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Nottingham City Council
Health Scrutiny Committee

Date: Thursday, 11 February 2021

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

Governance Officer: Kim Pocock **Direct Dial:** 0115 8764321

1	**Committee Membership** To confirm the resignation of Councillor Angela Kandola.	
2	**Apologies for absence**	
3	**Declarations of interest**	
4	**Minutes** To confirm the minutes of the meeting held on 14 January 2021.	3 - 14
5	**Transition, Engagement and Mobilisation Approach for the Registered Population of the Platform One Practice**	15 - 30
6	**Work Programme**	31 - 40

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 14 January 2021 from 10:00am – 12:46pm

Membership

Present	Absent
Councillor Georgia Power (Chair)	Councillor Cate Woodward
Councillor Samuel Gardiner	Councillor Phil Jackson
Councillor Maria Joannou	
Councillor Kirsty Jones	
Councillor Angela Kandola	
Councillor Dave Liversidge	
Councillor Lauren O`Grady	
Councillor Anne Peach	

Colleagues, partners and others in attendance:

Ajanta Biswas	-	Healthwatch, Nottingham and Nottinghamshire
Philip Britt	-	Programme Director, Tomorrow's NUH, Nottingham University Hospitals
Councillor Eunice Campbell-Clark	-	Portfolio Holder for Health, HR and Equalities, Nottingham City Council
Alison Challenger	-	Director of Public Health, Nottingham City Council
Lucy Dadge	-	Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group
Lewis Etoria	-	Head of Insights and Engagement, Nottingham and Nottinghamshire Clinical Commissioning Group and Integrated Care System
Sarah Fleming	-	Head of Programme Delivery, Nottingham and Nottinghamshire Clinical Commissioning Group
	-	Medical Director, Nottingham University Hospitals
Keith Girling	-	Chief Operating Officer, Nottingham University Hospitals
Ross Leather	-	Nottingham City Safeguarding Board Adults Board Manager, Nottingham City Council
Lisa Kelly	-	Acting Chief Nurse, Nottingham University Hospitals
Jane Garrard	-	Senior Governance Officer, Governance Services
Kim Pocock	-	Scrutiny Officer, Governance Services

38 Apologies for absence

Councillor Cate Woodward - Medical appointment.

39 Declarations of interest

None.

40 Minutes

Ajanta Biswas, Healthwatch, Nottingham and Nottinghamshire was present, but not listed as such in the minutes of the meeting held on 17 December 2020.

With this addition, the minutes of the meeting held on 17 December 2020 were approved as an accurate record and signed by the Chair.

41 Nottingham University Hospitals NHS Trust Maternity Services

Keith Girling, Medical Director, Nottingham University Hospitals (NUH), Lisa Kelly, Chief Operating Officer, NUH and Sarah Moppett, Acting Chief Nurse, NUH spoke to the Committee about actions taken to address the outcome of the inspection of maternity services at NUH (on both the City Hospital and QMC sites) carried out by the Care Quality Commission. They highlighted the following information:

a) The unannounced CQC visit took place in October 2020 and the CQC report was published in December 2020.

b) NUH colleagues acknowledged that care was below the standard which NUH aspires to and expressed their extreme sorrow at the distressing experiences of and anxiety caused to patients and their carers.

c) NUH was aware of the need for improvements prior to the CQC visit and had already started taking action to put remedial measures in place to ensure safe care.

d) NUH has established an Improvement Board and an improvement plan and action plan are in place to address key areas of concern. These have been put together by listening to families and staff at all levels.

e) To address leadership concerns an interim Director of Midwifery has been appointed. In addition, recruitment has started to increase the number of midwives across both sites at NUH and additional capacity has been created for medical staff.

f) NUH has taken up the offer of local support from Sherwood Forest Hospitals Trust, where the CQC rating for its maternity services was positive. In addition, as part of a national maternity programme, NUH has been allocated a colleague in Yorkshire as a critical friend and is taking account of the national recommendations arising from the Ockenden Report review of maternity services at Shrewsbury and Telford NHS Trust.

g) Discussions are ongoing within NUH and with partners on how to embed people's experience into training.

h) NUH has established a Maternity Oversight Committee, chaired by non-executive members, which is responsible for maternity safety. The Committee includes colleagues from outside the NHS.

i) NUH uses a national 'safe today' template twice a day to determine that all processes and staffing arrangements are safe for women undergoing care in NUH services. 'Safe today' findings are collated weekly and reported via assurance committees to the Maternity Oversight Committee and to the Quality Committee of the NUH Board.

j) The Maternity Improvement Board has a number of workstreams, including governance, people, safe practice and quality improvement and has also established a clinical reference group which advises these different workstreams.

k) NUH expects the improvement work to take a number of months to fully address and embed the issues identified by the CQC. Their ambition is to see the Maternity Unit move from an 'inadequate' to 'good' rating within 12 months.

In response to questions from the Committee and in the subsequent discussion the following points were made:

l) NUH acknowledged committee members' concerns about longstanding issues with the leadership of the Maternity Unit, the top-down approach and staffing pressures which had existed for a significant period.

m) NUH has been making a number of interventions to support teams and to review and increase staffing; work which started prior to the CQC report. Two years ago NUH had a significant number of vacancies. The target numbers required were calculated using the national tool based on birth rate. A recruitment campaign resulted in recruitment to this target. However, while the birth rate is dropping, the level of acuity in care needs has increased. The national tool has now been changed to 'birth rate plus' and takes into account acuity, eg diabetes, obesity and high blood pressure, all of which add to potential risk and complications and need more staff support. A 'birth rate plus' assessment (carried out through an external assessment process) in early 2020 and reported in June/July identified a further deficiency of 73 full time equivalent (FTE) midwives. NUH is now recruiting to this target and now has appointed 18 more FTE midwives above the previous establishment target. In response to a question from a Committee Member, NUH assured the Committee that working to the lower target using the original birth rate tool was not a way of saving money. Some beds are currently closed to relieve some of the pressure on staff while recruitment is ongoing. While NUH turnover of midwives benchmarks well, there is a national shortage of midwives which adds challenge to recruitment.

n) The new Director of Midwifery, who started a week ago, is a welcome addition to the team. There has been a staffing gap with no Head of Midwifery in post (a role difficult to fill nationally). NUH now has two Deputy Heads of Service supporting the service. The new leadership is bringing a fresh, new perspective.

o) NUH needs to get better at making the voices of patients and staff heard. Staff have been raising issues which need to be addressed for a while. NUH is building on its experience of involving staff in shaping other services to make care as good as it possibly can be; for example, by having conversations with staff in different ways and seeking their opinions on changes they would like to see to shift the existing top-down approach. Change needs to be designed and led by

those working in the service. NUH acknowledged that it will take some time to build credibility and trust.

p) In the light of the CQC findings, NUH took immediate actions to put safe care in place. These were necessarily top-down. However, the long term implementation plan takes a bottom-up approach.

q) Communications have been targeted to reassure pregnant women and mothers about NUH maternity services. The initial communications strategy has included a number of strands, including Facebook and other social media; working with senior colleagues, hospital and community midwives on how to assure provision of a safe services. Over time NUH will refine what they can share with partner organisations and user engagement forums on the work they are progressing.

r) NUH will ensure that feedback from staff is included in delivering improvements and in the process to change culture and behaviours. The Improvement Board is creating an expert advisory panel, to be in place by April, for collecting feedback and reflecting it to the Board. The Clinical Advisory Group and the workstreams include staff at all levels, eg non-clinical junior staff, reception staff, new midwives.

s) NUH maternity staff have been working very hard within a culture where they felt they could not raise concerns. NUH is listening to staff and working on applying best practice in other areas to maternity services. Within the first week of the CQC report NUH held tens of staff sessions to listen to feed into plans. These were held at all times of day to make sure they were accessible to all staff. They have highlighted their Freedom to Speak Up Guardian and the Trust Executive has held virtual open listening events where midwives have been able to express views and ask questions. There is now an emphasis on senior staff visibility, ie making sure the new Director and other senior staff (clinicians and managers) are seen by midwives and other staff at the front line.

t) NUH is working on increasing training and development for midwives, a programme already started before the CQC report. NUH has a virtual nursing and midwifery institute, which leads on the staff education programme, eg a scheme which offers an opportunity to focus on an area of expertise is being progressed in the maternity unit. There is significant senior expertise in the institute and they are working with maternity teams look at developing their offering from induction to looking after midwives at the end of their career (eg legacy mentors to coach more junior midwives). In addition, NUH has introduced a foetal monitoring midwife specialist whose role started last week, to ensure effective training and support for foetal monitoring.

u) NUH is developing a single improvement plan to include other recommendations as well as the recommendations of the CQC report, eg the Ockenden Report. Reports from investigations into stillbirth and neonatal death cases by the Healthcare Safety Investigation Branch have resulted in recommendations which are consistent with themes in the Ockenden Report and the CQC Report. The current action plan comprises over 150 actions pulling together all of the responses to all of the recommendations.

v) Covid has made some things more complex, but improvements to maternity services need to be carried out whatever else is going on, so delivery of improvements has not slowed down and actions are being delivered in Covid-secure ways, eg remotely and 1-1 training instead of group training.

w) In response to concerns that services had been allowed to deteriorate so far, NUH acknowledged that they have not addressed the issues to the extent that was needed, but that there is now complete commitment across the organisation to remedy the situation and improve services to a good standing.

The Committee welcomed the commitment of NUH to improving maternity services, but also expressed concerns about the long standing problems with maternity services, which existed prior to the CQC report and which had not been fully addressed. To ensure that progress continues to be monitored and scrutinised, the Committee asked that NUH return in six months' time with an update.

The Chair of the Committee asked that the NUH representatives pass the Committee's thanks to colleagues working on the front line, to recognise their work and support for Nottingham citizens.

42 'Tomorrow's NUH' (Nottingham University Hospitals)

Lucy Dadge, Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group (CCG), Sarah Fleming, Head of Programme Delivery, Nottingham and Nottinghamshire CCG, Philip Britt, Programme Director – Tomorrow's NUH, NUH and Lewis Etoria, Head of Insights and Engagement, Nottingham and Nottinghamshire CCG and Integrated Care System spoke to the Committee to seek its views about the pre-engagement activity that has taken place so far and plans for public consultation during 2021 in relation to the Tomorrow's NUH Programme. They highlighted the following key information:

a) While the outcome of the programme will be new hospital buildings as the funding is available for capital investment, form has to follow function and work on a clinical model over autumn 2020 has provided a basis for talking to the public about the programme.

b) Nottingham clinicians have had input to the early model proposals. However, to ensure that any clinical services model proposed reflects best practice nationally and internationally, the Clinical Senate (made up of experts from all areas, largely from outside Nottingham) has been engaged to provide an objective view. They have fed back that they do support the proposals, but recognise that there is a lot of detail to develop. The detail of the model is now being worked on with partners, including NUH, GPs, community providers and Sherwood Forest Hospitals Trust.

c) Other things in train include:

    i. Impact assessments of the new proposals, especially in relation to environment and sustainability, travel, equality and the overall impact on the health of the population, with a focus on vulnerable groups.

ii. Workforce modelling for staff to provide support to the local population.
iii. Modelling what the population will need in future years and associated costs.
iv. Developing a digital strategy, eg for the use of remote consultations, telephone appointments, in both primary and secondary care.
v. Learning from the Covid 19 pandemic, identifying what needs to change and what needs to be retained. The pandemic has revealed the opportunities for digital communication but also highlighted its risks in exacerbating inequalities.

d) The engagement work carried out to date is very early stage and pre-consultation. Full engagement will take place over the coming summer. The programme has worked with the North of England Commissioning Support Unit (NECSU) and Healthwatch to lead on some of the pre-engagement activity. In addition, initial engagement has taken place with a range of patient groups/ forums, health providers, health interest groups and staff in health organisations. Feedback from the latter groups is in line with both reports from the NECSU and Healthwatch.

e) The NECSU-led engagement took the form of a survey (available online and in hard copy), public events and focus groups, which were focused on areas where there is expectation of some contention, ie maternity, urgent care and cancer services. 527 people participated, including just over 400 responses to the survey.

f) Healthwatch was asked to target and reach populations not reached by traditional engagement methods. To add value by reaching a broader demographic, the survey was carried out largely by phone interview. Three separate focus groups were held with a mixed population, young people and substance users. While numbers were not as high as the NECSU survey, the responses were more detailed so the insight is much greater.

g) The key findings from all methods of engagement were as follows:
i. People broadly supported initial proposals.
ii. Plans were not detailed enough to take a clear informed view.
iii. There was some scepticism of the credibility of proposals.
iv. Concern about resources, including staffing, to deliver in community settings.
v. Remote consultations/ appointments have benefits but are not accessible to all.
vi. Concern about transport, parking and access, especially for specific communities.
vii. People want to hear about the whole model and how it all fits together

h) Following reflection on this feedback, colleagues will produce recommendations for how to take forward the public consultation. Key areas of work now are:
i. Further engagement to provide more detail of proposals in real terms so everyone can understand their impact.
ii. Clarity on how the model of hospital and community delivery will work.
iii. Clarity on access.
iv. Broadening the conversation in terms of who to speak to and the level of detail of conversations.

i) Colleagues are continuing to work on a detailed model, which will include the principle of bringing all forms of emergency care together. Pre engagement work is an ongoing dialogue, ie not a one off activity.

j) Once affordable and deliverable options are fully worked through they will form the basis of a consultation plan, to be presented to the Health Scrutiny Committee in the late spring for approval to go to public consultation.

In response to questions from the Committee and in the subsequent discussion the following points were made:

k) The full consultation must be bottom up. The pre engagement work is not public consultation, but rather an opening a dialogue based on national and international advice on best practice for the future. Proposals need to be informed by clinical opinion and health policy and the public will be asked what is the best way to deliver these services so that decisions can be made about hospital and community services.

l) The level of openness in the approach has been welcomed by Healthwatch.

m) Because the funding available is for capital investment (ie buildings) it can be confusing that the consultation is about service delivery.

n) Consultation must include the voice of Black and Minority Ethnic (BAME) people, those who are vulnerable and those who experience multiple disadvantage. It must also go beyond GPs to include the range of community services, eg, physiotherapy, midwifery, homelessness providers and mental health providers and must focus on longer term outcomes, eg through rehabilitation.

o) Covid 19 has highlighted the importance of the impact of services in vulnerable communities and more deprived areas.

The Committee welcomed the breadth of the pre-engagement process and will remain involved in the consultation process and development of proposals.

It was agreed that it would helpful for the Committee to undertake a number of thematic reviews in relation to the development of proposals, eg the impact on patients with a particular condition. This will be taken forward as part of the Committee's work programme planning.

43 Nottingham City Safeguarding Adults Board Annual Report 2019-2020

Ross Leather, Nottingham City Safeguarding Adults Board Manager, presented the Annual Report of the Safeguarding Adults Board to the Committee. He highlighted the following key information:

a) The Board has strategic oversight of safeguarding and the Annual Report is a statutory requirement. This report predates lockdown, so represents a pre-pandemic world. The delay in publication is as a result of Covid 19 pressures.

b) The report focuses on four strategic goals: prevention, assurance, making safeguarding personal and making sure the Board is functioning.

c) The report aims to provide assurance that the Board is fulfilling its role to scrutinise the system for local arrangements in health, social care and the criminal justice systems and ensure that all 14 partners represented on the Board have safeguarding procedures in place to protect vulnerable adults in line with adult safeguarding criteria.

d) 2019/20 saw just under 4,000 cases; a 20% increase on the previous year. Enquiries only increased by 7%. The Safeguarding Team which triages referrals as they come in welcomes an enquiry as it opens up a conversation about a safeguarding issue.

e) In line with national data, most abuse occurs in people's homes and the most common types of abuse are financial and physical abuse. Risk is reduced or removed in 75% of cases referred, which is comparable with national rates. These issues have been amplified beyond the timescale of this report.

f) 2019/20 was characterised by greater demand, increased complexity, the impact of austerity, an increase in cases involving modern slavery, an increase in financial abuse, physical abuse and the financial constraints on partners.

g) The Board focused on improving the safeguarding offer to the voluntary sector in terms of training and on seeking assurance of service provision for homeless people. Latest data shows that there has been no increase in the trend of deaths of homeless people, which is good news. In addition, the Board has looked at assurance in the Integrated Care Partnership (ICP) and the Integrated Care System (ICS) to make sure that adult safeguarding is on their agendas. Work is ongoing with care homes and home care.

h) Covid 19 has dominated beyond the report period. The Board took a step back to allow an operational focus in response to the pandemic and has supported where it can. It has done some work on financial abuse with Trading Standards, has worked with the CCG on the appropriate use of DNRs (Do Not Resuscitate) by GPs and has worked with partners on safeguarding under pressure.

i) There has been some return to business as usual, eg
   i. A great deal of work has been undertaken on the Independent Inquiry into Child Sexual Abuse (IICSA) report (as many of those children are now adults and some part of Adult Services).
   ii. The Board has looked at the Shared Lives scheme to check that staff of all partners working with adult survivors of non-recent abuse are trained.
   iii. The Board continues to identify and disseminate learning from safeguarding adult reviews.

j) The Board is now drafting its plan for 2021/22. This will be impacted by Covid and some action plan items will be rolled over from the previous year. There will be a focus on joint agenda setting with the Crime & Drugs Partnership and the Children's Partnership to tackle issues in jointly and on financial abuse and making safeguarding personal.

k) A new independent Chair has been recruited to start on 1 February 2021.

In response to questions from the Committee and in the subsequent discussion the following points were made:

l) During the first lockdown referrals went down. As of today they are 28% down, as professionals are unable to go into people's home. It is expected that they will rise again when lockdown ends. Colleagues in Adult Social Care are working hard to stay in touch with everyone they are aware of and follow up on information they receive. The impact of Covid on safeguarding for vulnerable adults, particularly those who live alone and may not be in contact with services is something the Committee may want to look at in more detail in the future.

m) Specific cases where adults have not been provided with the care they should have received (pre-Covid) are being followed up.

n) It is a long term ambition to ensure that homeless people are not sleeping on the streets. The Board has a representative from the Strategic Housing Team, so is in a better position to monitor this. The Board had sight of the Winter Plan and the impressive local response to accommodating homeless people and following them up. It is extremely rare that the offer of support is refused. The Nottingham Plan aim is that no one has a night out or a second night out. Not everyone who is homeless is Care Act eligible, so services have to be mindful of what they can or cannot do. If a homeless person dies the Board looks at the case to see if Care Act criteria were met.

The Committee noted the Safeguarding Adults Board Annual Report and the significant changes which had taken place due to the Covid 19 pandemic during 2020/21. It welcomed the work of the Safeguarding Adults Board during this period.

44 Scrutiny of Portfolio Holder with responsibility for health

Councillor Eunice Campbell-Clark, Portfolio Holder for Health, HR and Equalities, supported by Alison Challenger, Director of Public Health, Nottingham City Council, attended the meeting to report on delivery of her responsibilities in the Council Plan in the light of Covid and the implementation of budget savings. She highlighted the following key points:

a) Covid 19 has significantly impacted on the work of local Public Health teams resulting in the need to pause 'business as usual'.

b) Savings agreed in March 2020 and October 2020 have been achieved and staffing capacity within the Public Health team has been temporarily expanded using specific Covid 19 grant funding.

c) The slides circulated with these minutes detail the key achievements in relation to the management of Covid 19.

d) The Portfolio Holder is the Vice Chair of Nottingham City Council's Outbreak Control Engagement Board.

e) Six of the 11 Council Plan expected outcomes are rated Green, three Amber and two are Red. Performance against these outcomes is detailed in the slides in the appendix to these minutes.

f) There is significant pressure on the Public Health team. Challenges in 2021/22 are outlined in the appendix and include
   i. The continuing pressure on staff resources of Covid 19 and the likelihood that the Public Health Grant allocation for 2021/22, while not yet confirmed, is likely to remain the same as the current budget (excluding the Covid 19 additional grant).
   ii. The need to review priorities in the light of Covid 19.
   iii. Building on the momentum to address health inequalities which have been highlighted by Covid 19.

In response to questions from the Committee and in the subsequent discussion the following points were made:

a) To tackle health inequalities, all key agencies need to link together through a single framework, for example all agencies working on housing and homelessness need to work together. The Integrated Care Partnership offers an opportunity to do this.

b) The change to the national structure of public health from Public Health England to the National Institute for Health Protection is ongoing. There are still decisions to be made about where all elements of public health improvement will sit. The Council's Public Health team is aware of the process and will feed into the consultation about future public health structures.

c) Fluoridation is progressing through a nationally recognised programme. A technical feasibility study of local water has been carried out and there will be further feasibility studies to do. There will be local consultation, but the process has not yet reached that point having been slowed down by Covid. The Public Health team is looking at carrying out a survey on local dental health.

d) Test and Trace is still operating. If Test and Trace has not been able to make contact without someone after 48 hours, the local authority is notified. The local authority then picks up details from a national database and tries to contact the relevant individual to ask them to self-isolate. The Public Health team monitors national guidance to follow any proposed changes to the Test and Trace system.

e) Covid 19 vaccinations are led by the NHS. Vaccinating is still a very fledgling service in terms of getting centres open and data and reporting in place. More detailed information about local level vaccinating should be available soon. Alison Challenger agreed to share a stakeholder briefing note and the vaccination health inequalities plan with the Committee.

f) In most cases Covid 19 has exposed health inequalities that already existed. Public Health colleagues would be happy to attend a Committee meeting to

further explore health inequalities. There is a lot of existing activity which needs to be co-ordinated, ie the Integrated Care System (ICS) Health Inequality Strategy, the Council's own Health Inequalities framework, and an Integrated Care Partnership (ICP) Health Inequalities Programme.

g) There have been some mixed messages regarding vaccinations and a committee member raised concerns about confusion surrounding the invitations for vaccination. Alison Challenger clarified that individuals should wait for their NHS letter before arranging a vaccination appointment.

h) Specific funding is allocated to carry out Test and Trace at the local level and for community Covid 19 lateral flow testing (due to start next week). The standard Public Health grant is likely to have no uplift in 2021/22 but this has not yet been confirmed. It would be helpful to receive additional funding via the standard grant as pressures on some key Public Health services continue.

The Committee welcomed the update provided by the Portfolio holder for Health, HR and Equalities and the Director of Public Health.

The Committee requested that Alison Challenger provide it with copies of the vaccination stakeholder briefing note and the health inequalities vaccination plan.

45 Work Programme

The Committee noted its current work programme and plans for the work programme 2021/22, including the following issues identified for inclusion earlier in the meeting:

a) Health inequalities - with a view to looking at particular areas to focus on. Following discussion of potential focus, members of the Committee were asked to forward their suggestions to Councillor Georgia Power or Governance Services (Kim Pocock).

b) Tomorrow's NUH - to consider plans for public consultation and to review specific themes to inform proposals.

The Committee discussed items to take forward to its work programme for 2021/22 as follows:

c) Access to mental health services - several aspects have been identified to consider, including crisis services, capacity in secondary care, preventative services, the gap between primary and secondary care and suicide.

d) Items previously suggested for next year's work programme have been logged at the end of the 2020/21 work programme.

e) It was agreed that the Committee (plus the Healthwatch representative) would hold an informal meeting to discuss the work programme 2021/22 to prioritise items for scheduling within resources and capacity. A tight focus will help the Committee to make realistic recommendations which have a more meaningful impact.

Items currently scheduled for the Committee's February meeting are:

f) Platform One – to scrutinise the mobilisation plan and discussions with new provider.

Tomorrow's NUH – Governance Services will check with the Clinical Commissioning Group to establish the most appropriate timing for the next update in the light of discussions at this meeting.

Health Scrutiny Committee
11 February 2021

Transition, Engagement and Mobilisation Approach for the Registered Population of the Platform One Practice

Report of the Head of Legal and Governance

1 Purpose

1.1 To consider communication and engagement with service users and the mobilisation plans for the registered population of the Platform One Practice.

2 Action required

2.1 The Committee is asked to:

a) consider Nottingham and Nottinghamshire Clinical Commissioning Group's mobilisation plans for the Platform One Practice; and

b) decide on next steps.

3 Background information

3.1 Following notification that the Nottingham and Nottinghamshire Clinical Commissioning Group's (CCG) contract with the current provider at the Platform One Practice will reach its natural end on 31 March 2021 and that, to secure a new provider, it has decided to reduce the practice boundary, the Committee has considered the changes to services on two occasions.

3.2 The Committee invited the CCG to attend a meeting on 19 November 2020 to provide information about the changes taking place, in particular the decisions to

a) reduce the practice boundary to retain a focus on an inner city population, which will result in approximately 3,000 patients being allocated to a practice closer to their home address; and

b) identify a new provider to provide services to the remaining 7,800 patients from a City Centre location.

3.3 At this meeting the Committee also considered written and verbal submissions from a range of individuals and organisations. Details of the evidence provided to the Committee and its deliberations can be found in the written submissions to, and minutes of the Committee's meeting held on 19 November.

3.4 Based on the information available to it, the Committee concluded that it had concerns about the decision and made a number of recommendations and requests to the CCG.

3.5 The CCG returned to the Committee meeting of 17 December 2020 to respond to

the Committee's requests and recommendations. The CCG's response can be summarised as follows:

a) the Equality Impact Assessment, Strategic Needs Assessment documents and other requested information have now been shared with the Committee;

b) the CCG did not accept the Committee's recommendation that it should pause its procurement process and review the approach being taken, based on the issues raised at the Health Scrutiny Committee meeting on 19 November and other stakeholders, to ensure meaningful engagement and consultation with service users and all relevant stakeholders;

c) the CCG is exploring improvements to communication methods and deliverables in relation to Platform One patients, and to do this is working with Healthwatch and the Integrated Care Partnership Severe Multiple Disadvantage Group, who have patient experts as part of the Group. The CCG will be working with other commissioners and providers to use every appropriate method and model to improve the information provided and ensure patients have a good understanding going forward.

d) the CCG has considered in detail the extent to which current commissioning activities support patients with severe multiple disadvantage, currently registered with Platform One and other practices in the City and County. As commissioners, the CCG cannot access individual patient data but is mapping information about those who receive care and support in relation to one or more of four areas of severe and multiple disadvantage and where they live. The CCG intends to commission a new Primary Care Local Enhanced Service for Severe Multiple Disadvantage that this and all other practices can access. Additional funding has been identified for this. The investment will not be bound by budget but by the GP practices accessing it. The CCG will work with stakeholders, including City Integrated Care Partnership (ICP) partners, on designing the Local Enhanced Service that supports general practice in properly supporting patients;

e) the CCG agreed to keep the Committee and key partners regularly updated on the progress of commissioning and mobilisation processes; including provision of the mobilisation plans at the earliest opportunity;

f) the CCG has now appointed the new provider for the service.

3.6 In spite of the rejection of the recommendation to pause proceedings, and some major concerns about the new arrangement in terms of the practice boundary, the Committee agreed that it wants to work constructively with the CCG on the development of the new Practice and on providing the necessary support to patients affected by the changes.

3.7 The Committee agreed to undertake close scrutiny of the mobilisation plans and further into the future to assess the implications for both patients and wider services, for example the impact on Emergency Department attendance and drug and alcohol services.

3.8 The CCG will attend the 11 February meeting of the Committee, with representatives of the newly appointed provider (Nottingham City General Practice Alliance), to outline its mobilisation plans. The Committee will consider the involvement of all interested stakeholders, particularly those who work closely with people with severe multiple disadvantage, in the development of those plans and the way plans will be implemented.

3.9 The CCG will return to the 11 March meeting of the Committee to report on lessons learnt in relation to appropriate consultation and development of service change proposals.

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 Reports to, and minutes of the meetings of the Health Scrutiny Committee meeting held on 19 November 2020 and 17 December 2020.

7 Wards affected

7.1 All.

8 Contact information

8.1 Kim Pocock, Scrutiny Officer
Kim.pocock@nottinghamcity.gov.uk
0115 8764321

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Platform One Practice

Briefing for Health Scrutiny Committee

11 February 2021

Dear Colleagues,

CCG colleagues attended the Health Scrutiny Committee in November and December 2020 in relation to the process underway to secure continued Primary Medical Services for the patients of Platform One Practice.

At the December 2020 meeting, the Health Scrutiny Committee asked for a further update to be provided at the February 2021 meeting in relation to the new provider and the points below included in the minutes of the meeting:-

- Communication and engagement with service users
- Stakeholder engagement to ensure the interests of patients and service users are reflected in communication and mobilisation
- Mobilisation plan

The CCG was also asked to present to a future meeting of the Health Scrutiny Committee in relation to lessons learnt from the process.

The brief below provides an overview of the new provider and an update on progress made on mobilisation, stakeholder engagement and ongoing communication with patients.

Joe Lunn

Associate Director of Primary Care

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Platform One Practice: transition, engagement and mobilisation approach

1. Introduction

This brief is to update the Health Scrutiny Committee with the transition, engagement and mobilisation approach for the registered population of Platform One Practice following the outcome of a competitive expression of interest process.

2. Contract Update

The contract for the provision of primary medical services between NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) and NEMS (Platform One Practice) will come to its natural end on 31st March 2021.

The competitive process concluded on the 30th December 2020 and the outcome of this process resulted in the successful award of an APMS contract to Nottingham City General Practice Alliance. The APMS contract ensures the continued provision of primary medical services to the registered population that resides within the new practice boundary. Contract term of 10 years; with an option to extend for a further 5 years.

The new practice will be called 'Parliament Street Medical Centre'.

The Health Scrutiny Committee asked the CCG to consider an extension to the current Platform One Practice contract. The CCG approached NEMS and an agreement is now in place to extend the contract for a further 3 months to support the seamless transition of patients to the new provider. The Platform One Practice contract will now end on 30 June 2021, the new provider will commence delivery of services on 1 July 2021.

3. New provider Introduction: Nottingham City General Practice Alliance

Nottingham City General Practice Alliance (NCGPA) was formed in 2016 and is Nottingham City's first GP Federation (or referred to as the Alliance). The NCGPA is a Company Limited by Shares and has a membership of 48 Practices and covers a population of over 336,000.

3.1. Premises

The new premises are located on Upper Parliament Street, which is within walking distance of Station Street. This location offers very good transport links for buses from Market Square, Upper Parliament Street and Maid Marian Way and tram links from Market Square.

Disabled access is available from the Angel Row entrance; where patients can park in disabled parking bays and access the practice via the lift (patients will be escorted from the Angel Row entrance by NCGPA staff).

A high percentage of the Platform One Practice registered population will be familiar with this location as the GP+ service, extended access primary medical care services, is provided from this location. Platform One Practice is the highest referrer to this service. In addition, this is the same location which was previously the branch site to the Platform One Practice main site on Station Street.

3.2. Other services

Other services provided by NCGPA include:

Primary care medical services:
NCGPA have been operating a caretaking arrangement at Bilborough Medical Centre for nearly two years. The outcome of a recent procurement has resulted in NCGPA being awarded APMS contracts to deliver primary medical services for the registered population of Bilborough Medical Centre (9,923 patients) and Grange Farm Medical Centre (5,899 patients).

GP+: Extended Access:
NCGPA have been delivering the GP+ service for Extended Access since April 2018. This service was commissioned through the NHS England GP Forward View programme of work with a requirement to provide 30 appointments per 1,000 population. For Nottingham City services this resulted in an additional 192 hours per week appointments for the delivery of routine primary medical care services. Access to this service is for all patients registered with a Nottingham City GP practice and is available from 4pm until 8pm Monday to Friday and 10am until 2pm Saturday and Sunday, the service is also available on Bank Holidays. The service offers appointments with GPs, Practice Nurses, Clinical Pharmacists, Physiotherapists and other Health Care Professionals.

Stop smoking 'Stub it!' service:
The NCGPA stop smoking service 'Stub it!' supports patients in the city that want to quit smoking. Stub It! provides a 12-week programme of stop smoking support. The first appointment is with a specially trained pharmacist to help develop an individual plan, based on a patient's need and patterns of smoking. The service commenced in 2018 and uses a combination of products and behavioural support.

COVID Clinical Management Centre:
Delivery of the Nottingham City COVID Clinical Management Centre

Primary Care Network Additional Roles Reimbursement Scheme:
NCGPA is the lead employer of the Primary Care Network Additional Roles Reimbursement Scheme (ARRS) staff for the eight City Primary Care Networks, including Social Prescribing Link Workers, Clinical Pharmacists, Network Managers and Care Coordinators.

Signposting Health resource:
Development and delivery of an active signposting training programme for GP practice reception and clerical teams to help navigate patients to access community services, through care navigation and active signposting.

3.3. Population

The service will offer a range of appointments including pre-bookable, urgent on-the-day, and ad hoc walk-in appointments to ensure that the needs of all clinically vulnerable groups are met. Clinicians will work with members of the Primary Care Network (PCN) Additional Roles Reimbursement Scheme (ARRS) workforce (including social prescribers and clinical pharmacists) and the wider Multi-Disciplinary Team (MDT), which includes Care Co-ordinators and Community Nurses. NCGPA has strong links with other ICP stakeholders including Framework, Nottingham City Homes, Nottinghamshire Healthcare NHS Trust and the City Council, which will be utilised to ensure a truly multi-disciplinary offer is made to these patients.

The NCGPA workforce has significant experience of working with vulnerable patients and those with Severe Multiple Disadvantage (SMD). Platform One Practice is the highest referrer of patients to the GP+ service, delivered by NCGPA, and they will actively seek feedback from these groups of patients to enable the service offer to be tailored and adapted in a responsive way. NCGPA already have experience of working with the nearby Wellbeing Hub to support vulnerable groups.

3.4. Workforce

The service will be delivered by a range of clinicians and administrative staff employed with skillsets matched to the needs of this population; all staff will have appropriate training to ensure that they are sensitive to the needs of these groups. Discussions are taking place between the current and new providers regarding TUPE responsibilities. Mobilisation plans have been developed and NCGPA are entering into discussions with NEMS to ensure that a smooth transition take place.

3.5. Service provider

NCGPA is a stakeholder in the Nottingham City Integrated Care Provider (ICP) and has strong links with other ICP stakeholders including CityCare, Framework, Nottingham City Homes, Nottinghamshire Healthcare NHS Trust and Nottingham City Council. As part of the mobilisation discussions NCGPA will be seeking to ensure that all partner agencies that currently work with NEMS are engaged to work with NCGPA.

Patients who reside within the defined practice boundary should not have to change Mental Health teams. However, the CCG has had discussions with Nottinghamshire Healthcare NHS Trust in relation to the 3,000 patients that will be dispersed to another practice. These patients will remain with their current team until they can be transitioned to a new team related to their new practice in a safe way. This is dependent on each patient's needs, and the speed of transition to a new team is dictated by the patient's condition and individualised care plan.

4. Practice boundary

The new practice boundary will result in approximately 3,000 patients, currently registered with Platform One Practice, being allocated to practices nearer their home address. The remaining approximately 7,800 registered patients will transfer to the new provider.

A letter was sent to the 3,000 patients to be allocated to practices nearer their home in October 2020. A follow up letter has recently been sent to these patients to make them aware that they will remain registered with Platform One Practice until 30 June 2021, as a result of the contract extension with NEMS. A further letter informing patients of their allocated practice will be sent in June 2021. Stakeholder groups were made aware the letter recently sent to patients and will be engaged going forward in future communications.

A separate letter is due to be sent to the residents of Willoughby House and all Homeless patients temporarily located in Nottingham City hotels. Willoughby House residents will transfer to a GP practice in East Leake. Homeless patients temporarily residing in hotels will be retained within the new practice boundary and will transfer to the new provider.

A letter will be sent to the 7,800 patients transferring the new provider, to notify them of the change in provider and the change location during February 2021. This letter will be shared with stakeholder groups prior to it being circulated to patients.

The mapping of patient postcodes indicates that a high % of the most vulnerable patients will reside in the new boundary and therefore transfer to the new provider.

4.1. Dispersed patient offer

The 3,000 patients to be allocated to a neighbouring practice will have the same access to primary medical services they have always received. All practices that patients will be allocated to have a CQC rating of either outstanding or good.

5. PCN engagement

Discussions have already taken place with PCNs to share the number of patients that will be allocated to the PCN and to individual practices. Vulnerable patient groups have been discussed with PCNs and practices that have more experience of working with specific vulnerable groups have agreed that patients should be allocated to them (i.e. substance misuse). Follow up discussions are planned with all PCNs to ensure all practices understand the allocation of patients.

6. Patients with Mental Health conditions

Services commissioned for Mental Health (MH) patients are consistent across the whole of Nottingham and Nottinghamshire. Local Mental Health Teams (LMHTs) (run by Nottinghamshire Healthcare Trust) are linked to a specific practice registered list. The City South LMHT covers NEMS Platform One GP Practice; they have 160 patients ‘open’ from the

Practice. Discussions have already taken place with the Trust in relation to LMHTs and any patient currently supported by City South LMHT, that is due to be dispersed to another practice, will remain with their current team until they can be transitioned to a new team related to their new practice in a safe way. This is dependent on each patient's needs and only when the receiving LMHT has the capacity to support them.

This process is followed across all LMHTs and the speed of transition to a new team when a patient moves area is dictated by the patient's condition, with some able to move quickly whilst others may take a number of months to ensure that the patient is stable and has an individualised care plan.

A Severe Mental Illness (SMI) LES is being developed, with the CCG Mental Health Commissioning Team, this will develop an SMI Health Check service to support practices in improving access to and quality of physical health checks for these vulnerable patients during 2021/22. The funding has been secured through the Community Mental Health Transformation Programme.

7. Patients with Severe Multiple Disadvantage (SMD)

As shared with the Health Scrutiny Committee at the December 2020 meeting, the CCG is committed to commissioning an SMD Local Enhanced Service (LES) to support this vulnerable population group. A working group has been established, and a number of meetings have already taken place, to provide valuable input to develop and shape this LES. The scope of the current Homelessness LES has been widened to incorporate the complex needs of vulnerable SMD patients within the service specification. This LES will be available to all Nottingham and Nottinghamshire practices, making it available to this vulnerable cohort of patients wherever they live.

8. Asylum seeker patients

The CCG is fully aware of the challenges asylum seekers face in accessing primary care services. The CCG has worked with 'The Refugee Forum' to look at simplifying the registration process to capture as much data prior to the patient appointment, and to look at how their experience of primary care can be improved. This has included the development of training and education for both clinical and non-clinical practice staff. A translation assisted service has also been developed to reflect the need for double appointments in primary care, in particular for health checks, to ensure that access to translators is available. All Nottingham and Nottinghamshire GP practices can participate in these services and a high percentage of practices have signed up to deliver these services. The CCG also supports the Home Office Syrian Refugee Resettlement Programme and practices across Nottingham and Nottinghamshire have been integral in ensuring that this cohort of patients can access primary care services near to their home.

9. Communication and Engagement

Part of the commitment made in relation to patient engagement was to form a stakeholder group to help steer communications and engagement for the mobilisation of the new provider for the service. The purpose of this group will be to steer communications and engagement with the patient cohorts impacted by the transition of the practice to a new provider, particular those that are vulnerable and have additional support needs.

To ensure that we properly involve the service users who will be impacted by the transition we have engaged with the Nottingham City Integrated Care Partnership (ICP); Healthwatch Nottingham and Nottinghamshire (HWNN); the Nottingham Homelessness Voluntary Sector Forum and representatives from the ICP's Severe Multiple Disadvantage (SMD) Group to gather feedback on the most appropriate representatives to invite to join the stakeholder group. These conversations have informed the development of a draft Terms of Reference for a group, included at Appendix 1.

The stakeholder group will be comprised of key organisations that are connected to the wider network of organisations and forums that support the practice's most vulnerable patients.

HWNN have agreed to act as the independent chair for the group, which will ensure that the process has good external challenge and leadership. The following organisations/individuals have been approached to join the group:

- Head of Primary Care, CCG
- Senior Commissioning Lead, Nottingham Crime and Drugs Partnership
- Rough Sleeper Coordinators, Framework and Nottingham City Council
- Nottingham and Nottinghamshire Refugee Forum
- Emmanuel House
- The Friary
- Street Outreach team.

We are also seeking representation from Nottingham City GP Alliance (NCGPA) and organisations supporting SMD patients.

We are aiming to meet within the first two weeks of February. The stakeholder group will help establish a programme of engagement activity that will enable the CCG to reach the practice's most vulnerable patients.

In addition to the core stakeholder group we have established a database of the wider network of organisations and groups supporting vulnerable people in Nottingham City. We shared information about the new provider and the timescales for mobilisation through this network on 11 January 2021, noting that we would be establishing a full communications and engagement plan alongside a stakeholder group.

We have written to the 3,000 patients who are being dispersed to other practices to inform them that the transition to the new provider will be extended to 1 July 2021 and that they

should continue to access GP services through the existing practice until that point. We will also write to the patients remaining on the practice list to make them aware of the transition.

We are developing a set of Frequently Asked Questions, including how patients accessing specialist support through the practice will continue to do so, and will publish these soon and share them with organisations supporting vulnerable people in the city.

We are clear that writing to patients to inform them of changes is part of a wider programme of communications and engagement that we will develop, and we will be guided by our stakeholder group in the most appropriate methods to use to make sure patients are informed of any changes that may affect them. We want to assure the Committee that we will undertake a wider programme of activity to make sure that we target and reach the practice's most vulnerable patients.

10. Transition and mobilisation approach

10.1. Mobilisation

To ensure a safe and seamless transfer of patients to the new provider a mobilisation plan has been prepared, this detailed plan remains a live document which will continue to be updated as we progress.

The mobilisation plan captures the following key areas:

- Governance
- Procurement and APMS Contract Management
- Communications – main stakeholders
- Patient Communication
- Engaging with wider commissioners and their provider
- Engagement - Stakeholders to support patient transfer
- Staff – TUPE
- IT and Premises
- GP Practice Allocation - for the 3,000 patients
- Finance

The Primary Care Commissioning Committee (PCCC) has oversight and approval of the mobilisation process for all primary care contracts. The live plan has been presented to PCCC and will be subject to regular review to ensure tasks remain on track..

Following the award of the contract, mobilisation meetings are being scheduled with the new provider. The CCG will also support, and facilitate discussions between the new provider and NEMS, where required. Workforce discussions are ongoing to reflect TUPE requirements and the outcome will then determine what additional recruitment is required by the new provider to ensure the staffing model in place meets population needs.

Once mobilisation has been completed, scheduled meetings will become contract meetings to support ongoing service delivery.

The CCG has a significant work plan to ensure all technical transfers remain on schedule to ensure that the new provider has access to all patient clinical information and the IT equipment to enable the delivery of the service. The CCG has engaged with NHS England and Primary Care Support England to ensure that all technical transfers of patient records, including practice related coding, reflects the new provider from 1st July 2021.

Stakeholder and patient communication will be led by the formation of the stakeholder group to reflect the role that they play in patient communications and wider stakeholder communications. In addition to this, the mobilisation plan reflects the involvement of internal stakeholders and partners.

Although separate from the APMS contract, the CCG will also ensure that additional services (local enhanced services) that will be provided to the patient population are transacted from a contractual and technical perspective, and form part of mobilisation discussions.

10.2. Engagement with Wider Commissioners and Providers

The CCG is working with our partner commissioning colleagues in the Integrated Care System (ICS), and jointly with the providers they commission, to understand the impact the changes for the patients at Platform One Practice.

Initial discussions have taken place with the Lead Commissioning Manager for Nottingham Crime and Drugs Partnership (Nottingham City Council). Follow up meetings are taking place with commissioners in February and subsequent discussions with providers will follow. Services include:

- Shared Care Clinics
- Framework – Drug and Alcohol Services
- Nottingham Recovery Network
- CleanSlate
- Wellbeing Hub at Houndsgate
- Harm Reduction Service including Needle Exchange

We will continue to work with commissioners and providers during mobilisation to ensure positive patient outcomes as they transfer to their new provider, especially where we identify services that support our most vulnerable patients. As we disperse patients to practices closer to home consideration will be given to any additional support needed if a transfer of service is required for our most vulnerable patients. We have already compiled a comparison of city and county services as part of the planning process.

11. Equality Impact Assessment (EQIA)

The EQIA is currently being updated to reflect the award of the APMS contract to the new provider. This incorporates the change in location of where primary medical services are delivered and reflects the successful providers service model. Once this has been through the full CCG sign-off process it will be made available to the Health Scrutiny Committee.

12. Patient feedback

Health Scrutiny Committee members raised a query relating to the information collected on outcome of patient concerns raised.

The CCG will liaise with the Stakeholder group to consider how this qualitative information is collated in the future to improve this process in relation to how this is captured and articulated.

The CCG has reviewed the processes undertaken to engage our Patient Experience Team as part of this process and this will included in the lessons learnt update.

13. **Conclusion**

In conclusion, the CCG are committed to ensuring the safe and seamless transfer of the patients that will move to the new provider and the 3,000 patients that will move to a GP practice nearer to their home. A detailed mobilisation plan has been developed, it is a live document, and is underpinned by the work of the Stakeholder Group in the engagement and delivery of key messages to patients. The mobilisation plan will continue to evolve to reflect the completion of key milestones.

Platform One mobilisation – Stakeholder Group

Terms of Reference

1. Purpose	The Stakeholder Group is a task and finish group established to guide communications and engagement for the transfer and mobilisation of the Platform One service, to be provided by Nottingham City GP Alliance (NCGPA) from 1 July 2021. It has a specific focus on ensuring that patients of the practice, including those who will be dispersed to other practices, are informed of any changes in how they access GP services.
2. Status	The Stakeholder Group is a task and finish group. It will provide highlight reports to the Primary Care Commissioning Committee.
3. Duties	a) Support the development of a patient communications and engagement plan b) Advise on the most appropriate ways of reaching the different patient cohorts that the practice serves c) Act as a conduit of information to the wider network of organisations that support the practice population, cascading messages out and bringing any issues or concerns to the group d) Facilitate engagement with the patient cohorts that the practice serves, using members' relationships to broker engagement between the CCG and patients.
	Chair - TBC **CCG representatives** - Lewis Etoria, Head of Insights and Engagement - Tracy Lack, Engagement Officer - Lynette Daws, Head of Primary Care **Service provider representatives** - TBC, NCGPA - Tracy Lyon, Senior Commissioning Lead, Nottingham Crime and Drugs Partnership - Kimberley Pike, Rough Sleeper Coordinator (City), Nottingham City Council - Niki Dolan, Rough Sleeper Coordinator (County), Framework **Stakeholder representing patient cohorts** - Daniel Robertson, Nottingham and Nottinghamshire

	Refugee Forum - TBC, SMD patient cohort - Maria King, Emmanuel House - Ben Talbot, The Friary - Gordon Sloan, Street Outreach team
4. Chair and Deputy	TBC
5. Quorum and Decision-making Arrangements	As an advisory task and finish group quoracy does not apply. The Chair will determine if a meeting should reconvene in the event of low attendance.
6. Frequency of Meetings	The group will meet at least monthly. Meeting frequency will be determined by the needs of the project.
7. Secretariat and Conduct of Business	Notes will be taken at the meeting to summarise key action points. Papers for the meeting will be circulated at least 2 working days in advance.
8. Minutes of Meetings	Formal Minutes will not be taken at the meeting. Notes will be taken at the meeting to summarise key action points.
9. Conflicts of Interest Management	The CCG's usual conflicts of interest procedures will apply.
10. Reporting Responsibilities and Review of Committee Effectiveness	The group will produce highlight reports for the CCG's Primary Care Commissioning Committee.
11. Review of Terms of Reference	As the Stakeholder Group is a task and finish group there will not be a review of its Terms of Reference

Health Scrutiny Committee
11 February 2021

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

1.1 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 bodies[1] 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 bodies[1];
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area,

[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.

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

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Health Scrutiny Committee 2020/21 Work Programme

Date	Items
16 July 2020	• **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	• **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	• **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	• **NHS Rehabilitation Centre**

Date	Items
	To consider the proposals for a NHS Rehabilitation Centre and: 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. • **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**
19 November 2020	• **Platform One Practice** To consider changes to services currently provided at the Platform One Practice
17 December 2020	• **Platform One Practice** To consider the response of Nottingham and Nottinghamshire Clinical Commissioning Group to the recommendations relating to changes to services currently provided at the Platform One Practice • **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

Date	Items
	is happening locally to address those inequalities. • **Work Programme 2020/21**
14 January 2021	• **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. • **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. • **Nottingham University Hospitals NHS Trust Maternity Services** To review action being taken in response to CQC inspection of maternity services, rating services as 'Inadequate' • **'Tomorrow's NUH'** To review an update on the programme. • **Work Programme 2020/21**
11 February 2021	• **Platform One Practice** To review mobilisation plans with Nottingham and Nottinghamshire Clinical Commissioning Group and the new provider, including work taking place on engaging with affected service users. • **Work Programme 2020/21**

Date	Items
11 March 2021	• **'Tomorrow's NUH' (tbc)** To review an update on the programme. • **Lessons learnt from the commissioning of services at the Platform One Practice** • **Covid 19 Vaccination Programme (Nottingham City)** • **GP Services** (tbc) To review GP provision across the City, with a particular focus on the sustainability of small GP practices. • **Suicide Prevention Strategy** (tbc) To review implementation of the Suicide Prevention Strategy, with a particular focus on the impact of Covid-19 on levels of suicide and demand for suicide prevention and bereavement services. • **Work Programme 2020/21**
15 April 2021	• **Management of winter pressures** (tbc) To review: 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:

- **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.
- **NHS Rehabilitation Centre**
  To scrutinise proposals for supporting patients, family and friends to access the Rehabilitation Centre; and how commissioners are ensuring that there are appropriate arrangements in place to support patients in the community.
- **Tomorrow's NUH**
  To look at the development of proposals for specific themes in more detail.
- **Provider Quality Accounts 2020/21**
  To provide a comment on the Quality Accounts of Nottingham University Hospitals Trust, Nottinghamshire Healthcare NHS Foundation Trust, East Midlands Ambulance Service and Nottingham CityCare Partnership
- **Nottingham University Hospitals NHS Trust Maternity Services** (July 2021)
  To review the action taken over the last six months to improve maternity services

Additional evidence/ information:

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

Other provisional issues for potential inclusion:

- **Child and Adolescent Mental Health Services**
  Focus to be agreed.
- **Gender reassignment services**
  Focus to be agreed.
- **Impact of Covid-19 on disabled people**
- **Review and consolidation of day services for people with learning disabilities**
- **Health inequalities**
  Focus to be agreed

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