



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

Date: Wednesday, 28 January 2015

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: Kim Pocock **Direct Dial:** 0115 8764315

AGENDA

Pages

1	APOLOGIES FOR ABSENCE	
2	DECLARATIONS OF INTERESTS	
3	MINUTES To confirm the minutes of the last meeting held on 26 November 2014.	3 - 8
4	NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2014/15 Report of the Head of Democratic Services	9 - 18
5	CHILD AND ADOLESCENT MENTAL HEALTH SERVICES Report of the Head of Democratic Services	19 - 34
6	ADULT INTEGRATED CARE PROGRAMME Report of the Head of Democratic Services	35 - 36
7	PROGRESS IN IMPLEMENTATION OF THE CARE ACT Report of the Head of Democratic Services	37 - 38
8	WORK PROGRAMME Report of the Head of Democratic Services	39 - 46

9 AMENDED TIME OF MEETING - 27 MAY 2015

To agree changing the time of the Health Scrutiny Panel meeting on Wednesday 28 May from 1.30pm to 10am, to avoid holding the meeting at the same time as the Health and Wellbeing Board.

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

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at LB31 - Loxley House, Station Street, Nottingham, NG2 3NG on 26 November 2014 from 13.30 - 15.07

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Mohammad Aslam
Councillor Merlita Bryan
Councillor Azad Choudhry
Councillor Brian Parbutt
Councillor Anne Peach
Councillor Emma Dewinton

Absent

Councillor Thulani Molife
Councillor Eileen Morley
Councillor Timothy Spencer

Colleagues, partners and others in attendance:

Linda Syson-Nibbs - Screening and Immunisation Lead from NHS England
Simon Castle - Assistant Director at Nottingham City CCG
Kirsty Mallalieu - Acute Contracts/Cancer Commissioning Manager at Nottingham CCG
John Wilcox - Public Health Manager
Jane Garrard - Senior Governance Officer
Rav Kalsi - Senior Governance Officer

34 APOLOGIES FOR ABSENCE

Councillor Thulani Molife)
Councillor Eileen Morley) Non-Council business
Councillor Tim Spencer)

35 DECLARATIONS OF INTERESTS

None.

36 MINUTES

The Panel confirmed the minutes of the meeting held on 24 September 2014 as a correct record and they were signed by the Chair.

37 BOWEL CANCER SCREENING UPTAKE

The Panel considered a report of the Head of Democratic Services detailing proposals by NHS England relating to 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.

Linda Syson-Nibbs, Screening and Immunisation Lead from NHS England, Simon Castle, Assistant Director at Nottingham City CCG and Kirsty Mallalieu, Acute Contracts/Cancer Commissioning Manager at Nottingham CCG advised the Panel of the proposals and, during discussion, stated the following;

- (a) 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 which are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing;
- (b) the screening programme is offered to both males and females aged 60-74 through an invitation letter sent from the Bowel Cancer Screening Eastern Regional Hub. The following week 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. Current performance of the screening process shows a 50% uptake (April 2014);
- (c) patients with a 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. 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;
- (d) the responsibility to carry out screening has been commissioned locally through NHS England Area Teams since 1 April 2013 who commission immunisation services from a range of providers on behalf of the local population;
- (e) the quality and performance of these programmes are monitored through quarterly local Programme Boards chaired by the Screening and Immunisation Lead;
- (f) the percentage of 60 – 69 year olds screened dropped both locally and nationally in July 2013 which coincided with a change in which patients were invited for the test. This appears to have been a systemic change where the statistics record the number of invites sent out and not the number of patients. The figures have been distorted by the statistics showing repeat invitations to those who have not responded;
- (g) there is a low uptake of screening in the north of the city and further work is currently taking place to identify why this is the case. Nottingham City CCG is actively monitoring screening rates across the city by GP practice on a monthly basis. This information is then scrutinised and analysed to inform targeted practice visits and developing the future strategic direction;
- (h) multi-media campaigns, including posters, radio, Sky TV, buses and newspapers have been commissioned to communicate and engage with members of the public;

- (i) research with Nottingham Trent University is currently underway as part of a Bowel Cancer Screening Programme research project. Thus far, a literature review has been completed identifying possible barriers to uptake and a total of 13 community researchers recruited. A hundred and sixty three interviews have been completed and submitted as part of the research and a further 226 interviews are being targeted for completion by November 2014. Participation has been encouraged amongst a good mix of English and non-English speaking participants and the final report is due on 14 December 2014;
- (j) the next step is for Nottingham City CCG to continue its partnership working with Nottingham City Council in order to promote the screening programme and a steering group has engaged Councillor Norris, Portfolio Holder for Adults, Commissioning and Health to develop a communication plan;
- (k) contact with non-responders will continue, either by practice staff or by a commissioned third party such as the Clinical Assessment Unit.

RESOLVED to thank colleagues from Nottingham City CCG and Derbyshire and Nottinghamshire Area Teams for the information and request that an update on the service provision, including details on the Bowel Cancer Screening Programme Research Project, be submitted to the Panel in 12 months.

38 NHS HEALTH CHECK PROGRAMME

The Panel considered a report of the Head of Democratic Services detailing proposals on the NHS Health Check programme. John Wilcox, Public Health Manager, advised the Panel of the proposals and, during discussion, stated the following;

- (a) the NHS Health Check Programme is a national risk assessment and risk reduction programme for people aged 40 to 74 and is aimed towards addressing the top seven causes of preventable mortality. The process identifies those at increased risk of developing cardio vascular disease (CVD) and provides a plan of action to enable people to take action to avoid, reduce or manage their risk of CVD;
- (b) CVD can make a major differences to life expectancy and can cause premature mortality, morbidity, and carries with it the avoidable costs associated with these diseases. The past few decades have seen an increase in inequality despite an overall downward trend in deaths from CVD, however CVD remains the single greatest cause of morbidity and mortality;
- (c) CVD is responsible for a third of deaths and a fifth of hospital admissions and accounts for the largest element of health inequalities. Decreasing trend in deaths from CVD is unlikely to be maintained, due to rise in obesity and increase in younger people with type 2 diabetes;
- (d) the top seven causes of mortality that's preventable through individual behaviour or public health measures include high blood pressure, smoking, cholesterol, obesity, poor diet, physical inactivity and alcohol consumption;

- (e) the NHS Health Check Programme has two parts, firstly – risk assessment. Local authorities have commissioned GP's and pharmacies to systematically invite 100% of the eligible population every 5 years to calculate an individual CVD risk score. The second part of the Health Check refers to risk reduction. Responsibility for risk reduction lies both with the CCG in terms of making a clinical diagnosis and local authorities in terms of providing support for lifestyle advice, and where appropriate, onward referrals to services such as smoking cessation, exercise and weight management;
- (f) the health checks started in 2009 and the five year cycle reset on 1 April 2013. The number of offers made and the number of health checks received must be monitored by councils and both measures are indicators within the Public Health Outcomes Framework for England 2013-2016;
- (g) the first stage of the programme is to establish who requires an invite. Exclusions to the programme cover being outside the eligible age, already being diagnosed with CVD, already on the high risk register or a resident who has had a check within the last 5 years;
- (h) the check takes 20–30 minutes and involves personal details and clinical history, physical measurements (including pulse check for AF in those aged 65 and over) and lifestyle questions. The individual's risk of developing cardiovascular disease in the following 10 years is then calculated using an IT software package. The individual is offered advice which will ordinarily include treatment and/or referral to clinical and lifestyle services e.g. smoking cessation based on the result;
- (i) the programme does not currently screen for dementia but includes giving information about the signs of dementia, and signposting to appropriate services, for those aged 65 or over;
- (j) in 2014/15, of the 73,465 eligible citizens, 17.2% (12,636) of citizens were invited and 8.6% (6,295) of citizens had a health check. These figures are slightly below the national averages of 18.5% for invites and 9.0% for health checks respectively;
- (k) overall performance has varied over time with changes in programme delivery and there is not a single cause of low performance, because practices may have structural barriers such as lack of clinic space, staffing shortages or IT changes. Other barriers include attitudinal barriers as some GPs have been swayed by the adverse media coverage and therefore fundamentally disagree with the evidence arguments;
- (l) diagnoses within 90 days of a check are considered to be attributable to the check. The proposed model from April 2016 will include a GP led delivery of the programme, including invitations, assessments and referrals. Further work is needed to promote the benefits of the programme.

RESOLVED to thank John Wilcox for the information and request that an update on the service provision be submitted to the Panel in 12 months.

39 WORK PROGRAMME

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 note the work programme.

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HEALTH SCRUTINY PANEL
28 JANUARY 2015
NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2014/15
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider Nottingham CityCare Partnership’s progress against its quality improvement priorities for 2014/15; and proposals for their Quality Account 2015/16, including plans for public engagement in developing the Quality Account.

2. Action required

- 2.1 The Panel is asked to consider and comment on the information provided, focusing on how Nottingham CityCare Partnership is to determine its priorities for 2015/16 and how it plans to involve stakeholders in doing so.

3. Background information

- 3.1 A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety, clinical effectiveness and patient experience.
- 3.2 A Quality Account should:
- Improve organisational accountability to the public and engage boards (or their equivalents) in the quality improvement agenda for the organisation;
 - Enable the provider to review its services, show where it is doing well but also where improvement is required;
 - Demonstrate what improvements are planned;
 - Provide information on the quality of services to patients and the public;
 - Demonstrate how the organisation involves, and responds to feedback from patients and the public, as well as other stakeholders.
- 3.3 Quality Accounts are both retrospective and forward looking. They look back on the previous year’s information regarding quality of services, explaining what is being done well and where improvement is needed. But, they also look forward, explaining what has been identified as priorities for improvement.

- 3.4 Guidance from the Department of Health requires that a Quality Account should include:
- Priorities for improvement – clearly showing plans for quality improvement within the organisation and why those priorities for improvement have been chosen; and demonstrating how the organisation is developing quality improvement capacity and capability to deliver these priorities;
 - A review of quality performance – reporting on the previous year’s quality performance offering the reader the opportunity to understand the quality of services in areas specific to the organisation;
 - An explanation of who has been involved and engaged with to determine the content and priorities contained in the Quality Account; and
 - Any statements provided from either NHS England or Clinical Commissioning Group as appropriate; Local Healthwatch; and Overview and Scrutiny Committees including an explanation of any changes made to the final version of the Quality Account after receiving these statements.
- 3.5 Quality Accounts are public documents, and while their audience is wide ranging (clinicians, staff, commissioners, patients and their carers, academics, regulators etc), Quality Accounts should present information in a way that is accessible for all. For example, data presentation should be simple and in a consistent format; information should provide a balance between positive information and acknowledgement of areas that need improvement. Use of both qualitative and quantitative data will help to present a rounded picture and the use of data, information or case studies relevant to the local community will help make the Quality Account meaningful to its reader.
- 3.6 As a first step towards ensuring that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview, providers have to share their Quality Accounts prior to publication. This includes sharing with:
- The appropriate NHS England Area Team where 50% or more of the provider’s health services are provided under contract, agreement or arrangement with the Team or the clinical commissioning group which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period;
 - The appropriate Local Healthwatch organisation; and
 - The appropriate local authority overview and scrutiny committee

- 3.7 NHS England/ the clinical commissioning group has a legal obligation to review and comment on a provider's Quality Account, while Local Healthwatch and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis. Any statement provided should indicate whether the Committee believes, based on the knowledge they have of the provider that the report is a fair reflection of the healthcare services provided. The organisation then has to include these comments in the published Quality Account.
- 3.8 Rosemary Galbraith, Assistant Director of Quality and Safety and Deputy Director of Nursing at Nottingham CityCare Partnership will be attending the meeting to inform the Panel of the Partnership's progress in implementing its quality improvement priorities for 2014/15 (details of the 2014/15 priorities can be found at Appendix 1); and proposals for their Quality Account 2015/16 including their plans for public engagement in developing the Quality Account.
- 3.9 Following this, Nottingham CityCare Partnership will be invited to present their draft Quality Account to the Panel's May 2015 meeting, at which point the Panel can decide whether to put forward any comments for inclusion or not.
- 3.10 This Quality Account exercise mirrors that undertaken by the Joint City and County Health Scrutiny Committee for organisations delivering services across Nottingham City, Nottingham County, and, in some instances, further afield. Nottingham CityCare Partnership operates exclusively within the City, hence its consideration by this Panel.

4. List of attached information

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

Appendix 1 – Extract from Nottingham CityCare Partnership Annual Quality Account 2013/14

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

None

6. Published documents referred to in compiling this report

Nottingham CityCare Partnership Quality Account 2013/14

Department for Health 'Quality Accounts Toolkit 2010/11'

7. **Wards affected**

All

8. **Contact information**

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Priorities for quality improvement 2014/15

3.1 Patient safety

Our patient safety quality priorities will be delivered through work within Care Delivery Groups, mobile working and assistive technology, and workforce development in integrated care.

3.1.1 Care Delivery Groups

We employ care co-ordinators to work within the Care Delivery Groups (see page 22).

Currently care co-ordinators take referrals from GPs and the neighbourhood teams, provide an information gathering service, and support successful navigation of citizens who previously may have 'fallen in between' specialist service criteria.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
<ul style="list-style-type: none"> We will explore the expansion of the care co-ordinator role to support citizens with complex needs throughout their whole pathway of care We will explore the diversification of the role by taking non-clinical tasks from clinicians to release time to care 	We will develop and test processes and protocols for information sharing	The development of processes and protocols, plus the evaluation of their implementation will be monitored through the Task and Finish Group of the Integrated Care Programme and reported to the Programme Board

“ *The Patient Experience Group said:
A joined up approach across health and social care is required for people with long term conditions, of all ages.* **”**

3.1.2 Assistive technology and mobile working

We are embracing the effective use of new technologies as a major strategic priority to improve the safety of care and patient experience. Two important developments are assistive technology and mobile technology.

Assistive technology

The assistive technology project is looking at increasing the use of Telecare and Telehealth across social care and health in the next five years.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will increase the awareness among health professionals and patients of the benefits of and barriers to Telehealth	<ul style="list-style-type: none"> • Training package on new Telehealth system delivered to relevant CityCare staff • Clinicians directed to training resources within the new system • Patient information leaflet distributed 	The effectiveness of the Telehealth deployment is part of OPM's evaluation of the whole integration programme. This is also supported by a Nottingham University research project which is providing qualitative evidence of the effectiveness

Mobile technology

Our clinical staff need to have the right resources to ensure they can meet the needs of those who use our services, and we are driving towards the provision of community services seven days a week, 24 hours a day. More integration of care means organisations need clear plans and protocols for sharing information to ensure that care is delivered appropriately, as and when needed.

We were part of a successful bid with Nottinghamshire Healthcare NHS Trust and County Health Partnerships to secure funding from the 'Nursing Technology fund'. We will now implement a mobile working project to enable nurses to access the information they need whilst with the patient in their home or any other community setting, such as medication, care and treatment plans, hospital letters and test results.

This will help them make better informed decisions, and free up time for patient care by reducing the need to duplicate entries to paper and computer records and cutting the number of phone calls to check records. It will also enable flexible working in line with our patients' choices.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will implement the mobile working project across four key service areas: <ul style="list-style-type: none"> • Community nursing • Care Delivery Groups • Intermediate care • Evening and night nursing 	Employ a project manager to develop a project plan and begin to implement the plan in a staged approach	The Project Implementation Group will monitor progress and report to the CityCare Senior Management Team

Case study – Hospital Discharge project



An 83 year old lady with heart failure and atrial fibrillation had been admitted to hospital with shortness of breath due to worsening fluid retention. She was treated and discharged home with a higher dose of diuretics (water tablets).

Several days later, the Hospital Discharge team telephoned to ask how she was getting on. She said she was confused about the changes to her medicines, so the pharmacist in the Hospital Discharge project team visited her at home. The pharmacist:



- Clinically reviewed the medications the patient was taking and liaised with the GP to update her repeat prescription
- Found out that she had only been taking her water tablets once a day, rather than twice a day as prescribed. They explained this to the patient to enable her to take the medication properly in future

- Liaised with the anticoagulant clinic to advise the patient on taking her warfarin and the need for further blood tests
- Reminded the patient about taking potassium supplements as prescribed by the hospital, and having follow-up blood tests.

The pharmacist also arranged for the medicines to be dispensed into a weekly blister pack and for the community pharmacist to become involved in making sure she continued taking them correctly.

Several of the issues identified in this case could have led to the patient being re-admitted to hospital if left to continue.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
<p>We will improve the emotional support available to those who care for people with dementia</p> <p><i>(Providing emotional support to carers will reduce stress and promote health and well-being. This improves the health and welfare of the person with dementia.)</i></p>	<p>Recruit two Admiral Nurses to help provide this support</p> <p><i>(Admiral Nurses support families throughout the dementia journey. They provide family carers with the tools and skills to best understand the condition, as well as emotional and psychological support through periods of transition.)</i></p>	<p>Processes for monitoring and evaluating the work of the Admiral Nurses will be developed and agreed with the post holders once appointed</p>
<p>We will review the recently restructured Older Persons Mental Health Team</p> <p><i>(The Older Persons Mental Health Team has been restructured to act a peripatetic service (based in various places) and work with a wider range of health professionals across the city.)</i></p>	<ul style="list-style-type: none"> • Audit referrals into the team from primary care • Audit discharges into the team from acute care • Complete a clinical audit of patient outcomes 	<p>The audit results will be reported to the CityCare Senior Management Team by the end of 2014/15</p>

 Councillors on the Health Scrutiny Committee agreed that dementia care training should remain a priority for 2014/15. 

Case Study

A 79 year old lady had broken both her wrists and one of her ankles over a period of five years, as she lost her balance and fell to the ground.

But she hasn't lost her confidence or ended up having to use a walking frame, thanks to our community Falls and Bone Health Service.

The service gave her advice and support, and installed balancing aids in her house, a step up to her bath, handles around her bathroom and handrails up her staircase to help make sure she doesn't fall at home.



She said: "Falling over really ruins your confidence and makes you feel like you can't care for yourself."

"The CityCare team visit me to check that I'm getting on all right. And they arranged for me to go to a special exercise class at the Lark Hill older people's complex in Clifton. The team has made a massive difference to my life. Just last month I felt confident enough to go to my granddaughter's birthday party."

"If it were not for the help I've been given, and the caring and kind attitude of the staff to let me take my recovery at my own pace, I don't think I'd be where I am today."

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will provide clear examples of changes and improvements in services as a result of patient feedback, including complaints or concerns	<ul style="list-style-type: none"> • Use Patient Stories for the Board (see section below) • Work with teams to identify examples of service changes based on patient feedback 	Provide a regular report to commissioners regarding examples of service changes in relation to patient feedback
We will improve patient satisfaction with our complaints process	<ul style="list-style-type: none"> • Ensure complaints are responded to in a timely and proportionate manner according to the results of the independent review • Send a satisfaction survey to all complainants once their complaint has been responded to 	<ul style="list-style-type: none"> • Complaints responses will be monitored through regular reports to the Governance and Risk Committee and Board • Results of the satisfaction survey will be monitored by the complaints team and reported to commissioners as a CQUIN target for 2014/15

3.3.2 The Patient Experience Group

The Patient Experience Group (PEG) will continue to act as a forum to ensure that patients, carers and members of the public have a voice and are involved in the development, scrutiny and improvement of our services.

We will work with the PEG to implement recommendations for 2014/15 from the recent PEG review.

These include:

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will formalise the feedback loop between PEG and the Board <i>(The PEG is chaired by a non-executive director)</i>	<ul style="list-style-type: none"> • An update in the form of a 'Board communique' will be developed by the PEG for the Board • Board members will be invited to attend PEG 	<ul style="list-style-type: none"> • The PEG update will be presented to Board each month by the non-executive director who chairs the PEG • The Board will monitor members' uptake of the invitation to attend PEG
We will provide training and development for PEG members	<ul style="list-style-type: none"> • Develop and deliver a patient leadership programme • Provide 'in house' training for PEG members regarding specific issues, e.g. involvement in staff recruitment/training 	The PEG will report on progress and evaluation through the chair (a non-executive director) to the CityCare Board

HEALTH SCRUTINY PANEL
28 JANUARY 2015
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider the findings of recent commissioner and provider reviews of Child and Adolescent Mental Health Services in Nottingham, changes being made as a result and how these changes will impact on service users.

2. Action required

- 2.1 The Panel is asked to use the information provided to scrutinise work taking place to improve Child and Adolescent Mental Health Services in Nottingham; and identify whether any further scrutiny is required.

3. Background information

- 3.1 Child and Adolescent Mental Health Services (CAMHS) in Nottingham are provided by Nottinghamshire Healthcare NHS Trust.
- 3.2 Concerns about CAMHS have been raised at the Joint City and County Health Scrutiny Committee and these concerns were raised with Nottinghamshire Healthcare Trust when councillors considered their Quality Account 2013/14. At that time the Trust advised councillors that there were pressure points in CAMHS and that a full review of the Trust's child and adolescent approach was due to take place in autumn 2014. Commissioners have also carried out a review of the CAMHS pathway, triggered by an increase in emotional health and wellbeing needs of children and young people in Nottingham along with an increase in CAMHS activity and pressure on in-patient beds. Some concerns about CAMHS were also raised in the recent Care Quality Commission inspection of Nottinghamshire Healthcare NHS Trust.
- 3.3 Councillors felt that this was an issue that needed to be explored further. Commissioner-led reviews have been carried out separately in the City and County and therefore information is being brought to this Panel rather than the Joint Health Scrutiny Committee.
- 3.4 Representatives of Nottingham City Clinical Commissioning Group and Nottinghamshire Healthcare NHS Trust will be attending the meeting to discuss recent reviews of CAMHS in Nottingham, changes being made and how these changes will impact on service users.

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**

Care Quality Commission Nottinghamshire Healthcare NHS Trust Quality Report

Minutes of meeting of the Joint City and County Health Scrutiny Committee Nottinghamshire Healthcare NHS Trust Quality Account Study Group held on 21 May 2014.

7. **Wards affected**

All

8. **Contact information**

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Health Needs Assessment and Review of the Child and Adolescent Mental Health Services (CAMHS) in Nottingham City in 2014

Page 21

**Lucy Davidson Assistant Director NHS Nottingham City Clinical
Commissioning Group**

**Deborah Hooton Head of Joint Commissioning NHS Nottingham City
Clinical Commissioning Group**

**Tajinder Madahar Acting Head of Service of Extensive and Specialist
Services Nottingham City Council**

Anna Masding CAMHS Service Manager Nottingham City Council

**Rachel Towler Assistant General Manager Child and Adolescent
Mental Health Services Nottinghamshire Healthcare Trust**



Introduction to the local and national context and the reasons why we completed a review of Child and Adolescent Mental Health Services?

Page 22

- To assess the emotional and mental health needs of children and young people aged 0- 24 living in Nottingham City
- To investigate current service and pathway provision that support children and young people aged 0- 24 and identify areas for improvement

High risk groups in Nottingham City

- Looked after Children
- Young Carers
- Not in Education, Employment, or Training
- Gypsy and Traveller Families
- Young People using Drugs and Alcohol
- Teenage Mothers
- Youth Offenders
- Children and Young People with a Physical Illness, Physical and Learning Disabilities
- Children and Young People with Special Educational Needs
- Children who are exposed to Domestic Violence or experience Domestic Violence
- Children and Young People subject to abuse/ with a Child Protection Plan

Page 23

What did the review tell us?

Children and young people are confused, frustrated and excluded



Complex service provision



Long waits to access service



Stressed and overworked professionals

Recommendations from the review:

Early intervention and prevention – breaking the cycle and taking a life course approach

Antenatal

- Focus on perinatal mental health

Early Years

- Utilise the school readiness check at age 4 to undertake an emotional and mental wellbeing check of the child and pass on any information to the school and school health.

School Aged Children

- Provide guidelines to schools on how to effectively use the pupil premium for quality emotional and mental health support for pupils.

Self-harm

- Develop an appropriate pathway for children and young people who self harm including those who attend the emergency department.

Parents and Family

- Systematic support should be provided to families with children and young people who are experiencing domestic violence at all risk levels as assessed by the domestic abuse referral team. There needs to be recognition on the impact of domestic violence on Children's emotional and mental health.

Agree a clear vision of a simplified and joined up pathway

Page 26

Simplified Service

- Single Point of Access
- Joint commissioning
- Integrate Tier 2 & Tier 3 CAMHS

Accessible

- Language
- Simplified Service
- Clear pathway and access points

Outcomes Focus

- Agree outcomes with service users and ensure that services deliver these outcomes

Data driven decision making

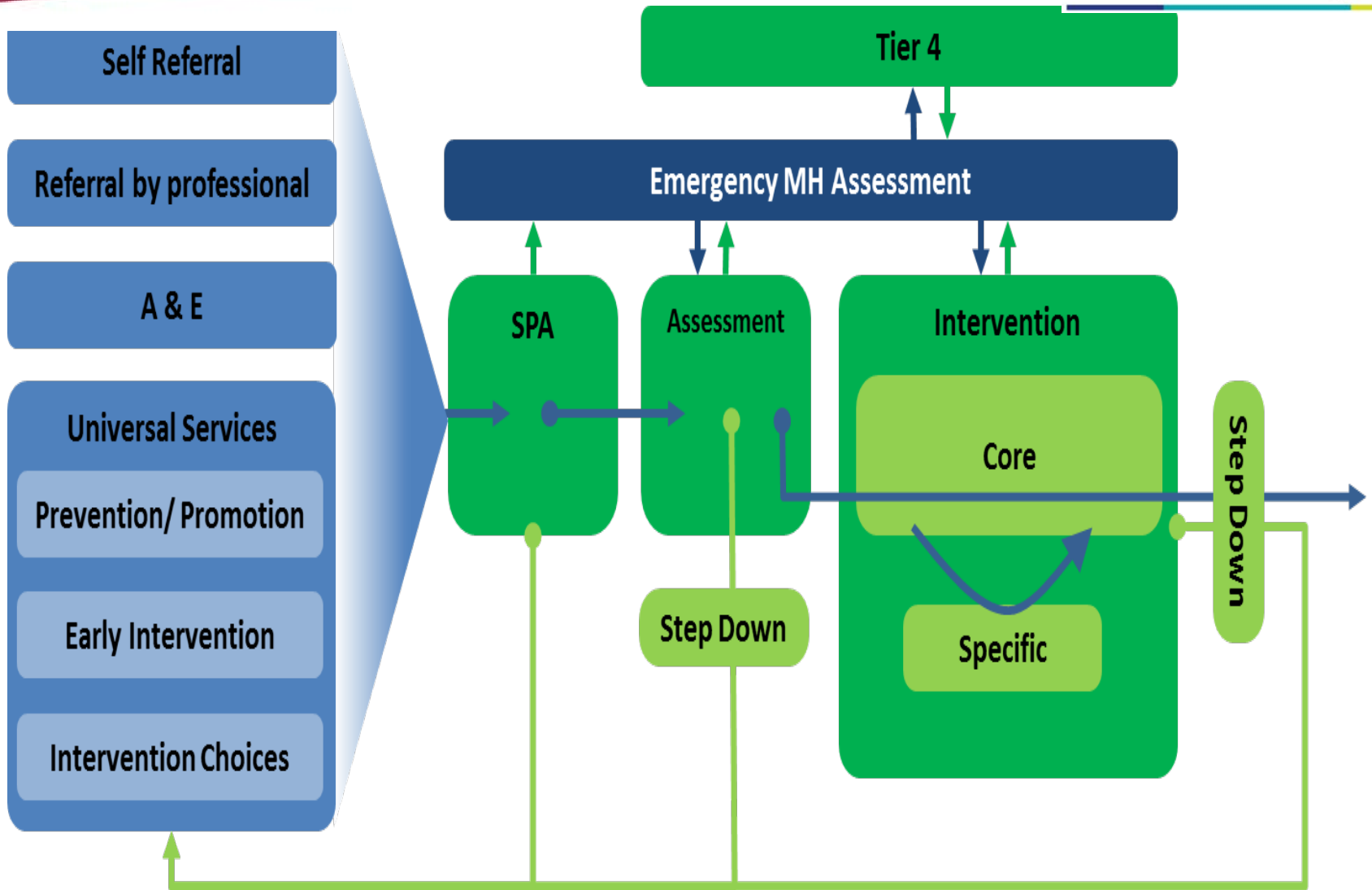
- Measurement of key performance indicators
- Service performance management
- Care bundles

Improvement Culture

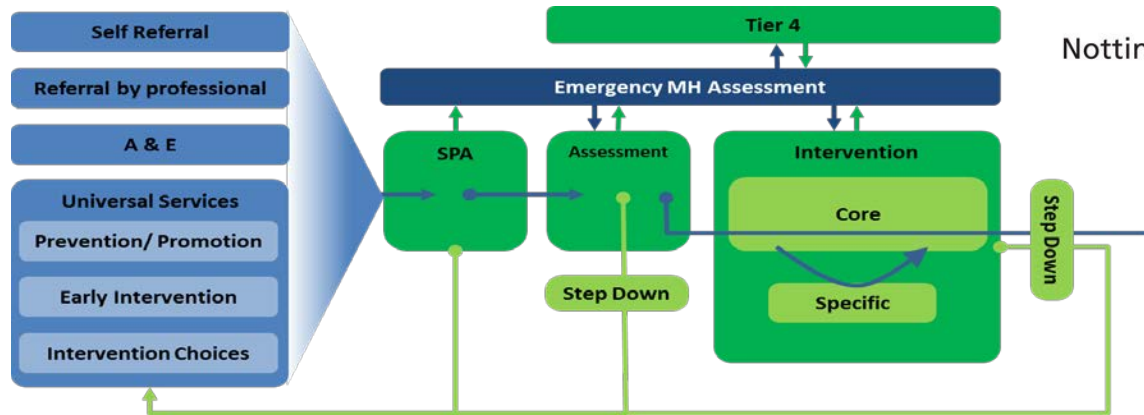
- Delivered by providers and commissioners

New joined up pathway

Page 27



New joined up pathway-Universal



- Developed with multi-agency input to support community professionals working with children and young people who have behavioural, emotional, or mental health needs
- Its key focus is early intervention and prevention of escalation to specialist services such as paediatricians, Tier 2, 3 and 4 CAMHS and in care placements
- It recognises and responds to emerging needs in the right place at the right time by a trained and supported professional working within a standardised pathway of interventions
- It draws together current services and professionals across Nottingham City to deliver a seamless service and improved outcomes

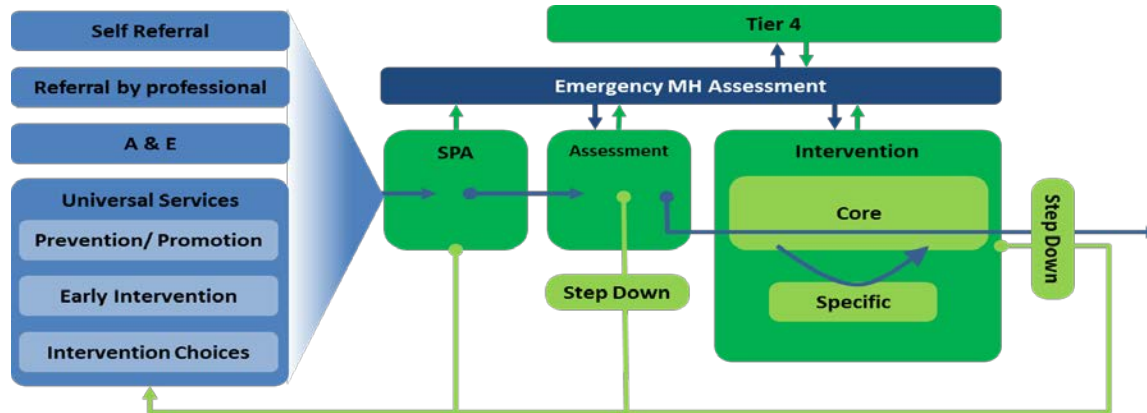
New joined up pathway - Universal

- Implementation has been supported by a 2 year pilot service that launched in December 2014
- The service consists of trained professionals with a remit to skill the community workforce and build capacity
- The service will deliver a range of evidence-based interventions and support professionals around the child or young person to manage their needs appropriately
- Specialist clinical provision will be available in the service for children and young people with Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder
- The service will be available for Nottingham City registered patients aged 0-19, or to age 24 where a child or young person has learning disabilities
- Referrals into the service will be via a dedicated website or Choose and Book (for General Practitioners)
- Referrals are directed into a multi agency integrated single point of access that works to agreed criteria for onward referral to universal and specialist services

Next Steps

Implementation of the Specialist Pathway

Page 30



- This has commenced and will be completed over the next 18 months
- Further work will commence to support integration of current providers
- Specialist bundles of care will be developed and implemented including self harm and eating disorders
- Community training and development will be expanded
- Services will continue to be performance managed and reviewed to ensure delivery of outcomes

Nottingham City Council Update

CAMHS Tier 2:

- Tier 2 have further embedded its Citywide model and now operates from 2 City more central bases.
 - Tier 2 continues to offer a Choice and Partnership approach and we aim to embed this fully within the pathway in collaboration with the Behaviour and Emotional Health Team. Our Choice assessment has now been improved and embedded within the Nottingham City Council Carefirst system allowing us to better quality assure assessments and plans.
 - Tier 2 continues to offer Choice (assessment) appointments within 3-4 weeks of a referral and offers a partnership (therapeutic work) within 6 weeks.
- Tier 2 are employing 2 Cognitive Behavioural Therapist Specialist posts to 'bridge the gap' between Tier 2 and Tier 3 for children and young people with complex needs that aren't deemed as 'urgent' or 'acute'. Tier 2 are also developing 3 further posts:
- Advocacy/Lesbian Gay Bisexual Transsexual worker to improve service user feedback and engagement (using the NCC apprentice scheme)
 - A Domestic Violence Practitioner to work alongside the domestic abuse referral team and directly with schools
 - A Self harm Youth Worker

Nottingham City Council Update continued

Single Point of Access:

- Tier 2 are working in collaboration with the Behaviour and Emotional Health Team to ensure one single point of access.
- We have embedded the joint self harm protocol between social care and Children and Adolescent Mental Health Service (T2 and T3) to undertake a joint home visit within 48 hours where there are serious concerns around self harm for any children and young people open to social care.

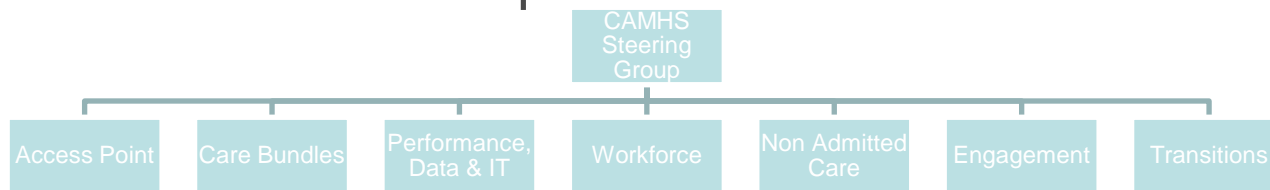
Page 32

Self Harm Awareness and Resource Project-SHARP:

- **14 City Schools** have monthly Sharp Clinics. To date over 70 young people have attended and received appropriate support following a self harm risk assessment.
- **340 front line professionals** have attended Sharp Nottingham City Council training
- **68 young people** have received a therapeutic intervention **only 7 escalated to Tier 3**
- **All** children's emergency department nursing staff have attended Sharp 'bite size' training
- **20 paediatricians** have attended training
- **24 school nurses** have attended training
- **14 Secondary Schools** have received our school training session
- **Sharp4parents** group starts in March 2015
- **TRANS Group** running weekly 14 young people attending regularly

Nottinghamshire Healthcare Trust Update

- Collaborative working with a multidisciplinary approach around the integrated pathway.
- Internal developments with workshops transforming into Task and Finish Groups.



- Working in partnership with commissioners to achieve a seamless service which meets the needs of children and young people.

Page 33

Questions and answers?

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Page 34

HEALTH SCRUTINY PANEL
28 JANUARY 2015
ADULT INTEGRATED CARE PROGRAMME
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider the findings of the independent evaluation of the Adult Integrated Care Programme and how these findings are being used to improve/ further develop the Programme.

2. Action required

- 2.1 The Panel is asked to use the information provided at the meeting to inform questioning and discussion about the Adult Integrated Care Programme; and identify whether further scrutiny is required.

3. Background information

- 3.1 The Adult Integrated Care Programme was established in July 2012 to change the way health and social care is commissioned and provided for older people and those with long term conditions. It is a priority within the Joint Health and Wellbeing Strategy to “improve the experience of and access to health and social care services for citizens who are elderly or who have long term conditions” and progress against this priority is regularly reported to the Health and Wellbeing Board (most recently in October 2014). The Adult Integrated Care Programme also forms the basis of the Better Care Fund Plan in Nottingham.
- 3.2 The first phase of the Programme focused on putting the structural arrangements in place, including establishment of 8 Care Delivery Groups; and in July 2014 the Panel heard that the Programme was moving into Phase 2, which included:
- Review of specialist services
 - Changing the relationship with secondary care, through Choose to Admit/ Transfer
 - Exploring seven day working
 - Development of joint assessment and care planning approaches
 - Further expanding the use of assistive technology.
- 3.3 An independent evaluation of the Programme has been carried out and the evaluation report was published in October 2014.

- 3.3 The Programme Manager for Adult Integrated Care will be attending the meeting to provide an update on progress of the Programme and initial findings of the independent evaluation carried out and arising actions.

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**

Reports to and minutes of meetings of the Health Scrutiny Panel held on 29 May 2013 and 28 May 2014.

Report to and minutes of meeting of the Health and Wellbeing Board held on 29 October 2014.

7. **Wards affected**

All

8. **Contact information**

Kim Pocock, Constitutional Services Manager
Tel: 0115 8764313
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OPM evaluation of the Nottingham City Integrated Care Programme

Presentation by *Dave Miles, Assistive
Technology Project Manager*

28/1/15



Vision

Our Vision is to **improve the experience of and access to** health and social care services for citizens.

—

More citizens will report that their **quality of life has improved** as a result of an integrated health and care system.

—

The number of citizens remaining **independent in the community** will increase as a result of more proactive care.

—

Citizens will only be admitted to hospital only when **absolutely necessary**, seamless transfers of care will ensure the **right level of support** in the most appropriate location.





What is integrating care all about?

1. Supporting people with long-term conditions to manage their own health and care needs and live independently in their own homes
2. Enabling health and social care professionals to deliver the right care in the right place at the right time
3. Bringing together health and social care services based around the needs of the citizen



Programme evaluation

Page 40

- The Nottingham City Integrated Care Programme is being evaluated by the Office for Public Management (OPM)
- First draft report published October 2014
- Second interim report due September 2015
- Final report due March 2016





Evaluation approach

- Baseline scoping interviews with programme leads
- Baseline survey (shortly after Care Delivery Groups went 'live')
- Initial post-implementation interviews with staff and GPs
- Annual staff & GP surveys
- Service user surveys
- On-going review of programme documents



Findings – what is working well

- Programme is ‘hugely ambitious’ – focusing on integration with secondary care as well as across primary care, community care and social services
- GP and staff recognise need to reduce duplication, repetition and provide more holistic care
- Activities have been delivered on time
- Positive examples of joined-up approaches and new ways of working
- Practitioners reporting it is making an impact – to their roles and to citizen care



Findings – achievements

- Eight Care Delivery Groups in place
- MDT meetings running
- Care Co-ordinators in place
- Communications – newsletters and videos
- Staff skills training – more holistic support
- Aligned re-ablement team processes
- Self-care support mapped out
- UK's first joint telecare and telehealth system
- Integrated Health & Care Point progressed



Challenges

- Some resistance to change
- Initial concerns about increased demand
- Varying engagement in multi-disciplinary team meetings
- Limited capacity – recruitment
- Processes have improved but less evidence to date on improved patient outcomes or financial savings



Recommendations

A series of recommendations which include:

- Target communications to different groups
- Share learning with peer organisations
- Develop a clear plan for specialist services integration
- Ensure competence and capacity across the system
- Support the cultural change needed
- Further development of integrated systems



Response

Initial actions planned following OPM report include:

- Build on communications – newsletters, posters, video
- Visits to other Integrated Care programmes nationally
- Finalise reviews of specialist services integration
- Examine issues of workforce development & culture change – steering group to provide oversight
- Review role of Integrated Care ‘Champions’
- Track patient/citizen/carer journeys (from Jan 2015) to explore their experiences of Integrated Care

Thank you

Contact

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HEALTH SCRUTINY PANEL
28 JANUARY 2015
PROGRESS IN IMPLEMENTATION OF THE CARE ACT 2014
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To scrutinise the Council's progress in responding to requirements of the Care Act 2014 to ensure that it meets statutory deadlines for implementation.

2. Action required

- 2.1 The Panel is asked to use the information provided to inform questioning and discussion about the progress being made by the Council to ensure that it will be ready to meet requirements of the Care Act 2014 in accordance with statutory deadlines; and identify if any further scrutiny is required.

3. Background information

- 3.1 The Care Act passed into law in May 2014. The Act makes major changes to the legal framework for adult social care, the funding system, the rights of those needing social care and the duties on local authorities. Therefore it will have a significant impact on the Council. Implementation of the Act is phased - some aspects need to be implemented by April 2015 and others need to be implemented by April 2016.
- 3.2 In July 2014 the Panel considered information on the aspects of the Act relevant to local authorities, impacts and implications that had been identified for the Council at that stage and next steps.
- 3.3 Over the last six months work has taken place, overseen by the programme board, to respond to these requirements. Final guidance on implementation of the Act was published in October 2014.
- 3.4 Attached is a paper outlining the work that has taken place; the extent to which the Council is ready to meet the new requirements from April 2015; and further work that will be taking place. The Council's relevant Policy Officer will be attending the meeting to answer questions in relation to this.

4. List of attached information

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

Appendix 1 – Progress on implementing the Care Act 2014

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

None

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

Care Act 2014

Care Act 2014: Statutory guidance for implementation (Department of Health October 2014)

Report to, and minutes of the meeting of the Health Scrutiny Panel held on 30 July 2014

7. **Wards affected**

All

8. **Contact information**

Kim Pocock, Constitutional Services Manager

Tel: 0115 8764313

Email: kim.pocock@nottinghamcity.gov.uk

Health Scrutiny Panel
Monday 28 January 2015
Progress on implementing the Care Act 2014

Submitted by: Helen Jones, Director of Adult Social care

Report author and contact details:

Linda Sellars, Chief Social Worker, Linda.sellars@nottinghamcity.gov.uk / 0115 8764150
Laura Catchpole, Policy Officer, laura.catchpole@nottinghamcity.gov.uk / 0115 8764964

Context

- The Act passed into law in May 2014.
- Final regulations and statutory guidance (part one) published in late October 2014.
- Care Act Programme Board in place, with programme leads in key areas.
- Corporate risks related to how the Act affects the wider adult social care system are being developed.

Summary

The Care Act sets out general responsibilities of local authorities, describing their broader care and support role towards integration with health provision and the local community. It emphasises a preventive approach including providing information to those needing care and duties to consider physical, mental and emotional wellbeing. The Care Act is being phased in, in two parts: part one duties need to be implemented by April 2015 and part two (funding reform) to be implemented by April 2016.

Part one - key areas and impacts include:

1. General Duties and Universal Provision

Timeline: from April 2015

Wellbeing: The Act requires that wellbeing is embedded into all aspects of the Council's adult social care systems. Wellbeing must be promoted and the Council must actively seek improvements when carrying out care and support functions in respect of a person – this includes from provision of information and advice to reviewing a care and support plan.

Prevention: The Act requires the Council to ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support. This can include 'universal' services such as promoting healthier lifestyles.

Implementation: As of November a Wellbeing and Prevention workstream, led by Public Health and Commissioning colleagues, has been set up with the key aims:

- To ensure the wellbeing principle and preventive approaches are built into training, contracts and practice, where possible by April 2015, but as a continuing development with an emphasis on a partnership approach.

- To review key documents (e.g. Mental Health and Wellbeing Strategy, the Vulnerable Adults strategy and relevant JSNA chapters) and make improvements relating to the wellbeing principle and preventative approach as necessary.
 - To ensure the Information and Advice service reflect wellbeing and prevention approaches.
 - Scope the current contribution of wider determinants to the Care Act e.g. housing and employment, and identify improvements.
-

Information and Advice: There is a duty to provide a comprehensive information and advice service, so that people know what type and range of care and support is available, how to access it and where they can find independent financial advice.

Implementation: This workstream is one of the more challenging workstreams to implement as there are many cross-cutting and interdependent issues. Consideration is also being given to the relationship of information and advice on adult social care and that of health and children's social care, with a longer term aim to develop jointly. Key aims in the short term include:

- A project team has been established with key colleagues from the Care Act Programme Board.
 - An information and advice strategy has been drafted and will be consulted on.
 - A review of online provision across adult social care is underway.
 - Choose My Support has been recommissioned for a further year, to allow for all options for information and advice services to be explored whilst maintaining provision.
-

Marketing oversight and provider failure: The market oversight and managing provider failure role is a joint obligation with Care Quality Commission (CQC) and the Council. CQC will maintain an oversight of the stability of large national providers and will notify providers and Councils, which providers fall under the CQC monitoring regime.

Implementation: Key tasks to be undertaken include:

- Establishing and maintaining a relationship with CQC and their Market Oversight regime, to ensure timely and appropriate exchange of information relating to providers operating in the City. Contacts are in place.
- Maintaining a dialogue and market intelligence role with key providers.
- Revising current provider failure action plan to incorporate Care Act requirements.

2. First Contact and Identifying Needs

Timeline: from April 2015

Assessment: All individuals are entitled to receive an assessment of eligibility for care and support and, if relevant, a care plan based on needs. Individuals can ask the Council to arrange care irrelevant of whether or not the individual or the Council is responsible for funding care. Assessments must be outcome focused, strength based and holistic. There is a requirement to ensure independent advocacy is provided when needed.

Carers: The Council has a duty to complete Carers Assessments and meet carers' eligible needs. Carers can be eligible for support in two ways firstly to help them continue with their caring role and secondly their caring role is having a significant impact on their wellbeing and is having an adverse effect on their life. Assessments can be undertaken jointly.

Implementation:

- Eligibility for care must be identified using the new national framework – however interpretation of the guidance indicates that this is similar to the 'high moderate' level used currently by the council. Policies, forms and processes are being reviewed and updated to reflect the needs of the Care Act.
- Currently we meet the needs of carers who are caring for citizens who are eligible and the Carers Federation have been commissioned to ensure policies and processes reflect the duties of the Care Act. A universal carers plan is being developed.
- A separate workstream for Independent Advocacy has been established which has reviewed current contracts and practices. This workstream has key links with information and advice and workforce development to ensure frontline staff and practitioners know about the service and when and how to signpost citizens to it.
- Workshops have taken place with managers on care and support planning and eligibility and communications have begun with practitioners outlining key Care Act information.
- An Every Colleague Matters Event is scheduled for 9 to 13 February 2015 entitled *Nottingham City's Response to the Care Act*, the programme and booking information is available in [Appendix 1](#) and the Panel are welcome to attend any events of interest. The aim of the event is to raise awareness of the Care Act and its implications, with detailed sessions on the various elements of the Act. Extra effort is being made to ensure health colleagues are aware and encouraged to attend.

3. Charging and Financial Assessment

Timeline: April 2015

Charging: Some small amends required and options regarding charging policies, such as financial assessments for couples, self-funders, hospital discharge, carers and prisoners.

Deferred payments: People will not have to sell their home to pay for residential care whilst they are still alive.

Implementation:

- A scoping exercise for the Care Act charging amends is taking place to ensure that no citizens are worse off and that the Council applies the right criteria as at April 2015. Consultation will be undertaken.
- Information for deferred payments is in place to take account of the 12 week disregard, which begins in January and ensure citizens have time to consider the options before 1 April 2015. During this time expressions of interest in Deferred Payment Agreement scheme will be monitored to inform future resource requirements.

- The National Association of Financial Assessment Officers (NAFAO) have published a toolkit to develop information and policies for deferred payments and colleagues are working through these to adopt good practice.
- The Department of Health has advised an initial maximum interest rate of 2.65% for charges on deferred payments. Local authorities can charge less than this rate, but cannot charge more. A final local decision has yet to be made.

Timeline: April 2016

Cap on care costs: The cap sets a limit how much people pay towards their care costs, with the Council paying the full cost thereafter.

Implementation: No work has taken place on this workstream, as the draft guidance is to be published in late January 2015.

4. Person Centred Care and Support Planning

Timeline: from April 2015

Care and support planning/personal budgets: The Act places a duty on the Council to provide a care and support plan. The individual must be involved in the development of their plan and it must be periodically reviewed. Citizens and carers can have a joint care and support plan.

Direct payments: Using the information from the personal budget, the person has a legal entitlement to request a direct payment. The local authority must provide a direct payment to someone who meets the conditions in the Act and regulations.

Transition: The Act says that if a child, young carer or an adult caring for a child (a “child’s carer”) is likely to have needs when they, or the child they care for, turns 18, the local authority must assess them if it considers there is “significant benefit” to the individual in doing so. This is regardless of whether the child or individual currently receives any services.

Implementation:

- As the Council currently provides care and support plans and direct payments, relevant policies, forms and processes are being reviewed to ensure compliance. Training and information is also being delivered to practitioners.
- Transition processes are being checked for compliance, however most of the changes made through the Children and Families Act have addressed requirements.

5. Integration and Partnership Working

Timeline: April 2015

Integration: The Act requires greater integration and co-operation between the NHS, care and support, and the wider determinants of health such as housing.

Implementation: The Council is already on this journey through the work of the Health and Wellbeing Board and the partnership work with Nottingham City Clinical Commissioning

Group. A compliance check will be undertaken to ensure current integration plans and processes meet the Care Act duties.

6. Adult Safeguarding

The Act creates a legal framework requiring the Council to have a Safeguarding Adults Board with local partners, with public plans, annual reporting and clear processes for investigating suspected abuse or neglect.

Implementation:

- The Act requires a person-centred approach, based on outcomes and current practice and operational processes are being checked against the guidance, by a working group to ensure compliance.
- A similar process is being undertaken with the Board, which also includes working with County colleagues due to cross-boundary nature of some the issues that arise. The Board has established a Task and Finish Group to progress this.

7. Moving between areas: inter local authority and cross-border issues

The Act outlines a process to be followed so that Councils know when someone wants to move areas, and what must happen to make sure that their needs are met when they arrive in the new area and that care remains continuous. There are changes to ordinary residence. Responsibilities of the placing authority widen to include supported living and shared lives schemes.

Implementation: Current policy, practice and operational processes are being considered against the guidance to ensure compliance.

8. Prisons

The Act establishes that the local authority in which a prison, approved premises or bail accommodation is based will be responsible for assessing and meeting the care and support needs of the prisoners residing there.

Implementation:

- Links have been made to colleagues in HMP Nottingham and those responsible for approved premises and bail accommodation.
- NHS England already provide healthcare assessments for when prisoners arrive and the preferred process is that they also undertake a light touch social care needs assessment. Any needs identified will be referred to the Council, who will undertake a full assessment – colleagues who will oversee this have been identified. Initial contract discussions have commenced.

Overall implementation:

- The Programme Board meets monthly and has a lead representative for each of the key areas above as well cross-cutting themes of finance, legal, IT, workforce, communications and equalities. The Board is reporting to the Health and Wellbeing Board and the Health and Wellbeing Commissioning Executive Group.
- Communications for the Care Act are being prepared nationally, providing templates for local use. The Government communications campaign for citizens began on the 9 January 2015.

- The national awareness campaign has started from January to March:
 - Live: website advertising directing people to visit www.direct.gov and Care Act information is provided on this national website. If they choose to, citizens will be able to postcode search for their local authority, and connect to our website: www.nottinghamcity.gov.uk/careact. This page contains information which is consistent with the national campaign and directs people to contact us via the Have Your Say for more information.
 - W/c 2 February – radio advertising (Classic FM, Gold, Smooth and First Radio)
 - w/c 2 February – wider online and social media advertising
 - W/c 9 February – print media
 - W/c16 February – direct mail (Clifton only - please note this is a Department of Health decision which we have questioned)
- IT for part one changes has been scoped and will be ready for April 2015 requirements. In order to be ready for April 2016, principally the ability to track care spending through citizen care accounts, requires wholesale changes to the IT system. A procurement exercise is underway.
- The risk register has been expanded in order to fully map the risks, beyond those identified initially for the corporate risk register. These will be logged in Covelant and monitored.
- A piece of work to map interdependencies of all the workstreams is almost complete and will also be added to Covelant to ensure milestones are met.
- Association of Directors of Adult Social Services (ADASS), the Local Government Association (LGA) and Department of Health are working together to support Councils and a network of groups are meeting regionally to support each other through implementation.
- National funding has yet to be confirmed, however some grants will be available for assessments, deferred payments and prisons. Funds have also been allocated within the Better Care Fund and the details are now being finalised.
- Regional funding of £27k has been made available for implementation support, specifically around workforce development, IT, information and advice and carer assessments. A spending plan has been completed and accepted.
- A self-assessment compliance checking tool has been made available and will be used to ensure we are on track. ADASS will also be undertaking a 3rd stocktake in January, which helps provide a national picture of implementation progress.

Appendix 1

Title/Speaker	Session Description	Dates & Time
<p>Overview of the Care Act BOOK NOW Speakers Helen Jones - <i>Director of Adult Social Care, NCC,</i> Councillor Alex Norris - Executive Member for Adults, Commissioning & Health Linda Sellars- <i>Chief Social Worker - Adult Assessment, NCC.</i></p>	<p>Session Overview: A briefing on the statutory responsibilities that the Care Act introduces to Adult Social Care and the ways in which Nottingham City Council will respond. Session Objectives</p> <ul style="list-style-type: none"> • Understanding of new responsibilities for the LA and Nottingham City's approach • Understand the concept of the Wellbeing principle • Understand the impact that the Care Act has on providers and partners. • Understanding of financial changes <p>Why you need to attend: This session will provide an overview of the implications of the Care Act and Nottingham City's response to these.</p>	<p>9 February 2.00 - 3.30pm and 6.00-7.30pm City Centre Venue</p>
<p>Prevention Services BOOK NOW Facilitator Sharan Jones -<i>Health and Wellbeing Manager, Public Health, NCC,</i> Richard Dragonetti, <i>Signposting Service Co-ordinator, The Nottingham City Signposting Service and possibly Self-help Nottm rep.</i></p>	<p>Session Overview: An explanation of the implications of the Care Act around Preventing, reducing or delaying needs. Session Outcomes:</p> <ul style="list-style-type: none"> • To inform colleagues of the broad choice of preventive public health initiatives; • To increase understanding of how to promote healthy active lifestyles; • To raise awareness of loneliness in the city and schemes available focused on reducing loneliness; • To increase engagement with the Nottingham Signposting service and • To increase understanding the services available through Self-Help Nottingham. 	<p>10 February 09.30-11.00am City Centre Venue</p>
<p>Maintaining Care Service Continuity BOOK NOW Facilitator Steve Oakley- Head of Quality and Efficiency, NCC and TBC</p>	<p>Session Overview: The explanation of the implications of the Care Act around Management provider failure and other service interruptions. Session Objectives;</p> <ul style="list-style-type: none"> • Discuss processes for maintaining continuity of service • Explore how you can help us manage impact of Provider Failure and service interruptions • Support you in the development of robust Contingency Plans. 	<p>10 February 11.30am - 12.30pm City Centre Venue</p>
<p>The Wellbeing Principle BOOK NOW Facilitator Uzmah Bhatti- <i>Public Health Manager</i> and Liz Pierce <i>Public</i></p>	<p>Session Overview: Under the Care Act 2014 Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This session will look at the meaning of wellbeing and how this can be promoted within day to day roles. Session Outcomes:</p>	<p>10 February 2.00- 3.30pm City Centre Venue</p>

<p><i>Health Manager, Public Health Nottinghamshire County and Nottingham City</i></p>	<ul style="list-style-type: none"> • Understand the concept of wellbeing and the factors that can influence wellbeing • Understand how wellbeing can be promoted and where to look for wider support networks • Begin to look at the implications this has for your role and identify what support you may require <p>Why you need to attend: The wellbeing principle lies at the heart of care and support and applies in all cases where a local authority is carrying out a care and support function. Attend this session to build and enhance your understanding of what this means for you.</p>	
<p>Changes to Advocacy Provision BOOK NOW Facilitator Clare Gilbert, <i>Lead Commissioning Manager</i> and a Senior Practitioner, NCC</p>	<p>Session Overview: An explanation of the implications of the Care Act around Advocacy Provision; Session Objectives</p> <ul style="list-style-type: none"> • Introduction to what Advocacy is. • Explain recent changes to the demand and obligations to provide Advocacy to citizens • Overview of advocacy related to Substantial Difficulty, new groups affected and new role of advocacy provision. • Describe the importance of supporting Citizens to understand their journey through services to support their independence. • Discuss case studies to help understand the changes to advocacy provision. 	<p>11 February 2015 09.30-11.00am City Centre Venue</p>
<p>The Care Act and Health Integration BOOK NOW Facilitator Antony Dixon - <i>Strategic Commissioning Manager</i>, NCC and Jo Williams, <i>Assistant Director Health and Social Care Integration</i>, NHS Nottingham City Clinical Commissioning Group</p>	<p>Session Overview: An explanation of the implications of the Care Act around Health Integration. Session Objectives:</p> <ul style="list-style-type: none"> • Explain the legal aspects of Health Integration from the Care Act • Showcase the work currently undertaken around Health Integration e.g. Better Care Fund(BCF) • Signpost where to find out more information about Health Integration • Overview of how Health Integration can help deliver other aspects of the Care Act Requirements including Preventative Services and Wellbeing 	<p>11 February 12.00-1.00pm City Centre Venue</p>
<p>Care Act: Deferred Payments BOOK NOW Facilitator Bev Osborne, <i>Business Manager</i>, Nottingham Revenues and Benefits Ltd and Yvonne Dickinson, <i>Team Leader</i>, NCC</p>	<p>Session Overview: With effect from April 2015, the Care Act 2014 introduces the universal deferred payment scheme which means people should not be forced to sell their home, in their lifetime, to pay for their care. By taking out a Deferred Payment Agreement, a person can 'defer' or delay paying the costs of their care and support until a later date. Deferring payment can help people to delay the need to sell their home, and provide peace of mind in a time that can be challenging (or even a crisis point) for them and their loved ones as they make the transition into residential</p>	<p>11 February 2.00-3.30pm City Centre Venue</p>

	<p>care.</p> <p>Session Outcomes:</p> <ul style="list-style-type: none"> • People will have an overview of how the scheme works • People will understand the impact for citizens • People will understand NCC policy and the Council's responsibilities • People will know where to go for information and advice <p>Why you need to attend.....to understand citizen options and NCC responsibilities and obligations</p>	
<p>Safeguarding Adults - The Care Act and the role of the Adult Safeguarding Board</p> <p>BOOK NOW</p> <p>Facilitator Paul Langley- <i>Safeguarding Partnerships Training Officer,</i> Nottingham City Safeguarding Partnership</p>	<p>Session Overview: A look at what the Care Act means for our safeguarding adults responsibilities, including the new statutory status, role and responsibilities of the Adult Safeguarding Board in Nottingham (NCASPB).</p> <p>Session Outcomes:</p> <ul style="list-style-type: none"> • Awareness of what the Care Act says about adult safeguarding responsibilities • Awareness of the role and responsibilities of the Adult Safeguarding Board • Why adult safeguarding matters and what we need to do better <p>Why you need to attend..... Safeguarding adults is everybody's business, so it's important to understand our responsibilities, the role of the Adult Safeguarding Board and what we need to be doing better.</p>	<p>12 February 09.30-11.00am City Centre Venue</p>
<p>Carers</p> <p>BOOK NOW</p> <p>Facilitator Becky Govan- <i>Business Improvement Manager</i> and Clare Gilbert - <i>Lead Commissioning Officer-</i> NCC</p>	<p>Session Overview: An explanation of the implications of the Care Act for Carers.</p> <p>Session Objective:</p> <ul style="list-style-type: none"> • What the Care Act mean for Carers • What the Care Act mean for Services and Provision • What are we doing about the Care Act in Nottingham City. <p>Why you need to attend..... The session will focus on how we can retain a person centred approach with carers, ensure better information and advice is provided and work together to ensure we can support carers effectively.</p>	<p>12 February 2.00-3.30pm City Centre Venue</p>
<p>Impact of Adult Social Care Assessment</p> <p>BOOK NOW</p> <p>Facilitator Richard Brown - <i>Development Consultant</i> and Adult assessment Colleague, NCC</p>	<p>Session Overview: An explanation of the implications of the Care Act on Adult Social Care Assessment.</p> <p>Session Objectives</p> <ul style="list-style-type: none"> • Understand Care Act eligibility and Nottingham City's implementation of this • Understand Nottingham City's approach to assessment under the Care Act and the impact it will have on partners <p>Why you need to attend.....</p>	<p>13 February 09.30-11.00am City Centre Venue</p>

	Learn about Nottingham City implementation of the Care Act concerning the changes to our assessment processes and the ways this may impact you and your organisation.	
Transitions - Preparing for Adulthood BOOK NOW Facilitator Oliver Bolam - <i>Head of Specialist Services, NCC</i> , Amanda Payne, <i>Targeted Transitions Manager</i> , Futures and Nick Webster - <i>Senior Practitioner, NCC</i> .	Session Overview: Transitions services are required to support a young person with special educational needs and disabilities (SEND) through the often confusing maze of new services and new legislation that affects them and their carers as they approach adulthood. How are Nottingham transitions services responding to the challenges of providing a person centred service within the new legal framework? Session Outcomes: <ul style="list-style-type: none"> • Current challenges: How have we identified what requires improvement or reviewing due to the Care Act/ Children and Families Act • How are we preparing: The impact of the new Education, health and care plan process on transition including clearer processes and information for families in conjunction with the Care Act preparations • Future vision (Our vision for post 2014): What can we all do to help our citizens and their families to prepare for adulthood? 	13 February 12.00-1.00pm City Centre Venue
Information and Advice	Information about this subject will be added to the website on the 9 Feb.	Will be added 9 Feb.
Market Shaping and Commissioning of Adult Care and Support	Information about these subjects will be added to this page on the 9th February. The PowerPoint presentation will provide Information on how the work we do complies with the Care Act.	Will be added 9 Feb.

If you need any help booking on a session please call **Lisa Hazell** on **0115 8764820** or email lisa.hazell@nottinghamcity.gov.uk
www.nottinghamcity.gov.uk/ecmva2015careact

Care Act 2014

- The Act passed into law in May 2014
- Part 1 final regulations and statutory guidance published end of October 2014. Part 1 implementation by April 2015
- Part 2 (funding reform/care cap) implementation by April 2016
- Care Act Programme Board in place, with programme leads in key areas

1. General duties and universal provision

Wellbeing:

LAs must promote wellbeing and actively seek improvements when carrying out any of their care and support functions in respect of a person

Page 40

Prevention:

LAs must also provide or arrange services, facilities or resources that prevent, delay or reduce the development of needs for care and support

Implementation update:

1. Text drafted for inclusion in relevant documents including the service specification template, appropriate JSNA chapters
2. Included in training plan to be rolled out to cross-sector partners
3. Linked into information and advice and communications workstreams



1. General duties and universal provision continued...

Information & advice:

Duty to provide a comprehensive information and advice service, including signposting to independent financial advice

Implementation update:

1. Project team established
2. Draft strategy produced and will be consulted upon
3. Online provision being reviewed
4. Choose My Support - recommissioned for a further year

Page 41

Marketing shaping & provider failure: The market oversight and managing provider failure role is a joint obligation with Care Quality Commission (CQC) and the Council. The Care Act strengthens role for LAs

Implementation update:

1. Contacts in place with CQC
2. Market position statements being reviewed
3. Current provider failure action plan also being reviewed



2. First contact and identifying needs

Assessment:

All citizens are entitled to receive a care and support assessment and, if relevant, a care plan.

Citizens can also ask the LA to arrange care, irrespective of who is funding care

Eligibility:

Assessments must use the new national framework

Carers:

Duty to complete carers assessments and meet their eligible needs

Implementation update:

1. Policies, forms and processes updated
2. Development of a universal carers plan
3. Current advocacy contracts reviewed and updated
4. Every Colleague Matters Event scheduled for w/c 9 February



3. Charging and financial assessment

Charging and financial assessments: Small amends required and options regarding charging policies, such as financial assessments for couples, self-funders, hospital discharge, carers and prisoners

Page 43

Deferred payment: People will not have to sell their home to pay for residential care whilst they are still alive

Implementation update:

1. Scoping exercise underway for charging amends - ensuring no citizens will be worse off and that the Council applies the right criteria
2. Consultation to be undertaken

Implementation update:

1. Basic information is being provided to citizens interested to take this up from April
2. Finalising of policies and practices
3. Local interest rate to be set



4. Person Centred Care and Support planning

Care & support planning/personal budgets: LA duty to provide a care and support plan. Development of the plan must involve the citizen and be reviewed.

Citizens/carers can have a joint care and support plan

Page 44

Direct payments: Using the information from the personal budget, the person has a legal entitlement to request a direct payment and LAs must provide them to citizens who meets the conditions in the regulations

Transition: Children (and carers) likely to have needs when they turns 18, must be assessed, regardless of whether they currently receive any services

Implementation update:

1. Review of forms, policies and procedures
2. Included in training plan



5. Integration and partnership working

Integration:

LAs must promote integration with the aim of joining up services particularly between the NHS, care services, and wider determinants of health such as housing

Page 45

Cooperation: LAs and partners must cooperate in the case of specific individuals

Implementation update:

1. Assistant Director Health and Social Care Integration attends the Programme Board meetings
2. Compliance check to be undertaken



6. Safeguarding: LAs must establish Safeguarding Adults Boards with local partners, with public plans, annual reporting and clear processes for investigating suspected abuse or neglect

Implementation update:

1. Review of operational practice
2. Board Task and Finish Group established

Page 46

7. Moving between areas :
New process to ensure continuity of care. There are changes to ordinary residence - responsibilities of the placing LA widen to include supported living and shared lives schemes

Implementation update:

1. Review of forms, policies and procedures



9. Prisons:

The Act establishes that the LA in which a prison, approved premises or bail accommodation is based will be responsible for assessing and meeting the care and support needs of the prisoners residing there

Implementation update:

1. Links made with HMP Nottingham and approved premises and bail accommodation providers
2. Contract discussions underway with NHS England



Additional implementation activity:

- IT systems procurement exercise underway
- Delivery of staff training underway
- National awareness campaign has started and will gather in pace in February
- ADASS/LGA Stocktake currently taking place
- Self-assessment compliance checking to begin in February

HEALTH SCRUTINY PANEL
28 JANUARY 2015
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 42</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 (Nottingham CityCare Partnership)</p> <p>• Adult Integrated Care To review progress in the Adult Integrated Care Programme (lead – Nottingham City CCG)</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 (Nottingham City CCG)</p> <p>• GP Practice Change - The Practice Nirmala To consider proposals to close The Practice Nirmala (NHS England Derbyshire and Nottinghamshire Area Team)</p> <p>• GP Practice Change - Merger of Boulevard Medical Centre and Beechdale Surgery To consider proposals to merge Boulevard Practice and Beechdale Practice (NHS England Derbyshire and Nottinghamshire Area Team)</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 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>• Access to services for people with ME To receive a briefing on access to services for people with ME, to help identify whether a scrutiny review is required</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 equalities?
- Sex and Relationships Education in schools (possibly incorporated within review of new model for school nursing service. Audit of SRE scheduled for autumn 2014)
- Quality of GP practices - 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)

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
- Healthwatch Nottingham Annual Report
- 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
- Update on bowel cancer screening uptake
- Update on NHS Health Check Programme performance

Scrutiny Review Panel

- Service user experience of care at home services