

# **NOTTINGHAM CITY COUNCIL**

## **HEALTH SCRUTINY PANEL**

### **MINUTES**

of the meeting held on **29 JANUARY 2013** at Loxley House from 11.02 am to 12.40 pm

#### **Membership**

- ✓ Councillor G Klein (Chair)
  - ✓ Councillor T Molife (Vice Chair)
  - ✓ Councillor M Aslam
  - Councillor M Bryan
  - ✓ Councillor E Campbell
  - ✓ Councillor A Choudhry
  - Councillor E Dewinton
  - Councillor B Ottewell
  - ✓ Councillor S Parton
  - Councillor T Spencer
- ✓ indicates presence at meeting

#### **Also in attendance**

Councillor Nicola Heaton - Chair of Health and Wellbeing Board

Ms Rosemary Galbraith - Assistant Director of Quality and Safety, and Deputy Director of Nursing ) Nottingham CityCare  
) Partnership  
)

Ms Cath Ziane-Pryor - Constitutional Services ) Nottingham City Council  
Ms Jane Garrard - Overview and Scrutiny )  
Co-ordinator )

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

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

#### **37 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Bryan and Molife, on other Council Business, and Councillors Dewinton and Spencer.

#### **38 DECLARATIONS OF INTERESTS**

No declarations of interests were made.

## **39 MINUTES**

**RESOLVED** that the minutes of the last meeting held on 29 November 2012, copies of which had been circulated, be confirmed and signed by the Chair.

## **40 NHS TRANSITION ARRANGEMENTS**

### **(a) Report of Head of Democratic Services**

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

**RESOLVED** that the report be noted.

### **(b) Update from Acting Director of Health and Wellbeing Transition**

In updating the Panel, Mr Andrew Hall, Acting Director of Health and Wellbeing Transition, made the following points:

#### With respect to the transfer of public health functions to the local authority:

- Plans for the transfer of public health functions to the local authority were on track;
- the 2 year financial settlement had now been received, with £27 million allocated for 2013, and £27.8 million for 2014. £23.4 million had been budgeted for each year, and although the settlement was higher than expected, it was to include additional areas of responsibility, including Community Infection Control, and some long term investment requirements;
- 'due diligence' had been paid with regard to the transfer of contracts, which were now in the final stages of transfer with completion predicted in the next couple of weeks;
- staff consultation on transfer to the local authority had started, but clarity was awaited from Central Government as to the details and limitations of the transfer scheme, although it was predicted that TUPE principals would be followed. A training programme for staff had been put in place;
- a work programme for the transition of ICT had begun. This was one of the outstanding risk areas but mitigation plans were in place and the programme was on track. The practical transfer of data was to be a huge piece of work and would include consideration of information governance as access to NHS data was required;
- there were risks associated with the health protection work strand, but it had now been clarified that health protection issues would be considered through the Nottingham and Nottinghamshire Resilience Group;

#### With respect to the establishment of HealthWatch:

- the tender process was ongoing and due to close on 31 January 2013;

- the Health and Social Care Network was an existing consultative body for commissioning activity and would be available for the newly appointed HealthWatch to liaise with;
- the lessons learnt from issues regarding LINK had been reflected in processes applied to the establishment of HealthWatch. One of the potential issues was around the existence of a large number of consultation mechanisms and ensuring that consultation overload was avoided and that consultation activity was co-ordinated. It was intended that the existing Health and Social Care Network would provide a good base to support HealthWatch in getting established;;
- it was anticipated that HealthWatch would initially have an Interim Board for 2013/14 with a view to establishing a partly elected, partly appointed Board in due course.

**(c) Update from Chief Operating Officer, NHS Nottingham City Clinical Commissioning Group**

Ms Dawn Smith, Chief Operating Officer, NHS Nottingham City Clinical Commissioning Group (CCG), presented the following update:

- on 18 January 2013, the CCG received authorisation from the National Commissioning Board, but until the transition date of 1 April 2013, a formal agreement was in place that the CCG only had limited powers;
- work was nearing an end to finalise the Draft CCG Strategy which was to be submitted to the Health and Wellbeing Board in February 2013;
- the Nottingham City CCG were confident that the transition would take place, as planned, on 1 April 2013. One of the areas of potential liability which could not be planned for was that of complaints referring to issues which occurred prior to the transfer;
- there had not been any public consultation in regard to the constitution for the CCG, as the requirement was only for consultation with membership organisations. Some aspects of the constitution had been discussed in broader forums, for example patient engagement group, and the CCG was confident that the Constitution set out how the CCG would be open and transparent in making decisions and allowing the public to raise issues.

In response to a question from a member of the public regarding scrutiny of the CCG constitution by the Health Scrutiny Panel, the Panel had not found any issues which would merit further scrutiny at this stage.

**41 HEALTH AND WELLBEING STRATEGY**

**(a) Report of the Head of Democratic Services**

Consideration was given to the report of the Head of Democratic Services, copies of which had been circulated, outlining the background to the Health and Wellbeing Board and the development of its strategy.

**RESOLVED that the report be noted.**

**(b) Presentation by the Chair of the Health and Wellbeing Board**

Councillor Heaton, Chair of the Health and Wellbeing Board, delivered the presentation, a copy of which was submitted to the online agenda following the meeting.

The Health and Wellbeing Strategy was a requirement of the Health and Social Care Act and fed into, and complimented, the Nottingham Plan to 2020, and was to be developed to address the needs identified in the City's Joint Strategic Needs Assessment.

The four main priorities had been identified as follows:

- Prevention - Healthy Nottingham;
- Integration - Supporting Older People;
- Early Intervention - Mental Wellbeing;
- Whole Systems Change - Priority Families.

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

- while some of the targets of the strategy may appear very ambitious, especially in the current financial context, it was always worth being ambitious;
- the strategy focus would be over 2 years, in 4 topic areas, where progress could be measured and tracked;
- all targets were measurable, with clear headline targets measured first within each group, and then the underlying targets. Some targets could be measured with existing data collection, such as that collected in the citizen survey, but further clarity was sought in regard to securing indicators to track the impact of work on a quarterly or six monthly basis. Currently some data was only available annually;
- benchmarking against data collected from other similar cities would also be considered, as some performance would be likely to be affected by national issues and not necessarily attributable to activity in Nottingham. One example was the decrease in Nottingham's smoking rate, which may have been at least partly due to the nation-wide smoking ban;
- there were already existing targets and timescales in place for work with families, and also Supporting Older People;
- meeting the mental health priority targets within the timeframe was one of the most challenging areas as it was such a significant issue which linked into many other areas of health across the City;
- meeting the targets within the timescales would be challenging;
- consultation on development of the Strategy had been with, or would include, the Equalities and Fairness Commission, HealthWatch, and the Health and Wellbeing

Board Steering Group. In addition to larger public consultation events there would also be smaller, targeted events to engage with specific groups;

- the Health and Wellbeing Board would need to work with HealthWatch and the Health Scrutiny Panel to ensure that the respective roles complement each other and resource available is maximised to achieve the best outcomes for citizens.

## **RESOLVED**

- (1) that good communication between the Health and Wellbeing Board and the Panel was important and it would be useful to have regular updates from the Board, initially reporting back in 4 months time on development of the Strategy, prior to its final approval in June 2013;**
- (2) that the thanks of the Panel to Councillor Heaton for her presentation and attendance, be recorded.**

## **42 QUALITY ACCOUNT 2012/13 -CITYCARE PARTNERSHIP**

Ms Rosemary Galbraith, Assistant Director of Quality and Safety, and Deputy Director of Nursing at Nottingham CityCare Partnership, presented the proposed outline for Nottingham CityCare Partnership's Annual Quality Account for the year April 2012 to March 2013. Following further engagement with stakeholders, the final Account was to be presented to the Health Scrutiny Panel in May 2013.

The following points were made, or responses given to the questions of the Panel:

- having considered the comments of staff, partners and patients, the priorities of patient safety, patient experience, and clinical effectiveness were to remain for 2013/14. Work had been done to address these priorities, but further focus was required to ensure that competencies were embedded;
- the Medicines Management Team worked with front line staff and partners to ensure that patients understood their medication, including how to take it, and the possible side effects. Discharge planning was also to be the focus of further work and training of patients, GPs, staff and pharmacies, including medication being provided in a community setting, disposal and safety;
- pressure ulcers were usually an existing issue for patients transferring from residential or their own homes, but CityCare had signed up to the national programme for prevention of pressure ulcers, including educating staff in care homes.

## **RESOLVED**

- (1) that any further comments or suggestions on the proposed outline of the Quality Account be forwarded to Ms Galbraith;**
- (2) that the Quality Account for 2012/13 be submitted to the Panel for consideration in May 2013;**

- (3) that the thanks of the Panel to Ms Galbraith for her report and attendance, be recorded.**

**43 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 programme for the remainder of the current municipal year be approved;**
- (2) that the following topics be considered for scrutiny at future meetings:**
- **services for those suffering from self harm;**
  - **services available for blind and partially sighted citizens;**
  - **Adult Social Care;**
  - **Older Person's Pathway;**
  - **Mental Health - with specific reference to the length of waiting lists for counselling for young people;**
- (3) that when developing the Committee's future work programme consideration be given to the work plans of the Portfolio Holder for Health, Commissioning and Human Resources and the Health and Wellbeing Board.**