

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

**Date:** Wednesday 27 November 2013

**Time:** 1.30pm (pre-meeting for all 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 Review Co-ordinator: Jane Garrard – 0115 8764315**

**A G E N D A**

- 1 APOLOGIES FOR ABSENCE**
- 2 DECLARATIONS OF INTERESTS**  
Councillors, colleagues or other participants in meetings are requested to declare any personal or personal and prejudicial interest in any matter(s) on the agenda
- 3 MINUTES** Attached  
To confirm the minutes of the last meeting held on 25 September 2013
- 4 NHS HEALTH CHECK** Attached  
Report of Head of Democratic Services
- 5 QUALITY OF CARE IN NOTTINGHAM CITY COUNCIL CARE HOMES** Attached  
Report of Head of Democratic Services
- 6 WORK PROGRAMME** Attached  
Report of Head of Democratic Services

**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**

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

**THERE WILL BE A PRE-MEETING FOR ALL PANEL MEMBERS AT 1PM 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 25 SEPTEMBER 2013 from 1.30 pm to 2.58 pm**

- ✓ Councillor Ginny Klein (Chair)
- Councillor Thulani Molife (Vice-Chair)
- ✓ Councillor Mohammad Aslam (minutes 24 to 27)
- Councillor Merlita Bryan
- ✓ Councillor Azad Choudhry
- ✓ Councillor Eileen Morley
- Councillor Brian Parbutt
- ✓ Councillor Wendy Smith
- ✓ Councillor Timothy Spencer (minutes 25 to 27)
- Councillor Steph Williams

✓ indicates present at meeting

**Colleagues, partners and others in attendance:**

- Helen Morledge - Change Maker Volunteer
- Jennifer Burton - Health Promotion Development Manager )
- Mandy Clarkson - Speciality Registrar )
- Alex Hawley - Specialist Registrar ) Public Health
- Caroline Hird - Consultant )
- Lynne McNiven - Consultant )
- Jane Garrard - Overview and Scrutiny Review Co-ordinator ) Resources
- Laura Wilson - Constitutional Services Officer )

**21 CHANGE IN PANEL MEMBERSHIP**

**RESOLVED to note that Councillor Georgina Culley has been replaced by Councillor Eileen Morley.**

**22 APOLOGIES FOR ABSENCE**

- Councillor Merlita Bryan - personal
- Councillor Thulani Molife - ill
- Councillor Brian Parbutt - personal
- Councillor Steph Williams - personal

**23 DECLARATIONS OF INTERESTS**

None.

**24 MINUTES**

The Panel confirmed the minutes of the meeting held on 24 July 2013 as a correct record and they were signed by the Chair.

**25 CHANGE MAKER PROGRAMME**

The Panel considered the report of the Head of Democratic Services on the role and work of the Change Maker Programme in Nottingham in relation to cancer and cardiovascular disease awareness.

Jennifer Burton, Health Promotion Development Manager, and Helen Morledge, Change Maker Volunteer, presented the Panel with the following information:

- (a) Nottingham is now ranked the 20<sup>th</sup> most deprived local authority in England. It used to be the 13<sup>th</sup> so some improvement has been made;
- (b) there is a 10 year gap in the life expectancy of citizens living in the most affluent and deprived areas of the City;
- (c) cancer and cardiovascular disease are the two biggest killers in Nottingham and, of the 2,362 deaths in 2009, cardiovascular disease accounted for 32% of them. Approximately 1,100 people are diagnosed with cancer in Nottingham each year and around 640 people die;
- (d) there are significant differences between life expectancies across the wards. The average life expectancy for males in Nottingham is 73.5 compared with the English national average of 76.9. The worst average city average in England is 72.5 and the best is 82.2;
- (e) the Change Makers' ethos is 'people are not the problem, they are the solution' and they are 3 teams of over 70 local volunteers that cover the north, south and central localities across the City, supported by the Council's Health Promotion Team. The volunteers are from diverse backgrounds and there are 45 actively engaged in the programme;
- (f) the Change Makers focus on promoting the symptoms of lung, bowel, breast and prostate cancer, heart attack, stroke, diabetes and life style risk factors;
- (g) the volunteers are a valuable resource who, between April 2012 and April 2013, gave 2,458 hours which amounts to £15,510 if a salary was being paid;
- (h) all volunteers participate in a structured training programme before they work in the community;
- (i) the Change Makers are unique to Nottingham and are the only group who raise awareness of cancer and cardiovascular disease signs and symptoms. They do a lot of work across the City such as supporting weeks of action, performing a drama titled 'If in doubt, check it out', carrying out mystery shopper exercises with local pharmacies, etc;
- (j) early presentation of symptoms helps save lives and this is the main focus of work by volunteers. The Change Makers' work will soon be expanding to also cover key health issues and Public Health policy areas such as MMR (measles, mumps and rubella), TB (tuberculosis), children, young people and mental health;
- (k) the Change Makers and Public Health will firmly embed themselves within the Council structure and develop a volunteer accreditation programme and a structured volunteer work placement programme.

In response to questions and comments from the Panel, Jennifer Burton and Helen Morledge provided the following additional information:

- (l) the volunteers range from age 17 to age 80 and are recruited through adverts on the radio, events and word of mouth from existing volunteers;
- (m) as well as the structured training programme, there is an introduction programme, one to one support, training with partners and all volunteers are CRB checked. There is a Health Promotion budget of £50,000 to support the Change Maker Programme;
- (n) the volunteers carry information on NHS Health Checks with them so that they can signpost people to GPs and raise awareness of the service;
- (o) the Health Promotion Team work with the Clinical Commissioning Group and other partners in the City to try and co-ordinate health promotion events. The team is also developing a Health Promotion Strategy for the City.

**RESOLVED to note the information provided.**

## **26 NOTTINGHAM ADULT MENTAL HEALTH AND WELLBEING STRATEGY**

The Panel considered the report of the Head of Democratic Services introducing the draft Nottingham Adult Mental Health and Wellbeing Strategy.

Mandy Clarkson, Speciality Registrar, Public Health, presented the Panel with the following information:

- (a) one in four people will encounter mental health problems at some stage in life. Rates are higher in cities and Nottingham is estimated to have a high rate of adults with mental health problems;
- (b) some of the work covered by the Strategy is already being done, but needs to be captured centrally, and mental health needs to be embedded throughout all of the Council's work. The integration of Public Health in the Council will help promote this;
- (c) work on the Strategy has been ongoing for some time but it is now at the final draft stage. The Strategy sits across Nottingham City Council, Nottingham City Clinical Commissioning Group, Nottinghamshire Healthcare Trust, health and wellbeing partners, third sector and voluntary sector services, and other partners and communities;
- (d) the aims of the Strategy for adults are:
  - improvements in mental wellbeing;
  - fewer people suffering from mental health problems;
  - fewer people suffering disability due to mental health conditions;
  - communities taking their own actions to foster positive mental health and mental wellbeing;
- (e) the next steps include:

- 6 weeks of public and stakeholder consultation;
  - a forum and workshop at the end of November to address how to make the Strategy work for the City;
  - developing an action plan based on the outcomes of the consultation and areas identified at the workshop;
- (f) the overarching consultation question will be ‘do the strategic priorities cover the issues that are relevant to improving mental health and wellbeing for all adult citizens in Nottingham?’
- (g) the questions for each strategic priority will be:
- ‘do you think that the key work areas include the right actions to achieve this strategic priority? Can you suggest other actions which would make a difference?’
  - ‘thinking about all organisations who provide services (public, private, voluntary and community groups) what role can specific (please name) organisations play in helping to achieve the aims of this priority?’

In response to questions and comments from the Panel, Mandy Clarkson and Caroline Hird, Public Health Consultant, provided the following additional information:

- (h) if the consultation identifies that more localised services are needed then work can be done with the Clinical Commissioning Group to address this;
- (i) work will be done with the Nottinghamshire Healthcare NHS Trust to identify who is accessing services and specific research will look at the BME groups that are finding it difficult to access services;
- (j) colleagues in Public Health work closely with colleagues in Early Intervention to ensure services carry over from childhood to adult hood, but transition is always a risk area;
- (k) there is a need in the future to link the work on adult mental health with the Child and Adolescent Mental Health Services, but it is a large piece of work that will take a significant amount of time;
- (l) the current economy and welfare reform will have an impact on the figures for mental health;
- (m) there is still a stigma attached to mental health issues but it’s hoped that this will improve with the work that is being done to support people with mental health issues;
- (n) reducing loneliness and isolation is a key driver in reducing depression in communities.

**RESOLVED to request that the comments of the Panel are considered as part of the consultation on development of the Nottingham Adult Mental Health and Wellbeing Strategy.**

**27 WORK PROGRAMME**

Jane Garrard, Overview and Scrutiny Review Co-ordinator, presented the report of the Head of Democratic Services, outlining the Panel's work programme for the remainder of the municipal year. The Chair suggested that the Panel look at the Council's new responsibilities in relation to the NHS Health Check programme, the rates of Health Check offer and take up in the City, compared with nationally and how effectiveness of the programme is monitored and assessed.

**RESOLVED to add consideration of the NHS Health Check programme to the work programme.**





<b>HEALTH SCRUTINY PANEL</b>
<b>27 NOVEMBER 2013</b>
<b>NHS HEALTH CHECK</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

- 1.1 To consider the Council's responsibilities in relation to NHS Health Check and to scrutinise the discharge of those responsibilities.

**2. Action required**

- 2.1 The Panel is asked to use the information provided to scrutinise the effective discharge of the Council's responsibilities in relation to NHS Health Check and identify if further scrutiny is required.

**3. Background information**

- 3.1 The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take certain action to avoid, reduce or manage their risk of developing these health problems.
- 3.2 Responsibility for commissioning the NHS Health Check transferred to the local authorities on 1 April 2013 as part of their new public health responsibilities.
- 3.3 The Panel decided to explore how the Council's new responsibilities in relation to NHS Health Check commissioning are being discharged, performance, and how effectiveness is monitored and assessed.
- 3.4 Public health colleagues have prepared a briefing note (attached at Appendix 1) outlining the Council's responsibilities, current provision, current performance and future commissioning intentions. They will be attending the meeting to answer questions from the Panel.

**4. List of attached information**

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

**Appendix 1 – Information for Health Scrutiny Panel: NHS Health Checks 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**

None

7. **Wards affected**

All

8. **Contact information**

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Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

<b>Information for Health Scrutiny Panel: NHS Health Checks programme</b>	
<b>Date of meeting:</b>	27 November 2013
<b>Report author:</b>	Lisa Burn, Public Health Manager
<b>Responsible Director:</b>	Chris Kenny, Director of Public Health
<b>Portfolio Holder:</b>	Cllr Norris

## **1. Introduction**

- 1.1. The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing cardiovascular diseases (CVD) e.g. heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these conditions.
- 1.2. NHS Health Checks are aimed at all citizens between 40 and 74 years of age excluding those who have been previously diagnosed with a cardiovascular condition or are being treated for certain risk factors such as high blood pressure, diabetes or high cholesterol.
- 1.3. The NHS Health Check consists of a risk assessment and risk reduction actions, which can include a referral to lifestyle or clinical interventions. National Institute of Health and Clinical Excellence (NICE) guidance is the basis for both aspects of the programme.
  - Risk assessment is the responsibility of the council.
  - Risk reduction actions are a shared responsibility of councils (lifestyle interventions) and Clinical Commissioning Groups (clinical interventions).
- 1.4. Prior to start-up, a national modelling tool was used to predict outcomes and cost-effectiveness for various coverage and uptake scenarios. It is estimated that the programme will save £57 million per year from the NHS budget, rising to £176 million per year after fifteen years. It is likely that there will be significant additional social care savings as a result of ill health prevention e.g. fewer people requiring social care with CVD-related disability.
- 1.5. Public Health Nottingham City is working jointly with Public Health Nottinghamshire County to develop, implement and manage the Health Checks programme. This work is being lead across both areas by John Tomlinson, Deputy Director of Public Health at Nottinghamshire County Council.

## **2. Nottingham City Council's responsibilities**

- 2.1. On 1 April 2013, responsibility for the NHS Health Checks programme transferred from primary care trusts to local authorities. The Public Health Grant gives ring-fenced funding to local authorities for their public health functions, of which NHS Health Checks is a mandatory programme.
- 2.2. Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, LA's must offer an NHS Health Check to every eligible citizen aged 40-74 every five years and must achieve a year-on-year

2.3. The number of offers made and Health Checks received must be monitored by councils; both measures are indicators within the Public Health Outcomes Framework for England 2013-2014, and are reported to Public Health England on a quarterly basis.

### **3. Current provision**

3.1. All GP practices in the city are currently contracted to invite everyone in their eligible population for a NHS Health Check once every five years, in line with regulations, and to deliver all the elements of the Health Check in line with relevant guidance. All practices have been delivering vascular risk assessments (Health Checks) since 2008, although this programme was targeted at those estimated to be at high risk of cardiovascular disease until April 2012, when it was expanded to meet the national criteria.

3.2. The GP provision is supported by a toolkit that runs on the practice computer systems. This toolkit enables practices to systematically identify their eligible population to be invited and enables the public health team to:

- Monitor activity and manage performance and payments;
- Obtain and analyse information on health inequalities and groups at risk, and therefore appropriately target the outreach provision.

3.3. In addition to the core GP practice provision, 12 community pharmacies are trained and contracted to deliver NHS Health Checks. These are mainly located in areas that are more deprived, have lower uptake and/or where GP practices are underperforming. The pharmacies provide an alternative venue and improved accessibility for those who may not want or be able to attend their GP practice. Some pharmacies are also involved in delivering NHS Health Checks at community and workplace events on an outreach basis (see Appendix A for details).

3.4. Monitoring and performance management of the programme is led by public health and utilises the detailed reports available through the toolkit. Performance is monitored monthly, with quarterly reports submitted to Public Health England and One Nottingham. Support and updates on performance against targets are provided to GP practice providers quarterly through a programme of practice visits, quarterly newsletters and practice-specific performance reports.

### **4. Performance, effectiveness and outcomes**

4.1. In 2012/13, performance of the Nottingham City NHS Health Check programme was as follows, compared with Nottinghamshire County, the East Midlands and England:

Area	Eligible population	Invites (expected)	Invites (actual)	Coverage (invited/eligible) (%)	Health Checks completed (actual)	Uptake (Checks/invites) (%)	Uptake (Checks/eligible) (%)
Nottingham City	80,888	16,178	20,212	25.0	8,445	41.8	10.4
Nottinghamshire County	257,144	51,429	46,997	18.3	25,635	54.5	10.0
East Midlands	1,392,292	278,458	259,503	18.6	141,957	54.7	10.2
England	15,609,981	3,121,996	2,572,471	16.5	1,262,618	49.1	8.1

4.2. Coverage (above, 4th column from left) was 25.0% of the eligible population for NHS Nottingham City, which exceeded the target to invite 20% of the eligible population per year. In the first six months of 2013/14, Nottingham City Council offered an NHS Health Check to more than half the 14,717 eligible citizens expected to be invited in 2013/14.

4.3. Uptake is presented above in two ways: check/invites (2nd column from right) shows the proportion of those who were invited that had a check i.e. a response rate; checks/eligible population (far right column) shows the proportion of the whole eligible population that had a check, indicating the effectiveness of the programme in engaging the eligible population.

4.4. The uptake in terms of response rate was 41.8% of those invited in 2012/13, but this has improved to 48.0% in the first half of 2013/14.

4.5. As a result of the Health Check programme in 2012/13, there were 287 diagnoses of previously unidentified cardiovascular disease conditions in Nottingham (detailed below) and 576 people were found to be at high risk of having a cardiovascular event in the next ten years. This information is not reported nationally, so national comparisons are not available.

	High risk of cardiovascular event	Hypertension	Diabetes	Atrial fibrillation	Chronic kidney disease	Peripheral vascular disease	Familial hypercholesterolaemia
Number of diagnoses recorded within 90 days of a Health Check	576	162	66	3	49	4	3

4.6. Referrals and signposting are also monitored for each of the NHS Health Check areas. These provide assurance that clinicians are taking appropriate action when lifestyle risk factors are identified. There is some evidence from a recent study of people with high estimated risk in Hammersmith and Fulham that the NHS Health Check is associated with a reduction in cardiovascular risk score and certain risk factors such as blood pressure and cholesterol after one year in patients who received a Health Check.

## 5. Future commissioning intentions

- 5.1. The contracts for existing services that deliver the programme locally were extended for one year from 1 April 2013 to cover the transition period from Primary Care/GP and Pharmacy Local Enhanced Services, to Local Authority contracts. In July 2013, the Executive Board Commissioning Sub-Committee granted approval to make arrangements for the three elements of service provision required to deliver the programme from 1 April 2014: the core GP practice service, outreach and information technology infrastructure.
- 5.2. Core GP practice service: The core service will continue to systematically invite citizens and deliver Health Checks to the majority of the eligible population as all GP practices in Nottingham City can provide the service for their own patients, using the patients' medical records to identify the population eligible for the programme. Early indications from a soft market testing exercise underway across Nottingham City and Nottinghamshire County suggest that this approach is good value for money compared with other potential options.
- 5.3. Outreach service: The outreach service will provide additional capacity to support the core GP service. It will aim to increase accessibility for those of working age who may find it difficult to attend a GP appointment and to reduce health inequalities by actively targeting groups that may be at higher risk of cardiovascular disease. It will target those least likely to take up the core Health Checks offer, and most likely to be at risk of cardiovascular disease, including (with overlaps): men, manual workers, smokers, ethnic minorities, carers and people in areas of socio-economic deprivation.
- Although an element of this is already commissioned within the city through community pharmacies, uptake was low and additional delivery routes are required in order to meet the above outcomes, e.g. workplaces, carer centres, community centres.
- 5.4. IT infrastructure: The NHS Health Checks Toolkit remains essential for the provision and monitoring of the NHS Health Checks Programme, as described in 3.2 above.
- 5.5. A social marketing research project and the pilot delivery of an intervention informed by this research is planned for later in 2013/14, with the intention of identifying the most effective and cost-effective ways of engaging hard to reach and/or high risk groups and improving uptake. This research will establish what key messages work to engage these groups and encourage them to take action to take up their offer an NHS Health Check.

## 6. Contact information

Lisa Burn, Public Health Manager, Nottingham City Council

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Helen Scott, Senior Public Health Manager, Nottinghamshire County Council

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John Tomlinson, Deputy Director of Public Health, Nottinghamshire County Council

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## **Appendix A: Outreach activity and targeting**

Outreach activity has been undertaken by community pharmacies at the following locations and/or with the following groups:

- John Carroll Leisure Centre
- Bulwell Library
- Meadows Children's Centre
- Domestic and General
- Nottinghamshire Fire and Rescue (Headquarters)
- HMRC
- Nottingham CityCare Partnership
- Nottingham City Council (Loxley House)
- Nottinghamshire County Council (County Hall) (planned)
- Wollaton Vale Health Centre (planned with support of the Wollaton West Places for People Housing Officer)

In addition, the Health Checks have been actively promoted within the following settings/groups:

- Children's centres
- Housing Support Officers via Neighbourhood Action Teams
- Libraries
- Schools
- Community centres
- Faith centres such as mosques, churches and temples
- Leisure Centres
- Taxi dispatch offices

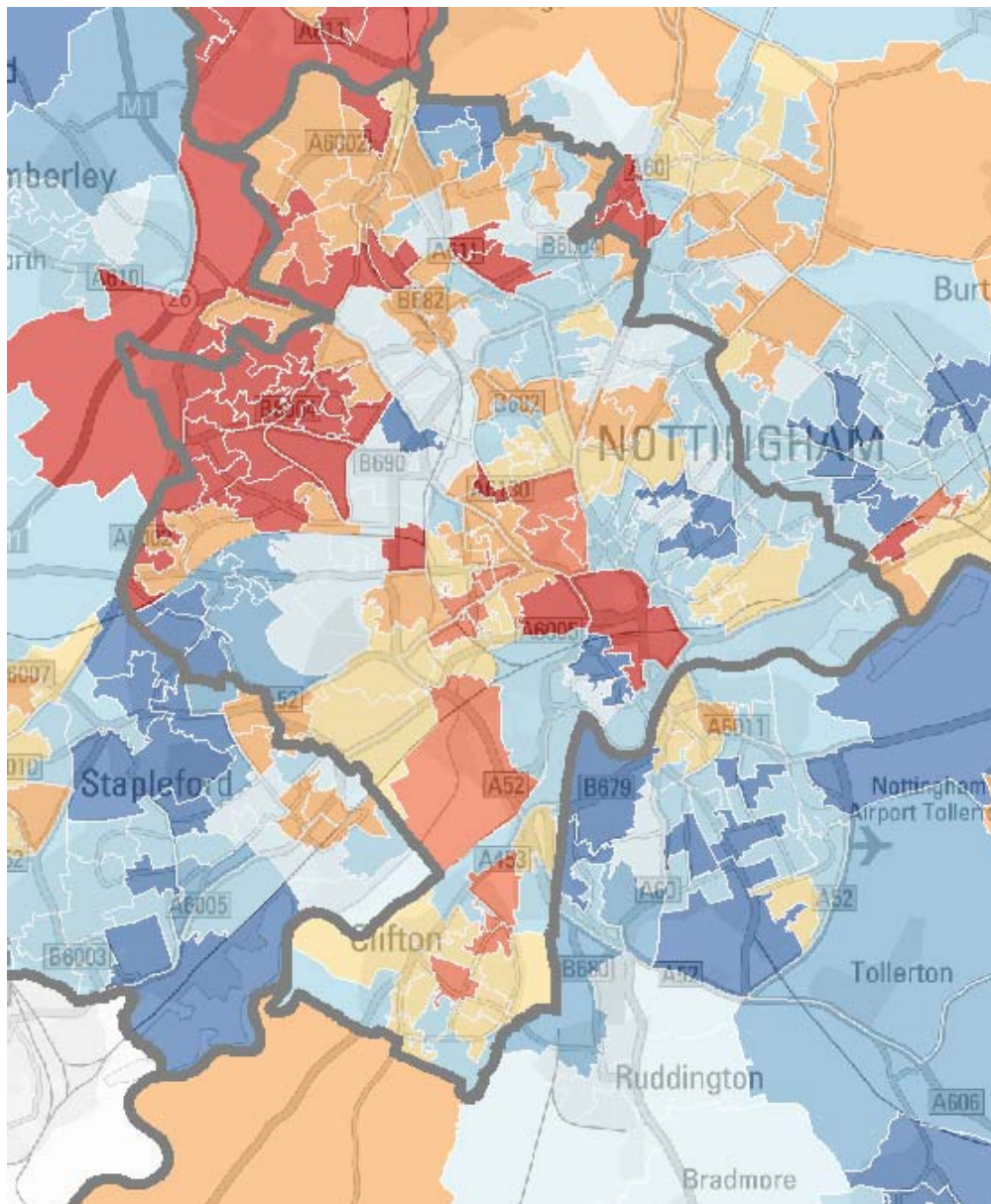
Future outreach activity will be targeted at those groups with the lowest uptake and the highest estimated cardiovascular risk. It will be informed by:

- Mapping and geographical segmentation of the NHS Health Checks data which will identify which areas need a particular focus (see examples below);
- The findings of the social marketing research as described in 5.5 above;
- The findings of a Health Equity Audit which will identify whether take-up of the Health Checks is equitable among different groups, for example, by age, gender, ethnicity, geographical location, etc. This is due for completion in August 2014.
- Practical learning points from the outreach and engagement work undertaken in the community to date.





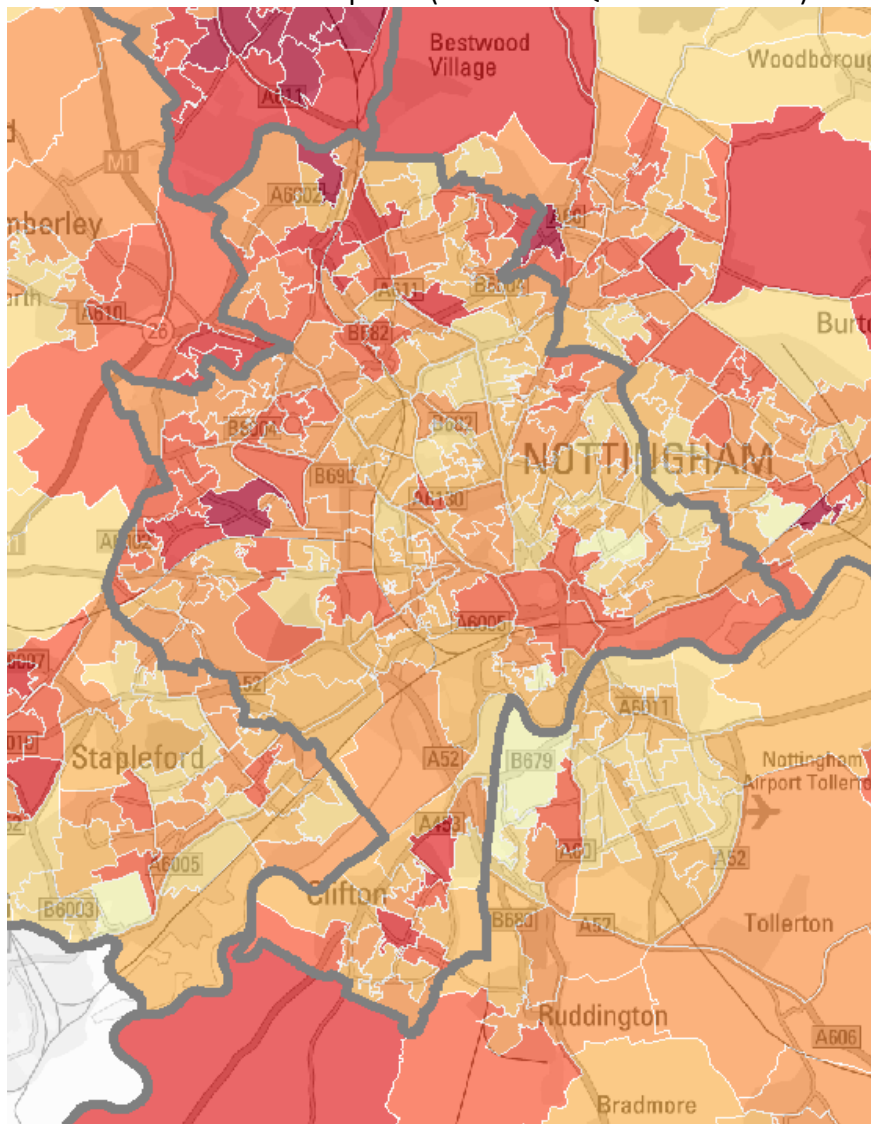
Priority mapping: individuals contacted by Health Check programme but did not take up offer



		Contacted but not take up	TakeUp				Total
			SigHigh	High	Low	SigLow	
Volume (number in each LSOA)	73 to 217	1,028	1,762	841	225	3,856	
	52 to 74	1,257	3,151	1,564	515	6,487	
	37 to 51	1,158	2,512	4,594	1,213	9,477	
	0 to 36	214	1,892	4,502	8,813	15,421	
Total		3,657	9,317	11,501	10,766	35,241	

Based on the number of eligible individuals contacted by healthcheck programs by 31st March 2013. who did not take up offer.

Priority mapping: individuals not contacted by Health Checks programme, prioritised by estimated risk score and uptake (estimated QRisk2 score 20+)



Volume (number)	QRisk 20 or higher	TakeUp				Total
		SigHigh	High	Low	SigLow	
	28 to 61	1,795	1,748	1,313	770	5,626
	21 to 27	550	1,194	1,096	628	3,468
	14 to 20	259	829	769	628	2,485
	0 to 13	110	555	583	266	1,514
	Total	2,714	4,326	3,761	2,292	13,093

Based on the number of eligible individuals not contacted by healthcheck programs by 31st March 2013. QRisk score is calculated at last practice submission date before extraction (May/ June 2013)

<b>HEALTH SCRUTINY PANEL</b>
<b>27 NOVEMBER 2013</b>
<b>QUALITY OF CARE IN NOTTINGHAM CITY COUNCIL CARE HOMES</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

### **1. Purpose**

- 1.1 To consider the Council's role, as a provider of residential care, in ensuring that citizens living in the residential care homes that it provides receive safe, appropriate and high quality care.

### **2. Action required**

- 2.1 The Committee 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 The Mid Staffordshire NHS Foundation Trust Public Inquiry (known as the Francis Inquiry) identified appalling care and serious failings at Stafford Hospital including patients being left in soiled bedclothes for lengthy periods, lack of assistance with eating and drinking, dirty wards and toilets, and a lack of privacy and dignity. While this Report was about an acute hospital, the issues it raises about quality of care can be applied to the care home setting. The Panel will be aware of the spotlight that has been placed on care provided in the care home setting following cases such as Winterbourne View. The Report into Winterbourne View concluded that "staff whose job was to care for and help people instead routinely mistreated and abused them. Its management allowed a culture of abuse to flourish. Warning signs were not picked up or acted on by health or local authorities, and concerns raised by a whistleblower went unheeded".
- 3.2 While these are extreme examples, they raise important issues about the quality of care for vulnerable people, and the Panel wanted to be assured that the Council's role in relation to ensuring safe, appropriate and high quality care is being carried out effectively. This includes the role of the Council as both a commissioner and provider of services.
- 3.2 In July the Panel considered the Council's role in ensuring older Nottingham citizens living in residential care homes receive safe, appropriate and high quality care through management of the contracts it holds with care home providers. The Panel decided to include

consideration of the impact of the introduction of new residential care home contracts on quality in its work programme for 2013/14.

3.3 At this meeting the Panel will be looking at the Council's role as a provider of residential care. The Council operates 3 residential care homes for older people:

- Cherry Trees Resource Centre
- Laura Chambers Lodge in Clifton
- The Oaks Residential Care Home in St Anns

The Council, via the Quality and Commissioning Directorate, holds contracts to provide residential care at these homes. These care homes are subject to the same contract management arrangements as other residential care homes in the City. They are also subject to registration and inspection by the Care Quality Commission.

3.4 The Council also operates one residential home for people with learning disabilities – Oakdene Residential Home in St Anns.

3.5 In July the Panel heard that residential care homes for older people are scored on the quality of provision provided on a scale of 0–5 – with 5 representing highest quality and an aim to establish a minimum rating across the sector of 2-3. For 2013/14, the residential care homes for older people operated by Nottingham City Council were awarded the following quality bandings:

Cherry Trees	5
Laura Chambers Lodge	4
The Oaks	3

3.6 The Head of Service for Residential and Day Services and the Quality Assurance and Workforce Development Officer have been invited to the meeting to outline the Council's role and responsibilities in relation to the standards of quality of the residential care services it provides; how standards of quality are ensured and issues responded to; and how associated risks to the authority are identified and managed.

#### 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**

Transforming Care: A National Response to Winterbourne View Hospital  
December 2012

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry  
February 2013

Report to and minutes of Panel's meeting held on 24 July 2013

**7. Wards affected**

All

**8. Contact information**

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<b>HEALTH SCRUTINY PANEL</b>
<b>27 NOVEMBER 2013</b>
<b>WORK PROGRAMME 2013/14</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**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**

Reports to and minutes of Health Scrutiny Panel meetings held on 29 May, 24 July and 25 September 2013

#### **7. Wards affected**

All



**8. Contact information**

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### Health Scrutiny Panel 2013/14 Work Programme

<p><b>29 May 2013</b></p>	<ul style="list-style-type: none"> <li>• <b>CityCare Partnership Quality Account 2012/13</b> To consider CityCare Partnership's Quality Account 2012/13 and whether to make a statement for inclusion</li> <li>• <b>Adult integrated care</b> To consider the adult integrated care programme</li> <li>• <b>'Community case finders' hospital discharge</b> To consider work to facilitate timely hospital discharge and prevent unnecessary hospital admissions through the 'community case finders' model</li> </ul>
<p><b>24 July 2013</b></p>	<ul style="list-style-type: none"> <li>• <b>Healthwatch Nottingham</b> To meet with Healthwatch Nottingham and agree a protocol for the working relationship between health scrutiny and Healthwatch Nottingham</li> <li>• <b>Public health</b> To take an overview of the Council's public health responsibilities and key priorities and challenges</li> <li>• <b>Portfolio Holder for Adults and Health/ Chair of Health and Wellbeing Board</b> 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</li> <li>• <b>Standards of care in Nottingham care homes</b> To scrutinise action taken to ensure high standards of care at care homes in Nottingham</li> </ul>
<p><b>25 September 2013</b></p>	<ul style="list-style-type: none"> <li>• <b>Changemakers scheme</b> To hear about the role of the Nottingham Changemakers and to consider how the benefits of this scheme can be maximised</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Draft Adult Mental Health Strategy</b> To consider the draft Adult Mental Health Strategy as part of the public and stakeholder consultation process</li> </ul>
<b>27 November 2013</b>	<ul style="list-style-type: none"> <li>• <b>Quality of care in Nottingham City Council care homes</b> To review work to ensure quality of care in Council-owned residential care homes</li> <li>• <b>NHS Health Check</b> To consider the Council's responsibilities in relation to NHS Health Check and to scrutinise the discharge of those responsibilities</li> </ul>
<b>29 January 2014</b>	<ul style="list-style-type: none"> <li>• <b>CityCare Partnership Quality Account 2013/14</b> Preliminary consideration of priorities for CityCare Partnership's Quality Account 2013/14</li> <li>• <b>Strategic Review of the Care Home Sector</b> To consider the findings of the Strategic Review of the Care Home Sector</li> <li>• <b>Commissioning of Care at Home Services</b> To consider the new arrangements for commissioning of care at home services for adults</li> </ul>
<b>26 March 2014</b>	<ul style="list-style-type: none"> <li>• <b>Healthwatch Nottingham (tbc – depending on publication of Healthwatch Annual Report)</b> To review the first year since the establishment of Healthwatch Nottingham</li> <li>• <b>Health and Wellbeing Board and Joint Health and Wellbeing Strategy (tbc)</b> To review the first year of Health and Wellbeing Board and progress in implementing the Joint Health and Wellbeing Strategy</li> <li>• <b>Adult Integrated Care</b> To review progress in the Adult Integrated Care Programme, since commencement of the new model of working</li> </ul>

	<p>in January 2014</p> <ul style="list-style-type: none"> <li>• <b>CityCare Partnership complaints</b> To review how CityCare Partnership responds to patient comments and complaints</li> </ul>
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To schedule:

- Integration of children's health and care services
- GP waiting times
- How do individuals and their families/ carers make informed decisions and choices about care homes?
- Review of a public health commissioned service (focus to be determined)

2014/15

- Impact of introduction of new residential care home contracts on quality
- Discussion with Portfolio Holder for Adults and Health/ Chair of the Health and Wellbeing Board

Written reports requested:

- How can public health support work at a neighbourhood/ ward level?
- The extent to which the needs of the care home market are taken into account when planning applications are considered