

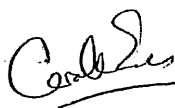
**NOTTINGHAM CITY COUNCIL**  
**HEALTH SCRUTINY PANEL**

**Date: Tuesday 29 January 2013**

**Time: 11.00am**

**Place: Meeting Room LB 31 - 3rd Floor at Loxley House, Station Street**

**Councillors are requested to attend the above meeting on the date and at the time and place stated to transact the following business.**



**Deputy Chief Executive and Corporate Director for Resources**

**Overview and Scrutiny Review Co-ordinator: Noel McMenamin Direct dial - 8764304**

**A G E N D A**

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATIONS OF INTERESTS**
- 3 MINUTES** Attached  
Last meeting held on 29 November 2012 (for confirmation)
- 4 NHS TRANSITION ARRANGEMENTS**
  - (a) REPORT OF HEAD OF DEMOCRATIC SERVICES** Attached
  - (b) UPDATE FROM CHIEF OPERATING OFFICER, NHS NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP AND ACTING DIRECTOR OF HEALTH AND WELLBEING**
- 5 HEALTH AND WELLBEING STRATEGY**
  - (a) REPORT OF HEAD OF DEMOCRATIC SERVICES** Attached

- |  |           |
|--|-----------|
| <b>(b) PRESENTATION BY CHAIR OF HEALTH AND WELLBEING BOARD</b>   | To follow |
| <b>6 QUALITY ACCOUNT 2012/13- NOTTINGHAM CITYCARE PARTNERSHIP</b><br>Report of Head of Democratic Services | Attached  |
| <b>7 WORK PROGRAMME</b><br>Report of Head of Democratic Services   | Attached  |

**IF YOU ARE UNSURE WHETHER OR NOT YOU SHOULD DECLARE AN INTEREST IN A PARTICULAR MATTER, PLEASE CONTACT THE CONSTITUTIONAL SERVICES OFFICER SHOWN ON THIS AGENDA, IF POSSIBLE BEFORE THE DAY OF THE MEETING, WHO WILL PROVIDE ADVICE IN THE FIRST INSTANCE.**

**CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST FIFTEEN MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES**

**PLEASE NOTE THAT THERE WILL BE A PRE-MEETING FOR COUNCILLORS FROM 10.30AM IN LB31, LOXLEY HOUSE**

Agenda, reports and minutes for all public meetings can be viewed online at:-  
<http://open.nottinghamcity.gov.uk/comm/default.asp>

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

Ms Cath Ziane-Pryor - Constitutional Services ) Nottingham City  
 Mr Noel McMenamain - 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:

- o Podiatry;
- o Psychological Therapies;
- o 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:

- o provision of services would be spread across the City and efforts would be made to ensure that gaps did not occur;
- o 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;
- 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;
  - 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;
  - 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:

- 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 McMenam, 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.



<b>HEALTH SCRUTINY PANEL</b>
<b>29 JANUARY 2013</b>
<b>NHS TRANSITION ARRANGEMENTS UPDATE</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

- 1.1 To fulfil the remit of the Health Scrutiny Panel to
- a) scrutinise local arrangements for the commissioning and delivery of local health services to ensure reduced health inequalities, access to services and the best health outcomes for citizens; and
  - b) monitor the Council Executive's statutory responsibility to ensure an effective LINK through commissioning a host organisation.

**2. Action required**

- 2.1 The Committee is asked to consider the updates provided by contributors and to discuss progress with them to ensure
- a) that robust arrangements are in place for commissioning and delivery as we transfer to new arrangements under the Health and Social Care Act; and
  - b) that effective arrangements are in place to support the transition to Local Healthwatch from April 2013.

**3. Background information**

- 3.1 The Health and Social Care Act requires significant changes to arrangements for the commissioning and delivery of local health services.
- 3.2 It was agreed at the Panel's first meeting in September 2011 that each key area of NHS transition would be scrutinised at every meeting to ensure that arrangements for the commissioning and delivery of local health services are robust and in the best interests of local health services, patients and the public.
- 3.3 At its November 2012 meeting, councillors were updated on the approvals route for the establishment of the Clinical Commissioning Group (CCG). The Panel also received an update in respect of the commissioning process for Local Healthwatch in Nottingham, as well public health transfer arrangements.
- 3.4 At this meeting, colleagues will provide the Panel will a verbal outline of progress as follows:
- Dawn Smith, Chief Operating Officer, NHS Nottingham City CCG will update the Panel on its formal establishment, as well as on the development of its Strategy and Annual Plan;
  - Andrew Hall, Acting Director of Health and Wellbeing Transition NHS Nottingham City / Nottingham City Council, will advise on progress in respect of:

- Local Healthwatch
- Public Health transition to local authority and
- Nottingham City Health and Wellbeing Board.

- 3.5 It is the role of this Panel to
- a) scrutinise local arrangements for the commissioning and delivery of local health services to ensure reduced health inequalities, access to services and the best health outcomes for citizens; and
  - b) monitor the Council Executive's statutory responsibility to ensure an effective LINK through commissioning a host organisation.
- 3.6 In order to fulfil this role, councillors will need to engage in focused discussion and questioning in order to be reassured that robust arrangements are in place.

4. **List of attached information**

None.

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None.

6. **Published documents referred to in compiling this report**

Health and Social Care Act 2012  
<http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>  
Reports to and minutes of the Health Scrutiny Panel meeting 29 November 2011

7. **Wards affected**

All

8. **Contact information**

Contact Colleague

Noel McMenamin  
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[noel.mcmenamin@nottinghamcity.gov.uk](mailto:noel.mcmenamin@nottinghamcity.gov.uk)  
0115 8764304

**21 January 2012**

<b>HEALTH SCRUTINY PANEL</b>
<b>29 JANUARY 2013</b>
<b>DEVELOPMENT OF A HEALTH AND WELLBEING STRATEGY</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

- 1.1 To be informed of and contribute to the development of Nottingham's emerging Health and Wellbeing Strategy.

**2. Action required**

- 2.1 The Committee is asked to consider the information provided in this report and in the presentation of the Chair of Nottingham City's Health and Wellbeing Board on the development of the Health and Wellbeing Strategy, and to contribute to its development.

**3. Background information**

- 3.1 Among the many changes introduced by the Health and Social Care Act is the requirement for local authorities and their partners to produce a Health and Wellbeing Strategy, to be approved by Health and Wellbeing Boards. The Strategy is designed to address the needs identified in the City's Joint Strategic Needs Assessment (JSNA), which is a process used to identify current and future health and wellbeing needs of a local population.
- 3.2 At today's meeting, the Panel will receive a presentation by the Chair of the Health and Wellbeing Board, Councillor Heaton, in which she will introduce the concept of the Health and Wellbeing Strategy, outline the priorities currently identified within it, and map out the approval process and timelines. Headline priority titles identified at previous meetings of the Health and Wellbeing Board, and on which Councillor Heaton will provide more detail on the day, are:
- Prevention – Healthy Nottingham  
Integration – supporting older people  
Early Intervention – mental wellbeing  
Whole systems change – Priority families
- 3.3 The Health and Wellbeing Board next considers this issue at its meeting at end February 2013, and the presentation provides the Panel with the opportunity to inform that discussion through having its comments made available to the Board.
- 3.4 A version of the presentation is to be considered by the Executive in the week commencing 21 January 2013, and, following the Executive's consideration, the presentation will be made available to Panel members. The Panel will welcome Councillor Heaton's attendance as it seeks to build robust relations with the Health and Wellbeing Board post-April 2013.

4. **List of attached information**

None.

5. **Background papers, other than published works or those disclosing exempt or confidential information**

None.

6. **Published documents referred to in compiling this report**

Health and Social Care Act 2012

7. **Wards affected**

All

8. **Contact information**

Contact Colleague

Noel McMenamin  
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0115 8764304

**21 January 2013**

<b>HEALTH SCRUTINY PANEL</b>
<b>29 JANUARY 2013</b>
<b>QUALITY ACCOUNT 2012/13 – CITYCARE PARTNERSHIP</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

## 1. Purpose

The report introduces the Panel to Quality Accounts and to the role of the Health Scrutiny Panel to ensure quality services and public accountability. Rosemary Galbraith, Assistant director of quality and Safety and Deputy Director of Nursing at Nottingham CityCare Partnership will attend the meeting to inform the Panel of the Partnership's proposals for their Quality Account 2012/13, including their plans for public engagement in developing the Quality Account.

## 2. Action required

The Panel is asked to consider and comment on the information presented at the meeting, focusing on how the CityCare Partnership is to determine its priorities for its Quality Account and how it will involve its stakeholders in doing so.

## 3. Background information

3.1 A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety, clinical effectiveness and patient experience.

3.2 Since April 2010, all providers of acute, mental health, learning disability and ambulance services have been required to produce an annual Quality Account, and this requirement has now been extended to community providers.

3.3 A Quality Account should:

- improve organisational accountability to the public and engage boards (or their equivalents) in the quality improvement agenda for the organisation;
- enable the provider to review its services, show where it is doing well, but also where improvement is required;
- demonstrate what improvements are planned;
- provide information on the quality of services to patients and the public;
- demonstrate how the organisation involves, and responds to feedback from, patients and the public, as well as other stakeholders.

- 3.4 Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services, explaining what is being done well and where improvement is needed. But, they also look forward, explaining what has been identified as priorities for improvement.
- 3.5 Guidance from the Department of Health requires that a Quality Account should include:
- **priorities for improvement** – clearly showing plans for quality improvement within the organisation and why those priorities for improvement have been chosen and demonstrating how the organisation is developing quality improvement capacity and capability to deliver these priorities;
  - **review of quality performance** – reporting on the previous year's quality performance offering the reader the opportunity to understand the quality of services in areas specific to the organisation;
  - **an explanation of who has been involved** and engaged with to determine the content and priorities contained in the Quality Account; and
  - **any statements provided from commissioning Primary Care Trust, Local Involvement Networks (LINKs) or Overview and Scrutiny Committees** including an explanation of any changes made to the final version of the Quality Account after receiving these statements.
- 3.6 Quality Accounts are public documents, and while their audience is wide ranging (clinicians, staff, commissioners, patients and their carers, academics, regulators etc), Quality Accounts should present information in a way that is accessible for all. For example, data presentation should be simple and in a consistent format; information should provide a balance between positive information and acknowledgement of areas that need improvement. Use of both qualitative and quantitative data will help to present a rounded picture and the use of data, information or case studies relevant to the local community will help make the Quality Account meaningful to its reader.
- 3.7 As a first step towards ensuring that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview, providers currently have to share their Quality Accounts prior to publication with:
- their commissioning Primary Care Trust (PCT)
  - the appropriate LINK (Local Involvement Network)
  - the appropriate local authority Overview and Scrutiny Committee
- 3.8 The commissioning PCT has a legal obligation to review and comment on a provider's Quality Account, while LINKs and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis. Any statement provided should indicate whether the Committee believes, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided. The organisation then has to include these comments in the published Quality Account.



Department of Health guidance is currently awaited on procedures to follow post-April 2013, when the reforms under the Health and Social Care Act 2012, including the abolition of PCTs, comes into effect

- 3.9 Following today's discussion on headline priorities and engagement, representatives from the CityCare Partnership will be invited to present their draft Quality Account to the Panel's May 2013 meeting, at which point the Committee can decide whether to put forward any comments for inclusion or not. The Partnership provides universal Children's Services (school nursing, health visitors, family nurse partnership), as well as Integrated Adult Services, the London Road Walk-in Centre, stroke rehabilitation and tissue viability (bed sores, wounds and skin conditions) and continence specialist services.
- 3.10 This Quality Account exercise mirrors that undertaken by the Joint City and County Health Scrutiny Committee for Trusts delivering services across Nottingham City, Nottingham County, and, in some instances, further afield. The CityCare Partnership operates exclusively within the City, hence its consideration by this Panel.

**4 LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING EXEMPT OR CONFIDENTIAL INFORMATION**

None.

**5 PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**

**Quality Accounts : Department of Health**

**<http://www.dh.gov.uk/en/Healthcare/Qualityaccounts/index.htm>**

**6. Contact information**

**Contact Colleague**

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0115 8764304

**21 January 2012**



## **Nottingham CityCare Partnership CIC Annual Quality Account 2012/13 Outline**

Improving the health and wellbeing of people in Nottingham is our primary aim at CityCare. We're really listening to what members of the public, our patients and our staff say about the services we deliver, and their ideas for change to ensure the quality of our services.

A Quality Account is a formal document requested by the Department of Health, which will be published on 28 June 2013. This year's Quality Account will cover the period of April 2012-March 2013. Following Department of Health guidelines, it will include a review of key quality achievements over the last year and also provide a summary of the main priorities for improvements over the coming year, along with some mandated content.

We are dedicated to ensuring that quality remains a key focus for us, and make a commitment to providing the highest quality, cost effective care for the citizens we serve. We are therefore keen to ensure our Quality Account incorporates the views of our staff, the local population we serve and other local organisations. We are currently in the early stages of this engagement process, and are asking for comments on the proposed content (see appendix 1) and any additional suggestions for areas to cover.

We have reviewed last year's report for progress against the chosen priorities and will carry forward where necessary, themes into this year's report. This may be where a priority is still in development, or where the work undertaken has highlighted further areas for improvement.

We will also provide an update on any outstanding actions from the look back section in last year's report.

Following further engagement with stakeholders the report will be developed and a final draft will be presented to Nottingham City's Health Scrutiny Panel, NHS Nottingham City Clinical Commissioning Group and LINK (Local Involvement Network) by May 2013, in order that their comments and statements can be incorporated.

We would be most grateful if you would consider the proposed content (Appendix 1) and advise us on any additional content you would like to see included.

If you would like to read last year's Quality Account please visit our website – [www.nottinghamcitycare.nhs.uk](http://www.nottinghamcitycare.nhs.uk)

Rosemary Galbraith  
Assistant Director of Quality & Safety and Deputy Director of Nursing January 2013

## Proposed Content of Nottingham CityCare Partnership CIC Annual Quality Account 2012 / 13

### Part 1 – Board Statement on Quality

This will include our Chief Executive's Statement on the organisation's commitment to Quality and Improvement.

### Part 2 – Review of Quality Performance

This will include mandated statements of Quality Assurance from the Nottingham CityCare Partnership CIC Board.

This section will also provide information regarding the quality of services CityCare provides in the three areas of Patient Safety, Patient Experience and Clinical Effectiveness.

It will cover the priorities identified in last year's report plus an update on any outstanding actions identified from the previous year.

This year we will also have an increased focus on workforce development and its role in improving quality.

#### **PATIENT SAFETY**

Nottingham CityCare Partnership CIC recognises the importance of ensuring systems and processes are in place to record, monitor, report and analyse any concerns relating to patient safety. We will outline how we have performed against the quality priorities we set in our last Quality Account in the area of Medicines Management including lessons learnt and improvements made.

#### **CLINICAL EFFECTIVENESS**

Our clinical effectiveness will be reviewed in relation to clinical training, clinical supervision and on-going training, including disability, cultural and dementia awareness training.

#### **PATIENT EXPERIENCE**

We are committed to improving the experience of people using our services. Capturing, listening and acting on people's views of our services is a key priority to ensuring our services are of high quality, relevant and accessible.

We will review progress made on the development and implementation of Customer Care training for CityCare staff, as well as outcomes for patients, lessons learnt and improvements made through:

- Patient survey
- PALS and Complaints reports
- Service changes and improvements made as a result of patient and public feedback

**This part will also include:**

### **Participation in clinical audit**

Clinical audit is a quality improvement process. It aims to improve patient care and outcomes through a review of care against clear criteria and making changes in light of this.

This will include a mandatory statement and will report on national and local audits we have been involved with.

### **Participation in clinical research**

Clinical research influences the safety and effectiveness of medications, devices/equipment, diagnostic products, treatments and interventions intended for patients. These may be used for prevention, treatment, diagnosis or for relief of symptoms in a disease.

This will include a mandatory statement and will report on research projects we have been involved with.

### **Quality goals agreed with our commissioners (CQUIN – Commissioning for Quality and Innovation)**

CQUIN is a payment framework which enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of local quality improvement goals.

This will include a mandatory statement and a report of our CQUIN goals and achievements.

### **Statement of data quality**

This will include a mandatory statement and a report of our attainment level for the Information Governance Toolkit.

### **Statement on Care Quality Commission (CQC) registration**

The CQC is the independent regulator for health and social care providers, ensuring we meet essential standards in quality and safety.

This will include a mandatory statement detailing our registration status with CQC.

## **Part 4 – Priorities for Quality Improvement 2013/14**

The emerging suggested priorities:-

(These include topics carried over from last year's report plus those from engagement to date)

### **PATIENT SAFETY**

- Medicines Management training, carried over from last year
- Pressure ulcers – stop the pressure campaign

### **PATIENT EXPERIENCE**

- Further development and embedding of customer care training, carried forward from last year embedding the 6 C's – Communication, Compassion, Courage, Competency, Commitment, Care (quality/safety)
- Improving how we respond to service users after receiving their feedback

### **CLINICAL EFFECTIVENESS**

- Further development work on clinical supervision training, carried forward from last year
- Increase our research capacity

We will also look at how the Workforce Development strategy will help us improve quality.

## **Part 5 – What other people think of our Quality Accounts**

This will include mandated statements from:

- NHS Nottingham City Clinical Commissioning Group
- Local Involvement Network (LINK) / HealthWatch
- Nottingham City's Health Scrutiny Panel

Ends



<b>HEALTH SCRUTINY PANEL</b>
<b>29 JANUARY 2013</b>
<b>WORK PROGRAMME</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

## **1. Purpose**

- 1.1 To consider the work programme for 2012/13 as it currently stands, based on areas of work identified by the Panel at previous meetings, any further suggestions raised at this meeting and to decide whether to submit any comments to the Care Quality Commission as a result of scrutiny work carried out at this meeting.

## **2. Action required**

- 2.1 The Committee is asked to

- a) note the work that is currently planned for the remainder of the municipal year (Appendix 1) and make any additions and amendments to this plan if considered appropriate; and
- b) agree whether to submit any comments to the Care Quality Commission as a result of scrutiny work carried out at this meeting.

## **3. Background information**

- 3.1 The Health Scrutiny Panel has four key roles, ie to:

- (a) undertake the Council's statutory role in scrutinising health services for the City;
- (b) engage with and respond to formal and informal NHS consultations;
- (c) monitor the Council Executive's statutory responsibility to ensure an effective LINK through commissioning a host organisation;
- (d) scrutinise local arrangements for the commissioning and delivery of local health services to ensure reduced health inequalities, access to services and the best health outcomes for citizens.

- 3.2 In agreeing the programme for scrutiny activity, the Panel should aim for an outcome-focused work programme that has clear priorities and a clear link to its terms of reference as listed in paragraph 3.1 above.

- 3.3 As it is the responsibility of this Panel to carry out the statutory health scrutiny role (see (a) and (b) in paragraph 3.1 above), the work programme will need to incorporate NHS consultations as they arise. It is important, therefore, that there is the flexibility to incorporate unplanned scrutiny work requested in-year. However, it is acknowledged that, to date, NHS consultations have been primarily considered at the Joint City and County Health Scrutiny.

Committee, given its responsibility for scrutinising health services across the conurbation.

3.4 Councillors are reminded of their statutory responsibilities as follows:

While a 'substantial variation or development' of health services is not defined in Regulations, a key feature is that there is a major change to services experienced by patients and 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.

This Committee has statutory responsibilities in relation to substantial variations and developments in health services in accordance with sections 7 and 8 of the Health and Social Care Act 2001 and associated regulations and guidance. These are to consider the following matters in relation to any substantial variations or developments that impact upon those in receipt of services:

- (a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;
- (b) 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;
- (c) Whether a proposal for changes is in the interests of the local health service.

Councillors should bear these matters in mind when considering proposals.

- 3.5 Overview and Scrutiny committees are invited to provide information to the Care Quality Commission (CQC) to help the CQC judge how well NHS and Adult Social Care commissioners and providers meet essential standards. Information can be provided at any time throughout the year to be used as part of ongoing checks on services. The Panel will need to decide whether it has any comments to submit to the CQC as a result of its scrutiny work at this meeting.

**4. List of attached information**

- 4.1 The following information can be found in the appendix to this report:

**Appendix 1 – Health Scrutiny Panel Schedule of Work**

**5. Background papers, other than published works or those disclosing exempt or confidential information**

None



6. **Published documents referred to in compiling this report**

Reports to and outcomes of the Health Scrutiny Panel meetings 28 September 2011 to 29 November 2012.

7. **Wards affected**

Citywide

8. **Contact information**

Contact Colleague

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**21 January 2013**

## Health Scrutiny Panel 2012/13 - Schedule

23 May 12 1.30pm	25 July 12 11.00am	25 Sep 12 11.00am	29 Nov 12 2.30pm	29 Jan 13 11.00am	28 Mar 13 11.00am	May 2013
Nottingham CityCare Partnership Quality Account  Transition arrangements	NHS Transition Arrangements (commissioning and delivery) update: <ul style="list-style-type: none"> <li>• Clinical Commissioning Group</li> <li>• Health and Wellbeing Board</li> <li>• Public Health Transition</li> <li>• LINK support and HealthWatch development</li> </ul> CCG Vision/Strategy Any Qualified Provider – Tender Update GP Choice Pilot Wait times for GPs	Transforming Community Services (focus on talking therapies, midwifery and podiatry)  Clinical Commissioning Group Strategy update  Healthwatch Model	NHS Transition Arrangements (commissioning and delivery) update: <ul style="list-style-type: none"> <li>• Clinical Commissioning Group</li> <li>• Health and Wellbeing Board</li> <li>• Public Health Transition</li> <li>• LINK support and HealthWatch development</li> </ul> Any Qualified Provider update  Core Cities scrutiny  Health visitors – child protection	Nottingham CityCare Partnership Quality Account Health and Wellbeing Strategy NHS Transition Arrangements (commissioning and delivery) update: <ul style="list-style-type: none"> <li>• Clinical Commissioning Group</li> <li>• Health and Wellbeing Board</li> <li>• Public Health Transition</li> <li>• LINK support and HealthWatch development</li> </ul>	NHS Transition Arrangements  GP Choice Pilot (tbc)  Ex-Service Personnel, Mental health and Homelessness	Nottingham CityCare Partnership Quality Account  Any Qualified Provider update

### To schedule:

**GP appointments update**  
**Services for those suffering from self-harm**  
**Blind and partially sighted citizens – numbers and services**

### Contact Colleague:

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