

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at Loxley House, Station Street, Nottingham, on 24 September 2014 from 1.30pm to 3.50pm

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Thulani Molife (Vice Chair)
Councillor Mohammad Aslam
Councillor Eileen Morley
Councillor Brian Parbutt
Councillor Anne Peach
Councillor Timothy Spencer
Councillor Emma Dewinton

Absent

Councillor Merlita Bryan
Councillor Azad Choudhry

Colleagues, partners and others in attendance:

Russell Pitchford	-	Clinical Commissioning Group
Jane Garrard)	
Richard Kent)	Nottingham City Council
Mark Leavesley)	
Steve Oakley)	
Stephanie Cook	-	NHS England
Lynne McNiven	-	Public Health Consultant

25 APOLOGIES FOR ABSENCE

Councillor Choudhry

26 DECLARATIONS OF INTERESTS

None.

27 MINUTES

The Panel confirmed the minutes of the meeting held on 30 July 2014 as a correct record and they were signed by the Chair.

28 PROCUREMENT OF COMMUNITY END OF LIFE SERVICES

The Panel considered a report of the Head of Democratic Services detailing proposals by Nottingham City Clinical Commissioning Group (CCG) for the procurement of community end of life services. Russell Pitchford, Commissioning Manager, CCG, advised the Panel of the proposals and, during discussion, stated the following;

- (a) the current contracts for hospice at home, day centre and bereavement services are due to end on 31 March 2015;
- (b) the opportunity will be taken to develop an enhanced service to ensure all patients who have been diagnosed with any advanced, incurable illness have access to high quality end of life care which offers dignity, choice and support in the last year of life, whether this is in hospital, a care home or their own home, through commissioning appropriate

support, in particular by improving the co-ordination and continuity of care, the quality of communication and the provision of bereavement care. The enhanced service is required as, in 2003, a study by Professor Irene Higginson discovered that two-thirds of people would prefer to die at home, but only about one-third of actually do;

- (c) to meet patients' needs, a 'whole-system' approach is proposed to enable provision of a care-pathway package, including central coordination of provision, guaranteed 24/7 care, planned palliative support and community palliative support beds;
- (d) the process leading to a new service contract consists of 3 phases:
 - (i) phase 1: preparation of proposals in consultation with partners, key stakeholders, focus groups and the public;
 - (ii) phase 2: preparation of a draft service specification, ready for advertising a Pre-Qualification Questionnaire (undertaken after an expression of interest in supplying an authority with a particular requirement after an OJEU notice);
 - (iii) phase 3:
 - October 2014 – invitations to tender (following PQQ in phase 2);
 - January 2015 – tender scoring;
 - 1 April 2015 – new contract commences;
- (e) the new system will be mainly funded from existing resources, of which £1million is currently committed. Councillors questioned whether this was a sufficient level of resources given increasing levels of need and were advised that having one lead provider could create efficiencies by reducing management costs. It was also cheaper to support an individual to remain at home rather than provide care in a hospital setting;
- (f) current performance indicators will remain, and the NHS complaints procedure will continue to be available to service users (although this will become a more comprehensive package). The CCG has never received a complaint about the end of life services that it commissions and therefore it is important to have other mechanisms for assessing service user experience and satisfaction. Quality will be a key part of the tender rather than a focus on cost;
- (g) under the new system, the lead provider will be able to monitor deaths and separate those under the system from all others, ensuring data is available in respect of whether a persons chosen place of death etc was met This will also enable easier monitoring of GP referrals, patient access and overlaps in access;
- (h) themes identified from the consultation carried out with the public so far are the importance of dignity in death and having compassionate staff; having one key person responsible for the co-ordination of care and providing leadership; and ensuring high levels of awareness of the services available;
- (i) themes identified from the consultation carried out with stakeholders so far are the need for more individualised care closer to home, reducing inappropriate hospital admissions and facilitating death in a place of choice;
- (j) the service specification will incorporate the need for local knowledge.

The Panel was satisfied with the consultation that had been carried out and was planned; and that the proposals were in the interests of local health services.

RESOLVED to thank Russell Pitchford for the information and request that an update on the enhanced service provision, including the service user perspective, be submitted to the Panel in 12 months.

29 STRATEGIC REVIEW OF THE CARE HOME SECTOR

The Panel considered a report of the Head of Democratic Services detailing the findings and recommendations of a recent Strategic Review of the Care Home Sector and the action being taken by the Council in response to those recommendations. Steve Oakley, Head of Quality and Efficiency, and Richard Kent, Early Intervention Market Development, advised the Panel of the proposals and, during discussion, the following was stated:

- (a) the review commenced in 2013 and involved Nottingham City Council, Nottinghamshire County Council and NHS commissioning organisations;
- (b) the review covered the number of beds available, capacity (in terms of funding and places available) and the quality of services provided and identified a number of areas requiring action across both the City and County;
- (c) following the review, the Commissioning Executive Group of Health and Well Being Board considered the recommendations and agreed to implement a Nottingham City specific plan, including governance through the Joint Care Home Steering Group and collaboration with County colleagues where appropriate, with an initial focus on Older People's Residential Homes;
- (d) the action plan has 5 key areas of activity
 - (i) market analysis – understanding the current provision and the projected need in the future;
 - (ii) market intervention – use a targeted approach to commissioning of care home provision and improve leadership and management and staff quality and development;
 - (iii) procurement – undertake a joint accreditation process between the City Council and NHS Nottingham City, and develop and issue joint contracts, for residential and nursing care services;
 - (iv) quality and contract management – develop an Early Intervention Team for care homes where there are quality concerns, quality monitor residential and nursing care services using a revised Quality Monitoring Framework, including a provider quality assurance process, streamline monitoring between the City Council and NHS Nottingham City to reduce overlaps and length of visits and define a joint quarterly monitoring framework within new contracts;
 - (v) communication and citizen engagement - develop a citizen engagement plan to identify their views on provision;
- (e) the proposed timeline for the process is:
 - (i) meetings with major residential providers – September / October 2014;
 - (ii) establish a Residential Providers Forum - October / November 2014;
 - (iii) Residential Homes Accreditation Process - November 2014 to March 2015;
 - (iv) Quality Improvement Workshops - October 2014;
 - (v) Implement and trial Quality Dashboard - October 2014 to March 2015;
 - (vi) Early Intervention team - November 2014

- (vii) citizen/resident engagement/feedback - November / December 2014;
- (f) to date, the majority of engagement has been with major providers in the City. It is intended to engage with all providers but so far capacity issues have prevented this from happening;
- (g) providers will receive an annual compliance check (or as required if concerns are raised). Depending upon the severity of any problems found, a 90-day 'Notice to Improve' is issued, this can be followed by a 'Suspension Order' and, finally, by a 'Termination Order'. This also applies to non-compliance with staff training requirements;
- (h) Healthwatch Nottingham stated that it largely agreed with the analysis of the review's findings and was aware of significant variation in quality between care homes in the City;
- (i) the effectiveness of the implementation of recommendations will be assessed over the next 2-3 years through the quality scores achieved by care homes, via the quality dashboard and the number of concerns raised.

RESOLVED to thank Mr Oakley and Mr Kent for the information and request that the Panel be informed, as a way of monitoring progress, when the quality scores for residential care homes are published.

30 TRANSFER OF CHILDREN'S PUBLIC HEALTH COMMISSIONING FOR 0-5 YEAR OLDS TO NOTTINGHAM CITY COUNCIL

The Panel considered a report of the Head of Democratic Services, detailing progress on the transfer on 1 October 2015 from NHS England to the City Council of children's public health commissioning, including the health visiting service, for 0-5 year olds. Lynne McNiven, Public Health Consultant, and Stephanie Cook, NHS England, updated the Panel and, during discussion, the following was stated:

- (a) local authorities currently have responsibility for commissioning of public health services for 5-19 year olds so this offers the opportunity to potentially join together services for all children up to the age of 19;
- (b) In May 2010, Nottingham City had 69.4 whole-time equivalent health visitors in post and, at the end of July 2014, 92.9. The 'Health Visitor Implementation Plan (HVIP) 2011-15: A call to Action' (Department of Health 2011) set out the number of health visitors required to enhance early identification and intervention by increasing contact and support to families. Under this plan, Nottingham City has a target of 154.7 whole-time equivalent health visitors by March 2015 (a gap of 61.9). To meet this target, there are currently 43 student health visitors in training within Nottingham City and, across the Nottinghamshire and Derbyshire area, additional health visitor students have been recruited, with the assumption being that they will work within Nottingham City once qualified. The training is undertaken at Derby and Sheffield Universities;
- (c) 'The Healthy Child Programme (HCP) and the first 5 years of life' (Department of Health/Department of Children, Schools and Families 2009) sets out the service for the early intervention and prevention public health programme for children and families. It provides a progressive framework, through maternity and health visiting (public health nursing), for how services are delivered and provides good practical guidance for all organisations responsible for commissioning services for pregnancy and 0-19 year olds' health and wellbeing, as well as front line professionals delivering those services;

- (d) The HCP:
- (i) helps parents develop a strong bond with children;
 - (ii) encourages care that keeps children healthy and safe;
 - (iii) protects children from serious diseases, through screening and immunisation;
 - (iv) contributes to reduced childhood obesity by promoting healthy eating and physical activity;
 - (v) encourages mothers to breastfeed;
 - (vi) identifies problems in children's health and development (i.e. learning difficulties) and safety (i.e. parental neglect) so that they can help as early as possible;
 - (vii) makes sure children are prepared for school;
 - (viii) identifies and helps children with problems that might affect their chances later in life;
- (e) Nottingham City has one provider of children's health services for 0-5 year olds, Nottingham CityCare Partnership, who provide the health visiting service and Family Nurse Partnership (FNP) across the city;
- (f) As part of the HVIP, Nottingham City has adopted the approach of increasing the number of Family Nurse places across the city to ensure improved coverage for the most vulnerable young people. To date, the City has maintained 225 FNP places and, due to lower teenage pregnancy rates, a greater proportion of young mothers can now access the programme;
- (g) in anticipation of the transfer in October 2015, discussions are underway locally between NHS England and Nottingham City Council, and nationally between the Local Government Association and the Department of Health, to ensure a smooth, robust transition of responsibilities and funding;
- (h) A draft health visitor contract specification for 2015/16 has recently been out for consultation and elements of this specification are likely to be mandated for up to 18 months post transfer. Public Health has submitted a response on behalf of the Early Intervention Directorate;
- (i) as part of the strategic review of all children 0-19 services, the 'Right Support Right Time' review is identifying how Nottingham City Council, NHS Nottingham City Clinical Commissioning Group and NHS England currently utilise resources and jointly develop Nottingham's core standard offer for children and young people in the city. This review will define and promote outcomes at key life stages including, pregnancy and a better start for babies, school readiness, secondary school readiness and readiness for independence. This will be supported through the Children and Young People's Plan and integration of key services across the partnership;
- (j) Public Health has recently been involved in the creation of a new East Midlands personal child health record, which is also known as the 'red book.' Every child born in the UK receives a 'red book,' which contains key information on the child, such as birth weight, child and family details and screening and immunisation reviews as well as essential public health advice such as breast feeding advice, the importance of communicating with your baby, oral health promotion and avoiding baby and child injuries. Any existing red book information will be integrated into the new red book when issued;
- (k) Nottingham recently secured £45 million of funding through the Big Lottery Fund to support the 'Small Steps, Big Changes' project in the city. This project will support the improvement of health and social outcomes for 0-3 year olds across four ward areas

over the next 10 years. Health Visiting and Family Nurse Partnership are fundamental to the development of the project and will be central to its success.

RESOLVED to thank Ms Cook and Ms McNiven for the information and request that an update on progress of the transfer of responsibilities be submitted to a future meeting of the Panel.

31 SCHOOL NURSING SERVICE

The Panel considered a report of the Head of Democratic Services, informing it of the outcome of a review of the school nursing service in Nottingham, undertaken as part of the transition of commissioning public health services for 5-19 year olds to Nottingham City Council in 2013. Lynne McNiven, Public Health Consultant, and Stephanie Cook, NHS England, updated the Panel and, during discussion, the following was stated

- (a) one of the key findings of the review (undertaken during December 2013 – December 2013) was the need for a new model for school nursing in the City. This was developed, on a needs-led basis, and was implemented in City schools from September 2014;
- (b) the final report, including recommendations, was completed in April 2014 and a summary of the key findings and school health profiles can be viewed at <http://www.nottinghaminsight.org.uk/insight/partnerships/public-health/school-health-profiles.aspx>;
- (c) the previous model of delivery for school nursing consisted of one Public Health specialist nurse (the most qualified/experienced nurse) being attached to each secondary school. Registered nurses were assigned to primary schools (approximately five primary schools per nurse). At school entry, each health visitor passed on their entire caseload to the registered nurse. At transition to secondary school, the registered nurse passed on their caseload to the Public Health Specialist nurse. This model resulted in nurses working in isolation and was not dependant on the needs of the children/young people;
- (d) the new school nursing model incorporates the following:
 - (i) public health nursing teams have been established around each of the 16 school groups (usually one secondary school and the feeder primary schools), with each team led by a specialist Public Health Nurse;
 - (ii) health visitors split their caseload of children into one of four levels of need and transfer children to school nursing in these caseloads. This ensures a smooth transition from health visiting to school health, in which the needs of children are clearly identified and communicated;
 - (iii) the most qualified nurses support children and families with the greatest need, irrespective of age. Children in the highest level are the responsibility of the Specialist Public Health Nurse;
- (e) three health improvement facilitators (healthy weight, emotional well-being and sexual health and relationships) have been included within the School Nursing contract to develop a whole-school approach to improving health and social care outcomes. They work in partnership with other health improvement interventions, such as Healthy Schools, School Sport Nottingham and Change4Life, to ensure equity across each school in the City;

- (f) consultation has been undertaken with primary, secondary and special schools across the City. From this, a working group has been established, consisting of deputy head teachers, public health and CityCare Partnership, to support the implementation of the school nursing development action plan;
- (g) Public Health, in partnership with Education Partnerships, Healthy Schools, School Nursing and other service providers, held a multidisciplinary meeting in April 2014 and over 30 schools sent representation to discuss the future role of School Nurses. There was a specific focus on social, emotional and mental wellbeing and healthy weight;
- (h) information about the new model was available at GP surgeries, community centres, schools and libraries;
- (i) immunisation services for children of school age are commissioned separately by NHS England. For 2014/15 the service will be delivered by school nurses and a procurement exercise will be carried out to appoint a new provider from 2015/16.

RESOLVED to thank Ms Cook and Ms McNiven for the information and request that an update on the effectiveness of the new service model, including how it is working with immunisation teams, be submitted to the Panel in 12 months.

32 GP PRACTICE MERGERS- MEADOWS HEALTH CENTRE AND WILFORD GROVE SURGERY AND ST ALBANS, BULWELL, AND NIRMALA, BESTWOOD, MEDICAL CENTRES

The Panel considered two reports of the Head of Democratic Services, informing it that NHS England: Derbyshire and Nottinghamshire Area Team, has advised of mergers to GP practices in Nottingham as follows:

- o Meadows Health Centre (Dr Nao and Partner) with Wilford Grove Surgery;
- o St Albans Medical Centre, Bulwell, with Nirmala Medical Centre, Bestwood.

The Panel commented that when changes to GP practices are being considered, it would be useful if the practices concerned had a clear and consistent approach to communication with local stakeholders, possibly achieved through the introduction of a protocol on engagement and communication.

RESOLVED to

- (1) note the proposed mergers;**
- (2) request that NHS England attends the November meeting to outline the decision-making process for making changes to existing GP practices, with a view to identifying opportunities for improvement when future changes are proposed.**

33 WORK PROGRAMME 2014/15

The Panel considered a report of the Head of Democratic Services relating to the work programme for the Health Scrutiny Panel for 2014/15.

RESOLVED, subject to the inclusion of an item for the November 2014 meeting, regarding the decision-making process for making changes to existing GP practices, to note the work programme.