764315

HEALTH SCRUTINY COMMITTEE
19 APRIL 2018
WORK PROGRAMME
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1. Purpose

1.1 To consider the Committee's work programme.

2. Action required

2.1 The Committee is asked to:

- a) review the effectiveness of the Committee and its work during 2017/18; and
- b) consider the Committee's work programme for 2018/19.

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 As this is the last meeting of the 2017/18 municipal year, the Committee is asked to review its work over the past year.

3.6 A draft work programme for 2018/19 has been developed, based on ongoing pieces of work and areas of work already identified by the Committee. The Committee is asked to review the draft work programme adding, amending and deleting items as appropriate. The Committee may also wish to identify additional items for potential consideration, including proposed focus and key lines of enquiry.

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 2017/18
Health Scrutiny Committee Work Programme 2017/18

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

Health Scrutiny Committee 2018/19 Work Programme DRAFT

Date	Items
24 May 2018	<ul style="list-style-type: none"> <li data-bbox="629 331 1899 464"> <p>• Nottingham CityCare Partnership Quality Account 2017/18 To consider the draft Quality Account 2017/18 and decide if the Committee wishes to submit a comment for inclusion in Quality Account document (Nottingham CityCare Partnership)</p> <li data-bbox="629 502 1899 603"> <p>• Out of Hospital Community Services Contract To review progress in mobilising the new Out of Hospital Community Services contract (Greater Nottingham CCGs, CityCare Partnership)</p> <li data-bbox="629 641 1899 774"> <p>• Nottingham Treatment Centre To hear about the outcome of the procurement process and plans for mobilisation of the new contract (Greater Nottingham Clinical Commissioning Groups)</p> <li data-bbox="629 812 1899 1015"> <p>• Reducing unplanned teenage pregnancies To hear about outcomes of the work requested by the Committee to review local activity and provision to reduce unplanned teenage pregnancies in the Aspley and Bulwell areas; and review work to reduce unplanned teenage pregnancies levels in wards with the consistently highest levels of unplanned teenage pregnancy. (Nottingham Teenage Pregnancy Taskforce)</p> <li data-bbox="629 1053 1037 1082"> <p>• Work Programme 2018/19</p>
21 June 2018	<ul style="list-style-type: none"> <li data-bbox="629 1157 1037 1185"> <p>• Work Programme 2018/19</p>
19 July 2018	<ul style="list-style-type: none"> <li data-bbox="629 1264 1899 1394"> <p>• 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 (NHS England/ Nottingham City Council)</p>

Date	Items
	<ul style="list-style-type: none"> <li data-bbox="629 268 1890 432"> <p>• Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update To review the implementation (including transition period) of service provision at Hopewood – new CAMHS and perinatal mental health services site (Nottinghamshire Healthcare Trust)</p> <li data-bbox="629 485 1906 616"> <p>• 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)</p> <li data-bbox="629 655 1037 687"> <p>• Work Programme 2018/19</p>
20 September 2018	<ul style="list-style-type: none"> <li data-bbox="629 759 1899 906"> <p>• Homecare services To review provision, including waiting times and quality of care, of homecare services under the new framework. (Nottingham City Council)</p> <li data-bbox="629 946 1868 1077"> <p>• Findings and recommendations of Carer Support Services Review (tbc – depending on review timescales) To consider the findings and recommendations of the review of service user experience of carer support services; and how service user feedback is used to improve services</p> <li data-bbox="629 1117 1037 1149"> <p>• Work Programme 2018/19</p>
18 October 2018	<ul style="list-style-type: none"> <li data-bbox="629 1222 1037 1254"> <p>• Work Programme 2018/19</p>
22 November 2018	<ul style="list-style-type: none"> <li data-bbox="629 1326 1895 1396"> <p>• Children and Young People’s Mental Health and Wellbeing To review progress in implementation of the Transformation Plan and the impact on outcomes</p>

Date	Items
	<p>for children and young people. (Commissioners/ Nottinghamshire Healthcare Trust)</p> <ul style="list-style-type: none"> • Inpatient Detoxification Services To review the effectiveness of current arrangements for inpatient detoxification services; and intentions for the service specification for future commissioning of inpatient detoxification services (Nottingham City Council/ Framework/ Consultant Addiction Psychiatrist) • Work Programme 2018/19
13 December 2018	<ul style="list-style-type: none"> • Work Programme 2018/19
24 January 2019	<ul style="list-style-type: none"> • Carers Support Services To review provision of carer support services (Nottingham City Council, Carers Trust, Carers Federation) • Work Programme 2018/19
21 February 2019	<ul style="list-style-type: none"> • General Practice Services in Nottingham To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future • Work Programme 2018/19
21 March 2019	<ul style="list-style-type: none"> • Review of 2018/19 and work programme 2019/20

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
- **Suicide Prevention Plan**
To scrutinise progress in implementation of the Suicide Prevention Plan and review proposals for the refreshed Suicide Prevention Plan for Nottingham
- **Implementation and impact of services affected by budget decisions**
Need to identify which services to focus on
- **Planning for Winter Pressures**
To review plans for dealing with winter pressures across the health and social care system

Written information requested

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

Study groups

- **Carer Support Services** (June/ July 2018)
To explore service user experience of carer support services; and how service user feedback is used to improve services
 - a) Speak to carers to gather feedback on carer support services 12 June 4-6pm
 - b) Review of feedback and complaints data for carer support services
 - c) Speak to commissioners and providers about
 - a. Methods for gathering and responding to service user feedback
 - b. How service user feedback is used to improve commissioning and provision
 - c. How feedback from carers event will be responded and used to inform services
- **Quality Accounts** (April/ May 2019 tbc)
 - Nottinghamshire Healthcare Trust
 - EMAS Trust
 - Nottingham University Hospitals Trust

- Treatment Centre

Other informal meetings attended by the Chair

- Briefings with Greater Nottingham Clinical Commissioning Groups
- Nottinghamshire County Council Health Scrutiny Committee Chair
- Regional health scrutiny chairs network

Items to be scheduled for 2019/20

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