



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

**Date:** Wednesday, 24 September 2014

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

**Place:** LB31 - Loxley House, Station Street, Nottingham, NG2 3NG

**Councillors are requested to attend the above meeting to transact the following business**

**Acting Corporate Director for Resources**

**Governance Officer:** Jane Garrard **Direct Dial:** 0115 8764315

**AGENDA**

**Pages**

<b>1</b>	<b>APOLOGIES FOR ABSENCE</b>	
<b>2</b>	<b>DECLARATIONS OF INTERESTS</b>	
<b>3</b>	<b>MINUTES</b> To confirm the minutes of the last meeting held on 30 July 2014	3 - 14
<b>4</b>	<b>PROCUREMENT OF COMMUNITY END OF LIFE SERVICES</b> Report of the Head of Democratic Services	15 - 20
<b>5</b>	<b>STRATEGIC REVIEW OF THE CARE HOME SECTOR</b> Report of the Head of Democratic Services	21 - 22
<b>6</b>	<b>TRANSFER OF CHILDREN'S PUBLIC HEALTH COMMISSIONING FOR 0-5 YEAR OLDS TO NOTTINGHAM CITY COUNCIL</b> Report of the Head of Democratic Services	23 - 28
<b>7</b>	<b>SCHOOL NURSING SERVICE</b> Report of the Head of Democratic Services	29 - 42
<b>8</b>	<b>GP PRACTICE CHANGES - MERGER OF MEADOWS HEALTH CENTRE (DR RAO AND PARTNER) AND WILFORD GROVE SURGERY</b>	43 - 54

Report of the Head of Democratic Services

- 9 GP PRACTICE CHANGES - MERGER OF ST ALBANS MEDICAL CENTRE, BULWELL AND NIRMALA MEDICAL CENTRE, BESTWOOD** 55 - 62  
Report of the Head of Democratic Services
- 10 WORK PROGRAMME 2014/15** 63 - 70  
Report of the Head of Democratic Services

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER 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

**NOTTINGHAM CITY COUNCIL**

**HEALTH SCRUTINY PANEL**

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 July 2014 from 1.30 pm - 4.07 pm**

**Membership**

Present

Councillor Ginny Klein (Chair)  
Councillor Thulani Molife (Vice Chair)  
Councillor Mohammad Aslam  
Councillor Merlita Bryan  
Councillor Azad Choudhry  
Councillor Anne Peach  
Councillor Emma Dewinton

Absent

Councillor Eileen Morley  
Councillor Timothy Spencer

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

Councillor Parry	Nottinghamshire County Council
Tsimbiridis	
Ruth Rigby	Healthwatch Nottingham
Naomi Robinson	NHS Nottingham City Clinical Commissioning Group
Laura Catchpole	Policy Officer
Jane Garrard	Overview and Scrutiny Coordinator
Carol Jackson	Constitutional Services Officer
Chris Kenny	Director of Public Health
Alex Norris	Portfolio Holder for Adults, Commissioning and Health
Linda Sellars	Chief Social worker

**15 APOLOGIES FOR ABSENCE**

Councillor Eileen Morley  
Councillor Timothy Spencer

**16 DECLARATIONS OF INTERESTS**

None

**17 MINUTES**

The minutes of the last meeting held on 28 May 2014 were confirmed and signed by the Chair.

**18 INTEGRATION OF PUBLIC HEALTH WITHIN NOTTINGHAM CITY COUNCIL ONE YEAR ON**

The Panel considered a report of the Head of Democratic Services reviewing how well the public health function has integrated into the Council since its transfer on 1 April 2013. Chris Kenny, Director of Public Health summarised the progress made by the new Public Health (PH) function across the City and updated the Panel on the key issues for the PH function;

- (a) to ensure a robust assessment of population health need. This is an ongoing process but the key health needs for Nottingham City are; the fact that the health of people in Nottingham is generally worse than the England average; deprivation is higher than average; life expectancy for both men and women is lower than the England average; child health; obesity levels; alcohol abuse; levels of teenage pregnancy, GCSE attainment; breastfeeding and smoking at time of delivery are all worse than the England average and rates of sexually transmitted infections, people killed and seriously injured on roads and tuberculosis are worse than average;
- (b) the transition of staff into the local authority. This occurred on 1 April 2013. Work to develop the PH workforce is ongoing. A number of key elements of this process include reducing duplication wherever possible in responsibilities between Consultants in the County and City, ensuring the senior PH teams across both organisations act as strategic leaders for all the different PH areas and ensuring that elected members receive timely and professional advice about use of the PH ring fenced grant, including developing plans to ensure the grant is spent in ways which maximise the opportunities for investment to promote the health and wellbeing of the population;
- (c) to ensure continued understanding of the PH function by elected members and officers within the Council and to emphasise the integration of the PH Consultants across the different directorates of the organisation to act as key link staff members;
- (d) the development and implementation of the PH business plan from April 2014 and integration of it into the Council's strategic plans. This work includes developing more radical proposals in relation to tobacco and obesity;
- (e) to lead the process of identifying efficiencies within the PH budget in 2015/16, 2016/17 and 2017/18, and the realignment of this resource within the overall City Council's expenditure plans;
- (f) to continue to ensure a strong PH function within the Clinical Commissioning Group and review the Memorandum of Understanding to continue from March 2014. This review has been done with any changes being implemented from now onwards;
- (g) to continue to support and develop the Health and Wellbeing Board to ensure they are robust and fit for purpose by a PH paper presented to each meeting whenever possible. A particular focus needs to be the translation of the strategic plans into action plans, as part of the routine Council business;

- (h) to ensure the safe transfer of the Commissioning responsibility for Health visiting and the Family Nurse partnership, from NHS England to the local authority from October 2015. This will enable a greater degree of flexibility in the use of overall resources for children and young people, including resources for school nursing, health schools and children's centres.

During the discussion the following additional information was provided:

- (a) ensuring the safe transfer of the Commissioning responsibility for health visiting and the Family Nurse partnership, from NHS England to the local authority from October 2015 is proving challenging due to the need to integrate the service with other services for children as part of an overall package. There is, however, over a year to go until this has to be implemented;
- (b) there is no current intention to produce an annual report for public health as there will be bi-monthly progress reports to the Health and Wellbeing Board on various public health issues and objectives. Targets are linked to the National Public Health Outcomes Framework and are contained within the Business Plan;
- (c) the Chair welcomed the publication of health profiles for individual Wards.

**RESOLVED to note the progress made to date on the integration of the public health function into the Council and to thank Chris Kenny for his update**

## **19 DISCUSSION WITH PORTFOLIO HOLDER FOR ADULTS, COMMISSIONING AND HEALTH**

The Panel considered the report of the Head of Democratic Services on the remit of the Portfolio for Adults, Commissioning and Health.

Councillor Alex Norris, Portfolio Holder for Adults, Commissioning and Health outlined his current areas of work, progress in delivering the objectives relating to health and adult social care and the key challenges ahead. Councillor Norris updated the Panel on his key priorities as follows:

- (a) driving delivery on the priorities of the Joint Health and Wellbeing Strategy is largely complete;
- (b) the transition of Public Health (PH) into the City Council has gone smoothly thanks to the hard work and professionalism of the PH staff;
- (c) creating stability during a period of significant change in the NHS remains a key priority;
- (d) supporting the continued existence of the Council as a direct provider of care, helping to drive up standards in the sector;
- (e) ensuring that personalisation is appropriately applied and supported;

The challenges for the next year are:

- (a) further work on the Health and Wellbeing Strategy integrating health and social care across health partners;
  - the integration of health and social care. This is challenging as the goal posts are being changed in the Better Care Fund which exists to ensure a transformation in integrated health and social care. The provision of more integrated health and social care services that will ensure a better experience of care is offered to older people and those with long term conditions;
  - the prevention of alcohol misuse to reduce the number of citizens who develop alcohol-related diseases;
  - earlier intervention to increase the number of citizens with good mental health;
  - the support of priority families into work, improving school attendance and reducing levels of anti-social behaviour and youth offending;
- (b) new responsibilities under the Care Act 2014;
- (c) looking after each other- empowering communities to look out for one another and greater use of the voluntary sector.

During the discussion the following additional information was provided:

- (a) a number of self -funders use the care provided by the Council. For this to continue to be sustainable there is a need to ensure that care is delivered by staff earning a living wage but at the same time ensuring that costs are competitive with those of the private sector providers;
- (b) scrutiny can assist the process by looking at what is going on and responding and by being informed of how things are done elsewhere and feeding back

**The Panel noted the update on progress of the Portfolio of Adults, Commissioning and Health and thanked Councillor Norris for his attendance.**

## **20 IMPLICATIONS OF THE CARE ACT 2014 FOR NOTTINGHAM CITY COUNCIL**

The Panel considered a report of the Head of Democratic Services relating to the implications of the Care Act 2014 (the Act) for the City Council. Linda Sellars, Chief Social Worker, gave a presentation which highlighted the following points:

- (a) the Act became law in May 2014 and draft regulations and statutory guidance were published in June for consultation (closing on 15 August). The majority of the Act comes into force in April 2015, with the exception of the cap on care costs which comes into effect in April 2016;

- (b) the Care Act Programme Board is in place, with programme leads in key areas. Corporate risks have been set relating to how the Act affects the wider adult social care system;
- (c) the general duties of the Council under the Act will be:
- wellbeing: local authorities must promote wellbeing and actively seek improvements when carrying out any of their care and support functions in respect of a person. The definition of 'wellbeing' is very broad, implying that it should be embedded Council wide;
  - prevention: local authorities must also provide or arrange services, facilities or resources that prevent, delay or reduce the development of needs for care and support. This reflects the Council's commitment to effective prevention and early intervention;
  - a duty to provide a comprehensive information and advice service, including signposting to independent financial advice. 'Choose my Support' will go some way to deliver this but further development work is required to ensure that citizens receive information about signposting services including independent financial advice and universal services;
  - market shaping and provider failure: local authorities responsibilities have been strengthened, including a new duty to ensure local authorities provide a continuity of care, should a care provider fail. This expands the Council's current market role but a better understanding of relationship with the Care Quality commission is required;
  - all citizens are entitled to receive a care and support assessment and, if relevant, a care plan. Citizens can also ask the local authorities to arrange care, irrespective of who is funding care. This will increase the number of assessments for care accounts and increase the requirement to provide independent advocacy;
  - eligibility: assessments must use the new national framework;
  - a duty to complete carers assessments and meet their eligible needs. Modelling work is being undertaken to estimate the number of assessments required;
- (d) Other key provisions of the Act include;
- deferred payment - people will not have to sell their home to pay for residential care whilst they are still alive. This will increase the administrative burden and may mean that there are more empty properties;
  - a cap on care costs (from April 2016). The cap limits how much people will pay towards their care costs, with the local authority paying the full cost thereafter (minus daily living costs). Citizens in residential care are expected to contribute £12,000 annually to daily living costs. The cap will be set depending on the age of the eligible persons needs e.g. £72,000 for state pension age,

£0 for those aged 18 LA managed 'care accounts' will track contributions to the cap. This will add to the administration and may mean an increase in citizens which have to be funded over the longer term;

- a duty on local authorities to provide a care and support plan and development of the plan must involve the citizen and be reviewed. Citizens/carers can have a joint care and support plan;
  - using the information from the personal budget, the person has a legal entitlement to request a direct payment and local authorities must provide them to citizens who meet the conditions in the regulations;
  - integration: local authorities must promote integration with the aim of joining up services particularly between the NHS, care services, and wider determinants of health such as housing;
  - local authorities and partners must cooperate in the case of specific individuals;
  - children (and carers) likely to have needs when they turns 18, must be assessed, regardless of whether they currently receive any services;
  - local authorities must establish Safeguarding Adults Boards with local partners, with public plans, annual reporting and clear processes for investigating suspected abuse or neglect;
  - moving between areas – there will be a new process to ensure continuity of care, widening the responsibilities of the local authority to include supported living and shared lives schemes. A clear policy will need to be developed and possible changes to IT systems may be required to allow easier transfer of information to other local authorities;
- (e) duties under the Act will increase the Councils adult social care costs significantly, with potentially high levels of set up costs in terms of:
- IT systems;
  - increased number of assessments;
  - increased administrative burden;
  - workforce skills and training;
  - greater funding responsibility when people reach the cap;

Detailed financial modelling is currently taking place to enable the financial risks going forward to be understood;

- (f) the focus will be on managing and reducing demand through early intervention and preventative approaches at a time when many local authorities feel under pressure to cut preventative service due to government cuts.

During discussion the following additional information was provided in response to questions:



- (a) a key aim of the Council is to keep people independent for as long as possible. This involves linking citizens in with their local communities and trying to ensure that they have active social lives;
- (b) the tight timescales set by the Government for implementing the provisions of the Act will be challenging;
- (c) via East Midlands Association of Directors of Adult Social Care there was a Programme Lead to avoid duplication in work by local authorities and share learning, for example in determining the definition of eligibility.
- (d) the Chief Social Worker was confident that the Council would be in a position to meet the new duties upon it by April 2015, but this would require an escalation of the IT review currently underway across the Children and Adults Department;
- (e) services users and carers aren't currently involved in developing the new services and ways of working. Ruth Rigby, Healthwatch Nottingham suggested that this could be a missed opportunity and offered to provide support in engaging users and carers.

## **RESOLVED**

- (1) to note the likely impact on the Council of the Care Act 2014;**
- (2) to request that an update on progress with regard to the implementation of the Act be submitted to this Panel early in 2015;**

## **21 HEALTHWATCH NOTTINGHAM ANNUAL REPORT 2013/14**

The Panel considered a report of the Head of Democratic Services relating to the Healthwatch Nottingham Annual Report 2013/14. Ruth Rigby, Managing Director Healthwatch Nottingham, presented the first annual report of Healthwatch Nottingham, highlighting the following points:

- (a) the role of Healthwatch Nottingham is one of a local consumer champion for health and social care, representing the voice of Nottingham citizens, gathering the experiences of people who use services, using this information to provide a fuller picture of people's experiences for commissioners, providers and regulatory bodies;
- (b) Healthwatch Nottingham Interim Board has been set up and a Chair and Vice Chair identified. Healthwatch has a seat on Health and Wellbeing Board and reports to each meeting. A protocol has been developed between Healthwatch Nottingham, Health Scrutiny and Health and Wellbeing Board;
- (c) key work areas during 2013/14 include:
  - the development of organisation's structures, information systems and relationships with stakeholder organisations ;

- improvements to information if care homes close;
  - as a provider of Quality information, passing on specific concerns raised by the public in relation to local services/organisations to providers, commissioners, Care Quality Commission etc;
  - scrutinising engagement and consultation arrangements e.g. South Nottingham Transformation Board;
  - communications – developing public messages and responses to media;
- (d) a reflective audit survey has been undertaken, looking at how Healthwatch is performing with a view to focusing plans to improve the service and make a difference. It was sent to around 800 people; commissioners, providers, third sector and public (members and info line users) The key findings were:
- there is a need to do more to ensure that all local people know who Healthwatch is and what it does. This was unanimously agreed by the vast majority of respondents irrespective of whether they had a professional or service user role:
  - there is more that can be done to gather and share the experiences of seldom heard groups. Only 50% of providers and commissioners agreed that Healthwatch identify and represent the needs of seldom heard groups;
  - some good strong relationships have been built with decision makers in the City. The vast majority of professionals have had a positive experience of working. There is a need to build on this to remain independent and provide confirmation and challenge where necessary to deliver the best outcomes for local people;
- (e) the current focus is on increasing the profile of Healthwatch, continuing to develop relationships and making sure that seldom heard groups are represented.

During the discussion the following additional information was provided:

- (a) Healthwatch are about to pilot 'Talk to Us' points in two Joint Service Centres the City. These access points will provide an opportunity for direct dialogue with the public across the City, to be used for both general feedback and for specific campaigns. Evaluation of the 'Talk to Us' points will include the extent to which 'participants' matched the demographics of the population and the 'reach' into seldom heard communities;
- (b) it is hoped to launch a new website by the end of September and to publicise its launch with a view to attracting more users, especially those from minority groups.

## **RESOLVED**

- (1) to note the first annual report of Healthwatch Nottingham;**

**(2) to thank Ruth Rigby for her update.**

**22 WALK IN CENTRES/ URGENT CARE CENTRE**

The Panel considered a report updating it on the progress of the development of an Urgent Care Centre in Nottingham. A presentation was made by Naomi Robinson, Primary Care Development and Service Integration Manager, NHS Nottingham City Clinical Commissioning Group. The key points of the presentation included:

- (a) the contracts for the London Road and Upper Parliament Street walk-in centres end in March 2015. EU procurement regulations require that the service is recommissioned which gives an opportunity to review and revise, the walk-in centre services in the City;
- (b) the Nottingham City Clinical Commissioning Group has been canvassing opinion from various organisations including the People's Council, Clinical Congress, Overview and Scrutiny Committee and local Area Team. There have been engagement events for clinicians and providers, patient events, roadshows and an on-line survey;
- (c) there has been a good response rate to broad patient engagement with 60% being of working age. However, demographic monitoring of respondents indicates a limited response rate from key equality groups:
- (d) respondents were supportive of a merge and re-commission of an enhanced service with a view to:
  - reducing confusion and duplication between services;
  - recognising that current specifications cover a standard Primary Care response;
  - being able to 'see and treat' in one visit;
  - including diagnostics, including x-ray;
  - having a City Centre location giving equity of access;
  - keeping the service as a 'walk-in' service i.e. no appointment needed;
  - having consistent opening hours;
- (e) the Procurement Delivery Group has approved the draft specification, which outlines the minimum clinical governance and quality standards. The invitation to tender (ITT) includes:

(f)

<b>Clinical/ Patient Feedback</b>	<b>Specification/ ITT inclusion</b>
Consistency of opening times	7 days a week, 365 days a year, same times each day
Open outside of GP provision	7am until 9 pm
Assessment within 15-20 mins	Assessment within 15-30 mins (15 mins for children)
Extended diagnostics and clinical provision	X-ray facilities as a minimum Provide a tier of care between GP and emergency services.
'See and treat' in the same visit	This will be a core objective of the new service
Mental Health Support	Require an integrated response for vulnerable patients and those who have mental health, alcohol and substance misuse issues.
An accessible, city centre location ( public transport and parking)	The UCC will in a City Centre location and providers will be required to demonstrate accessibility
'Walk-in appointments'	The UCC will continue this approach
Patients are unsure about the name Urgent Care Centre	National guidance to use the name Urgent Care Centre but we are looking to include a strap line of 'Walk-in' Patients will be involved in the publicity of the new service

- (g) the draft specification has been released to potential providers and the PQQ stage has commenced. The Patient Procurement Panel will also be able to influence the scoring criteria for bidders. The Panel will continue to meet during the implementation and publicity stages;
- (h) the proposed timeline involves local clinicians and the public continuing to shape the final service with engagement on the draft service specification and input into the ITT documents in July and August with the ITT documents being approved in September. ITT stage and scoring will take place in the latter part of 2014 with the new service being publicised in January-March 2015 and the New Urgent Care Centre being launched in April 2015;

During discussion the following comments were made:

- (a) Ruth Rigby of Healthwatch Nottingham confirmed that, despite initial concerns about consultation responses, she had found the consultation process to be a positive experience. Phase two of the consultation didn't identify any significantly different issues so the major of issues had probably been captured. Ruth Rigby identified that there had been low engagement by those not registered with a GP but she was of the view that the proposed model did not disadvantage them;

- (b) the Panel agreed that the current services on offer are quite complex and not easy for citizens to understand. There will need to be a huge communication exercise to get across the new facilities to citizens

**RESOLVED**

- (1) to thank Naomi Robinson for the update;
- (2) to request that a further update be brought to this Panel at a later date.

**23 GP PRACTICE CHANGE - MERGER OF MEADOWS HEALTH CENTRE (DR RAO AND PARTNER) AND WILFORD GROVE SURGERY**

This item was withdrawn from the agenda by the Chair.

**24 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 to amend the work programme to include the following items:**

- the outcomes from the school nursing review and new delivery model to be included in the September meeting agenda;
- the transfer of commissioning of public health services for children aged 0-5 to be included in the September meeting agenda;
- the findings and next steps from the strategic review of the care home sector to be included in the September meeting agenda;
- NHS Health Check Programme would now be included in the November agenda.

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<b>HEALTH SCRUTINY PANEL</b>
<b>24 SEPTEMBER 2014</b>
<b>PROCUREMENT OF COMMUNITY END OF LIFE SERVICES</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

To consider proposals from Nottingham City Clinical Commissioning Group regarding the procurement of community end of life services. The Panel has a statutory role in relation to scrutiny of substantial variations and developments in services.

**2. Action required**

- 2.1 The Panel is asked to use the information provided to inform its consideration of proposals from Nottingham City Clinical Commissioning Group for future procurement of community end of life services, taking into account the Panel's statutory role in substantial variations and developments in services.

**3. Background information**

- 3.1 Nottingham City Clinical Commissioning Group has advised that the following contracts for hospice at home/ day centre and bereavement services are due to end on 31 March 2015:
- Nottinghamshire Hospice
  - Tree Tops Hospice
  - Marie Curie
  - CRUSE
- 3.2 Nottingham City CCG has stated that it intends to use this opportunity to improve end of life services through the procurement of an enhanced future service.
- 3.2 Details of the proposals and plans for engagement are outlined in the attached paper from Nottingham City CCG and a representative of the CCG will be attending the meeting to discuss these proposals and answer questions from the Panel about them.
- 3.4 This Panel has statutory responsibilities in relation to substantial variations and developments in health services. 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. The Panel's responsibilities 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 change is in the interests of the local health service.

- 3.5 Councillors should bear the matters outlined in paragraph 3.4 in mind when considering the proposals and discussing them with Nottingham City CCG.

**4. List of attached information**

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

**Appendix 1** – 'Community End of Life Services' paper from Nottingham City Clinical Commissioning Group

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



## Community End of Life services

### SUMMARY

The contracts for the following Hospice at home/ Day Centre and Bereavement services are due to end on 31<sup>st</sup> March 2015:

- Nottinghamshire Hospice
- Tree Tops Hospice
- Marie Curie
- CRUSE

Nottingham CityCare partnership also provides the following service:

- RAPID (Out of hours support for End of Life patients)
- Community Palliative Care beds
- Co-ordination of End of Life services

NHS Nottingham City CCG is taking the opportunity to improve end of life services through the procurement of an enhanced future service. The aim and objective of this is to:

- Review and remodel our Community End of Life provision to develop a new enhanced Service
- Continue to commit the same level of funding

### REPORT

#### Background

In Nottingham City our aim is to ensure all patients who have been diagnosed with any advanced, progressive, incurable illness (e.g. advanced cancer, heart failure, COPD, stroke, diabetes, chronic neurological conditions, dementia) have access to high quality end of life care which offers; dignity, choice and support to achieve their preferred priorities for care in the last year of life; whether this be in a hospital, care home or their own home through commissioning appropriate support; in particular, improving the co-ordination of care, continuity, quality of communication, and the provision of bereavement care. Two-thirds of people would prefer to die at home, but in practice only about one-third of individuals actually do (Higginson 2003).

In 2012 there were 2266 deaths in Nottingham City. The following information is provided by the office of national statistics.

Place of death	No of deaths/ Percentage	National Average
Deaths in Hospital	1272 (55.74)	50.71
Deaths at home	580 (25.41)	21.54
Deaths in Care home	350 (15.33)	19.59
Other	64 (2.79)	2.12

More recent data (September 2012-September 2013) from the ONS detailing proportion of deaths at home in usual place of residence show Nottingham City as having a percentage of 44.2%

**It is a NHS Nottingham City Strategic priority that 45% of people at the end of their lives will be supported to die at home every year by March 2015.**

Evidence suggests greater co-ordination of care can improve quality without incurring any additional costs (Addicott and

Dewar 2008).

## **Reason for the work/ programme**

Currently End-of-life care is provided in a variety of settings by a wide range of professionals. To meet patients' needs a whole-systems approach is being proposed that co-ordinates care across professional and organisational boundaries.

Nottingham City is seeking to commission a range of services across the care pathway to enable a package of care to be delivered to patients. This may include:

- centralised co-ordination of care provision in the community
- Guaranteeing 24/7 care.
- Planned Palliative Care support
- Community Palliative Care beds

## **Phase 1 Clinical & Public Engagement**

NHS Nottingham City have presented a concept of remodelling end of life services and procuring one model to deliver Community End of Life services in Nottingham City with the aim of meeting any unmet need.

This concept will be presented to the following committees during the work programme to seek agreement to pursue the approach:

Long term conditions steering group  
Clinical Council  
People's Council  
Nottinghamshire End of Life strategic advisory group  
Overview and Scrutiny Committee

The views of providers, patients and clinicians will inform the development of the specification. Engagement will lead to increased awareness and how people can participate to contribute their views. We have held a stakeholder event and public engagement event which generated ideas about what the new service will incorporate. The events created discussion, issues and solutions.

A patient survey was disseminated to seek views from patients/ public about their views to help shape the future service. The survey was communicated via the following routes:

- CCG website
- Social media and email (Facebook, Twitter)
- Patient/ Community Meetings
- Media release (leaflets posters for GP Practices, Walk-in centres and other community centres)
- Nottingham City Voices, large City-centre employers).
  
- Current Providers
  
- GP Practices

## **Phase 2 Specification Development**

NHS Nottingham City CCG is currently in the process of drafting a service specification with the intention of advertising a PQQ in October. Engagement with specific focus groups will continue in the meantime.

## **Phase 3 Next Steps**

**Timeline** (*timeline for guidance only, official timescales for procurement will be released by GEM*)

*Commissioning Support Unit):*

September 2014

- Review of all feedback received and specification development.
- Present final specification to the following:
  - End of Life strategic advisory group
  - Long term conditions steering group

**Procurement**

October 2014

- Procurement process begins- PQQ and ITT

January 2015

- Tender scoring

The new contract will commence on 1<sup>st</sup> April 2015 subject to procurement timescales.

**Expected outcome**

Following consultation with key stakeholders, focus groups and the public we have been asked to develop and commission a service that considers the following outcomes a priority.

- Care provided closer to home
- People receiving care in place of choice
- Reduce inappropriate admissions
- People dying in their chosen place of death

Russell Pitchford

Commissioning Manager NHS Nottingham City CCG  
September 2014

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<b>HEALTH SCRUTINY PANEL</b>
<b>24 SEPTEMBER 2014</b>
<b>STRATEGIC REVIEW OF THE CARE HOME SECTOR</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

To consider the findings and recommendations of the Strategic Review of the Care Home Sector; and to scrutinise action being taken by the Council in response to these recommendations.

**2. Action required**

- 2.1 The Panel is asked to use the information provided to scrutinise work taking place by the City Council to respond to the recommendations of the Strategic Review of the Care Home Sector.

**3. Background information**

- 3.1. In the context of high levels of media coverage and increased awareness of poor quality care in care homes, in July 2013 the Panel looked at the Council's role in ensuring the standards of care received in Nottingham care homes.
- 3.2 As part of this discussion, the Panel heard that a strategic review of the care home sector across Nottingham and Nottinghamshire was being carried out. The aim of the review was to take an overview of the current care home sector, including consideration of measures to identify and monitor risks and actions that could be taken to develop quality services. The Panel requested that the findings and recommendations of the review be presented to the Panel when available.
- 3.3 The review has now concluded and findings and recommendations relevant to Nottingham City identified. The Head of Quality and Efficiency and the Market Development Officer will be attending the meeting to give a presentation outlining the key findings of the review relevant to Nottingham City and the actions identified in response.

**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**

Report to and minutes of the Health Scrutiny Panel meeting held on 24 July 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](mailto:jane.garrard@nottinghamcity.gov.uk)

<b>HEALTH SCRUTINY PANEL</b>
<b>24 SEPTEMBER 2014</b>
<b>TRANSFER OF CHILDREN'S PUBLIC HEALTH COMMISSIONING FOR 0-5 YEAR OLDS TO NOTTINGHAM CITY COUNCIL</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

To consider the transfer of responsibility for children's public health commissioning for 0-5 year olds to Nottingham City Council.

**2. Action required**

- 2.1 The Panel is asked to use the information provided to scrutinise progress in the transfer of children's public health commissioning for 0-5 year olds to Nottingham City Council to ensure that a smooth transfer takes place and the benefits of the transfer of responsibility are maximised; and consider whether any further scrutiny is required.

**3. Background information**

- 3.1 Responsibility for the commissioning of public health services for 0-5 year olds is due to transfer from NHS England to Nottingham City Council on 1 October 2015. This includes the commissioning of the health visiting service.
- 3.2 Local authorities already have responsibility for the commissioning of public health services for children aged 5-19 years and provide a range of other services that impact on the health and wellbeing of babies and children, for example children's centres. A strategic review of 0-19 years services is ongoing and potentially this transfer provides the opportunity to join up the commissioning of these services.
- 3.3 A paper outlining the current position in terms of health visitors in the City and progress in the transfer of responsibilities is attached. The Council's lead Public Health Consultant for this area of work and a representative of NHS England Derbyshire and Nottinghamshire Area Team will be attending the meeting to outline work that has already taken place, and future plans in relation to the transfer of responsibility between the two organisations.

-

4. **List of attached information**

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

**Appendix 1 – ‘Health Visitor Implementation Plan and Transfer of Responsibilities to Nottingham City Council’**

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

None

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

As set out in the appendix

7. **Wards affected**

All

8. **Contact information**

Jane Garrard, Overview and Scrutiny Review Co-ordinator

Tel: 0115 8764315

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



<b>Topic: Health Visitor Implementation Plan and Transfer of Responsibilities to Nottingham City Council</b>
<b>Requested by: Health Scrutiny Panel</b>
<b>Presented by: Lynne McNiven, Nottingham City Council and Stephanie Cook, NHS England</b>

## **Purpose**

1. The purpose of this report is to update Nottingham City Council Overview and Scrutiny with regards to the Health Visitor Implementation Plan and the progress towards the transition of commissioning responsibilities to the local authority.

## **Background and context**

2. A health visitor (HV) is a qualified nurse or midwife with post-registration experience who has undertaken further training and education in child health, health promotion, public health and education. Health visitors work as part of a multidisciplinary primary healthcare team, assessing the health, educational and social needs of children, families and the wider community. They aim to promote good health, improve educational and social outcomes and prevent illness by offering practical help and advice; ultimately reducing health inequalities.
3. NHS England are charged under the Section 7a agreement of the National Health Service Act 2006 as amended under the Health and Social Care Bill 2012, an agreement between the Secretary of State and NHS England to commission Children's Public Health Services from 0-5 years. The Government has now stated an expectation for these responsibilities to transfer to local authorities from October 2015.
4. Through the 7a agreement NHS England has committed to improve health and wellbeing outcomes for children and families which included the Government's commitment to increase the number of health visitors (HVs) nationally by 4,200 against a May baseline of 8,092 to transform health visiting services through the implementation of the Healthy Child Programme and increase the number of Family Nurse places nationally by 16,000 by April 2015.
5. The 'Health Visitor Implementation Plan (HVIP) 2011-15 A call to Action (Department of Health 2011)' set out this shift in resources to increase the number of health visitors in order to enhance early identification and intervention by increasing contact and support to families, monitoring child development and health promotion.
6. HVIP where possible encourages communities to support themselves and use local services, for example children centres. Additional support, based on need should be delivered in partnership with other agencies.

## The Healthy Child Programme (HCP)

7. 'The Healthy Child Programme and the first 5 years of life' (Department of Health/Department of Children, Schools and Families 2009) sets out the universal 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) are delivered.
8. The HCP 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.
9. The Health Child Programme:
  - Helps parents develop a strong bond with children
  - Encourages care that keeps children healthy and safe
  - Protects children from serious diseases, through screening and immunisation
  - Contributes to a reduced childhood obesity by promoting healthy eating and physical activity
  - Encourages mothers to breastfeed
  - Identifies problems in children's health and development (for example learning difficulties) and safety (for example parental neglect), so that they can help with their problems as early as possible
  - Makes sure children are prepared for school
  - Identifies and helps children with problems that might affect their chances later in life.

## Local Context

10. Nottingham City has one provider of Children's Health Services for 0-5 years: Nottingham CityCare Partnership who provides the health visiting service and Family Nurse Partnership (FNP) across the city.
11. As part of the HVIP Nottingham City has adopted the approach of increasing the number of health visitors as well as increasing the number of Family Nurse places across the city to ensure improved coverage for the most vulnerable young people. To date Nottingham City has maintained 225 FNP places nevertheless; lower teenage pregnancy rates have meant that a greater proportion of young mothers can access the programme.
12. **Increasing Health Visitor Numbers in Nottingham City.**  
The May 2010 baseline for Nottingham City was 69.4 whole time equivalent (WTE) health visitors against a final target set at 154.7 WTE to be reached by March 2015 equating to an increase of 123% in the workforce the third highest increase nationally behind London & Luton.
13. This significant increase in Health Visitor numbers has raised a number of challenges to both NHS England and Nottingham CityCare Partnership:

- Increasing the numbers of qualified health visitors through direct recruitment to training places from limited numbers of suitably experienced and qualified nurses and midwives to complete further degree level training has been challenging.
- NHS England have had to ensure there were sufficient planned numbers of commissioned health visitor student places (12 month duration), to ensure achievement of the required local trajectory by April 2015
- The need to revise training methodologies in order to support the increased number of students and the need to train the existing staff to take on this mentoring role has been central to the success of the expansion project
- Plans to ensure the retention of students within the city post qualification have been essential to meet the target
- Successfully supporting health visitor students through study to qualification has been pivotal to increasing capacity
- Loss of existing, experienced health visitors to other disciplines, retirement, etc. will always impact on the final numbers of health visitors

### **Current position**

14. In May 2010 Nottingham City had 69.4 WTE visitors in post, the position at the end of July 2014 was: 92.9 WTE with a proposed trajectory of 154.7 WTE by March 2015 (a gap of 61.8 WTE). There are currently 43 student health visitors in training within Nottingham City however; there are plans in place to meet the 2015 target. Across the Nottinghamshire and Derbyshire Area Team additional health visitor students have been recruited within the county areas, the rationale being that they will work within the city post qualification. It should be noted that nationally it has been difficult to recruit in city areas due to the more challenging nature of the work involved.
15. It should be noted that the final trajectory target of 154.7 WTE includes, through legacy commissioning, all staff that hold health visitor qualification as defined in the national MDS definition and contribute to the delivery of the Healthy Child Programme either through direct work, through supervision or through safeguarding. It should be recognised that some of these staff are commissioned within other funded services e.g. safeguarding. These funding streams originate within Clinical Commissioning Groups contracts and therefore are not included within the current Health Visitor contract. Final ratification of actual health visitor numbers will be confirmed by 2015.

### **Transition of Health Visitors and Family Nurse Partnership into the local Authority**

16. The expectation is that the commissioning responsibilities for health visiting and Family Nurse Partnership will transfer to local authorities from October 2015. Throughout the transition period NHS England are working with Public Health within Nottingham City Council and the Early Intervention Directorate to develop a robust transition plan that will ensure the safe transfer of those commissioning responsibilities which includes the achievement of the increased Department of Health target for health visitor numbers and a transformed Health Visiting Service. Commissioning for Family Nurse Partnership services are also included within the transfer of commissioning responsibilities and contribute to the achievement of the HV trajectory through health visitor qualified Family Nurses.

17. Early discussions are underway locally between NHS England and Nottingham City Council and nationally between the Local Government Association & the Department of Health to ensure a smooth, robust transition of responsibilities and funding.
18. A draft health visitor contract specification for 2015/16 has recently been out for consultation. 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.

### **Integration of 0-5 Services**

19. A strategic review of all children 0-19 services is currently taking place. 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 growing up in the city. This strategic 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 refresh of the Children and Young People's Plan and integration of key services across the partnership.
20. 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 single child which is born in the UK received a 'red book,' which contains key information on the child (for example birth weight and child and family details), screening and immunisation reviews as well as essential public health advice for example breast feeding advice, the importance of communicating with your baby, oral health promotion, avoiding baby and child injuries.
21. Nottingham has had recent success in securing £45 million of funding through the Big Lottery to support the 'Small Steps, Big Changes' (SSBC) project in the city. This project will support the improvement of health and social outcomes for 0 to 3 year olds across 4 ward areas over the next 10 years. Health Visiting and Family Nurse Partnership are fundamental to the development of SSBC and will be central to its success.

<b>HEALTH SCRUTINY PANEL</b>
<b>24 SEPTEMBER 2014</b>
<b>SCHOOL NURSING SERVICE</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

To consider the new model for school nursing in the City.

**2. Action required**

- 2.1 The Panel is asked to scrutinise progress in the implementation of a new model for school nursing in the City; and consider whether any further scrutiny is required.

**3. Background information**

- 3.1 As part of the transition of commissioning public health services for 5-19 year olds to Nottingham City Council in 2013, a review of the school nursing service in Nottingham was carried out.
- 3.2 The review has concluded and one of the key findings was the need for a new model for school nursing in the City. Attached is a paper which details the development of this new model, which was implemented in schools from September 2014.
- 3.3 The lead Public Health consultant for this area of work will be attending the meeting to discuss the review, the new model for the school nursing and how this is being implemented in schools.

**4. List of attached information**

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

**Appendix 1 – ‘Development of an Integrated and Needs-Led School Nursing Services’**

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

None

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

As set out in the appendix

**7. Wards affected**

All

**8. Contact information**

Jane Garrard, Overview and Scrutiny Review Co-ordinator

Tel: 0115 8764315

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

## Overview and scrutiny briefing note

<b>Information for Health Scrutiny Panel: Development of an integrated and needs-led school nursing service</b>	
<b>Date of meeting:</b>	24 <sup>th</sup> September 2014
<b>Report author:</b>	Lynne McNiven, Public Health Manager
<b>Responsible Director:</b>	Chris Kenny, Director of Public Health
<b>Portfolio Holder:</b>	CLr Norris

### 1.0 Purpose

1.1 The purpose of this report is to update Nottingham City Council Overview and Scrutiny on the outcomes of the Nottingham School Nursing review. The report focuses on the new needs-led model of delivery for school nursing and the integration of the service across the Local Authority.

### 2.0 Background and context

2.1 Health is crucially linked with education. Good health and emotional wellbeing are associated with improved attendance and attainment at school, which in turn lead to improved employment opportunities. An evidence-based approach using prevention and early intervention reduces costs to society and to health, education and wider children's services in the long term.

2.2 Lifestyles and habits established during childhood influence a person's health throughout their life. The foundations of a healthy and fulfilled adult life are thus laid in childhood and adolescence. For example, up to 79 per cent of obese adolescents remain obese in adulthood, and adolescents who binge drink are 50 per cent more likely to be dependent on alcohol or misusing other substances when they reach the age of 30.

2.3 School nurses are specialist public health nurses who support children and young people in their developing years between school entry age and 19. The School Nursing service in Nottingham is delivered by Nottingham CityCare Partnership and aims to *promote and protect the health and well-being of all school-aged children and young people so that they can optimise their education and wider social opportunities*. School nursing is the only independent access to health and social services for children and young people.

2.4 The responsibility for commissioning public health services for 5-19 year olds transferred from Primary Care Trusts (PCTs) to Public Health in the Local Authority in April 2013 following the Health and Social Care Act. This includes mandatory provision of the National Child Measurement Programme (NCMP).

2.5 As part of the transition process, a full review of the service was undertaken between December 2012 and December 2013. The aim of the review was to develop a school nursing service model for Nottingham based on local need to ensure children, young people and

families are offered a core programme of evidence based preventative health care with additional care and support for those who need it.

### 3.0 Nottingham School Nursing review

3.1 The report of the Nottingham school nursing review findings and recommendations was completed in April 2014 and can be found here: [Nottingham School Nursing Review Report](#). Figure 1 summarises the review process which was undertaken.

3.2 Following the review, a partnership group was established to lead the implementation of an action plan consisting of over 50 actions which were derived from the review. A summary of some of the key findings and developments to date are outlined in appendix 1.

*Figure 1: Summary of the School Nursing review process*

Element	Summary
1. Data and Intelligence	<ul style="list-style-type: none"> <li>Review of national and local data.</li> <li>Development of school health profiles for 16 groups of schools <a href="http://www.nottinghaminsight.org.uk/insight/partnerships/public-health/school-health-profiles.aspx">http://www.nottinghaminsight.org.uk/insight/partnerships/public-health/school-health-profiles.aspx</a>.</li> </ul>
2. Engagement and communication	<ul style="list-style-type: none"> <li>Extensive engagement with children &amp; young people, parents/carers, school staff and governors, GPs, school nurses and other stakeholders:               <ul style="list-style-type: none"> <li>785 surveys completed</li> <li>113 participated in focus groups</li> <li>39 one-one interviews</li> </ul> </li> </ul>
3. School nurse practice	<ul style="list-style-type: none"> <li>Reviewed current practice against Healthy Child Programme</li> <li>Identified strengths, gaps and areas for improvement.</li> </ul>
4. Workforce	<ul style="list-style-type: none"> <li>Training needs assessment.</li> <li>Workforce planning.</li> </ul>

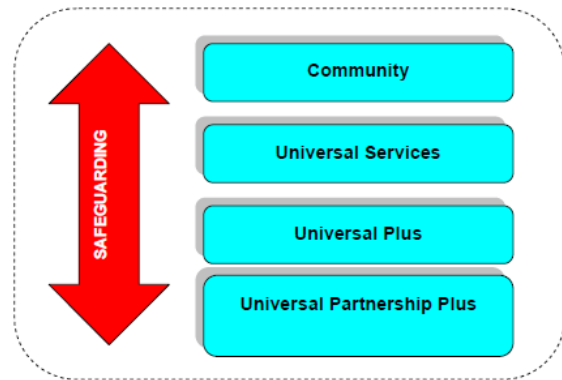
### 4.0 Role of the school nurse

4.1 School nurses provide a specialist public health service to all children and young people (aged 5 – 19 years) resident in Nottingham City or attending City schools. There are 57,200 Nottingham citizens in this age group. School nurses work with other professionals to support schools in developing health reviews at school entry and key transitions, managing pupils’ wellbeing, medical and long-term conditions and needs and developing schools as health-promoting environments. They play a crucial role in ensuring that children, young people and families get good, joined-up support and access to available services at the earliest point.

4.2 The Public Health Outcomes Framework (PHOF) includes 20 child-specific outcomes. School nurses contribute to a number of these indicators including school readiness, pupil absence, under 18 conception rate, excess weight, hospital admissions caused by unintentional and deliberate injuries, emotional well-being of looked after children, smoking prevalence, self-harm, chlamydia diagnoses, tooth decay and vaccination coverage.



4.3 School nursing is a universal service, which intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus).



4.3.1 A summary of the school nurse's role within each of these tiers is given below:

- **Community** – School nurses act as 'local leaders' for health for the school aged population and their families working as part of the school community to improve health and wellbeing.
- **Universal Services** – School nurses provide the Healthy Child Programme to ensure a healthy start for every child. This includes promoting good health, advice on public health issues such as healthy weight, health checks and protecting health for example via immunisations and identifying problems early. Nurses support children and families to access a range of community services. A pathway of the core contacts that nurses provide to children and young people is shown in appendix 2.
- **Universal Plus** – School nurses provide a swift response to children and families when specific expert help is required. This could include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental wellbeing.
- **Universal Partnership Plus** - School nurses deliver ongoing support in partnership with a range of local services who are working together with the child/family to deal with more complex problems over a longer period of time. This provision is for children and families that have complex health and social care needs that warrant a multi-agency response.

## 5.0 The new School Nursing Model for Nottingham

5.1 A key change to school nursing is the development of a needs-led model of delivery which began to be implemented at the beginning of the 2014/15 academic year (appendix 3). This model ensures young people with the greatest level of need are supported by the most qualified nurses, contributing to improved health and educational outcomes.

5.2 The previous model of delivery for school nursing consisted of one Public Health specialist nurses (the most qualified/experienced nurses) being attached to each secondary school. Registered nurses were assigned to the 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.

5.3 The new school nursing model incorporates the following:

- Public health nursing teams have been established around each of the 16 school groups (usually one secondary school and the feeder primary schools). Each team is led by a specialist Public Health nurse.
- Health visitors split their caseload of children into the 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.
- The most qualified nurses support children and families with the greatest need, irrespective of age. Children in the universal plus, universal partnership plus and safeguarding cohorts are the responsibility of the Specialist Public Health Nurse. Registered nurses and other members of the team are responsible for children of all ages in the universal cohort.

## 6.0 Integration

6.1 The review process has allowed the exploration of the synergy between Health Visiting and School Nursing roles, along with Family Community Teams and Early Years. Work is being undertaken to ensure a coordinated approach and a robust 5 to 19 service.

6.2 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.

6.3 Considerable 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.

6.4 Public Health, in partnership with Education Partnerships, Healthy Schools, School Nursing and other service providers held a multidisciplinary meeting in April; 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. A second event is planned for the 16<sup>th</sup> October 2014; this will consist of a re-launch of school nursing and a briefing on sexual health and healthy relationships.

## 7.0 Contact information

Lynne McNiven, Consultant in Public Health, Nottingham City Council  
[Lynne.mcniven@nottinghamcity.gov.uk](mailto:Lynne.mcniven@nottinghamcity.gov.uk) 0115 876 5429

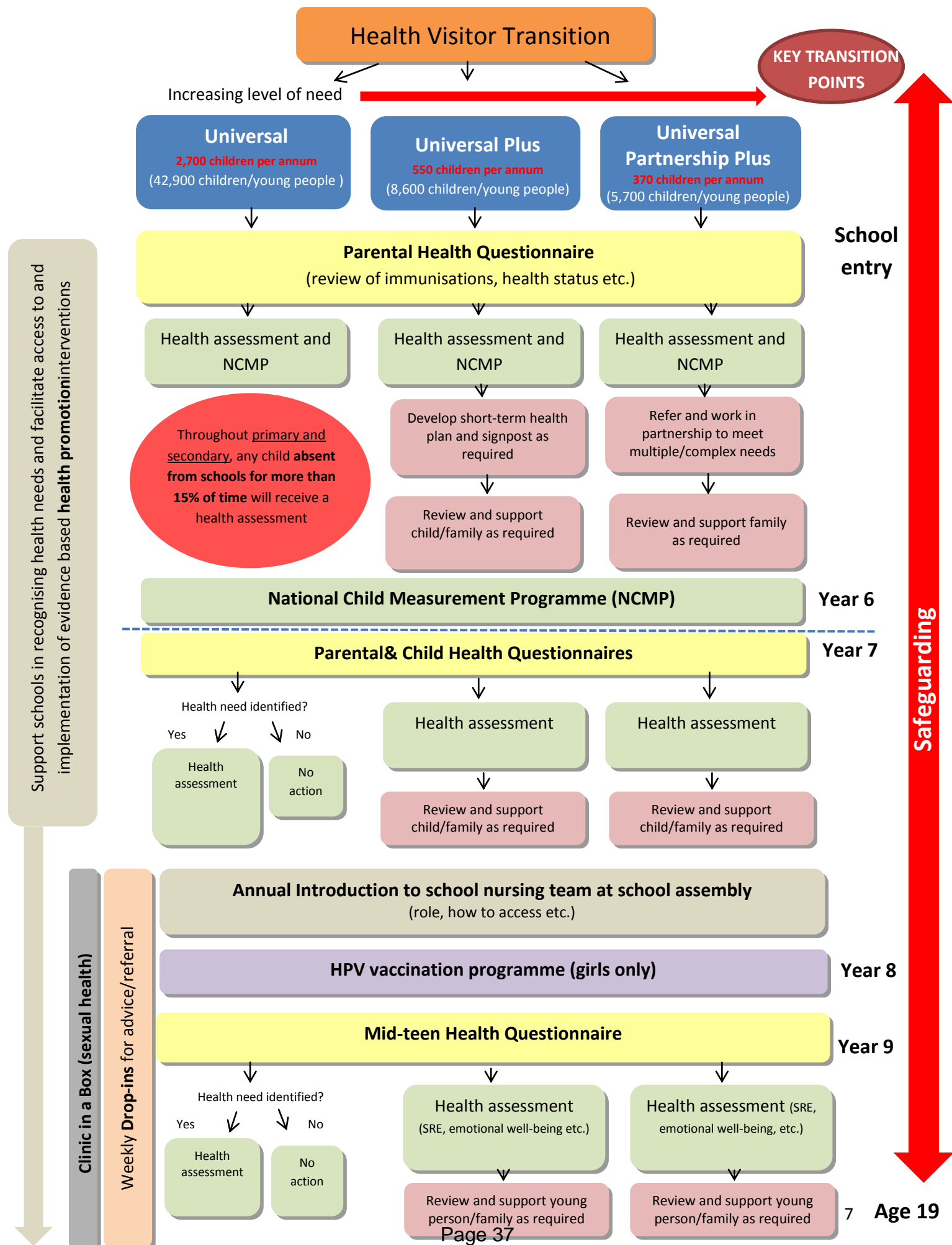
Sarah Diggie, Public Health Manager, Nottingham City Council  
[sarah.diggie@nottinghamcity.gov.uk](mailto:sarah.diggie@nottinghamcity.gov.uk) 0115 876 5112

**APPENDIX 1: Key actions/developments following review of public health nursing for school aged children.**

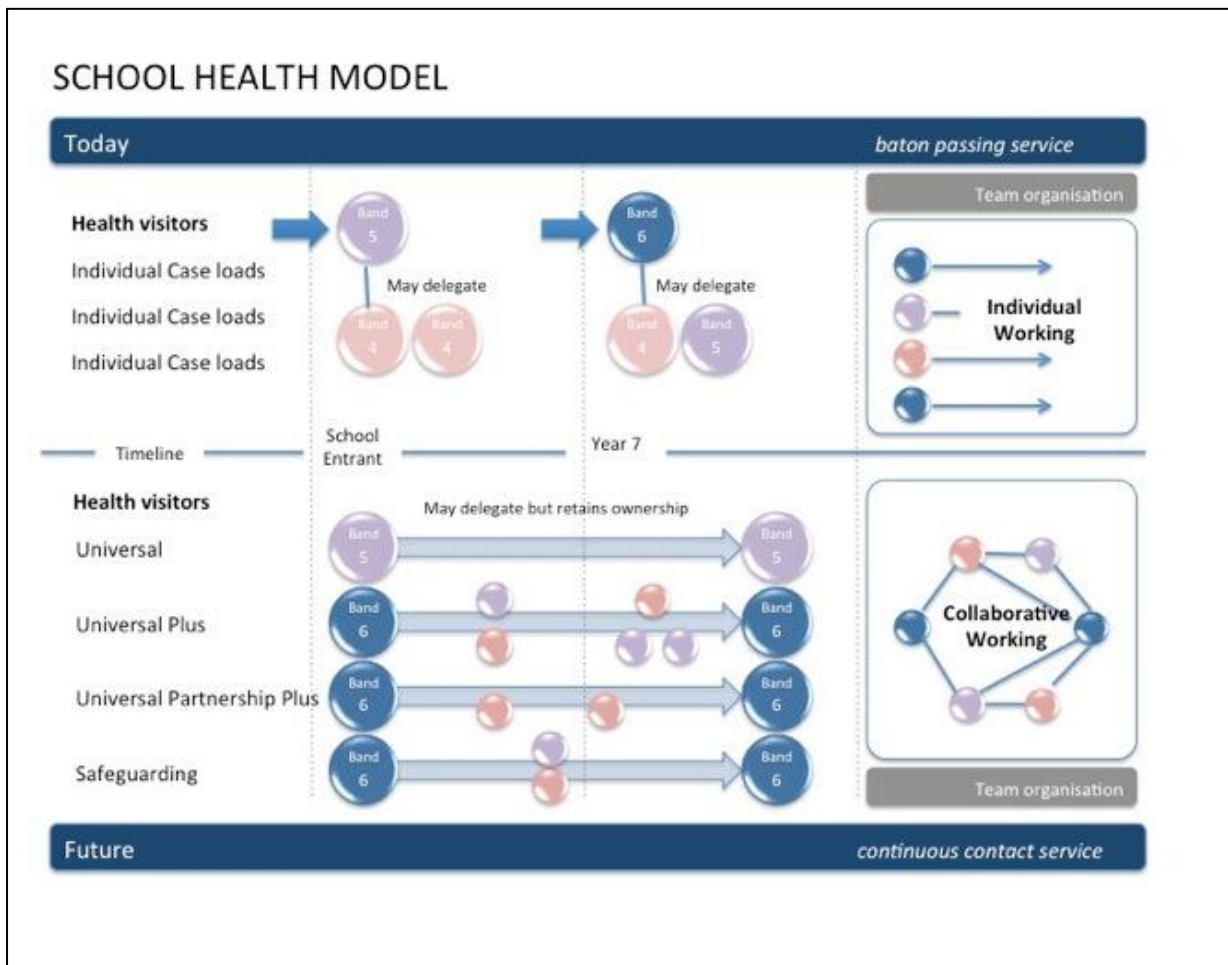
Key finding	Action
Significant health and social need amongst City's children.	<ul style="list-style-type: none"> <li>• School health profiles are being used to ensure a needs-led model of delivery.</li> <li>• Development of a health assessment for all children and young people who are absent from school for more than 15% of time. To be introduced early in the 2014/15 academic year.</li> <li>• Introduction of a targeted mid-teen health check so that young people will have access to information and advice on sexual health and relationships, emotional well-being, smoking, alcohol, substance misuse and healthy lifestyles.</li> </ul>
School nurses are valued by schools, parents and young people.	<ul style="list-style-type: none"> <li>• Referral mechanisms and accessibility of nurses is being improved. Prioritisation of in-school presence.</li> <li>• Development of a working group with deputy heads for the development of processes within schools.</li> </ul>
Service delivery not currently based on need.	<ul style="list-style-type: none"> <li>• A new Service Specification / Contract has been written and agreed by our provider.</li> <li>• New model of delivery in which the most experienced/qualified nurses support children and families with the greatest need irrespective of age (figure 4).</li> </ul>
Service provision is inconsistent across the City.	<ul style="list-style-type: none"> <li>• Standard Operating Procedures including pathways are being developed to ensure consistency across schools. The following draft pathways have been developed:               <ul style="list-style-type: none"> <li>○ emotional health</li> <li>○ sexual health and relationships</li> <li>○ healthy weight</li> <li>○ safeguarding</li> </ul> </li> </ul>
Need to increase visibility/accessibility.	<ul style="list-style-type: none"> <li>• Communication strategy developed including re-launch in Sept 2014.</li> <li>• Development of promotional materials including parent/carer pack to be given out at the beginning of the school year.</li> <li>• Considerable consultation undertaken with Primary, Secondary and Special Schools across the City:               <ul style="list-style-type: none"> <li>○ The Public Health team have presented at Head Teachers', Assistant Heads and Governors' meetings to present review findings and the proposed new model.</li> <li>○ A multidisciplinary meeting on the 2<sup>nd</sup> April where over 30 schools sent representation to discuss the future role of School Nurses. There was a specific focus on Social Emotional, Mental Health and Wellbeing and Healthy weight.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ A further joint meeting is planned for October 16th which will have Sexual Health and Relationships as its focus and an official re-launch of school nursing.</li> </ul>
Lack of coordinated approach to health promotion.	<ul style="list-style-type: none"> <li>● Three health improvement facilitators (healthy weight, sexual health and relationships and emotional well-being) have been included within the School Nursing contract to develop a whole school approach to improving health and social care outcomes, with equity across each school in the city.</li> </ul>
Increasing safeguarding demands	<ul style="list-style-type: none"> <li>● A working group has developed a safeguarding pathway and guidance for school nursing. This will be implemented in September 2014. School nurses' involvement in safeguarding activities will depend on: <ul style="list-style-type: none"> <li>○ Health concerns</li> <li>○ Knowledge of the pupil</li> <li>○ The involvement of other professionals</li> <li>○ Whether the nurse has a role to play</li> </ul> </li> </ul>
Challenges with recruitment, training and capacity.	<ul style="list-style-type: none"> <li>● A plan for addressing workforce issues, focusing on training and use of skill mix across the service has been developed.</li> <li>● New nurses are being employed on year-round contracts (rather than term-time).</li> </ul>

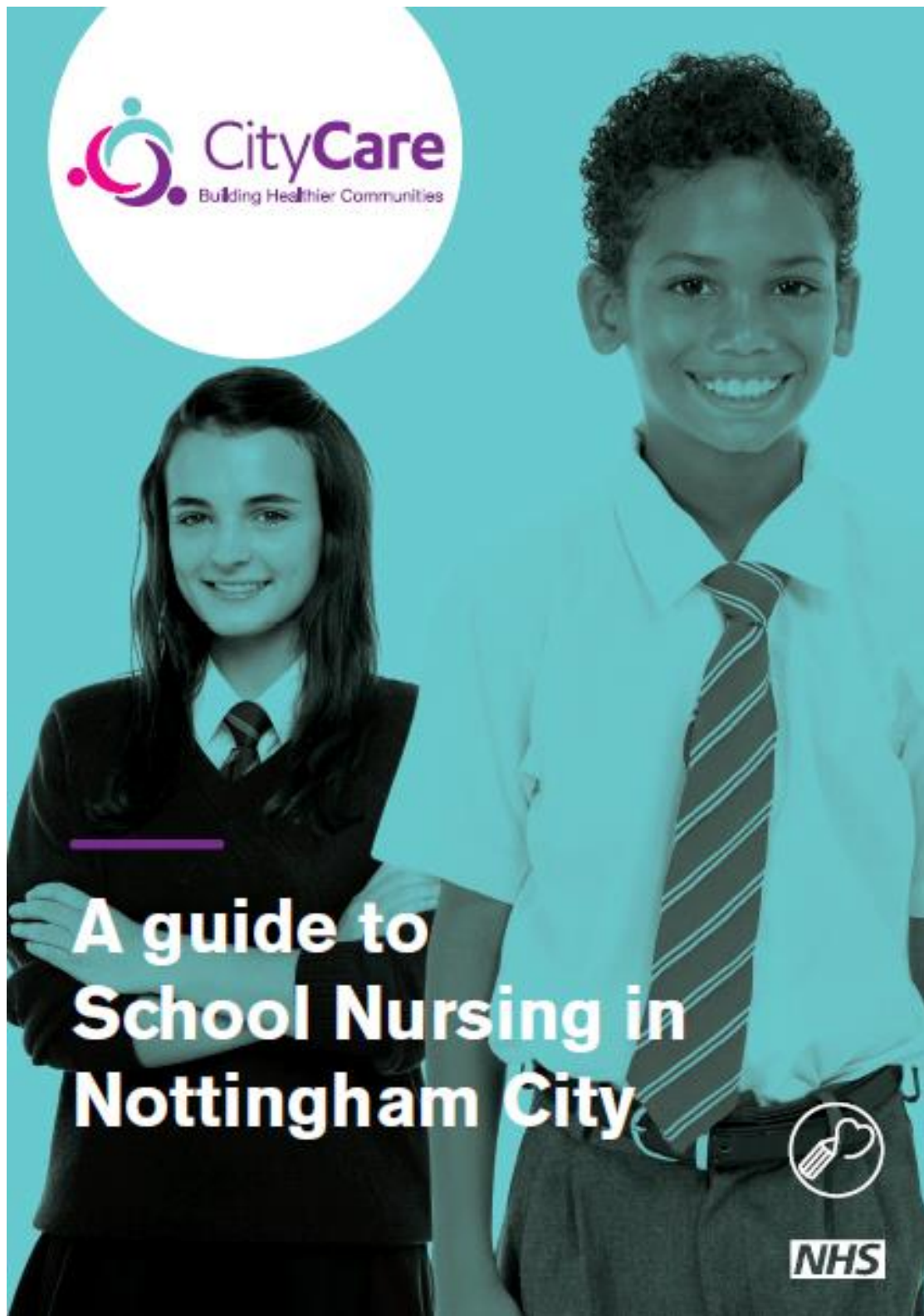
## APPENDIX 2: Nottingham School Nursing (5-19 years): Core Contacts Pathway



### APPENDIX 3: Nottingham new model of school nursing



**APPENDIX 4: New school nursing service leaflet currently being distributed**





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## Who are CityCare?



### **We are your local provider of free, NHS, community healthcare services.**

We have a long heritage of delivering high quality care for you and your family at home, or close to home in community settings such as health centres, school and GP surgeries.

We deliver a range of nursing and healthcare services – from health visiting and education for young families, to community nursing and home-based rehabilitation programmes for older people, to NHS walk-in centres and specialist diabetes and educational nutrition and dietetics sessions.

We provide quality care you can trust.

As a social enterprise, we are dedicated to building healthier communities. We work in partnership with patients, staff, partners and the local community to build a healthier more sustainable future for all.

### **The School Nursing Team**

The School Nursing Team is led by a Specialist Public Health Nurse and includes Registered Nurses; Nursery Nurses; Health Care Assistants and Administrators.

We work alongside a variety of professionals including teachers; parents; carers; children and young people to promote and maintain good health.

We are an 'all year round service' for all 5-19 year olds and work in schools; health centres; homes and other venues to meet the needs of children and their families.



Young people have a right to speak to a health professional and it be confidential except where there is a risk to themselves or others. However, we always encourage young people to speak to their parent or carer.





## Our Services

These services are offered for **every** child and young person in Nottingham Schools:

### Primary School

#### Reception

A health questionnaire will be sent to you about your child's health. Your child will be weighed and measured with your consent as part of the National Child Measurement Programme.

#### Year 6

Your child will be measured again.

### Secondary School

#### Year 7

A health questionnaire will be sent to you about your child's health. There will be an assembly in school to explain the role of the school nurse.

Your child will be asked to complete a health questionnaire.

#### Year 8

All girls will receive the HPV (Human Papilloma Virus) immunisation to protect them from forms of cervical cancer.

#### Year 9

All young people will be asked to complete a 'mid-teen' health questionnaire.

### Drop-in Services

Every child and young person will have access to a regular, confidential drop-in service provided by a nurse.

## Additional Services

We can provide advice, support and signposting to services for the following:

- Healthy eating
- Weight management
- Emotional health and wellbeing
- Behaviour support
- Self harm
- Eating Disorders
- Smoking cessation
- Drugs and alcohol
- Puberty and hygiene
- Dental health
- Keeping safe
- Sexual health
- Domestic violence
- Continence/Constipation
- Young carers
- General health promotion

**These services can be offered on a one to one or group basis**



## Getting in touch with the School Nursing Team

- Clifton Comerstone (including Meadows)  
0115 878 6328
- Basford Health Centre  
0115 883 3236
- Bulwell Riverside  
0115 883 3455
- Mary Potter Health Centre  
0115 883 8089
- St Ann's Health Centre  
0115 883 8702
- Sneinton Health Centre  
0115 883 8600
- Wollaton Health Centre  
0115 883 3100
- Strelley Health Centre  
0115 883 3315

**Please call 0115 883 4333 if you are unsure which team to contact.**

### Getting in touch with CityCare

You can feed back any compliments, concerns, complaints or comments by:

T: 0115 883 9654

E: [customercare](mailto:customercare@nottinghamcitycare.nhs.uk)

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<b>HEALTH SCRUTINY PANEL</b>
<b>24 SEPTEMBER 2014</b>
<b>GP PRACTICE CHANGES – MERGER OF MEADOWS HEALTH CENTRE (DR RAO AND PARTNER) AND WILFORD GROVE SURGERY</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

- 1.1 To provide information on GP practice changes – merger between Meadows Health Centre (Dr Nao and Partner) and Wilford Grove Surgery.

**2. Action required**

- 2.1 The Committee is asked to consider the information provided.

**3. Background information**

- 3.1 NHS England Derbyshire and Nottinghamshire Area Team has advised of changes to two GP practices in Nottingham – merger of Meadows Health Centre (Dr Nao and Partner) and Wilford Grove Surgery. Included in the appendices is a paper outlining the changes and details of engagement with patients, staff and other stakeholders.
- 3.2 A representative of the NHS England Area Team will be attending the meeting to discuss any issues arising from the paper.
- 3.3 In order to improve the Panel’s understanding of the process of changes to GP practices, the NHS England Area Team has also been asked to provide an outline of the typical decision-making process, the factors taken into account, timescales and usual arrangements in terms of local engagement.

**4. List of attached information**

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

**Appendix 1** – Proposed merger – update as of 8 September 2014 from NHS England Derbyshire and Nottinghamshire Area Team

**Appendix 2** – Letter to patients

**Appendix 3** – Patient engagement details

**Appendix 4 – Staff engagement details**

**Appendix 5 - Other stakeholder engagement details**

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**

Bridge ward

8. **Contact information**

Jane Garrard, Overview and Scrutiny Review Co-ordinator

Tel: 0115 8764315

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

## **Meadows Health Centre (Dr Rao) and Wilford Grove Surgery**

### **Introduction:**

The NHS England Derbyshire & Nottinghamshire Area Team has received an application proposing the merger two practices Dr Rao, Meadows Health Centre (1 Bridgeway Centre, The Meadows, Nottingham, NG2 2JG) and Wilford Grove Surgery (55 Wilford Grove, The Meadows, Nottingham, NG2 2DR). Both of these practices are constituents of Nottingham City Clinical Commissioning Group.

Dr Rao's practice operates from a health centre shared with another practice (Drs Larnar & Jadoon). The second practice, provided by Dr Larnar & Jadoon, is not included as a party to the proposed merger.

Dr Rao's practice, in the Meadows Health Centre, and Wilford Grove Surgery are located approximately 200 yards apart in The Meadows, a large estate with high deprivation, which is situated half a mile from the city centre of Nottingham. The Meadows Health Centre also accommodates Nottingham City Care services and is close to a parade of shops.

Dr Rao's practice in the Meadows Health Centre has approximately 2,800 patients. Dr Rao is senior partner of the practice following the retirement of Dr Shankar in March 2014; the practice has two doctors in total which provide 1.4 Whole Time Equivalent (WTE).

Wilford Grove Surgery has approximately 2,200 patients with one doctor. Dr Anandappa joined the practice in November 2013 and is the only doctor following the subsequent retirement of the previous doctor, Dr Hazarika.

Both practices have seen a decline in the size of their patient list size over the last few years. Within approximately half a mile of both practices is the Platform One practice, which opened in 2012. This has attracted many new patients and it is thought that many have been drawn from The Meadows area.

The premises currently utilised by Wilford Grove Surgery is an Edwardian converted house that is not expected to meet the full standards of the Care Quality Commission standards for the provision of primary medical services.

## Proposal

The practices have jointly approached the NHS England Derbyshire & Nottinghamshire Area Team to seek permission to merge the practices. The proposal requests the continuation of the one consolidated practice within the Meadows Health Centre and the closure of the Wilford Grove premise.

The practices are currently considering what adjustments (if any) are required to the Meadows Health Centre to accommodate the patients and staff of Wilford Grove Surgery.

In making the application to merge, the practices have outlined plans for extending the services available in the Meadows Health Centre, the details of which are included below.

In considering this application, Derbyshire & Nottinghamshire Area Team has sought the view of Nottingham City Clinical Commissioning Group which is developing the Primary Care Strategy within the area. The Clinical Commissioning Group has indicated that this merger change would fit with the Primary Care Strategy as planned.

## Impact/benefits for local population

One of the main benefits to patients will include a wider-range of clinicians available at the new merged practice; this includes a female GP for Wilford Grove patients. Increasing the overall number of clinicians available at one practice will also enable greater flexibility to provide appointments across a larger part of the day and to have arrangements in-house where unplanned cover is required.

The practices propose to offer a greater range of services to all patients of the new practice. These include phlebotomy, minor surgery, spirometry and nebulisation. Some of these services were previously provided at the practices however changes to the local commissioning arrangements mean the services are no longer provided. Following completion of the merger, the practice will look to re-establish these services.

In addition the patients of Wilford Grove Surgery will benefit from improved facilities in the health centre as well as access to designated parking which is not available at Wilford Grove Surgery.

The Meadows Health Centre is situated on the ground floor only which improves access for all patients particularly those with disabilities or mobility difficulties.

It is noted that the short distance between the practices (0.2 miles – 4 minute walk), will result in a minimal impact on travel for patients.

Under the terms of the application, NHS England has asked the new practice to put in place increased opening on a Thursday afternoon after the merger – currently practices are closed on Thursday afternoons.

The combined practice will also offer up to date access to services including online booking of appointments, online repeat prescriptions ordering and the Electronic Prescribing Service which will benefit patients interested in access through technology.

Wilford Grove Surgery recognises there may be an element of anxiety in some patients regarding the relocation of services. Both practices have endeavoured to listen to concerns and provide assurance to patients including providing information on the benefits of the merger.

#### Derbyshire & Nottinghamshire Area Team consideration:

The Area Team initially considered this application at the Primary Care Panel on 19 June 2014. The Area Team gave its support to this application subject to the following conditions:

- Both practices are expected to complete a period of engagement with patients and stakeholders on the future arrangements for patient services to ensure full awareness of the changes.
- The new practice opens for appointments on Thursday afternoons.
- The practices can secure capital funding arrangements for any required premises alterations within the Meadows Health Centre.

A verbal update was provided to the Primary Care Panel on 17 July 2014 to advise that the parties were working with NHS Property Services to determine any alterations required within the Meadows Health Centre to accommodate the additional patients.

A further update was provided to the Primary Care Panel on 21 August 2014. The panel considered the feedback regarding the closure of the Wilford Grove premise and the implementation of patient engagement by the practices.

The Panel decided that, although some elements of the implementations could have been improved, sufficient time and engagement had taken place and would continue to do so up until the date of the merger.

Following this, a further meeting with the practices, the chairs of the patient groups, the local councillor and representatives from the Area Team, the Clinical Commissioning Group and Local Medical Committee was scheduled to explain the reasons for the merger, the benefits and the opportunity it offers to patients. This meeting was held on 29 August 2014 – see Appendix 3 below.

At the meeting it was acknowledged that delayed posting and receipt of patient letters had made it difficult for patients to attend the open day. As part of the outcomes of the meeting, the practices have arranged for a 'frequently asked questions' document to be made available to patients and offered patients of Wilford Grove Surgery the opportunity to have guided tours of the Meadow Health Centre to patients as part of the transition process.



Letter to patients:

01/08/14

Dear Patient

**Joining together Wilford Grove Surgery (Dr Kiran Anandappa) and Meadows Health Centre(Dr Rao Rudrashetty & Dr Malathi Kiran)**

We are writing to you as a patient registered with Wilford Grove Surgery to tell you about our plans to join together **Wilford Grove Surgery** and **Meadows Health Centre**.

We are proposing to join these two practices together to form a new merged practice from 1 October 2014. We want to share with you the reasons why we think these changes will benefit patients from both practices and are also keen to hear your views on this.

The context of this is:

The new practice believes in high quality primary care delivered by a team you can know and trust. General practice has changed so much in recent years and we hope this opportunity will allow us to give our patients and staff a bright and secured future. The practices regard this as a positive move and look forward to work together.

The merged practice will be based at Meadows Health Centre, 1 Bridge way Centre, Meadows, Nottingham, and NG22JG. We are hoping that the same staff at both the practices will continue to work in the merged practice.

As part of this process, we believe patients will benefit from...

- a. Improved access
- b. Increased appointments
- c. Facility for car parking
- d. Choice of seeing female doctor/nurse/HCA
- e. Improved services

We will be ensuring that all patients affected by the proposed changes have the chance to keep up to date with the latest news and have the opportunity to raise questions to share views with members of the practice teams. We will use the feedback we receive to consider how the new practice will work in the future. We believe it's important that everybody's views are considered, so please do take the time to let your practice team know your views.

We will be holding open sessions where you can come along and speak to members of both practices. These will take place on the following days:

- Event 1 (Wilford Grove Surgery- 14/08/14)
- Event 2 (Meadows Health Centre- 14/08/14)

To ensure we have adequate accommodation for you to attend, please confirm you are attending by contacting our practice manager-Shelly Taylor– 01159528200.

If you have any specific access requirement for these events please inform earlier so that necessary arrangements can be made. We would like to bring to your attention that we have easy access for the disabled people.

Information about the proposal will be on display in the practice waiting room and the practice team will also be able to help you with any queries.

**You can have your say in a number of ways:**

Write to the doctors at Dr Anandappa, Wilford Grove Surgery, 55 Wilford Grove, Meadows, Nottingham, NG22DR

Attend the open events: we are holding these events on the same day for your convenience.

- Event 1
- Event 2

Yours sincerely

Dr Kiran Anandappa

Patient Engagement details:

1. Wilford Grove Surgery has a practice website and has included details regarding the merger on it from the first week in August.
2. Wilford Grove Surgery has displayed notices in the reception area.
3. Meadows Health Centre has an electronic notice board in the waiting area and has displayed information regarding the merger on it.
4. Both practices have added information regarding merger on the repeat prescription slips.
5. Both practices have written to all the patients informing them personally of the merger – see Appendix 2 above.
6. Both practices have met with their Patient Participation Groups(PPG) to inform them of the merger:
  - Dr Kiran Anandappa at Wilford Grove Surgery first met with their PPG on the 23 July 2014 and had further meetings on 30 July and 5 August.
  - Dr Rao Rudrashetty and Dr Malathi Kiran at Meadows Health Centre met with their PPG on the 21 July 2014.
7. Both practices held an open day meeting with their patients to address any questions regarding merger on 14 August from 11am to 4pm.
  - At Wilford Grove, representatives of the practice, NHS England, the Local Medical Committee and Nottingham City Clinical Commissioning Group were available to discuss the merger. Councillor Edwards was also in attendance.
  - Patients were in attendance during the day to air their views, though some complained that they had only received their letter the day before.
  - There was a full and frank discussion between all parties attending, with many questions being asked and responded to by the GP, NHS England and the Nottingham City Clinical Commissioning Group.
  - The PPG chair presented a petition, containing 351 signatures, objecting to the haste of the planning and stating they had no wish for Wilford Grove Surgery to close.
  - Subsequently signatures from 177 patients were submitted stating they had been informed and had no objections to the merger.

8. A meeting with the practices, the chairs of the patient representative groups, the local councillor and representatives from NHS England, Nottingham City Clinical Commissioning Group and Local Medical Committee was held on 29 August 2014, to give a wider context to the reasons for the merger and the benefits and the opportunity it offered to patients.

Following the statement of the rationale and benefits of moving, there was a full discussion of the issues with those attending. Actions following the meeting have included:

- A Frequently Asked Questions document has been made available to patients, answering many of their likely questions.
- Patients at Wilford Grove have been offered the opportunity to visit Meadows Health Centre to see the facilities for themselves.
- The practices have ensured feedback processes are set up within each practice to enable patients to share their concerns and give opportunity for the practice to respond appropriately.

## **Appendix 4**

### Staff Engagement details:

- Wilford Grove Surgery staff were informally advised of the intention to merge in last week in June, and this was formalised on 23 July. All staff have been offered the opportunity to re-locate to the Meadows Health Centre.
- Staff at the Meadows Health Centre were informed of the merger plans in the last week in July.

## **Appendix 5**

### Other stakeholders engaged - the following stakeholders have been written to make them aware of developments:

- a. Local Member of Parliament – the Practices wrote to Lilian Greenwood MP on 26 July to inform her, and the Area Team wrote on 8 August.
- b. Local Councillors – the Practices wrote to Councillor Edwards & Councillor Heaton on 29 July to inform them, and the Area Team also wrote on 8 August. The Area Team has had correspondence with Councillor Edwards and responded to his queries.
- c. Neighbouring practice have been informed.
- d. Local community pharmacies have been informed.
- e. Community service providers such as midwives, health visitors, community matron, and the district nursing team have been informed.
- f. Wilford Grove Surgery informed the landlord regarding closure of the practice on 23 July 2014.

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<b>HEALTH SCRUTINY PANEL</b>
<b>24 SEPTEMBER 2014</b>
<b>GP PRACTICE CHANGES – MERGER OF ST ALBANS MEDICAL CENTRE, BULWELL AND NIRMALA MEDICAL CENTRE, BESTWOOD</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

- 1.1 To provide information on GP practice changes – merger between St Albans Centre in Bulwell and Nirmala Medical Centre in Bestwood.

**2. Action required**

- 2.1 The Committee is asked to consider the information provided.

**3. Background information**

- 3.1 NHS England Derbyshire and Nottinghamshire Area Team has advised of proposed changes to two GP practices in Nottingham – merger of St Albans Medical Centre in Bulwell and Nirmala Medical Centre in Bestwood. Included in the appendices is a paper outlining the proposed changes and details of engagement with patients, staff and other stakeholders.
- 3.2 A representative of the NHS England Area Team will be attending the meeting to discuss any issues arising from the paper.

**4. List of attached information**

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

**Appendix 1** – Proposed merger – update 11 September 2014 from NHS England Derbyshire and Nottinghamshire Area Team

**Appendix 2** – Letter to patients at Nirmala Medical Centre – similar letter to patients at St Albans Medical Centre

**Appendix 3** – Patient, staff and other stakeholder engagement details

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**

Bestwood, Bulwell and Bulwell Forest wards

8. **Contact information**

Jane Garrard, Overview and Scrutiny Review Co-ordinator

Tel: 0115 8764315

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



## **St Albans Medical Centre and Nirmala Medical Centre**

### **Introduction:**

Nirmala Medical Centre, is located in Bestwood Park, Nottingham, and serves a registered list of 1,969 patients (30/6/14). The Practice PLC is the provider, and the practice is an achieving practice on quality measures. The corporate which manages the practice is a well-known Medical Services group who have a large presence in the GP services market. They also manage the St Albans Medical Centre in Bulwell, two miles away. The practice has suffered in recent times as the registered list has declined, and the regular GP performer left and the Corporate has back-filled with temporary Locums. However, this has not adversely affected the performance or patient satisfaction at the surgery. There are few comments on NHS choices and the three that are recorded are about access and appointments. There has not been a CQC inspection.

St Albans Medical Centre, is located in Hucknall Lane, Bulwell, Nottingham and serves a registered list of 5,580 (30/6/14). As stated above, the Practice PLC is the provider, and the practice is an achieving practice on quality measures.

The Providers (The Practice PLC) gave six months' notice to terminate their GMS contract at Nirmala, to be effective from 30 September 2014. This would involve dispersing the patient list and closing the Nirmala Medical Centre. A report was made to the Health Scrutiny Panel on 28 May 2014 confirming future arrangements and the stakeholder engagement that was planned.

However, following concerns from the local MP, Councillor, local residents and pharmacy, the Area Team have explored ways of continuing a service at the Surgery. The Practice plc subsequently expressed an interest in merging the services and operating the Surgery as a branch of their practice at St Albans and detailed their proposals which were presented to the Area Team Primary Care Panel.

### **Proposal**

The practices have jointly approached the NHS England Derbyshire & Nottinghamshire Area Team to seek permission to merge the practices. The proposal requests the continuation of one consolidated practice under one contract,

but with Nirmala Medical Centre remaining open as a branch surgery to St Albans Medical Centre.

The Practice presented their proposals for operating the two sites, and subsequently enhanced these at the request of the Area Team in order to meet some clinical concerns. These now involve the branch remaining open for the same number of sessions as at present.

Their plan is for a reduced number of GP sessions at Nirmala, down to five but to compensate they will have four new nurse practitioner (NP) sessions. So with the NP meeting many of the patient demands, they feel this adequately covers the needs to the patients there. There will additionally be two Practice Nurse sessions and two Health Care Assistant sessions.

There will be an additional or new 3 GP sessions at St Albans, and the merger will allow patients to be seen at either surgery giving greater choice and flexibility for patients. In addition, when there is no GP at Nirmala, a GP at St Albans will always be available for telephone conversation. If in time, the pattern or model of service requires amendment, then having Nirmala as a branch of St Albans will allow this, and they will monitor patient usage and adjust the pattern as necessary.

St Albans will be an additional option for Nirmala patients, which will give patients choice to attend at Nirmala or at St Albans.

The merger will also allow greater flexibility in the use of reception and administrative staff. These plans have been scrutinised by the Medical Director and agreed.

In considering this application, Derbyshire & Nottinghamshire Area Team has sought the view of Nottingham City Clinical Commissioning Group which is developing the Primary Care Strategy within the area. The Clinical Commissioning Group has indicated that this merger change would fit with the Primary Care Strategy as planned.

#### Impact/benefits for local population

The main benefit is that this solution allows a surgery to remain in Bestwood Park, whereas the termination would have involved the closure of the surgery. In addition, the merger will ensure continuity of care for patients, end uncertainty, and will not involve patient dispersal which other options would.

The local MP and Councillor had stressed that many residents around Bestwood Park did not have cars, and bus routes would make travelling to alternative practices difficult for many. This solution will ensure a surgery is retained in this deprived area of the City, and will minimise any disruption for patients, and will support the local pharmacy and other businesses in the area.

The merger will allow greater flexibility of appointments, with patients at both Nirmala and St Albans Medical Centres being able to access appointments and services at either site in the future.

Derbyshire & Nottinghamshire Area Team consideration:

The Area Team initially advised the Primary Care Panel of the contract termination at on 17 April 2014.

A verbal update was provided to the Primary Care Panel on 19 June 2014 that following patient and other stakeholder concerns, the Area Team were exploring options to retain a surgery at Nirmala. The Panel supported this approach.

A report was presented to the Panel in July requesting approval of the merger, but some clarification was requested about the level of clinical cover provided under the merger proposals.

A further report was made to the Primary Care Panel on 21 August 2014 and after assurances about the clinical sessions and appointments available, the Panel approved the merger.

**Letter to patients:**

Dear Patient

Following on from previous correspondence sent by NHS England in Nottinghamshire which discussed the possible dispersal of patients or closure of The Practice Nirmala, we would like to reassure you that the practice is not closing and inform you of an important change relating to both the Practice Nirmala and The Practice St Albans.

The contracts that our company, The Practice Group, currently holds with NHS England in Nottinghamshire are being amended on 1<sup>st</sup> October 2014, which will result in The Practice Nirmala merging with The Practice St Albans and becoming a branch site.

We would like to reassure you that we will continue to provide you with our usual high level of care and highlight that the merge will provide benefits for patients from both practices as access will be improved in terms of services, availability of appointments and the choice of their location.

If you have any questions regarding the above then please let our staff know and we will do our best to answer them. Please call us on XXXXX or XXXXX. Your views are important to us and we are committed to listening to you.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'DR' followed by a flourish and a horizontal line underneath.

Dr Rose

Clinical Director for The Practice

Patient, Staff and other Stakeholder Engagement details:

NHS England Communication Team has met with The Practice to discuss and plan patient communications. This includes patient letters, notices in reception/noticeboards, updates on practice websites etc. The Patient Representative Group have been advised and they will be updated at next meeting in first week in October.

Staff have been briefed at both sites from mid-June by The Practice Business Manager responsible for this area.

The local MP and Councillor were advised by the Area Team on 13 June of the potential closure and the efforts the Area Team were making to resolve the long term future for patients. Following the decision to investigate a merger to keep Nirmala open, both the MP and Councillor were advised of this on 27 June. They were advised of the final approval for the merger on 2 September 2014.

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<b>HEALTH SCRUTINY PANEL</b>
<b>24 SEPTEMBER 2014</b>
<b>WORK PROGRAMME 2014/15</b>
<b>REPORT OF HEAD OF DEMOCRATIC SERVICES</b>

**1. Purpose**

- 1.1 To consider the Panel's work programme for 2014/15, 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:
- a) note the work that is currently planned for municipal year 2014/15 and make amendments to this programme if considered appropriate; and
  - b) appoint councillors to sit on a review panel looking at service user experience of care at home services.

**3. Background information**

- 3.1 The Health Scrutiny Panel is responsible for carrying out the overview and scrutiny role and responsibilities for 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 In setting its work programme for the year the Panel decided to carry out a scrutiny review looking at service user experience of care at home services. It is proposed that this review be carried out during autumn 2014 and that a scrutiny review panel be established to carry out this work. Therefore the Panel is asked to appoint up to 6 councillors to sit on the review panel.
- 3.4 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.
- 3.5 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 Panel.

3.6 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.

3.7 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 2014/15 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**

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

## Health Scrutiny Panel 2014/15 Work Programme

<p>28 May 2014</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 66</p>	<ul style="list-style-type: none"> <li> <p>• <b>Nottingham CityCare Partnership Quality Account 2013/14</b>            To consider the draft Quality Account 2013/14 and decide if the Panel wishes to submit a comment for inclusion in the Account  <span style="float: right;">(Nottingham CityCare Partnership)</span></p> </li> <li> <p>• <b>Adult Integrated Care</b>            To review progress in the Adult Integrated Care Programme  <span style="float: right;">(lead – Nottingham City CCG)</span></p> </li> <li> <p>• <b>Health Scrutiny, Healthwatch and Health and Wellbeing Board Working Agreement</b>            To agree a protocol guiding the relationship between health scrutiny, Healthwatch Nottingham and Nottingham City Health and Wellbeing Board</p> </li> <li> <p>• <b>Walk In Centres</b>            To consider the outcomes of consultation and engagement carried out in relation to remodelling Walk-in Centres/ development of an Urgent Care Centre and next steps in development of the proposals  <span style="float: right;">(Nottingham City CCG)</span></p> </li> <li> <p>• <b>GP Practice Change - The Practice Nirmala</b>            To consider proposals to close The Practice Nirmala  <span style="float: right;">(NHS England Derbyshire and Nottinghamshire Area Team)</span></p> </li> <li> <p>• <b>GP Practice Change - Merger of Boulevard Medical Centre and Beechdale Surgery</b>            To consider proposals to merge Boulevard Practice and Beechdale Practice  <span style="float: right;">(NHS England Derbyshire and Nottinghamshire Area Team)</span></p> </li> </ul>
<p>30 July 2014</p>	<ul style="list-style-type: none"> <li> <p>• <b>Discussion with Portfolio Holder for Adults and Health/ Chair of the Health and Wellbeing Board</b>            To consider the Portfolio Holder for Adults and Health's work over the last year and progress in delivery of</p> </li> </ul>

	<p>objectives relating to health and adult social care; current areas of work; and priorities and plans for 2014/15. (Nottingham City Council)</p> <ul style="list-style-type: none"> <li>• <b>Healthwatch Nottingham Annual Report</b> To receive, and give consideration to the Annual Report of Healthwatch Nottingham (Healthwatch Nottingham)</li> <li>• <b>Integration of Public Health within Nottingham City Council</b> One year on, to review the integration of public health within the Council, including how the Public Health Grant is used to address wider determinants of health. (Nottingham City Council)</li> <li>• <b>Urgent Care Centre Specification</b> To receive information about the draft specification for a new Urgent Care Centre (Nottingham City CCG)</li> <li>• <b>Implications of Care Act for Nottingham City Council</b> To consider the implications of the Care Act for Nottingham City Council and how the Council is responding (Nottingham City Council)</li> </ul>
24 September 2014	<ul style="list-style-type: none"> <li>• <b>Strategic Review of the Care Home Sector – findings and next steps</b> To consider the findings of the Strategic Review of the Care Home Sector and to scrutinise how these findings are being responded to (Nottingham City Council)</li> <li>• <b>Transfer of children’s public health commissioning for 0-5 year olds to Nottingham City Council</b> To review progress in preparing for the transfer children’s public health commissioning for 0-5 year olds to the local authority in 2015 (Nottingham City Council/ NHS England Derbyshire and Nottinghamshire Area Team)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>School nursing</b> To consider findings from the review of school nursing and the new model for school nursing in the City (Nottingham City Council)</li> <li>• <b>Procurement of End of Life Services</b> To consider proposals for procurement of End of Life Services as current contracts for Hospice at Home/ Day Care and Bereavement Services are due to end on 31 March 2015. (Nottingham City CCG)</li> <li>• <b>GP Practice Change – Merger between Meadows Health Centre, Bridgeway Centre and Wilford Grove Surgery, 55 Wilford Grove [deferred from July 2014]</b> To consider proposals to merge Meadows Health Centre and Wilford Grove Surgery (NHS England Derbyshire and Nottinghamshire Area Team)</li> <li>• <b>GP Practice Change – Merger between St Albans Practice, Bulwell and The Practice Nirmala, Bestwood</b> To consider proposals to merge St Albans Practice and The Practice Nirmala (NHS England Derbyshire and Nottinghamshire Area Team)</li> </ul>
26 November 2014	<ul style="list-style-type: none"> <li>• <b>Bowel cancer screening uptake</b> To receive information on the uptake on bowel cancer screening in the City and to scrutinise activity to improve uptake (NHS England Derbyshire and Nottinghamshire Area Team/ Nottingham City CCG)</li> <li>• <b>NHS Health Check Programme</b> To review performance of the NHS Health Check Programme and progress in access for individuals not registered with a GP (Nottingham City Council)</li> </ul>

<b>28 January 2015</b>	<ul style="list-style-type: none"> <li>• <b>Nottingham CityCare Partnership Quality Account 2014/15</b> To consider performance against priorities for 2014/15 and development of priorities for 2015/16 (Nottingham CityCare Partnership)</li>   <li>• <b>Overview of the work of OSCAR Nottingham</b> To hear about the work of OSCAR Nottingham (sickle cell charity) (OSCAR Nottingham)</li> </ul>
<b>25 March 2015</b>	

**To schedule**

- Adult Integrated Care – evaluation of programme to date (autumn/ winter 2014)
- Quality of GP provision
- Implications of the Cavendish Review (review of healthcare assistants and support workers in NHS and social care) for Nottingham
- Transition between CAMHS and adult mental health services
- The strategic response to health inequalities/ to what extent is the JHWS supporting a reduction in health equalities?
- How is public health contributing to progress with carbon emission reductions, energy savings and sustainable development?
- Sex and Relationships Education in schools

**Scrutiny Review Panel**

- Service user experience of care at home services (autumn 2014)

**Items to be scheduled for 2015/16**

**May 2015**

- CityCare Partnership draft Quality Account 2014/15

**Future meetings**

- Implementation of Strategy to Reduce Avoidable Injuries in Children and Young People
- Implementation of Mental Health Strategy and performance against associated JHWS targets

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