



Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday, 16 December 2021

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

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Please see information at the bottom of this agenda front sheet about arrangements for ensuring Covid-safety.

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

Director for Legal and Governance

Senior Governance Officer: Jane Garrard

Direct Dial: 0115 876 4315

- 1 Committee membership change**
To note that Councillor Nayab Patel has been appointed to a vacant seat on the Committee.
- 2 Apologies for absence**
- 3 Declarations of interest**
- 4 Minutes** 3 - 12
To confirm the minutes of the meeting held on 11 November 2021
- 5 Adult Social Care Medium Term Financial Position and Transformation Programme** 13 - 20
- 6 Platform One Practice - Update on transition of patients** 21 - 28
- 7 Work Programme** 29 - 38

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Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 11 November 2021 from 10am – 1:15pm

Membership

Present

Councillor Georgia Power (Chair)
Councillor Cate Woodward (Vice Chair)
Councillor Michael Edwards
Councillor Samuel Gardiner
Councillor Maria Joannou
Councillor Kirsty Jones
Councillor Angela Kandola

Absent

Councillor Anne Peach

Colleagues, partners and others in attendance:

Ajanta Biswas	- Healthwatch Nottingham and Nottinghamshire
Lucy Dadge	- Chief Commissioning Officer, Nottingham and Nottinghamshire Clinical Commissioning Group
Rupert Egginton	- Acting Chief Executive, Nottingham University Hospitals NHS Trust
Michelle Rhodes	- Chief Nurse, Nottingham University Hospitals NHS Trust
Dr Ian Trimble	- GP, Nottingham and Nottinghamshire Clinical Commissioning Group
Rosa Waddingham	- Chief Nurse, Nottingham and Nottinghamshire Clinical Commissioning Group
Sharon Wallis	- Director of Midwifery, Nottingham University Hospitals NHS Trust
Councillor Adele Williams	- Portfolio Holder for Adults and Health
Jane Garrard	- Senior Governance Officer
Kate Morris	- Governance Officer

37 Apologies for absence

Councillor Anne Peach (personal)

38 Declarations of interest

None

39 Minutes

The minutes were considered by the Committee. Ajanta Biswas, Healthwatch Nottingham and Nottinghamshire highlighted that she was in attendance at the last meeting, but that her name was missing from the attendees list. She also requested

that she be invited to the informal meeting discussed at minute 34 Adult Eating Disorder Service, resolution 2.

Subject to these amendments, the minutes were confirmed as a true record of the meeting and were signed by the Chair.

40 Nottingham University Hospitals NHS Trust - CQC Inspection

The Chair introduced the item to scrutinise action being taken in relation to the findings of the recent of the recent Care Quality Commission (CQC) inspection of Nottingham University Hospitals NHS Trust, with a focus on the aspects relating to leadership of the organisation. She informed the Committee that NHS England/ NHS Improvement had been invited to attend the meeting but was unable to do so. Instead she will be meeting separately with the Regional Medical Director and will feedback to the rest of the Committee on that meeting.

Rupert Eggington, Acting Chief Executive of Nottingham University Hospital NHS Trust, introduced a report by the Trust setting out how it has responded to the issues raised by the CQC. Michelle Rhodes, Chief Nurse, and Sharon Willis, Director of Midwifery, both from Nottingham University Hospitals added additional information and the following points were highlighted:

- (a) The CQC inspected Nottingham University Hospitals Trust (NUH) in July 2021. In August it issued a warning notice under section 29a, requiring the Trust to demonstrate improvements by the end of January 2022. The full report was issued in September 2021 and can be read online;
- (b) During this period, NUH has established four key areas to focus on:
 - delivering safe and effective winter care;
 - workforce;
 - addressing the concerns of the regulators; and
 - investment.
- (c) In response to the concerns of regulators, including the CQC, the first phase of action was to present a summary of the report to staff and engage in a period of listening. A range of methods to engage with staff of all levels were used including direct contact events, staff meetings and a survey;
- (d) The Senior Leadership Team has worked with teams from across the Trust to develop, and take forward a plan in order to respond to the recommendations made by the CQC, respond to the common themes brought up by staff, and to points raised in previous clinical and corporate governance reviews;
- (e) The Trust acknowledges that it hasn't always lived up to its stated values and commitment to invest in people. Work is already underway to tackle issues around culture, in particular issues relating to bullying and inclusion. This includes programmes for Executive members and senior management;
- (f) An engagement programme has been developed to bring staff together to think of new and innovative ways to work together, to design strategies

particularly around culture, to enable staff to speak up and to feel that they are heard when they do so;

- (g) The Trust has engaged with the Arbinger Institute and is developing a programme around leadership with an open mind. It has been received positively by senior management and will be running again with managers across the Trust from early December;
- (h) An external review of the Black and Minority Ethnic Strategy has taken place through with involvement from NHS Improvement, and there has been an increase in resource provision to tackle bullying;
- (i) The development of the Executive is focusing on a number of key areas, such as risk and team building. When it has been safe and practical to do so Executive members have been on visits to a variety of teams and departments across the Trust, either as individuals, small groups or as part of a Board meeting;
- (j) The governance arrangements for a Quality Assurance Group, chaired by NHS England, are being finalised. Beneath the Group will sit three sub-groups specifically looking at the key themes of:
 - Maternity;
 - emergency care; and
 - governance.

Rosa Waddington, Chief Nurse, Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) spoke about the CCG's oversight role. In addition to the written report about the CCG's role and activity, she highlighted the following information:

- (k) The CCG is looking at the local improvement and quality statement in partnership with the CQC and NHS England. In terms of the oversight and review of maternity services, the CCG has set up a focused quality assurance group to see how best to work with NUH to improve these services, and a number of issues have been found around the safety and care provided;
- (l) In May 2021, care more widely across the Trust was reviewed with view to considering active recovery from the Covid pandemic. Collaborative action has been taking place to address key issues and risks identified as part of this review;
- (m) As a result of the review recommendations were made to the CQC and Integrated Care System to escalate the Trust to higher levels of surveillance. A shared system action plan was put into place, predating the CQC inspection, which has proved to be a good platform for working at pace;
- (n) The action plan in place is aligned to the existing plans but has a wider scope. An overview group, chaired by NHS England and the CCG, has been established in order to understand what actions need to be put in place in order to make rapid improvements. These changes need to be built on with

proportionate scrutiny, in an environment that is supportive as well as challenging.

In response to questions and comments from Committee members the following points were made:

- (o) The Trust confirmed that, in order to help support and deliver the programme of improvement necessary, external expertise is being used. The programme also relies on internal resources, and partnership resource from NHS England who is helping to source and fund national expertise. Organisations identified for involvement have a proven track record of supporting change, particularly around change in culture. There is an issue around capacity internally, and so by engaging external organisations, the Trust is able to dedicate more resource to delivery of the action plan. The intention is for external organisation to develop the skills and knowledge of NUH staff so that they can build on progress once external organisations are no longer directly involved;
- (p) The CCG has always been keen to support change and Rosa Waddington highlighted the need to work at pace, but to do so in a supportive, yet challenging, way;
- (q) Gathering feedback from frontline staff on these changes is an active process. The CCG is talking with frontline staff, as well as holding insight visits. NUH is also actively engaging with staff with a “bottom up” focus. Citizens, patients, and Healthwatch Nottingham and Nottinghamshire are also being consulted;
- (r) NUH recognises that it can be difficult for frontline staff to speak up. Staff are able to speak to HR directly, and chose to do so regularly, but there are also strong relationships with trade unions across the Trust. There are monthly meetings where trade unions and HR discuss issues raised and there is also the professions advocacy resource;
- (s) There is a BAME Shared Governance Group that has been established by the Trust to help BAME colleagues’ voices be heard better. The Trust acknowledges that there is still a lot of work to be done, and better relationships with staff need to be built, but people are starting to speak out. Although it has been difficult to hear, the Trust confirmed that it is committed to addressing the issues being raised;
- (t) When questioned Rupert Egginton confirmed that there were a number of BAME Trust Board members with extensive and diverse experience of NHS Management;
- (u) Concerns were raised by Committee members that the impact on mental health of staff of the culture of bullying had not been taken into account so far within action plans, and that staff may still feel uncomfortable or unable to come forward for fear of reprisals. Both councillors and the Healthwatch representative called for visible evidence that clear progress is being made around culture change;

- (v) The Trust advised the Committee that there is a large well-being programme offering staff practical and emotional support with specialist BAME and cultural elements. This programme also includes specialist trauma care for staff as a result of the pressures of working through the pandemic. This well-being support has been in place previously but has been bolstered and extended over the last year to deal with the pandemic;
- (w) As an example of how the Trust is listening to staff, it was reported to the Committee that staff have fed back that bank shift payments within NUH are lower than for other Trusts, and therefore less attractive to work. In response to this, bank shift rates have been aligned with those of neighbouring Trusts;
- (x) Staff have been asked to tell the Trust what would work for them in terms of shifts. There have been a number of suggestions through staff feedback and these are being explored further the outcome of the will be shared;
- (y) Following on from questions around patient feedback, the Trust confirmed it is clear the biggest issue is around communication and how NUH has communicated with patients. Questionnaires around care and experiences in maternity services have been distributed to families through the Small Steps Big Changes programme, for example, to assess how patients have felt about care throughout the pandemic. These responses come to the Neonatal Board for review and the Quality Assurance Group also reviews the feedback offering check and challenge;
- (z) Rupert Egginton, Acting Chief Executive of the Trust, was invited to tell the Committee about his experience and leadership within the NHS. He responded that he has worked for the NHS for 34 years in total, 20 years within Director level role, mainly in Chief Financial Officer roles. When the previous Chief Executive stood down the Trust Board asked if he would act as Chief Executive whilst the recruitment process takes place. He has had experience in developing culture change within the Trust. He is supported by Michelle Rhodes who is the Chief Nurse and other Directors who have a wide breadth of knowledge and experience;
- (aa) Rupert Egginton confirmed that the Trust Board had issued an apology to staff within the Trust. He also reiterated the apology made to the public, apologising for the impact on confidence that the report will have had on people and patients, and to staff for their experiences;
- (bb) The Trust acknowledges that it has gone through a difficult period over the last 18 months with the Covid pandemic, the CCG review and then the CQC Inspection. It has not always done as well as it could have done, despite the feedback being given by staff and patients. The Trust accepts the points highlighted in the Inspection and review reports;
- (cc) Until recently there have not been the active programmes challenging the culture and bullying experienced by some staff. The Trust recognises that the processes in place were neither sufficient nor efficient at the time and there is now a greater emphasis on listening to staff;

- (dd) The Trust agreed that it needs to address how middle management handle frontline staff. Some Committee members suggested that this management level of the Trust has been under-invested for years and as a result some managers have workloads that allow for less time for people management than ideal. It was suggested that this level of management needs to feel supported in order for the Trust to improve;
- (ee) In reference to the review of Maternity Services, the Trust confirmed that it had categorised a number of incidents as not needing formal reporting when they should have done. The Trust stated that it thought it was reporting appropriately and had done so consistently since national guidance was introduced. However, the guidance can be interpreted in a number of different ways and incidents that should have reported under an alternative interpretation were not. It is recognised that this has a significant impact on a number of lives and families and the Trust has reviewed, and changed its approach;
- (ff) The Trust highlighted that it has established new internal guidance on how these types of incident are dealt with and reported. This guidance has now been in place for a number of months and the process is far more robust than previously. The Trust continues to work alongside the Independent Review Team looking at Maternity Services, fully cooperating and providing information required.
- (gg) The Trust reiterated its apology to all of the families significantly affected by this error and its impact on care. Trust representatives stated that there was no malicious intent and no indication of an attempt to 'cover up'. All cases show that the framework put in place by the Trust was used, however that framework misinterpreted the national guidance. For all cases there was local investigation by the Maternity Team that took place to identify learning, however the formal reporting was not completed as the national guidance required. Now all maternity serious incidents are reported through to the Trust Board and the CCG;
- (hh) Following a snapshot review of other services the Trust does not believe that there is a similar scale of issues with reporting of incidents as for maternity services, however a deep dive review is ongoing. Committee members expressed concerns that failings could be more widespread across the Trust and not isolated to maternity services. When questioned, the Trust indicated that an area of potential concern being reviewed closely is falls, particularly non-witnessed falls, and the reporting of those incidents. The Trust agreed to keep the Committee updated on this;
- (ii) A Committee member commented that the Trust appears to have a very structured framework around risk, reporting, providing check and challenge and reporting but these issues have still occurred and cultural issues have not been identified within the Risk Register.

The Chair thanked everyone for their attendance. She advised that she feedback on her forthcoming meeting with the NHS England Midlands Regional Medical Director and noted that the Committee would be reviewing progress with improvements to

maternity services specifically at its meeting in February 2022. In addition, the Committee asked NUH to present the findings of its review of Serious Incident reporting, including any lessons learnt and action taken in response to a future meeting of the Committee. Noting comments made by NUH representatives about the reporting of falls, the Chair commented that it will be interesting to see if the review identifies any other departments with a similar scale of issues to that of Maternity Services. The Committee also expressed an interest in hearing directly from frontline staff and agreed to explore options for doing this.

The Committee noted that, while the CQC identified areas of significant concern, it had rated the quality of care provided as 'Outstanding'. The Committee thanked frontline staff for their continued hard work and dedication through some very difficult times recently.

Resolved to:

- (1) request that Nottingham University Hospitals NHS Trust present the findings of its current review of Serious Incident reporting, including lessons learnt and action taken in response to the Committee;**
- (2) explore ways of hearing directly from frontline staff working at Nottingham University Hospitals NHS Trust;**

41 GP Services

Before the start of this item the Chair asked that her thanks to GPs across the City, who have worked tirelessly throughout the Covid pandemic to continue serving citizens at a time when resources and funding is stretched be put on record.

Joe Lunn, Associate Director of Primary Care Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) introduced the item reviewing the provision of GP services across Nottingham City. Along with Lucy Dadge, Chief Commissioning Officer Nottingham and Nottingham Clinical Commissioning Group, and Dr Ian GP Nottingham and Nottinghamshire Clinical Commissioning Group she highlighted the following information:

- (a) There are three different types of contract for provision of primary care services:
 - General Medical Services (GMS) – the national standard GP contract. Terms are determined nationally.
 - Personal Medical Services (PMS) – allows some local flexibility with similar to the GMS but the historic financial premium attached to this contract has eroded and there is a shift to the GMS.
 - Alternative Provider Medical Services (APMS) – allows for procurement of services to meet the local need, for a fixed contract term, usually 5 years;
- (b) Each practice receives a nationally negotiated sum of money for each patient, with capitation adjusted for age, sex, and patient need;

- (c) Alongside these contracts is the Quality and Outcome Framework, a voluntary system offering rewards and incentives based around four components and delivering a range of clinical targets. There is no specific target around access;
- (d) Practices can choose to offer an extended range of services through nationally and locally commissioned Enhanced Services contracts. The Network Contract for Directed Enhanced services is the basis for Primary Care Networks, providing structure for services developed on local need;
- (e) There have been a number of significant changes to the way primary care is contracted and delivered, particularly with the introduction of Primary Care Networks. This has particularly impacted on staffing, which is reported monthly, and allows for links into national workforce planning and recruitment and retention schemes and allows greater flexibility locally;
- (f) As part of offering Enhanced Services a network of practices will receive funding for additional clinical staff roles. This further allows the development of a network that caters specifically to the needs of the community. Across Nottingham and Nottinghamshire CCG there are currently 226 Additional Role staff in post adding to the professional support for GPs;
- (g) Following on from the initial stages of the Covid pandemic and the lockdown periods, face to face appointment rates at GPs are increasing again and the demand for same day appointments is also increasing steadily. Practices are offering more appointments than previously, and demand is higher than pre-pandemic levels. Practice level data is not available routinely, data shown within the report is CCG level only;
- (h) This access is monitored nationally, and although the Nottingham and Nottinghamshire CCG regularly scores better than the national average, there is a wide range of results between individual practices;
- (i) Along with the contract requirements for practices, the CCG also has a Primary Care Quality Dashboard, recording a variety of data including CQC inspection outcomes, clinical outcomes, patient experience and patient safety including safeguarding and relevant policies;
- (j) The CCG also regularly monitors the outcomes from CQC inspections. There are a number currently uninspected as new providers, but it is anticipated that these will be inspected imminently.

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

- (k) The pressures on access to GP services has been exacerbated by the Covid pandemic, and this has forced GPs to look at new ways by which patients can access services, including an increase in online, virtual appointments to help mitigate this pressure. Some Committee members highlighted that not all patients are able to, or feel comfortable with online appointments;

- (l) Concerns were raised by Ajanta Biswas, Healthwatch Nottingham and Nottinghamshire, and echoed by Committee members that the traditional contracts for GP services do little to help practices in areas of deprivation or to tackle the health inequalities experienced by communities in areas of social deprivation. There is a mechanism, applied nationally, to take into account deprivation, however it doesn't take into account health inequalities caused by other factors. Inequalities need to be addressed through the additional funding available. Some GP services have been set up with a short to medium term approach to address a need in a particular area, for example the Platform One practice. This allows the establishment of services in areas with more challenging need, and then allows them to stabilise before looking to the longer term;
- (m) GP patient participation groups can be well attended but there is significant variation between practices. Some continued to meet virtually during the pandemic, and some are actually more active now than before the pandemic. These groups are important, but resource to support them is limited;
- (n) Representatives of the CCG advised the Committee that once the Integrated Care System has been formally established in April 2022, it will be possible to shift more investment into primary care. This will be the opportunity to address health inequalities, allowing local practices to do more. In pilots this more local approach has worked well for patients and individual services designed around population need has shown to be better for patients;
- (o) The CCG is required to produce a GP Strategy by March 2022 to demonstrate how funding will be distributed. One of the medium term aims is to look at the grouping of practices within the Primary Care Networks and ensure each one can serve a locality as a whole;
- (p) In response to a question about whether the issue of non-attendance for appointments is still an issue, as reported to the Committee some years ago, Dr Ian Trimble stated that it can still be an issue for GPs and it impacts on their availability for other patients. Levels of non-attendance fell during the Covid pandemic but this may be due to the more rigorous triaging of patients prior to an appointment being made;
- (q) Dr Ian Trimble confirmed that it is now standard practice for GPs to make referrals to secondary care electronically. This has sped up the referral process and allows patients to be seen by specialist services initially much quicker;
- (r) One challenge for GPs is patients who have been referred to specialist services but who do not meet the threshold for immediate access and put onto a waiting list and whilst on the waiting list, these patients continue to access GP services in relation to the condition they were been referred for. The clinical management of these patients sits with the specialist services, and the patient continuing to access GP services adds additional pressure that should be met by specialist services.

- (s) A pilot is being run to try and address this additional pressure, including the use of a community anaesthetist to help manage pain, and a clinical team to help prepare patients for surgery with physiotherapy, and keeping them healthy prior to their operation. It is essential that the length of waiting lists is reduced to help relieve pressure on primary care;
- (t) There is also a need to manage patient expectations around GP services. It is often not possible to be seen face to face on the same day. Alternative ways to access services have been made more available, and virtual appointments continue to be rolled out;

The Chair thanked everyone for their contribution to the discussion. She asked that the draft GP Strategy be presented to the Committee for consideration prior to approval.

42 Proposed changes to Neonatal Services

The Chair introduced the report from Nottingham and Nottinghamshire Clinical Commissioning Group detailing proposed changes to neonatal services provided by Nottingham University Hospitals NHS Trust. She noted that the proposals included an increase in cot capacity at the Trust and, based on the information provided, overall they appeared to represent a positive improvement in service.

The Committee considered the proposals and concluded that it had no concerns with regards to either the proposals or arrangements for engagement on the proposals.

43 Work Programme

Jane Garrard, Senior Governance Officer, introduced the Committee's work programme for the remainder of the year. She highlighted that, in agreement with the Chair, the update on transition of patients from the Platform One Practice in December would be a written report only. Ajanta Biswas, Healthwatch Nottingham and Nottinghamshire, agreed to collate feedback from the Stakeholder Task Group and report that to the Committee as part of its consideration of the issues.

The Committee noted its work programme for the remainder of the year.

Health and Adult Social Care Scrutiny Committee
16 December 2021

Adult Social Care Medium Term Financial Position and Transformation Programme

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To consider proposals relating to adult social care in the draft Medium Term Financial Plan; and to receive an overview of the Adults Portfolio of the Council's Transformation Plan.

2 Action required

- 2.1 The Committee is asked to:
- a) identify any comments to feed into a response to consultation on the draft Medium Term Financial Plan; and
 - b) identify any further scrutiny required, including focus and timescale.

3 Background information

- 3.1 Information about the Council's in-year budget pressures, the financial context and the Council's response to addressing budget gaps was presented to the Overview and Scrutiny Committee on 3 November. In December that Committee looked in detail at the draft Medium Term Financial Plan 2022/23 – 2025/26 (MTFP) and in January the Committee will agree its response to the budget proposals. This meeting aims to give members of the Health and Adult Social Care Scrutiny Committee opportunity to focus on the financial position for Adult Social Care; and proposed savings related to Adult Social Care in the draft MTFP which is currently being consulted on. The draft MTFP was published as part of the papers for the meeting of Executive Board on 16 November 2021.
- 3.2 At the Overview and Scrutiny Committee meeting in October, councillors were advised that a key potential solution to the pressures facing the organisation is transformation of services leading to different models of delivery. Information on the Council's Transformation Programme, to support delivery of the Recovery and Improvement Plan, was presented to the Overview and Scrutiny Committee in October. This informed councillors that the programme related to delivery of changes to mitigate the substantial challenges facing the Council now, and enabling it to prosper in the future. It currently consists of 33 programmes and projects at different stages of development. This includes an Adults Portfolio which continues to focus on the principles of the Better Lives, Better Outcomes strategy.

- 3.3 In January 2022, the Overview and Scrutiny Committee will be agreeing its response to the budget proposals. This Committee may wish to identify comments on the draft MTFP to feed into that response. The Committee will also need to identify how it wishes to take forward further scrutiny on the delivery of agreed savings and progress of transformation activity relating to adult social care.

4 List of attached information

- 4.1 Paper from the Director for Adult Health and Social Care

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 'Medium Term Financial Plan 2022/23 to 2025/26' report to Executive Board on 16 November 2021
- 6.2 'The Council's Budget' report to Overview and Scrutiny Committee on 3 November 2021 and minutes of that meeting
- 6.3 'The Council's Transformation Programme' report to Overview and Scrutiny Committee on 6 October 2021 and minutes of that meeting

7 Wards affected

- 7.1 All

8 Contact information

- 8.1 Jane Garrard, Senior Governance Officer
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0115 8764315

Report for Health and Adult Social Care Scrutiny Committee- December 2021

Adult Social Care Update

This report provides an update on the medium term financial position in relation to Adult Social Care and the transformation programme.

MTFP:

The revenue element of the MTFP is set out in the context of the following factors:

- Increased demand for services, in particular those relating to Adult Social Care and Children's Social Care, which is expected to continue over the life of the plan;
- A challenging financial position with some ongoing impact of the Covid-19 pandemic on the Council's finances and the need to remain financially sustainable and resilient; and
- Lack of certainty over future funding that impacts on the Council's ability to carry out any long term financial planning.

This initial assessment of the MTFP is based on the following key assumptions:

1. A starting budget gap of £28 million for 2022/23 rising to £38.1 million in 2025/26, driven largely by inflationary and demand pressures and a reduction in Covid-19 funding from 2021/22 levels;
2. Assumed 2022/23 Settlement Funding Assumptions of £123.1 million, details of which are as yet unconfirmed and will be updated as part of the February 2022 MTFP Executive Board report;
3. A proposed increase in basic council tax from April 2022 of 1.99% and an additional increase of 1% Adult Social Care Precept to fund the pressures in Adult Social Care as permitted by Government for 2022/23. This results in a total proposed increase in Council Tax of 2.99% for 2022/23. The MTFP for the period 2023/24-2024/25 assumes an increase of 2.99% per annum comprising the same mix of funding, however, is subject to further clarification as part of the Provisional Settlement. The assumed Council Tax increase for 2025/26 is 1.99%;
4. Cost Pressures of £14.1 million in 2022/23 rising to £34.3 million in 2025/26, arising primarily from pressures in Children's and Adult Services;
5. An assumed pay award of 2.75% on the lowest point and 1.75% on all other points for 2021/22 and 2% pa for 2022/23 to 2025/26;
6. New savings of £12.2 million for 2022/23, of which £3.9 million requires public consultation; and
7. A remaining gap of £15.7 million for 2022/23, for which the Council is actively looking at options on how this may be achieved, including some focussed work on transformation of how Council services are delivered.

The total savings proposals address only 44% of the projected financial gap rather than the entire gap and, therefore, further work is ongoing over the coming weeks to address this and deliver both a balanced budget for 2022/23 and a balanced MTFP.

Adult Social Care faces many pressures including cost of care, demand variation – including Covid impact, citizen charges, income, grants, policy changes and contractual pressures. These factors will all impact on the financial position.

There are currently several savings proposals which are being consulted on as part of the Council's wider budget consultation as detailed in the table below:

New Savings Proposals not requiring Public Consultation (see Table 14)

Appendix 2

	Department	Service Area	Title of Proposal	Narrative	2022/23 £m	2023/24 £m	2024/25 £m	2025/26 £m
1	People	Adult Health and Social Care	Backdated and extended fairer charging for care services	Charges are backdated to the start of long term service rather than after the financial assessment. People are charged as soon as their reablement episode is complete and aims are met, at average independent sector rate, for their service from the council's in-house homecare and Social Care Reablement services	(0.098)	(0.098)	(0.098)	(0.098)
2	People	Adult Health and Social Care	Nottingham Pathway Service and strengths-based practice	On-going benefits of the continued development of strengths based work, primarily from the pathways service and preventive approaches with people who are new/relatively new to social care, supporting access to work, volunteering and activities they choose	(0.150)	(0.150)	(0.150)	(0.150)
3	People	Adult Health and Social Care	Liberty Protection Safeguards - delay implementation preparation	Delay commissioning a provider to support preparation for implementation of new legislation due to delayed implementation of new legislation	(0.500)	0.000	0.000	0.000
4	People	Adult Health and Social Care	Proactive reviews and timely assessments	Invest in capacity to carry out more planned and proactive person centred reviews and assessments, in a more timely way, resulting in less failure demand, opportunities to right-size care packages and to apply preventive approaches	(1.275)	(1.879)	(1.879)	(1.879)
5	People	Adult Health and Social Care	Proactive reviews and timely assessments - from the transformation programme	Invest in capacity to carry out more planned and proactive person centred reviews and assessments, in a more timely way, resulting in less failure demand, opportunities to right-size care packages, and apply preventive approaches. To include Occupational Therapy-led assessments and strengths-based approaches	0.000	(0.430)	(1.270)	(1.270)
6	People	Adult Health and Social Care	CCG contributions to work streams	CCG are asked to fund services that meet health needs	(0.029)	(0.029)	(0.029)	(0.029)

Adult Health & Social Care Transformation Programme

The current transformation programme for Adults Health and Social Care continues to focus on the principles of the Better Lives; Better Outcomes strategy. The following principles of demand management are at the core of the programme:

- Focus on a positive experience and a better outcome for people for whom we have a statutory duty – the statutory wellbeing duty
- Work in partnership to co-produce and agree change = people (citizens) on board vs. challenge/barriers to change
- Getting it right first time, and quickly – reducing failure demand
- Lean processes – reducing duplication and improving the customer experience
- How we interact with people has significant potential to increase or reduce demands for the future
- Therefore staff (who 'do the interaction') are our primary resource - the little budget manages the big budget

Based on a continuation of progress against the Better Lives, Better Outcomes strategy; benchmarking data; and engagement with frontline staff, people who use services and partners - Adult Social Care has developed an ambitious transformation programme, including 20 projects that cover three key areas:

Prevention: projects that will 'prevent, reduce or delay' need for care and support;

Service offer: projects that will focus on ensuring that people have choice and control over what happens to them and how support meets their needs in the most appropriate setting for them, and;

Enablers: projects that will underpin the delivery of all other changes, encompassing the use of technology, updated standards and policies and effective workforce recruitment and retention. The programme aims to deliver the Social Care Futures Inquiries' 5 key changes to the residents of Nottingham:

1. Communities where everyone belongs;
2. Living in the place we call home;
3. Leading the lives we want to live;
4. More resources, better used;
5. Sharing power as equals.

An outline business case is currently in development to take forward the programme. 6 projects have been identified as an initial priority from the list of 20.

#	Project Name	How the preferred option for this project will deliver the objectives
1	Information, Advice and Access	<ul style="list-style-type: none"> Giving more access to the residents of Nottingham to take self-assessments, range of channels for advice and local access points to clinics This project is noted here for reference as the Customer First Outline Business Case is under development that will look at the benefits of a council-wide approach to customer management, including the front-door of Adults Health and Social Care.
2	OT/prevention led reviews for existing people	<ul style="list-style-type: none"> Focuses on delivering good quality services to maintain and maximise independence to better meet outcomes for individuals. Supports the prevention agenda to tackle the root causes of issues and not just the symptoms through taking a strength based approach. Underpins local networks of health and social care supporting potential commissioning intervention for individuals.
3	Extending face to face prevention work for new people	<ul style="list-style-type: none"> Shifting focus from management of care to enablement and prevention to avoid crisis

4	Development of options for more independent living	<ul style="list-style-type: none"> • Supports individuals to stay safe and well and live as independently as possible because the core aim of supported living is to restore and retain an individual's independence through supported living arrangements opposed to residential care, • Supports personal and community resilience through reducing dependence on council funded support where possible to benefit the individual.
5	Extend the range of options and approaches to facilitate how needs are met	<ul style="list-style-type: none"> • Much like project 4 this project supports individuals to live more independently through giving each individual more choice and control in decisions for their care and support • Views the citizen in the driving seat as the expert in their own life and gives them more influence to shape decisions that affect their life.
6	Performance framework and CMS development	<ul style="list-style-type: none"> • This project should be viewed as an enabler that is focused on demonstrating improved outcomes, the realization of benefits and tracking data to support the delivery of projects and not necessarily a project in itself.

Below are the key non-financial objectives that the Adults Transformation Programme aims to achieve both strategically and for citizens and the wider community.

Table - Strategic Objectives of the Programme

Strategic Objectives of the Programme
Help people to stay safe, well, and to live as independently as possible.
Enable all older and disabled citizens, including those with mental health needs, and children with disabilities and their families in Nottingham to live as independently as they can, with a connection to their communities. When formal care and support is needed, its aim will be to retain and restore independence.
Support the prevention agenda to tackle the root causes of issues and not just the symptoms.
Supporting people to define what they want to achieve and have choice and control over what happens to them, in the most appropriate setting, and how support meets their needs.
Focus on delivering better quality services that are appropriate and proportionate, achieving the best outcomes and a positive experience
Empower Nottingham City Council to work as "one council" to deliver services and support in a joined

up and efficient way.

Table - Objectives of the Programme for Citizens

Objectives of the Programme for Citizens
Support the outcomes in the Better Lives, Better Outcomes Strategy
Increase independence and reduce need for care.
Promote healthy lifestyles and intervene early when people's wellbeing is at risk to avoid crisis and loss of independence to support prevention.
Ensure citizens are connected to the resources and support in their local neighbourhoods.
Support personal and community resilience, strengths and resources, reducing dependence on council funded support where possible to benefit the individual.
View the citizen in the driving seat, as the expert in their own life; co-producing and shaping solutions around the outcomes which matter for individuals.

Table - Objectives of the Programme for the Wider Community

Objectives of the Programme for the Wider Community
Support people actively contributing to their local community, through volunteering, paid employment, and sharing their skills and knowledge with others.
Explore individual and community resources whilst identifying gaps for potential for positive community cohesion
Underpin the accessibility of local networks of health and social care support interventions and potential commissioning intervention.

Significant engagement and discovery work has taken place in the development of this programme and the six priority projects within it. To date this has included engaging with all teams within Adult Health and Social Care to understand challenges, ideas and opportunities. Furthermore, the projects proposed here include proven models that have improved outcomes and realised savings in other Councils, through a significant focus on prevention and other key areas. Importantly the delivery of the programme will be supported by the Council's Transformation Office to provide dedicated support to coordinate and facilitate delivery as part of the broader Council transformation. This

includes support with resources and capacity where required, an end to end governance process with escalation routes for issues and risks and reporting tools and templates to track progress.

**Health and Adult Social Care Scrutiny Committee
16 December 2021**

Platform One Practice – Transition of Patients

Report of the Head of Legal and Governance

1 Purpose

- 1.1 To review the transfer of patients from the Platform One practice to the Parliament Street Medical Centre and of patients dispersed to GP practices in their own area.

2 Action required

- 2.1 The Committee is asked to:
- a) review the transfer/ dispersal of patients from Platform One practice; and decide if:
 - a. further scrutiny is required and, if so, the focus and timescales for this; or
 - b. it wishes to make any comment or recommendation.

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.
- 3.2 The Committee had serious 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.
- 3.3 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 wanted 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. In May, the CCG updated the Committee on progress towards the launch date for transfer/ dispersal of patients from Platform One on 1 July 2021. At that meeting, Ajanta Biswas, who chaired the Platform One Stakeholder Task and Finish Group, reported that feedback from Task Group was that things were progressing smoothly.
- 3.4 Five months after the launch, the Committee wanted to assess the initial impact of the transition of patients to the new provider, Parliament Street Medical Centre, and to local practices, with a particular focus on vulnerable patients.

- 3.5 The CCG has submitted a written paper to the Committee providing an update on the transition of patients of the Platform One Practice to Parliament Street Medical Centre and other general practices, including the transfer process, details of patients transferred, patient and stakeholder feedback and the Severe Multiple Disadvantage Local Enhanced Service. In agreement with the Chair, this is a written paper only for the Committee's consideration and no one from the CCG will be attending the meeting. Any questions or issues arising from the paper will be directed to the CCG, or other appropriate organisation, following the meeting for response.

4 List of attached information

- 4.1 'Platform One Practice – Transition of Patients' Update' paper 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 held on 19 November 2020, 17 December 2020, 11 February 2021, 11 March 2021, 15 April 2021 and 13 May 2021.

7 Wards affected

- 7.1 All

8 Contact information

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Nottingham City Health Scrutiny Committee

Meeting 16 December 2021

Platform One Practice – transition of patients’ update

Dear Colleagues,

Nottingham City Council Health Scrutiny Committee have asked NHS Nottingham and Nottinghamshire CCG to provide an update for Members at the December 2021 meeting in relation to:

- Platform One Practice – transition of patients from Platform One Practice to Parliament Street Medical Centre

The narrative overleaf summaries the position to date.

Joe Lunn

Associate Director of Primary Care

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Platform One Practice – transition of patients’ update

1. Introduction

This paper provides an update to Nottingham City Council’s Health Scrutiny Committee (HSC) on the transfer of patients from Platform One Practice to Parliament Street Medical Centre and other general practices. The Committee asked to be updated on the initial impact of the transfer of patients, with particular focus on the experiences of vulnerable patients.

This paper is set out as follows:

- Background and Platform One task and finish group
- Patient transfer process
- Breakdown of patients transferred
- Patient and stakeholder feedback
- Severe multiple disadvantage (SMD) local enhanced services (LES)

2. Background

The APMS (Alternative Provider Medical Services) contract held by NEMS for the Platform One Practice came to an end on 30 June 2021. Following an Expressions of Interest process a new provider was awarded an APMS contract for a term of 10 years with an option to extend for a further 5 years (maximum 15 years). The new provider, Nottingham City GP Alliance (NCGPA) operating the practice under the name Parliament Street Medical Centre commenced delivery of primary medical services at Upper Parliament Street, Nottingham, on 1 July 2021.

During 2021, the CCG attended HSC meetings to update on the patient transfer process. The committee recommended the establishment of a task and finish group *‘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. This includes communications and engagement by the CCG with patients being allocated to other practices across Nottingham City and Nottinghamshire County.’*

The task and finish group met from March 2021 onwards, with the final meeting taking place in August 2021. Membership of the group included stakeholders representing patient cohorts (including vulnerable patient cohorts), service provider representatives and the CCG. The group was chaired by a member of Healthwatch Nottingham and Nottinghamshire.

To support patient transfer, the communication resources below were created and disseminated to task and finish group members and wider stakeholders:

- Credit card sized leaflet to reassure homeless patients (translated as requested)
- Leaflet for NEMS Platform One Practice for patients who attend the practice premises
- Briefing for front-line staff supporting vulnerable people
- Key messages and frequently asked questions (FAQs)
- Social media assets for organisations to use through their own channels

3. Patient transfer process

The CCG mapping exercise identified the health needs of patient cohorts transferring to Parliament Street Medical Centre and other general practices. This information was based on data extracted by Platform One Practice from their clinical system (electronic patient records). This identified patients with mental health needs, homeless, asylum seekers, and substance misuse registers, and other cohorts of patients.

Task and finish group members and wider stakeholders that represented the cohorts of patients supported the transfer process by disseminating the communication resources produced to support teams and working directly with patient cohorts to assist them through the transfer process.

The CCG worked with Nottinghamshire Healthcare Trust (NHT) to identify patients transferring to other general practices where this would have resulted in a move to different Local Mental Health Team (LMHT) to support their care needs. To ensure patients accessing mental health services were supported effectively through the process, NHT confirmed that patients would remain with their current LMHT until it was safe for their care to be handed over to a new team.

For offender/ex-offender cohorts, the CCG identified patients residing in the two probation hostels, both hostel postcodes were within the new practice boundary for Parliament Street Medical Centre so no transfer of patients to other general practices took place. The CCG also liaised with NHS England and Improvements Health & Justice commissioning colleagues and the National Probation Service to ensure patients leaving the justice system are informed of the change.

Discussions with stakeholders also helped to ensure identification of other small cohorts of patients and enabled distribution of communications in relation to the transfer to other general practices.

4. Breakdown of patients allocated

4.1. Patients allocated to other Nottingham and Nottinghamshire general practices

Figures based on information extracted by Platform One Practice from their clinical system. Of the 2,664 patients that were allocated to other Nottingham and Nottinghamshire general practices:

- 46 patients were on the mental health register
- 13 patients were on the substance misuse register
- 41 patients were on the refugee/asylum seekers register
- 0 homeless patients*

* All patients identified as homeless resided within the new practice boundary for Parliament Street Medical Centre, however support workers did help some patients register at alternative general practices.

Of the 2,664 patients on the allocation list:

- 53 patients were allocated across 25 general practices in Mid-Nottinghamshire
- 886 patients were allocated across 40 general practices in South Nottinghamshire
- 1,725 patients were allocated across 40 general practices in Nottingham City

The allocation of patients to Nottingham and Nottinghamshire general practices took place in June 2021. All patients are registered with a new practice, with a small number of patients having made the decision to register with a practice of their choice.

4.2. Patients transferred to Parliament Street Medical Centre

On 30 November 2021, the registered list size for Parliament Street Medical Centre is 7,701.

Since the start of the contract Parliament Street Medical Centre has worked with patients to ensure they understand the needs of their most vulnerable patient cohorts, ensuring that coding accurately reflect patient needs. The current number of vulnerable patients being supported by Parliament Street Medical Centre is:

- 120 patients on the mental health register
- 728 patients on the substance misuse register
- 344 patients on the refugee/asylum seekers register
- 584 homeless patients (includes other vulnerable patients using the practice address as their registered address)

The CCG has considered risks and/or issues arising during the transfer process and will continue to monitor for further risks or issues that may occur going forward ensuring they are addressed quickly.

5. Patient and stakeholder feedback

5.1. Patient feedback

The CCG Patient Experience Team received 86 contacts regarding the closure of Platform One Practice; 5 contacts were complaints and the remaining 81 were enquiries. The majority of enquires were about the practice they had been allocated to, there were some enquiries from patients that had not received a letter advising of the closure, or a letter advising of the practice they had been allocated to.

5.2. Stakeholder feedback

The final task and finish group took place in August 2021, stakeholders fully engaged in the process of sharing communications produced and engaging client groups to ensure they were informed during the transfer. At the final meeting stakeholders were given the opportunity to feedback on being involved in the transfer planning process and agreed it had helped to ensure they were able to support their clients across vulnerable cohorts.

Further to the above, the CCG recently undertook an online survey asking stakeholders for any additional information or feedback.

The following questions were asked:

- Did the communication resources recommended by the group help vulnerable patients/clients understand that they were being transferred to another practice
- Did the communication resources aid support workers when linking with vulnerable clients to explain what was happening?

- Following the transfer, was there any other information that may have helped you, vulnerable patients or support workers better?
- Please provide further details about what other information may have helped
- Were there any themes that came from the transfer process from vulnerable patients?
- Are there any other comments you wish to make?

The survey link was circulated to all stakeholders involved in the task and finish group allowing a week for completion, no additional feedback was received.

The CCG will continue to build on relationships going forward, engaging stakeholders on other pieces of work where the impact on patient cohorts are essential considerations.

5.3. Parliament Street Medical Centre

Parliament Street Medical Centre has now been operating for 5 months and to date the CCG has not received any formal complaints or feedback from patients. As a new practice, patient satisfaction rates are not captured in the current annual national GP Survey published over the summer. However, satisfaction rates will be captured in the next annual GP Survey, with results being published in 2022.

Feedback from the practice acknowledges the transfer has not been without challenges, due to the loss of some established staff members (clinical and non-clinical) prior to transfer. NCGPA and transferred staff are committed to providing effective patient centred care but acknowledge pressures whilst recruiting; combined with the high demand currently faced by all general practices across the City.

NCGPA is committed to quality driven, cost effective, patient centred care particularly for the most disadvantaged in the City, running two other practices in Bilborough serving significantly deprived and disadvantaged neighbourhoods shows their commitment to this.

NCGPA are committed to resolving the workforce recruitment challenges and are currently overcommitting to ensure that this is successful. NCGPA remain committed to working with the CCG to develop further services that improve the care of patients and help reduce health inequalities across the City such as those with severe multiple disadvantages or those with complex/vulnerable needs.

6. Severe multiple disadvantage (SMD) local enhanced services (LES)

The CCG developed the SMD LES to support and improve primary care services for people facing severe multiple disadvantage and to increase awareness and understanding among primary care. This aims to facilitate provision of accessible high-quality primary care to meet the needs of these vulnerable patients registered with all practices in Nottingham and Nottinghamshire.

Criteria for inclusion are:

- Homeless (or)
- Facing SMD: defined as 2 out of 4 of the following criteria:
 - Homelessness
 - Substance misuse
 - Mental illness
 - Victim of interpersonal violence or abuse

In March 2021 practices were invited to sign up to the LES, 85 out of 124 practices are currently signed up and delivering this LES, 32/46 are Nottingham City practices. Parliament Street Medical Centre is fully engaged in the LES and has already identified a significant number of patients meeting the definition SMD. Across Nottingham City 803 patients have already been identified and are being supported by the SMD LES.

When the SMD LES was developed, two other LESs were also developed to support vulnerable patients' cohorts:

6.1. Physical Health Checks for Serious Mental Illness (SMI) LES

This LES supports practices to provide high quality physical health checks and follow up interventions to people with a SMI. Aims is to improve the physical health of people with SMI, in turn reducing premature mortality rates and health inequalities experienced by this patient cohort.

Practices were invited to sign up to this LES in March 2021, 122 of 124 practices are signed up and delivering this LES, all Nottingham City practices are signed up (46/46).

6.2. Safeguarding Local Enhanced Service 2021/22

This LES supports practices to develop their safeguarding infrastructure and processes in order that all relevant information is submitted by GPs in a timely manner to Child Protection Case Conferences, special circumstances meetings and Multi Agency Risk Assessment Conferences (MARACs).

Practices were invited to sign up to this LES in March 2021, 120 of 124 practices are signed up and delivering this LES, all Nottingham City practices are signed up (46/46).

7. Conclusion

The transfer of patients from Platform One Practice to Parliament Street Medical Centre and other Nottingham and Nottinghamshire practices is now complete and was a smooth transition for the majority of patients. The Task and Finish Group aided this success by ensuring that communication resources developed met the needs of the vulnerable population. In addition, the significant work of support workers and stakeholders representing patient cohorts, working directly with their clients helped to ensure support during this transitional period.

The CCG will continue to monitor risks or issues and ensure they are addressed quickly.

Practices engagement in the SMD LES to identify patients has ensured wider awareness of this vulnerable group of patients, positively identifying 803 patients to date across Nottingham City practices.

This LES was an additional positive outcome of the procurement process ensuring this vulnerable cohort of patients have access to care that meets their current and ongoing needs.

The introduction of the SMD, SMI and safeguarding LESs demonstrates the CCGs ongoing commitment to ensuring that vulnerable patients have access to high-quality primary care.

**Health and Adult Social Care Scrutiny Committee
16 December 2021**

Work Programme

Report of the Head of Legal and Governance

1. Purpose

- 1.1 To consider the Committee's work programme for 2021/22 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 2021/22 and make amendments to this programme as appropriate.

3. Background information

- 3.1 The purpose of the Health Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:
- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
 - taking a strategic overview of the integration of health, including public health, and social care;
 - proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
 - being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.
- 3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:
- to review any matter relating to the planning, provision and operation of health services in the area;
 - to require information from certain health bodies¹ about the planning, provision and operation of health services in the area;
 - to require attendance at meetings from members and employees working in certain health bodies¹;
 - to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);

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.

- 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 2021/22 is attached at Appendix 1.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee Work Programme 2021/22

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 and Adult Social Care Scrutiny Committee 2021/22 Work Programme

Date	Items
13 May 2021	<ul style="list-style-type: none"> • Terms of Reference To note the terms of reference for the Committee • Platform One To assess progress towards the transition date of 1 July 2021, particularly in relation to vulnerable patients to be dispersed to local practices (to include reference to how the EQIA is evolving, being monitored and responded to) • Nottinghamshire Healthcare NHS Foundation Trust Strategy To consider the Trust's strategy in order to identify a focus for any further scrutiny of mental health issues in 2021/22 • Work Programme 2021/22
17 June 2021	<ul style="list-style-type: none"> • Integration and Innovation White Paper To consider the implications of proposed reforms to health and care and the potential local impact • Integrated Care System: Community Care Transformation To consider and comment on this ICS priority which will involve a review of all community services • Quality Accounts 2020/21 To note the scrutiny comments on each Quality Account (if any submitted) • Work Programme 2021/22
15 July 2021	<ul style="list-style-type: none"> • Maternity Services To review the action taken by NUH over the last six months to improve maternity services • Tomorrow's NUH¹

¹ Informal meeting held to do some deep dive consideration of the Tomorrow's NUH programme 30 June 2021 (Phil Britt, Nina Ennis, Lucy Dadge) focused on maternity and cancer services. A further deep dive meeting to be held later in the year to focus on outpatients' care and splitting elective/ emergency services.

Date	Items
	<p>To consider progress to date and plans for consultation and engagement.</p> <ul style="list-style-type: none"> • Work Programme 2021/22
16 September 2021	<ul style="list-style-type: none"> • Assessment, Referrals and Waiting Lists for Psychological Support To consider the Nottinghamshire Healthcare NHS Foundation Trust's plans for managing access to psychological support, particularly in relation to step 4 psychotherapy and psychological therapies. • Reconfiguration of Acute Stroke Services To consider proposals for making changes to the configuration of acute stroke services permanent. Changes were made on a temporary basis to support the response to the Covid pandemic. If it is proposed to make the changes permanent, then this is likely to be a substantial variation to services and the Committee will need to carry out its statutory role as a consultee • Covid 19 Local Vaccination Programme To assess progress with local delivery of the vaccination against national targets (at 23/03/21 the whole population should have had at least one dose by the end of July 2021) • Work Programme 2021/22
14 October 2021	<ul style="list-style-type: none"> • Update on Elective Care Recovery To scrutinise the impact of delays on elective care due to Covid 19, plans to mitigate this impact and the progress with meeting need following delays • Eating Disorder Services To assess the impact of expansion to workforce capacity to services, consider the continuing use of BMI as a threshold for access to services and to consider the impact of out of area adult inpatient placements. • Work Programme 2021/22
11 November 2021	<ul style="list-style-type: none"> • Nottingham University Hospitals NHS Trust – CQC Inspection To consider the findings of the recent CQC Inspection of NUH and scrutinise action being taken to address areas identified as inadequate and requiring improvement, with a particular focus on the

Date	Items
	<p>Well-Led domain.</p> <ul style="list-style-type: none"> • GP Services To review GP provision and access across the City • Proposals for changes to Neonatal Services To consider proposals for changes to neonatal services provided by Nottingham University Hospitals NHS Trust. • Work Programme 2021/22
16 December 2021	<ul style="list-style-type: none"> • Draft Medium Term Financial Plan (MTFP) - Adult Social Care focus To consider proposals relating to Adult Social Care in the draft MTFP (as part of the consultation on the MTFP) • Transformation Programme Adults Portfolio To receive an overview of the Adults Portfolio of the Council's Transformation Programme • Platform One To assess the initial impact of the transition to the new city centre practice and to local practices, with particular reference to the experiences of vulnerable patients. • Work Programme 2021/22
13 January 2022	<ul style="list-style-type: none"> • Adult Social Care Workforce Development Plan To review the draft Workforce Development Plan, which forms part of the Council's recovery and improvement activity • Nottingham City Safeguarding Adults Board Annual Report 2020/21 To receive evidence from the Safeguarding Adults Board regarding work to safeguard adults in the City; scrutinise the work of the Board, including consideration of its 2020/21 Annual Report; and identify any issues or evidence relevant to the Committee's work programme. • Work Programme 2021/22

Date	Items
17 February 2022	<ul style="list-style-type: none"> • Nottingham University Hospitals NHS Trust Maternity Services To review action being taken by NUH to improve maternity services following CQC rating of 'Inadequate' in December 2020 • Provision of Services for Adults with Learning Disabilities To review changes to provision for adults with learning disabilities • Work Programme 2021/22
17 March 2022	<ul style="list-style-type: none"> • GP Strategy To review proposals for the draft GP Strategy • Work Programme 2021/22
15 April 2022	<ul style="list-style-type: none"> • Reconfiguration of Acute Stroke Services To consider the proposals for making changes to the configuration of acute stroke services permanent, which is a substantial variation of services and therefore the Committee will need to carry out its statutory role as a consultee • Work Programme 2022/23

Items to be scheduled

It was agreed at the 13 May HSC meeting that some members would visit the new SMD LES once it is safe to do so, ie post pandemic (liaise with Joe Lunn, CCG)

Item	Focus
1. Discharge and after care (including impact on Social Care)	To consider the effectiveness, including the impact on adult social care, of current plans and practice for the discharge of patients from hospital care -
2. NHS and National	Update on the Decision Making Business Case and implementation plans

Item	Focus
Rehabilitation Centre (NRC)	
3. White Paper	To contribute to discussions about new arrangements, especially in relation to governance, representation on committees and engagement and consultation with the public about local changes
4. Community Care Transformation	CCG to keep HSC informed of progress at Chair/ Vice Chair and CCG monthly meetings.
5. Child and Adolescent Mental Health Services (CAMHS)	(a) To consider the services provided by CAMHS in the light of the need for support as the city recovers from the pandemic; and (b) To consider systems and processes in place to ensure effective transition from CAMHS to Adult Mental Health Services (Recommendation from the Children and Young People Scrutiny Committee)
6. Health Inequalities	To consider how health inequality is measured, how factors which impact on health are established (including barriers to access) and where hot spots identified (geographical and community) and to scrutinise how partners work together to tackle particular aspects of health inequality ²
7. Dental Services	To review access to dental services during the Covid-19 pandemic, the impact of reduced access and reinstatement of services, future dental provision contracts/ private and public treatment.
8. Nottingham University Hospitals NHS Trust review of Serious Incident reporting	To consider findings of NUH's review of Serious Incident reporting, any lessons learnt and action taken in response

Reserve Items

² Following this to identify an area where scrutiny can add value by more detailed consideration at a future meeting(s), for example: BAME health experiences and access to services/ Poverty and the impact on health and access to services/ Support for those new to the city from other countries to access available NHS services/ Access to PEP medication to prevent HIV (pilot)/ Waiting lists in the context of health inequalities (see notes below funder impact of Covid on elective services from meeting with CCG 03/04/2021)

Item	Focus
9. Alcohol dependency/ Alcohol related issues	Potential role of HSC in relation to impact on health when premises are licensed for sale of alcohol
10. Carer Support Services	To review support for carers during the Covid-19 pandemic
11. Gender reassignment services	Need for scrutiny and focus to be identified
12. Impact of Covid-19 on disabled people	Need for scrutiny and focus to be identified
13. 111 First	Changes to the service as a result of Covid

Healthwatch Priorities for 2021/22 – for information

- Long Term Conditions, primarily diabetes: management, education and support for patients
- Primary Care Strategy and Integrated Care Partnership strategy.