



Nottingham City Council Health Scrutiny Committee

Date: Thursday, 12 November 2020

Time: 10.00 am (pre-meeting for all Committee members at 9:30am)

Place: To be held remotely via Zoom - meeting participants will be given access details.
The meeting will be livestreamed on the Council's YouTube Channel - <https://www.youtube.com/user/NottCityCouncil>

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Senior Governance Officer: Jane Garrard **Direct Dial:** 0115 876 4315

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|----------|---|---------|
| 1 | Apologies for absence | |
| 2 | Declarations of interest | |
| 3 | Minutes | 3 - 12 |
| | To confirm the minutes of the meeting held on 15 October 2020. | |
| 4 | NHS Rehabilitation Centre | 13 - 14 |
| 5 | Flu Vaccination Programme | 15 - 20 |
| 6 | Tomorrow's NUH | 21 - 24 |
| 7 | Scrutiny of Portfolio Holder with responsibility for adult social care | 25 - 26 |
| 8 | Work Programme | 27 - 34 |

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting

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Nottingham City Council

Health Scrutiny Committee

Minutes of the meeting held remotely via Zoom and livestreamed on the Council's YouTube Channel - <https://www.youtube.com/user/NottCityCouncil> on 15 October 2020 from 10.03am - 12.11pm

Membership

Present

Councillor Georgia Power (Chair)
Councillor Cate Woodward (Vice Chair)
Councillor Samuel Gardiner
Councillor Phil Jackson
Councillor Maria Joannou
Councillor Angela Kandola
Councillor Lauren O`Grady
Councillor Anne Peach

Absent

Councillor Kirsty Jones
Councillor Dave Liversidge

Colleagues, partners and others in attendance:

Ajanta Biswas	- Healthwatch Nottingham and Nottinghamshire
Hazel Buchanan	- Director of Special Projects, Nottingham and Nottinghamshire Clinical Commissioning Group
Lewis Etoria	- Head of Insights and Engagement, Nottingham and Nottinghamshire Clinical Commissioning Group
Lisa Kelly	- Chief Operating Officer, Nottingham University Hospitals NHS Trust
Caroline Nolan	- Director of Urgent Care, Nottingham and Nottinghamshire Clinical Commissioning Group
Gemma Poulter	- Head of Integration, Adult Social Care, Nottingham City Council
Jane Garrard	- Senior Governance Officer

13 Apologies for absence

Councillor Kirsty Jones (unwell)
Councillor Dave Liversidge (personal)

14 Declarations of interest

None

15 Minutes

The minutes of the meeting held on 17 September 2020 were approved as an accurate record and signed by the Chair.

16 Managing winter pressures

Caroline Nolan, Director of Urgent Care Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), Lisa Kelly, Chief Operating Officer Nottingham University Hospitals NHS Trust (NUH), and Gemma Poulter, Head of Integration Adult Social Care Nottingham City Council attended the meeting to discuss planning for managing winter pressures, particularly in the context of the Covid-19 pandemic, across the health and adult social care system.

Caroline Nolan and Lisa Kelly highlighted the following points from a health perspective:

- a) Winter is always a very challenging period for the health sector. The second wave of the Covid-19 pandemic will increase the complexity of issues and the EU transition period also presents challenges. While health partners are very experienced in managing winter pressures, the forthcoming winter is unprecedented. All pathways have to be segregated which increases complexity and presents physical challenges in terms of space and environment. Although a lot of modelling has been carried out there is a considerable degree of uncertainty about demand and an agile approach will be required.
- b) Learning from previous years and the first wave of the Covid-19 outbreak is being used to develop a clinically-led approach.
- c) At NUH demand for emergency care is returning to pre-Covid levels. It is positive that people are accessing services if they need to, but it is important to ensure that they are accessing the right services in the right location e.g. through 111 First. 111 First will be a significant change but it should enable people to better access the right part of the health system.
- d) There has been an increase in the number of individuals presenting in mental crisis at the Emergency Department and emergency support liaison is being enhanced.
- e) Health services have been working at restoration and recovery of services and want to be able to continue with this. NUH intends to continue with elective surgery as far as possible but it has to be safe. As part of the winter planning and to deal with the impact of Covid-19, partnerships are being developed with the independent sector to enable the clinically urgent elective programme to continue.
- f) Partners are working together, for example NUH is working with CityCare Partnership and NEMS on access to urgent care to reduce demand for emergency services and ensure that the Emergency Department is only used by those who really need it.
- g) NUH is focusing on same day emergency care, ensuring that patients get the right clinical input quickly that enables them to be discharged on the same day or able to be sent home and asked to return to see a specialist on the following day to reduce the need for overnight stays. In support of this a range of different pathways are being developed for specialities.

- h) NUH is opening seasonal inpatient beds, but there are challenges due to the need to segregate patients with Covid-19 from those without the virus. This need for segregation has required some redesign of the Trust estate with some services moved from their usual location. There is a significant capital investment programme to support this.
- i) Expansion of critical care was planned prior to the Covid-19 outbreak and there will be an additional eight beds in use on the Queens Medical Centre site by November.
- j) There has been investment in diagnostics on the Queens Medical Centre site e.g. MRI scanner replacement to enable high quality diagnostics with a quicker turnaround time.
- k) There are plans in place to deal with Covid-19 surges in demand.
- l) In terms of discharges from hospital, there is excellent team work across the system, including local authorities and primary care providers to try and ensure that only those requiring an acute bed are in hospital. However, particularly for City residents, there is a need for more packages of care and this would help to improve the discharge process. One of the challenges going forward is the recruitment of care workers in the City. Plans for the creation of more community beds for rehabilitation are being accelerated and should hopefully be in place for winter.
- m) More sections of the population have been added to the flu vaccination programme and the scale of the programme this year is uncharted. The addition of all individuals aged over 50 years is a significant increase in the number of people to vaccinate at a time when health services are already under pressure. There is also the possibility of a Covid-19 vaccination programme that would need to be delivered. The flu vaccination programme includes consideration of how to reach both the population and care services who support and care for vulnerable citizens e.g. support for homecare agencies. Through the Integrated Care Partnership there is a particular focus in the City on reaching those groups with lower uptake last year including school aged children, at risk women and vulnerable individuals aged under 65 years.
- n) GP surgeries continue to be open with a telephone triage process in place to manage the flow of patients and ensure segregation of those with/ without Covid-19. Face to face appointments are available when needed. Digital access for GPs is being improved to enable remote access for those who need to work from home. The importance of the management of long term conditions is recognised e.g. carrying out physical health assessments for those with learning disabilities and although these were not carried out during the first wave of the Covid-19 outbreak, the need to maintain this work during the second wave is recognised.
- o) NUH is supporting care homes, through the provision of training on how to spot deterioration in residents, carrying out vaccinations, support visits by multi-disciplinary teams and through a rapid assessment process at the hospital front door.

- p) It has been a difficult year for staff and NUH recognises the need to do more to keep them mentally and physically well. It is particularly difficult for staff who are required to wear personal protective equipment all day.
- q) Key challenges going forward include capacity to meet demand, which is unpredictable, and maintaining the flow of patients through the system both because it is the right thing for patients and to enable capacity for admissions through the front door of the hospital.

Gemma Poulter highlighted the following points from an adult social care perspective:

- r) Having been dealing with the impact of the Covid-19 outbreak since March, services were moving into the recovery phase but now a crisis response is needed again.
- s) There has been an increase in capacity in internal reablement services, but despite a sustained recruitment campaign during the Covid-19 outbreak it is hard to recruit and retain care workers. There is currently not enough capacity to meet demand for home care services. An Emergency Support Team has been put together through redeployment of existing staff and temporary contracts.
- t) As set out in the Council's Better Lives Better Outcomes Strategy, the aim is to support as many people as possible to live at home but there is significant pressure on the social care model due to a lack of capacity.
- u) As the number of admissions and level of acuity increases it is becoming more challenging to maintain good flow of patients and service users due to insufficient home care in the external market. It is also challenging to find the right provision for those with complex needs.
- v) The Council is working collaboratively with providers and supporting the local market.
- w) The Discharge to Assess model is really important in facilitating smooth flow of patients from hospital, reducing demand for inpatient beds and increasing support for people at home. There is evidence that people recover, increase their independence and have reduced risks of infection at home. Having a minimum of 48 hours notice of the date when a person is expected to leave hospital really helps to better co-ordinate successful discharge. All citizens identified as potentially needing care in the community, receive reablement first and their needs are then assessed to ensure that they end up with the right care in the right place at the right time.
- x) The Department for Health and Social Care requires that local authorities implement an Adult Social Care Winter Plan and reporting to the Department on this needs to take place by the end of October. Plans are currently being finalised and will then be shared with partners.
- y) The Plan includes a focus on care homes, which are independent private businesses. Prior to discharge from hospital to a care home, patients are tested

for Covid-19 and the results are communicated in order to minimise risks of transmission. Care homes then need to be able to safely isolate individuals and they can refuse admission. Alternative accommodation then needs to be identified that for that individual, so work is currently taking place to identify a specific location (a care home or wing of a care home) where this can happen in the City.

z) Local outbreaks of Covid-19 within care settings are being managed well, with comprehensive plans for testing, infection prevention and control measures in place, provision of personal protective equipment and minimising the number of visitors to care settings.

aa) Funding has been extended for infection control and provision of personal protective equipment (PPE), and the Council is continuing to support external providers with infection prevention and control services, access to PPE (both ordering future supplies and in an emergency) and by increasing capacity and sustainability. A pilot is currently taking place in St Anns to provide wraparound support in partnership with GPs, CityCare Partnership and a local homecare agency.

bb) Visits to care homes is now not supported in order to minimise infections. Work is taking place to ensure that all care homes have visiting policies in place that are in line with the guidance.

cc) The health and wellbeing of the workforce is really important, both internal and external. Flu vaccinations are being provided to all internal staff and the Council is working with external providers to support staff in accessing vaccinations, which previously hasn't been at a high rate. Homecare providers have also agreed to support increasing the uptake of the flu vaccination amongst their service users.

During subsequent discussion and in response to questions from Committee members, the following points were raised:

dd) Planning for the flu vaccination programme started in May/ June and flu clinics are already up and running. It was confirmed that the first cases of flu have already been seen at NUH.

ee) In previous years some elective surgery has been cancelled to enable Trusts to focus on managing winter pressures. So far there has been no directive to stop all elective procedures so NUH is currently expecting to continue with its elective programme. However, a risk-based approach will need to be taken and while the Trust acknowledges that there is already a backlog of elective surgery and some people are waiting longer than they should, safety has to come first. The Trust is working with the independent sector and Sherwood Forest NHS Trust to create more locations in which elective surgery can take place safely so it may be that some patients have to travel to different locations for their surgery.

ff) The CCG representative reported that standard community beds don't meet the needs of those with complex physical and mental health needs and more rehabilitation services and pathways are needed. There are plans for an

additional 19 beds for this cohort this winter. Fewer community beds for those with lower levels of need are required as it is preferable for those individuals to be cared for at home, and, especially at this time, families are increasingly keen for individuals to be cared for at home due to concerns about Covid-19 infection and restrictions on visiting.

- gg) Some individuals go into residential care from the community, rather than hospital. The Adult Social Care representative confirmed that a process is in place for testing those individuals for Covid-19 and support is then provided until the result of the test is available. It was also confirmed that the Infection Prevention and Control Team risk assesses the ability of care homes to effectively isolate residents, which can be particularly challenging if individuals have mental health needs. If necessary providers are supported to deliver 1:1 care.
- hh) It was confirmed that there has been an increase in those coming to the Emergency Department in mental health crisis. If this happens then there needs to be a rapid response to quickly move the individual to the appropriate service. Work is taking place with child and adult mental health services and also other partners such as local authorities because many issues have a social element, such as housing. It was acknowledged that it can be challenging for individuals to navigate through the system and there is a long way to go to improve pathways.
- ii) All representatives acknowledged the importance of appropriately supporting the workforce. The NUH representative stated that at the end of the first wave of the Covid-19 outbreak, staff were encouraged to take leave and have a rest; the successful employee support programmes that were put in place during the first wave, such as having wellbeing and rest rooms on both sites providing drinks, advice and a calming atmosphere will continue; working with the NUH Charity there has been investment in other staff rest rooms across the sites; and a range of mental health and psychological support is available to staff. The Trust has also tried to show visible leadership during this time by holding Question and Answer Sessions with senior leaders in the organisations. Feedback on these arrangements has been sought through the Trust's People Committee and the Trust is also working with the trade unions to use their intelligence on issues affecting staff and their networks to communicate key messages. Across the Integrated Care System, a system wide staff survey is taking place to get comments and feedback on working through the Covid pandemic and to identify what support is appropriate going forward. It was reported that most adult social care colleagues are working at home, but those staff providing direct care have been provided with PPE, encouraged to take regular breaks and leave where appropriate, and ensure that team contact and peer support is maintained. While it is important for staff to rest, there is a tension between encouraging staff to take leave and ensuring capacity to deliver services.

Healthwatch Nottingham and Nottinghamshire reported that it had received some feedback about the accessibility of GPs at this time, with some patients reporting having to wait 20-30 minutes on the telephone and some patients going straight to the Emergency Department or a specialist service because they have been unable to access GP services. The CCG representative acknowledged that they were aware of

similar concerns and perceptions, and are working to get clarity in messaging about the availability of GPs and ensure that all GP practices are communicating effectively with their patients.

Subject to the need for additional scrutiny identified in the meantime, the Committee decided to review how the health and social care system coped with winter pressures combined with the impact of the Covid-19 outbreak in early-mid 2021.

Having been concerned about the relatively low levels of uptake by some population groups in the City in previous years, the Committee welcomed the work to expand, and focus on delivery of the flu vaccination programme this year. However, given its past concerns about uptake in the City and recognising that it is more important than ever this year, the Committee decided to review the implementation of the flu vaccination programme in more detail at a future meeting.

The Committee was concerned about the increase in individuals, particularly those not previously known to services, presenting at the Emergency Department in mental health crisis and decided to explore what support and pathways there are for those in crisis, capacity within these services and how pathways are managed and partners work together to support individuals when they present in crisis.

17 NHS Rehabilitation Centre

The Committee was reminded that the proposal to develop an NHS Rehabilitation Centre had been identified as a substantial variation or development of service.

Lewis Etoria, Head of Insights and Engagement, and Hazel Buchanan, Director of Special Projects, Nottingham and Nottinghamshire Clinical Commissioning Group presented the findings of the public consultation carried out in relation to development of an NHS Rehabilitation Centre. They highlighted the following points:

- a) The public consultation period was two weeks longer than initially planned to recognise the differences arising from holding all the consultation remotely, and ended on 18 September 2020.
- b) The consultation methodology included surveys, virtual events and focus groups and direct invitations to specific stakeholders to comment on the proposals.
- c) 870 responses were received, two thirds of which came from individuals/ organisations from Nottingham and Nottinghamshire. 19% of responses were from current or former users of rehabilitation services or carers of current or former service users.
- d) 86% of respondents supported the proposal. However, concerns were raised including the remoteness of the location and accessibility issues. Many of these concerns were raised in the responses from professional and clinical bodies. These were issues that had been previously identified in the pre-consultation business case and by scrutiny committees and mitigations had been proposed, but concerns were still raised.

- e) Healthwatch was commissioned to carry out more targeted and detailed research with groups that traditionally don't respond to such consultation. 91 telephone conversations were held, a third of which were with current or former service users or carers of service users. 86% of the respondents supported the proposal but the feedback raised different issues, such as the importance of privacy, concerns about childcare and the importance of assessing need on an individual basis.
- f) The next stage is development of a decision making business case to be considered by the Governing Body in December 2020. The pre-consultation business case was subject to a robust assurance process with NHS England, and the decision making business case will be more focused on responding to the issues raised in consultation.

During subsequent discussion and in response to questions from Committee members, the following points were raised:

- g) It was confirmed that mental health was a theme in the consultation responses, both in terms of support for patients with a pre-existing mental health condition and mental health issues arising from being an inpatient at the Centre.
- h) Some consultation responses suggested that the option of retaining Linden Lodge and developing a new NHS Rehabilitation Centre should be explored. However, Clinical Commissioning Group representatives reiterated that this was not an option that had been consulted on and investment in both facilities had never been an option. The consultation asked respondents for their comments on the single proposal of developing an NHS Rehabilitation Centre as set out in the consultation document, and not on other alternatives. It has become apparent that communication about this single option opportunity consultation did not successfully reach all respondents.
- i) It was confirmed that development of the survey questions had been sub-contracted to an independent agency to remove the potential for bias and leading questions.
- j) A Findings Considerations Panel will meet twice to identify the key issues and concerns raised in the consultation that they would expect to see addressed, and make recommendations for inclusion in the decision making business case.
- k) There were challenges in carrying out the consultation entirely remotely but the quality of insight is similar to that achieved previously. This demonstrates that it is possible to undertake successful consultation remotely with more flexibility, creativity and time. It was anticipated that it would be even harder to engage groups that primarily only respond to face to face engagement but the sample achieved by Healthwatch was similar to most previous Clinical Commissioning Group engagement work.

The Committee requested that representatives of Nottingham and Nottinghamshire Clinical Commissioning Group attend the Committee's meeting in November to update the Committee on the development of proposals for an NHS Rehabilitation Centre and the decision making business case prior to consideration by the

Governing Body, to enable the Committee to consider how the proposals are responding to issues raised in the public consultation and whether the proposal is in the interests of local health services.

18 Work Programme

The Committee noted its current work programme for 2020/21, including the following issues identified for inclusion earlier in the meeting:

- a) how the health and social care system coped with winter pressures combined with the impact of the Covid-19 outbreak;
- b) implementation of the flu vaccination programme;
- c) support for those in mental health crisis;
- d) proposals, and the decision making business case for the NHS Rehabilitation Centre.

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**Health Scrutiny Committee
12 November 2020**

NHS Rehabilitation Centre

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To consider the proposals for an NHS Rehabilitation Centre, which constitute a substantial variation or development of service.

2 Action required

- 2.1 The Committee is asked to consider the proposals for a NHS Rehabilitation Centre and decide:
- a) whether, as a statutory body, the Committee has been properly consulted within the consultation process;
 - b) whether, in developing the proposals for service changes, the commissioners have taken into account the public interest through appropriate patient and public involvement and consultation; and
 - c) whether the proposal for change is in the interests of local health services.

3 Background information

- 3.1 Over the last year the Committee has heard from Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) about proposals for development of an NHS Rehabilitation Centre on the Stanford Hall Estate, where the Ministry of Defence Medical Rehabilitation Centre is sited. The Committee was informed in advance of proposed consultation on the proposals and in September had opportunity to consider the consultation that was carried out and the findings of that consultation activity.
- 3.2 The CCG has been invited to this meeting to update the Committee on development of the proposals, and how proposals are responding to the issues and concerns raised during the consultation process.
- 3.3 It is understood that the decision making business case will be presented to the CCG Governing Body on 2 December for approval.
- 3.4 The proposal for a NHS Rehabilitation Centre has been identified as a substantial variation or development of service. Therefore, the Committee has a responsibility to consider:
- whether, as a statutory body, the Committee has been properly consulted within the consultation process;

- whether, in developing the proposals for service changes, the commissioners have taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of local health services.

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 Reports to, and minutes of meetings of the Health Scrutiny Committee held on 12 September 2019, 16 January 2020 and 15 October 2020.

7 Wards affected

7.1 All

8 Contact information

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

**Health Scrutiny Committee
12 November 2020**

Flu Vaccination Programme

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To review provision, and uptake of the flu immunisation programme in Nottingham.

2 Action required

- 2.1 The Committee is asked to:
- a) scrutinise the local approach to delivery of the seasonal flu vaccination programme in order to maximise uptake by all cohorts in the City; and
 - b) identify any recommendations for improving uptake in the City.

3 Background information

- 3.1 NHS England is responsible for commissioning the seasonal flu immunisation programme and providing system leadership. Contracts to provide immunisation services are held with a range of providers including GP practices, school aged providers and pharmacies. The Local Authority Director of Public Health has an assurance function in relation to ensuring immunisation arrangements are fit for purpose and delivering service of high quality. As increasing flu vaccination uptake is a priority of the Integrated Care Partnership (ICP), a ICP Flu Programme Group has been established to understand how the City ICP approach can supplement the existing provider and vaccination delivery plans.
- 3.2 The effectiveness of the programme depends on the uptake of the vaccine being high and equitable across the eligible population. Over the last few years the Committee has reviewed performance of the seasonal flu immunisation programme because it not only impacts on the individual but also contributes to reducing winter pressures on health and care services. This is even more relevant this year given the Covid-19 pandemic. In previous years the Committee has had concerns regarding the relatively low uptake amongst some cohorts of the eligible population in the City.
- 3.3 A briefing from Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) on the flu vaccination programme in the City including a summary of actions being taken to increase uptake in the cohorts being targeted: under 65s at risk; pregnant women; and school aged children is

attached. A representative of the CCG will be attending the meeting to discuss the programme and actions being taken. A representative of the Council's Public Health Team will also be attending the meeting to provide the Council's perspective.

4 List of attached information

- 4.1 Briefing from Nottingham and Nottinghamshire Clinical Commissioning Group

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

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 None

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Jane Garrard, Senior Governance Officer
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Nottingham City Health Scrutiny Committee Briefing
12th November
Nottingham City Flu Vaccination Programme

Background

Flu is a common infectious viral illness spread by droplets from coughs and sneezes. Whilst it can be very unpleasant, most individuals begin to feel better within about a week. Conversely older people, those with long-term conditions such as heart and lung disease, pregnant women and young children can develop more serious symptoms requiring hospitalisation that can, in some instances, lead to death.

Flu vaccination is one of the most effective interventions to reduce pressure on the health and social care systems in winter.

Nationally, it has been recognised that delivering the flu immunisation programme this year is likely to be more challenging because of the impact of COVID-19 on our health and social care services and the co-circulation of COVID-19 and flu through winter.

Flu Vaccination Eligible Groups

As part of the 2020/21 flu programme, the following at risk groups are eligible for free flu vaccinations:

- All primary school children, as last year, and, for the first time, Year 7
- People who were required to shield from coronavirus and anyone they live with
- Those aged six months to under 65 years in clinical risk groups
- Pregnant women
- Initially all people over 65, before the programme is extended to the over-50s
- Those in long-stay residential care homes
- Carers
- Close contacts of immunocompromised individuals
- Health and social care staff employed by a registered residential care/nursing home, registered domiciliary care provider, or a voluntary managed hospice provider.

Nottingham City Integrated Care Partnership (ICP) Approach

Nottingham City ICP has identified increasing flu vaccination uptake as one of its priorities for 20/21. Accordingly the partnership has put in place the ICP Flu Programme Group which includes representatives from all relevant ICP Partners (including Public Health) and meets fortnightly.

The role of the ICP Flu Programme Group is to understand how the City ICP approach can supplement the existing provider, and overarching Intergrated Care System (ICS) vaccination delivery plans. Specifically, to meet the needs of certain population groups that we know are at high risk, and to also look at how we use the assets in the City that would not usually be involved to increase flu vaccination rates.

The principles applied by the programme group are:

- To take into account the needs of our population
- To exploring what we can do differently as a group of providers to help increase uptake
- To take account of the evidence base on how to successfully improve vaccination uptake

A review of previous uptake data for the city was undertaken to decide which cohorts to target in the ICP programme. On the basis of previous achievement being furthest away

from target, the following were chosen, and task and finish groups established to develop and refine action plans:

- Under 65s at Risk (respiratory)
- Pregnant Women
- School Aged Children

Population Health Management Data and Evidence Based Interventions

The ICS Population Health Management data team recently produced a data pack which provides information related to previous levels of uptake by ICP and Primary Care Networks across the whole of the ICS. The analysis confirms the correlation between higher levels of deprivation and lower level of flu vaccination uptake. This is a widely recognised phenomenon and is driven by a multitude of factors well known, and appreciated, in the City.

The ICP Flu Programme Group has reviewed the evidence based interventions suggested within the data pack for particular population characteristics to ensure that the actions are reflective of these where possible.

Examples of relevant population characteristics within the pack are:

- BAME
- Socio Economic Deprivation
- Non English Speakers

A brief summary of actions undertaken to increase uptake in the 3 cohorts (under 65s at risk, pregnant women and School Aged Children) as well as overarching actions, can be seen in Appendix 1.

Further Work

The ICP Programme Group, and its Task & Finish Groups, will review data on a weekly basis to understand current uptake levels and develop further, tailored actions/interventions as appropriate.

Appendix 1 - Summary detail on implementation of the ICP flu programme

Cohort	Focus	Activity/Actions undertaken
Overarching	Data Quality	ICP and ICS partners are working closely to streamline how they communicate flu vaccinations to practices when patients are vaccinated by another provider
		ICP exploring the use of care coordinators to update patient record and follow up with patients not yet engaged
		Recording of data/sharing – comms have gone out to all practices to encourage sign up to receive notifications from Pharmoutcomes (system pharmacy use to notify practices they have vaccinated a patient)
		One page communication has been shared with practices explaining the importance of coding, decoding patients and adding a declension code to those patients who refuse/decline the flu vaccine to ensure achievement data is accurate reflection.
	Tailoring Citizen comms	All Flu comms, including in different languages have been shared with all ICP Partners to promote within their services and via their social media channels
		Exploring the use of GP text messaging (MJOG) to target specific comms to specific cohorts
		GP to promote importance of having the flu vaccine in Hindi on radio Dawn and radio Faza to target BAME population to encourage uptake
Making Every Contact Count	City Care to vaccinate housebound patients on their caseload who are eligible for flu vaccination. In addition city care to support practices by offering vaccination for eligible household members of the above group. Process of referral has been devised and shared with practices.	
Pregnant Women Cohort	Tailoring Citizen Comms	Citizen engagement undertaken by Small Steps Big Changes (SSBC) to understand why women in our populations do not take up the flu vaccinations in pregnancy. This has been used to shape the comms messages. Engagement is being continued throughout the programme by SSBC.
		Slightly harder hitting message developed for comms re risks of not having flu vaccination during pregnancy.
		Specific advert designed and published in October's issue of the Lot's for tot's Magazine promoting flu vaccine amongst pregnant women, funding has been provided by SSBC.
		BBC Radio Nottingham interview broadcast on Monday 28th September - City GP discussed the importance of having the flu vaccine when pregnant and the implications of not being vaccinated.
		Case studies being developed of three pregnant staff members from different partner organisations having had their flu vaccine. Content is being produced for social media and use through the engagement team. One of the case studies will be turned into a press release with a GP comment.
		Population ethnicity data used to identify further promotional activity in local communities - this includes posters in different languages being displayed in local supermarkets, shops etc.
	Making Every Contact Count	A crib sheet has been devised for healthcare professionals to use to promote the flu vaccine amongst CityCare antenatal pathway via the Health Visitors and ensure recording of this on SystemOne . Also adapted for use by SSBC Family Mentors. Crib sheet also being used to support NUH antenatal clinic receptionist re action below.
		NUH antenatal receptionist now providing promotional material on the importance of being vaccinated while they are pregnant to those women who refuse/decline the flu vaccine at antenatal clinic

	Sharing Good Practice	Identification of good practice approaches from city practices achieving relatively high uptake rates in areas of high deprivation has taken place. Accolades given to the practices and good practice being shared as part of GP Practice flu comms.
	Data Quality	NUH are providing Primary Care and CityCare with up to date list of women that are currently registered for ante-natal care ensuring practices and providers have the most up to date data to eliminate any discrepancies.
Under 65's at risk	Making Every Contact Count	NUH outpatients department have added flu promotion message to respiratory and liver out-patients correspondence - explaining importance of having flu vaccine and how to book an appointment with GP or Community Pharmacy
		CityCare Integrated Respiratory Service to mailshot all patients (under and over 65s) who have been under their care in the last 12 months to promote the flu vaccine
		Flu promotional resources have been shared with Social Care colleagues for Carers to promote Flu vaccine while visiting patients
	Tailoring Comms	Data suggests that asthmatic patients are a significant cohort for improvement. Harder hitting city-specific comms have been designed mainly aimed at younger well asthmatics who may not visit their GP very often. Images used on the comms reflect the population we serve, this has now been signed off by the ICS so will be circulated via all social media channels.
The group is also working very closely with CityCare and GP colleagues to translate messaging into various languages such as Polish, Hindi, Urdu and Punjabi they are also working on producing 30sec promotional flu videos in these languages to target those people where English might not be their first spoken language		
School Aged Children		Letters from the Director of Education and Director of Health have been sent to all schools asking schools for support with efforts to increase the uptake of flu vaccine amongst school-aged children
		Parents in Schools with consent completion levels of less than 60% will receive a text message the day before their session from the SAIS encouraging completion of e-consent.
		Leads from the City Schools teams have been identified who directly liaise, communicate and promote e-consent in communications with schools
		Various channels have been used to promote flu vaccinations amongst the school aged cohort such as on AskLiON, school newsletters, direct email templates from SAIS to schools promoting vaccine via their social media channels
		CityCare running virtual flu immunisation-based health promotion session within schools to promote flu vaccine also promoting vaccine within their 0-19 service
		An ad has gone into October's issue of the Lot's for tot's Magazine promoting flu vaccine amongst children, support for funding has been received by City and County Public Health Team
		The group are in the process of putting together a joint statement with the Nottingham council of mosques to promote flu vaccine amongst the Muslim community.
		Fatwa statement issued by British Fatwa Council regarding flu vaccines for the Muslim Community have been sent out in English and Urdu to all City schools and GP practices for them to forward on to patients who are apprehensive about getting the nasal spray for their children due to the Porcine gelatine content

**Health Scrutiny Committee
12 November 2020**

'Tomorrow's NUH' (Nottingham University Hospitals)

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To consider work taking place under the Tomorrow's NUH Programme.

2 Action required

- 2.1 The Committee is asked to review proposals for this phase of public engagement in relation to the Tomorrow's NUH Programme.

3 Background information

- 3.1 In September, the Committee received an update from Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) on the Tomorrow's NUH Programme, which aims to plan for and deliver a future sustainable hospital that provides the right care in the right location for the population of Nottingham and Nottinghamshire and, for some services, to the wider region.
- 3.2 National funding for new hospitals is available through the Hospital Infrastructure Programme and NUH has been identified as a potential Trust for some of this capital investment.
- 3.2 The CCG is responsible for developing the pre consultation business case and in September the Committee was informed that engagement and consultation would be carried out at appropriate points in the process. The CCG is launching a phase of public engagement and is attending this meeting to inform the Committee about this engagement work and update councillors on the programme.

4 List of attached information

- 4.1 Briefing from Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group

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

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 Reports to, and minutes of the meeting of the Health Scrutiny Committee on 21 September 2017 and 17 September 2020.

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Jane Garrard, Senior Governance Officer
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0115 8764315

Tomorrow's NUH (Nottingham University Hospitals)

Briefing for Health Overview and Scrutiny Committee

Dear Colleagues

The Tomorrow's NUH Programme has been established to plan for and deliver a future sustainable hospital that provides the right care in the right location for the population of Nottingham and Nottinghamshire, and, for some services, to the wider region.

Across England, NHS organisations have been awarded seed money from the Department of Health Social Care's Health Infrastructure Plan 2 (HIP2) which is to be used to kick start hospital schemes and accelerate the development of plans/business cases. Nottingham University Hospitals (NUH) is one of 21 schemes which has received a share of £100m of this seed funding. Further funding will be allocated by the government in the next spending review period to fund the build costs of the 21 HIP2 schemes.

Nottingham and Nottinghamshire CCG is responsible for the development of a Pre Consultation Business Case which will include the following:

- A detailed case for change setting out how the proposal will benefit the population and the system
- Demonstrate that all options, benefits and impact on service users have been considered
- Demonstrate that the planned consultation will seek the views of patients and members of the public who may potentially be impacted by the proposals.

The CCG will be presenting initial outputs of the programme to the Health Overview and Scrutiny Committee in November, specifically:

Case for Change

The case for change sets out the rationale for undertaking this programme of work, recognising the need to have sustainable clinical services that support our people to live longer healthier lives.

There is a clear need for change to the provision of health and care services in Nottingham and Nottinghamshire. We need to modernise the Clinical Model to meet the needs of the whole population, enabling care delivered close to home.

At the same time, services at Nottingham University Hospitals NHS Trust face a number of issues, including operating across three sites and working from outdated estate. Through the Government's HIP investment scheme in hospitals, we now have the opportunity to address these issues and create fit-for-purpose acute facilities.

There is a significant need to reduce health inequalities where there are avoidable, unfair and systematic differences in health between different groups of people in our population. The Tomorrow's NUH programme will seek to address inequalities in health status (life expectancy and

prevalence of health conditions), access to care (availability of treatments), quality and experience of care (levels of patient satisfaction), behavioural risks to health (smoking rates), and wider determinants of health.

Outline clinical model

The Nottingham and Nottinghamshire ICS has set an ambition to transform health and care services, so that people living in Nottingham and Nottinghamshire can live longer, healthier and happier lives. To support delivery of this ambition, clinicians from across the system have led the development of an outline clinical model that will underpin the Tomorrow's NUH programme. The model will define new ways of working, of configuring services and of delivering care to ensure exemplar outcomes and experience for patients.

We recognise that hospital services should not be viewed in isolation from the care and support that people receive in their own homes and communities from family, social care, primary care and community services.

The clinical model is being designed to address health inequalities using a patient pathway approach. This ensures that the model developed is focused on improving patient outcomes and considers all interdependencies between wider system partners and the NUH clinical divisions.

We also have the opportunity to address legacy issues relating to the merger of the Queen's Medical Centre and City Hospital to form Nottingham University Hospitals in 2006, and the ability to reduce the duplication of services across the two main hospital sites. Duplication of services across the two sites creates both clinical challenges and inefficiencies.

Public engagement

Tomorrow's NUH builds on what our population has already told us they want for health and care: care that is close to home wherever possible and supports people to live as independently as possible in their own communities. Over the next few months we will be undertaking focused public engagement on key areas that we are considering as part of this programme.

The draft Pre Consultation Business Case is being developed for April 2021 in line with the timescales for the national HIP2 programme. A public consultation is currently planned to commence in July 2021. We will continue to provide updates on progress to HOSC, and will have a specific focus on the proposed consultation approach.

For more information on the changes described in this briefing, please contact:

Lucy Dudge, Chief Commissioning Officer
lucy.dudge@nhs.net

**Health Scrutiny Committee
12 November 2020**

Scrutiny of Portfolio Holder with responsibility for adult social care

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To hold the Portfolio Holder for Adult Care and Local Transport to account for delivery of aspects of the Council Plan 2019-2023 and budget savings for 2020/21 that relate to adult social care.

2 Action required

- 2.1 The Committee is asked to:
- a) scrutinise delivery of adult social care aspects of the Council Plan 2019 to 2023 and budget savings for 2020/21; and
 - b) identify if there are any issues that it wishes to focus on for further scrutiny, and include in its work programme.

3 Background information

- 3.1 On 11 November 2019 Council approved the Corporate Plan 2019 to 2023, setting out priorities that will lead plans and decisions for the next four years.
- 3.2 Overview and scrutiny has an important role in holding the Executive to account and scrutinising performance and progress in the delivery of the Council Plan. Therefore, a programme of scrutiny sessions with Portfolio Holders has been established. The majority of these sessions are carried out by the Overview and Scrutiny Committee, but the Health Scrutiny Committee leads on scrutiny of issues that relate to health and adult social care.
- 3.3 This year the Committee identified that it wished to include consideration of budget issues within the annual scrutiny process. Council agreed the 2020/21 Budget in March 2020 and an Interim Budget 2020/21 was approved by Council in October 2020.
- 3.3 Councillor Adele Williams is the Portfolio Holder responsible for adult social care. She has been invited to attend the meeting to discuss:
- performance over the last year and how the Covid-19 pandemic is impacting on delivery of Council Plan priorities for this and future years;

- how the Covid-19 pandemic is impacting on savings agreed by Council in March 2020 and the management of budget pressures and variances;
- the implementation of savings agreed by Council in October 2020; and
- looking ahead to next year's budget and service planning.

4 List of attached information

4.1 None

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

5.1 None

6 Published documents referred to in compiling this report

6.1 Nottingham City Council Corporate Plan 2019 to 2023

6.2 'Budget 2020/21' report to, and minute of City Council meeting on 9 March 2020

6.3 'Interim Budget 2020/21' report to, and minute of City Council meeting on 5 October 2020

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
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0115 8764315

**Health Scrutiny Committee
12 November 2020**

Work Programme

Report of the Head of Legal and Governance

1. Purpose

- 1.1 To consider the Committee's work programme for 2020/21 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

- 2.1 The Committee is asked to note the work that is currently planned for the municipal year 2020/21 and make amendments to this programme as appropriate.

3. Background information

- 3.1 The purpose of the Health Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:

- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
- taking a strategic overview of the integration of health, including public health, and social care;
- proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
- being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.

- 3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require information from certain health bodies¹ about the planning, provision and operation of health services in the area;
- to require attendance at meetings from members and employees working in certain health bodies¹;
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public

¹ This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);

- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.5 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

3.6 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.7 The current work programme for the municipal year 2020/21 is attached at Appendix 1.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2020/21 Work Programme

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

5.1 None

6. Published documents referred to in compiling this report

6.1 None

7. Wards affected

7.1 All

8. Contact information

8.1 Jane Garrard, Senior Governance Officer
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Health Scrutiny Committee 2020/21 Work Programme

Date	Items
16 July 2020	<ul style="list-style-type: none"> • Covid-19 pandemic To consider the impact of the Covid-19 pandemic on Nottingham and changes to NHS services. • National Rehabilitation Centre To receive information on the updated plans for consultation in relation to the National Rehabilitation Centre
17 September 2020	<ul style="list-style-type: none"> • NHS service changes in response to Covid-19 To review progress in restoring NHS services that changed in response to Covid-19. • ‘Tomorrow’s NUH’ To receive an initial briefing on the ‘Tomorrow’s NUH’ Programme. • Work Programme 2020/21
15 October 2020	<ul style="list-style-type: none"> • NHS Rehabilitation Centre To consider the findings and outcomes of consultation on the National Rehabilitation Centre and how that is being used to inform decision making regarding the service. • Managing winter pressures To scrutinise plans for managing winter pressures across health and adult social care services • Work Programme 2020/21
12 November 2020	<ul style="list-style-type: none"> • NHS Rehabilitation Centre

Date	Items
	<p>To consider the proposals for a NHS Rehabilitation Centre and:</p> <ol style="list-style-type: none"> i. whether, as a statutory body, the Committee has been properly consulted within the consultation process; ii. whether, in developing the proposals for service changes, the commissioners have taken into account the public interest through appropriate patient and public involvement and consultation; and iii. whether the proposal for change is in the interests of the local health service. <ul style="list-style-type: none"> • Scrutiny of Portfolio Holder with responsibility for adult social care To review delivery of aspects of the Council Plan 2019-2023 that relate to adult social care • Flu immunisation programme To review provision, and uptake of the flu immunisation programme, particularly for children • 'Tomorrow's NUH' To receive an update on the programme. • Work Programme 2020/21
17 December 2020	<ul style="list-style-type: none"> • Support for people in mental health crisis To review the support and pathways for people who are in mental health crisis • Health inequalities related to Covid-19 To hear about work to better understand the health inequalities related to Covid-19 and what is happening locally to address those inequalities. • Scrutiny of Portfolio Holder for Health, HR and Equalities To review plans for delivery of aspects of the Council Plan 2019-2023 that fall within the Public Health aspects of this Portfolio. • Work Programme 2020/21

Date	Items
14 January 2021	<ul style="list-style-type: none"> • Nottingham Safeguarding Adults Board To hear evidence from the Safeguarding Adults Board regarding work to safeguard adults in the City; scrutinise the work of the Board, including consideration of its 2019/20 Annual Report; and identify any issues or evidence relevant to the Committee's work programme. • Work Programme 2020/21
11 February 2021	<ul style="list-style-type: none"> • Work Programme 2020/21
11 March 2021	<ul style="list-style-type: none"> • Work Programme 2020/21
15 April 2021	<ul style="list-style-type: none"> • Management of winter pressures (tbc) To review: <ul style="list-style-type: none"> a) how the health and social care system coped with winter pressures combined with the impact of the Covid-19 outbreak; b) uptake of the flu vaccination programme • Work Programme 2021/22

Items to be scheduled:

- **'Tomorrow's NUH'** (spring 2021)
To consider the pre-consultation business case and plans for public consultation and engagement.
- **Reconfiguration of acute stroke services** (tbc – subject to proposals from commissioners)
To consider proposals for making changes to the configuration of acute stroke services permanent.
- **Nottinghamshire Healthcare NHS Foundation Trust Strategy**
To hear about development of the Trust's Strategy.
- **Carer Support Services**

To review support for carers during Covid-19 pandemic.

- **Dental Services**

To review access to dental services during the Covid-19 pandemic, the impact of reduced access and reinstatement of services.

Additional evidence/ information:

- **111 First**
- **Changes to provision at Platform One GP Service**