

NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

MINUTES

of the meeting held on **25 September 2012** at Loxley House from 11.00 am to 12.10 pm

Membership

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

- ✓ indicates presence at meeting

Also in attendance

- Ms C Ziane-Pryor - Constitutional Services Officer) Nottingham City Council
- Ms C Routledge - Health and Wellbeing Officer)
- Mr N McMenamin - Overview and Scrutiny Co-ordinator)

- Mr A Hall - Acting Director of Health and) NHS Nottingham City/
Well-being Transition) Nottingham City Council

- Ms D Smith - Chief Operating Officer) NHS Nottingham City
Clinical Commissioning Group

20 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Campbell, on other Council business, and Councillors Dewinton and Spencer.

21 DECLARATIONS OF INTERESTS

No declarations of interests were made.

22 MINUTES

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

23 LOCAL AUTHORITY HEALTH SCRUTINY - RESPONSE TO GOVERNMENT CONSULTATION

Consideration was given to the report of the Head of Democratic Services, copies of which had been circulated. The response to the Government's consultation on proposals, relating to the power to refer unsupported proposals for changes to the NHS services to the Secretary of State, had been agreed by Overview and Scrutiny Committee at its meeting on 5 September 2012. The response had been submitted to the Department of Health by the required deadline.

RESOLVED that the response the Department of Health's consultation proposals, at Appendix 1 to the report, as approved by the Overview and Scrutiny Committee, be noted.

24 CLINICAL COMMISSIONING GROUP - DRAFT STRATEGY

Further to minute 14 dated 25 July 2012, Ms Smith was in attendance to update the Committee on the strategic priorities identified by the Clinical Commissioning Group (CCG) in regard to its emerging strategy. A handout was placed around the table at the meeting and submitted to the online agenda following the meeting.

The strategy was still in draft form, and was to be informed by a comprehensive engagement programme with stakeholders before being finalised in January 2013. The five strategic priorities provisionally identified by the CCG were:

- improving the health and wellbeing of the frail elderly;
- improving mental health outcomes;
- early detection and improved outcomes for people with cancer;
- enhancing the quality of life for people with long term conditions (with focus on diabetes and respiratory disorders);
- improving the health and wellbeing of all children and adults.

The over-arching strategic priority theme was to be:

- developing an effective and efficient urgent care system.

These priorities and themes had been identified through drawing on existing policy and data sets and consultation including:

- views from patients and public;
- data and information on population, health and outcomes;
- providers and other partners;
- commissioning specialists and the Health and Wellbeing Board;
- CCG clinical leads;
- National and local priorities.

A full engagement process would be conducted in the latter part of 2012, engaging with member practices, patients, citizens and other stakeholders, with sign-off expected in January 2013. Feedback to those contributing to the engagement process would be provided in due course, but plans to deliver this feedback had not yet been finalised.

The Panel's questions were responded to as follows:

- It was acknowledged that the strategic priorities were to be delivered within stringent budget constraints. However, the ongoing development of the Productive Nottinghamshire initiative, through which NHS organisations and local authorities in Nottinghamshire had worked together to deliver better quality and more cost effective health and social care services, continued to deliver cost effective and sustainable health services, helping identify both duplication and gaps in provision;
- in regard to the priority of 'improving the health and wellbeing of the frail elderly', it was acknowledged that the numbers of older citizens was to increase substantially and that a decline in the health of an elderly person could often be very rapid if not responded to quickly. A fast and appropriate response to keep hospital admissions to a minimum and to assist maintaining their health in the community was beneficial for all parties;
- it was acknowledged that there was considerable overlap between both the strategic priorities, and the responsibility for delivering outcomes. 'Improving mental health outcomes', for example, cut across several priorities, while the ongoing transfer of public health to the local authority meant that prevention and healthy lifestyle promotion, which impacted on the priorities, was to be the responsibility of City Council. A Memorandum of Understanding between the CCG and the public health function was to be agreed in due course, and the Health and Wellbeing Board would also be a key forum where strategic priorities would be agreed and monitored;
- it was also acknowledged that a particular challenge to the engagement process was consulting hard-to-reach groups, including asylum seekers and distinct national and ethnic communities;
- future CCG Board meetings were to be held in public – for further information see <http://www.nottinghamcity.nhs.uk/-about-us--284/board-meetings-and-papers/2012-ccg-governing-body.html>. However, these revised dates clashed with future meetings of the Health Scrutiny Panel, and the Overview and Scrutiny Co-ordinator undertook to liaise with the CCG to ensure Ms Smith's ongoing attendance at Panel.

RESOLVED

- (1) that Ms Smith provide a further update on the Clinical Commissioning Group Draft Strategy, to the November meeting of the Panel;**
- (2) that the thanks of the Panel to Ms Smith, for her report and attendance, be recorded.**

25 WORK PROGRAMME

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

Mr McMenamin reported that at a recent meeting of the Equality and Fairness Commission it had been suggested that the scrutiny function look in more detail both at

service provision for those suffering from self-harm, and at actions arising from a conference held in March 2012 on Black and Minority Ethnic Women's Health. While the self-harm issue was one that the Panel could explore further at a future meeting, Mr McMenamain expressed the view that there was insufficient capacity within the Overview and Scrutiny Team to take this wide-ranging request forward.

RESOLVED

- (1) that the work currently planned for the remainder of the municipal year be noted;**
- (2) that, in view of issues raised at Corporate Parenting Board, that an item on the recent recruitment of additional health visitors in Nottingham be submitted to the November meeting of the Panel;**
- (3) that consideration of service provision for those suffering from self-harm be placed on the work programme as a reserve item, for possible consideration at a future meeting.**

26 HEALTHWATCH- PROPOSALS

(a) Report of Head of Democratic Services

Further to minute 13(c) dated 25 July 2012, consideration was given to the report of the Head of Democratic Services, copies of which had been circulated.

RESOLVED that the report be noted.

(b) Report of the Acting Director of Health and Wellbeing Transitions

Consideration was given to a report of the Acting Director of Health and Wellbeing, copies of which had been circulated. The Panel also received for information an update presentation, the main points of which were as follows:

- the Panel was reminded that Healthwatch would have a seat on the Health and Wellbeing Board, and had the power to request and receive information, undertake enter-and-view inspections and make recommendations;
- Healthwatch was also to have a role in signposting information both on patient choice and on NHS Complaints Advocacy services;
- it was proposed to develop a protocol between the Panel and Local Healthwatch to cover, among other issues, shared intelligence, work plan formulation, and ongoing pieces of scrutiny work emanating from both the Panel and from Healthwatch;
- to assist the development of this process, it was requested that two representatives of the Panel be nominated to assist with building a relationship model with Healthwatch.

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

- it was confirmed that provision was being made to support a core team of 4 to deliver Healthwatch. Communications and community engagement skillsets would be necessary to deliver the responsibilities falling to Healthwatch, as its signposting work would be reliant on strong relations both with health service providers and with the wider health and social care community;
- Councillors Klein and Molife agreed to work on the development of protocols with the Acting director of Health and Wellbeing Transitions;
- it was acknowledged that there was a need to be explicit about how Local Healthwatch would work with its Nottinghamshire counterpart, especially in respect of complaints.

RESOLVED that Councillors Klein and Molife work with the Acting Director of Health and Wellbeing Transitions to develop the protocols in preparation for the commissioning process of Healthwatch.

27 NHS TRANSITION ARRANGEMENTS

Ms Smith and Mr Hall were in attendance to respond to the Panel's questions which were answered as follows:

- the transfer and consultation of staff would follow the Cabinet Office Statement of Practice and would also include TUPE;
- Exec Board Commissioning Sub Committee had agreed the transition of service contracts. This included those relating to the Crime and Drugs Partnership, (drugs element of budget transition) and would also include:
 - 5-19 years of age Children's Services;
 - Adult Services;
 - Substance misuse;
 - Sexual Health Services;
- service contracts which were due for renewal in April 2013 or before, were to be examined and reviewed;
- IT work was ongoing to ensure that the correct level of hardware was in place to support the requirements. The most significant issues were believed to be around information governance, ensuring the appropriate data protection was in place, and producing relevant NHS data statistics;
- although the PCT was to be abolished on 1 April 2013 (and replaced by another body which was to be confirmed in November), it was to produce the transition document which was to be a huge piece of work;
- the method and advancement of other Local Authorities in regard to this area were being considered to identify which methods worked best.

RESOLVED that the update be noted, with a further update requested for the November 2012 meeting.