



## **Nottingham City Council Health Scrutiny Committee**

**Date:** Thursday, 11 March 2021

**Time:** 10.00 am

**Place:** Remote - To be held remotely via Zoom -  
<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 PocockJane Garrard **Direct Dial:** 0115 876 431521

- 1 Committee Membership**  
To note the resignation of Councillor Lauren O'Grady
- 2 Apologies for absence**
- 3 Declarations of interest**
- 4 Minutes** 3 - 12  
To confirm the minutes of the meeting held on 11 February 2021
- 5 Commissioning of Services at Platform One Practice - Lessons Learnt** 13 - 22
- 6 Covid 19 Vaccination Programme** 23 - 32
- 7 Work Programme** 33 - 42

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 on 11 February 2021 from 10.00 am - 11.49 am

#### Membership

##### Present

Councillor Georgia Power (Chair)  
Councillor Cate Woodward (Vice Chair)  
Councillor Samuel Gardiner  
Councillor Maria Joannou  
Councillor Kirsty Jones  
Councillor Dave Liversidge  
Councillor Lauren O`Grady  
Councillor Anne Peach

##### Absent

Councillor Phil Jackson

#### Colleagues, partners and others in attendance:

|                   |   |
|-------------------|---|
| Dr Ajanta Biswas  | - Vice-Chair, Healthwatch Nottingham and Nottinghamshire  |
| Lucy Dadge        | - Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group        |
| Lewis Etoria      | - Head of Insights and Engagement, Nottingham and Nottinghamshire Clinical Commissioning Group    |
| Dr Jonathan Harte | - Associate Director of Primary Care, Nottingham and Nottinghamshire Clinical Commissioning Group |
| Joe Lunn          | - Nottingham City GP Alliance   |
| Dr Husein Mawji   | - Chair, Nottingham Homelessness Voluntary Sector Forum   |
| Dr Paul Scotting  | - Former Nottingham City GP   |
| Dr Ian Trimble    | - Scrutiny Officer  |
| Kim Pocock        | - Scrutiny Officer  |

#### 46 Committee Membership

The Committee noted the resignation of Councillor Angela Kandola. The Chair thanked Councillor Kandola for her significant contribution to the Committee.

#### 47 Apologies for absence

Councillor Phil Jackson (unwell).

#### 48 Declarations of interest

None.

#### 49 Minutes

The minutes of the meeting held on 14 January 2021 were approved as an accurate record and signed by the Chair.

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

Lucy Dadge, Chief Commissioning Officer, Lewis Etoria, Head of Insights and Engagement, Joe Lunn, Associate Director of Primary Care and Dr Ian Trimble, former city GP, attended the meeting on behalf of the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) to provide an update on the transition, engagement and mobilisation plans for the registered population of the Platform One Practice.

The CCG highlighted the following information:

- a) The CCG remains committed to communicating with and working with the Health Scrutiny Committee on this matter.
- b) To ensure a smooth transition the NEMS contract for Platform One has been extended from 31 March 2021 to 30 June 2021. This will allow more time for the transfer to the new provider and for supporting patients who are being dispersed to other practices.
- c) The CCG has written to all patients currently registered with Platform One. It is aware that this is not the only method of communication which should be used and will explore different means of communication and engagement with key stakeholders and partners. This is particularly important for vulnerable cohorts. It is clear that some patients will need multiple messages and in some cases patients will not react immediately.
- d) Conversations have restarted with Primary Care Networks (PCNs) on the dispersal of patients and meetings are taking place with all relevant commissioners and providers to input into the mobilisation plan.
- e) Conversations are also ongoing with local mental health teams to ensure that the needs of patients with severe mental illness(SMI) and/ or severe multiple disadvantage (SMD) are taken into account.

Dr Jonathan Harte, GP, and Dr Husein Mawji, GP, attended on behalf of the Nottingham City GP Alliance (NCGPA) to provide information having been commissioned to take on the services currently delivered by Platform One to residents who live within the newly defined boundary. They highlighted the following points:

- f) NCGPA's purpose is to promote general practice resilience and to support locally owned and led, list-based general practice providing sustainable health care.
- g) Dr Jonathan Harte is a GP Director and Chair of NCGPA. He is a partner at Aspley Medical Centre and member of BACHS Primary Care Network. NCGPA has been providing care, particularly extended access to services, since 2017.

- h) Dr Husein Mawji is also a Director of NCGPA, which comprises 44 of the city's 48 GP practices and covers approximately 336,000 patients. Dr Mawji has been in a city practice for 16 years and his current practice boundary heavily overlaps with Platform One, giving him a good knowledge of health inequalities of the population currently registered with Platform One. Dr Mawji is also one of two deputy clinical leads for the Nottingham City Integrated Care Partnership (ICP).
- i) Both Dr Harte and Dr Mawji have strong links with partners through the ICP. NCGPA's board includes 70 partners and practice managers, many of them working in areas where deprivation is significant and with many decades of experience between them. One of the ICP priorities is to work with those who experience severe multiple deprivation and the NCGPA is committed to working with such patients.
- j) NCGPA has held caretaker contracts for two practices experiencing significant difficulty in areas of high deprivation and has built these up to the point of receiving 'good' ratings from the Care Quality Commission (CQC). As such, NCGPA has a good track record of being able to tailor services to match patient need.
- k) NCGPA also has a contract to deliver smoking cessation services (partly resourced by Public Health), which specifically requires them to target those with mental health and substance misuse problems.
- l) NCGPA also provides the extended access service, and has done so for the last three years. This offers appointments at weekends and outside usual core hours and which is delivered by GPs, nurses and a range of other clinicians and health workers. Platform One is one of the largest referrers to the service.
- m) Discussions have begun with NEMS about mobilisation of patients and staff, including those with experience of working with extremely vulnerable patients with the aim of achieving smooth transition to the new practice. It is hoped that the transition of known staff will help with the transition for those patients who will be registered with the new practice.
- n) NCGPA is involved in collaborative working with the CCG in relation to patients with severe multiple disadvantage (SMD), to ensure access to necessary services and to reduce inappropriate attendance at Accident and Emergency. This applies across all NCGPA practices, not just the new practice. NCGPA does not underestimate the challenges of providing care to vulnerable citizens.
- o) Dr Harte and Dr Mawji's roles with the ICP, NCGPA and as members of Primary Care Networks were acknowledged as potential conflicts of interest, which will need to be managed throughout the process.
- p) At the December 2020 meeting of this Committee the CCG agreed to put together a Stakeholder Group to guide engagement in the process of transition. Time has been taken to get the membership of that group right. Healthwatch has agreed to chair the group. Membership includes commissioners, service providers, NCGPA and service users. The draft terms of reference are being updated as new

members are added to the group. The terms of reference will be signed off at the first meeting of the group to be held in March (and monthly thereafter). Communications and engagement are still being planned so that service users, ie those who are the experts, are consulted.

The Chair noted that the Committee had received two reports from the voluntary sector (both available publicly on Nottingham City Council's website in the papers for this meeting) and invited representatives to address the meeting.

- q) Dr Ajanta Biswas, Vice-Chair, Healthwatch Nottingham and Nottinghamshire noted that while a lot of progress has been made, the process has failed to engage those patients most in need, particularly vulnerable patients. This has led to some scepticism amongst patients, which Healthwatch hopes will be addressed by the CCG and NCGPA.
- r) Healthwatch has worked with Platform One since the commissioning process started. Concerns from patients affected about the proposals have been communicated to Healthwatch and have been reported to the CCG and the Health Scrutiny Committee. Healthwatch has focused a lot of time on ensuring that vulnerable patients do not fall through the gap and that the transition to new services is as smooth as possible.
- s) Engagement with patients needs to be improved, for example the letter sent out by the CCG does not highlight the patient's right to choose.
- t) The Equality Impact Assessment (EQIA) is a live document and has gone through a number of iterations. While wishing that this had happened at an earlier stage, Dr Biswas thanked the CCG for the progress that has been made. More detail on specific actions to mitigate risk, with a clear timeline for implementing these, would be welcomed.
- u) Healthwatch would like to see the patient needs assessment tool being used to ensure access to appropriate services and that dispersal to other GP practices and services will not affect inequalities.
- v) Dr Paul Scotting, Chair, Nottingham Homelessness Voluntary Sector Forum (representing 18 organisations) noted that the Forum communicated its concerns about the closure of Platform One following the presentations from the CCG to the Health Scrutiny Committee meetings in November and December. The Forum's concerns reflected those of the Committee. Subsequently Dr Scotting has been in discussion with the CCG and the Forum will be a member of the new Stakeholder Group.
- w) Engagement with individual patients is key to ensure that the needs of vulnerable patient cohorts are met. Dr Scotting welcomed the reassurance provided at this meeting by the new provider.
- x) The Forum is keen that NCGPA takes the welcoming, open approach to registration that has been taken by Platform One. It would like to see a flexible model in relation to the new boundary, so that the needs of vulnerable patients

are met, particularly where there is unstable residence, so that patients do not have to change GP as they move in and out of areas.

- y) Vulnerable patients are not limited to those with severe multiple deprivation (SMD) but also include those who have no recourse to public funds and those without identification documents (eg refused asylum seekers). No homeless person should be turned away from any GP practice.
- z) The expertise of NCGPA is appreciated and it is hoped that it will reflect the expertise of Platform One, for example in offering services to homeless people, asylum seekers, those with specific mental health problems, post-traumatic stress syndrome and language barriers.
- aa) The Forum is concerned that communications are all one-way, ie from the CCG to patients. It is hoped that the new Stakeholder Group will be a means for two-way communication. The terms of reference for the Group need to include the ability to influence how services are delivered (eg, boundaries, access and expertise) not just how changes are communicated to patients. The Forum does not want to be part of something which legitimises a poor process, but wants to have an effect on the outcomes for their client groups.

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

- bb) NCGPA is currently in discussion with Platform One about TUPE (transfer of undertakings [protection of employment]) of staff to the new practice. The Alliance wants to retain as much expertise, experience and resource as possible.
- cc) NCGPA has a great deal of experience of providing services to patients with severe multiple deprivation (SMD) across the city and can reflect the current expertise at Platform One. The aim is to provide care tailored to meet individual patient need.
- dd) NCGPA would welcome discussions and support from the voluntary sector, including the Homelessness Voluntary Sector Forum, as it recognises the benefits of collaborative and collegiate working. As part of the Stakeholder Group NCGPA will want to fully participate in communications and engagement, not just for the city centre practice, but across the city to other practices and services.
- ee) The CCG is confident that the five-month period provides enough time to carry out the necessary work for the new provider to operate and the dispersal of patients to other practices to have taken place by 1 July. However, should it appear that more time is needed the CCG believes that NEMS (the current Platform One providers) and NCGPA would be flexible with this date and will keep the Committee informed of progress on a regular basis.
- ff) The CCG is committed to making consultation and engagement as meaningful as possible during this period and to using the expertise of those on the Stakeholder Group will be key in achieving this. There will be some areas where contractual obligations will mean that changes cannot be made and it is important to ensure that expectations of patients and other stakeholders are not raised unrealistically.

The work of the Stakeholder Group will continue beyond 1 July as the changes are embedded.

- gg) A local enhanced service (LES) is an extension to the core contract which GP practices hold. The CCG is developing a LES for patients who experience SMD in wide consultation with a whole range of stakeholder providers and groups. An EQIA will be carried out in relation to this service (to be approved by March) to ensure that no patients are impacted adversely. The service will launch on 1 May and will be offered to all practices across the city and the county.
- hh) Committee members expressed continuing concern for the 3,000 patients who are being dispersed to their local practice, particularly for those who are vulnerable and have complex / high needs.
  - ii) The majority of the 3,000 patients to be dispersed are not vulnerable patients. Where the patient is not vulnerable there will be automatic transfer to the new practice. The patient will not need to do anything themselves. Each patient has been matched to the nearest three practices, but there is choice to go wider than this.
  - jj) The receiving practice will review each new patient; their needs will be assessed and understood and appropriate wraparound services provided. The services currently provided as patients registered with Platform One will still be available to them from their new practice. The core services required of general practices are all exactly the same, regardless of what needs a patient presents with.
  - kk) NCGPA has a track record of and experience in rapid or planned closures and service changes and has communicated with and supported patients through previous GP practice transfers.
  - ll) Discussions with Platform One are ongoing to see whether there are any patients who may need to be referred to a particular practice for a specific need, rather than simply being referred to their nearest geographical practice. It is part of the mobilisation process to ensure that care plans are in place and handed over to the most appropriate practice in their geographical patch. All city GP practices are used to providing support and services to patients with a range of/ multiple needs.
  - mm) The CCG does not have access to patient records, but recognised the Committee's concerns that the patients to be dispersed are considered at an individual level. Patients currently fall into three broad categories – those who are vulnerable and transient who need to be identified and supported, often with a high level of service; those who are vulnerable, who, for a range of reasons, have chosen to seek care at Platform One but whose family may be registered outside the new catchment area – in such cases the family will need to be considered as it may or may not be appropriate for them to be registered at the same local practice as their family; and the greatest number of patients who have chosen to register with Platform One because they work in the city and who will be migrated to their local area within patient choice. Further work is now needed to break down the mapping of these cohorts.



- nn) Committee members were concerned that those who are transient are at risk as they are not strictly categorised as homeless and may fall through a gap as they move from one area to another.
- oo) In addition, it may be that those who work in the city have chosen to register at Platform One because they have conditions which require regular GP appointments. It could impact their ability to work (post Covid) if they are registered at a practice in their local area, which they have to travel to for frequent GP appointments.
- pp) The CCG noted that very few services are not offered by all practices. The one (locally enhanced) service which is not universally available is substance abuse services and patients will be referred to the appropriate providers of that service.
- qq) In terms of those who work in town, the pandemic will change the way services are delivered. Virtual consultations are likely to continue and, combined with extended access hours, may be more convenient to patients who work away from their local area.
- rr) Not all patients find virtual consultations helpful. Healthwatch has received a lot of feedback on this during Covid. While interpretation services may be available at all practices, for some patients having an extra person in the consultation may be intimidating and they may be more comfortable at a practice where existing members of staff speak their language.
- ss) Using interpreters requires a degree of training, as does being able to respond to the needs of certain cohorts of patients, for example asylum seekers, many of whom have mental health issues and post-traumatic stress disorder (PTSD). Their needs are best supported by those with a good understanding of the asylum process. This can't be guaranteed in every local GP practice. There will be several voluntary sector organisations willing to support and facilitate the best match for such patients.
- tt) This experience of dispersal is likely to damage trust in health services for some vulnerable patients, which could influence their willingness to engage with a new GP practice
- uu) The CCG acknowledged that more work is needed on the needs assessment at the individual level to be able to provide a full response to the concerns of the Committee and to provide the reassurance requested.
- vv) The CCG respected the concerns expressed about asylum seekers and the need to be able to swiftly access trauma therapy when required. The CCG will focus effort to where there is greatest need and acknowledged that there will be lack of trust if need is not recognised and specific attention paid to it.
- ww) While there is not a formal appeals process for patients no longer eligible to register with the new city centre practice, the individual circumstances of patients will be discussed further if the allocation of a local practice is not a good fit. This is the current practice when a patient is unhappy with their local practice. To avoid delays in resolving issues for individual patients, Lucy Dudge agreed to be the key

CCG contact for Healthwatch and advocates when patients raise concerns and to keep the Committee informed on the outcomes of this.

The Committee welcomed the attendance of the CCG and representatives of the new provider, NCGPA, at the meeting. Members appreciate the extended timescale for mobilisation and the fact that this can be flexible if needed, given the range of vulnerable need to support, especially in the time of a pandemic.

However, having considered the information provided, the Committee still has a number of concerns and supports and agrees with the need for a more flexible approach to the registration of vulnerable patients facing dispersal, as expressed by Healthwatch and the Homelessness Voluntary Sector Forum.

**Resolved to:**

- 1) request that patients without a stable address, who face the possibility of being moved from practice to practice or falling through the gap, are closely monitored and the Committee is updated on progress;**
- 2) recommend that the CCG considers working closely with Healthwatch and the Voluntary Sector Homelessness Forum to address the specific needs of those patients who may struggle to engage with a new provider, particularly those who have experienced trauma, such as refugees and asylum seekers;**
- 3) request clarification on the transfer of staff expertise from NEMS to NCGPA, what expertise is missing and what plans are in place to address this;**
- 4) request further detail on what options extremely vulnerable patients, who are moved to new practices, will have to access services they currently rely on (in the short and long term) if they need to;**
- 5) recommend that the updated terms of reference of the Stakeholder Group make it clear that that members of the Group are able to properly represent their stakeholders through two-way communication and the ability to influence the mobilisation plan and process (where this does not relate to contractual obligations);**
- 6) request that the updated terms of reference of the Stakeholder Group are reported to the Committee's March meeting (where the CCG is due to report on lessons learnt from the process to change the Platform One contract); and**
- 7) requests continued regular reporting on this item from the CCG, including attendance at the Committee's April meeting to discuss the different cohorts of patients and the individual needs assessment policy and process, particularly in relation to dispersal of vulnerable patients to new practices and services.**

## **51 Work Programme**

- a) A training session is being arranged for Committee members on the roles and responsibilities of a health scrutiny committee. Ajanta Biswas, as the Healthwatch representative will also be invited to this session.
- b) In addition, an informal work programme meeting is being scheduled to consider priorities for the Committee's work in 2021/22.
- c) It was agreed that items for the remainder of 2020/21 would be scheduled as follows:

### 11 March

- The Covid Vaccination Programme
- Platform One – lessons learnt, updated stakeholder group terms of reference, TUPE and transfer of skills arrangements

### 15 April

- Platform One - patient needs assessments
- Suicide Prevention Strategy
- Update on Winter Pressures

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**Health Scrutiny Committee  
11 March 2021**

**Platform One – Lessons Learnt/ Updated Stakeholder Group Agreement**

**Report of the Head of Legal and Governance**

**1 Purpose**

1.1 To consider the lessons learnt in the commissioning of a new city centre GP Practice and the dispersal of patients to local GP practices.

**2 Action required**

2.1 The Committee is asked to:

- a) consider the lessons learnt from the commissioning process to date and how these might impact on continuing management of the transition process, as well as on future proposed service changes;
- b) consider the updated Stakeholder Group terms of reference; and
- c) decide on next steps.

**3 Background information**

3.1 The Committee has considered a number of reports from, and has been engaged in discussion with, the Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) in relation to changes to the Platform One GP Practice, including a reduction to the practice boundary.

3.2 The Committee invited the CCG to attend a meeting on 19 November 2020 to provide information about the changes taking place and to consider written and verbal submissions from a range of individuals and organisations, in particular in relation to 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 Based on the information available to it, the Committee concluded that it had concerns about the proposals, particularly in relation to vulnerable patients to be dispersed to other practices, and made a number of recommendations and requests to the CCG.

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

the Committee's requests and recommendations. The CCG did not accept the Committee's recommendation that it should pause its procurement process and review the approach being taken to ensure meaningful engagement and consultation with service users and all relevant stakeholders. However, the CCG noted that it

- a) was exploring improvements to communication and engagement methods and deliverables in relation to Platform One patients, working with Healthwatch and the Integrated Care Partnership Severe Multiple Disadvantage Group;
- b) was 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;
- c) intended to commission a new Primary Care Local Enhanced Service for Severe Multiple Disadvantage that this and all other practices can access;
- d) had appointed the new provider for the service; and
- e) would keep the Committee and key partners regularly updated on the progress of commissioning and mobilisation processes.

3.5 In spite of the rejection of the recommendation to pause proceedings, and some major concerns about the new arrangements 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.

3.6 The CCG attended the 11 February meeting of the Committee, with representatives of the newly appointed provider (Nottingham City General Practice Alliance), to outline its mobilisation plans. At this meeting, the Committee also received information outlining their concerns from representatives of Healthwatch and the Nottingham Homelessness Voluntary Sector Forum.

3.7 The Committee was pleased to meet the new provider and reassured in terms of their experience as providers of care, particularly to vulnerable people. However, the Committee continues to be concerned about

- a) vulnerable people who are to be dispersed to their local GP practice, particularly those who do not have a stable address and those who have experienced trauma (eg refugees and asylum seekers), and the need to meet their service needs; and
- b) the transfer of staff expertise from Platform One to the new practice.

3.8 The CCG also provided a draft terms of reference of a new Stakeholder Group, currently being established to represent the wide range of interest in this service change. The Committee was keen to see these terms of reference updated to make it clear that communication would be two-way (ie not top-down) and that the group would be able to influence processes where these were not determined by contractual obligations.

3.9 The CCG will attend the 11 March meeting of the Committee to report on lessons learnt in relation to appropriate consultation and development of service change proposals, and to present the revised Stakeholder Group terms of reference.

3.10 The CCG will return to the 15 April meeting to provide more information on their policies and practice in relation to individual needs assessment for those patients, particularly vulnerable patients, who are to be dispersed to local practices.

#### **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 meetings held on 19 November 2020, 17 December 2020 and 11 February 2021.

#### **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 March 2021**

Dear Colleagues,

Following the February 2021 Health Scrutiny Committee, CCG colleagues were asked to provide a further update at the March 2021 meeting on the points below which were included in the minutes of the meeting:-

- Lessons learnt
- Updated Stakeholder Task and Finish Group Terms of Reference
- TUPE and transfer of skills arrangements

The brief below provides an update on the areas requested.

Joe Lunn

Associate Director of Primary Care

[Joe.lunn@nhs.net](mailto:Joe.lunn@nhs.net)

## 1. Introduction

This briefing updates the Health Scrutiny Committee on the procurement of the Platform One Practice contract and lessons learnt during this process. It also provides further information on the TUPE implications arising from the process. We would stress that the level of detail that we can provide on TUPE reflects what can reasonably be shared in a public meeting, taking into account the impact on individual members of staff. The briefing also includes the latest Terms of Reference for the Stakeholder Task and Finish Group being formed to support two-way communication and engagement with the practice's patients.

## 2. Service Development and Change

An over-riding concern expressed has been that the CCG did not engage with the Committee on the changes to the Platform One Practice early enough to enable proper scrutiny. The CCG has acknowledged that it did not enable the Committee to have a full awareness of the policy context that gave rise to the procurement of a new provider for the services until a preferred outcome had been identified. We have in previous briefings described that the driver for the change has been national policy rather than a local decision. However, we fully accept that earlier engagement in the process would have enabled the Committee to work with the CCG to ensure that issues likely to adversely impact the population served by the practice were considered, understood and addressed at the earliest opportunity.

Decisions in relation to the commissioning, procurement and management of Primary Medical Services contracts are made by the Nottingham and Nottinghamshire CCG Primary Care Commissioning Committee (PCCC). The PCCC was established as the corporate decision-making body for the management of primary care functions delegated to the CCG by NHS England & Improvement (NHSE/I).

The previous three open market procurements undertaken in 2016, 2018 and early 2020 failed to secure primary medical services for the patients of Platform One Practice. The decision to undertake a local Expression of Interest approach was made following feedback from City Councillors, in May 2020. This process was intended to follow Best Value Decision Making and build upon the strengths and assets of the Nottingham City General Practice offer.

The CCG are confident that the local Expressions of Interest process has been robust and has produced a positive outcome in the identification of a city-based provider. We do however acknowledge that we could have been more proactive in engaging with the Health Scrutiny Committee earlier and in engaging with the practice's patients and local organisations that work with and support them, particularly given the vulnerability of some of the patient cohorts.

The CCG further acknowledges that it should in future, at the outset of any service change proposal, provide greater clarity of the policy context in which it is operating – clinical, financial, contractual and otherwise. This will enable parties to agree the extent to which changes proposed are the result of national policy development, and therefore have limited scope for variability; or alternatively where the service change/development has been devised locally to address local needs/requirements. This will enable a clear framework for scrutiny and a shared starting point for all parties to understand the impact of the changes proposed.

We are aware that the predecessor Nottingham City CCG was invited to provide an update to the Committee on GP services across Nottingham City, which included workforce, access and quality issues

across the sector as a whole. We would like to take this opportunity to establish this as an annual update and request that this be factored into the Committee's work programme.

### **3. Patient and Stakeholder Engagement**

The CCG has previously shared details of the engagement event held with patients registered with Platform One Practice in January 2020. This event was supported by Platform One (NEMS) who recruited attendees to ensure that there was a good cross-section of patients representing the practice population. The feedback from this event was included in the Expression of Interest documentation to ensure bidders reflected the practice profile and needs of the practice population in their tender.

The CCG has, through recent conversations with the Committee, acknowledged that more proactive and early engagement could have been undertaken. In particular, the CCG has acknowledged that early engagement with wider stakeholders who represent and support the practice's most vulnerable patients would have been beneficial in ensuring that two-way dialogue was established from the outset between the CCG and the practice's patients. The CCG has also acknowledged that more tailored and targeted forms of communication and engagement could have been used to enable us to reach out across the practice's diverse population.

The CCG has committed to establishing a Stakeholder Task and Finish Group to guide communications and engagement for the transfer and mobilisation of the Platform One service. The group will also help to facilitate feedback from service users and ensure that dialogue is established between the CCG, the new provider and the patients who will access the service. This includes both those patients transferring to the new provider and those being dispersed to other practices.

The first meeting of the Stakeholder Task and Finish Group is taking place on Wednesday 3 March 2020, with Healthwatch established as the independent Chair. Updated draft Terms of Reference, to be agreed within the first meeting, are included as Appendix A.

The CCG further acknowledges that there is a role for wider stakeholder and patient and patient input into the development of the Equality Impact Assessment (EQIA). This will be published as a public document only subject to redaction where due process requires (e.g. commercially sensitive information, data protection etc.).

### **4. TUPE**

The Committee has asked for more information on the TUPE implications arising from the process of transferring the service to the new provider. TUPE refers to the 'Transfer of Undertakings (Protection of Employment) Employment) regulations 2006' as amended by the 'Collective redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) regulations 2014'. TUPE regulations protect employees' rights when they transfer to a new employer.

For the Platform One Practice Expression of Interest process, bidders were expected to determine their own staffing model for the service in accordance with the service specification to meet the needs of the patient population. Upon award the successful bidder (Nottingham City GP Alliance) would then be required to work with the incumbent provider (NEMS) to agree staffing transfers or TUPE requirements that will apply to the Contract.

TUPE applies to a role that is delivered in the current service that will transfer to the new service. If a member of staff is eligible for TUPE they can decide whether they wish to transfer to the new employer or not.

Discussions between the Nottingham City GP Alliance and NEMS have started to progress in relation to TUPE, as part of the wider mobilisation. NEMS are due to provide a list of staff for potential transfer to Nottingham City GP Alliance and a meeting to progress further has been arranged. It is the responsibility of the both parties to work together to identify and consult with eligible staff in accordance with the TUPE regulations to ensure a successful handover.

This is a confidential process involving employment rights and liabilities of the transfer, including contract of employment and terms and conditions for staff. All parties are also obligated to follow the General Data Protection Regulation (GDPR) and TUPE regulations.

We are unable to provide detail on specific arrangements for TUPE for staff members, due to the regulations and the confidentiality of the process.

However, the CCG with both NEMS and Nottingham City GP Alliance are committed to retaining knowledge and expertise for Parliament Street Medical Centre and the wider health community.

## **5. Conclusion**

In conclusion, the CCG are committed to ensuring lessons learnt are embedded into future development of proposals that impact upon current service delivery models. We welcome the opportunity to work with wider stakeholders as part of the engagement and communication for patients transferring to other GP practices and those transferring to Parliament Street Medical Centre.

We are respectful of the unique insights that Healthwatch provide in support of our overall commissioning activities; and the CCG will actively liaise with Healthwatch and other local organisations to ensure that engagement with services users is appropriate.

Key lessons learnt are detailed below:-

- a) The CCG will seek to engage the Committee earlier in any service change process, including setting out the policy context driving change. We will actively work the Committee including offering to do an annual primary care update.
- b) We acknowledge we could have engaged stakeholders and patients earlier in the process, and are incorporating this into future procurements. We have also extended the mobilisation period for this transfer to enable patient and stakeholder engagement to be undertaken.
- c) We acknowledge that we need to do more tailored and targeted engagement for the Platform One practice population, and will work with the Stakeholder Task and Finish Group to support this.
- d) We will continue to work with Healthwatch as a critical friend going forward in this and other procurements that impact patients.
- e) We will involve stakeholders in the developing EQIA for the service.

## Platform One Stakeholder Task and Finish Group

### Draft Terms of Reference

|                          |  |
|--------------------------|--|
| <p><b>1. Purpose</b></p> | <p>The 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. The Group should also serve to facilitate feedback from service users, who are to move to the new provider or be dispersed, to their new service provider in order to ensure that the new service is able to meet their needs.</p> <p>It has a specific focus to ensure</p> <ul style="list-style-type: none"> <li>• Patients are informed of their right to choose</li> <li>• Providers are liaising with patients and their support network to inform them how to access GP services from their new service provider</li> <li>• Providers are meeting patients' needs through the transition process and are supporting patients to ensure as smooth a transition as possible to a new GP</li> </ul> |
| <p><b>2. Status</b></p>  | <p>The Group is a task and finish group. It will provide highlight reports to the Primary Care Commissioning Committee.</p>  |
| <p><b>3. Duties</b></p>  | <ol style="list-style-type: none"> <li>a) Support the development of a patient communications and engagement plan</li> <li>b) Advise on the most appropriate ways of reaching the different patient cohorts that the practice serves</li> <li>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</li> <li>d) Facilitate engagement with the patient cohorts that the practice serves, using members' relationships to broker engagement between the CCG, the new provider and patients.</li> <li>e) Support feedback mechanisms from patients to service providers</li> <li>f) Advise on appropriate mitigations for the potential negative impacts on patients identified in the EQIA</li> </ol>  |
|                          | <p><b><u>Chair</u></b></p> <ul style="list-style-type: none"> <li>- Ajanta Biswas, Healthwatch Nottingham and Nottinghamshire</li> </ul> <p><b><u>CCG representatives</u></b></p> <ul style="list-style-type: none"> <li>- Lewis Etoria, Head of Insights and Engagement</li> <li>- Tracy Lack, Engagement Officer</li> <li>- Lynette Daws, Head of Primary Care</li> </ul>  |

|  |   |
|--|---|
|  | <p><b><u>Service provider representatives</u></b></p> <ul style="list-style-type: none"> <li>- Nicola Conwill-Brittan, Marketing and Communications Manager, Nottingham City GP Alliance</li> <li>- Diane Addy/Susanne Croll, Nottingham City GP Alliance</li> <li>- Ian Bentley, Senior Commissioning Lead, Nottingham Crime and Drugs Partnership</li> <li>- Glen Jarvis, Service User and Carer Involvement, Nottingham Crime and Drugs Partnership</li> <li>- Niki Dolan, Rough Sleeper Coordinator (County), Framework</li> <li>- Tracey Taylor/SallAnn Summers, Nottinghamshire Healthcare Trust</li> </ul> <p><b><u>Stakeholders representing patient cohorts</u></b></p> <ul style="list-style-type: none"> <li>- Daniel Robertson, Nottingham and Nottinghamshire Refugee Forum</li> <li>- Deonne Peters, Opportunity Nottingham</li> <li>- Ben Booncharoen, Opportunity Nottingham</li> <li>- Maria King, Emmanuel House</li> <li>- Ben Talbot, The Friary</li> <li>- Gordon Sloan, Street Outreach team</li> </ul> |
| <b>4. Quorum and Decision-making Arrangements</b>                          | 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.   |
| <b>5. Frequency of Meetings</b>  | The group will meet monthly. Changes to meeting frequency may be determined by the needs of the project.  |
| <b>6. Secretariat and Conduct of Business</b>                              | Meetings will be minuted highlighting key action points. Papers for the meeting will be circulated at least 2 working days in advance.  |
| <b>7. Minutes/ Record of Meetings</b>                                      | Minutes will be taken at the meeting highlighting key action points and named organisation.   |
| <b>8. Conflicts of Interest Management</b>                                 | The CCG's usual conflicts of interest procedures will apply.  |
| <b>9. Reporting Responsibilities and Review of Committee Effectiveness</b> | The group will produce highlight reports for the CCG's Primary Care Commissioning Committee.  |
| <b>10. Review of Terms of Reference</b>                                    | 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 March 2021**

**Nottingham City Covid 19 Vaccination Programme**

**Report of the Head of Legal and Governance**

**1 Purpose**

1.1 To consider the progress of the Covid 19 vaccination programme in Nottingham city.

**2 Action required**

2.1 The Committee is asked to consider the progress of the Covid 19 vaccination programme in the city, with particular reference to hard-to-reach individuals and communities.

**3 Background information**

3.1 The programme for the Covid 19 vaccination has been determined nationally by the Joint Committee on Vaccination and Immunisation (JCVI). Based on a range of data the JCVI has advised that Phase 1 of the programme should be focused on the direct prevention of mortality and protection of health and social care staff and systems. Phase 1 is therefore focused on the following priority groups (in order):

- residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and clinically extremely vulnerable individuals
- all those 65 years of age and over
- all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
- all those 60 years of age and over
- all those 55 years of age and over
- all those 50 years of age and over

The JCVI estimates that, taken together, these groups represent around 99% of preventable mortality from COVID-19.

3.2 The data provided by implementation of Phase 1 will be used to provide the basis for consideration of vaccination in groups that are at lower risk of mortality from COVID-19.

3.3 Colleagues from Nottingham and Nottinghamshire Clinical Commissioning Group will attend the meeting to provide information on the successes and challenges of

the delivery and take up of the Covid 19 vaccination programme in Nottingham city.

3.4 Public Health colleagues will also provide a presentation on specific public health issues in relation to the delivery and uptake of the vaccination programme in the city.

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



## LRF Covid Vaccine Programme 2020-2021

|                    |  |
|--------------------|--|
| <b>Paper Title</b> | An Overview of the Covid Vaccination Programme in the City of Nottingham   |
| <b>Group Name</b>  | Nottingham City Council Health Scrutiny Committee  |
| <b>Date</b>        | 11 <sup>th</sup> March 2021  |
| <b>Author</b>      | Nicole Chavaudra, Nottingham and Nottinghamshire Covid-19 Vaccination PMO Lead<br>Alex Ball, Director of Communications and Engagement, Nottingham and Nottinghamshire CCG and ICS |

### 1. Purpose of the paper

This paper provides an overview of the Local Resilience Forum's (LRF) Covid-19 Vaccination Programme in the city of Nottingham, including its operating approach, delivery to date, booking and take up.

### 2. Information and context

#### 2.1 Management of the Covid-19 Vaccination Programme

The Covid-19 Vaccination Programme is managed by NHS England as a Level 4 Incident, with local systems operating under a command and control framework from the National Vaccination Operations Centre (NVOC). The programme implemented within NHS 'systems' (this is the Nottingham and Nottinghamshire Integrated Care System) via a defined System Vaccination Operations Centre (SVOC), via a Regional Vaccination Operations Centre (RVOC) – this is the Midlands region for Nottingham. Instructions for delivery of the programme are disseminated to systems through daily battle rhythm structures which includes cascades from and to NVOC, RVOCs and SVOCs and also through the release of instruction letters and standard operating procedures relating to specific elements of the programme.

In Nottinghamshire, the programme is overseen by the Covid-19 Vaccination Oversight Board, chaired by the joint senior responsible officers – Dr John Brewin (Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust) and Tracy Taylor (Chief Executive, Nottingham University Hospitals NHS Trust – and attended by representatives from both top tier local authorities and senior officers from the NHS.









#### 2.2 Prioritisation of the Covid-19 Vaccine

The Joint Committee on Vaccination and Immunisation (JCVI) advises that the first priorities for the current COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems.

Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services. Our system is required to adhere to the JCVI cohorts, and only open access to vaccinations to those eligible under cohorts which NVOG authorise for invitation. The first nine cohorts as confirmed by JCVI on 30<sup>th</sup> December are as follows:

1. Residents in a care home for older adults and their carers
2. all those 80 years of age and over and frontline health and social care workers
3. all those 75 years of age and over
4. all those 70 years of age and over and clinically extremely vulnerable individuals
5. all those 65 years of age and over
6. all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. all those 60 years of age and over
8. all those 55 years of age and over
9. all those 50 years of age and over

### 2.3 Delivery of the vaccine in Nottingham and Nottinghamshire

| Type of site  |                            | National booking service | Local booking service | Locations  |
|---|----------------------------|--------------------------|-----------------------|--|
|  | Hospital Hub               |                          | ✓                     | QMC, City Hospital, King's Mill, Duncan Macmillan House  |
|  | Vaccination Centre         | ✓                        | ✓                     | Mansfield  |
|  | Local Vaccination Services |                          | ✓                     | Forest Recreation ground, Kingsmeadow (Lenton), Gamston, Richard Herrod Centre, Ashfield Health Village, Newark Showground     |
|  | Roving service             |                          | ✓                     | Various, including care homes and housebound residents, hard to reach groups such as asylum seekers and travelling communities |
|  | Primary Care 'pop ups'     |                          | ✓                     | Various locations based on need  |
|  | Community pharmacy         | ✓                        |                       | Mansfield (commissioned by NHSE – not locally determined)  |
|  | Community site pop ups     |                          | ✓                     | Various locations based on need  |
|  | Vaccination bus            |                          | ✓                     | Various very hard to reach groups  |

### 2.4 Booking

There are multiple ways of booking an appointment, either through a local booking service (either by a weblink or calling the booking line) or by calling the national booking line or using the national booking function. For primary care pop up clinics (which are targeted in areas where take up needs to be prioritised) patients are called and booked on to local lists. Not all cohorts have been open to both booking processes simultaneously, and this

is determined nationally.

People in eligible cohorts are invited to attend for vaccination by letter, then text and for those who do not accept the offer of vaccination, a follow up phone call is made.

A specialist transport function is available to ensure those for whom transport is a barrier to accessing vaccination are not disadvantaged.

### 3. Analysis

#### i. Progress to date

The programme is making excellent progress in delivering the vaccination programme to eligible cohorts with 278,305 first dose vaccinations now delivered (data to 21<sup>st</sup> February). This includes 94% of the over 80s population receiving their first dose and 82% of 65-69 year olds, one of the best performances in the country.

| Cohort                         | 65-69 | 70-74 | 75-79  | 80+   |
|--------------------------------|-------|-------|--------|-------|
| England                        | 75.3% | 94.4% | 100.3% | 94.3% |
| Nottingham and Nottinghamshire | 81.9% | 93.6% | 100.8% | 93.9% |
| Leicester and Leicestershire   | 80.7% | 97.2% | 103.1% | 95.8% |
| Derby and Derbyshire           | 79.0% | 95.3% | 103.3% | 95.7% |

In line with the national “command and control” approach outlined above, the data around vaccination performance is published each week by NHS England/Improvement and for the week ending 21<sup>st</sup> February (published 25<sup>th</sup> February) includes data for the first time at Westminster Parliamentary Constituency level, Lower-Tier Local Authority level and also Middle-Layer Super-Output Area level.

This shows that of the 278,305 first dose vaccines that have been delivered in Nottingham and Nottinghamshire, 60,145 have been delivered in Nottingham City, as follows;

| Cohort           | Under 70 | 70-74 | 75-79 | 80+   |
|------------------|----------|-------|-------|-------|
| Nottingham       | 35,624   | 8,776 | 6,294 | 9,451 |
| Nottingham East  | 16,657   | 2,427 | 1,633 | 2,294 |
| Nottingham North | 9,872    | 3,398 | 2,506 | 3,373 |
| Nottingham South | 12,479   | 2,951 | 2,155 | 3,784 |

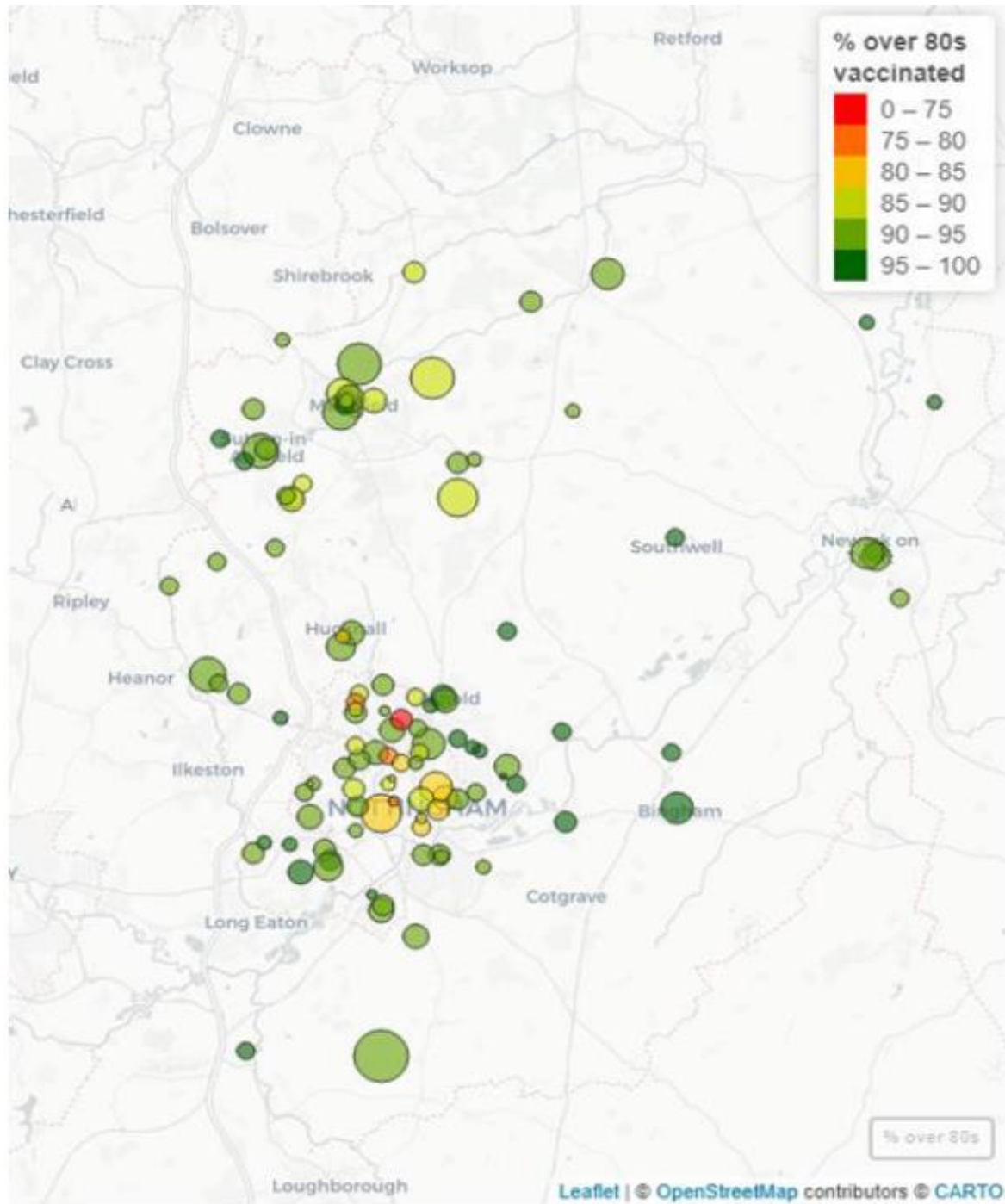
NB – data does not tally between City total and the three Constituencies due to differences in home address location and GP practice location.

#### ii. Inequalities and the local response

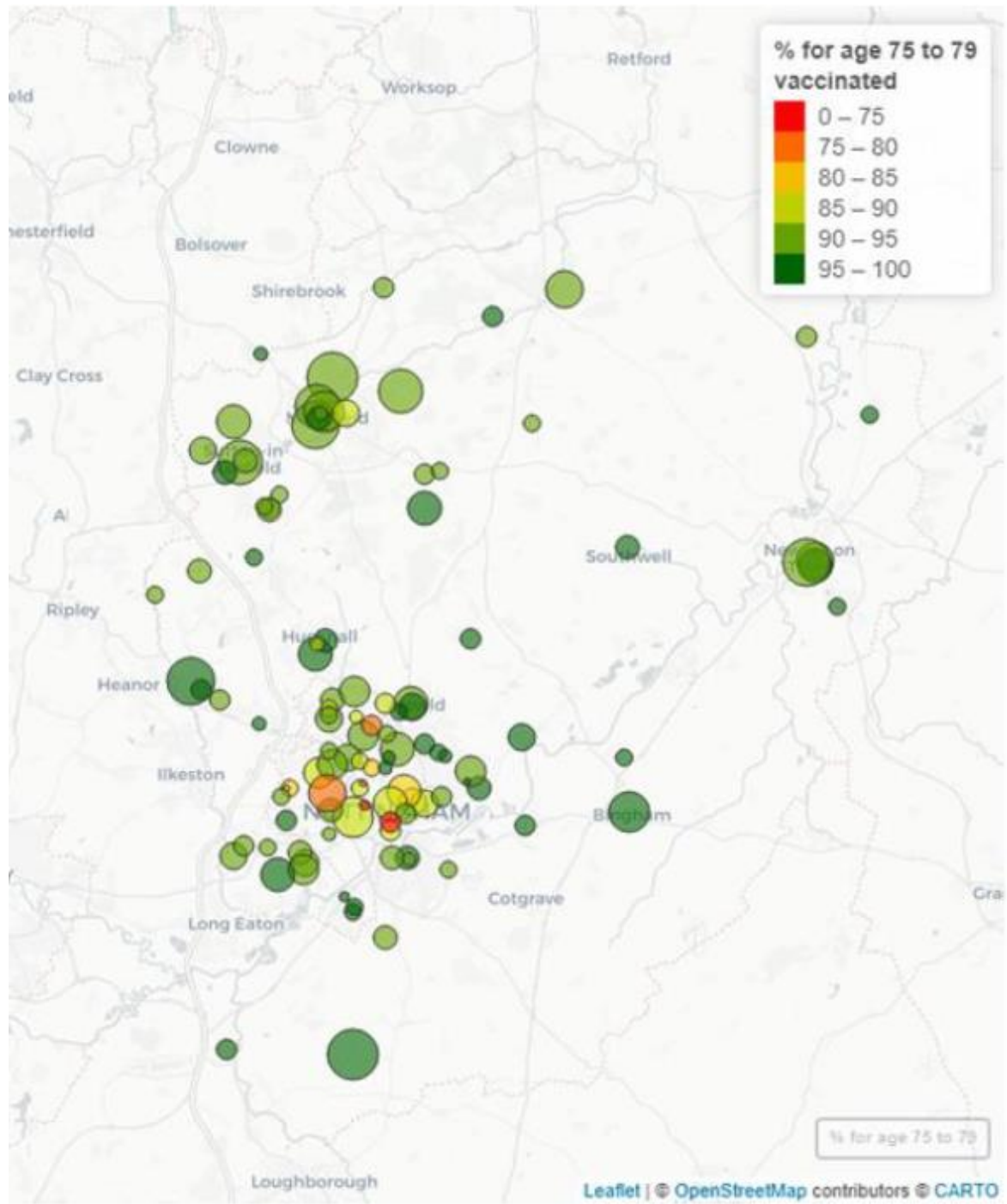
In order to support the targeted work to ensure equitable uptake of the vaccine, local data analysis has enabled us to produce the following ‘heatmaps’. We have mapped the vaccination uptake percentages and the number of individuals left to be vaccinated for each GP practice. The size of the bubbles is the number of people who still need to be vaccinated. The colour of the bubbles represents the % of each cohort who have been

vaccinated. This data represents the very latest position at 1<sup>st</sup> March 2021.

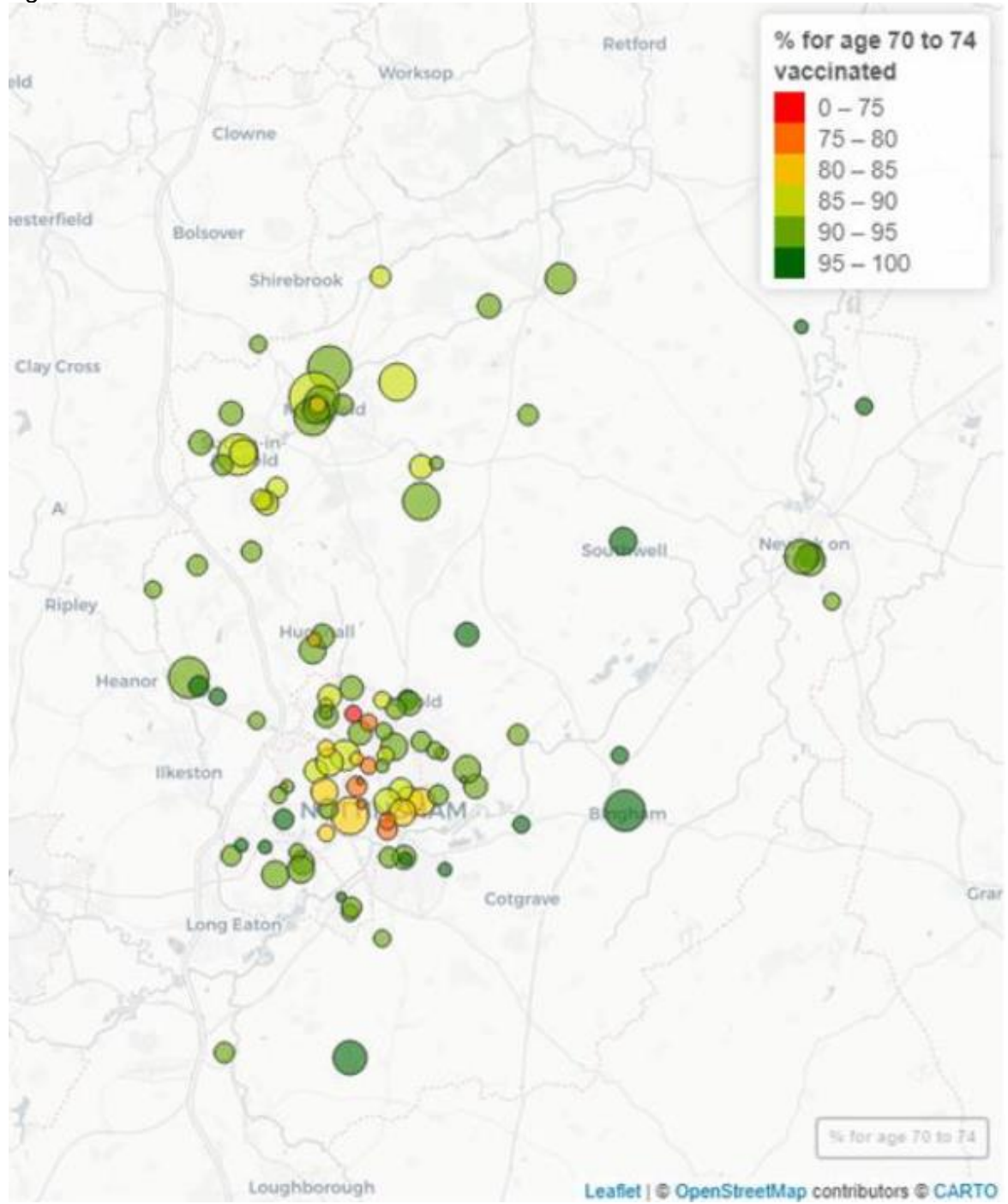
Over 80s



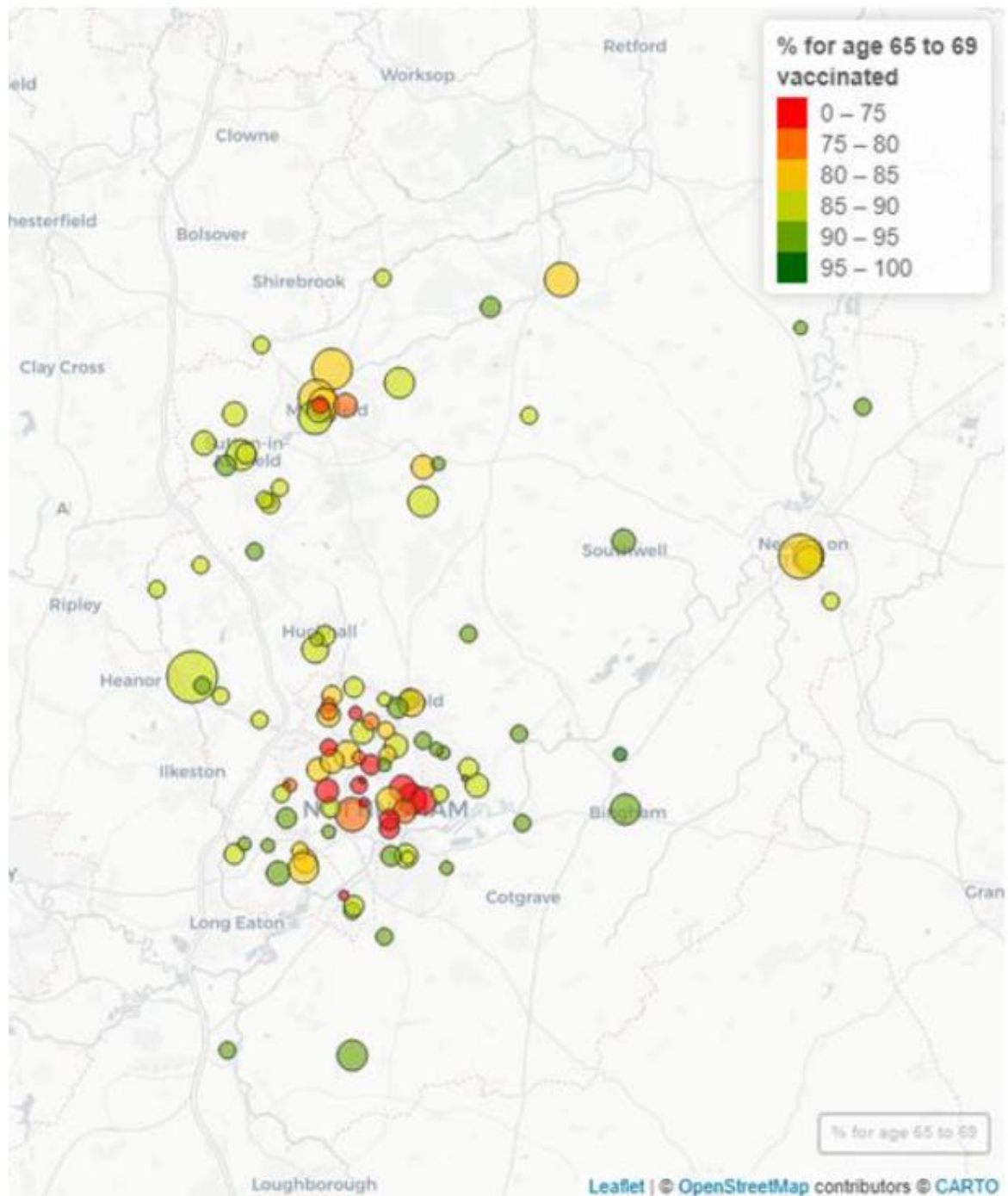
Ages 75-79



Ages 70-74



## Ages 65-69



Reducing inequalities in access and take up of the vaccine has been managed both proactively and reactively by the vaccination programme. Using local joint strategic needs assessment (JSNA) data, the programme identified a potential risk of inequality for particular groups including those in rural areas, without transport, those facing severe and multiple disadvantage, disabled people, BAME and deprived households. To mitigate these risks the following are some of the actions taken from the outset of the programme:

- Sites which met the national criteria were identified to promote accessibility, with plans to provide 'pop clinics' with primary care to target at neighbourhood level
- Transport support was put in place

- Volunteers were sourced for all sites to provide support to vulnerable patients
- Translation of letters and services was put in place
- A roving service was created to take the vaccine to people where this was required.
- Proactive telephoning from both GP practices and the Local Authorities to residents known not to have yet taken up their offer of a vaccine

Take up of specialist transport has been highest in the city.



In response to emerging insights about inequity in vaccination take-up, further actions are instigated on a rolling basis. Examples of these actions include:

- Supporting Integrated Care Partnerships (ICPs) to use very local knowledge and relationships to engage communities and target interventions
- Specialist communications, including social media, designed by and targeted at communities where take up is lower
- Pop up clinics, working with primary care, in two city mosques and other communities where take up was lower.
- Identifying subject matter experts to define the approach taken for identified cohorts, such as the homeless, those with learning disabilities, dementia, severe mental illness and the clinical vulnerable.

There remains more to do to close the gap and partners from across the LRF are working together to continue to learn, listen and respond to potential barriers to take up.

#### 4. Recommendations

The Committee are asked to:

- Note the performance to date in delivering the vaccination programme to Nottingham residents
- Note the framework and actions that are in place to tackle potential inequalities that may exist within uptake
- Contribute further suggestions for how these inequalities might be tackled.



**Health Scrutiny Committee  
11 March 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 remainder of 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<sup>1</sup> 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<sup>1</sup>;
- 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,

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<sup>1</sup> 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**

8.1 Kim Pocock, Scrutiny Officer  
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Email: [kim.pocock@nottinghamcity.gov.uk](mailto:kim.pocock@nottinghamcity.gov.uk)

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## Health Scrutiny Committee 2020/21 Work Programme

11 March 2021

| Date              | Items   |
|-------------------|---|
| 16 July 2020      | <ul style="list-style-type: none"> <li data-bbox="629 400 1794 496">• <b>Covid-19 pandemic</b><br/>To consider the impact of the Covid-19 pandemic on Nottingham and changes to NHS services.</li> <li data-bbox="629 536 1794 632">• <b>National Rehabilitation Centre</b><br/>To receive information on the updated plans for consultation in relation to the National Rehabilitation Centre</li> </ul>   |
| 17 September 2020 | <ul style="list-style-type: none"> <li data-bbox="629 708 1771 772">• <b>NHS service changes in response to Covid-19</b><br/>To review progress in restoring NHS services that changed in response to Covid-19.</li> <li data-bbox="629 812 1541 876">• <b>‘Tomorrow’s NUH’</b><br/>To receive an initial briefing on the ‘Tomorrow’s NUH’ Programme.</li> <li data-bbox="629 916 1032 948">• <b>Work Programme 2020/21</b></li> </ul>  |
| 15 October 2020   | <ul style="list-style-type: none"> <li data-bbox="629 1016 1868 1118">• <b>NHS Rehabilitation Centre</b><br/>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.</li> <li data-bbox="629 1158 1787 1254">• <b>Managing winter pressures</b><br/>To scrutinise plans for managing winter pressures across health and adult social care services</li> <li data-bbox="629 1294 1032 1326">• <b>Work Programme 2020/21</b></li> </ul> |

| Date             | Items  |
|------------------|--|
| 12 November 2020 | <ul style="list-style-type: none"> <li>• <b>NHS Rehabilitation Centre</b><br/>To consider the proposals for a NHS Rehabilitation Centre and: <ul style="list-style-type: none"> <li>i. whether, as a statutory body, the Committee has been properly consulted within the consultation process;</li> <li>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</li> <li>iii. whether the proposal for change is in the interests of the local health service.</li> </ul> </li> <li>• <b>Scrutiny of Portfolio Holder with responsibility for adult social care</b><br/>To review delivery of aspects of the Council Plan 2019-2023 that relate to adult social care</li> <li>• <b>Flu immunisation programme</b><br/>To review provision, and uptake of the flu immunisation programme, particularly for children</li> <li>• <b>‘Tomorrow’s NUH’</b><br/>To receive an update on the programme.</li> <li>• <b>Work Programme 2020/21</b></li> </ul> |
| 19 November 2020 | <ul style="list-style-type: none"> <li>• <b>Platform One Practice</b><br/>To consider changes to services currently provided at the Platform One Practice</li> </ul>   |
| 17 December 2020 | <ul style="list-style-type: none"> <li>• <b>Platform One Practice</b><br/>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</li> <li>• <b>Support for people in mental health crisis</b><br/>To review the support and pathways for people who are in mental health crisis</li> </ul>   |

| Date             | Items  |
|------------------|--|
|                  | <ul style="list-style-type: none"> <li>• <b>Health inequalities related to Covid-19</b><br/>To hear about work to better understand the health inequalities related to Covid-19 and what is happening locally to address those inequalities</li> <li>• <b>Work Programme 2020/21</b></li> </ul>  |
| 14 January 2021  | <ul style="list-style-type: none"> <li>• <b>Nottingham Safeguarding Adults Board</b><br/>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</li> <li>• <b>Scrutiny of Portfolio Holder for Health, HR and Equalities</b><br/>To review plans for delivery of aspects of the Council Plan 2019-2023 that fall within the Public Health aspects of this Portfolio</li> <li>• <b>Nottingham University Hospitals NHS Trust Maternity Services</b><br/>To review action being taken in response to CQC inspection of maternity services, rating services as 'Inadequate'</li> <li>• <b>'Tomorrow's NUH'</b><br/>To review an update on the programme</li> <li>• <b>Work Programme 2020/21</b></li> </ul> |
| 11 February 2021 | <ul style="list-style-type: none"> <li>• <b>Platform One Practice</b><br/>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</li> <li>• <b>Work Programme 2020/21</b></li> </ul>  |

| Date          | Items   |
|---------------|---|
| 11 March 2021 | <ul style="list-style-type: none"> <li>• <b>Lessons learnt from the commissioning of services at the Platform One Practice</b><br/>To consider the lessons learnt from the process to date and how these might impact on continuing management of the transition process as well as on future proposed service changes</li> <li>• <b>Covid 19 Vaccinations</b><br/>To review the progress of the vaccination programme in the city and the processes and practices in place to encourage vaccination and to make them accessible to all</li> <li>• <b>Work Programme 2020/21</b></li> </ul>   |
| 15 April 2021 | <ul style="list-style-type: none"> <li>• <b>Platform One Practice</b><br/>To review the policy and practice in relation to individual patient assessment for appropriate transfer</li> <li>• <b>Suicide Prevention Strategy</b><br/>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.</li> <li>• <b>Management of winter pressures</b><br/>To review: <ul style="list-style-type: none"> <li>a) how the health and social care system coped with winter pressures combined with the impact of the Covid-19 outbreak;</li> <li>b) uptake of the flu vaccination programme<br/>(Follow up from October/ November)</li> </ul> </li> <li>• <b>Work Programme 2021/22</b><br/>To confirm following informal work programme planning session</li> </ul> |



## Items to consider for 2021/22:

- **GP Services (GP Practice Changes)**
- **'Tomorrow's NUH'**  
To review an update on the programme.
- **Tomorrow's NUH**  
To look at the development of proposals for specific themes in more detail.
- **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.
- **Improving access to mental health services**  
To review progress in improving access to mental health services
- **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
- **Child and Adolescent Mental Health Services**
- **Gender reassignment services**
- **Impact of Covid-19 on disabled people**
- **Review and consolidation of day services for people with learning disabilities**
- **Health inequalities**

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