NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 21 February 2019

Time: 1.30 pm **(pre-meeting for 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 876 4305

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 24 January 2019 from 1.33 pm - 2.40 pm

Membership

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

Councillor Wendy Smith (Substitute for Councillor Brian Parbutt)

Colleagues, partners and others in attendance:

Ian Bentley	-	Strategy and Commissioning Manager (CDP)
Bernadette Linton	-	Edwin House Operations Manager (Framework)
Lucy Putland	-	Strategy and Commissioning Manager (NCC)
Zena West	-	Senior Governance Officer
Catherine Ziane-Pryor	-	Governance Officer

51 APOLOGIES FOR ABSENCE

Councillor Brian Parbutt	- personal (Councillor Wendy Smith attending as a substitute)
Councillor Merlita Bryan	- unwell
Councillor Campbell-Clark	- leave
Councillor Ginny Klein	- unwell
Councillor Georgia Power	- personal
Councillor Mohammed Saghir	- personal
Sarah Collis (Healthwatch)	- unwell

52 DECLARATIONS OF INTEREST

None.

53 MINUTES

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

54 INPATIENT DETOXIFICATION SERVICES

Lucy Putland, Strategy and Commissioning Manager (NCC), Ian Bentley, Strategy and Commissioning Manager (CDP), Bernadette Linton, Edwin House Operations Manager (Framework), were in attendance to update the Committee on how the interim

arrangements for the provision of Inpatient Detoxification Services were progressing at Edwin House, and following an open procurement process, announce the winning provider for services going forward.

Lucy Putland explained that following the closure of the Woodlands Inpatient Detoxification Unit, Framework had agreed to become the interim service provider at Edwin House until a full procurement process could be undertaken. The following points were highlighted:

(a) Prior to setting the service requirements of the new contract, the Strategy and Commissioning Team had undertaken thorough engagement and consultation with service users, patients, patient carers and partner organisations by means of open access events, and structured patient interviews and questionnaires to clearly identify the service model required. This consultation took place between October and December 2018;

(b) Accessibility was an essential requirement of local people who wanted local access to services and not to have to travel out of the area. Nottinghamshire residents requiring the inpatient service have to travel to Birmingham to access services, including for pre-admission visits. Where travelling is involved, this can complicate the support of local community workers and present a risk to the patient if they discharge themselves against medical advice and are in an unfamiliar area away from local support networks;

(c) Patients suggested that peer mentoring and initially being met by people who had experienced similar circumstances would be a positive introduction to the service;

(d) Environment was identified as important and that it must be safe, secure, clean and welcoming, not clinical, and that the workforce should treat service users with respect and respond to their needs;

(e) Strong links between inpatient and community services was cited as being beneficial as patients progressed along the treatment pathway;

(f) An Equality Impact Assessment (EIA) was undertaken and used to inform the development of the service specification;

(g) Once the specifications were confirmed, there was a competitive tender and Framework was successful in securing the new contract. Framework has provided a detailed implementation plan which will be performance monitored for the next few months until the new 5 years contract starts. Performance will be assessed on outcomes;

(h) Framework has received very positive feedback form service users during interim arrangement.

Bernadette Linton, Edwin House Operations Manager for Framework, commented:

(i) Whilst the interim service had only been operating for 7 months, the amount of positive feedback is surprising but welcome. This is possibly due to peer mentoring, a homely environment and the provision of a range of complementary therapy sessions which ensure that patients have full and active days;

(j) The average patient stay is 9 days but this could be extended to 21;

(k) Edwin House supports detox from any substance including opiates, black mamba and spice. Nationally the demand for opiate treatment is reducing but there has been a 17% increase in opiate users in Nottingham during the past year; the reason is unknown but may be a reflection of addiction to opiate pain killers;

(l) Edwin House is fully DDA compliant so can accommodate patients with physical disabilities, provides separate facilities for male and female patients, can cater for different dietary needs, has capacity for a carer of a patient with complex medical needs to stay, and can even facilitate a therapy dog;

(m) Services are also now being provided to the wider region whilst ensuring that the 3 bed, 1,175 bed day contract commissioned by the City is maintained;

(n) 100% of patients are inpatients but there are close links and ongoing communication with community support services. Referral is always from the Community Contract Provider 'Nottingham Recovery Network';

(o) Whilst ethnicity is monitored, overwhelmingly the majority of patients are white males. This is a historic pattern and it continues to be difficult to engage other ethnic groups in the treatment pathway but new approaches continue to be applied;

(p) Once a patient has been assessed and booked in there isn't a waiting list to receive treatment, but there may be a short wait from referral to assessment;

(q) The entire treatment pathway involves different sections but aims to be integrated and needs to be considered as a whole. Once inpatient detox treatment is complete, the patient will return to the care of community services where community workers will continue to maintain individual contact and monitor progress. A holistic view is taken for individuals which includes housing and employment;

(r) To date there have only been 3 or 4 former inpatients who have returned for further treatment;

(s) Prior to patients returning to community care, Framework can provide patients with information on the community based activities available so that they can continue to actively occupy their time when they return to the community setting;

(t) Prescription medication addiction is an increasing and National issue where people may initially be prescribed medication but then go on to source it themselves or the addiction may even be over the counter medications;

(u) Framework will continue to monitor and review outcomes and provision to ensure that the best possible service is provided.

The Chair informed the Committee that she and Lillian Greenwood MP had visited Edwin House and both were very impressed with the entire operation.

RESOLVED

(1) to thank Lucy Putland, Ian Bentley and Bernadette Linton for their attendance and positive and encouraging update;

(2) for a written performance update to be provided to the Committee later in the year once the new contract has been operating for several months.

55 CARER SUPPORT SERVICES REVIEW

Zena West, Senior Governance Officer, introduced the outcomes of the Carer Support Services Review which included a table of recommendations and proposed actions to address the issues.

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

(a) The most significant issue identified was the need for an efficient way for carers to provide relevant information to inform decision making about carer support for the carer and the cared for person. The recommendation was that the '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.' As a result, trials of information sharing started in August/September 2018 and are working well as this has resulted in improved co-ordination between support teams;

(b) The Carer's Federation and Carer's Trust have contacted all GPs in the City on carer issues;

(c) Good relationships have been established with schools to try and identify young carers at an early stage and make referrals for the appropriate support;

(d) The Carer's Trust is now holding evening support sessions on a trial basis;

(e) To find out about carer support services, GPs should be aware and there are also links on the 'Ask LiON' and Nottingham City Council websites and there may be potential for support services promotion in the 'Arrow'.

The Chair commented that since society is now more aware and recognises the valuable work of carers, services and support for carers are now more integrated.

RESOLVED

(1) to note the actions taken as a result of the review of carer support services;

(2) to raise the impact on carers when scrutinising access to mental health services.

56 NHS LONG TERM PLAN

Zena West, Senior Governance Officer, presented the recently published NHS Long Term Plan for consideration in advance of the Committee's scheduled consideration and discussion at the February and March Committee Meetings.

RESOLVED to note the report.

57 NOTES OF INQUORATE MEETING

RESOLVED

(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.

58 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.

It is suggested that in the interest of efficiency, the City and County Health Scrutiny Committees undertake joint consideration of the Quality Accounts.

RESOLVED to note

(1) the work programme and include addiction to prescription medicine as a potential item for future consideration;

(2) that there will not be a meeting held in April 2019 due to the local elections being held on 2 May 2019.

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HEALTH SCRUTINY COMMITTEE
21 FEBRUARY 2019
GENERAL PRACTICE SERVICES IN NOTTINGHAM
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future.

2 Action required

2.1 The Committee is asked to review the effectiveness of work taking place locally to improve access to primary care in the City.

3 Background information

3.1 Primary care is a key part of the local health and care system. Through its work the Committee is aware of the current pressures on GP services in Nottingham and the impact that this can have on both patient experience and the wider health and social care system. Pressures that the Committee has heard about include increasing demand in terms of numbers and complexity of patients and increasing diversity in the City's population; workforce pressures from an ageing workforce and challenges in recruitment of GPs; and vulnerabilities of some practices to quality issues and financial difficulties. The Committee is also aware of the impact that this can have on service user experience, for example in availability of appointments and knock-on pressure through increased attendance at urgent care facilities.

3.2 In Nottingham, NHS Nottingham City Clinical Commissioning Group (CCG) has powers under fully delegated responsibilities from NHS England for the commissioning, procurement and management of primary medical services.

3.3 Over the last few years the Committee has looked at the processes established by the CCG and NHS England to assure the delivery of good quality primary care; how the General Practice Forward View is being responded to locally; and implementation of the CCG's Primary Care Vision.

3.4 The CCG has submitted a paper updating on current provision of primary care in the City including recent and forthcoming changes; implementation of local priorities for general practice, including improving access; work to oversee the quality of general practice; and challenges facing general practice and work taking place to try and address those challenges.

3.5 Dr Hugh Porter and Lynette Daws from the Nottingham City CCG, will be attending the meeting to present information and answer questions from the Committee.

4 List of attached information

4.1 Paper on Primary Care Services in Nottingham City from NHS Nottingham City Clinical Commissioning Group. (To follow)

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 Agenda and minutes of meetings of the Health Scrutiny Committee held:

- 19/01/17: https://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=6237&Ver=4
- 22/02/18: https://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=6348&Ver=4

6.2 NHS England General Practice Forward View: https://www.england.nhs.uk/gp/gpfv/

7 Wards affected

7.1 All

8 Contact information

8.1 Zena West, Senior Governance Officer
Zena.west@nottinghamcity.gov.uk
0115 876 4305

HEALTH SCRUTINY COMMITTEE
21 FEBRUARY 2019
NHS LONG TERM PLAN
REPORT OF HEAD OF LEGAL AND GOVERNANCE

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 March 2019 to fully consider 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.

3.4 At the meeting held on 24 January 2019, Committee members were given the opportunity to read and digest the NHS Long Term Plan, and a training briefing was circulated to Councillors after the meeting.

3.5 Colin Monckton, Director of Strategy and Policy at Nottingham City Council, will be attending the meeting to brief Councillors on the implications of the Long Term Plan for Nottingham, and to answer any questions from the Committee.

4 List of attached information

4.1 Briefing for Health Scrutiny Committee members provided by Colin Monckton.

4.2 Referenced list of all commitments for Local Authorities contained within the NHS Long Term Plan, provided by Herefordshire Director of Public Health.

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 Online version of the Long Term Plan:
https://www.longtermplan.nhs.uk/online-version/

6.2 Agenda and minutes from the 24 January 2019 meeting of Health Scrutiny Committee:
https://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=7247&Ver=4

7 Wards affected

7.1 All

8 Contact information

8.1 Zena West, Senior Governance Officer
Zena.west@nottinghamcity.gov.uk
0115 876 4305

NHS Long Term Plan – briefing for Health Scrutiny Committee 21st February 2019

The NHS published its Long Term Plan (LTP) on 9th January 2019. It sets out the direction of the NHS over the next five 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 LTP 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.

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"

For local authorities

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 LTP 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.

Key points:

Integration

- There is a "clear expectation that [local authorities] will wish to participate" in their local Integrated Care System (ICS).

Health inequalities

- There will be a "more concerted and systematic" approach to reducing health inequalities, including a higher share of funding to areas with higher levels of inequality. Areas for action include maternity services, the physical health of people with mental health problems and learning disabilities, the health of children with learning disabilities, rough sleepers, carers and investment in specialist clinics for people with serious gambling problems.
- There will be a "review of the inequalities adjustment" conducted for the national funding formulae to continue to target a higher proportion of funding to areas with high health inequalities.
- All local health systems will be expected to set out during 2019 how they will specifically reduce health inequalities by 2023/24 and 2028/29, and partners including the CCG and local government will develop and publish a 'menu' of evidence-based interventions that if adopted locally would contribute to this goal.

Adult social care

- All hospitals with a major A&E department will further reduce delayed transfers of care (DTOC) in partnership with LAs. The goal over the next two years is to achieve and maintain an average DTOC figure of 4,000 or fewer delays, and over the next five years to reduce them further. This will include measures such as placing therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission which includes an expected date of discharge, implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.
- Within five years all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate. In addition, all parts of the country should be delivering reablement care within two days of referral to those patients who are judged to need it. Extra recovery, reablement and rehabilitation support will wrap around core services to support people with the highest needs.
- The review of the Better Care Fund (BCF) will conclude in early 2019, and in 2019/20 BCF conditions will continue to include clear requirements to continue to reduce DTOCs and improve the availability of care packages for patients ready to leave hospital.
- The NHS will continue to support local approaches to blending health and social care budgets where councils and CCGs agree this makes sense – the government will set out further proposals for social care and health integration in the forthcoming Green Paper on adult social care.

Children and young people

- The Government and the NHS will work with the Department for Education (DfE) and LAs to improve awareness of, and support for, children and young people with learning difficulties, autism or both.
- To reduce waiting times for specialist services, the NHS will work with LA social care and education services to jointly develop packages of support for children with autism or other neurodevelopmental disorders including ADHD.
- Keyworker support will be available to the most vulnerable children with a learning disability and/or autism, including those who face multiple vulnerabilities such as looked after and adopted children, and children and young people in transition between services.
- Local authorities will develop age-appropriate models of care, including speech and language therapy, oral health and school nursing, to reduce A&E attendances for children and young people.
- By 2028 the NHS aims to move towards service models for young people that offer “person-centred and age appropriate care for mental and physical health needs”, rather than requiring transition to adult services based on age and not need. This will include a ‘0-25 years’ service which will improve the quality of care.
- New services will be developed in specific areas for children with complex needs which are “not currently being met”, this will include children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services. These new services will provide assessment and treatment and allow transition into integrated services.

- Early help will be targeted for adults living in households with vulnerable children, including children in care and care leavers. Access to targeted support for these children, especially during transition to adult services, will be improved, building on the current assessment pilots for children entering the care system.
- A “high-harm, high risk, high vulnerability trauma-informed service” will be developed to provide consultation, advice, assessment, treatment and transition into integrated services. This will include supporting young people in, or at risk of being in, contact with the youth justice system.
- From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer.
- By spring 2019 every NHS Trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative, which will bring together LAs, the NHS and other partners. By 2021 most women receive continuity of the person caring for them during pregnancy, and both during and after birth.

Mental health

- There will be an increase in the number of safe havens, crisis cafes and other services for people with mental health issues who do not need to attend A&E but need somewhere to go for support.
- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis.
- New and integrated models of primary and community mental health care will support adults and older adults with severe mental illnesses. Local areas will be supported to redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks.
- New universal smoking cessation offer will be available as part of the specialist mental health services for long-term users of specialist mental health, and learning disability services.
- By 2020/21 will ensure that at least 280,000 people living with Severe Mental Illness (SMI) have their physical health need met. By 2023/24 the number of people with SMI problems receiving physical health checks will be increased to an additional 110,000 people per year.
- A new approach to young adult mental health services for people aged 18-25 will support the transition to adulthood. The new model will deliver an integrated approach across health, social care, education and the voluntary sector, such as the evidence-based ‘iThrive’ operating model which currently covers around 47% of the 0-18 population and can be expanded to 25 year olds.

Carers and young carers

- The NHS will roll out ‘top tips’ for general practice which have been developed by Young Carers, which include access to preventive health and social prescribing, and timely referral to local support services. It is expected that up to 20,000 young carers will benefit from this approach by 2023/24.
- Best-practice Quality Markers will be introduced for primary care that highlight best practice in carer identification and support.
- The NHS will encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient’s care, and set out guidelines for their use based on trials around the country. These will be

complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.

- The NHS will ensure more carers understand out-of-hours options available to them and have appropriate back-up support in place for when they need it. It is predicted that up to 100,000 carers will benefit from 'contingency planning' conversations and have their plans included in Summary Care Records, so that professionals know when and how to call those plans into action when they are needed.

Treatment for specific health conditions and dependencies

- The NHS will increase support for individuals to manage their own health conditions such as diabetes. The NHS comprehensive model of personalised care will be rolled out, as will personal health budgets which will rise from 32,000 now (of which a quarter are jointly funded with councils) to 200,000 by 2023/24.
- From April 2019 will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors.
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
- By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.
- Over the next five years hospitals with the highest levels of alcohol dependence-related admissions will be supported to fully establish Alcohol Care Teams, using CCG 'health inequalities funding supplement' money, working in partnership with LA commissioners of drug and alcohol services.

Commissioning, funding and other developments

- The Government and the NHS will consider whether there is a "stronger role" for the NHS in commissioning preventative health services, including smoking cessation, drug and alcohol services, sexual health and early years support for children such as school nursing and health visitors, and what future commissioning arrangements might be best.
- To cut delays and costs of the NHS automatically having to go through procurement processes, it is proposed that NHS commissioners will be able to decide the circumstances in which they should use procurement, subject to a 'best value' test. This would mean repealing specific procurement requirements in the Health and Social Care 2012 Act. The LTP also proposes to "free the NHS from wholesale inclusion in the Public Contract Regulations".
- There is a commitment to increase investment in community health services as a share of the national NHS revenue spend from 2019/20 to 2023/24.
- £4.5 billion of the new investment will fund expanded community multidisciplinary teams aligned with new primary care networks based on neighbouring GP practices. Expanded neighbourhood teams will comprise a range of staff such as GPs, pharmacists, district nurses, dementia workers, social care staff and the voluntary sector.
- Working with LAs and Public Health England (PHE) the NHS will improve the effectiveness of approaches such as the NHS Health Check.

For the ICS

There LTP sets out the future for Integrated Care Systems (ICSs), with an intention for the ICS model to be replicated across the country.

Key points:

- ICSs “will become the level of the system where commissioners and providers make shared decisions about financial planning and prioritisation”.
- ICSs will work with local authorities at a “place” level to help commissioners make shared decisions with providers on population health, service redesign and LTP implementation.
- ICSs will have a partnership board to include local authorities (as noted earlier in the briefing, with the clear expectation LAs will wish to participate).
- Each ICS will be required to implement “integral services” that avoid preventable hospitalisation and “tackle wider determinants” of mental and physical ill-health.
- A new Integrated Care Provider (ICP) contract will be made available for use from 2019 following consultation with providers and the public. It is expected that ICP contracts will be held by public statutory providers.
- ICSs will have the opportunity to earn greater authority as they develop and perform well.
- There will be a new ICS accountability and performance framework which will include performance measures.
- ICSs will agree system-wide objectives with relevant NHS regional directors.
- ICSs will need to encourage and support social enterprises, community interest companies and local charities providing services and support for vulnerable and at-risk groups, which the NHS will continue to commission and work in partnership with.
- ICSs will be expected to make sure all local healthcare providers are making reasonable adjustments to support people with a learning disability or autism.
- Integrated Stroke Delivery Networks (ISDNs) will support ICSs to reconfigure stroke services to specialist centres.

What next?

There are proposals for new legislation to help with reform, including supporting the creation of NHS integrated care trusts, removing the Competition and Markets Authority’s duties in relation to NHS provider mergers, NHS pricing and licence conditions and allowing NHS commissioners to decide when to use procurement, subject to a best value test.

There are a number of key milestones over the course of the LTP, these include:

- By April 2019 – Publication of Local Plans for 2019/2020
- By Autumn 2019 – Publication of local five-year plans
- By Autumn 2019 – National Implementation Programme which will “take account” of Government spending review decisions on social care and Public Health

An NHS Assembly involving clinicians, patients, VCSE organisations and frontline leaders from ICSs, STPs, trusts, CCGs and LAs will be set up in 2019 to continue engagement on the LTP.

For more information on this briefing please contact Elaine Fox, Corporate Policy and Performance Officer.

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The NHS Long Term Plan: Commitments
(List provided by Herefordshire Director of Public Health)

Chapter 1: A new service model for the 21st Century

Section	Commitment
1.8	Within 5 years expected to improve the responsiveness of community health crisis response services within two hours of the referral in line with NICE guidelines where clinically judged appropriate
1.8	All parts of the country should be delivering reablement care within two days of referral
1.9	Practices enter into network contract
1.10	From 2019 NHS111 will start direct booking into GP practices across the country, as well as referring onto community pharmacists. CCG develop pharmacy connection schemes for patients who don[‘t need primary medical services
1.15	We will upgrade NHS support to all care home residents who would benefit by 2023/24, with Enhanced Health in Care Homes (EHCH) model rolled out across the whole country
1.17	From 2020/21 Primary Care Networks will assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed.
1.25	From 2019/20 embed single multi-disciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP Out of Hours services
1.26	By Autumn 2020 fully implement Urgent Treatment Centre (UTC) model
1.30	Every acute trust with a type 1 A&E department will: • move to a comprehensive model of Same Day Emergency Care (SDEC). The SDEC model should be embedded in every hospital, medical and surgical specialities during 2019/20 • provide an acute frailty service for a least 70 hours a week. Work towards clinical frailty assessment within 30 mins of arrival • test and begin implementing new emergency and urgent care standards
1.33	From 2020, embed Emergency Care Data Sets (ECDS) into UTCs and SDEC services.
1.34	By 2023 CAS will typically act as single point of access for patients
1.39	Roll out NHS personalised Care Model reaching 2.5m people by 2023/2024 and aiming to double that within the decade.
1.40	Over 1,000 trained social prescribing link workers will be in place by end of 2020/21 rising further by 2023/24
1.41	Accelerate roll out of Personal Health Budgets (PHB). By 2023/24 up to 200,000 people will benefit from PHB.
1.44	Over the next five years every patient in England will have the right to choose telephone or online consultations from their GP
1.47	Re-designing outpatient services over the next five years
1.51	By April 2021 Integrated Care Systems (ICSs) will cover the whole country

Chapter 2: More NHS action on prevention and health inequalities

Section	Commitment
2.9	By 2023/24 all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services
2.10	Adapted model available for expectant mothers and their partners
2.11	New universal smoking cessation offer will be available as part of the specialist mental health services for long-term users of specialist mental health, and learning disability services
2.14	Target support offer and access to weight management series in primary care for people with a diagnosis of type 2 diabetes or hypertension with a BMI of 30+
2.20	Over next five years, hospital with highest rate of alcohol dependence-related admissions will be supported to fully establish specialist Alcohol Care Teams
2.21	By 2023/24 NHs will cut business mileage and fleet air pollution emissions by 20%.
2.26	During 2019 all local systems expected to set out how they will specifically reduce health inequalities by 2020/24 and 2028/29
2.26	Expect all CCGs to ensure that all screening and vaccination programmes are designed to support a narrowing of health inequalities
2.28	By 2024 75% women from BAME community and similar percentage of women from the most deprive groups will receive continuity of care from their midwife, throughout their pregnancy, labour and post-natal period.
2.30	By 2020/21 will ensure that at least 280,000 people living with Severe Mental Illness (SMI) have their physical health need met.
2.30	By 2023/24 increase the number of people with SMI problems receiving physical health checks to an additional 110,000 people per year
2.31	Over five years we will invest to ensure that children with LD have their needs met by eyesight, hearing and dental services.

Chapter 3: Further progress on care quality and outcomes

Section	Commitment
3.9	By NHS will accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury.
3.10	In 2019 aim to roll out the care bundle across every maternity unit in England.
3.12	Spring 2019, every trust in England with a maternity and neonatal service will be part of the National Maternal and Neonatal Health Safety Collaborative.
3.13	By 2021 most women receive continuity of the person caring for them during pregnancy, during birth and postnatally.
3.15	Maternity digital care records are being offered to 20,000 eligible women in 20 accelerator sites across England, rising to 100,000 by the end of 2019/20.

3.15	By 2023/24, all women will be able to access their maternity notes and information through their smart phones or other devices.
3.39	We will actively support children and young people to take part in clinical trials, so that participation among children remains high, and among teenagers and young adults rises to 50% by 2025.
3.40	From September 2019, all boys aged 12 and 13 will be offered vaccination against HPV-related diseases, such as oral, throat and anal cancer.
3.45	From 2019/20 clinical networks will be rolled out to ensure we improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes.
Milestones for Cancer	• From 2019 we will start to roll out new Rapid Diagnostic Centres across the country. • In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days. • By 2020 HPV primary screening for cervical cancer will be in place across England. • By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support. • By 2022 the lung health check model will be extended. • By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers. • By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.
Milestones for cardiovascular disease	• The NHS will help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years. • We will work with our partners to improve community first response and build defibrillator networks to improve survival from out of hospital cardiac arrest. • By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.
Milestones for stroke care	• In 2019 we will, working with the Royal Colleges, pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy. • By 2020 we will begin improved post-hospital stroke rehabilitation models, with full roll-out over the period of this Long Term Plan. • By 2022 we will deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke. • By 2025 we will have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.
3.80	From April 2019 will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors.

3.80	By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
3.89	Mental health will receive a growing share of the NHS budget, worth in real terms at least a further £2.3 billion a year by 2023/24.
3.91	The Five Year Forward View for Mental Health set out plans for expanding Improving Access to Psychological Therapies (IAPT) services so at least 1.5 million people can access care each year by 2020/21. We will continue to expand access to IAPT services for adults and older adults with common mental health problems, with a focus on those with long-term conditions. By 2023/24, an additional 380,000 adults and older adults will be able to access NICE-approved IAPT services.
Milestones for mental health services for adults	• New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24. • By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. We will also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways. Families and staff who are bereaved by suicide will also have access to post-crisis support. • By 2023/24, we will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis. • Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.
3.108	The local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.
3.114	We will work to increase the number of people registering to participate in health research to one million by 2023/24.
3.115	By 2023/24 the new NHS Genomic Medicine Service will sequence 500,000 whole genomes.
3.117	From 2020/21 we will expand the current NHS England 'Test Beds' through regional Test Bed Clusters.
3.119	We will invest in spreading innovation between organisations. Funding for AHSNs, subject to their success in being able to spread proven innovations across England, will be guaranteed until April 2023

Chapter 4: NHS staff will get the backing they need

Section	Commitment

4.12	Improve nursing vacancy rate to 5% by 2028
4.15	Extra 5,000 nursing undergraduate places funded from 2019/20
4.18	Continue investment in growth of nursing apprenticeships with 7,500 new nursing associates starting in 2019
4.19	Grow wider apprenticeships in clinical and non-clinical jobs in the NHS with the expectation that employers will offer all entry-level jobs as apprenticeships before considering other recruitment options.
4.36	Improve staff retention by at least “% by 2025
4.42	Each NHS organisation will set its own target for BAME representation across its leadership team and broader workforce by 2021/22.
4.48	By 2021 NHSI will support NHS trust and FTs to deploy electronic rosters or e-job plans
4.54	Double the number of NHS volunteers over the next three years.

Chapter 5: Digitally-enabled care will go mainstream across the NHS

Section	Commitment
5.12	In 2019/20, 100,000 women will be able to access their maternity record digitally with coverage extended to the whole country by 2023/24.
5.13	We will work with the wider NHS, the voluntary sector, developers, and individuals in creating a range of apps to support particular conditions
5.13	By 2020, we aim to endorse a number of technologies that deliver digitally-enabled models of therapy for depression and anxiety disorders for use in IAPT services across the NHS.
5.14	Support for people with long-term conditions will be improved by interoperability of data, mobile monitoring devices and the use of connected home technologies over the next few years
5.14	By 2023, the Summary Care Record functionality will be moved to the Public Health Research (PHR) held within the Local Health and Care Records (LHCR) systems, which will be able to send reminders and alerts directly to the patient.
5.17	Supporting moves towards prevention and support, we will go faster for community-based staff.
5.21	Over the next five years, every patient will be able to access a GP digitally, and where appropriate, opt for a ‘virtual’ outpatient appointment.
5.22	By 2024 all providers, across acute, community and mental health settings, will be expected to advance to a core level of digitisation.
5.25	By 2022, technology will better support clinicians to improve the safety of and reduce the health risks faced by children and adults.
5.26	During 2019, we will deploy population health management solutions to support ICSs to understand the areas of greatest health need and match NHS services to meet them.
5.28	By 2021, pathology networks will mean quicker test turnaround times, improved access to more complex tests and better career opportunities for healthcare scientists at less overall cost.
5.28	By 2023, diagnostic imaging networks will enable the rapid transfer of

	clinical images from care settings close to the patient to the relevant specialist clinician to interpret
Milestones for digital technology	• During 2019 we will introduce controls to ensure new systems purchased by the NHS comply with agreed standards, including those set out in *The Future of Healthcare*. • By 2020, five geographies will deliver a longitudinal health and care record platform linking NHS and local authority organisations, three additional areas will follow in 2021. • In 2020/21, people will have access to their care plan and communications from their care professionals via the NHS App; the care plan will move to the individual's LHCR across the country over the next five years. • By summer 2021, we will have 100% compliance with mandated cyber security standards across all NHS organisations in the health and care system. • In 2021/22, we will have systems that support population health management in every Integrated Care System across England, with a Chief Clinical Information Officer (CCIO) or Chief Information Officer (CIO) on the board of every local NHS organisation. • By 2022/23, the Child Protection Information system will be extended to cover all health care settings, including general practices. • By 2023/24 every patient in England will be able to access a digital first primary care offer (see 1.44). • By 2024, secondary care providers in England, including acute, community and mental health care settings, will be fully digitised, including clinical and operational processes across all settings, locations and departments. Data will be captured, stored and transmitted electronically, supported by robust IT infrastructure and cyber security, and LHCRs will cover the whole country

HEALTH SCRUTINY COMMITTEE
21 FEBRUARY 2019
NOTTINGHAM CITY COUNCIL'S FULFILMENT OF ITS PUBLIC HEALTH RESPONSIBILITIES
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

1.1 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.

2 Action required

2.1 The Committee is asked to:

(a) comment on changes to Targeted Intervention services since July 2018, consider the strategic approach to fulfilling public health responsibilities, and review how the Council is working towards improving the wellbeing of citizens;

(b) review and comment on relevant budget proposals for 2019/20.

3 Background information

3.1 Public Health responsibilities were returned to Local Government in 2013. Local Government was considered able to deliver a population focus, to shape services to meet local needs, to influence wider social determinants of health, and to tackle health inequalities;

3.2 On 20 February 2018 Executive Board endorsed proposals regarding Targeted Intervention for public consultation. Targeted interventions are services commissioned or provided by the Council that contribute to the improvement of health and wellbeing for Nottingham citizens. These include a range of interventions that provide support for people wanting to make healthy lifestyle choices such as smoking cessation, weight management, dental health promotion, sexual health services, drugs and alcohol treatment etc.;

3.3 On 22 February 2018, Health Scrutiny Committee considered proposals for changes to Targeted Intervention services commissioned or provided by the City Council. On 19 July 2018, the Committee and update on the implementation of the Targeted Intervention service budget savings. It was resolved that the Committee would review the Council's strategic approach to fulfilling its public health responsibilities in November or December 2018 – this was then deferred to February 2019;

3.4 Alison Challenger (Director of Public Health) and Nancy Cordy (Executive Officer, Public Health) have been invited to the February meeting to update the Committee.

4 List of attached information

4.1 Information from Alison Challenger, Director of Public Health.

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 Executive Board, 20 February 2018, reports and minutes:
http://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=177&MId=6601&Ver=4

6.2 Health Scrutiny Committee, 22 February 2018, reports and minutes:
http://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=6348&Ver=4

6.3 Health Scrutiny Committee, 19 July 2018, reports and minutes:
http://committee.nottinghamcity.gov.uk/ieListDocuments.aspx?CId=614&MId=7242&Ver=4

7 Wards affected

7.1 All

8 Contact information

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Nottingham City Council's Fulfilment of its Public Health Responsibilities

1. Summary

This report provides the Health Scrutiny Committee with an update on Nottingham City Council's fulfilment of its public health responsibilities. This includes an overview of Health in All Policies, a developing strategic approach within the council to maximise the Councils potential to improve health and wellbeing. The report also provides an update on developments with specific public health services, following the agreement of savings as part of the Council's budget in March 2018.

2. Public health responsibilities of local authorities

The Health and Social Care Act 2012 gave local authorities responsibility for improving the health of their local populations, supported by a ring-fenced budget. This was in recognition of the ability of local authorities to impact many of the wider determinants of health, for example housing, economic development and transport. This includes a statutory requirement to appoint a Director of Public Health.

"Each local authority must table such steps as it considers appropriate for improving the health of people in its area"

Whilst local authorities have the discretion to meet this duty in a way which is suitable to the needs of their population there are some 'mandated' functions that local authorities have to deliver (or secure the delivery of);

- Weighing and measuring of children (National Child Measurement Programme) – delivered in Nottingham by Citycare as part of the 0-19 contract
- NHS Health Check – local authorities are required to make an offer to all eligible persons
- Sexual health services – local authorities must provide, or secure the provision of, open access sexual health services in its area
- 0-5 Healthy Child Programme, including 5 mandatory universal health visitor reviews
- Drug and alcohol treatment misuse services (not mandatory but a condition of receiving the public health grant)

In addition, local authorities have a number of statutory responsibilities including health protection, oral health and the provision of public health advice to clinical commissioning groups (CCGs), as well as the Health and wellbeing board, joint health and wellbeing strategy and JSNA.

Health Checks

Throughout 2017/18 and continuing in to 2018/19 there has been concerted efforts to increase both the proportion of the population who are eligible for health checks that receive an invitation to attend and the number of people that take up that offer. This has included the implementation of an improved IT system and financial incentivisation of GP providers. We have seen a significant improvement in performance, with a 64% increase in invites and 18% increase in health checks (when comparing Q1-Q3 18/19 to Q1-Q3 17/18). It is the intention to continue the focus on this agenda, to ensure 100% of the eligible population receive a health check.

3. Targeted Intervention Savings

Local authorities receive a ring-fenced grant to support the delivery of their public health responsibilities. The public health grant has reduced year on year since it was introduced in 2013/14.[1] A further 2.6% reduction has been confirmed for 2019/20. The reduction of the grant, alongside significant reductions in overall government funding and increasing demand has required difficult decisions to be made about the services provided.

Health Scrutiny committee received a summary of savings proposals totalling £5.3m, collectively known as 'targeted intervention' in February 2018. Following this, proposals were agreed by Full Council in March 2018, and have subsequently been implemented to realise the required saving. Colleagues worked closely with the providers of affected services to minimise the impact on citizens.

This section provides an update on the implementation of agreed proposals previously highlighted by the Health Scrutiny committee. There is a consistent focus on ensuring that services are targeting the most vulnerable groups, in order to reduce the health inequalities that exist in Nottingham. In many areas, this is being underpinned by a digital universal offer.

Adult Weight Management

The provision of a tier 2 adult weight management service ended on 31 January 2018. Supporting adults to maintain a healthy weight remains a priority for Nottingham City, where 62% of adults are overweight or obese (similar to the national picture).

Since April 2018 Nottingham City Council have:

- Trialled a 12-week digital behaviour change programme, evaluation showed it was a success with 22% of all starters losing >5% of their bodyweight and 50% of all finishers losing >5% of their bodyweight. Following this successful trial, we have commissioned the intervention, to be available to Nottingham citizens with a BMI $\geq$ 25kg/m2. This service will be available to citizens shortly
- Commissioned an Adults Weight Management (on referral) service. This will be delivered by Slimming World. The service will support eligible service users to manage their weight, through improved diet and increased physical activity, reducing their risk of obesity-related harm and diseases. Eligibility of Nottingham citizens will be based on Body Mass Index (BMI) and groups will be targeted to address known inequalities. The service will be accessed primarily via GP referral, although self-referral will be promoted to service users that may not access their GP. It is estimated that approximately 1,000 service users will access the service within a year.
- The Physical Activity, Obesity and Diet (POD) network continue to deliver against Nottingham's POD strategy, which is aligned to the Healthy Lifestyles theme within the joint Health and Wellbeing Strategy. In January 2019 efforts have focused on promoting the 'Active10' campaign, encouraging adults to increase their physical activity with a brisk 10 minute walk each day.

[1] The increase in 2015/16 was due to the transfer of responsibilities for the 0-5 Healthy Child Programme

Stop Smoking Support

The local stop smoking service, New Leaf, ended on 30 April 2018. Reducing the prevalence of smoking remains a priority for Nottingham City, with smoking prevalence at 19.4% (higher than the national average).

Since April 2018 Nottingham City Council have:

- Have commissioned a two-year pilot providing a targeted adult smoking cessation service, to be provided by the GP Alliance. The service will target the following known at risk groups:
    - Pregnant and post-natal women, their partners and others in the household who smoke;
    - Adults with mental health problems;
    - Adults with substance misuse problems (including drugs and alcohol); and
    - Adults with long-term conditions, including those recently discharged from secondary care.

- Worked with Nottingham City CCG to ensure NRT products are available on prescription for at risk citizen groups

- Supported the concerted efforts of partners across the Local Maternity System to reduce the number of Nottingham women smoking in pregnancy. Spring 2019 will see the launch of 'Love Bump Nottingham', a highly visible campaign to further support these efforts.

Drug & Alcohol services

Nottingham City Council worked in close collaboration with the providers of substance misuse services both for adults and young people, and for affected children and families to minimise the impact on service users and the local community, whilst continuing to provide a quality service.

Whilst changes to services were required, no services were fully withdrawn. The impact of service changes, including to specialist needle exchange, is being closely monitored.

During 2018/19 unforeseen increases in prescribing costs (as a result of inflated drug prices) has created an additional pressure for these services. Public Health and Crime and Drugs Partnership (CDP) colleagues are working closely with the provider to manage this.

Oral Health

The provision of the oral health promotion service (supervised tooth brushing in schools, local oral health campaigns, toothbrushes/toothpastes for health visitors) ended on 31st March 2018. Schools and health visiting teams who benefited from the service were informed and received information and resources to mitigate the loss of the service. Nottingham has a similar proportion of five year old children free from dental decay (74.1%) to the England average (76.7%); an improvement albeit not statistically significant, on 2014/15.

Nottingham City Council has taken the following actions to contribute to improved oral health:

- Undertaking an Oral Health Needs Assessment

- Small Steps Big Changes (SSBC) have commissioned the healthcare trust to provide supervised tooth brushing in four schools in the most deprived areas of the city. Public health colleagues are in discussions with SSBC as to how they further develop their offer on oral health.
- Continue to attend the Oral Health Commissioners Group and input into regional practice such as the dental carries risk tool, pilot scheme and chair the joint Nottingham City/Nottinghamshire County dental health steering group to ensure stakeholders remain informed and closely involved in the future of oral health in Nottingham City.

Infection Prevention and Control (IPC)

The IPC service ceased to be provided to residential care homes in Nottingham City in April 2018. The service to nursing homes was unaffected, and is commissioned by the CCG.

Since April 2018, public health colleagues have:

- Agreed an interim arrangement (April 18 – Dec 18) with Public Health England, for the provision of light touch phone support
- Negotiated with the previous provider for the delivery of a specialised service for residential care homes within the available budget. This service has been operational from January 2019.

4. Health in All Policies

Health in All Policies (HiAP) is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas.[2]

Nottingham City Council is currently embedding a HiAP approach across the Council, with the support of the Corporate Leadership Team. A HiAP approach recognises and utilises the unique position of local authorities to address the social determinants of health, which are key drivers of health outcomes and health inequalities.

Across the Council there is a great deal of activity taking place that contributes to the improvement of health and wellbeing, ensuring the Council is fulfilling its statutory duty with the Health and Social Care Act. The HiAP approach will provide a framework for this activity and ensure all opportunities to improve health and wellbeing are maximised.

The HiAP framework at Nottingham City Council will have three strands:

1) Improving the health and wellbeing of Nottingham City Council colleagues
2) Developing the public health skills of Nottingham City Councils, to support citizens towards improving the health and wellbeing
3) Taking a 'whole-council' approach to improving health and wellbeing by ensuring health benefits are considered in all relevant policy decisions

A cross-council steering group is being established to lead the approach. Initial efforts will focus on ensuring colleagues in front-line services who have regular contact with citizens have the skills,

[2] https://www.local.gov.uk/sites/default/files/documents/health-all-policies-manua-ff0.pdf

knowledge and confidence to provide information and brief advice on health and wellbeing related subjects e.g. smoking cessation, weight management, alcohol use.

5. Conclusion

Despite the challenging financial context, Nottingham City Council continues to ensure that it is delivering both its mandatory public health functions, as well as meeting the general duty to improve the health and wellbeing of local citizens. Activity is tailored to the needs of our local communities informed by the Public Health Outcomes Framework and Nottingham's Joint Strategic Needs Assessment, with a focus on reducing health inequalities. Nottingham City Council continue to undertake a lead role in ensuring the delivery of Happier Healthier Lives, Nottingham's Joint Health and Wellbeing Strategy. Locally, as an Early Intervention city Nottingham has always recognised the importance of prevention in relation to health and wellbeing. With the recently published NHS Long Term Plan echoing this and a Prevention Green Paper anticipated in the Spring, Nottingham City Council is well placed to work with partners across the health and social system to continue fulfilling its responsibilities and making a difference to citizens health and wellbeing.

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HEALTH SCRUTINY COMMITTEE
21 FEBRUARY 2019
WORK PROGRAMME 2018/19
REPORT OF HEAD OF LEGAL AND GOVERNANCE

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

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Health Scrutiny Committee 2018/19 Work Programme

Date	Items
21 March 2019	• **Nottingham City Council's relationship to the Integrated Care System – update** To receive an update from Councillor Sam Webster on Nottingham City Council's relationship to the ICS. • **NHS Long Term Plan – conclusions** • **Citycare Quality Accounts** Review of previous year • **Update on the Clinical Services Strategy (invited, confirmed)** ICS Clinical Services Strategy. Core piece of work for the system that will shape how future services are delivered. • **Suicide Prevention Plan (written update)** an update on progress for the refreshed Suicide Prevention Plan for Nottingham • **Work programme 2019/20**

Items to be scheduled for 2019/20

- **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)

- **Suicide Prevention Plan (June/July)**
  To review proposals for the refreshed Suicide Prevention Plan for Nottingham
  (Suicide Prevention Steering Group)

- **Mental Health Plan (June/July)**
  To review proposals for the refreshed Mental Health Plan for Nottingham

- **Green paper on social care (unknown date – has been due for publication since Autumn 2017)**

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

- QMC Emergency Department visit – date TBC

Study groups

- **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

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