NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES

of the meeting held on **23 MAY 2012** at Loxley House from 1.30 pm to 2.58 pm

Membership

✓	Councillor M Aslam	
	Councillor M Bryan	
	Councillor E Campbell	
✓	Councillor A Choudhry	
	Councillor E Dewinton	
✓	Councillor G Klein	
✓	Councillor Molife	
✓	Councillor B Ottewell	
✓	Councillor S Parton	(substitute for Councillor Spencer)
	Councillor T Spencer	
	Councillor R Steel	

✓ indicates presence at meeting

Also in attendance

Ms S Aziz	- Head of Patient and Public Involvement	) Nottingham CityCare) Partnership
Ms R Galbraith	- Assistant Director, Governance	
Mr N McMenamin	- Overview and Scrutiny Co-ordinator	) Nottingham City Council

1 APPOINTMENT OF CHAIR

RESOLVED that Councillor Klein be appointed Chair for the municipal year 2012/13.

2 APPOINTMENT OF VICE-CHAIR

RESOLVED that Councillor Molife be appointed Vice-Chair for the municipal year 2012/13.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Campbell and Dewinton (other Council business) and from Councillors Bryan and Councillor Spencer.

4 DECLARATIONS OF INTERESTS

No declarations of interests were made.

5 MINUTES

RESOLVED that the minutes of the last meeting held on 25 January 2012, copies of which had been circulated, be confirmed and signed by the Chair.

6 QUALITY ACCOUNT 2011/12 – NOTTINGHAM CITYCARE PARTNERSHIP

(a) Report of Head of Democratic Services

Consideration was given to a report of the Head of Democratic Services, copies of which had been circulated. The report outlined purpose of quality accounts and the role the Health Scrutiny Panel in ensuring quality of service and public accountability.

RESOLVED that the report be noted.

(b) Nottingham CityCare Partnership Quality Account Document

Further to minute 17 dated 25 January 2012, consideration was given to the Nottingham CityCare Partnership Quality Account (QA) document, copies of which had been circulated.

The document was introduced by Ms S Aziz, Head of Patient and Public Involvement, and Ms R Galbraith, Assistant Director of Governance. They explained that the QA document had been informed by a series of listening events and by patient and public feedback, and that the final version of the document would contain additional case studies. The Partnership was committed to making the QA available and accessible to the public. Ms Aziz and Ms Galbraith also confirmed the importance to the Partnership of its research profile and performance.

The Panel's comments and questions were responded to as follows:

- it was explained that, in addition to mandatory national targets, the Partnership set a number of internal objectives. Mandatory targets were based on demographic information and intelligence, meaning that local population health needs were reflected in those targets;

- medicines management and medicine safety issues had been identified as a Partnership priority by patients, who had identified miscommunication at the point of discharge as a potential risk, especially for those with several long-term conditions. It was explained that the Partnership now employed their own internal pharmacists and technicians, reducing the scope for errors and miscommunication. It was also confirmed that nurses did not currently prescribe controlled drugs, though the Advance Nurse Practitioner role was being reviewed, and this could change in future;

- the provision of intensive, integrated training on preventing pressure ulcers, involving health and social care providers, was an ongoing priority. The importance of proper diet, care and mobility for increasing numbers of elderly, frail people with complex needs could not be overstated, and the issue was to the forefront of the adult safeguarding agenda;

- the Partnership understood that if patients were unhappy with the levels of service provided, patients could source care elsewhere using their personal budget allocations. Customer care training was therefore being rolled out for all Partnership staff, drawing on real-life negative experience and case studies, and setting minimum standards of behaviour for all;

- it was confirmed that the final QA document would be posted on the Partnership's website and hard copies made available to patient groups. Work was also ongoing to produce an easy-to-read version for wider public consumption.

RESOLVED that

(1) the commendable level of research being carried out by the Nottingham CityCare Partnership be noted;

(2) a written response of the Chair of the Committee be sent in response to the Quality Account, with the wording at the appendix to these minutes being inserted in the final published version of the Partnership's Quality Account;

(3) the appreciation of the Committee for the attendance and contributions of Ms Aziz and Ms Galbraith in explaining the Quality Account be recorded.

7 NHS TRANSITION ARRANGEMENTS

(a) Report of Head of Democratic Services

Consideration was given to a report of the Head of Democratic Services, copies of which had been circulated.

The report summarised the role of the Health Scrutiny Panel in scrutinising local arrangements for commissioning and delivery of local health services to ensure reduced health inequalities, access to services and best health outcomes for citizens. It was explained that Ms D Smith of Nottingham City Clinical Commissioning Group could not attend this meeting because of pressing commitments elsewhere, but would attend the Panel's July 2012 meeting.

RESOLVED that the report be noted.

(b) Discussion with Mr A Hall, Acting Director of Health and Wellbeing Transitions, NHS Nottingham City/Nottingham City Council

Mr Hall provided an update in respect of the Health and Well-being Board, the transfer of Public Health responsibilities to the City Council and the development of Healthwatch as follows:

- the Health and Well-being Board had been operating in shadow form since October 2011, and its primary responsibilities going forward were to produce a Health and Well-being Strategy and to update and refresh the Joint Strategic Needs Assessment. Board partners were committed to reducing health inequalities through early intervention, achieving citizen change and addressing

families with complex needs. Key Strategy strands included domestic violence, mental health, frailty, spatial planning and health, and priority families;

- the City Council was to assume responsibility for public health functions from April 2013, involving 40 staff and £22 million in transferred funding from the NHS. This funding would be used to promote, among other things, lifestyle improvement, alcohol and drug treatment, sexual health and children's health services. Commissioning priorities were currently identified within the NHS but would eventually fall to the Executive Board Commissioning Sub-Committee;

- a Health Engagement Liaison Project contract was now active, providing support for existing Local Involvement Networks, and helping to design Healthwatch as a member organisation. A host organisation would be identified via tender process, expected to commence in October 2012, with Healthwatch expected to be in place from April 2013.

In the discussion which followed, the following issues were raised and points made:

- it was explained that it had originally been thought that Healthwatch would provide advocacy, but this was no longer necessarily the case. Advocacy was currently provided on a regional basis by the Carers Federation;

- most public health priorities were already embedded within the Nottingham Plan, so these would be ongoing, though it was acknowledged that some priorities could change once the Council assumed responsibility for the function;

- it was confirmed that a referral hub for accessing public health services was in place, and that this had resulted in increased efficiencies in respect of engaging more citizens for the same budget;

- it was also confirmed that health protection issues, such as the control of communicable diseases and chemical spills, was to transfer to the City Council from April 2013, and was to be managed through the Council-led Local Resilience Forum. While it was acknowledged that Nottingham's large student population posed specific health protection challenges, such as an increased risk of meningitis outbreaks, the Council was obliged to address those challenges.

RESOLVED that the update, and the Panel's comments, be noted, and, in view of the quickening pace of transition arrangements, that Mr Hall be invited to update the Panel at its meetings in July, September and November 2012.

8 WORK PROGRAMME 2012/13

Consideration was given to the report of the Head of Democratic Services, copies of which had been circulated.

In the discussion which followed, the Panel identified GP waiting times as an issue for further consideration at its July 2012 meeting, and agreed that consideration of the GP Practice of Choice Pilot should also take place at the July 2012 meeting. Panel members also requested a refresher briefing session, covering NHS transition and recent legislative changes, to take place before the July 2012 meeting.

RESOLVED

(1) that the following additions to the Panel's work programme be agreed:

'GP Practice of Choice: Nottingham Pilot' and 'GP Waiting Times in Nottingham City' to the July 2012 meeting;

(2) that the Overview and Scrutiny Review Co-ordinator provide a refresher briefing session, covering NHS transition and recent legislative changes, immediately preceding the July 2012 Panel meeting.

9 DATES OF FUTURE MEETINGS

RESOLVED that the Panel agree meeting at 1.30pm on the following Wednesdays:

2012	2013
25 July	30 January
26 September	27 March
28 November	

APPENDIX

COMMENT FROM HEALTH SCRUTINY PANEL FOR INCLUSION IN NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT

The Nottingham City Health Scrutiny Panel believes that the Quality Account 2011-12 is a fair reflection of the services provided by Nottingham CityCare Partnership, based on the knowledge the Committee has of the Trust.

The information contained in the Quality Account is clearly presented and we are pleased to see the use of clear and accessible language. The use of case studies is particularly effective in highlighting actions that the Trust has taken in response to patient and public feedback.

We welcome recent innovations in safeguarding adults through the recruitment of Special Interest Practitioners and Mental Capacity Act Champions, and in safeguarding children, particularly through greater partnership working with Nottingham Emergency Medical Services and the Local Authority.

We also welcome the work of the Nottingham End of Life Care Team in implementing the old Standards Framework and Best Practice Principles, and commend the resulting increase in quality of life outcomes for end-of-life patients through preventing inappropriate admissions into hospital.

We recognise the challenge in achieving the target to reduce cases of Clostridium Difficile and MRSA, and trust that this remains a priority going forward.

The document clearly demonstrates the wide involvement of key stakeholders, particularly patients and the public, in determining priorities and reflecting what quality means to them.

The Committee looks forward to continuing and developing its working relations with the Trust over the coming year.