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Nottingham City Council
Health Scrutiny Committee

Date: Thursday 12 March 2020

Time: 10.00 am

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: Laura Wilson **Direct Dial:** 0115 876 4301

1	**Apologies for absence**	
2	**Declarations of interest**	
3	**Minutes** To confirm the minutes of the meeting held on 13 February 2020	3 - 10
4	**Discussion with the Portfolio Holder for Adult Care and Local Transport** Report of the Head of Legal and Governance	11 - 14
5	**Gluten Free Food Prescriptions** Report of the Head of Legal and Governance	15 - 28
6	**Over the Counter Medication Prescriptions** Report of the Head of Legal and Governance	29 - 34
7	**Work Programme 2020/21 Development** Report of the Head of Legal and Governance	35 - 40
8	**Work Programme 2019/20** Report of the Head of Legal and Governance	41 - 44

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 13 February 2020 from 10.45 am - 1.06 pm

Membership

Present	**Absent**
Councillor Georgia Power (Chair)	Councillor AJ Matsiko
Councillor Samuel Gardiner	Councillor Anne Peach
Councillor Phil Jackson	Councillor Cate Woodward (Vice Chair)
Councillor Maria Joannou	
Councillor Kirsty Jones (minutes 41to 45)	
Councillor Angela Kandola (minutes 41 to 44)	
Councillor Dave Liversidge	
Councillor Lauren O`Grady	
Councillor Georgia Power (Chair)	

Colleagues, partners and others in attendance:

Ross Leather	-	Nottingham City Safeguarding Adults Board Manager
Sarah Collis	)	Healthwatch Nottingham and Nottinghamshire
Ajanta Biswas	)	
Dr Hugh Porter	)	Clinical Commissioning Group (CCG)
Michelle Tilling	)	
Laura Wilson	-	Senior Governance Officer
Catherine Ziane-Pryor	-	Governance Officer

41 Apologies for absence

Councillor AJ Matsiko – work commitments
Councillor Anne Peach – unwell
Councillor Cate Woodward – unwell

42 Declarations of interest

None.

43 Minutes

The minutes of the meeting held on 16 January 2020, were confirmed as a true record and signed by the Chair.

44 Safeguarding Adults Board 18-19 Annual Report

Ross Leather, Nottingham City Safeguarding Adults Board Manager, was in attendance to presents the annual report of the Nottingham City Safeguarding Adults Board (NCSAB), with the focus on sharing information and to identify potential opportunities for future collaboration with the Health Scrutiny Committee, and elsewhere.

The following points were highlighted:

a) the significant increase in referrals in recent years may be welcomed as evidence that nationally partners are better understanding safeguarding and identifying issues, but the increase is also likely to be a result of the ongoing austerity measures;

b) current cases are often more complex than previously experienced, with a combination of several elements of concern, including homelessness and mental health;

c) all referrals require the completion of a form to present as much information as possible, which is then robustly examined before the most appropriate response or further referral or escalation is made;

d) the opinion of the Health Scrutiny Committee is sought to confirm or advise if safeguarding activity is working effectively, moving in the right direction, or needs further focus in any areas;

e) the NCSAB Manager doesn't work directly with safeguarding colleagues but liaises with managers to ensure the dashboard is completed every quarter, which then provides the SAB with an oversight of areas which may need further focus or attention. The statistical information is also shared with partners.

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

f) Adult Social Care provides a single point of contact from which referrals are received and signposted. The purpose of the NCSAB is as a multi-agency forum to encourage a co-ordinated approach and prevent silo working. However, there is a limit as to how much the NCSAB can achieve, whilst currently there is no formal joint working, various groups link with other organisations and raise areas of concern which can then be addressed with the appropriate agencies;

g) there are elements of the system which require improvement, but currently 100% of safeguarding referral phone calls are answered, where previously this had not been the case;

h) where generic referrals are sometimes made and detailed information is not provided, it is recognised that more specialist knowledge is required to effectively progress these referrals;

i) the Integrated Care System and Integrated Care Partnerships are fairly new, but the NCSAB has requested assurance that safeguarding is included as a major part of any redesign in services, to ensure that it is culturally embedded. However, although the NCSAB has no authority to ensure that the request is met, there is a good working relationship with partners which are responding positively;

j) although in the 2018/19 year the NCSAB membership did not include any representative of a housing authority, this has now changed and the City Council's Housing Strategy Officer, Graham De Max, now has a place on the Board. Other housing authorities have also been identified but consideration of how additional places could add value will be required before any further action is taken;

k) the NCSAB maintains a risk register and issues can be escalated if necessary;

l) there are regional and national safeguarding frameworks, between which generic information on successful models of working are shared. SAB Managers across the East Midlands Regional Network meet quarterly to discuss and compare what is working well and how wider adjustments may be considered. The informal sharing of generic information is ongoing throughout the year. Nationally there are 177 lead officers for SABs;

m) NCSAB compares well with other national SABs and is very pleased to have board members with specialist knowledge of adult social care, Clinical Commissioning Group representatives and the Police service. There will shortly be a peer review which will consider governance arrangements;

n) the NCSAB is jointly funded by Adult Social Care, the Clinical Commissioning Group and the Police Service;

o) referrals can be from 18 years of age upwards, and whilst the majority are aged over 75 years of age, data is currently not available to identify what proportion are under the care of Adult Social Care;

p) the NCSAB is working with the Nottingham City Safeguarding Children Board to consider how the transition of young people to adulthood can be as easy as possible and what can be done to prevent them becoming adult safeguarding service users of the future;

q) nationally 75% of those citizens receiving safeguarding referrals are White British (65% in Nottingham), which appears to be an ethnic over representation. It is acknowledged that there are 'harder to reach groups' which the NCSAB is trying to engage with;

r) referrals of neglect are by far the highest proportion, and can cover a range of physical and mental neglect which can include positive or negative action – doing or not doing something. There is ongoing work to educate and inform the general public, but also staff, of what neglect and abuse can involve and this has included providing a presentation to partners and relevant organisations, for them to share with staff;

s) when it is identified that a person has been/is being abused or neglected, they are asked what it is that they need and want the outcome to be, and then they are worked with to achieve that.

Comments from Committee members included:

t) more consultation of front line staff would be valuable to ensure that the best processes and routes are in place for reporting issues, particularly when it comes to filling in forms, which can be off-putting for some people if a lot of detailed information is requested – which maybe should be the responsibility of the Social Worker to complete.

Resolved

1) to note the update and thank Ross Leather for his attendance;

2) for the NCSAB annual report to be considered by the Committee each December.

45 Healthwatch Annual Report

Sarah Collis, Chair of Healthwatch Nottingham and Nottinghamshire, was in attendance to present the Healthwatch Nottingham and Nottinghamshire (HWNN) Annual Report. The following points were highlighted:

a) the City and County Healthwatch merged to form one body which oversees all publicly funded health and social care services, including 4 integrated care partnerships, holding services and commissioners accountable;

b) as part of trying to address health inequalities, Healthwatch focuses on seldom heard groups to try and identify what the issues may be that are preventing people from accessing services, and then works with them to address the issues and increase engagement through a variety of engagement of techniques;

c) to secure the required income, Healthwatch works with commissioners as an independent body to undertake surveys and consultations of patients and their families on their health care experiences, and formulate recommendations, some of which feed into evidence for the Care Quality Commission;

d) HWNN works on a range of topics and activity is reviewed month by month, and detailed in the Annual Report;

e) the operational project plan for 2019/20 includes:

Priorities

i. Frail elderly – support to manage at home – Discharge
ii. Mental health services for young people – Self Harm

Short focus

iii. Domestic violence/sexual abuse survivors
iv. Homeless – access to primary care
v. Mental health and drug/alcohol use
vi. Access to primary care services for refugees/asylum seekers;

f) HWNN is working with other partners across the county to ensure there is the best use of resources when engaging with patients;

g) Healthwatch has the power to enter any publicly funded health and social care facilities and can raise issues with the Care Quality Commission if necessary;

Responses to Committee members' questions included:

h) with regard to the low number (proportionally to the population) of Black, Asian, Minority Ethnic (BAME) citizens accessing mental health services, following an interim assessment, this may be raised with the Care Quality Commission as an issue to consider in partnership;

i) patients, patient groups, and Health Trusts are generally keen to engage and work closely with HWNN;

j) all statutory organisations have to publish their Quality Accounts and HWNN consider these alongside presentations from the organisations and face to face discussions;

k) HWNN aims to increase its connections and engagement routes and now has places on several patient Integrated Care Partnerships. This can be a stretch on resources but is beneficial by building and strengthening relationships;

l) previously, the forerunner organisation to Healthwatch, Link, had a similar role but was the not a statutory body. There has since been a shift in approach whereby Healthwatch amplifies people's voices and ensures there is an impact where possible. HWNN undertakes more regular consultation and engagement is more robust, partly by fitting in with Health System cycles which supports acceptance of report recommendations. There is a new governance approach for how reports are written with service providers as the first point of engagement. The impact of the work of HWNN is carefully tracked as changing things for the better is all important;

m) for commissioned consultation work to be accepted, there must be a clear indication of how the findings will be used, and if there is to be no further action as a result, HWNN will not undertake the work;

n) HWNN is currently looking at how best to improve communications, so would welcome any suggestions from the Committee. The recent closure of a GP surgery was a prime example of where communications could have been much better. If HWNN had received advance notice, it could have raised the issue for discussion with the CCG and NHS Estates and there may possibly have been a more positive outcome.

Resolved to note the report and thank Sarah Collis and HWNN for the work they undertake in the City.

46 GP Access

Dr Hugh Porter, Clinical Chair of the Clinical Commissioning Group (CCG), and Michelle Tilling, Locality Director for the City for the CCG, were in attendance to present the findings of the NHS England National Review of Access to GP Services.

A detailed presentation was delivered outlining the scope of the review, the revised GP contract, the Primary Care Network (PCN) and the proposed additional roles to help support Primary Care to extend current access, statistical information on appointment numbers and waiting times, and the outcome of patient experience surveys, and the following points were highlighted and questions from the Committee responded to:

a) the General Practice Contract Review has the following objectives:
   i. 50 million additional appointments nationally
   ii. Delivered mainly through additional staffing
   iii. 6,000 more GPs
   iv. 26,000 additional roles in Primary Care Networks (PCNs)

b) there is new work underway to train more GPs and further consideration of how to retain existing GPs, including initial funding support for new GPs entering practice;

c) Universities have created their own PCNs which ensures that large populations of young students living in residential areas do not skew the overall statistics for the local population;

d) up to 21 additional roles are to be established across the City to provide health support. It is anticipated that this will have a substantial beneficial impact for citizens, providing 7,200 additional appointments across the City per month. These posts indicate a significant funding increase and will provide are likely to include:
    i. 6 clinical pharmacists;
    ii. 2 pharmacy technicians;
    iii. 3.5 first contact physiotherapists;
    iv. 2.5 physician associates;
    v. 5 social prescribing link workers/ health and wellbeing coaches;
    vi. 2 paramedics

e) additional measures are also to be introduced including the promotion of digital appointment booking and, eventually, the potential for digital consultations and a broader digital offer;

f) appointment waiting times (45% same day), accessibility (78% face to face), and the results of a patient experience survey on accessibility, showed satisfaction results in line with national trends;

g) it has always been a challenge to attract GPs to areas of high deprivation such as Nottingham, and to retain them, but this needs to be addressed and practicing in Nottingham made both appealing and sustainable. Nottingham is an exciting place to work and the CCG is working with medical schools to promote the opportunities in Nottingham;

h) some GP surgeries are concerned that they may struggle to establish the drive towards digitalisation due to some resistance from the populations they serve, but the CCG is working with Healthwatch to ascertain the patient situation. There are very mixed opinions which means that surgeries will need to be flexible with the digital implementation and initial support provided to surgeries/patients. An NHS App has been launched to help promote the digitalisation;

i) although the statistics show that some patients booked appointments up to 28 days in advance, the systems are not sophisticated enough to determine if this was at the patient's request (say for a review) or the earliest available appointment;

j) booking of on-the-day appointments is down to patient and surgery judgement and to cater for the diverse population of Nottingham, management of this is placed with each practice;

k) all practices have to offer on-line appointments and advance and on-the day appointments. Booking of video appointments is not yet available but is being trailed in other parts of the country;

l) GP practices will remain independent but need to collaborate with other practices within the PCN to build resilience and build an integrated, more patient centric system to support local services;

m) the additional GPs and staff will not only provide reactive support but also support preventative and proactive health care to citizens;

n) the additional staff, including those to support mental health, will not be in post until April 2021 with further consideration before then of what the responsibilities and procedures will be. Processes will need to be put in place to educate patients of the ability to self-refer to specialist services, such as physiotherapy, without the need of a GP appointment. There is no intention that this will cause blockages to secondary care pathways, but will instead provide better support for citizens and GPs.

Members of the Committee welcomed the proposed additional healthcare staffing.

Resolved

1) to record the thanks of the Committee to Dr Hugh Porter and Michelle Tilling for their attendance and presentation;

2) for an update on GP access to be provided to a future meeting.

47 Inpatient Detoxification Services

The Chair of the Committee agreed that this item, although not on the agenda, could be considered as a matter of urgency in accordance with Section 100B(4)(b) of the Local Government Act 1972, due to an administrative error.

Laura Wilson, Senior Governance Officer, presented the comprehensive written update from Framework on the operation of the new contract for the Inpatient Detoxification Service.

Committee members expressed concern that the majority of service users are White male and that the service is not being accessed by other members of the community who may be requiring treatment and support, so requested further information on how this could be addressed.

Resolved to request further information on how Framework could engage citizens of harder to reach communities to better enable their access to inpatient detoxification services, when required, and for that response to be provided to the Committee.

48 Work Programme

Laura Wilson, Senior Governance Officer, presented the proposed work programme, which, with the agreement of the Chair, had been updated since the previous meeting to accommodate requested items.

Resolved to agree the work programme for the remainder of this municipal year.

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Health Scrutiny Committee
12 March 2020

Discussion with the Portfolio Holder for Adult Care and Local Transport

Report of the Head of Legal and Governance

1 Purpose

1.1 To hear from the Portfolio Holder for Adult Care and Local Transport on her main priorities and challenges for the 2019/20 municipal year in relation to Adult Care.

2 Action required

2.1 To use the information received at the meeting from Councillor Adele Williams, Portfolio Holder for Adult Care and Local Transport to inform questioning and identify potential areas for future scrutiny in relation to Adult Care.

3 Background information

3.1 The key responsibilities for the Portfolio Holder for Adult Care and Local Transport are:

Adults
Corporate Strategies for Older People and Vulnerable Adults
Championing Independent Living
- telecare
- catering

Adult Safeguarding
Lead on commissioning of Adults Services
Health and Social Care Integration (shared)
Meals at Home
Adult Passenger Transport
Neighbourhood Transport
NET phase 1, 2 and 3
Road repairs and resurfacing
Traffic Management and Parking
Highways Design and Maintenance
Public Transport
Corporate Transport Fleet
Cycling
Street Lighting

3.2 The Local Transport element of the Portfolio will be discussed at the Overview and Scrutiny Committee.

3.3 On 11 November 2019 the Council Plan was approved by full Council, and guides the Council’s services and approach to support the delivery of its key priorities for the city until May 2023.

3.4 It includes five key objectives:
- Build or buy 1,000 Council or social homes for rent
- Create 15,000 new jobs for Nottingham people
- Build a new Central Library, making it the best children’s library in the UK
- Cut crime, and reduce anti-social behaviour by a quarter
- Ensure Nottingham is the cleanest big city in England and keep neighbourhoods as clean as the city centre.

3.5 In addition, a total of 185 pledges are included under five key headings:
- Nottingham People – support for children, young people, students, families , older people, education and health
- Living in Nottingham – making Nottingham clean and green, improving transport, housing and providing opportunities
- Growing Nottingham – developing neighbourhoods and the city centre, creating jobs and training opportunities and supporting businesses and inward investment.
- Respect for Nottingham – tackling crime and anti-social behaviour and supporting strong local communities
- Serving Nottingham better – improving council services and promoting equality.

3.6 Councillor Adele Williams will be in attendance at the meeting to discuss her main priorities and challenges for the 2019/20 municipal year, and the elements of the Council Plan that she is responsible for, in relation to Adult Care.

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 Council Plan 2019-23.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk

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Health Scrutiny Committee
12 March 2020

Gluten Free Food Prescriptions

Report of the Head of Legal and Governance

1 Purpose

1.1 To receive an update on the implications of stopping prescriptions for gluten free food.

2 Action required

2.1 To consider the update provided on the implications of stopping prescriptions for gluten free food, and decide whether any further scrutiny is required.

3 Background information

3.1 At the Health Scrutiny Committee on 18 October 2018, Cheryl Gresham and Beth Carney, both Associate Chief Pharmacists in Medicines Management, and Hazel Buchanan, Director of Strategy and Partnerships, all from Greater Nottingham Clinical Commissioning Partnership, were in attendance to discuss the future of gluten free food prescribing, and provided the following information:

(a) with an estimated annual cost of £156,528 for prescribing gluten free foods, the Clinical Commissioning Partnership had undertaken consultation on several options for the future of gluten free food prescribing including continuing to prescribe, to stop prescribing, and to limit gluten free prescribing to bread and flour mixes;

(b) the overall result of the public consultation was 49% in favour of continuing prescribing at some level, and 47% in favour of stopping prescribing. 86% of responders with coeliac disease favoured some level of gluten free food being available on prescription;

(c) the Commissioning Partnership recommended that gluten free food prescribing was stopped for all for all patients within the Greater Nottingham Area. The Committee was asked to consider if the recommendation to stop prescribing gluten free foods was a substantial variation to services;

(d) although non prescribing of gluten free food would be advised to GPs across the whole Partnership area, a very limited number of gluten free food would remain on the prescribing list so GPs would still have the ability to prescribe bread and flour mixes to patients who they felt were particularly vulnerable;

(e) the Partnership was not promoting prescribing on a social basis and was asking GPs to support its decision. The NHS was supporting patients to choose alternative healthier diets and foods. Dietary advice was readily available and referral to dieticians could be provided where necessary;

(f) the impact of the prescribing change on pregnant women was included within the Equalities Impact Assessment;

(g) GPs supporting patients with dietary advice was already an accepted element of the role so was not considered as an extra/additional element. GPs were comfortable with the decision and some were already having conversations with patients in advance of withdrawal;

(h) there would be an evaluation of the impact of withdrawing prescribing of gluten free foods in twelve months'. However, the evaluation by other CCGs in the county which had withdrawn gluten free food prescribing, had not provided any clear evidence that there had been a negative impact on gluten free diets.

3.2 The Committee agreed that the recommendation to stop prescribing gluten free foods was a substantial variation to services, but that it could proceed.

3.3 The Committee resolved for the CCG to submit the findings of the twelve month review to the Committee.

3.4 A report on the twelve month review is attached, and representatives will be in attendance at the meeting to present the information and answer questions.

4 List of attached information

4.1 Report from the CCG.

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 Health Scrutiny Committee report and minutes dated 18 October 2018.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk

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NHS Greater Nottingham Clinical Commissioning Partnership

Prescribing of Gluten Free foods in Greater Nottingham

Name of Report Author: Matthew Lawson
Job Title: Senior Medicines Management Dietitian
Sponsored by Cheryl Gresham, Associate Chief Pharmacist
20 September 2019

Report on the withdrawal of Gluten Free food products from prescribing on 1st December 2018 to September 2019

Executive Summary

Following the recommendation from the Joint Commissioning Committee to stop the prescribing of Gluten Free (GF) food products for all patients in Greater Nottingham in September 2018 an evaluatory piece has been conducted to review and to assess impact this may have had on our patient population in the nine months following cessation of prescribing of GF foods.

This report details that we will continue to recommend no prescribing of GF products and that we will continue to monitor the impact as well as ensuring good referral pathways for patients once they are diagnosed. Stakeholders have recognised that stopping prescribing of GF products has occurred alongside effective communication, opportunities for education and pathways to Dietetic support for patients with Coeliac Disease. This includes the opportunity for annual review with the GP or Dietitian and group education when diagnosis occurs, which has better outcome for patients given that there is no evidence that providing GF products assures that the patient will follow a totally GF diet.
Education is most important to achieve behaviour change, so therefore at the forefront is the need for all food labels to be read, so patients understand the contents of their food. As 'free from' ranges continue to increase and expand in supermarket outlets, costs are coming down and choice is increased, therefore patients are making informed choices as awareness of food and its link to health outcomes rises.

Aim

To neutrally evaluate the impact following the decision to withdraw GF prescribing in December 2018. It was not anticipated that there would be a need to overturn the decision to withdraw GF products from prescribing; the CCG has looked at notable changes following the implementation of the decision in December 2018.

Background

Coeliac disease (CD) is an autoimmune condition associated with chronic inflammation of the small intestine, which can lead to malabsorption of nutrients, triggered by the protein gluten. If someone with coeliac disease is exposed to gluten (found in wheat, barley and rye) they may experience a range of symptoms and adverse effects. The symptoms from and consequences of not following gluten free (GF) diets may be mild or very severe and can include:

- Abdominal pain, diarrhoea, nausea, bloating, vomiting
- Weight loss in adults or failure to grow at the expected rate in children

- Malnutrition, iron, vitamin B12 and folic acid deficiencies
- Tiredness, headaches
- Skin rash, mouth ulcers, tooth enamel problems
- Osteoporosis, ulcerative jejunitis
- Malignancy (intestinal lymphoma)

The disease affects approximately 1 in 100 people in the UK where women are two to three times more likely to develop CD than men. There were approximately 850 patients across Greater Nottingham prescribed a GF product.

People with conditions such as Type 1 Diabetes, autoimmune thyroid disease, Down's syndrome and Turner syndrome are at a higher risk than the general population of having coeliac disease. First-degree relatives of a person with coeliac disease also have an increased likelihood of having the condition. It can be diagnosed at any age.

Symptoms are controlled by excluding foods that contain gluten from the diet. There are no medicines available to treat the condition and it cannot be cured. People with confirmed CD must give up eating all sources of gluten for life.

Over twenty to thirty years ago only a small range of GF foods, if any, were available to purchase and they were relatively expensive. To enable people to manage their disease, these foods were made available on prescription. However in recent years the range of GF foods has considerably expanded and become widely available via supermarkets at a more competitive price. However, gluten is not essential for a healthy diet and there are other foods that can provide carbohydrates e.g. potato and rice.

In 2017 the Department of Health (DH) recently conducted a national consultation on the availability of Gluten Free (GF) foods on prescription in primary care.

The options considered were:

- Option 1: Make no changes to the National Health Service (General Medical Services Contracts) (Prescription of Drugs etc.) Regulations 2004.

Under this option all types of GF foods would continue to be prescribed in primary care at National Health Service (NHS) expense.

- Option 2: To add all GF foods to Schedule 1 of the above regulations to end the prescribing of GF foods in primary care.

Under this option no GF foods would be available on prescription in primary care.

- Option 3: To only allow the prescribing of certain GF foods (e.g. bread and flour) in primary care, by amending Schedule 1 of the above regulations.

Under this option only certain GF foods would be available on prescription in primary care.

The outcome from the national consultation was published on 1st February 2018 and the Government decided to restrict gluten-free prescribing to bread and mixes only. The majority of respondents to the consultation preferred this option.

The consultation response stated that:

"It is for CCGs to decide how they commission local services to best meet the needs of their populations".

This statement signalled that the outcome of the consultation does not affect the statutory authority that a CCG has to determine the availability of GF foods in their local area. Greater Nottingham Clinical Commissioning Partnership decided to undertake a public consultation to support decision making about prescribing of gluten free foods for their population and following this decided to recommend stopping the prescribing of all GF foods.

Discussion

It is hard to quantify statistically what impact on health outcomes has been felt on the Greater Nottingham patient community in the short time since GF prescribing was stopped. Qualitative approaches were discussed to consider the impact on patient health outcomes. We noted from prescribing data (Appendix 1.1) that in general, people in older age groups were in receipt of prescriptions for GF foods, compared to those in younger age groups. This could indicate the need for ongoing education and information on food labelling as options in supermarkets increase for GF produce. Many people are reported through modern media and conversations in appointments to be self-diagnosing the need for gluten free diet, which also underlines the need for education in this area to inform the wider public.

Patient Experience information

The Greater Nottingham Patient Experience team fed back reporting of complaints that showed fifteen initial complaints in the initial two months following December 2018, but that this decreased month by month until April 2019, where no complaints were received. No complaints have since been received from April to September 2019 at the time of writing. It appears the decision has been accepted and patients have adjusted to purchasing their own GF products.

We considered gaining further information through a survey or through posting of letters, to survey people in our catchment who have CD to assess impact. However this would be time consuming, costly and is a loaded exercise, as those who are likely to reply are the ones who will be more likely to complain. We therefore recommended, after discussing with Senior Pharmacists, not to go down this route, but to continue keeping contact with Patient Experience and other stakeholders, such as secondary care dietitians, to monitor comments. This will continue into 2020.

Financial

Prescription expenditure on GF foods (April to June 2018)

Nottingham City CCG	£26,377
Nottingham North and East CCG	£5,786
Nottingham West CCG	£3,154
Rushcliffe CCG	£3,815

Using this data to calculate a full year effect produced an anticipated expenditure of £156,528 per

annum on GF foods.

Prescribing data and finance for the Medicines Management team to date shows that GF prescribing expenditure has reduced to very small amounts.
This has led to significant savings, as shown by ePACT2 data from the prescribing budget. The anticipated financial saving of £150,000 will be achieved.

Pathway, Primary and Secondary Care

We discussed with secondary care dietitians how we can better support patients once they are informed of their diagnosis and given the specialist dietary advice.

Discussion with the acute teams at Nottingham University Hospitals (NUH), informed us that patients are supported by gastroenterologist teams following diagnosis. These patients are offered group and one to one dietary advice as part of this. The effect of withdrawing prescriptions could lead to patients having more choice, if they are confident in reading of food labels and understanding nutritional requirements. Resource is provided in this area by NUH, however for patients who miss out on this we can recommend Coeliac UK, who for £2 per month support patients with information and a help line.

Main issues identified by our research shows that in reality, education forms the basis of best future treatment in our view. Putting in foundations so that patients needing to follow a GF diet are taught from the outset how to read food labels and understand identification of gluten containing foods is paramount. Over and above this, to understand natural alternatives to gluten in their diet, particularly to meet carbohydrate needs.

Wider Health promotion impression

There is an ongoing school of thought around public health and holistic living, promoting lifestyle advice to patients around a range of parameters. Medicines Management is focussing on ways to improve nutritional quality and this includes lifestyle advice where appropriate. For example, patients with CD ought to receive advice around avoidance of processed gluten containing foods, general food labelling and how to go about eating a healthy balanced diet. Our Dietetic opinion is the decision to remove gluten free prescribing will have a positive wider impact on health and wellbeing of families overall when combined with education. There is no evidence that provision of GF bread and flour means the patient will consume a GF diet. We want to see patients actively reading labels to note of any gluten containing foods when making choices. People can be given dietary advice to choose naturally gluten free sources of carbohydrate e.g. rice instead of pasta, as first line advice. All supermarkets now have 'Free from' ranges that offer good value choices for families including budget stores Lidl and Aldi. Many foods are naturally GF to meet carbohydrate, protein and fat requirements.

Summary of findings

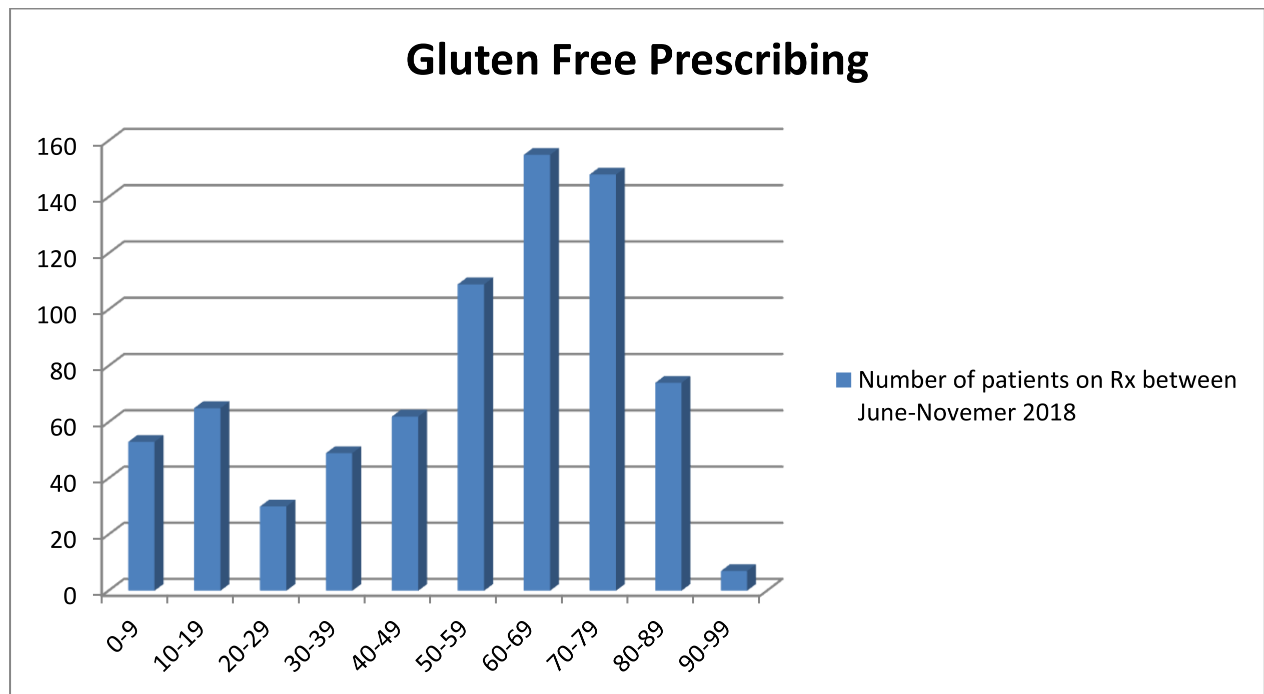
- Mid Nottinghamshire CCGs had already stopped GF prescribing. Greater Nottingham recognise the importance of consistency in care across Nottinghamshire
- Equity in relation to other conditions e.g. diabetic foods are not provided on prescription
- The clinical risk for patients with coeliac disease/ dermatitis herpetiformis not following a GF diet was noted but providing prescriptions does not mitigate this
- It is possible to have a healthy balanced diet without having gluten containing foods or gluten free alternatives.
- Gluten free foods are more widely available and whilst still more expensive have reduced in cost
- Patients to see GP in the case of a new diagnosis and access support offered including group education with a Dietitian and one to one appointment
- Patients already diagnosed to attend their annual review appointment with GP and can be referred to a Dietitian for specialist support if needed
- First Line Dietary Advice will be updated. It has been recommended that we use the NHS Choices Gluten Free Living advice (se Appendix 1.2). A one page summary of this will be posted on CCG websites as well as an attached PDF showing the full advice as well as a link to the NUH GI team.
- We will signpost to Coeliac UK, membership £2 per month and related resources. Coeliac UK are the leading charity in CD and also offer concessionary rates of £1 per month, which gives members support in a number of ways including resources, a helpline they can ring, the Food and Drink directory as well as recipes for GF eating.

Appendix 1.1 Figures for Greater Nottingham CCGs, Gluten Free prescribing

752 patients in total, dispensed between June and Nov 2018.

Raw data:

10 Years Age Band	BNF - Hierarchy	Identified Patient Count [1 of 2]
0-9	Gluten Free	53
10-19	Gluten Free	65
20-29	Gluten Free	30
30-39	Gluten Free	49
40-49	Gluten Free	62
50-59	Gluten Free	109
60-69	Gluten Free	155
70-79	Gluten Free	148
80-89	Gluten Free	74
90-99	Gluten Free	7



Appendix 1.2 Gluten Free Living – Advice for patients

Source: NHS Choices June 2019. Further information available from Coeliac UK

Coeliac disease is usually treated by simply excluding foods that contain gluten from your diet.

This prevents damage to the lining of your intestines (gut) and the associated symptoms, such as diarrhoea and stomach pain. If you have coeliac disease, you must give up all sources of gluten for life. Your symptoms will return if you eat foods containing gluten, and it will cause long-term damage to your health.

This may sound daunting, but your GP can give you help and advice about ways to manage your diet. Your symptoms should improve considerably within weeks of starting a gluten-free diet. However, it may take up to two years for your digestive system to heal completely.
Your GP will offer you an annual review during which your height and weight will be measured and your symptoms reviewed. They'll also ask you about your diet and assess whether you need any further help or specialist nutritional advice.

A gluten-free diet

When you're first diagnosed with coeliac disease, you'll be referred to a dietitian to help you adjust to your new diet without gluten. They can also ensure your diet is balanced and contains all the nutrients you need. If you have coeliac disease, you'll no longer be able to eat foods that contain barley, rye or wheat, including farina, graham flour, semolina, durum, cous cous and spelt.

Even if you only consume a small amount of gluten, such as a spoonful of pasta, you may have very unpleasant intestinal symptoms. If you keep consuming gluten regularly, you'll also be at greater risk of developing osteoporosis and cancer in later life.

As a protein, gluten isn't essential to your diet and can be replaced by other foods. Many gluten-free alternatives are widely available in supermarkets and health food shops, including pasta, pizza bases and bread. Many basic foods – such as meat, vegetables, cheese, potatoes and rice – are naturally free from gluten so you can still include them in your diet. Your dietitian can help you identify which foods are safe to eat and which aren't. If you're unsure, use the lists below as a general guide.

Foods containing gluten (unsafe to eat)

If you have coeliac disease, don't eat the following foods, unless they're labelled as gluten-free versions:

- bread
- pasta
- cereals
- biscuits or crackers
- cakes and pastries
- pies
- gravies and sauces

It's important to always check the labels of the foods you buy. Many foods – particularly those that are processed – contain gluten in additives, such as malt flavouring and modified food starch.

Gluten may also be found in some non-food products, including lipstick, postage stamps and some types of medication. Cross-contamination can occur if gluten-free foods and foods that contain gluten are prepared together or served with the same utensils.

Gluten-free foods (safe to eat)

If you have coeliac disease, you can eat the following foods, which naturally don't contain gluten:

- most dairy products, such as cheese, butter and milk
- fruit and vegetables
- meat and fish (although not breaded or battered)
- potatoes
- rice and rice noodles
- gluten-free flours, including rice, corn, soy and potato

By law, food labelled as gluten free can contain no more than 20 parts per million (ppm) of gluten.For most people with coeliac disease, these trace amounts of gluten won't cause a problem. However, a small number of people are unable to tolerate even trace amounts of gluten and need to have a diet completely free from cereals.

The Coeliac UK website has more about the law on gluten-free, as well as information and advice about a gluten-free diet and lifestyle.

Oats

Oats don't contain gluten, but many people with coeliac disease avoid eating them because they can become contaminated with other cereals that contain gluten. There's also some evidence to suggest that a very small number of people may still be sensitive to products that are gluten-free and don't contain contaminated oats. This is because oats contain a protein called avenin, which is suitable for the majority of people with coeliac disease, but may trigger symptoms in a few cases. If, after discussing this with your healthcare professional, you want to include oats in your diet, check the oats are pure and that there's no possibility contamination could have occurred.
You should avoid eating oats until your gluten-free diet has taken full effect and your symptoms have been resolved. Once you're symptom free, gradually reintroduce oats into your diet. If you develop symptoms again, stop eating oats.

Advice on feeding your baby

Don't introduce gluten into your baby's diet before they're six months old. Breast milk is naturally gluten free as are all infant milk formulas. If you have coeliac disease, Coeliac UK recommends foods containing gluten are introduced gradually when a child is six months old. This should be carefully monitored. The Coeliac UK website provides support for parents.

Other treatments
As well as eliminating foods that contain gluten from your diet, a number of other treatments are available for coeliac disease. These are described below.

Vaccinations
In some people, coeliac disease can cause the spleen to work less effectively, making you more vulnerable to infection.
You may therefore need to have extra vaccinations, including:

- flu (influenza) jab
- Hib/MenC vaccine, which protects against sepsis (blood poisoning), pneumonia and meningitis (an infection of the lining of the brain)
- pneumococcal vaccine, which protects against infections caused by the Streptococcus pneumoniae bacterium

However, if your spleen is unaffected by coeliac disease, these vaccinations aren't usually necessary.

Supplements
As well as cutting gluten out of your diet, your GP or dietitian may also recommend you take vitamin and mineral supplements, at least for the first six months after your diagnosis.
This will ensure you get all the nutrients you need while your digestive system repairs itself. Taking supplements can also help correct any deficiencies, such as anaemia (a lack of iron in the blood).

Dermatitis herpetiformis
If you have dermatitis herpetiformis (an itchy rash that can be caused by gluten intolerance), cutting gluten out of your diet should clear it up. However, it can sometimes take longer for a gluten-free diet to clear the rash than it does to control your other symptoms, such as diarrhoea and stomach pain.

If this is the case, you may be prescribed medication to speed up the healing time of the rash. It's likely that this will be a medicine called Dapsone, which is usually taken orally (in tablet form) twice a day. Dapsone can cause side effects, such as headaches and depression, so you'll always be prescribed the lowest effective dose.
You may need to take medication for up to two years to control dermatitis herpetiformis. After this time, you should have been following a gluten-free diet long enough for the rash to be controlled without the need for medication.

Refractory coeliac disease

Refractory coeliac disease is a rarer type of coeliac disease where the symptoms continue, even after switching to a gluten-free diet. The reasons for this are unclear. It's estimated that around one in every 140 people with coeliac disease will develop the refractory form of the condition. If refractory coeliac disease is suspected, it's likely you'll be referred for a series of tests to make sure your symptoms aren't being caused by another condition.

If no other cause can be found and the diagnosis is confirmed, you'll be referred to a specialist. Treatment options include steroid medication (corticosteroids), such as prednisolone, which help block the harmful effects of the immune system.

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Health Scrutiny Committee
12 March 2020

Over the Counter Medication Prescriptions

Report of the Head of Legal and Governance

1 Purpose

1.1 To receive an update on the implications of restricting prescriptions for over the counter medicines.

2 Action required

2.1 To consider the update provided on the implications of restricting prescriptions for over the counter medicines, and decide whether any further scrutiny is required.

3 Background information

3.1 At the Health Scrutiny Committee on 18 October 2018, Beth Carney, Associate Chief Pharmacist in Medicines Management, Greater Nottingham Clinical Commissioning Partnership, presented proposals, consultation, and recommendations on prescribing over-the-counter medicines, in line with NHS England guidance.

3.2 It was noted that some clinical commissioning groups within the county had already implemented the restriction and it was intended that a standard approach was adopted throughout the Greater Nottingham area. It was proposed that, with the exception of vulnerable groups and those with long-term disabilities, medication was not prescribed for self-limiting conditions or minor illness, or where there was no clinical evidence of efficacy (such as vitamins, minerals or probiotics). However, ultimately the decision to prescribe remained with the GP. The following points were highlighted:

(a) the CCG would work with GPs to try and ensure the new approach was implemented to the same level across the area, but where guidelines were not met, the CCG would discuss issues with GPs;

(b) patients' individual circumstances could be considered, but if it was found that there was a wider issue in that GPs were not comfortable following the guidelines, then further examination by the CCG would take place;

(c) self-care would be promoted and support put in place;

(d) national guidance stated that there was evidence only in a limited number of situations that vitamins were of benefit, so these were included in the exceptions;

(e) an advisory form/leaflet with tick boxes was available for GPs to use for non-prescription medication and the CCG was asking pharmacists to accept and support the recommendations of GPs;

(f) the GP was expected to consider the vulnerability of the patient and their long-term conditions when deciding if medications which were available to buy should be prescribed. There was no limitation on treatment, however there were some medications which patients needed to buy themselves;

(g) with regard to some medications it was cheaper to buy them over the counter than pay the prescription charge.

3.3 The Committee agreed that the CCG would provide an update on progress in implementing the guidance, and it is attached to this report.

3.4 Representatives from the CCG will be in attendance at the meeting to present the information and answer questions.

4 List of attached information

4.1 Report from the CCG.

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 Health Scrutiny Committee report and minutes dated 18 October 2018.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk

NHS
Nottingham City
Clinical Commissioning Group

Prescribing of Items for Self-Care in Nottingham City

Name of Report Authors: Beth Carney
Job Title: Senior Medicines Optimisation Pharmacist
5th November 2019

Report on the implementation of the Self Care Guidelines within Nottingham City CCG

Executive Summary

Following the recommendation from the Joint Commissioning Committee to implement the local self- care guideline in Nottingham City CCG, a piece of work has been conducted to review progress throughout the nine months following implementation and to assess any possible impact on the patient population. Feedback from the majority of stakeholders has been positive overall on the basis that this has occurred alongside effective communication.

Following the outcome of the review, it was decided to recommend the continuation of implementation of the local self-care guideline within Nottingham City.

Aim

To evaluate the impact of the implementation of the self-care guideline in Nottingham City CCG

Background

The government undertook a national consultation in 2017 / 2018 to assess the feasibility of reducing the prescribing of over the counter medicines for the treatment of minor ailments.

Following the consultation, guidance was produced by NHS England in March 2018 to restrict prescribing medications for conditions which fall into the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
- Vitamins, minerals and probiotics: these are classified as items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

In November 2019; Nottingham City CCG, following a patient engagement exercise, aligned its self-care guideline to the national and current existing local guideline available amongst the neighbouring CCG's: Nottingham North and East, Nottingham West and Rushcliffe.

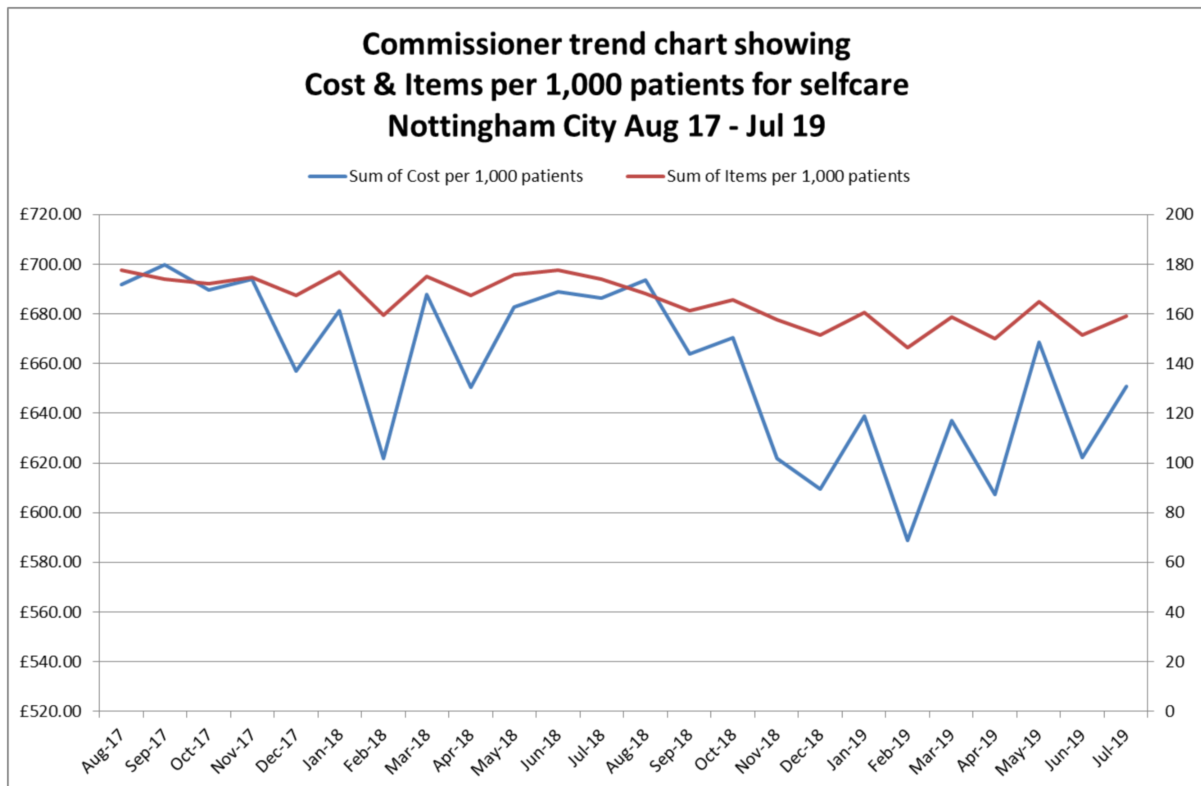
The Medicines Optimisation Team has worked closely with the GP practices to actively implement this guideline, via patient review.

Discussion

It is difficult to accurately quantify the statistical impact on health outcomes that has been experienced by the Nottingham City CCG patient community in the short time since the implementation of the Self-care guideline.

Prescribing Data

Prescribing data shows a downward trend on the cost and number of items for medicines that can be prescribed for conditions where self-care may be appropriate.



Patient Experience information

The Greater Nottingham patient experience team (formerly PALS), reported back on related complaints received. This showed two patient complaints from October 2018 to October 2019

Monitoring of complaints will continue into 2020.

Financial

Nottingham City CCG have spent £109,836 less on self-care products between October 2018 and July 2019 in comparison to the same months the previous year and 25,782 less

items

Using this data to calculate a full year effect produced an anticipated saving of £131,803 per annum on self-care items in Nottingham City CCG.

Wider Health Promotion.

There is a further communications campaign planned over 2019/20 across Nottingham and Nottinghamshire, launching in time for self-care week in November 2019. This involves posters and leaflets for GP practices and Community Pharmacies as well as social media campaigns, to ensure the public are informed and educated around the services available to them to ensure safe and effective self-care.

Summary of findings

- Mid Nottinghamshire and South County CCGs had already implemented self-care guidelines. Nottingham City CCG recognise the importance of consistency in care across Nottinghamshire
- Guideline implementation has seen a steady reduction in self-care items and spend in Nottingham city CCG with a minimal number of patient complaints

Conclusion
Nottingham City CCG will continue to implement the self-care guidelines, ensuring continued monitoring of spend, items and patient complaints.

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Health Scrutiny Committee
12 March 2020

Work Programme 2020/21 Development

Report of the Head of Legal and Governance

1 Purpose

1.1 To identify potential topics for the Committee to consider in 2020/21.

2 Action required

2.1 Members of the Committee are asked to come to the Committee with suggestions for reviews during 2020/21.

3 Background information

3.1 One of the main roles of the Health Scrutiny Committee is setting, managing and co-ordinating its own work programme. This includes:

- mapping out an initial programme for scrutiny at the start of the municipal year;
- monitoring progress against the programme throughout the year, and making amendments as required;
- evaluating the impact of scrutiny activity and using lessons learnt to inform future decisions about scrutiny activity.

3.2 Effective work programming is an important element of an effective scrutiny function and can help influence work on issues of local importance. In setting the programme for scrutiny activity, the Committee should aim for an outcome-focussed work programme that has clear priorities and is matched against the resources available to deliver the programme.

3.3 For the 2020/21 municipal year it has been proposed that the Committee consider having themed meetings, but ensure there is capacity to consider emerging issues, and attendance by Portfolio Holders to discuss Council Plan performance.

4 List of attached information

4.1 Health Scrutiny Committee Terms of Reference.

4.2 List of possible items for consideration, including suggestions from Councillors.

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

5.1 None.

6 Published documents referred to in compiling this report

6.1 None.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk

Health Scrutiny Committee Terms of Reference

a) To set and manage its work programme to fulfil the overview and scrutiny roles and responsibilities for health and social care matters, including, the ability to:
   (i) hold local decision-makers, including the Council's Executive, to account for their decisions, action and performance;
   (ii) review policy and contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Nottingham residents;
   (iii) explore any matters affecting Nottingham and/ or its residents;
   (iv) make reports and recommendations to relevant local agencies in relation to the delivery of their functions, including the Council and its Executive;

b) to exercise the Council's statutory role in scrutinising health services for Nottingham City in accordance with the National Health Service Act 2006 as amended and associated regulations and guidance;

c) to engage with and respond to formal and informal consultations from local health service commissioners and providers;

d) to scrutinise the commissioning and delivery of local health and social care services to ensure reduced health inequalities, access to services and the best outcomes for citizens;

e) to hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities;

f) to work with the other scrutiny committees, to support effective delivery of a co-ordinated overview and scrutiny work programme;

g) to respond to referrals from, and make referrals to, Healthwatch Nottingham and Nottinghamshire as appropriate;

h) to commission time-limited panels (no more than 1 panel at any one time) to carry out a review of a matter within its remit. Commissioning includes setting the remit, initial timescale and size of membership to meet the needs of the review to be carried out. Such review panels will be chaired by the Chair of the Health Scrutiny Committee;

i) to monitor the effectiveness of its work programme and the impact of outcomes from its scrutiny activity;

j) to appoint a lead health scrutiny Councillor for the purposes of liaising with stakeholders on behalf of the health scrutiny function, including the Health and Wellbeing Board, Healthwatch Nottingham and Nottinghamshire and the Portfolio Holder(s) with responsibility for health and social care issues;

k) to co-opt people from outside the Council to sit on the Committee or any review panels it commissions to support effective delivery of the work programme.

Membership

The Committee has 12 members. Membership must not include members of the Executive Board. The Committee is politically balanced.

Chairing

The Chair will be one of the Vice-Chairs of Overview and Scrutiny Committee and is appointed by Full Council. The Vice-Chair will be appointed at the first meeting of the Health Scrutiny Committee from the membership of the Committee.

Health Scrutiny Committee 2020/21 Work Programme

Possible Items for Consideration

Listed below are some possible issues for scrutiny as a starting point for discussion. Councillors may wish to propose other issues at, or following, the meeting.

It is likely that additional issues will emerge during the year, and the work programme needs to be flexible to respond to these.

Regular issues for scrutiny

Every year the relevant Portfolio Holders are invited to attend the Health Scrutiny Committee to focus on their performance against Council Plan priorities and to highlight any challenges. Scrutiny of the following Portfolio Holders needs to be included in the work programme:

- the Portfolio Holder for Health, HR and Equalities (with a focus on Health);
- the Portfolio Holder for Adult Care and Local Transport (with a focus on Adult Care)

The Leader/Portfolio Holder for Regeneration, Safety and Communications, the Portfolio Holder for Energy, Environment and Democratic Services, the Portfolio Holder for Health, HR and Equalities (with a focus on HR and Equalities), the Portfolio Holder for Finance, Growth and the City Centre, the Portfolio Holder for Housing, Planning and Heritage, the Portfolio Holder for Early Years, Education and Employment (with a focus on Employment), the Portfolio Holder for Leisure, Culture and IT, the Portfolio Holder for Adult Care and Local Transport (with a focus on Local Transport), and the Portfolio Holder for Communities, will be scrutinised by the Overview and Scrutiny Committee.

The Portfolio Holder for Children and Young People, and the Portfolio Early Years, Education and Employment (with a focus on Early Years and Education) performance against Council Plan priorities will be scrutinised by the Children and Young People Scrutiny Committee.

Possible issues for scrutiny

The following potential issues have been identified by the Committee during previous discussions, Councillor suggestions, and current issues. Councillors may wish to propose other issues at the meeting. The Committee is asked to consider whether it wishes to include any of these on the work programme for 2020/21 and, if so, discuss potential focus/key lines of enquiry:

Topic	Potential Date
Healthwatch Nottingham and Nottinghamshire Annual Report 2019/20	July 2020
Nottingham Safeguarding Adults Board Annual Report 2019/20	December 2020

Child flu immunisation Uptake	June 2020
National Rehabilitation Centre Consultation results	June 2020
Adult Mental Health Services (deferred from March meeting)	June 2020
Treatment Centre Progress	July 2020
Children and Young People’s Mental Health Services Update	January 2021
Suicide Prevention Strategy Update	January 2021
Teenage Pregnancy Update	September 2020
Long Term Plan Implications Update	September 2020

Health Scrutiny Committee
12 March 2020

Work Programme 2019/20

Report of the Head of Legal and Governance

1 Purpose

1.1 To consider the Committee's work programme for 2019/20.

2 Action required

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

2.2 To establish working groups to consider the Quality Accounts for the relevant providers, and agree that the Chair will have final sign-off of any comments from the Committee.

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-focussed 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.

3.6 For all of the major providers that provide services to a substantial proportion of the populations of the city there will be informal meetings with Councillors in order to gather evidence to inform the organisations' comments for inclusion in the Quality Account.

3.7 For 2019/20 this will be the following providers:

- Nottingham University Hospitals NHS Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- CityCare
- East Midlands Ambulance Service NHS Trust

3.8 Meetings will involve approximately 4 Health Scrutiny Committee Councillors, and the Senior Governance Officer responsible for the Committee.

3.9 The purpose of the meetings is to provide an opportunity to speak to the provider about their Quality Account and discuss the content of the Quality Account document.

3.10 Following the meetings the Committee will need to decide whether to submit a comment for inclusion in the Quality Account and, if so, the content of that comment and be responsible for its submission.

4 List of attached information

4.1 Health Scrutiny Committee 2019/20 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 Health Scrutiny Committee reports and minutes.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk

Health Scrutiny Committee Work Programme 2019-20

DATE	ITEMS
16 April 2020	**Discussion with the Portfolio Holder for Health, HR and Equalities (with a focus on the Health remit) – Councillor Eunice Campbell-Clark** To discuss the priorities and focus for the Portfolio, Council Plan priorities, budget pressures and challenges **Clinical Commissioning Group Merger** To receive information on the forthcoming merger and implications for the City **Homecare Services Model** To update the Committee on the implementation of the Homecare Services Model and future proposals **Work Programme** To provisionally agree the work programme for 2020/21

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