

NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

MINUTES

of the meeting held on **29 November 2012** at Loxley House from 2.36 pm to 4.05 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 Parton
- ✓ Councillor T Spencer

✓ indicates presence at meeting

Also in attendance

Councillor Jenkins -Observing

Ms Phyllis - Assistant Director of Children, Families,) Nottingham CityCare
Brackenbury Young People and Health Improvement) Partnership
Mr Gary Eves - Business and Performance Manager)

Ms Cath Ziane-Pryor - Constitutional Services) Nottingham City
Mr Noel McMenemy - Overview and Scrutiny Co-ordinator) Council

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

Mr Andrew Hall - Acting Director of Health and) NHS Nottingham City/
Wellbeing Transitions) Nottingham City
) Council

28 APOLOGY FOR ABSENCE

An apology for absence was received from Councillor Bryan who was on other Council business.

29 DECLARATIONS OF INTERESTS

No declarations of interests were made.

30 MINUTES

RESOLVED that, subject to Councillor Parton being shown to be a member of the Panel and not a substitute, and Councillor Steel not being listed as a member, the minutes of the last meeting held on 25 September 2012, copies of which had been circulated, be confirmed and signed by the Chair.

31 ANY QUALIFIED PROVIDER - UPDATE

Further to minute 15 dated 25 July 2012, Ms Dawn Smith, Chief Operating Officer, NHS Nottingham City Clinical Commissioning Group (CCG), presented the report, copies of which had been circulated.

To comply with the Department of Health's requirement of the phased implementation of Any Qualified Provider (AQP), the CCG had held patient engagement sessions and concluded that tenders be invited for the provision of the following services:

- Podiatry;
- Psychological Therapies;
- Diagnostics (non-Obstetric Ultrasound).

In respect of podiatry, seven providers had been approved to deliver podiatry services in Nottingham City - these were:

- Nottinghamshire Healthcare NHS Trust,
- Chiropody,
- Leicestershire Partnership Trust,
- Concordia,
- Nottingham CityCare Partnership,
- South West Yorkshire Partnership Trust, and
- Derbyshire Community Health,

Services were to be provided at eleven venues within the City boundary, and at a number of centres in Nottinghamshire County and beyond..

Psychological Therapies were to be provided by Nottinghamshire Healthcare Trust, and MHCO, (a joint venture between Mental Health Concerns and Oakdale Care) from January 2013. Venues across the City were yet to be confirmed.

For Diagnostics, Global Diagnostics Ltd and Care UK Clinical Services had been awarded the provision of ultrasound services at three City venues, but it was noted that provision at Hucknall Road Medical Centre had not yet been confirmed. Nottingham University Hospitals NHS Trust, the current provider, had chosen not to tender for the process, but had agreed to extend service provision until March 2013, to help ensure a smooth transition to the new providers.

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

- provision of services would be spread across the City and efforts would be made to ensure that gaps did not occur;
- the tender arrangement was that a fixed price was set ,and service providers had to tender on the level and detail of service they would provide, in effect competing on quality

of service, rather than on price. The CCG had met with potential providers to ensure that the appropriate balance had been struck between value for money for the Commissioners and ensuring that contracts were sufficiently attractive for quality service providers to bid;

- o patients were able to choose which provider or site they wished to be treated by/at through either an on-line booking system or by telephone. Podiatry patients would be able to self-refer, but other services would require a medical referral, usually from their GP;
- o while it was correct for patients to have service provision choices, it could prove difficult for providers to sustain their service at some sites if patients, for whatever reason, did not favour the service or venue. It was acknowledged that this could be an issue going forward. In these circumstances, set period 'windows' could be established for substitute service providers to submit tenders where previously successful contracts had decided to withdraw;
- o services would be monitored to ensure standards were maintained. Delivery, recovery and response were standard indicators but as appropriate criteria varied across the services, indicators would be set which were relevant to each service. Patient feedback was important, as was feedback and data collection from GPs.

RESOLVED

- (1) that the Nottingham City Clinical Commissioning Group update the Panel on the progress of Any Qualified Provider scheme and services at the May 2013 meeting of the Panel;**
- (2) that the thanks of the Panel to Ms Dawn Smith be recorded for her attendance and report.**

32 NHS TRANSITION ARRANGEMENTS

(a) Report of Head of Democratic Services

Further to minute 27, dated 25 September 2012, consideration was given to a report of the Head of Democratic Services, copies of which had been circulated, outlining the progress to date.

RESOLVED that the report be noted.

(b) Presentation of Chief Operating Officer, NHS Nottingham City Clinical Commissioning Group

Ms Dawn Smith, Chief Operating Officer, NHS Nottingham City CCG, delivered the presentation which informed the Panel of progress of NHS Commissioning Board in assessing and advising the CCG en route for approval for full operation as a statutory NHS organisation, replacing the Primary Care Trust by April 2013.

The following points were highlighted:

- o currently the CCG was scheduled as a Wave 2(ii) organisation within the national CCG scheduling process. Although the CCG was already operating in shadow form, it had not

been formally authorised and continued to be overseen by the national Commissioning Board;

- the CCG's Final Evidence report was to be considered by a Moderation Panel, also at the national level, arising from which a conditions-setting exercise would be considered;
- the CCG response would then, in turn, be considered by the CCG Authorisation Sub-Committee, with decisions on authorisation expected in mid- to late January 2013.

RESOLVED that the presentation be noted.

(c) Verbal Update by Acting Director of Health and Wellbeing Transitions

Mr Andrew Hall, Acting Director of Health and Wellbeing Transitions, updated the Panel on the development of the Health and Wellbeing Board and Healthwatch.

The following points were made:

Health and Wellbeing Board

- the Health and Wellbeing Board had already been established in shadow form and was meeting in public, ahead of the April 2013 deadline;
- work was on-going to provide more specific detail on the draft priorities of:
 - Nottingham Plan "Healthy Nottingham"
 - Supporting Older People
 - Improving Wellbeing and mental health
 - Priority Families

the Health and Wellbeing Board was to consider these priorities at its meeting on 27 February 2013. If accepted, there would then be consultation on the priorities, the results of which would be fed back to the Board;

Public Health

- it was noted that while the Public Health Departments of the City and County Councils, would operate separately, they would look to work together on some issues and in ways which would ensure efficiencies, however, all funds would remain separate. Agreement had already been reached to collaborate on independent complaints and advocacy;
- the Human Resources transition scheme had now been published and was in line with the Department of Health deadline for consultation with staff;
- the transfer of approximately £20 million worth of contracts was currently undergoing due diligence tests and there was to be a report in December 2012 to agree the transfer of some contracts;

- the Public Health team welcomed the opportunity to work closer with Environmental Health and was to liaise with other Council Departments in considering functions relating to health;

Local Healthwatch

- work was underway to establish a network of patient group networks. This included ensuring service providers had their own patient forums/ practice groups and these networks were resilient and effective as consultation structures;
- the CCG would also provide some level of support for Healthwatch;
- the tendering process would be advertised at the end of November 2012 with a deadline for applications of 31 January 2013. It was acknowledged that the subsequent timescales for assessing and selecting a preferred bidder were very challenging.

RESOLVED

- (1) that the report be noted and that an update on the transition be provided to the Panel at its meetings in January and March 2013;**
- (2) that, to enable identification of which health focused organisations and groups were involved, Mr Hall provide the Panel with a list of the membership of the CCG, the Health and Wellbeing Board and Healthwatch.**

33 TRANSFORMING HEALTH VISITING IN NOTTINGHAM CITY

Further to resolution 25(2), dated 25 September 2012, consideration was given to the presentation of Nottingham CityCare Partnership, copies of which had been circulated, informing the Panel of the changes in provision of Health Visitors in Nottingham.

Ms Phyllis Brackenbury, Assistant Director of Children, Families, Young People and Health, delivered the presentation and was accompanied by Mr Gary Eves, Business and Performance Manger.

Further to the detailed presentation, the Panel's questions and comments were responded to as follows:

- currently there were 50 full-time Health Visitors working within the City with approximately 21,500 children under 5 years old, many with a high level of need. The need in Nottingham had been independently assessed and, under an initiative supported by Central Government, the number of Health Visitor posts for Nottingham City was to be set at 154.7 by 2015;
- the increase by 123% of Health Visitors was challenging within the time scale set. Historically 6 Health Visitors were trained per year but to meet the target, an average of more than 25 had to be trained/recruited per year. Currently 34 were in training, with a further minimum of 14 starting in January, by which time, it was expected that at least 18 full time equivalent Health Visitors would have completed their training and be ready to start work. To achieve the ambitious target, the assistance of the Strategic Health Authority as required;

- where a need was identified, Health Visitors would provide support and advice to families with children up to the age of 5 years old. They would be able to advise families in regard to health issues and help prevent the substantial number of inappropriate Accident and Emergency visits each year. Also there was to be guidance to ensure that children were ready to enter the school at the appropriate time with the appropriate skills;
- In regard to planning there had been a 20% increase in birth rate so it was essential that the CityCare Partnership as a whole continued to consider the increasing birth rate and worked closely with communities to ensure that the support structure formed was maintained;
- monitoring and scrutiny of progress and the service would take place at several levels. The Clinical Commissioning Group would monitor progress on a monthly basis, the Strategic Health Authority (followed by its replacement body) were to monitor progress weekly, and results were to be fed to the highest levels of Central Government. There had been cross-party buy-in on the initiative;
- it was not just a matter of recruiting Health Visitors, but also ensuring that they were retained working within the City. Ensuring that the size of case loads was not too high and complex, would be a consideration;
- when families receiving Health Visitor services moved out of the City, the information held by Health Visitors was to be forwarded to the new resident Authority.

The Panel welcomed the increase of Health Visitor posts to support the high levels of need within the City.

RESOLVED that the presentation be noted and the thanks of the Panel to Ms Brackenbury and Mr Eves be recorded.

34 HEALTH SCRUTINY IN CORE CITIES

Consideration was given to the report of the Head of Democratic Services, copies of which had been circulated, presenting an outline of the issues considered by the Health Scrutiny functions, and also the Health and Wellbeing Boards, of other Core Cities.

Mr McMenemy, Overview and Scrutiny Review Co-ordinator, explained that the exercise had proved reassuring in that the City's Overview and Scrutiny function was addressing similar issues to those being considered elsewhere. Also, other local authorities were grappling with establishing the relationships required for effective scrutiny in the new NHS landscape, and in particular links and working relations with Health and Wellbeing Boards.

The Panel noted that other Councils continued to address social care issues through Health Overview and Scrutiny Committee arrangements, but that these fell outside the terms of reference for this Panel. It was acknowledged that there was some 'disconnect' in not considering social care in tandem with health issues, with Overview and Scrutiny Committee the appropriate forum in which to consider the former.

RESOLVED

(1) that the report be noted;

- (2) that work be undertaken to determine how the Panel might take forward the issue of the mental health implications of loneliness in respect of older people for possible further consideration under the work programme.

35 WORK PROGRAMME 2012/13

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

RESOLVED

- (1) that the work currently planned for the remainder of the municipal year be noted;
- (2) that work be undertaken to determine the prevalence of:
- (a) ex-service men and women in Nottingham experiencing mental health problems and/or homelessness;
 - (b) blind and partially sighted citizens resident in the City, and what services which were available to them.

and including information on support services currently available to these specialist groups, to inform possible further consideration under the work programme.

36 DATES OF FUTURE MEETINGS

RESOLVED that the Panel meet at 11.00 am on 29 January and 28 March 2013.