



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

Date: Wednesday, 26 November 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

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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

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NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

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

Membership

Present

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

Absent

Councillor Merlita Bryan
Councillor Azad Choudhry

Colleagues, partners and others in attendance:

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

25 APOLOGIES FOR ABSENCE

Councillor Choudhry

26 DECLARATIONS OF INTERESTS

None.

27 MINUTES

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

28 PROCUREMENT OF COMMUNITY END OF LIFE SERVICES

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

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

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

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

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

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

29 STRATEGIC REVIEW OF THE CARE HOME SECTOR

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

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

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

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

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

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

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

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

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

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

31 SCHOOL NURSING SERVICE

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

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

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

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

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

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

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

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

RESOLVED to

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

33 WORK PROGRAMME 2014/15

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

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

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HEALTH SCRUTINY PANEL
26 NOVEMBER 2014
BOWEL CANCER SCREENING UPTAKE
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

To consider factors affecting the uptake of bowel cancer screening in the City and work taking place to improve uptake, particularly amongst groups in the local population who have low uptake rates.

2. Action required

- 2.1 The Panel is asked to scrutinise the action being taken to improve the uptake of bowel cancer screening in the City, with a particular focus on population groups that have low uptake rates; and determine whether any further scrutiny is required.

3. Background information

- 3.1 NHS England is responsible for commissioning all National Screening Committee recommended screening programmes. Details of the commissioning and delivery of the bowel cancer screening programme in Nottingham is outlined in the attached paper.
- 3.2 The paper also details performance in the uptake of screening. This indicates that Nottingham is achieving an uptake of 50%. This is below the England average of 55.4% and masks differences between the best performing and least performing practices. The paper identifies some groups in the local population which have a lower uptake of bowel cancer screening, including areas with a high proportion of black and minority ethnic population groups; and lower uptake in the Bulwell, Bulwell Forest and Bestwood areas.
- 3.3 Representatives of NHS England Derbyshire and Nottinghamshire Area Team and Nottingham City Clinical Commissioning Group have been invited to attend the meeting to discuss the work of NHS England, the CCG and the Council's Public Health Team to improve screening uptake in the City.

4. List of attached information

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

Appendix 1 – ‘Information for Health Scrutiny Panel: Bowel Cancer Screening’

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, Senior Governance Officer
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Overview and scrutiny briefing note

Information for Health Scrutiny Panel: Bowel Cancer Screening	
Date of meeting:	26 th November 2014
Report authors:	Claire Probert - Screening & Immunisation Manager NHS England - Derbyshire & Nottinghamshire Area team Claire.probert@nhs.net
	Linda Syson-Nibbs- Screening & Immunisation Lead NHS England - Derbyshire & Nottinghamshire Area team linda.syson-nibbs@nhs.net
	Kirsty Mallalieu - Acute Contracts and Cancer Commissioning Manager Nottingham City CCG Kirsty.Mallalieu@nottinghamcity.nhs.uk
	Simon Castle Assistant Director– Acute Contracts, Cancer Commissioning, Performance and QIPP - Nottingham City CCG simon.castle@nottinghamcity.nhs.uk
	Dr Arun Tangri , GP Executive lead - Nottingham City CCG arun.tangri@gp-c84717.nhs.uk

1) Background

The aim of this paper is to appraise the Health Scrutiny Panel on the Bowel Cancer Screening programme and the innovative joint work being undertaken between NHS England Derbyshire & Nottinghamshire Area Team, Nottingham City CCG & Nottingham City Public Health Team to improve screening uptake in Nottingham City.

2) Aim of the NHS Bowel Cancer Screening Programme

The aim of the NHS Bowel Cancer Screening Programme (NHSBCSP) is to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing.

The Screening programme is offered to both males & females aged 60-74 through an invitation letter sent from the Bowel Cancer Screening Eastern Regional Hub. Following this,

a week later individuals are sent faecal occult blood (FoBT) testing kit with a pre-paid envelope to return the completed test to the Bowel Cancer Screening Eastern Regional Hub.

Patients with a positive (abnormal) FoBT result are invited to an appointment with a specialist nurse in a screening clinic (part of the Screening Centre) to discuss their results. At the consultation, the specialist screening nurse will offer an appointment within two weeks for a colonoscopy. This is the routine investigation that involves looking directly at the lining of the large bowel. If polyps are found, these can usually be removed at the same time. Depending on the findings of the colonoscopy, patients will be offered screening again in two years' time, entered into a surveillance programme or referred for further treatment at a local hospital.

3) Commissioning Bowel Cancer Screening

Under Section 7a of the National Health Service Act 2006 and the Health and Social Care Act 2012, NHS England are responsible for the commissioning of all National Screening Committee (NSC) recommended screening programmes. This responsibility is transacted locally through NHS England Area Teams since 1 April 2013. Each NHS England Area Team has an 'embedded' Public Health England Screening and Immunisation Team to provide public health expertise and support to the commissioning process. Derbyshire and Nottinghamshire Area Team commission 3 bowel cancer screening centres. For Nottingham the screening centre is delivered from Nottingham University Hospitals (NUH) NHS Trust. The Bowel Cancer screening programme is commissioned against a nationally determined service specification¹ to ensure consistency of service provision across England.

The quality and performance of the Nottinghamshire Bowel Cancer Screening programme is monitored through quarterly Area Team led Programme Boards chaired by the Screening and Immunisation Lead. Assurance is provided to the Directors of Public Health by the Lead through the Nottinghamshire County and Nottingham City Health Protection Group. On an annual basis, local rates of uptake for these programmes are included in the health protection section of the Public Health Outcomes Framework.

4) Bowel Cancer Screening Performance

The Nottinghamshire Bowel Cancer Screening Centre (including Nottingham City CCG) achieved just above 60% uptake however this masks inequalities of access between local GP practices and different CCGs. Programme statistics for Nottingham City CCG currently

¹ <https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2014-to-2015>

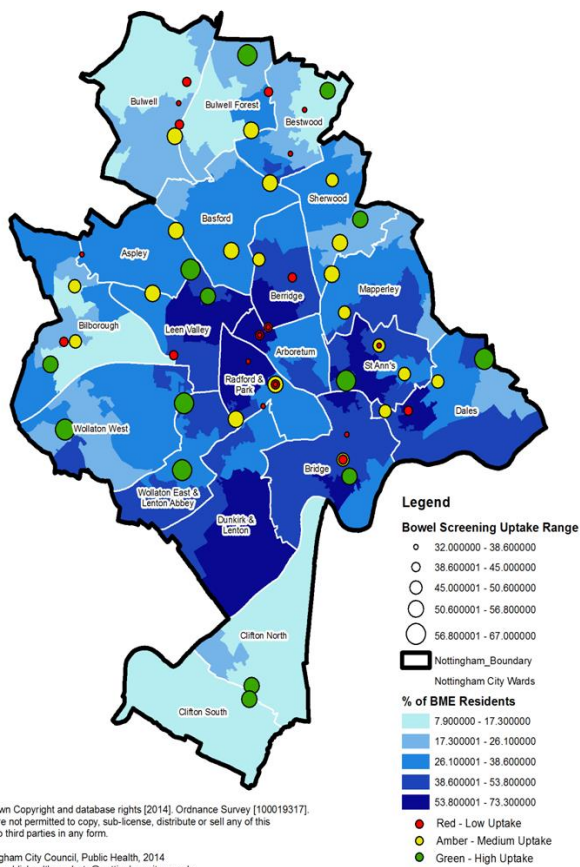
indicate that the CCG is achieving an uptake of 50%. This is below the England average of 55.4% but slightly better than the CCG peer group average of 49.2%.

Performance varies significantly between Nottingham City practices with the highest performing practice achieving 68% and at the lowest performing practice just 27% of eligible patients completing the test.

Nottingham City has a diverse population with a range of languages and faiths. According to anecdotal evidence provided by Nottingham City GPs, there are cultural and religious barriers to patient engagement in the screening program, particularly in the South Asian Muslim Community.

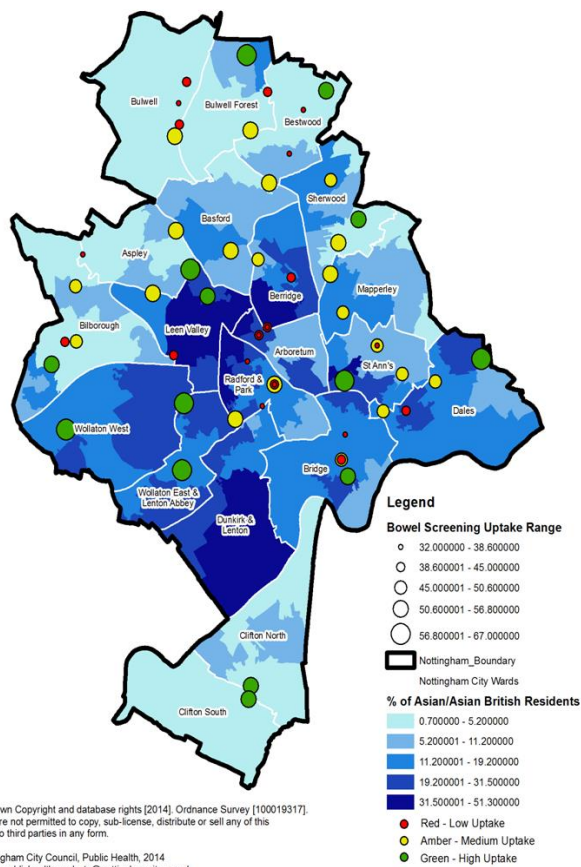
The maps below show that GP practices located in areas with a high proportion of black and minority ethnic (BME) population groups, particularly in the central region of the City, have a notably lower uptake of bowel cancer screening.

Nottingham City
Bowel Screening Uptake Rates &
Percentage of BME Residents



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Nottingham City Council, Public Health, 2014
email: publichealthanalysts@nottinghamcity.gov.uk

Nottingham City
Bowel Screening Uptake Rates &
Percentage of Asian/Asian British Residents

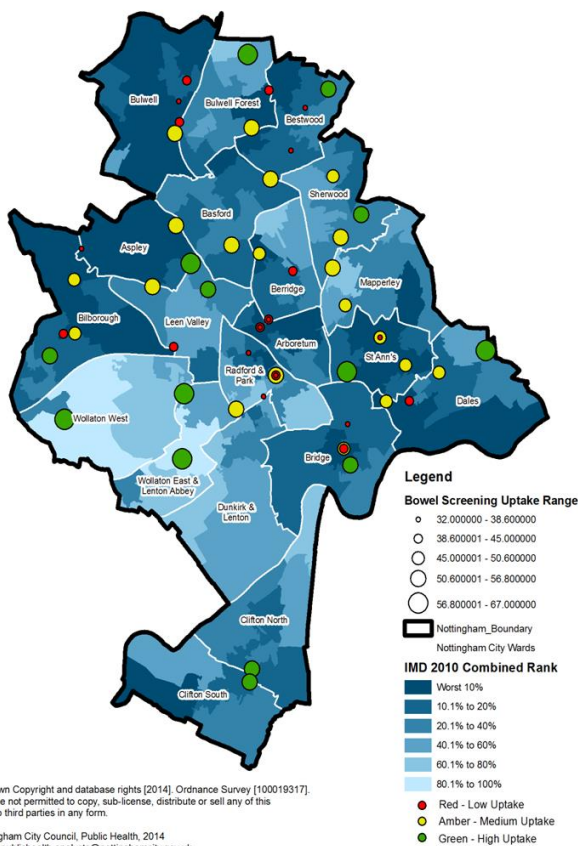


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Nottingham City Council, Public Health, 2014
email: publichealthanalysts@nottinghamcity.gov.uk

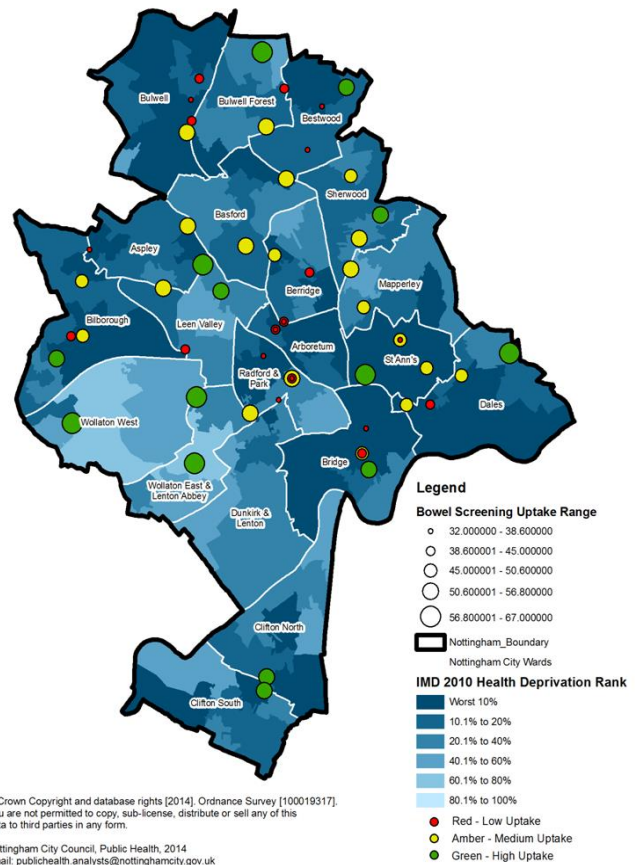
The current NHS National Bowel Cancer Screening programme does not collect data on self-reported ethnicity when the kit is completed and returned, so is unable to verify this apparent correlation.

There is poor performance for Bowel Cancer Screening uptake in the North of the City, particularly in Bulwell, Bulwell Forest and Bestwood. The maps below indicate a strong correlation with levels of deprivation in those parts of the city.

Nottingham City
Bowel Screening Uptake Rates &
IMD 2010 Combined Rank



Nottingham City
Bowel Screening Uptake Rates &
IMD 2010 Health Deprivation and Disability Rank



5) Bowel Cancer Screening – Derbyshire & Nottinghamshire Health Improvement Strategy

Uptake of screening programmes is closely correlated with deprivation and so the Screening and Immunisation Team have been working with stakeholders to develop the Derbyshire & Nottinghamshire NHS England Area Team Bowel Cancer Screening Strategy 2014-2016. The aim of the strategy is to:

‘Improve bowel cancer screening uptake and reduce inequalities in uptake between defined communities and practice populations across Derbyshire & Nottinghamshire’

The strategic objectives are to:

- Increase healthcare professionals awareness of the bowel cancer screening programme and benefits to population health
- Increase community awareness of the bowel cancer screening programmes especially in socioeconomically deprived communities
- Develop key partnerships across primary care, local authority and voluntary sector
- Develop and implement good practice protocols which can be used to increase the uptake of the BCSP offer across Derbyshire and Nottinghamshire

The strategy will target:

- Individuals aged 60 to 74 years and their families and carers (the eligible screening cohorts) and in particular eligible screening cohorts living in disadvantaged socioeconomic communities
- Eligible screening populations who belong to defined cultural or ethnic groups who may be at increased risk of social exclusion or inequities of access
- Primary and secondary health care professionals and others responsible for delivering effective evidenced base health and social care
- Community and cultural groups that can promote a self-empowerment approach to health

The strategy gives a framework for delivering health improvement and will be an interactive document which will be jointly owned with stakeholders such as the Local Authority, Age UK, CCGs and local community groups.

6) Nottingham City CCG

Nottingham City CCG is committed to improving Bowel Screening uptake and has identified it as an indicator within the strategic priority for early detection of and improved outcomes for people with cancer.

The Nottingham City CCG Cancer target is - ***to increase Bowel Cancer Screening Uptake in Nottingham City to 60% by April 2015***

This will be achieved through specific objectives

- To provide Bowel Cancer Screening (BCS) Awareness sessions for all Practice Staff and to provide continued support to enable proactive approaches to be taken to increase the uptake of the BCS offer
- To establish a community based infrastructure to facilitate BCS awareness amongst Nottingham communities where the uptake is low, facilitated by a Macmillan funded Project Manager and GP Steering Group
- To develop working partnerships with the Programme provider and Nottingham City Public Health Team to develop bespoke work targeting key areas of the City where uptake is particularly low

Nottingham City CCG has undertaken an ongoing programme of activities aimed at improving bowel cancer screening uptake rates including:

Partnership working

The CCG hosts a monthly Bowel Cancer Screening Steering Group which is attended by the GP and Managerial leads for Cancer and colleagues from Information, Communication, Patient and Public Engagement, and Research and Development. The group also has representation from the Area Team, Local Authority Public Health and Nottingham University Hospital. The group has overseen the CCGs programme of work to improve bowel cancer screening uptake.

Performance monitoring

The CCG is actively monitoring screening rates across the City by GP practice on a monthly basis. Information is scrutinised and analysed to inform targeted practice visits and developing the future strategic direction.

Support for Practices

During 2013/14 the Area Team Screening and Immunisation Coordinator visited GP practices with both high and low uptake of screening in order to offer support and to obtain and share best practice. Feedback from these visits was used to develop initiatives to support practices including:

- A fax consent form allowing GPs to obtain replacement kits on a patient's behalf
- Provision of cardboard kidney bowls and latex gloves to practices to give out to patients to enable them to complete the test

- Using GP systems to identify non-responders to enable the practices to follow up these patients

Due to the increasing demand on practices and the continued low performance in some areas, the CCG is currently considering using the local Clinical Assessment Team to follow up non-responders, relieving some of the pressure from practice staff.

Communication

During 2013/14 the CCG Communications team launched a local multi-media campaign, which received press coverage from BBC East Midlands Today and BBC Radio Nottingham. The campaign highlighted that early detection can lead to a survival rate of more than 90%. The campaign included posters in GP surgeries, pharmacies and city council buildings along with bus adverts and newspaper adverts. A SKY television advert which urged people who hadn't yet returned their kit to do so or order a new one, was targeted at SKY viewers within the eligible age range.

More recently the CCG Communications team has produced a short film featuring a local GP which demonstrates how to complete and return a screening kit properly to avoid spoilt kits. The film is available online and DVD copies have been sent to GP practice. Versions of the film have also been produced in Punjabi and Urdu and are available to practices on request.

The Local Authority is developing a communication plan to specifically target the North of the City where uptake is low and levels of deprivation are high.

Engagement

During 2013/14 the Local Authority Public Health - Health Promotion Team completed a programme of promotional activities in the local community working to raise awareness amongst patients through volunteer engagement. The CCG, using a grant from Macmillan, has recently commissioned a Project Manager to work with local communities to develop a volunteer force to raise awareness of the causes and symptoms of cancer and promote early diagnosis. A key aim of the volunteers will be increasing uptake of cancer screening programmes including bowel cancer.

Research

The CCG has commissioned an exploratory research study from Nottingham Trent

University to look at the barriers to screening uptake amongst the BME populations in Nottingham and identify ways to overcome these barriers. A literature review has been completed and the researchers have recruited and trained 11 community researchers. The researchers had conducted 163 interviews by 29th October 2014 and will have conducted 226 interviews by 7th November. The community researchers and the people they have interviewed reflect the range of BME communities in Nottingham including interviewees for whom English is not their first language.

Interviews focussed on:

- Awareness of Bowel Cancer and Bowel Cancer Screening
- Barriers to engaging in the screening
- Good practice and interventions to increase uptake

During November the community researchers and the Nottingham Trent University Research Team are coming together for an analysis workshop day. The university researchers will then lead four focus groups with community groups, faith groups, 3rd sector organisations in four Nottingham wards (Bridge, Radford and Park, St Anns, Berridge and Dales), and one focus group with young people. The focus groups are to further verify the findings from the interviews and the earlier literature review. There will then be a final Learning Workshop to discuss findings and recommendations for future action. This workshop will be attended by the CCG and other key stakeholders. The final report will be available at the end of December 2014.

7) Next Steps

The key work areas for the remainder of 2014/15 and moving into 2015/16 are:

- Local Authority work to promote the Bowel Cancer Screening Program. The steering group has engaged with Cllr Norris and a communication plan is in development
- Contact with non-responders to encourage uptake, either by practice staff or by a commissioned third party such as the Clinical Assessment Unit
- Completion of the Nottingham Trent University research project into the barriers and enablers to screening uptake
- Incorporation of the research findings into the community engagement work of the Macmillan Project Manager and GP Steering Group
- Further training of practice nurses to improve awareness and knowledge of bowel cancer screening

HEALTH SCRUTINY PANEL
26 NOVEMBER 2014
NHS HEALTH CHECK PROGRAMME
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

The Council has responsibility for the NHS Health Check Programme, specifically commissioning the risk assessment element of the Health Check and a pathway into related healthy lifestyle services. The purpose of this item is to receive an update on performance of the current model of delivery; and plans for re-commissioning of the service during 2015/16.

2. Action required

- 2.1 The Panel is asked to use the information provided to scrutinise how effectively the Council is fulfilling its responsibilities for commissioning the NHS Health Check Programme; and determine whether any further scrutiny is required.

3. Background information

- 3.1 In November 2013 the Panel explored the Council's role and responsibilities in commissioning the NHS Health Check Programme. The Panel had some concern about whether the current model of delivery of the Programme provided sufficient opportunity for all eligible recipients to access the check and the work taking place to address factors affecting ability to access, for example those people not registered with a GP.
- 3.2 Attached is a paper providing information on the latest performance against targets for invitations to receive a health check and actual uptake of a health check. The paper also provides information about a health equity audit that has been carried out which aimed to identify factors associated with uptake and access and whether there was equity in access to the Programme. The Public Health Manager with responsibility for the NHS Health Check Programme will be attending the meeting to answer questions about the paper and give a presentation with more detail on performance data.
- 3.3 The paper states that it is proposed to extend the current model of provision until March 2016 to allow for a re-commissioning of the service during 2015/16. The paper sets out initial proposals in relation to the re-commissioned service.

4. **List of attached information**

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

Appendix 1 – ‘Information for Health Scrutiny Panel: NHS Health Checks Programme’

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

None

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

Report to and minutes of the meeting of the Health Scrutiny Panel held on 27 November 2013

As set out in the appendix

7. **Wards affected**

All

8. **Contact information**

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Information for Health Scrutiny Panel: NHS Health Checks programme	
Date of meeting:	November 2014
Report author:	John Wilcox, Public Health Manager
Responsible Director:	Chris Kenny, Director of Public Health
Portfolio Holder:	Councillor Alex Norris

1. Introduction

- 1.1. The NHS Health Check Programme is a cardiovascular disease risk assessment programme which aims to delay or prevent the onset of diabetes, heart and kidney disease and stroke for eligible citizens aged 40-74 years. The risk assessment element of the check provides a key route into existing healthy living services through well-established pathways to support citizens to stop smoking, lose weight, be more active and drink alcohol within recommended limits.
- 1.2. On 1 April 2013, the responsibility for the NHS Health Checks programme transferred to Local Authorities under the 2012 Health and Social Care Act. NHS Health Checks is a mandatory service under the act. Local Authorities are specifically required to commission the risk assessment element of the health check and a pathway into related healthy lifestyle services. Clinical Commissioning Groups has a responsibility to ensure that patients identified at having a high risk of cardiovascular disease have appropriate clinical management.
- 1.3. Under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, Local Authorities must offer an NHS Health Check to every eligible citizen aged 40-74 every five years and must achieve a year-on-year improvement in uptake rate.
- 1.4. The number of health checks invitations and the number of health checks conducted must be monitored by councils. Both measures are indicators within the Public Health Outcomes Framework for England 2013-2016.
- 1.5. From winter 2013 to summer 2014 the programme across Nottingham City and Nottinghamshire has been led by the Nottinghamshire County Council Public Health. Leadership of the Nottingham City programme has returned to the Nottingham City team from September 2014. Nottingham City and Nottinghamshire County Councils will continue to work closely on the commissioning of the programme.
- 1.6. Capacity within the City Council Public Health Team to develop and improve performance of the programme is currently limited due to reduced staffing.

2. Current model of provision

- 2.1. The contracts for existing services that deliver the programme locally were extended for one year from 1 April 2013. In line with national guidance, our local Health Check Programme is designed over a 5 year period so that one fifth of the eligible patients aged 40-75 years should be invited each year. The NHS Health Checks programme is currently delivered through a GP Locally Commissioned Public Health Service (LCPHS) contract and a pharmacy LCPHS contract.
- 2.2. Fifty eight of the city's 61 GP practices have signed the contract to offer NHS Health Checks to their patients in 2014/15. Of the 3 GP practices which have not signed the contract, two are offering health checks and one practice has declined to offer the service. Each GP practice has a target to conduct health checks with 55% of their annual eligible patients in 2014/15. GP practices are paid for each health check they

conduct, each patient they identify at high risk¹ of cardiovascular disease, and an incentive payment if they achieve their 55% target.

2.3. In addition to the core GP practice provision, 5 community pharmacies are continuing to offer NHS Health Checks. This was reduced from 12 in the previous year to focus on pharmacies that were most engaged in the programme. The pharmacies are paid for each health check they conduct. They use near patient testing machines to analyse blood cholesterol, so that patients get their results at the consultation. The pharmacy then securely communicates the result of the health check to the patients GP. The pharmacy can conduct health checks with Nottingham City or Nottinghamshire County residents, and are paid by the relevant council.

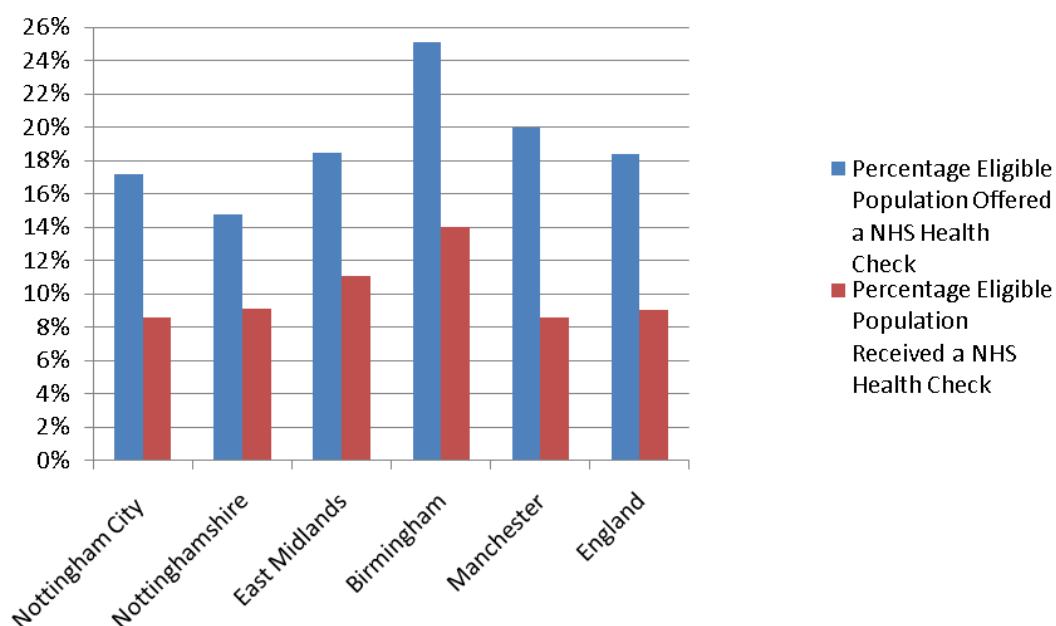
2.4. Pharmacies are also involved in delivering NHS Health Checks at community and workplace events. These are organised by a colleague in the Nottinghamshire Public Health team who liaises with the event organiser and the pharmacy.

3. Performance Overall

3.1 In 2013-14, 73,465 citizens were eligible for the NHS Health Check Programme for the start of the 5 year period. 17.2% (12,636 citizens) of the eligible population were invited to have a health check and 8.6% (6,295 citizens) received a health check. This was slightly below the national average of 18.5% and 9.0% respectively.

3.2 The bar chart in figure 1 shows that in 2014/15, in addition to being slightly below the regional and national average in terms of health check invites and health checks conducted, the proportion of invites was below that for Birmingham and Manchester (core cities with a comparable population), but not Nottinghamshire. The proportion of the eligible population receiving health check was the same as Manchester but lower than the other areas compared.

Figure 1 Percentage of Eligible Population Invited for and Receiving a NHS Health Check in Nottingham City and Comparator Areas (2014/15)

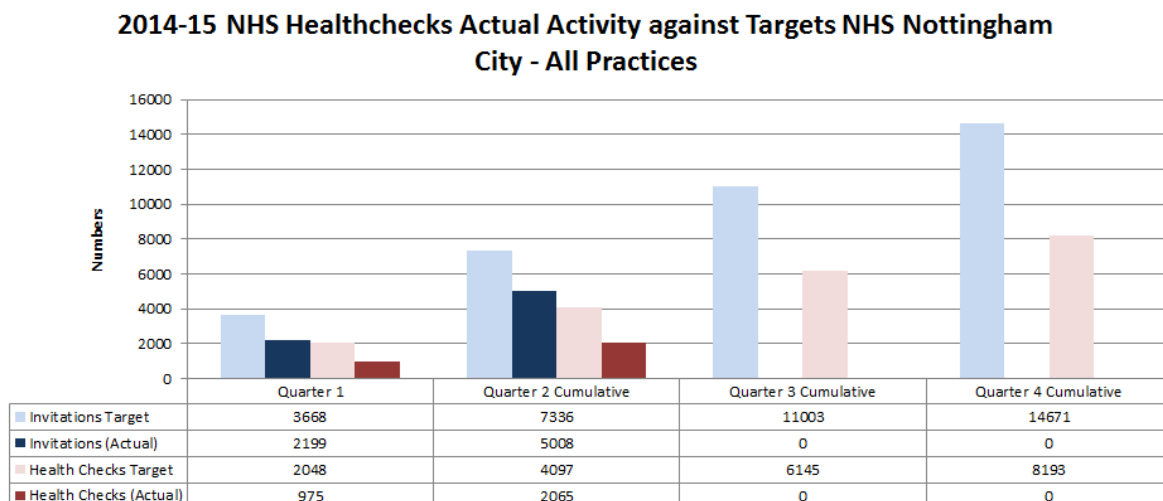


¹Currently defined as having a 20% or greater risk of developing cardiovascular disease within the next 10 years.

GP Practices

3.1. Figure 1 shows the overall performance of GP practices in relation to the targets set. Performance is below target and there is variation between GP practices with some doing more health checks than others relative to the size of their eligible population.

Figure 2 2014/15 NHS Health checks Performance against targets



Community Pharmacy

3.2. During 2013/14 the 13 contracted community pharmacies conducted 248 health checks with eligible patients. During quarter 1 of 2014/15, the 5 pharmacies have conducted 97 risk assessments. This has included 63 at the pharmacy and 27 at outreach events. Outreach health checks have been held at several venues which included County Hall, a Sikh Temple, John Carrol Leisure Centre, a Care Home, a Church, a Police Station, the Carers Federation, and City Council Premises including Loxley House, Eastcroft and Woolsthorpe City Council Depots.

Outcomes

3.3. As a result of the Health Check programme in 2013/14, there were 309 patients identified who were at high risk of cardiovascular disease in addition to 283 other diagnoses. We also have record of over 6% of participants being prescribed statins to help manage high cholesterol levels, nearly 5% being referred to the New Leaf stop smoking service.

Table 1 Diagnosis, Prescribing and Referrals following NHS Health Checks in 2013/2014

High risk of CVD	Hypertension	Diabetes	Atrial fibrillation	Chronic kidney disease	Peripheral vascular disease	Familial hypercholesterolaemia	Prescribed antihypertensives	Prescribed statins	New Leaf Referrals
309 (4.9%)	176 (2.8%)	68 (1.03%)	12 (0.2%)	24 (0.4%)	1 (>0.1%)	2 (>0.1%)	187 (3.0%)	422 (6.7%)	308 (4.9%)

4. Is the Programme reaching the right citizens?

Health Equity Audit

4.1. A comprehensive health equity audit (HEA) of the NHS Health Check Programme in Nottingham City and Nottinghamshire has recently conducted as a part of a University of Nottingham Master of Public health Degree. The HEA aimed to identify the factors associated with uptake and access and whether there was equity in access to the programme.

- 4.2. The study of data from 47,147 patients found that certain characteristics were statistically significantly associated with less access to the programme. These included:
- Men were 24% less likely to attend than women
 - People from Black ethnic groups were 26% less likely to attend than White British people.
 - People from the most deprived fifth of the area were 47% more likely to attend than people from the least deprived fifth of the area.
 - People who were obese were 36% less likely to attend than people with a healthy weight.
 - People who smoke were 48% less likely to attend than non smokers.
- 4.3. The report recommended that:
- Additional or amended NHS Health Check activities be targeted to the groups identified as being less likely to take up their invitation.
 - To further target activities to those who also have the highest risk of cardiovascular disease, diabetes, stroke, kidney disease and dementia.

Homeless People

- 4.4. At the previous presentation on the NHS Health Checks the Panel enquired on access from unregistered patients such as homeless people.
- 4.5. Discussion with healthcare professionals who provide care for homeless people has suggested that homeless population are on average aged under 40 and would not be eligible for a NHS Health Check. That the priority health risks are related to their substance and alcohol abuse - which can cause diabetes from damaging pancreas, strokes from injecting substances, crack related cardiac problems, hypertension from alcohol excess etc. Therefore NHS Health Checks which aim to prevent long term conditions are less of a priority.
- 4.6. A GP enhanced service for the homeless is provided at 3 GP practices in the city in addition to a specialist homeless health care team. The enhanced service involve offering every newly registered patient a health check of mental, physical and social needs. For homeless people who may not attend booked appointments, doctors try to do this check opportunistically when they come in wanting help with a mental or physical problem.

5. Future commissioning intentions

- 5.1. Social marketing research has been conducted in the city and county areas to assess brand recognition and how the outreach model for the programme could be improved in the short term. This research has suggested a revised brand for the local version of the health checks and the need for more targeted community health checks. The cost and value for money of implementing this in 2014/15 is currently being considered.
- 5.2. Approval is currently being sought to extend the current model of provision for a further year until March 2016. During this time, detailed plans for the service model will be developed particularly to increase up take from groups identified as having lower access to the programme.
- 5.3. Consultation with eligible citizens as part of the social marketing research revealed a preference and expectation for NHS Health Checks to be delivered in the NHS in doctor's surgeries. Early indications from a soft market testing exercise underway across Nottingham City and Nottinghamshire County suggest that the current GP practice approach is good value for money compared with other potential options.

- 5.4. It is currently proposed that from 2016, the core service will continue to be based on GP practices data, but that the model of delivery could vary whereby GP practices could offer health checks in groups or employ specific administrative staff or clinical staff to send out invitations and conduct the health check to reduce the workload for individual practices.
- 5.5. It is currently proposed that an outreach service will be commissioned from 2016. It will provide additional capacity to support the core GP service. It will aim to increase accessibility for those of working age who may find it difficult to attend a GP appointment and to reduce health inequalities by actively targeting groups that may be at higher risk of cardiovascular disease.
- 5.6. Currently there is different IT software for GP practice provision and the Community Pharmacy provision. It is currently proposed, that from 2016 there will be one IT software between the GP practices and outreach provision, so that GP practices can be electronically notified when the Outreach services conducts a health check with one of their patients.

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HEALTH SCRUTINY PANEL
26 NOVEMBER 2014
WORK PROGRAMME 2014/15
REPORT OF HEAD OF DEMOCRATIC SERVICES

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 note the work that is currently planned for municipal year 2014/15 and make amendments to this programme if considered appropriate.

3. Background information

- 3.1 The Health Scrutiny Panel is responsible for carrying out the overview and scrutiny role 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 The work programme is intended to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service providers about substantial variations and developments in health services that the Panel has statutory responsibilities in relation to.
- 3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Panel.
- 3.5 Councillors are reminded of their statutory responsibilities as follows:

While a 'substantial variation or development' of health services is not defined in Regulations, a key feature is that there is a major change to services experienced by patients and future patients. Proposals may range from changes that affect a small group of people within a small

geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area.

This Panel has statutory responsibilities in relation to substantial variations and developments in health services set out in legislation and associated regulations and guidance. These are to consider the following matters in relation to any substantial variations or developments that impact upon those in receipt of services:

- (a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;
- (b) Whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
- (c) Whether a proposal for changes is in the interests of the local health service.

Councillors should bear these matters in mind when considering proposals.

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

4. List of attached information

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

Appendix 1 – Health Scrutiny Panel 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

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Health Scrutiny Panel 2014/15 Work Programme

<p>28 May 2014</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 32</p>	<ul style="list-style-type: none"> <p>• Nottingham CityCare Partnership Quality Account 2013/14 To consider the draft Quality Account 2013/14 and decide if the Panel wishes to submit a comment for inclusion in the Account <div style="text-align: right;">(Nottingham CityCare Partnership)</div> </p> <p>• Adult Integrated Care To review progress in the Adult Integrated Care Programme <div style="text-align: right;">(lead – Nottingham City CCG)</div> </p> <p>• Health Scrutiny, Healthwatch and Health and Wellbeing Board Working Agreement To agree a protocol guiding the relationship between health scrutiny, Healthwatch Nottingham and Nottingham City Health and Wellbeing Board</p> <p>• Walk In Centres 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 <div style="text-align: right;">(Nottingham City CCG)</div> </p> <p>• GP Practice Change - The Practice Nirmala To consider proposals to close The Practice Nirmala <div style="text-align: right;">(NHS England Derbyshire and Nottinghamshire Area Team)</div> </p> <p>• GP Practice Change - Merger of Boulevard Medical Centre and Beechdale Surgery To consider proposals to merge Boulevard Practice and Beechdale Practice <div style="text-align: right;">(NHS England Derbyshire and Nottinghamshire Area Team)</div> </p>
<p>30 July 2014</p>	<ul style="list-style-type: none"> <p>• Discussion with Portfolio Holder for Adults and Health/ Chair of the Health and Wellbeing Board To consider the Portfolio Holder for Adults and Health's work over the last year and progress in delivery of</p>

	<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"> • Healthwatch Nottingham Annual Report To receive, and give consideration to the Annual Report of Healthwatch Nottingham (Healthwatch Nottingham) • Integration of Public Health within Nottingham City Council 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) • Urgent Care Centre Specification To receive information about the draft specification for a new Urgent Care Centre (Nottingham City CCG) • Implications of Care Act for Nottingham City Council To consider the implications of the Care Act for Nottingham City Council and how the Council is responding (Nottingham City Council)
24 September 2014	<ul style="list-style-type: none"> • Strategic Review of the Care Home Sector – findings and next steps 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) • Transfer of children’s public health commissioning for 0-5 year olds to Nottingham City Council 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) • School nursing

	<p>To consider outcomes from the review of school nursing and the new model for school nursing in the City (Nottingham City Council)</p> <ul style="list-style-type: none"> • Procurement of End of Life Services 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) • GP Practice Change – Merger between Meadows Health Centre, Bridgeway Centre and Wilford Grove Surgery, 55 Wilford Grove [deferred from July 2014] To consider proposals to merge Meadows Health Centre and Wilford Grove Surgery (NHS England Derbyshire and Nottinghamshire Area Team) • GP Practice Change – Merger between St Albans Practice, Bulwell and The Practice Nirmala, Bestwood To consider proposals to merge St Albans Practice and The Practice Nirmala (NHS England Derbyshire and Nottinghamshire Area Team)
26 November 2014	<ul style="list-style-type: none"> • Bowel cancer screening uptake 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) • NHS Health Check Programme To review performance of the NHS Health Check Programme and progress in access for individuals not registered with a GP (Nottingham City Council)
28 January 2015	<ul style="list-style-type: none"> • Nottingham CityCare Partnership Quality Account 2014/15 To consider performance against priorities for 2014/15 and development of priorities for 2015/16

	<p style="text-align: right;">(Nottingham CityCare Partnership)</p> <ul style="list-style-type: none"> <p>• Adult Integrated Care Programme To consider the findings to date of the independent evaluation of the Adult Integrated Care Programme and how these findings are being used to improve/ further develop the Programme (lead – Nottingham City CCG)</p> <p>• Progress in implementation of the Care Act To scrutinise the progress of the Council in implementing requirements of the Care Act (Nottingham City Council)</p> <p>• Child and Adolescent Mental Health Services To consider the future provision of CAMHS in light of a recent review by commissioners and new provider strategy (Nottingham City CCG, Nottinghamshire Healthcare Trust)</p>
25 March 2015	<ul style="list-style-type: none"> <p>• Urgent Care Centre (tbc) To consider the progress in commissioning of an Urgent Care Centre receive information about plans for commencement of the service (Nottingham City CCG/ provider)</p> <p>• Quality of GP practices (tbc) To consider the implications that quality of GP provision has for future GP provision in the City (Care Quality Commission, NHS England, Nottingham City CCG)</p> <p>• Overview of the work of OSCAR Nottingham To hear about the work of OSCAR Nottingham (sickle cell charity) (OSCAR Nottingham)</p>

To schedule

- 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 inequalities?
- Sex and Relationships Education in schools (possibly incorporated within review of new model for school nursing service. Audit of SRE scheduled for autumn 2014)
- Process for changes to GP practices - to receive a briefing on the decision making process and expectations in terms of local consultation/ engagement in relation to changes to existing GP practices

Items to be scheduled for 2015/16

- CityCare Partnership Quality Account 2014/15
- Discussion with Portfolio Holder for Adults, Commissioning and Health/ Chair of the Health and Wellbeing Board (May)
- Healthwatch Nottingham Annual Report (July)
- Implementation of Strategy to Reduce Avoidable Injuries in Children and Young People
- Implementation of Mental Health Strategy and performance against associated JHWS targets
- Review of school nursing service
- Progress in transition of children's public health commissioning for 0-5 year olds to Nottingham City Council
- Community end of life services
- Review of residential care homes quality bandings/ quality dashboard/ number of concerns raised to assess effectiveness of actions identified from Strategic Review of Care Home sector

Scrutiny Review Panel

- Service user experience of care at home services