NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

Date: **Wednesday 24 July 2013**

Time: **1.30pm (pre-meeting for Panel members at 1pm)**

Place: **LB 31 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/Corporate Director for Resources

Overview and Scrutiny Co-ordinator: Jane Garrard direct dial – 0115 8764315

A G E N D A

1 **CHANGE IN PANEL MEMBERSHIP**
To note that Councillor Rosemary Healy has been replaced by Councillor Steph Williams

2 **APOLOGIES FOR ABSENCE**

3 **DECLARATIONS OF INTERESTS**
If you need any advice on declaring an interest in any item on the agenda, please contact the Overview and Scrutiny Co-ordinator shown above, if possible before the day of the meeting

4 **MINUTES** Attached
To confirm the minutes of the last meeting held on 29 May 2013

5 **HEALTHWATCH NOTTINGHAM** Attached
Report of Head of Democratic Services

6 **STANDARDS OF CARE IN RESIDENTIAL CARE HOMES** Attached
Report of Head of Democratic Services

7	**DISCUSSION WITH PORTFOLIO HOLDER FOR ADULTS AND HEALTH** Report of Head of Democratic Services	Attached
8	**PUBLIC HEALTH** Report of Head of Democratic Services	Attached
9	**WORK PROGRAMME 2013/14** Report of Head of Democratic Services	Attached

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES.

A PRE-MEETING FOR ALL PANEL MEMBERS WILL BE HELD IMMEDIATELY PRIOR TO THE MEETING IN LB31

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 at Loxley House on 29 MAY 2013 from 1.30pm to 3.25pm

✓	Councillor Ginny Klein	(Chair)
✓	Councillor Thulani Molife	(Vice-Chair)
✓	Councillor Mohammad Aslam	
✓	Councillor Merlita Bryan	
✓	Councillor Azad Choudhry	
	Councillor Georgina Culley	
✓	Councillor Rosemary Healy	
✓	Councillor Brian Parbutt	
	Councillor Wendy Smith	
	Councillor Timothy Spencer	

✓ indicates present at meeting

Colleagues, partners and others in attendance:

Maria Principe	) Nottingham City) Clinical) Commissioning Group	-	Director of Primary Care Development and Performance
Jo Williams	))	-	Programme Manager, Integrated Care
Carol Foster	) CityCare) Partnership	-	Locality Manager
Rosemary Galbraith	)))	-	Assistant Director of Quality and Safety and Deputy Director of Nursing
Jane Garrard	) Resources	-	Overview & Scrutiny Co-ordinator
Catherine Ziane-Pryor	)	-	Constitutional Services Officer

1 APPOINTMENT OF VICE-CHAIR

RESOLVED to appoint Councillor Thulani Molife as Vice-Chair for the 2013-14 municipal year.

2 APPOINTMENT OF LEAD HEALTH SCRUTINY COUNCILLOR

Jane Garrard informed the Panel that, in accordance with the Panel's terms of reference a Lead Health Scrutiny Councillor was required to liaise with stakeholders on behalf of the health scrutiny function, including the Health and Wellbeing Board, HealthWatch Nottingham, and the Portfolio Holder with responsibility for health and social care issues.

RESOLVED to appoint Councillor Ginny Klein as Lead Health Scrutiny Councillor for 2013-14 municipal year.

3 APOLOGIES FOR ABSENCE

Councillors Georgina Culley, Wendy Smith, and Timothy Spencer - all on other Council Business.

4 DECLARATIONS OF INTERESTS

None.

5 MINUTES

The Panel confirmed the minutes of the meeting held on 28 March 2013, as a correct record and they were signed by the Chair.

6 HEALTH SCRUTINY PANEL TERMS OF REFERENCE

Jane Garrard Overview and Scrutiny Co-ordinator, presented the report of the Head of Democratic Services which informed the Panel of the Terms of Reference which were agreed at Annual Council on 20 May 2013.

RESOLVED to note the Health Scrutiny Panel Terms of Reference.

7 'COMMUNITY CASE FINDERS' HOSPITAL DISCHARGE

The Panel considered the report of the Head of Democratic Services about the introduction of the 'community case finders' approach to improving hospital discharge.

Carol Foster, CityCare Partnership Locality Manager, informed the Panel of the progress of the scheme which, integrating with community based services, aimed to facilitate timely discharge of patients from hospital to their own homes. She highlighted the following points:

(a) Of the 146 patients that had so far been assessed under this approach , 41 were admitted to interim care, 105 were managed in the community, and 2 were directed to short-term care placements while the most appropriate care was identified.

(b) The role of the Clinical Inreach Workers is working well with community knowledge of available health and social care services proving valuable. Posts were initially on a secondment basis but recruitment to 2 substantive posts had now been undertaken. In addition, following the encouraging success of the scheme so far, further posts will be added creating a team of 8 based at Queens Medical Centre.

(c) A significant aspect of current work is streamlining pathways to avoid duplication of roles and integration into the wider work of Nottingham University Hospitals NHS Trust to improve hospital discharge.

(d) Due to the recent introduction of the 'community case finders' approach no patient feedback has been received so far. Currently there is no route for specific

feedback, but it is predicted that it will be routed via existing patient feedback channels.

(e) There are differences between social care provided in the City and the County (patients at the Queens Medical Centre come from, and return to, both areas) and this is expected to be highlighted by patient experience.

The responses to the Panel's questions included:

(f) Patients with carers at home made the transition from hospital to home much easier but it is important to link them with existing community based services such as emergency home care, crisis care and short-term placements so that they have appropriate support;

(g) 'Community casefinders' does not refer to Lings Bar Hospital, but GPs and other clinicians are still able to refer patients directly;

(h) The 'community casefinders' team operates between 8am and 10pm including weekends and bank holidays;

(i) The City established the Crisis Rapid Response Team two years ago, initially as a one year pilot to help keep patients in the community where possible. Once referred, patients were generally seen within 4 hours. Initially there was a team of 7 people and this number has now increased to 30;

(j) Patients and their families are asked what they want to best support their needs;

(k) No significant problems in sharing information between organisations have yet been identified but there is scope for improvement as this is still a fairly new arrangement;

(l) Given that services are provided by several organisations in an integrated way patient feedback needs to be combined into one request for feedback to simplify the process and prevent duplication. A challenge will be in clarifying which service patients are referring to when responding.

8 ADULT INTEGRATED CARE PROGRAMME

The Panel considered a report of the Head of Democratic Services summarising the key drivers for integrating adult health and social care and work that was taking place in Nottingham under the Adult Integrated Care Programme.

Jo Williams, Integrated Care Programme Manger, delivered a presentation, which was submitted to the electronic agenda following the meeting.

The Panel was shown a short film of the story of 'Ada' demonstrating the negative impact on vulnerable individuals of disjointed service provision. The Panel was informed that there are plans to produce a further film with a focus on how better integrated services could effectively support older people's needs.

Jo Williams made the following points and responded to the Panel's questions as follows:

(a) Historically there had not been a wholly co-ordinated approach to providing services for older people. When additional funding had been available in different health care and social areas, additional services evolved, but this has resulted in fragmentation and some duplication.

(b) There are strong national and local drivers to simplify and improve services through better integration and co-ordination.

(c) With an aging population, it is predicted that the proportion of people with long term conditions and complex needs will increase.

(d) GPs have reported that, once diagnosed, people have found it hard to find the appropriate co-ordinated care.

(e) More work is needed to better co-ordinate person-focused care, including cross county and partner provision, for example for people who attend GP surgeries located in the County.

(f) The current provision needs to be simplified, rather than add another layer of services, and patient expectations managed.

(g) 'Independence pathways' are to be provided based on an individual's needs.

(h) Improved continuity of care is important and citizens need to feel informed and empowered to manage their own health and care needs.

(i) The Clinical Commissioning Group (CCG) has funded the majority of work which is expected initially to be cost intensive and funding has been obtained to pump-prime the process. It is unlikely that the Programme will result in identifiable cash savings but will enable health and social care services to better cope with future increases in demand and reduce future financial pressures.

(j) Financial challenges still exist, including the need to make efficiency savings, but if services pro-actively work together, they can be met.

(k) The CCG have written to all GPs asking them for information on the physical health needs of patients, to enable the CCG to prepare to help manage those health needs.

(l) One of the challenges is developing a single assessment that can be used and trusted by all professionals, instead of the current situation where each service individually assesses the individual's needs.

(m) It is important that care is centred around the individual and the views of both patients and their carers need to be listened to with regard to the patient's needs.

(n) There is not yet agreement on using a common shared language across all services but the need has been acknowledged and the current focus is on being 'jargon-free'. Cultural issues can take a long time to address.

(o) Implementation is due to commence in January 2014.

(p) The Programme only covers integration of adult health and social care but there is a similar process for child health and social care issues.

RESOLVED

(1) to include an update on the Adult Integrated Care Programme on the work programme for March 2014;

(2) to include integration of child health and social care on the Panel's future work programme.

9 CITYCARE PARTNERSHIP QUALITY ACCOUNTS 2012/13

The Panel considered the report of the Head of Democratic Services explaining the requirements for quality accounts, and including the CityCare Partnership's draft Quality Account 2012/13.

Rosemary Galbraith, Assistant Director of Quality and Safety and Deputy Director of Nursing, introduced the draft CityCare Partnership Quality Account 2012/13 and invited the Panel to comment. The Panel noted that any formal comment made would be included in the final Quality Account which was to be published by 28 June 2013.

She informed the Panel that, having been subject to an unannounced inspection by the Care Quality Commission in March 2013, CityCare Partnership was found to be meeting all the essential standards which include:

- respecting and involving people who use services;
- care and welfare of people who use services;
- safeguarding from abuse people who use services;
- supporting workers;
- assessing and monitoring the quality of service provision.

There were no compliance notices issued.

The areas targeted for improvement in 2013/14 broadly remain the same as the 2012/13 year. However, since 2012/13 there have been improvements in performance, changes in culture and awareness raised amongst staff about the importance of the issues.. Areas of improvement included:

(a) Further work on caring for those with dementia, including improvement of assessment tools which would help bring necessary information together. Dementia training is taking place with input from partners across the City. Recognising the symptoms of dementia is important and further training of the workforce (with targets for achieving this) is proposed for 2013/14. The Panel particularly commended CityCare Partnership on its focus on dementia.

(b) There are national standards to ensure that the needs of patients are met. CityCare Partnership have examined their own data and considered the possible

risks to ensure that safeguarding against 'Never events' is in place. This has included focus on medicine management, pressure ulcers, and areas of high risk.

(c) The increase in serious incidents was at least partly due to an increased drive to encourage incident reporting so that lessons are learned and measures are in place to prevent such issues arising in future. As a result, the workforce is more likely to report incidents and take responsibility for them. All incidents are investigated and the Patient Safety Committee considers any learning, making immediate changes where necessary. Where appropriate, the information gathered is shared with partners to enable them to put necessary preventative measures in place. Organisationally there is now greater openness and transparency.

RESOLVED to submit a comment for inclusion in the CityCare Partnership Quality Account 2012/13 following circulation to Panel members by email and agreement by the Chair. The comment would focus on the areas in which the Panel had engaged with CityCare Partnership during 2012/13 and reflect the Panel's support for the work relating to dementia.

10 WORK PROGRAMME 2013/14

Jane Garrard, Overview and Scrutiny Co-ordinator, presented the report of the Head of Democratic Services, outlining the Panel's work programme for 2013/14. The Chair noted that an update on adult integrated care and work to integrate child health and social care, both identified at this meeting, will be added to the work programme.

RESOLVED to agree the work programme as follows:

24 July 2013	• **HealthWatch Protocol** • **Public Health**
25 September 2013	• **Quality of Care in Care Homes (TBC)** • **CityCare Partnership Complaints**
27 November 2013	• **Care at Home (tbc)**
29 January 2014	• **CityCare Partnership Quality Account 2013/14**
26 March 2014	• **HealthWatch Nottingham** • **Health and Wellbeing Board and Joint Health and Wellbeing Strategy** • **Adult Integrated Care.**

11 DATES OF FUTURE MEETINGS

RESOLVED to meet on the following Wednesdays at 1:30pm
2013 – 24 July, 25 September, 27 November
2014 – 29 January, 26 March

HEALTH SCRUTINY PANEL
24 JULY 2013
HEALTHWATCH NOTTINGHAM
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To meet with representatives of Healthwatch Nottingham to find out more about its role, and to discuss how the Panel and Healthwatch Nottingham can work effectively together.

2. Action required

2.1 The Panel is asked to consider if any action is required to support effective working between scrutiny and Healthwatch Nottingham.

3. Background information

3.1 As part of the reorganisation of the NHS, from April 2013 Local Involvement Networks ceased to exist and Healthwatch became the consumer champion for health and social care representing the collective voice of people who use services and the public. It exists in two forms – Local Healthwatch, at local level, and Healthwatch England, at national level.

3.2 Healthwatch England is the national body that exists to enable collective views of users of NHS and adult social care services to influence national policy, advice and guidance. It will take evidence from Local Healthwatch and other partners to create a picture of what matters most to service users across the country. It also provides national leadership, support and advice to the network of 152 Local Healthwatch organisations.

3.3 Local Healthwatch is funded by local authorities and they are responsible for ensuring that Local Healthwatch operates effectively and provides value for money, managing this through local contractual arrangements. The Panel may wish to use Healthwatch's Annual Reports as a tool by which to evaluate the effectiveness of Healthwatch's activities for that time period passing any comments about the performance of Healthwatch to commissioners or to the Portfolio Holder for Adults and Health.

3.4 In Nottingham, Local Healthwatch is known as Healthwatch Nottingham. It exists to give citizens and communities a strong voice to influence and challenge how health and social care services are provided in their area.

3.5 Healthwatch Nottingham's role includes:

a) Engaging with communities, service users and the public to build up a local picture of community needs and aspirations and the experience of people who use local health and social care services;
b) As a member of the Health and Wellbeing Board, using its community knowledge and evidence to influence decisions made by the Board and ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared;
c) Promoting and supporting the involvement of local people in the commissioning and provision of local health and social care services and how they are scrutinised;
d) Conducting independent evidence-led investigations using, where necessary, 'enter and view' powers;
e) Where founded in evidence, recommend investigations or special reviews to Healthwatch England or the Care Quality Commission;
f) Provide information and advice to the public about access to health and social care services, including signposting to advocacy services for those who wish to make a complaint about an NHS service.

3.6 Healthwatch Nottingham may wish to highlight concerns about a service to health scrutiny and can make referrals to scrutiny that must be responded to. Scrutiny must keep Healthwatch informed of any decisions and progress on the matter.

3.7 Following a procurement exercise the Council appointed Healthwatch Engagement and Liaison Partnership (HELP) to undertake the work of Healthwatch and to work with the Healthwatch Board to ensure it meets its statutory duties. HELP is a social enterprise established by four local voluntary sector organisations, which has been working over the last year to develop the local Healthwatch model. A summary of the model is attached at Appendix 1.

3.8 Following a recruitment exercise (which involved the Chair of the Health Scrutiny Panel) Martin Gawith was appointed as Chair and Adele Cresswell as Vice Chair of the Healthwatch Board.

3.9 The Panel will want to build relations with Healthwatch Nottingham to ensure there is clarity about respective roles to avoid duplication; consider how Healthwatch can contribute to scrutiny by gathering and providing evidence; and ensuring a mechanism is in place for responding to referrals from Healthwatch. As a starting point a list of potential ways in which health scrutiny might engage with Healthwatch is attached at Appendix 2. It is proposed that a protocol governing the working relationship between health scrutiny and Healthwatch Nottingham be developed.

3.10 In its working relationship with Healthwatch, the Panel will want to keep in mind Healthwatch's position as a member of the Health and Wellbeing

Board and the impact that this might have on the relationship and, in particular, Healthwatch's contribution to scrutiny relating to the Health and Wellbeing Board and its decisions/ activities.

3.11 Representatives of Healthwatch Nottingham will be attending the meeting to explain more about how Healthwatch Nottingham operates, its current work and to discuss with the Panel how health scrutiny and Healthwatch Nottingham can work constructively together.

4. List of attached information

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

Appendix 1 – Healthwatch Nottingham: Nottingham City Approach

Appendix 2 - Potential ways in which health scrutiny might engage with Healthwatch

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

None

6. Published documents referred to in compiling this report

None

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

healthwatch Nottingham

Nottingham City Approach

As a key part of the Health and Social Care Act 2012, the role of Local Involvement Networks (Links) across the country will cease and a new organisation known as Local Healthwatch will carry out a range of new functions. This forms part of the reorganisation of the NHS that further changes the health and social care landscape, giving more responsibilities to local authorities for provision and commissioning. Healthwatch is also designed to give a stronger voice to local communities and service users in the way health services are run.

Local Healthwatch is the new organisation to champion the local, community voice of all citizens, service users and carers of health and adult social care services. It will engage with communities to ensure the services being provided locally meet their needs. It will also provide a one-stop shop for information and advice on local health and social care needs as well as signposting to advocacy services for those wishing to make a complaint about an NHS service.

Local Healthwatch will also be able to use its community knowledge and evidence to influence decisions made by the Health and Wellbeing Board. The Health and Wellbeing board will be responsible for making key strategic commissioning decisions in the city and the representation of Local Healthwatch on this board will enable it to represent the community voice when commissioning decisions are made.

1 Local Healthwatch Objectives

- Collect views and understanding of the experiences of local people using services, carers and the wider community
- Make their views known as a member of the Health and Wellbeing Board in developing local strategies and commissioning priorities
- Promote and support the involvement of local people in the commissioning and provision of local care services and how they are scrutinised
- Empower the community to become involved with commissioning, provision and scrutiny of health and social care services
- Conduct independent membership led evidence based investigations, using where necessary "enter and view" powers
- Where founded on research, recommend investigations or special reviews to Healthwatch England or the Care Quality Commission
- Provide advice and information to the public about access to services and support for making informed choices

- Provide a signposting service to health and social care complaints teams and advocacy services
- Provide feedback to users, carers and the community on changes or improvements which have been implemented as a result of their engagement

2 Business Model for Healthwatch Nottingham

The HELP consortium of four voluntary sector organisations who have been working over the past year to engage Nottingham citizens in shaping their Healthwatch have formed a social enterprise and been contracted, through the procurement process to run Healthwatch Nottingham.

Healthwatch Engagement and Liaison Partnership (HELP) is to provide the following roles:

- Support the Healthwatch Nottingham Board to undertake its statutory duties,
- Provide staffing to undertake the objectives listed above.
- Work with the Nottingham Network and its stakeholders to widen citizen engagement, avoid duplication of engagement and consultation and to improve citizen engagement.

The Chair of Healthwatch Nottingham will have a seat on the Board of HELP Ltd.
All four HELP partner organisations have specialisms in working with citizens from different communities of interest. Over 600 individuals and organisations have signed up to information about Healthwatch and many have become further engaged in focus groups and specific consultation work.

HELP has established that there is a growing interest in how Healthwatch is going to be effective in Nottingham and has been gathering information on citizen's priority issues during the year.

3 Nottingham Model for Citizen Engagement

In Nottingham City there is an extensive arrangement of groups and networks across the health and social care landscape. Aligned to these are committees, forums and boards providing for representation of citizens, patients, users and carers with specialist interests and focus. It is within this wealth of structures that an extensive consultation has been undertaken during April to September 2012 to identify how best to ensure effective and efficient engagement for the City Council, Clinical Commissioning Group and Healthwatch.

A Network encompassing all Health and Social Care groups, forums and patient participation groups has been developed. This virtual network is to be known as Nottingham Network for Health and Social Care and will be supported by key statutory organisations

Nottingham Network incorporates organisations and individuals who have an interest in Health and Social Care services commissioned by the Nottingham City

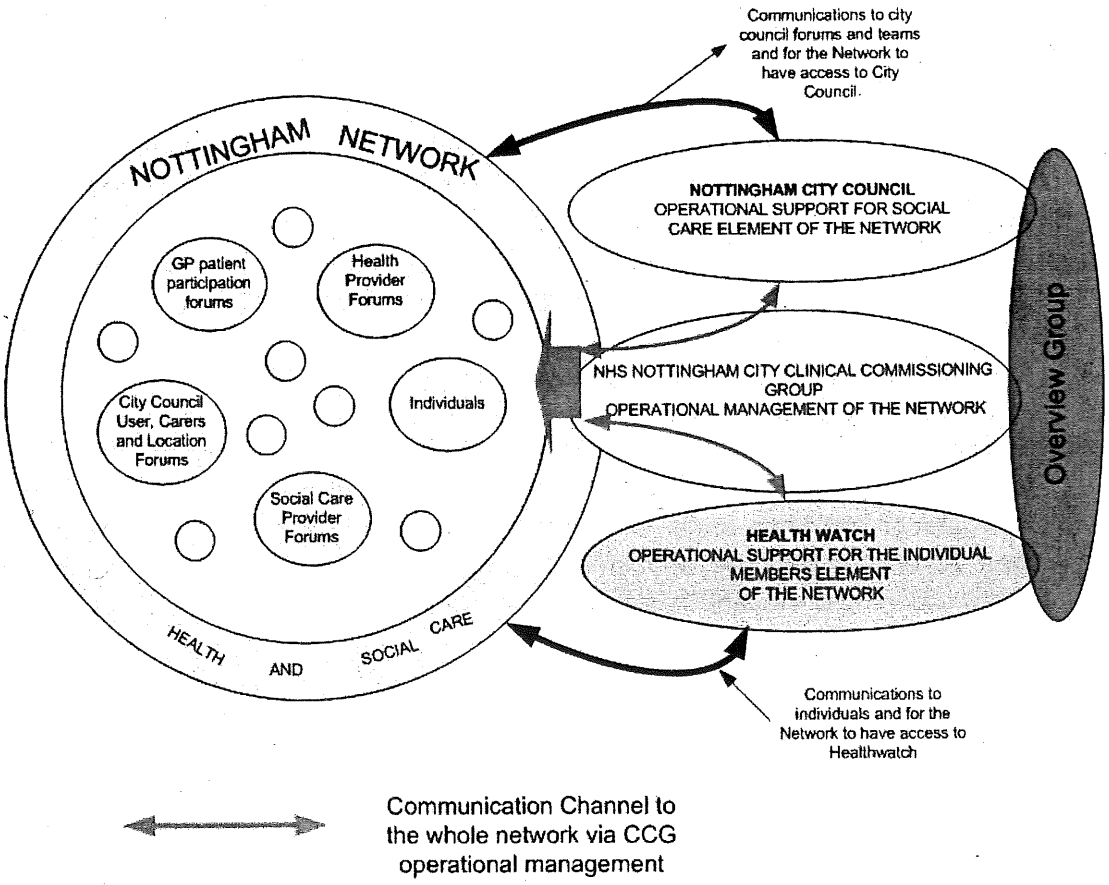
Council and NHS Nottingham City Clinical Commissioning Group. This includes for example:

- GP Patient Reference Groups
- Forums developed and co-ordinated by health service providers
- Users and Carers' forums co-ordinated by Nottingham City Council
- Forums developed and co-ordinated by social care providers
- Voluntary and Community Sector organisations on behalf of their membership
- Individual citizens living in Nottingham

Nottingham Network will provide a hub for information and engagement. Membership of the network will be voluntary and people can join either as individuals or through their member organisation, choosing from a menu of engagement options, one of which will be Healthwatch Nottingham.

Those organisations and individuals opting for Healthwatch as an option will become the core membership of Healthwatch Nottingham.

Diagram of Nottingham Network for Health and Social Care



A Network Overview Group constituted from NHS Nottingham City Clinical Commissioning Group, Nottingham City Council and Healthwatch will support Nottingham Network in delivering its aims and ensuring co-ordination of consultation and engagement activities; reducing the risk of 'consultation fatigue'.

NHS Nottingham City Clinical Commissioning Group will have operational management of this virtual network enabling it to be governed effectively; ensuring quality and security. This includes holding membership details centrally and handling network-wide electronic communications.

The City Council will provide operational support for Nottingham Network particularly around social care network members. Whilst continuing to work within their existing structure it will use the Nottingham Network as a mechanism to communicate with this wider Nottingham Network constituency as part of their engagement with users, carers and citizens.

Healthwatch Nottingham will engage with individual members of Nottingham Network who have expressed a desire to engage with Healthwatch. They will actively recruit individual members and ensure that details are logged with Nottingham Network. Healthwatch will work with key partners to develop mechanisms for ensuring that the membership of the Nottingham Network, and in particular, Healthwatch is consistent with the demographics of the city.

Healthwatch's constituency will be those groups, networks and individuals who have opted into Healthwatch. However, access to the whole network and communications will be facilitated through the Nottingham Network Overview Group and NHS Nottingham City Clinical Commissioning Group's engagement team. They will also have individual communications with members of the Network who have chosen to belong to Healthwatch and where appropriate wish to be involved with activities including volunteers and board members.

3.1 Rationale for the network

Nottingham Network will be managed by NHS Nottingham City Clinical Commissioning Group and supported by Nottingham City Council and Healthwatch. This ensures sustainability of the structure which will become a valuable mechanism for the Health and Wellbeing Board, NHS Nottingham City Clinical Commissioning Group and Nottingham City Council commissioners and Healthwatch. It is anticipated that it will also offer an opportunity for other statutory organisations to engage with Nottingham citizens, and where appropriate via Healthwatch Nottingham.

The model seeks to:

1. Reduce duplication and resources by organisations that have an engagement role with citizens.

2. Provide an identifiable structure for citizens, organisations and commissioners to engage on health and social care activities in the city.
3. Provide a tailor-made constituency for Healthwatch, NHS Nottingham City Clinical Commissioning Group and Nottingham City Council to ensure the widest engagement and involvement in their activities
4. Increase effectiveness of communications and reduce duplication
5. Provide confidence in the engagement of ALL groups and sectors through a mechanism for city-wide consultations on health and social care issues providing a map of involvement. Any gaps can be identified and activities put in place to address any shortfalls
6. Reduce the risk of the membership of Healthwatch being isolated from mainstream engagement.

3.2 Nottingham Network and Healthwatch

Healthwatch Nottingham will be a partner with the Nottingham City Council and NHS Nottingham City Clinical Commissioning Group in developing and sustaining the Nottingham Network. Healthwatch's membership will be derived from the Network and it will have the benefit of ensuring the widest possible engagement with existing organisations and structures.

Members of the Nottingham Network will provide the membership of Healthwatch. Any group or individual joining via Healthwatch activities will automatically become members of the Nottingham Network.

Healthwatch will be able to develop their volunteer base to undertake activities through the Nottingham Network members who have opted for Healthwatch membership but also the wider membership of organisations who sign up to the Nottingham Network

Healthwatch will work with the Network Overview Group to ensure that membership, and those who opt for the Healthwatch option, represent the diverse and complex nature of Nottingham. It is important to develop an active membership of Healthwatch that provides a constant flow of issues and a 'reality check' on the work plan and priorities.

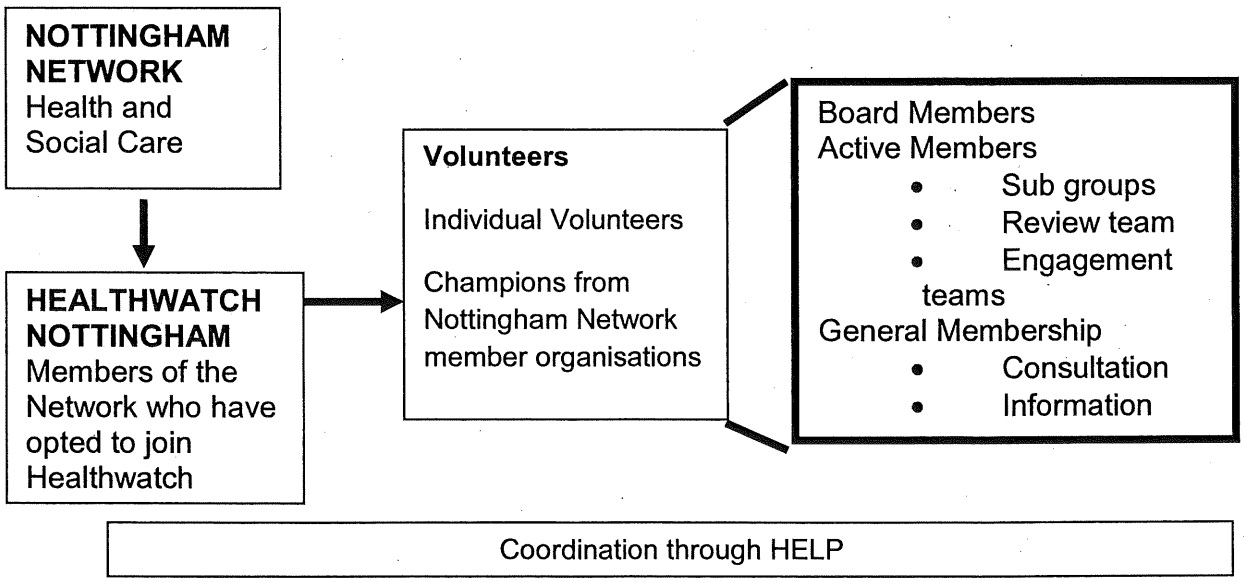
Healthwatch Nottingham must, in addition to engaging with the public through events, activities and the Nottingham Network, ensure its engagement with (but not limited to):

- Council members and officers
- NHS Nottingham City Clinical Commissioning Group
- Nottingham Health and Wellbeing Board members and their organisations
- Providers of primary healthcare including GP and dental practices, pharmacists and optometrists

- Providers of secondary healthcare, including Nottingham University Hospitals, the NHS Treatment Centre, Nottinghamshire NHS Healthcare Trust
- Providers of community healthcare including NHS CityCare Partnership, walk-in centres and health centres
- Health Promotion, citizen and patient engagement teams of the Council and NHS Nottingham City Clinical Commissioning Group.
- Voluntary Organisations
- Other Health and Social Care consultation settings

3.2.1 Volunteers

A key resource for Healthwatch Nottingham will be volunteers who should be supported and encouraged to participate fully in the delivery and promotion of the service. Members of Healthwatch Nottingham should have an opportunity to sign up to become a volunteer. The level of involvement for volunteers will depend on their interests and time commitment.



Individual members should be encouraged and supported to engage with the activities of Healthwatch Nottingham through the board, events and activities, consultations, reviews and work placements.

Champions from member organisations should be sought who can advocate on behalf of Healthwatch Nottingham within their own networks and organisations. They will provide the channel for the views of many citizens, patients and carers to interact collectively with the work of Healthwatch Nottingham.

Potential ways in which health scrutiny might engage with Healthwatch

Work programming
To achieve alignment and avoid duplication it might be in the interest of the lead health scrutiny councillor to meet the Healthwatch Chair regularly to share work programmes and horizon scan.

Scrutiny may wish to invite recommendations from Healthwatch about areas for scrutiny reviews.

Referrals from Healthwatch
Scrutiny should be prepared to accommodate referrals from Healthwatch, adjusting its work programme and agendas accordingly to respond in a timely fashion.

Information and evidence
Scrutiny may wish to identify opportunities for Healthwatch to contribute to scrutiny work by attending meetings to give evidence, providing information and data and local intelligence on a particular issue under scrutiny.

Scrutiny may wish to give a standing invitation for Healthwatch to attend scrutiny meetings and, at the Chair's discretion, speak at meetings.

Enter and View
Scrutiny may wish to keep oversight of Healthwatch's programme of Enter and View inspections and receive findings of, and discuss, Enter and View visits at scrutiny meetings.

Citizen involvement and engagement
Scrutiny may want to be kept up-to-date with Healthwatch's public engagement work as a means for scrutiny to gather intelligence/local views about health/social care services.

Where the NHS launches a consultation, scrutiny and Healthwatch may wish to work in partnership to collect views to inform their responses, targeting different groups to maximise coverage/reach.

Requesting information from NHS funded providers
Scrutiny may wish to offer to use, on Healthwatch's behalf, its enhanced powers to request information or attendance of relevant persons to answer questions.

Escalating matters
In a situation where scrutiny felt obliged to escalate a matter to a higher authority (such as NHS England, Care Quality Commission, Monitor, or the Secretary of State) it is recommended, in advance of doing so, that it shares its intentions with Healthwatch and allows sufficient time for Healthwatch to inform any submission from scrutiny. Where scrutiny and Healthwatch are seen to be on the same wavelength it is more likely that any concerns raised will be given more weight. Also, in some instances, through a co-ordinated approach scrutiny and Healthwatch may be able to broker necessary action to allay concerns at a local level by influencing the Health and Wellbeing Board and CCG.

HEALTH SCRUTINY PANEL
24 JULY 2013
STANDARDS OF CARE IN RESIDENTIAL CARE HOMES
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the Council's role in ensuring Nottingham citizens living in residential care homes receive safe, appropriate and high quality care.

2. Action required

2.1 The Panel is asked to use the information provided to inform questioning and discussion and to identify if there are any issues for further scrutiny.

3. Background information

3.1 Nottingham City Council holds contracts with a number of residential care home providers both across the City and beyond the City boundaries. This includes residential care homes operated by the Council. The contracts are managed by the Council's Quality and Commissioning Directorate.

3.2 In most cases the choice of care home lies with the individual and their family. Therefore the Council seeks to hold contracts with a wide range of providers to provide choice for individuals.

3.3 Having formal contracts in place with care home providers allows for contract compliance activity to take place and for quality to be monitored to ensure that individuals are provided with safe and appropriate care. Ultimately the Council can suspend or end a contract if care does not meet the required standard. In recent years there have been several examples where the Council has suspended and/or ended a contract to provide residential care.

3.4 The Council carries out annual reviews of older people's residential care, which are scored to establish the quality of provision provided. The scores are incorporated into a quality banding system from 1 – 5 ('5' representing the highest quality banding). The quality bandings for 2013/14 are available on the Council's website.

3.5 The Council will only hold contracts with providers who are registered with the Care Quality Commission. The Care Quality Commission (CQC) regularly inspects care homes to ensure they meet the essential standards of quality and safety. Each of the standards has an

associated outcome that it is expected all people who use the service will experience as a result of the care they receive. Inspection reports are publicly available on the CQC website. More information about the work of the CQC can be found on its website www.cqc.org.uk. Given their respective roles it will be important for the Council and the CQC to have a constructive working relationship.

3.6 Colleagues from the Quality and Commissioning Directorate will be attending the meeting to give a presentation on the Council's role and to answer questions relating to this. The Panel may wish to consider if there are any specific issues that it wishes to scrutinise further during the course of the year.

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

2013/14 Quality Bandings for Older People's Care Homes in Nottingham City (available from www.nottinghamcity.gov.uk accessed 15/07/13)

Care Quality Commission Essential Standards of Quality and Care (available from www.cqc.org.uk accessed 15/07/13)

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

HEALTH SCRUTINY PANEL
24 JULY 2013
DISCUSSION WITH PORTFOLIO HOLDER FOR ADULTS AND HEALTH
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To hear from the Portfolio Holder for Adults and Health about progress in delivery of objectives relating to health and adult social care; current areas of work; and challenges and how these are being addressed.

2. Action required

2.1 The Panel is asked to use the information received at the meeting from the Portfolio Holder for Adults and Health to inform questioning as part of scrutiny's role in holding the Executive to account and to identify where scrutiny can most usefully support the achievement of Council priorities relating to health and adult social care.

3. Background information

3.1 On 20 May 2013 Councillor Alex Norris was appointed as Portfolio Holder for Adults and Health. The Constitution lists the key responsibilities of this Portfolio as:

Adults
Corporate strategies for older people
Championing independent living
- Protection of vulnerable adults

Support to vulnerable people
- Telecare
- Catering

Health
Public health and wellbeing
- Health inequalities
- Smoking and avoidable injuries

Health and Wellbeing Board
Public health transition
Mental health and wellbeing

3.2 As Portfolio Holder for Adults and Health, Councillor Norris is a member of the Health and Wellbeing Board and is currently Chair of the Board. The Health and Wellbeing Board agreed the Joint Health and Wellbeing

Strategy on 26 June. A copy of the Strategy can be found at http://open.nottinghamcity.gov.uk/comm/agenda.asp?CtteMeetID=5051

3.3 The Panel may wish to take this opportunity to discuss with Councillor Norris how scrutiny can support achievement of the Council's priorities relating to health and adult social care and/ or address the challenges that it faces. This can be used to inform the Panel's work programme.

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

Nottingham City Council Constitution

Joint Health and Wellbeing Strategy

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

HEALTH SCRUTINY PANEL
24 JULY 2013
PUBLIC HEALTH
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To hear from public health colleagues about the Council's new public health responsibilities, the level of resources available to support this work and current public health priorities and challenges in the City.

2. Action required

2.1 The Panel is asked to use the information provided to inform questioning and discussion about public health in Nottingham to ensure the Panel is well-informed about the issues and to identify any areas to be included in the Panel's future work programme.

3. Background information

3.1 On 1 April 2013 public health responsibilities transferred to the Council. As the Panel will be aware from its work overseeing the transition process during the last year this included the transfer of staffing and financial resources to the Council. The Council has appointed a Director for Public Health jointly with Nottinghamshire County Council. The Director for Public Health is a statutory member of the Health and Wellbeing Board.

3.2 Reflecting the changes to health service commissioning and provision, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 extended health scrutiny powers to enable health scrutiny to review and scrutinise any matter relating to the planning, provision and operation of the health service in their area, including all NHS and public health services commissioned by NHS England, clinical commissioning groups and the local authority (including providers from the private and voluntary sectors). Therefore in addition to considering the work of the local NHS it will be important for the Panel to scrutinise the Council's own approach to health.

3.3 As highlighted by the Francis Inquiry Report in relation to NHS services, health scrutiny will want to ensure that there are also effective channels by which service users, the public and the workforce can communicate concerns about the quality of public health services and that there is an appropriate mechanism for responding to such concerns.

3.4 To support its role in scrutinising the planning, provision and operation of public health services, the Panel will want to develop a constructive working relationship with those responsible for public health in the City. As a starting point for this, an overview of public health is attached to this report and public health colleagues will be attending the meeting to give a presentation on the Council's public health responsibilities and current activities, and to answer questions from the Panel in relation to this.

4. List of attached information

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

Appendix 1 – Public Health: A Brief Overview

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

None

6. Published documents referred to in compiling this report

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

Submitted to: Health Scrutiny Committee

Reporting Directors: Lynne McNiven, Caroline Hird, Mary Orhewere and Alison Challenger

Title: Public Health; a Brief Overview

What is Public Health?

Public Health is"the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society".It has threedomains:

Health Improvement:education, lifestyles, family & community, housing, employment.

Health Protection:immunisation, environmental hazards, emergency preparedness.

Health Services Quality: service planning, effectiveness, audit and evaluation, prioritisation.

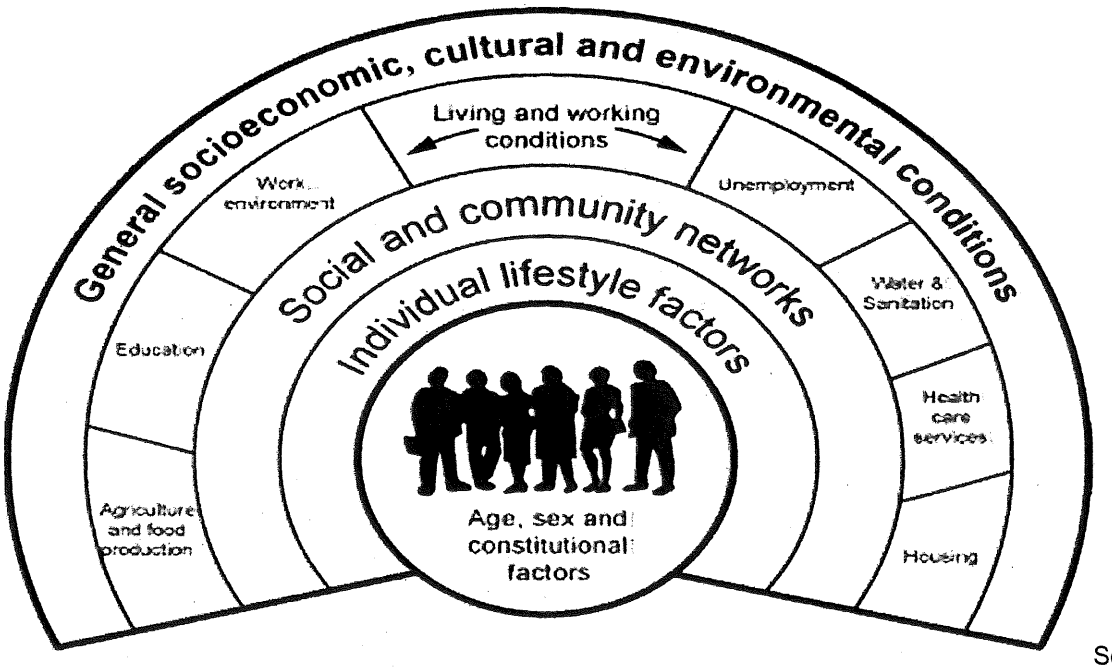
Public Health is about improving population health, underpinned by epidemiology, the study of patterns, causes and effects of health/ill health in populations. Over centuries, it has proposedmeasuresnow considered standard, e.g. the provision of clean water and safe disposal of waste.Other epidemiological exposésare asbestos and cancer, smoking and heart disease. A focus on lifestylehas shown links between physical inactivity andheart disease, low birth weight and poor adult health, low educational attainmentand poverty.

Public Health's role in Identifying Health Inequities

Public Health: Understanding & Tackling Inequities

A key role of Public Health is to investigate why different health status, outcomes and life opportunitiesare experienced by different populations, and to recommend mitigating action.

Many interdependent factors influence health and social outcomes (illustrated below).



Sourc

e: Dahlgren & Whitehead

Health inequalities are systematic differences in health status between populations which cannot be explained in biological terms; they are typically due to social or economic factors. Inequities are those differences that are perceived unfair and are potentially avoidable. Examples include:

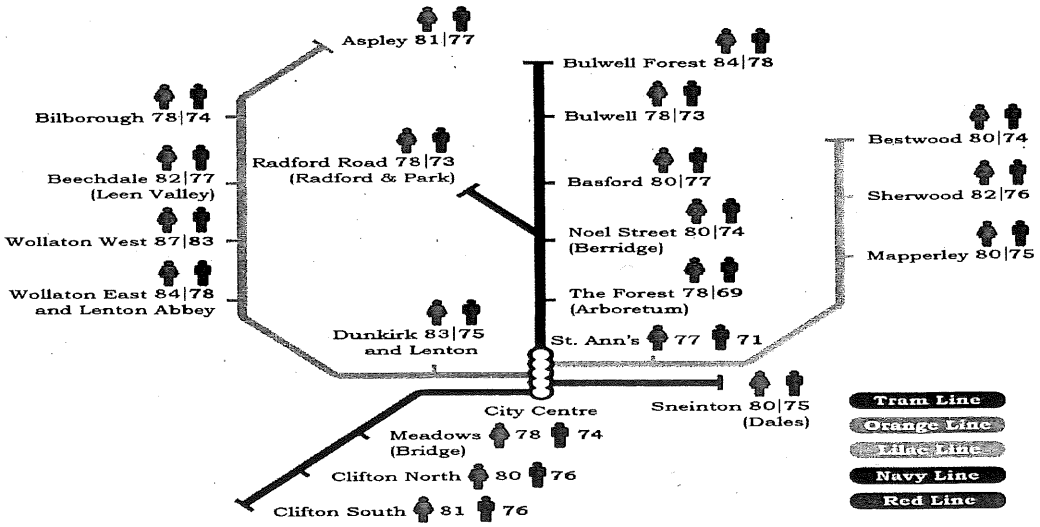
Educational attainment: Poor school readiness is linked to low levels of educational attainment at school, and limited further education/training. These are closely linked to poor lifestyle choices such as smoking, teenage pregnancy, alcohol or drug use. In turn, these limit employability, income and directly impact health. The result is considerably more ill health and premature deaths in comparison to the groups with better educational attainment.

Access to Health Care Services: In theory, access to health care services is universal and based on need. For some, access is limited because of poor health literacy, transport costs, lack of assistance (housebound, people with learning difficulties), alternative health beliefs (travellers), homelessness, complex health needs (substance or alcohol dependence).

Deprivation: Higher levels of deprivation are closely linked with higher levels of poor health outcomes. Income deprivation caused by unemployment or low paid jobs directly correlate with housing quality & access to essential services e.g. schools, police, shops, transport, etc.

Social Drift: Good health is an important factor in protecting a person's economic and social position in society. When health or income is compromised, deprivation levels rise. Similarly, poor mental health such as depression can lead to loss of employment, breakdown in family life and ultimately poorer health outcomes for a family.

In Nottingham the differences in health outcomes are illustrated clearly by the variation in average life expectancy of its citizens dependant on where they live within the city.



The figures against each 'stop' show average life expectancy at birth for **males and females in Nottingham** living in that city ward area.

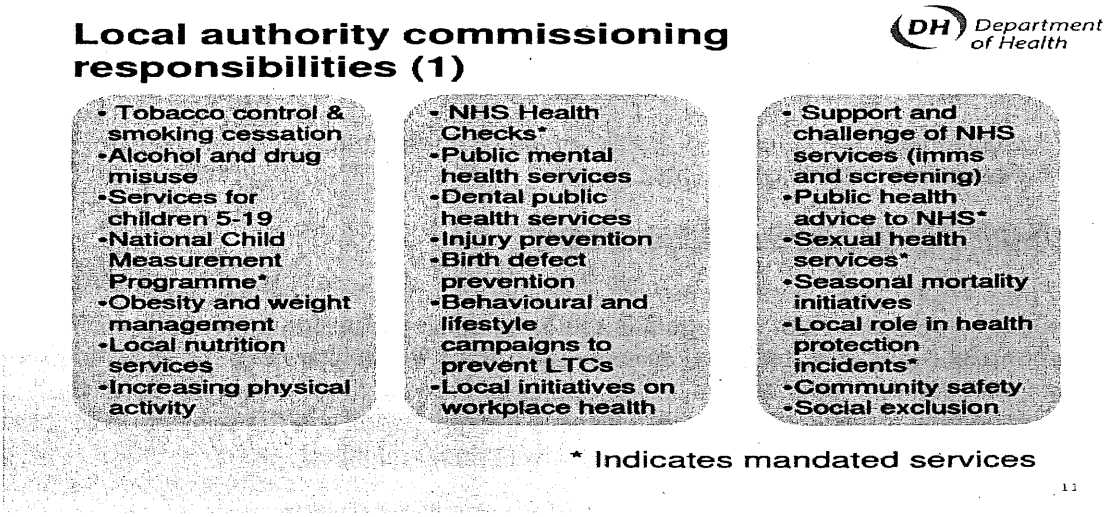
For females the average across the city is 80.5 compared with the English national average of 82.3. For males the average across the city is 75.3 compared with the English national average of 78.3.

Public Health tackles inequalities in a number of ways including through health needs assessments,health equity audits andservice redesign. By scrutinising quantitative data (population details, current service use, etc.) and qualitative data (e.g. service user and professional views), the case for action is made and an acceptable, efficient, effective intervention is recommended.

The result is Public Health leadershipin partnership to change policy, strategy and commissioning. Good quality monitoring and critical evaluation deliver outcomes, impact and value for money. It informs the on-going development of the Joint Strategic Needs Assessment (JSNA) which enables responsible commissioning by agencies across the City.

What is Public Health's responsibility in Local Government?

Local Government has a long tradition of public health responsibilities, for example education, transport, housing, leisure, business growth and employment, community safety. Recent additional responsibilities createsa real opportunity to work with partners in Health and the Third Sector, using Public Health Specialist resourcesas the 'glue' to bring the evidence and the expertise together to improve the population's health and prosperity.Below is a list of the wide range of commissioning responsibilities.



The Public Health Team?The Director of Public Health in Nottingham City Council, a jointly appointed post with Nottinghamshire County Council. A Corporate Director in both authorities, he is responsible for the health and wellbeing of almost one million Nottinghamshire residents.

At Director level there are four Public Health Consultants each of whom has completedfive-year Specialist training and is on the national Specialist Register. Together, they bring over 80 years' local and internationalexperience to the council.Each consultant has a defined portfolio of responsibility, islinked to a specifiedDirectorateand contributes to the corporate agenda.

The team consists of Public Health Managers, Information Analysts, Health Promotion Specialists and vital AdministrativeSupport. Most of the team have a Masters in Public Health as a second qualification or are working towards this; they bring additional breadth of expertise to the council. As an approved training location, the department hosts Public Health Specialty Registrars and Foundation Year 2 Doctors, developing the workforce of tomorrow.

The Public Health Team's role includes:

1. Assess and advise on the health and wellbeing needs and interventions for the population of Nottingham City
2. Develop close working relationship within Nottingham City Council by integrating with all Directorates
3. Provide public health expertise to the Clinical Commissioning Group to discharge its commissioning responsibilities for Nottingham
4. Lead the onward development of the JSNA; support the development and implementation the Health and Wellbeing Strategy
5. Integrate the local public health system with Public Health England and NHS England
6. Commission services and support partners to commission services that contribute to the Public Health Outcomes Framework indicators.
7. Additionally, the Director of Public Health is the statutory lead for Health Protection Assurance in Nottingham City Council.

The Public Health Outcomes Framework

The Public Health Outcomes Framework is an instrument to improve the quality of outcomes that matter most to people. The goal is that people live better for longer and to offer better value for all.It is part of a three-way alliance (with Adult Social Care and the NHS) to re-focus for government and partners on better outcomes, allow local areas to make their own decision on how to achieve this whilst allowing service users and the public to hold them to account. It tracks progress without overshadowing local priorities.

There are four domains, each supported by more detailed indicators.

1. Improving the wider determinants
2. Health improvement
3. Health protection
4. Healthcare public health and preventing premature mortality.

Examples of indicators that predict the likely long term health and prosperity of a population:

	Nottingham value	England average	England lowest	England highest
16-18 year olds not in education, employment or training (NEETs)	5.40	6.10	1.60	11.80
Low birth weight of term babies	4.4	2.8	1.8	7.8

Source: phoutcomes.info 2013

Aligned outcomes and indicators support local partners across government, health and care systems identify common ground and integrate work locally e.g. giving children the best start in life, preventing people from dying prematurely. It allows local measurement of the pace of improvement and enables comparison with others. The Outcomes Framework provides assurance and accountability for quality improvement. Above all, it re-focuses local systems on people and the outcomes that matter most to them.

HEALTH SCRUTINY PANEL
24 JULY 2013
WORK PROGRAMME 2013/14
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the Panel's work programme for 2013/14, based on areas of work identified by the Panel at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Panel is asked to note the work that is currently planned for municipal year 2013/14 and make amendments to this programme if considered appropriate.

3. Background information

3.1 The Health Scrutiny Panel is responsible for carrying out the overview and scrutiny role in relation to health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.

3.2 The Panel is responsible for determining its own work programme to fulfil its terms of reference. The work programme is attached at Appendix 1.

3.3 The work programme is intended to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service providers about substantial variations and developments in health services that the Panel has statutory responsibilities in relation to.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.5 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 Panel has statutory responsibilities in relation to substantial variations and developments in health services set out in legislation 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.

3.6 Nottingham City and Nottinghamshire County Councils have established a Joint Health Scrutiny Committee which is responsible for scrutinising decisions made by NHS organisations, together with reviewing other health issues that impact on services accessed by both City and County residents.

4. List of attached information

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

Appendix 1 – Health Scrutiny Panel 2013/14 Work Programme

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

None

6. Published documents referred to in compiling this report

Report to and minutes of Health Scrutiny Panel meeting held on 29 May 2013

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

APPENDIX 1

Health Scrutiny Panel 2013/14 Work Programme

29 May 2013	• **CityCare Partnership Quality Account 2012/13** To consider CityCare Partnership's Quality Account 2012/13 and whether to make a statement for inclusion • **Adult integrated care** To consider the adult integrated care programme • **'Community case finders' hospital discharge** To consider work to facilitate timely hospital discharge and prevent unnecessary hospital admissions through the 'community case finders' model
24 July 2013	• **Healthwatch Nottingham** To meet with Healthwatch Nottingham and agree a protocol for the working relationship between health scrutiny and Healthwatch Nottingham • **Public health** To take an overview of the Council's public health responsibilities and key priorities and challenges • **Portfolio Holder for Adults and Health/ Chair of Health and Wellbeing Board** To consider the Portfolio Holder for Adults and Health's priorities for the Portfolio and Health and Wellbeing Board, including implementation of the Joint Health and Wellbeing Strategy • **Standards of care in Nottingham care homes** To scrutinise action taken to ensure high standards of care at care homes in Nottingham
25 September 2013	• **Care at home (tbc)** *focus to be determined*

	• **CityCare Partnership complaints** To review how CityCare Partnership responds to patient comments and complaints
27 November 2013	
29 January 2014	• **CityCare Partnership Quality Account 2013/14** Preliminary consideration of priorities for CityCare Partnership's Quality Account 2013/14
26 March 2014	• **Healthwatch Nottingham (tbc – depending on publication of Healthwatch Annual Report)** To review the first year since the establishment of Healthwatch Nottingham • **Health and Wellbeing Board and Joint Health and Wellbeing Strategy** To review the first year of Health and Wellbeing Board and progress in implementing the Joint Health and Wellbeing Strategy • **Adult Integrated Care** To review progress in the Adult Integrated Care Programme, since commencement of the new model of working in January 2014

To schedule:

- Integration of children's health and care services