



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 23 July 2015

Time: 1.30 pm

Place: Ground Floor Committee Room - 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: Clare Routledge **Direct Dial:** 0115 8763514

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IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

A PRE MEETING FOR COUNILLORS WILL BE HELD AT 1.00 PM IN THE GROUND FLOOR COMMITTEE ROOM.

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 COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 18 June 2015 from 13.34 - 14.34

Membership

Present

Councillor Anne Peach (Vice Chair)
Councillor Ilyas Aziz
Councillor Dave Liversidge
Councillor Jim Armstrong

Absent

Councillor Ginny Klein
Councillor Corall Jenkins
Councillor Neghat Nawaz Khan
Councillor Chris Tansley
Councillor Merlita Bryan

Colleagues, partners and others in attendance:

Dave Miles - Assistive Technology Manager, Nottingham City Clinical Commissioning Group
Clare Routledge - Health Scrutiny Project Lead, Nottingham City Council
Barbara Venes - Patient Involvement
James Welbourn - Governance Officer, Nottingham City Council

11 APOLOGIES FOR ABSENCE

Cllr Merlita Bryan
Cllr Corall Jenkins
Cllr Neghat Khan
Cllr Ginny Klein
Cllr Chris Tansley

Martin Gawith

Cllr Anne Peach (vice chair) chaired this meeting as Cllr Ginny Klein was unable to attend.

12 DECLARATIONS OF INTEREST

None

13 MINUTES

The minutes of the Health Scrutiny Committee meeting held on 27 May 2015 were confirmed and signed by the Chair.

14 ADA'S STORY

Dave Miles, Assistive Technology Project Manager at Nottingham City Clinical Commissioning Group presented Ada's Story to the Committee, which consisted of two short animated DVDs highlighting the importance of delivering integrated care to citizens and the positive impact this approach has on the citizen and their family and carers, and answered questions from attendees:

- (a) there are 4 key areas within the whole system of integrated care:
 - Coordination of ongoing services – social care and health need to be joined up where possible;
 - Independence pathway – including reablement, self-care, urgent care, and a single front door;
 - Access and navigation - people need to know how to access the right information and services;
 - Assistive technology in the form of telecare and telehealth enabling independent living;
- (b) there is an existing good level of joined up working, with 8 care delivery groups aligned with City Council neighbourhood teams;
- (c) multi-disciplinary teams have been established through GP practices; membership includes GPs, health and social care professionals and a care co-ordinator and meetings are held weekly to discuss the care of high risk patients;
- (d) there are currently 19 care co-ordinators; these are non-clinical professionals but this role will be more public facing in the future;
- (e) both staff, and service user surveys have revealed that people's perceptions of what is happening within the integrated care programme is improving and 86% of service users would recommend the service to others;
- (f) areas of work that have not developed as much as expected include reablement and urgent care not yet being formally integrated, and key messages not always being understood by staff;
- (g) as well as being part of the multidisciplinary teams, GPs sit on the integrated care programme board and are involved in each of the pathway working groups responsible for planning and development of services;
- (h) all of the integrated care programme funding totalling £25 million has been pooled under the better care fund and although efficiencies are expected over time this is not key as integration is not about saving money;
- (i) neighbourhood teams are strengthening their knowledge and expertise so they are not so reliant on specialist services;
- (j) volunteers known as care navigators will be recruited from the community to help those that do not want to engage with services or flag on a care register. Self-care will be promoted;

- (k) CityCare Partnership is developing holistic training to enable staff to have wider skillsets. Staff co-location is also key;
- (l) consideration is underway to develop 7 day services initially regarding community matrons, as well as 7 day working for integrated community equipment services. For example, this could enable a bed to be delivered over the weekend;

RESOLVED to:

- (1) thank Dave Miles for the presentation;**
- (2) receive Dave Miles back in October to present a timeline to members outlining integrated care programme delivery;**
- (3) ask that survey comparison statistics with their 2014 equivalent come back in October.**

15 WORK PROGRAMME 2015/16

The Committee considered a report of the Head of Democratic Services relating to the work programme for the Health Scrutiny Committee for 2015/16.

- (a) Councillor Liversidge raised the issue of universal credit and how this is impacting on families and the health inequalities this imposes upon them;
- (b) Councillor Aziz volunteered to be a member of the end of life services study group, with further volunteers needed. Clare Routledge agreed to write to absent committee members asking if they would like to participate;

RESOLVED to:

- (1) ask Clare Routledge to create a timetable framework with regards to the end of life services study group, and report progress back to the Committee;**
- (2) agree a suitable date for members to visit Nottingham CityCare Partnership clinics within the Victoria Shopping Centre.**

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HEALTH SCRUTINY COMMITTEE

23 JULY 2015

PROGRESS IN IMPLEMENTATION OF THE CARE ACT 2014
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REPORT OF HEAD OF DEMOCRATIC SERVICES
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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 Committee 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 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.
- 3.2 Regulation and statutory guidance (Part 1) was published in October 2014 ahead of implementation by April 2015.
- 3.3 (Part 2) is concerned with funding reform and is to be implemented by April 2016. Final guidance for Part 2 of the Act is expected in October 2015.
- 3.4 The Care Act Programme Board is in place, with programme leads in key areas. This is overseeing further work around compliance with Part 1 of the Act and projects of delivery that will ensure the Council is compliant with funding reform legislation (Part 2).
- 3.5 City Council Officers responsible for implementing the Care Act 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

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 28 January 2015

7. **Wards affected**

All

8. **Contact information**

Clare Routledge, Health Scrutiny Project Lead

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Health Scrutiny Committee
Thursday 23rd July 2015
Progress on implementing the Care Act

Submitted by: Helen Jones, Director of Adult Social Care

Report author and contact details:

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Context

- The Act passed into law in May 2014.
- Final regulations and statutory guidance (part one) were published in late October 2014.
- Corporate risks related to how the second part of the Act affects the wider adult social care system are being developed.
- Part 2 of the Act, concerned with funding reform, is to be implemented by April 2016
- Final guidance for part 2 of the Act is expected to be published in October 2015
- The Care Act Programme Board is in place, with programme leads in key areas. This is overseeing further work around compliance with part 1 of the Act and projects of delivery that will ensure the Council is compliant with funding reform legislation (part 2).

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 needed to be implemented by April 2015 and part two (funding reform) to be implemented by April 2016.

1. General Duties and Universal Provision

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:

- a) The wellbeing principle and preventive approaches were built into training, contracts and practice. Significant progress was made by April 2015, but there is a continuing development, with an emphasis on a partnership approach.
- b) Work has been done to refine the re-ablement process to maximise the independence of citizens.
- c) Assessment and support planning forms have been redesigned to enable practitioners to demonstrate that they have considered the wider wellbeing of the individual in assessing for need and co-producing packages of care. This includes encouraging and supporting practitioners to demonstrate that they are seeking locality based preventative solutions to citizens' needs in a support plan.
- d) Mandatory cultural change workshops are planned for the current financial year to embed the concept of considering the wider wellbeing of citizens with frontline practitioners.
- e) A piece of work is underway with partners to look at how we can upskill and give the confidence to all practitioners in the City, including health, social care and volunteers, to address wellbeing issues in citizens homes. This work is intended to encourage practitioners to consider the wider wellbeing of a household, not just to address the specific issue for the specific citizen for whom they are attending.

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 has been 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 developments include:

- a) Factsheets have been developed and published on the Adult Services web pages including information on areas such as carers advice, power of attorney etc.
- b) As part of a strategic commission review on financial vulnerability, specialist services for debt management, welfare benefits, housing etc. are being commissioned via a new pathway. Services are on track to be in place by autumn of 2015. This will include citywide provision, neighbourhood provision, housing provision, a service for the deaf community and a service for refugee and asylum seekers. An improvement in the quality and effectiveness of these services is anticipated.
- c) Initial commissioning analysis work for a directory of services in the City to replace Choose my Support is underway. This is being done in partnership with Health and will include learning and joint development with the Bulwell Self Help Pilot.
- d) A multi-agency project team has been established with key colleagues from a range of partners. This is with a view to pulling together information and advice in the City under one strategy to cover adults, children's, health and social care. The intention is to support both citizens and staff to access information and advice and to pick up and make available local intelligence about preventative locality services that would not usually be captured formally. This work is in preliminary stages and work is underway to scope the project and engage with users and staff.

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: A programme of work has been implemented and further development work is underway. This includes four strands of provider support, including:

- Financial sustainability
 - Quality of care
 - Planning for failure
 - Infrastructure support
- a) A provider failure protocol has been developed and is in place which takes into account Care Act requirements. The purpose of the document is to minimise the risk of failure of a key provider in the City.
 - b) Market development colleagues have established a relationship with CQC and their market oversight regime, to ensure timely and appropriate exchange of information relating to providers operating in the City. This includes attendance at team meetings and sharing information following inspections.
 - c) Commissioners will maintain a dialogue and market intelligence role with key providers.
 - d) A regional provider workshop is taking place in July 2015. This will include discussion around workforce, provider confidence to invest, quality assurance and supporting providers in difficulty.
 - e) An Early Intervention strategy is to be piloted to identify and support struggling providers in the City.

2. First Contact and Identifying Needs

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 with the citizen being cared for.

Implementation:

- a) Eligibility for care must now be identified using the new national framework. Local interpretation of the guidance however indicates that this is similar to the 'high moderate' level, previously used by the Council. Policies, forms and processes have been being reviewed and updated to reflect the requirements of the Care Act.
- b) We meet the needs of carers who are caring for citizens who are eligible either by providing a joint assessment for the carer, with the cared for or providing a separate

assessment for the carer. The Carers Federation has been commissioned to provide separate assessments for carers. This ensures policies and processes reflect the duties of the Care Act. A Carers Advice and Contingency Plan has also been developed. This is to meet requirements under the 'reduce, prevent, delay' agenda for carers. An audit of the Council's work in relation to carers and compliance with the Care Act in this regard is currently being undertaken.

- c) There are new responsibilities in the Care Act for adult social care to ensure that young carers are not undertaking inappropriate caring roles. The Council, in partnership with Action for Young Carers (Carers Federation), is developing a policy in this regard. This is currently in draft form. Data at May 2015 shows that 7 young carers have had their caring responsibilities removed in line with Care Act requirements.
- d) A separate workstream for Independent Advocacy was established which reviewed contracts and practices. Pohwer, a third sector organisation, has been commissioned in the City to provide independent advocacy, in line with Care Act requirements.
- e) Workshops have taken place with managers on care and support planning and eligibility. Communication and training are underway with practitioners, outlining key Care Act information and operational requirements.
- f) An audit of practitioner usage of the new eligibility criteria will be undertaken in August 2015. The result of this is expected in September 2015. It will include looking at whether practitioners are applying the new criteria in a robust manner and an investigation into whether new criteria has changed the level of care provided against a citizen's level of need.

3. Charging and Financial Assessment

Timeline: April 2015

Charging: Some small amendments were 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) Minor charging policy amendments have been implemented. Further work is to be carried out to implement the extended means test procedures, although work on this area cannot be properly scoped until details are published in the final iteration of the guidance.
- b) A process to defer payments for residential care to allow a citizen retain ownership of their home, whilst they are alive, is now in place. Good practice processes have been informed by The National Association of Financial Assessment Officers (NAFAO) toolkit to develop information and policies for deferred payments. There has however been little local citizen interest deferring payments.
- c) Using an LGA self-assessment tool, we have determined that our charging policies and procedures are compliant with the Care Act.

4. Person Centred Care and Support Planning

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:

- a) The Council currently provides care and support plans and direct payments. Relevant policies, forms and processes have been reviewed to ensure compliance. A cultural change programme of mandatory training has been and continues to be rolled out to practitioners.
- b) Detailed information is now available for citizens in areas such as direct payments and care and support planning. A Care and Support Policy has also been published that details the breadth of the Council response to the Care Act.
- c) Transition processes have been checked for compliance. The City has a Transitions Team, which facilitates a clear process between children and adult social work teams. A wider strategy is in development.

5. Integration and Partnership Working

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.

6. Adult Safeguarding

The Care 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:

- a) The Act requires a person-centred approach, based on outcomes and current practice and operational processes are being reviewed and adapted. A training

strategy is being developed to ensure the principles of making safeguarding personal are embedded in practice. The Safeguarding Care Act Working Group is monitoring progress.

- b) 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:

- a) Current policy, practice and operational processes have been considered and checked against the guidance to ensure compliance.
- b) ADASS has developed a regional cross border protocol to secure broad agreement on how different local authorities deal with the issue of carers living in different local authority areas to the person for whom they care. Briefly, it sets out that the responsibility would remain that of the authority in which the person being cared for is resident. That is unless the carer or cared for expresses a strong desire for this not to be the case. Consideration is being given as to whether officers will recommend that the City Council adopts this protocol.

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:

- a) Links have been made to colleagues in HMP Nottingham and those responsible for approved premises and bail accommodation.
- b) 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.
- c) Work is underway at a regional level to understand if assumptions about pressures and resource allocation were sound. HMP Nottingham is a remand prison. As such it was anticipated that demand for social care would be low, due to the transient nature of the prisoners. It has transpired however that Nottingham, along with other areas that have remand prisons, have a higher need for social care provision. This may be due to a robust assessment process being in place for prisons of this nature. Further work is to be undertaken.

Care Act Part 2

1. 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. Draft guidance suggests that this limit will be £72,000, although details are subject to the final guidance being published in October.

Implementation: A project and project delivery group has been instituted to deliver the various aspects of meeting the Council's new duties, from April 2016, in relation to the cap on care costs. This includes:

- a) Identifying numbers of self-funders in the City in receipt of social care services. This is with a view to modelling the cost to the Council of implementing the cap on care costs and understanding the potential impact on assessment teams of new requirements.
- b) Designing IT solutions and processes that will enable setting up and monitoring care accounts to monitor citizens' progress towards the cap on care costs and provide statements of progress for citizens, in line with Care Act requirements.
- c) Development of local policy setting out new statutory arrangements. Where final statutory guidelines do not set out what local authorities *must* do in a given situation, local policy will be developed.

2. Appeals

Implementation: Draft Care Act part 2 guidance suggests the possibility of a requirement to implement a social care appeals process, separate to a council's complaints process. Draft consultation guidance is however very light on the details of this and as such, work will not commence on this area until there is more clarity provided in final published guidance, expected in October 2015.

3. Working age Adults Cap

Implementation: Care Act draft guidance talks about a lower cap on the amount that working age adults will have to pay towards their care costs. There are a number of options put forward in the draft guidance and it is expected that more clarity will be provided in the final guidance, due to be published in October. Work on this area will commence following publication.

4. Extended Means Test

Implementation: Care Act part 2 includes an extension to the current means test which means that some citizens will be charged less for their care. Details of this will be included in the final iteration of the part 2 guidelines, expected in October.

Overall implementation:

- A piece of work is underway to complete a voluntary self-assessment of the City's compliance with part 1 of the Care Act.
- A programme manager has been appointed to lead a suite of projects to ensure Care Act part 2 compliance by April 2016.
- A Programme Board meets monthly and has a lead representative for each of the key areas of part 2 of the Care Act.
- The consultation guidance for part 2 of the Care Act has been published but it is light on detail in some areas, for example where the care cap will be set and at what age for working age adults with care needs. It is anticipated that the final guidance will be published in October 2015. The Programme Board has identified significant risk around the short timescale to implement new procedures and processes between October 2015 and April 2016. Lobbying of government is taking place to recommend a delay in the timescales for implementation. The Care Act programme manager attends regional meetings, hosted by ADASS, to keep abreast of national developments.
- The ability to track care spending through citizen care accounts will be included in the new Liquid Logic system as part of Project Evolution. This may not be ready for full implementation by April 2016. There is a programme of work underway however to scope how current IT systems (CONTROCC) would be able to fulfil the Council's statutory duties in this respect by April 2016. Officers are confident that an interim solution is in hand.
- A risk workshop for part 2 of the Care Act is scheduled for July 2015. This will be in order to fully map the risks involved in funding reform. These will be logged in Covalant, monitored and reported to the Care Act Programme Board.
- 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.
- A project group has been set up to consider contracting and market implications of care Act part 2.
- ADASS undertook a 4th stocktake in May, which helps provide a national picture of implementation progress.

Care Act 2014 - Update

- 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
- Final guidance for part 2 of the Act due in October 2015 for implementation by April 2016 – Implications of this are not yet clear
- Care Act Programme Board in place, with programme leads in key areas – Overseeing audit of compliance with part 1 and work to ensure compliance with funding reform legislation (part 2)

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

Prevention:

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

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Implementation update:

1. Wellbeing principle built into training, contracts and practice
2. Redesign of assessment and support planning documentation to demonstrate consideration of wellbeing and prevention approach
3. Mandatory cultural change workshops – frontline staff
4. Work with partners to upskill and empower frontline staff to consider whole household wellbeing issues at every contact



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. Fact sheets developed and published ASC website
2. Debt management, welfare benefits, housing etc. information and advice services being commissioned – services in place autumn 2015
3. Commissioning underway to replace Choose my Support directory
4. Multi-agency strategy for citywide information and advice in development

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 been reviewed
3. Provider failure protocol in place
4. EI strategy pilot to identify and support struggling providers



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. Eligibility for care now identified using national framework – audit of this due August 2015
2. Carers now being assessed, in line with CA requirements, including removal of caring responsibilities for 7 young carers since 04/15 – Carers Federation commissioned to carry out carers assessments
3. Workshop delivered to practitioners on care and support planning
4. Pohwer commissioned to deliver independent advocacy

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

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Implementation update:

1. Amendments to charging policy implemented – Further work required around extended means testing (part 2)
2. LGA tool determined that policies and procedures are compliant

Deferred payment:

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

Implementation update:

1. Deferred payment policy, procedure and system in place. Citizen interest - low



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

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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. Policies, forms, procedures have been reviewed and rolled out to frontline staff
2. Workforce culture change programme being delivered
3. Detailed info available for citizens re Assessment, DPs and care & support planning – Care and Support policy published
4. Transition processes checked and agreed as compliant. Transition strategy in development



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

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

Implementation update:

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



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. Board established
2. Training programme embedding the principle of making safeguarding personal
3. Safeguarding Care Act Working Group monitoring progress

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. Current practice / process checked and confirmed as compliant
2. ADASS developed regional cross border carers protocol. Consideration being given as to how this can be adopted by the City



8. 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

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Implementation update:

1. Links made with HMP Nottingham and approved premises and bail accommodation providers
2. NHS England providing assessments for prisoners including light touch SC assessment
3. Work underway at regional level to understand if assumptions about pressures were sound. HMP Nottingham is a remand prison. Was anticipated that demand for social care would be low. Transpired however that Nottingham, along with other areas that have remand prisons, have a higher need for social care provision. May be due to a robust assessment process being in place for remand prisons. Further work to be undertaken.



Care Act Part 2 – Funding Reform

1. 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. Draft guidance suggests this limit will be £72,000, although details are subject to the final guidance being published in October.

Page 26

Implementation update:

1. Project and project delivery group instituted to deliver against new duties
2. Identifying numbers of self-funders in City to assist with modelling
3. Design of IT solution and processes to enable setting up and monitoring of care accounts
4. Local policy will be developed, setting out new statutory arrangements



Care Act Part 2 – Funding Reform

2. Appeals

The draft guidance suggests the possibility of a requirement to implement a social care appeals process, separate to a council's complaints process.

Page 27

Implementation update:

1. ADASS has suggested that conversations with civil servants and ministers point to a strong possibility that this area will be delayed and not be required for implementation in April 2016



Care Act Part 2 – Funding Reform

3. Working age adults cap

The draft guidance discusses a lower cap on the amount that working age adults will have to pay towards their care costs, with a number of options to be considered for the final guidance

Page 28

Implementation update:

1. Work on this area will commence on publication of final guidance, due in October 2015



Care Act Part 2 – Funding Reform

4. Extended means test

Care Act part 2 includes an extension to the current means test which means that some citizens will be charged less for their care.

Page 29

Implementation update:

1. Work on this area will commence on publication of final guidance, due in October 2015. ARS colleagues aware of future development work requirements.



Additional implementation activity:

- Voluntary self-assessment of the City's compliance with part 1 of the Care Act being completed
- Programme manager appointed to lead a suite of projects to ensure Care Act part 2 compliance by April 2016.
- Programme Board meets monthly and has a lead representative for each of the key areas of part 2 of the Care Act.
- Consultation guidance for part 2 of the Care Act published but light on detail. (E.g. At what value the care cap will be set and at what age for working age adults with care needs) Anticipated that final guidance published in October 2015. Risks around short implementation timescales noted. Care Act programme manager attends regional meetings, hosted by ADASS, to keep abreast of national developments.



Additional Implementation Activity (cont.)

- Tracking care spending through citizen care accounts included in the new Liquid Logic system as part of Project Evolution. May not be ready for full implementation by April 2016. Programme of work underway to scope how current IT systems (CONTROCC) would fulfil the Council's statutory duties in this respect by April 2016. Officers confident this can be achieved.
- A risk workshop for part 2 of the Care Act is scheduled for July 2015 to fully map the risks involved in funding reform, put in place mitigating actions and monitor these.
- ADASS, LGA, and DH are working together to support councils. Network of groups meeting regionally to support each other through implementation.
- Project group has been set up to consider contracting and market implications of Care Act part 2.
- ADASS undertook 4th stocktake in May, which helps provide a national picture of implementation progress.



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HEALTH SCRUTINY COMMITTEE
23 JULY 2015
UPDATE ON THE PROGRESS ON THE TRANSFER OF HEALTH VISITOR AND FAMILY NURSE PARTNERSHIP (FNP) COMMISSIONING RESPONSIBILITIES FROM NHS ENGLAND TO NOTTINGHAM CITY COUNCIL ON THE 1ST OCTOBER 2015
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

To consider the transfer of Health Visitor and Family Nurse Partnership (FNP) commissioning responsibilities from NHS England to Nottingham City Council on the 1st October 2015.

2. Action required

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

3. Background information

- 3.1 Responsibility for the commissioning of public health services for 0-5 year olds is due to transfer from NHS England to Nottingham City Council on 1st October 2015. This includes the commissioning of the health visiting and family nurse partnership services.
- 3.2 Local authorities already have responsibility for the commissioning of public health services for children aged 5-19 years and provide a range of other services that impact on the health and wellbeing of babies and children, for example children’s centres. A strategic review of 0-19 years services is ongoing and potentially this transfer provides the opportunity to join up the commissioning of these services.
- 3.3 The Council’s lead Public Health Consultant for this area of work and a representative of NHS England Derbyshire and Nottinghamshire Area Team will be attending the meeting to update the Committee on the progress of the transfer process between the two organisations.

4. List of attached information

- 4.1 **Appendix 1** – Update on the progress of the transfer of Health Visitor and Family Nurse Partnership (FNP) commissioning responsibilities from NHS England to Nottingham City Council on the 1st October 2015.

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

None

6. Published documents referred to in compiling this report

Report and minutes presented to the Health Scrutiny Panel on 24th September 2014.

7. Wards affected

All

8. Contact information

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Health Scrutiny Committee report

Information for Health Scrutiny Committee: Update on the progress on the transfer of Health Visitor and Family Nurse Partnership (FNP) commissioning responsibilities from NHS England to Nottingham City Council on the 1 st October 2015	
Date of meeting:	23 rd July 2015
Report author:	Lynne McNiven, Consultant in Public Health, Nottingham City Council Stephanie Cook, Senior Commissioning Manager - Public Health Commissioning, NHS England NHS England
Responsible Director:	Alison Challenger, Director of Public Health (Interim)
Portfolio Holder:	Cllr Alex Norris

Purpose

The purpose of this report is to update Nottingham City Council Overview and Scrutiny on the progress of transferring commissioning responsibilities for Health Visiting & Family Nurse Partnership from NHS England to Nottingham City Council on 1st October 2015.

Background and context

More than a quarter of the population of Nottingham is under the age of twenty. There are an estimated 20,000 infants aged 0-4 years and 57,200 children and young people aged 5-19 years resident in the City. The number of births has risen considerably in recent years and is likely to continue to do so. The projected population (age 0-19 years) in 2020 is 78,500. "There is overwhelming evidence that tells us that the first few years in children's lives shape their future development, and influence how well children do at school, their ongoing health and wellbeing and their achievements later in life. In addition, it is widely acknowledged that a strong focus on the first few years of children's lives leads to huge economic, social and emotional benefits later on, both for individuals and for society as a whole." (Supporting Families in the Foundation Years Department for Education & Department for Health 2011 www.gov.uk/government/publications/supportingfamilies-in-the-foundation-years)

A health visitor (HV) is a qualified nurse or midwife with post-registration experience who has undertaken further training and education in child health, health promotion, public health and education. Health visitors work as part of a multidisciplinary primary healthcare team, assessing the health, educational and social needs of children, families and the wider community. They aim to promote good health, improve educational and social outcomes and prevent illness by offering practical help and advice; ultimately reducing health inequalities.

Further information on the Health Visiting service can be found here: <http://www.england.nhs.uk/wp-content/uploads/2013/06/nati-hlth-vis-pln.pdf>

The Family Nurse Partnership (FNP) is a targeted service for young women under the age of 19 designed to empower and educate them during their first pregnancy through to the early years of their parenthood until their child is 2 years of age. FNP practitioners deliver an individually-adjusted curriculum in frequent one-to-one meetings aimed to improve self-efficacy and mitigate the sociological risks of a young, vulnerable woman having her first child. Further information on the Family Nurse Partnership can be found here: <http://fnp.nhs.uk/fnp-information-pack>

In April 2013 NHS England were charged under the Section 7a agreement of the National Health Service Act 2006 as amended under the Health and Social Care Bill 2012, an agreement between the Secretary of State and NHS England to commission Children's Public Health Services from 0-5 years. The Government has stated an expectation for these responsibilities will transfer to local authorities on 1st October 2015.

The 'Health Visitor Implementation Plan (HVIP) 2011-15 A call to Action (Department of Health 2011)' set out the shift in resources to increase the number of health visitors in order to enhance early identification and intervention by increasing contact and support to families, monitoring child development and health promotion.

Through the 7a agreement NHS England committed to improve health and wellbeing outcomes for children and families which included the Government's commitment to increase the number of health visitors (HVs) nationally by 4,200 against a baseline of 8,092 to transform health visiting services through the implementation of the Healthy Child Programme and increase the number of Family Nurse places nationally to 16,000 by April 2015.

Progress on the transfer of commissioning responsibilities to local authority

Transition Board:

A local transition board is meeting on a monthly basis to actively manage the transfer processes. Novation documentation is in place and NCC is now cosignatory to the existing contract and privy to all contract monitoring information. NCC legal, contractual and finance colleagues are working together to ensure due diligence of the transfer of service commissioning responsibilities.

Service Specification:

A national service specification has been developed for both Health Visiting and Family Nurse Partnership services. Regulation for Mandated Health Visitor functions have also been agreed which includes an 18 month 'Sunset clause' for continuation of these mandated functions post transfer to local authorities. The new mandated functions for Health Visitors are to:

1. Review pregnant women who are more than 28 weeks gestation
2. Review a child who is aged between one day and two weeks
3. Review a child who is aged between six and eight weeks
4. Review a child who is aged between nine and 15 months or
5. Review a child who is aged between 24 months (two years) and 30 months (two years and six months).

Final Health Visiting Numbers:

The final figures for the numbers of Health Visitors across Nottingham City on 31st March 2015 were: 126.6 whole time equivalents (WTE) against our original target of 154.7 WTE. This gives us a shortfall of 28.1 WTE. However, we have 12 students in training at the moment and they are due to complete their course by September 2015. There are also 8 students in training who are due to complete by January 2016. Nottingham CityCare will also continue to advertise and recruit qualified Health Visitors as part of normal business.

From a starting point of 61 WTE Health Visitors, Nottingham City have increased their Health Visitor workforce to 126.6 WTE in less than 5 years, more than doubling the team which is a great achievement.

NHS England have agreed with CityCare to continue recruitment activities to help move them closer to their target before commissioning responsibilities transfer to local authorities and in line with local authority financial allocations.

Funding Allocation for Health Visiting and Family Nurse Partnership: Half Year Allocation to be transferred to NCC on 1ST Oct 2015: agreed by DH in January 2015.

NHSE Area Team	Local Authority	Commissioning Costs	Proposed Allocation
North Midlands	Nottingham City	£15,000	£5,319,000

The funding formulae which will decide the allocation from 1st April 2016 has still not been decided by the Department of Health (DH) and the Local Government Association (LGA). Nottingham City Council public health team have already responded to a technical consultation however, we are expecting wider consultation to take place over the summer.

Registered Vs Resident Commissioning of Health Visitor (HV) and Family Nurse Planning (FNP) service: HV and FNP services are currently commissioned across a **GP Registered** population. The new national specification for these services suggests that we should use a **Local Authority Resident** population to commission them from the 1st October 2015. There are clearly challenges involved in changing commissioned populations particularly as GP and midwifery services will continue to be commissioned on a registered basis. The risks associated with this have been raised by Nottingham City Council and NHS England to the DH and the LGA over the past 9 months. NHS England, Public Health England and Local Government Association have now agreed to develop key high level principles to manage the commissioning transfer. The timescales for the change in commissioning populations is likely to be 1st April 2016. The HV and FNP Transition Board have requested legal advice regarding financial and reputational risk to the authority.

Local discussion have commenced to mitigate the risks associated with transferring from a registered commissioning to a resident commissioning population: NCC Legal Team, Nottingham City CCG, Child Health Records, Nottingham CityCare, NHS England Vaccination / Immunisation and Screening team and neighbouring local authority teams are all being consulted.

Overarching planning areas

Communications Plan: An integrated communication plan for Nottingham City Council is being developed and this will dovetail with national LGA and DH communications plans.

Data Sharing: Public Health England is leading on developing an interim data monitoring system for Health Visiting and Family Nurse Partnership

Vitamin D supplementation: Vitamin D is essential for normal growth and development; it is primarily generated through exposure to sunlight therefore, in the UK there is a higher risk of developing a deficiency of this vital vitamin. NHS England has confirmed that funding for Vitamin D (Healthy Start Vitamins for women and children) is included within the overarching funding for HV and FNP. This means that this public health initiative will continue to support vulnerable populations across Nottingham.

Development of 0 to 5 years Area Profiles: Over the past few months public health have been consulting on draft Health and Social outcomes profiles based at a Children's Centre geography. These are now available in Nottingham Insight and will allow everyone involved to develop services in line with the actual health and social needs of the population.

The profiles can be accessed through this link:

<http://www.nottinghaminsight.org.uk/f/123196/Library/Public-Health/0-5-Years-Area-Profiles-2014-15/>

In Summary

We have a growing evidence base which tells us that the first few years of a child's life are extremely important to ensure optimum physical, emotional and social development. The transfer of the Health Visiting and Family Nurse Partnership services' commissioning responsibilities from NHS England to Local Authorities on 1st October 2015 is a real opportunity to ensure all services for 0 to 5 year olds can become more integrated. This will develop more effective, efficient, accessible, acceptable and equitable services across the city. Nottingham City Council, NHS England and other partners are working closely to ensure the transfer of commissioning responsibilities for these vital services is robust and due diligence is adhered to.

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HEALTH SCRUTINY COMMITTEE
23 JULY 2015
UPDATE ON THE IMPLEMENTATION OF NOTTINGHAM'S NEW NEEDS-LED SCHOOL NURSING SERVICE
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

To receive an update on the implementation of Nottingham's new needs-led school nursing service which commenced in September 2014.

2. Action required

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

3. Background information

- 3.1 As part of the transition of commissioning public health services for 5-19 year olds to Nottingham City Council in 2013, a review of the school nursing service in Nottingham was carried out.
- 3.2 One of the key findings of the review was the need for a new model for school nursing in the City.
- 3.3 School nursing is a universal service which provides increased support to children and young people who have complex or longer term needs.
- 3.4 The lead Public Health consultant for this area of work will be attending the meeting to discuss the new model for the school nursing and how this is progressing and the impact it is having on service delivery.

4. List of attached information

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

Appendix 1 – Update on the implementation of Nottingham's new needs-led school nursing service

Appendix 2 – School nursing leaflet

Appendix 3 – Draft new school grouping by Area Committee/CDG

Appendix 4 – 0- 5 years area profile

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

None

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

As set out in the appendix

7. **Wards affected**

All

8. **Contact information**

Clare Routledge, Health Scrutiny Project Lead

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Health Scrutiny Committee report

Information for Health Scrutiny Panel: Update on the implementation of Nottingham's new needs-led school nursing service	
Date of meeting:	23 rd July 2015
Report author:	Lynne McNiven, Consultant in Public Health
Responsible Director:	Alison Challenger, Director of Public Health
Portfolio Holder:	Cllr Norris

1.0 Purpose

1.1 The purpose of this report is to update Nottingham City Council Overview and Scrutiny with regards to the progress of implementing the new School Nursing model which began to be implemented in September 2014.

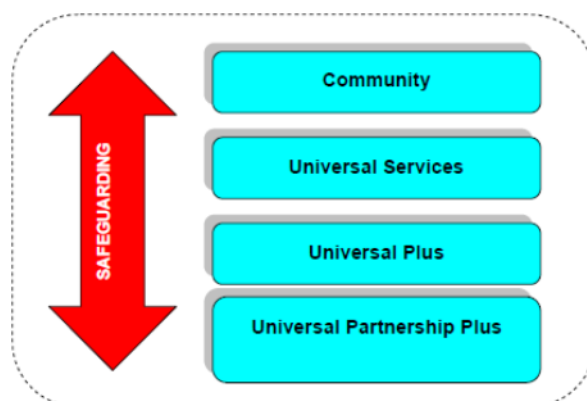
2.0 Background and context

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

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

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

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



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

3.0 Nottingham School Nursing review

3.1 As part of the transition process, a full review of the school nursing service was undertaken between December 2012 and December 2013. The aim of the review was to develop a school nursing service model for Nottingham based on local need to ensure children, young people and families are offered a core programme of evidence based preventative health care with additional care and support for those who need it.

3.2 The report of the Nottingham school nursing review findings and recommendations was completed in April 2014 and can be found here: [Nottingham School Nursing Review Report](#).

3.3 Following the review, a partnership group was established to lead the implementation of an action plan consisting of over 50 actions which were derived from the review.

4.0 School Nursing Model for Nottingham – developments since the review

There has been significant progress in the development of the Nottingham School Nursing service; the majority of actions within the service development action plan have already been achieved. Some key developments are detailed below:

4.1 The development of a needs-led model of delivery was implemented at the beginning of the 2014/15 academic year. Public health nursing teams have been established around each of the 16 school groups. Each team is led by a specialist Public Health nurse. This model ensures young people with the greatest level of need are supported by the most qualified nurses, contributing to improved health and educational outcomes (appendix 1).

4.2 During the first two terms of 2014/15, 1,013 children and young people received a school nurse intervention to support them with immediate health concerns/needs (universal plus) and 298 children with multiple and complex needs received support through school nursing (Universal Partnership Plus).

4.3 There is now a smooth transfer of children from the health visiting service in which children are transferred within four levels of need to school nursing. This ensures that school nurses are aware of the needs of children and can quickly identify and support children and families with ongoing or urgent health needs.

4.4 Significant progress has been made in the development and implementation of Standard Operating Procedures (SOPs) which ensure a consistent and evidenced based service for all children and young people. The following pathways have been developed and approved:

- Emotional health
- Sexual health and relationships
- Healthy weight
- Contenance
- Substance misuse

4.5 In addition, a safeguarding pathway and guidance for school nursing have been developed to clarify school nurses' roles and responsibilities. School nurses' involvement in safeguarding activities now depends on:

- Whether there are any health concerns
- Knowledge of the pupil
- The involvement of other professionals
- Whether the nurse has a role to play

4.6 A revised, holistic school entrant questionnaire was sent to parents in October 2014 and a revised Year 7 questionnaire was circulated in December 2014 as a means to identify potential health and well-being needs among children. During the first two terms of the 2014/15 academic year, 2,025 reception children (aged 4-5) received a health assessment. A mid-teen health assessment questionnaire has been developed, piloted and introduced in the summer term 2015, to identify young people who need information and advice on sexual health and relationships, emotional well-being, smoking, alcohol, substance misuse and healthy lifestyles.

4.7 The new healthy weight service within school nursing was launched in September 2014 and preliminary data suggests that families are satisfied with this personalised, family approach of weight management support. 6,019 reception and Year 6 children took part in the National Child Measurement Programme in 2014/15. During the first two terms of 2014/15, 472 children received support regarding healthy weight from a school nurse and approximately 70 families received an intensive package of support through the school nursing healthy weight service.

4.8 Promotional materials have been developed for use in schools, including revised School Health webpages and a service leaflet distributed to parents/carers of all school aged children (appendix 2). An on-line referral mechanism to the school nursing service has been developed so that schools and other professionals can easily and securely refer children and young people to the service.

4.9 School Nursing now provides a year-round service to ensure health needs continue to be met throughout the school holidays. The nurses have also significantly increased the amount of home visits they carry out to ensure a holistic family approach.

4.10 Three health improvement facilitators (healthy weight, sexual health and relationships and emotional well-being) are now in post within the School Nursing service to develop a whole school approach to improving health and social care outcomes, with equity across each school in the City. A consistent programme of health promotion campaigns was developed for 2014/15.

4.11 Public Health, in partnership with Education Partnerships, Healthy Schools, School Nursing and other service providers held the third in a series of Public Health and School Health Partnership events on the 4th June 2015 which focused on 'safeguarding children and young people's relationships' in which 77 delegates attended. These events aim to improve communication and partnership working between health partners and schools around key public health priorities.

4.12 A School Health Liaison Group has been established which is a partnership of deputy head teachers, school nursing and Public Health. The group enables continued involvement of schools in the development of the service.

5.0 Further developments

5.1 A School Aged Immunisation Service has been established and will start to administer school aged immunisations from September 2015. This service is commissioned by NHS England and will free up time within the school nursing service for other generic public health nursing.

5.2 The groups of schools that the school nursing teams work with are being amended so that they are aligned with Local Authority Committee Areas and GP Care Delivery Groups to ensure a more sustainable approach which supports integrated working. This will be in place by September 2015.

5.3 Updated school health profiles are being developed to provide an overview of health needs within the new school groupings as described in 5.2 to ensure a needs-led model of delivery. These will incorporate the priority outcomes from the Child Development Strategic Review, similar to the recently produced 0-5 Area profiles (appendix 3). These are expected to be finalised by December 2015.

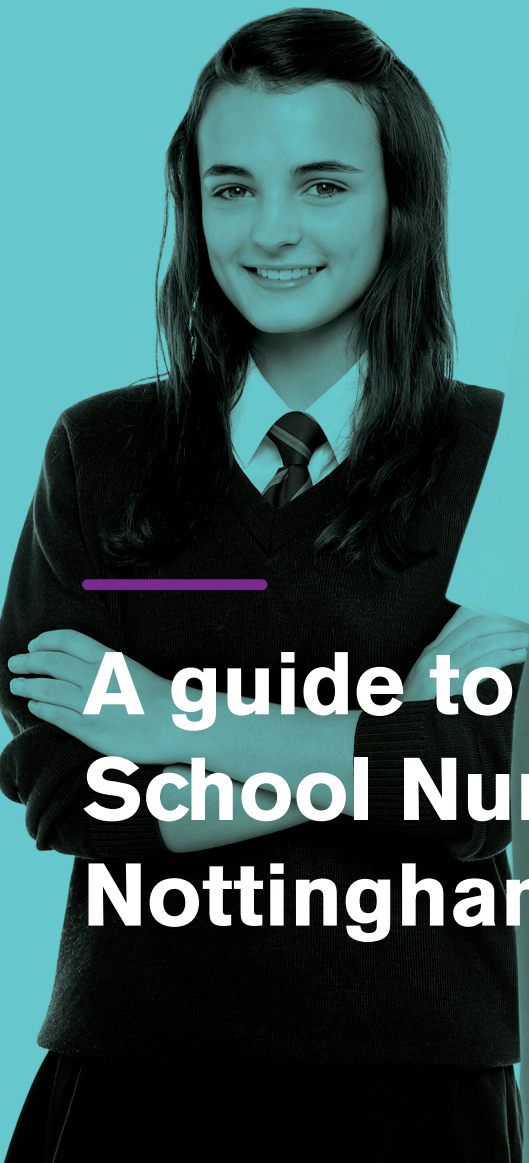
5.4 The school nursing service provided in special schools is currently being reviewed to ensure a coordinated approach with the Integrated Community Children and Young People's Healthcare Service for children and young people with acute or additional health needs, including disability or complex needs.

5.5 Standard Operating Procedures and pathways for managing the health needs of persistent absentees, smoking cessation and looked after children are in development.

6.0 Contact information

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A guide to School Nursing in Nottingham City



Who are CityCare?



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

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

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

We provide quality care you can trust.

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

The School Nursing Team

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

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

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



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



Our Services

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

Primary School

Reception

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

Year 6

Your child will be measured again.

Secondary School

Year 7

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

Your child will be asked to complete a health questionnaire.

Year 8

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

Year 9

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

Drop-in Services

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

Additional Services

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

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

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



Getting in touch with the School Nursing Team

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

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

Getting in touch with CityCare

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

T: 0115 883 9654

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

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

W: www.nottinghamcitycare.co.uk

If you would like this information in another language or format such as larger print, please contact: **0800 561 2121**

www.nottinghamcitycare.nhs.uk

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Nottingham
City Council

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Delivered by Nottingham CityCare Partnership on behalf of Nottingham City Council

Area Committee/CDG	Ward	School
	1 Bulwell	Bulwell Academy Bulwell St. Mary's Crabtree Farm Hempshill Hall Rufford Snape Wood Springfield
	1 Bulwell Forest	Cantrell Our Lady of PS Rise Park Stanstead Top Valley Westglade
	2 Bestwood	Glade Hill Henry Whipple Robin Hood Southglade St. Margaret Clitherow
	2 Basford	Ellis Guilford Heathfield Old Basford Southwark Whitemoor Healthfield Highbury
	3 Aspley	Ambleside Rosslyn Park
	3 Bilborough	Brocklewood Firbeck Glenbrook Jubilee Bluecoat Beechdale Melbury NUSA Portland Djanogly Strelley Academy <i>Westbury</i> Bluecoat Academy Primary School
	3 Leen Valley	Bluecoat (Aspley Lane) Nottingham Girls' Academy Robert Shaw Southwold St. Teresa's

	Trinity <i>Woodlands</i>
4 Arboretum	Berridge Bentinck Djanogly (Gregory Blvd)
4 Radford and Park	Mellers Radford
4 Dunkirk & Lenton	Dunkirk Edna G Olds NUAST
5 Sherwood	Burford Carrington Haydn Nottingham Free School Seely
5 Berridge	Claremont Djanogly Ac (S/Wood Rise) Djanogly Northgate Forest Fields Scotholme St. Mary's Hyson Green
6 Mapperley	Hogarth Nottingham Ac (Ransom Rd) St. Augustine's Walter Halls
6 Dales	Edale Rise Nottingham Ac (Sneinton Blvd) Nottingham Ac (Greenwood Rd) William Booth Windmill
6 St. Ann's	Blue Bell Hill Huntingdon <i>Rosehill</i> Sneinton St. Stephen's St. Ann's Our Lady & St. Edward's Sycamore
7 Wollaton West	Bluecoat (Wollaton site) Fernwood Infant Fernwood Junior Fernwood Middleton

8 Bridge	Greenfields Riverside Welbeck
8 Clifton North	Dovecote Farnborough <i>Nethergate</i> South Wilford St. Patrick's
8 Clifton South	Blessed Robert Glapton Highbank Milford Whitegate
Schools not in a ward (put in B. forest)	Oakwood Warren Nottingham Emmanuel
Deleted	Nottingham Nursery Nottingham Academy (Hereford Rd) Oakfield
Added	Nottingham Free School Bluecoat Academy Primary NUAST Nottingham Academy (Greenwood Rd) Heathfield Highbury (not official name)

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0-5 Years Area Profile 2014-15

Bulwell and Bulwell Forest / Team 1

+ Quick Statistics

- There are a total of 2,499 0-5 year old residents within Team 1; 1,671 residents in Bulwell and 828 residents in Bulwell Forest
- This area has the highest birth rate within the City when compared to other teams (71.7 births per 1,000 women aged 11-44 compared to the City average of 50.0 per 1,000 (2010-2012). Bulwell's birth rate is 75.9/1,000 (highest in the City) and Bulwell Forest's birth rate is 63.8/1,000
- There were 393 live births in Team 1 during 2012 (261 in Bulwell and 132 in Bulwell Forest)
- 9.3% of all live births in this area were classified as low birth weight (<2,500g) in 2010-2012 (Bulwell 10.1% and Bulwell Forest 7.6%)
- Team 1 has 70.6% of its area within the 20% most deprived areas of the UK (IDACI)
- Team 1 has a lower proportion of Asian/Asian British residents compared to the City
- There are significantly more families with dependent children in this area where there are no qualifications, compared to the City average
- This area has one of the highest percentage of eligible 2 year olds participating in the Early Learning Programme within the City (47.6% compared to 35.1% City average)
- The percentage of 3 and 4 year olds participating in Nursery Education Funding is the highest in the City (75.1% compared to 62.3% City average)
- Team 1 has the highest teenage pregnancy rate in the City (73.1 per 1,000 compared to 46.3 per 1,000)
- This area has the lowest proportion of mothers who breastfeed their babies at birth and also at 6-8 weeks
- Of the residents with children, 19% have poor mental health; this is the highest in the City when compared to other teams
- Team 1 has the highest percentage of residents (with children) who smoke and also the highest percentage of women of child bearing age who smoke (46.4% and 45.4% respectively)
- More than half of the residents in Bulwell and Bulwell Forest are overweight/obese (54.6%)
- There are a total of 6 fast food takeaways within the Team 1 area*

* Licensed Premises data is a source of takeaway information, but must be used with the caveat that this information may not be 100% accurate, as the categorisation is based on the individual officers judgement. In addition, it should be noted that this only includes places that continue to sell hot food after 11pm; as such there are some takeaways such as fish bars that close earlier which will be excluded.

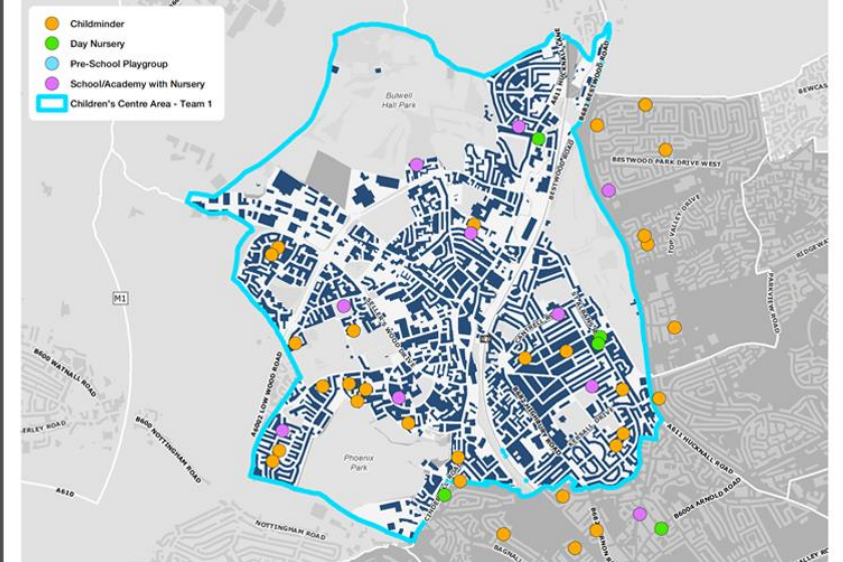
+ Team Area Map



Children's centres bring together a range of free services for children from birth to five, and their families. Services vary at each centre according to local community needs but all centres provide links to childcare, family support and a range of parent and toddler activities.

This profile covers 'Team 1' which includes the Children's Centres of 'Bulwell' and 'Bulwell Forest'. More information can be found at: <http://www.nottinghamcity.gov.uk/childrenscentres>

+ Early Years Providers



The map shows Early Year Providers within the Team 1 area. For information on voluntary and community groups in the area, visit the NCVS Online Directory.



⊕ Priority Outcomes

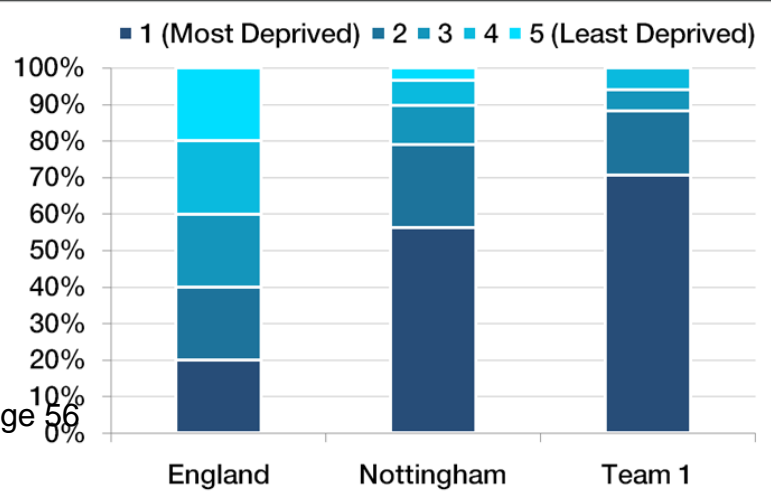
The diagram below provides a summary of how the children's centre area is performing on some of the indicators which contribute to Nottingham's ten priority outcomes for 0-5's. These outcomes were identified in the Child Development Review 2015.



⊕ Income Deprivation Affecting Children Index (IDACI)

The Income Deprivation Affecting Children Index (IDACI) is an index of deprivation used in the United Kingdom. The index measures the proportion of children under the age of 16 that live in low income households.

The chart to the right shows the percentage of Lower Super Output Areas (LSOA) within the five quintiles. For example Team 1 has 70.6% of its area in the most deprived quintile and 0.0% of its area in the least deprived quintile.

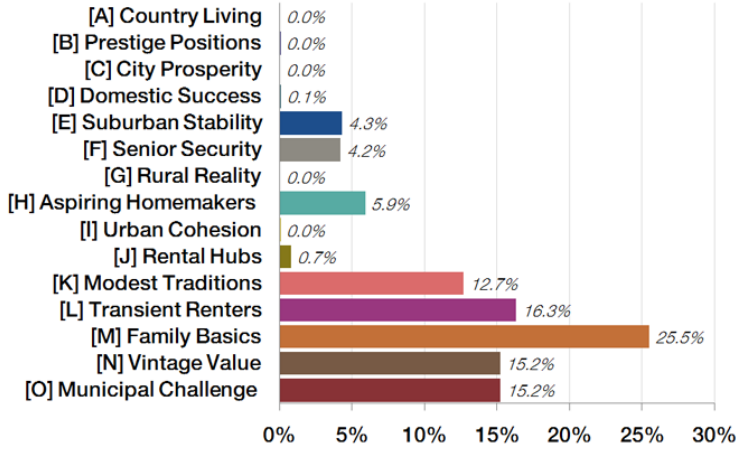




+ Mosaic Groups 2014

Mosaic groups are a way of segmenting the population into 15 groups based on their common characteristics.

Household Mosaic Percentages for Team 1

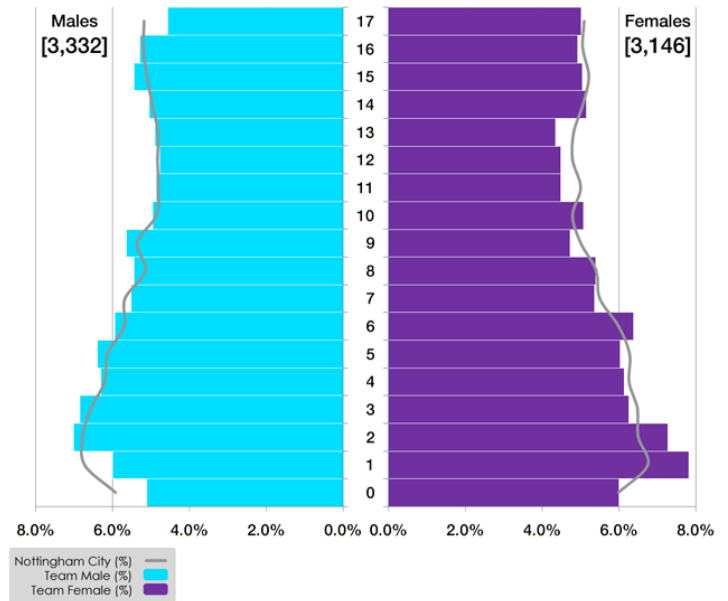


The team area has a high percentage of group 'M' households, accounting for just over a quarter of all households. This group is described as "Family Basics: Families with limited resources who have to budget to make ends meet". The key features of group 'M' are; families with children, aged 25-40, limited resources, some own low cost homes, some rent from social landlords and squeezed budgets.

Group 'L' account for 16.3% of households. Group 'L' is described as "Transient Renters: Single people privately renting low cost homes for the short term" with key features such as; private renters, low length of residence, low cost housing, singles and sharers, older terraces and few land line telephones.

See metadata section for further details on all of the other Mosaic groups.

+ Population



Nottingham City has a total of 64,684 0-17 year olds. Team 1 residents account for 6,478 of these (10.0%).

Looking at the 0-5 population of the City, it has a total of 24,778 children. There are a total of 2,499 0-5 year olds within Team 1 (10.1% of the total City), with 1,255 being male (50.2%) and 1,244 female (49.8%).

Looking at the individual Children's Centres, Bulwell has approximately double the number of children and younger people compared to Bulwell Forest. From a 0-5 point of view, Bulwell has a total of 1,671 compared to 828 for Bulwell Forest.

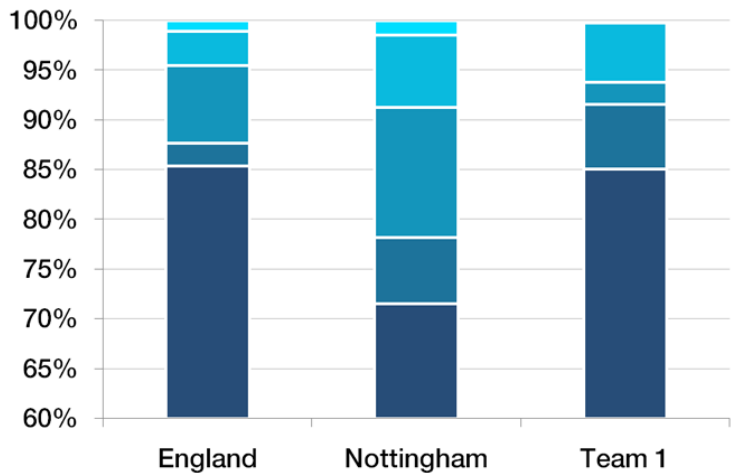
+ Ethnicity Breakdown

The ethnicity breakdown of Children's Centre Area - Team 1 shows that it has a larger percentage of its residents from a white background (85.1%) compared to the Nottingham City average (71.5%).

The area has a similar percentage of mixed/multiple ethnic groups compared to the City (6.6% for the City, and 6.5% for Team 1 area).

The breakdown does highlight that Team 1 has a lower proportion of Asian/Asian British residents compared to the City.

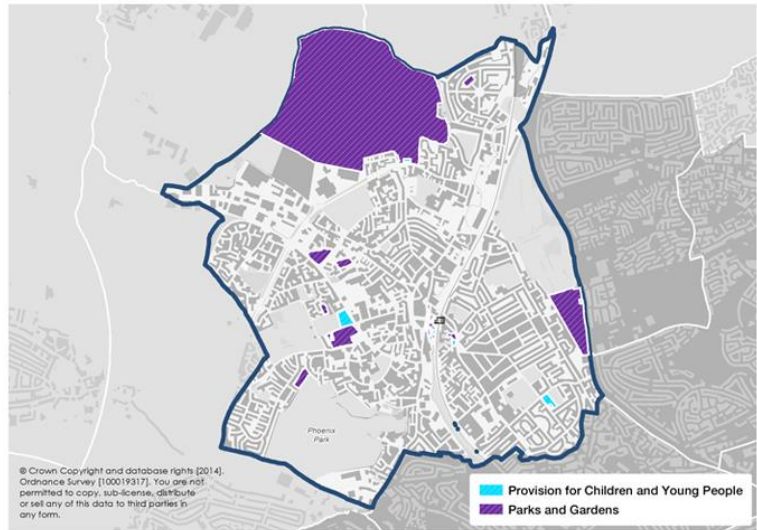
Nottingham City has a total percentage of 13.1% Asian/Asian British residents compared to just 2.2% in the Team 1 area.



Legend for Ethnicity Breakdown:
 - White
 - Mixed/multiple ethnic groups
 - Asian/Asian British
 - Black/African/Caribbean/Black British
 - Other ethnic group

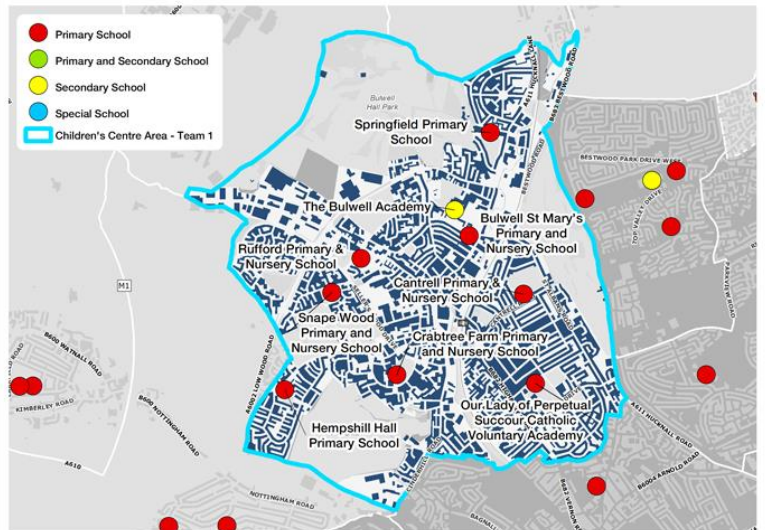


Open Spaces



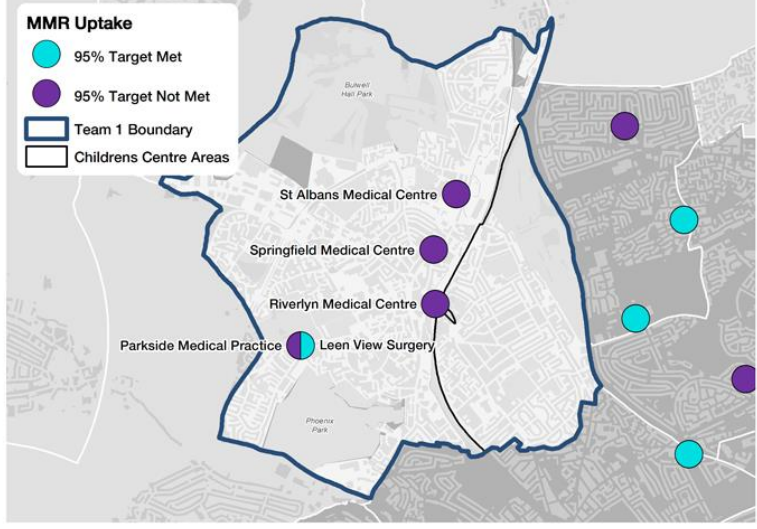
There is a total of 35,344 square metres of open space provision for children and young people in the Team 1 area. This equates to 14.1 square metres per 0-5 year old (8.2 within the City) Additionally the Team 1 area has 1,121,574 square metres of “parks and gardens”.

Schools



The map above shows the location of schools in and around the Team 1 area. Schools are broken down into four separate categories; primary, primary/secondary, secondary and special schools.

MMR Uptake 2013/14

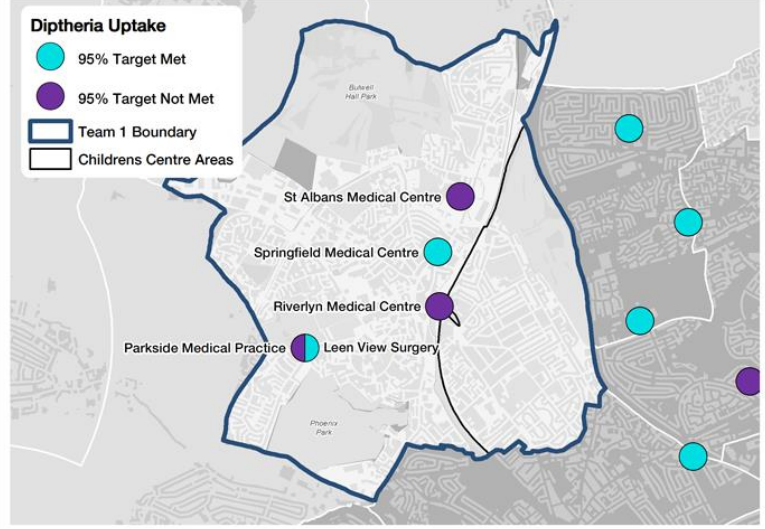


MMR is a combined vaccine that protects against three separate illnesses – measles, mumps and rubella (German measles) which are common, highly infectious conditions that can have serious, potentially fatal, complications, including meningitis, swelling of the brain (encephalitis), and deafness.

There is a 95% uptake target for GP Practices to meet. The map above shows the geographical position of each GP Practice in the Children’s Centre Area Team and whether or not they reached the target of 95%.

Of the practices in the Team 1 area, 1 out of the 5 met the 95% target for 2013/14; Leen View Surgery 96%. Of the 4 practices that didn’t meet the target; ‘Springfield Medical Centre’ had a 69% uptake of MMR, ‘Parkside Medical Practice’ 80%, St. Albans Medical Centre 89% and Riverlyn Medical Centre 92%.

Diphtheria Uptake 2013/14



Diphtheria is a contagious bacterial infection that mainly affects the nose and throat. Less commonly, it can also affect the skin.

Diphtheria is highly contagious.

There is a 95% uptake target for GP Practices to meet. The map above shows the geographical position of each GP Practice in the Children’s Centre Area Team and whether or not they reached the target of 95%.

Of the practices in the Team 1 area, 2 out of the 5 met the 95% target for 2013/14; Leen View Surgery 99% and Springfield Medical Centre 97%.

Of the 4 practices that didn’t meet the target; ‘Parkside Medical Practice’ 93%, St. Albans Medical Centre 93% and Riverlyn Medical Centre 94%.



Children's Centre Areas - Team 1 Spine Chart Indicators

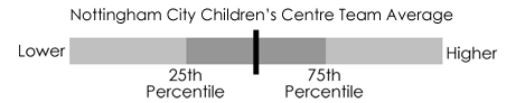
This chart shows Children Centre Team 1's status compared to all of the other Children's Centre Teams in Nottingham City, and the Nottingham City average as the central black line. Of the 40 indicators, half are significantly higher than Nottingham City's average.

The indicators have also been mapped to the 10 priority outcomes identified in the Nottingham Child Development Review (see 'Priority Outcomes' column for more details).

- 1 Positive maternal mental health
- 2 Positive maternal health
- 3 Safe & healthy babies
- 4 Positive attachment
- 5 Infants achieve developmental milestones
- 6 Children are healthy
- 7 Positive child mental health
- 8 Safe children
- 9 Children achieve developmental milestones
- 10 Children are school ready

Each Children's Centre Team indicator result is shown as a circle. The average value for Nottingham's teams are shown by the black line, which is always at the centre of the chart. If a circle is to the right of the black line then the team's value is higher, if it is to the left of the black line the value is lower. The range of results for all teams within Nottingham City are shown as a grey bar. A blue circle means that the team's value is significantly higher than the City's average, a purple circle indicates that their value is significantly lower. A white circle indicates that even though a value may be higher/lower than the City's average; it is not statistically significantly so.

- Significantly lower than the City average
- Not significantly different from the City average
- Significantly higher than the City average



	Priority Outcomes	Indicator	Eng. Value*	CCA Team Value	Nott. City Team Avg	Nott. City Lowest Team	Nottingham City Range	Nott. City Highest Team	
Demographics	1	Birth rate (per 1,000, women aged 11-44)	62.2	71.7	50.0	24.5		71.7	
	2	% of residents who are 0-5 years old	6.3	9.5	7.5	4.6		10.3	
	3	% of BME residents	14.6	18.2	34.5	18.2		45.2	
Social and educational	4	% of households that are lone parent households	10.6	17.9	13.2	7.2		21.9	
	5	% of households that have 1 or more dependent children	29.1	32.5	27.6	21.3		39.4	
	6	% of families that have 3+ dependent children in the family	7.0	8.5	9.2	6.9		12.9	
	7	5 9 10 % of families with dependent children where there are no qualifications	7.3	14.1	12.7	9.2		16.7	
	8	% of socially rented households that have dependent children	32.9	35.3	32.2	22.7		45.0	
	9	1 3 8 Domestic violence calls to police (rate per 1,000)	-	47.7	37.9	9.8		69.6	
	10	1 3 8 Domestic violence crimes (rate per 1,000)	-	8.6	6.8	1.6		12.6	
	11	9 10 % of eligible 2 year olds participating in Early Learning Programme	-	47.6	35.1	21.7		51.5	
	12	9 10 % of 3 and 4 year olds participating in Nursery Education Funding	-	75.4	62.3	40.4		75.4	
	13	5 9 10 % of children achieving a good level of development at age 5	60.4	42.5	46.1	39.6		53.1	
	14	3 7 8 Children (0-5 years) subject to Section 47 investigation (rate per 1000)**	-	22.8	20.6	12.2		32.7	
	15	3 7 8 Children (0-5 years) subject to a Child Protection Plan (rate per 1,000)	-	12.4	11.6	6.1		19.7	
	16	3 7 8 Children (0-5 years) in care (rate per 1,000)	-	3.4	3.9	2.2		6.5	
	17	7 % of families with health problem/disability with dependent children	2.5	3.3	3.4	3.1		4.3	
	Health improvement	18	3 Teenage pregnancy rate (per 1,000)	27.8	73.1	46.3	28.2		73.1
		19	3 % of births which are low weight (< 2500g)	7.4	9.3	9.7	8.6		11.2
		20	6 % of overweight and obese (age 4-5 years / reception)	22.5	31.5	28.7	20.9		34.0
21		6 % of overweight and obese (age 10-11 years / year 6)	33.5	35.6	36.0	30.4		39.5	
22		3 Infant mortality rate (per 10,000) for 0-5 year olds	-	4.0	11.4	4.0		18.2	
Prevention of ill health		23	3 4 % of mothers breast feeding at birth	73.9	47.8	62.1	47.8		76.6
	24	3 4 % of mothers breast feeding at 6 weeks	47.2	28.8	46.2	28.8		62.0	
	25	3 6 A&E attendances rate (per 1,000) for 0-5 year olds	-	511.0	493.7	471.0		528.2	
	26	3 6 Admissions for injury rate (per 1,000) for 0-5 year olds	-	18.1	18.1	15.5		21.7	
	27	1 7 10 Average mental wellbeing score of residents (WEMWBS)	-	50.4	51.2	49.1		52.3	
	28	1 7 10 % of residents with poor mental health	-	17.4	13.5	10.4		19.3	
	29	1 4 7 10 Of the residents with children, the % that have poor mental health	-	19.0	13.7	11.1		19.0	
	30	1 4 7 10 % of women (aged 16-44) with poor mental health	-	17.7	13.2	8.8		21.8	
	31	3 8 % of residents who smoke	-	34.5	27.5	8.4		36.5	
	32	3 6 Of the residents with children, % who smoke	-	46.4	33.9	26.4		46.4	
	33	2 3 6 % of women (aged 16-44) who smoke	-	45.4	29.7	19.4		45.4	
	34	3 6 % of residents who are binge drinkers	-	21.0	21.6	10.3		35.4	
	35	3 6 Of the residents with children, % who are binge drinkers	-	20.5	24.2	20.5		28.1	
	36	2 3 6 % of women (aged 16-44) who are binge drinkers	-	23.2	25.8	23.2		35.5	
	37	3 6 % of residents who are high/increased risk drinkers	-	9.3	11.7	3.2		16.8	
	38	2 3 6 % of residents who are underweight	-	2.5	3.7	1.3		5.7	
	39	2 3 6 % of residents who are a healthy weight	-	42.9	48.9	36.2		71.4	
	40	2 3 6 % of residents who are overweight/obese	-	54.6	47.3	25.5		60.7	
	41	2 3 6 Of the residents with children, % who are overweight/obese	-	45.5	45.9	41.4		50.2	
	42	2 3 6 % of women (aged 16-44) who are overweight/obese	-	31.9	30.8	21.6		44.7	

*Some England figures are not available using the same methodology as the local data. For example national figures for some indicators may be 0-4 instead of 0-5 so they have been excluded from the Spine Chart
 ** A Section 47 investigation is required when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, 'significant harm'. Section 47 enquiries involve partner agencies and is essentially an assessment of the child's needs and the ability of those caring for the child to meet them. The aim is to decide whether any action should be taken to safeguard the child.

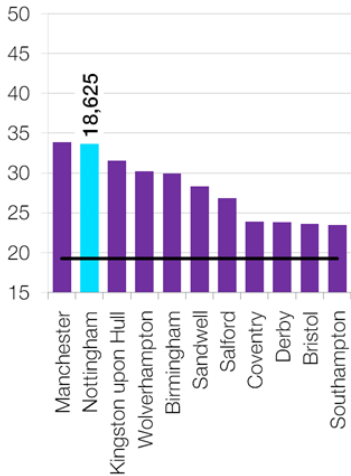


Child Indicators for Nottingham City

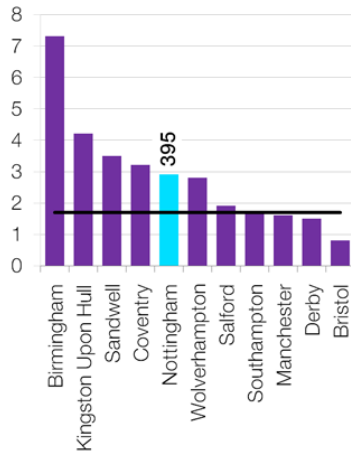
The bar charts below include Nottingham's Statistical Neighbours for 2014.

The horizontal black line shows the England percentage/rate. Nottingham City is highlighted in blue. The statistical neighbours are purple. The number located near to the Nottingham bar is the local number (not rate/percentage).

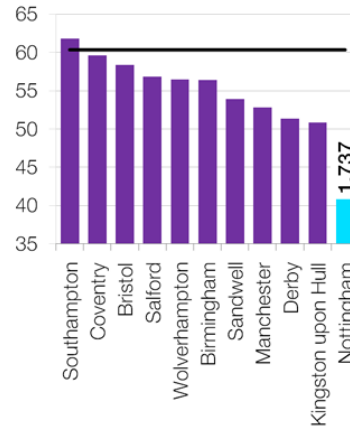
Children in poverty
(%, under 16 years), 2012



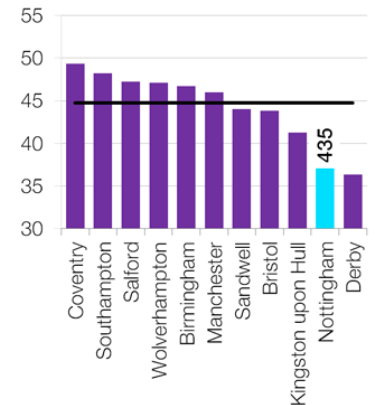
Family homelessness
(rate per 1,000 households), 2012/13



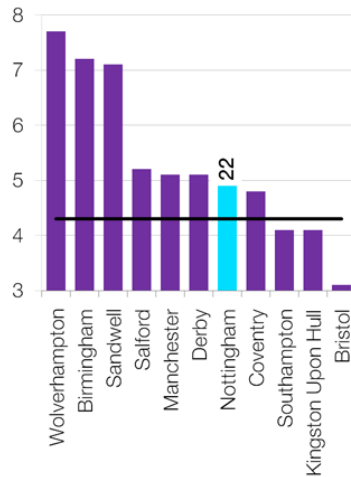
Children achieving a good level of development at the end of reception
(%), 2013/14



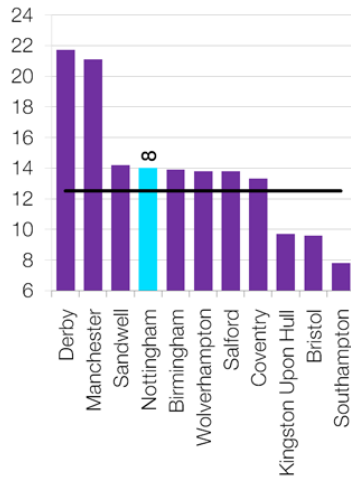
The percentage of children with free school meal status achieving a good level of development at the end of reception, 2013/14



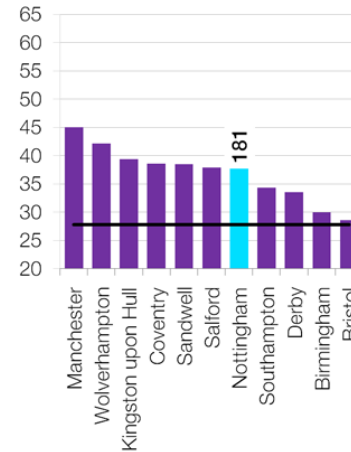
Infant mortality (rate per 1,000 live births), 2010-12



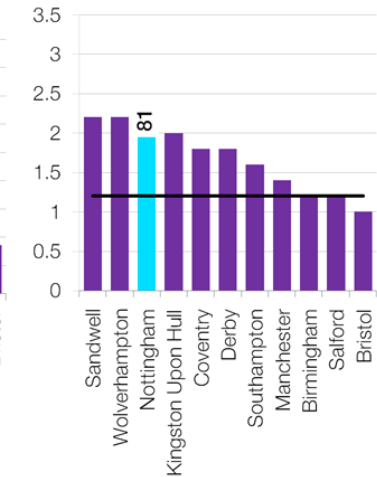
Child mortality rate (rate per 100,000, 1-17 years), 2010-12



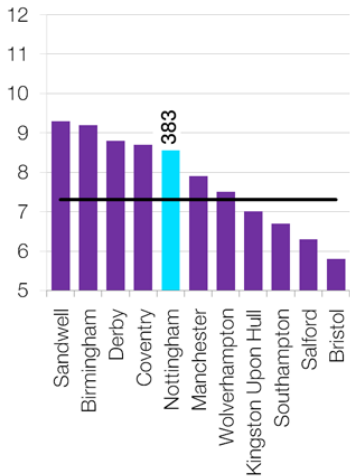
Under 18 conceptions (rate per 1,000 females 15-17 years), 2012



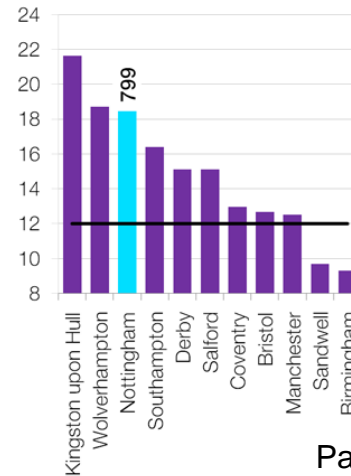
Teenage mothers (%), 2012/13



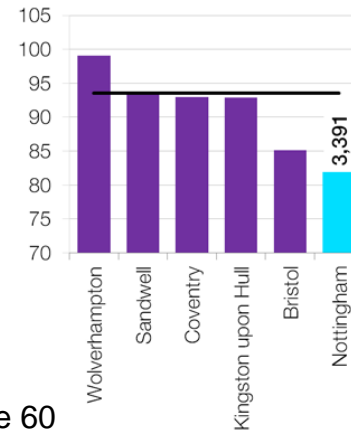
Low birthweight of all babies
(%, < 2,500g), 2012



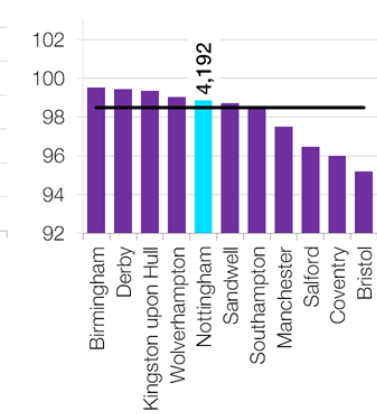
Smoking status at time of delivery (%), 2013/14



% of babies eligible for newborn blood spot screening who were screened, 2013/14

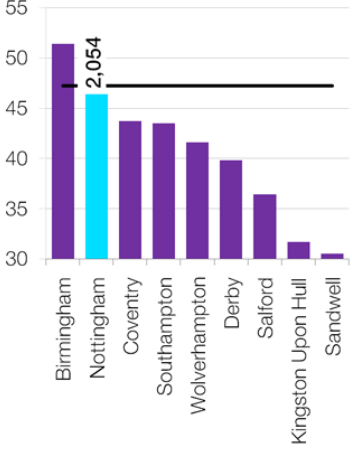


% of babies eligible for newborn hearing screening for whom screening process is complete within 4 weeks, 2013/14

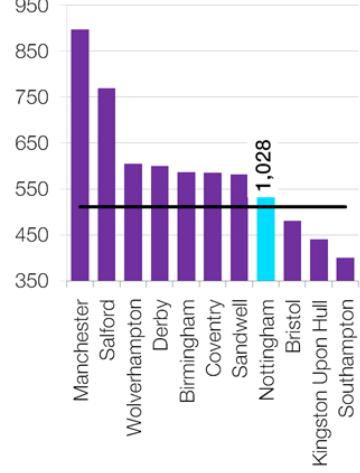




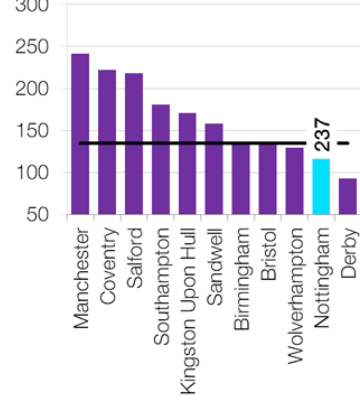
Breastfeeding prevalence at 6-8 weeks after birth (%), 2012/13



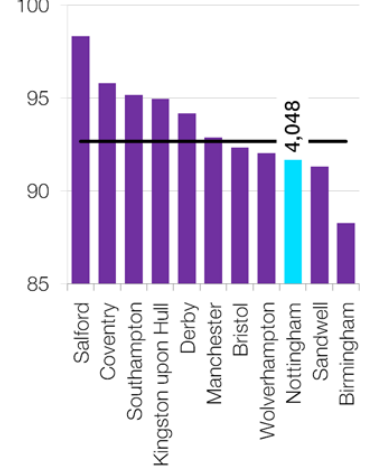
A&E attendances (rate per 1,000, 0-4 years), 2011/12



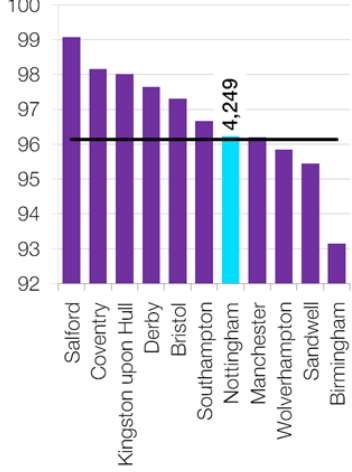
Hospital admissions caused by unintentional and deliberate injuries in children (rate per 10,000, 0-4), 2012/13



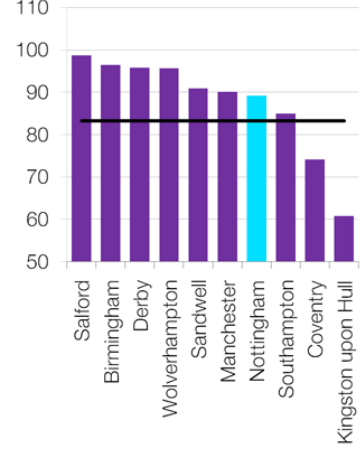
MMR vaccination for one dose (2 years, %), 2013/14



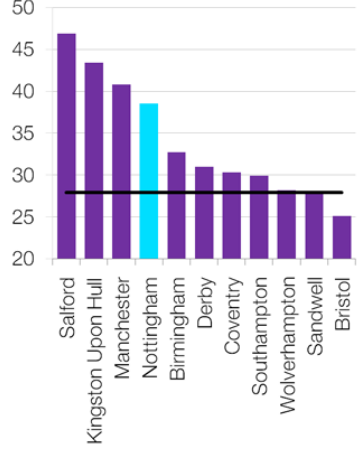
Dtap / IPV / Hib vaccination (% 2 years), 2013/14



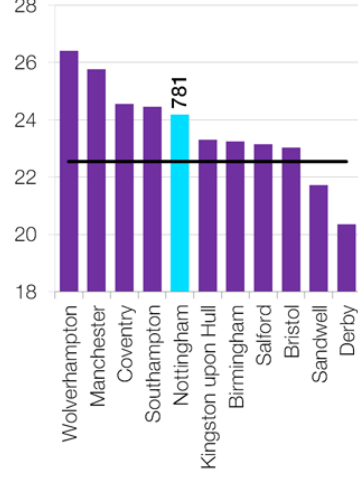
Children in care with up-to-date immunisations (%), 2013



Children with one or more decayed, missing or filled teeth (%), 2011/12



Excess weight in 4-5 year olds (%), 2013/14



⊕ Metadata and Contact Information

Contact | This early years profile has been prepared by Nottingham City Council's Early Intervention Directorate. To contact the team please email: publichealth.analysts@nottinghamcity.gov.uk

Metadata | This early years profile uses a wide variety of data from numerous sources such as the 2011 Census, Nottingham City Council Citizen's Survey 2010-2013, Public Health England's Local Health Portal and Mosaic by Experian. A complete guide to all of the data and sources can be found on Nottingham Insight, under the 'Document Library':

<http://www.nottinghaminsight.org.uk/f/96676/Library/Public-Health/>

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HEALTH SCRUTINY COMMITTEE
23 JULY 2015
HEALTHWATCH NOTTINGHAM ANNUAL REPORT 2014/15
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider the Healthwatch Nottingham Annual Report 2014/15.

2. Action required

- 2.1 The Committee is asked to give consideration to the Healthwatch Nottingham Annual Report 2014/15 and scrutinise whether the Council's arrangements for Local Healthwatch are operating effectively.

3. Background information

- 3.1 Healthwatch is a consumer champion for health and social care, gathering and representing the views of the public. It has a role at both national and local level to make sure that views of the public and service users are taken into account in decision making.
- 3.2 Healthwatch was created by the Health and Social Care Act 2012 and since 1 April 2013 every local authority with social services responsibilities has been required to establish arrangements for a Local Healthwatch organisation. In Nottingham this is Healthwatch Nottingham.
- 3.3 Healthwatch Nottingham is an independent organisation but the Council holds the contract for local Healthwatch arrangements and is responsible for ensuring that the arrangements operate effectively. There is currently a 3 year contract in place, which is due to end in March 2016.
- 3.4 In the working agreement between health scrutiny, Healthwatch Nottingham and the Health and Wellbeing Board, Healthwatch Nottingham agreed to provide a copy of its annual report to the Health Scrutiny Panel for consideration. The Annual Report 2014/15 will be attached in the main agenda.
- 3.5 The Annual Report outlines how Healthwatch Nottingham has developed over the last year, examples of activity that has taken place, information on how it has spent its money during 2014/15 and plans for the future.

- 3.6 A representative of Healthwatch Nottingham will be attending the meeting to present the annual report and answer questions from the Committee about its content.

4. **List of attached information**

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

Appendix 1 – Healthwatch Nottingham Annual Report

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**

Clare Routledge, Health Scrutiny Project Lead

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Email: clare.routledge@nottinghamcity.gov.uk

Healthwatch Nottingham

Annual
Report

2014/2015





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Welcome from our Chair



Welcome to the second Annual Report of Healthwatch Nottingham.

Health and Social Care continue to maintain a high profile in current media debates and people from all perspectives have both praise and concerns for many of our local services.

Our aim, as Healthwatch Nottingham, is to ensure that citizens' voices, particularly those from less heard groups, are articulated and used to inform the judgements of providers, commissioners and policy makers across the City. Healthwatch does not provide the sole source of consultation, in fact a key aim is to ensure that statutory agencies responsible for spending large amounts of public funding themselves consult with local people in relation to their plans and decisions.

We fully endorse the growing cooperation across health and social care and the drive towards more integrated service provision. We continue to seek ever closer working throughout the system and are involved in ensuring plans to transform local services in the city and beyond.

The Board has been keen to draw on local knowledge of services from a wide range of sources:

- Our new Talk to Us points
- Our Information Line
- Our new Website www.healthwatchnottingham.co.uk - which encourages feedback about local services
- Our Champions network - of volunteers and staff in other agencies
- Through our attendance at other public events
- Drawing information and dialogue from social media
- Through our contact with other networks and specialist groups - these include HWB3 (voluntary sector provider forum represented on the Health & Wellbeing Board), Children and Young People Provider Forum, Vulnerable Adults Forum, Voluntary Homelessness Forum and Refugee Forum.

This work enables us to both raise concerns and to challenge decisions made in your name which we have done through the course of this year.

We have continued to develop the organisation over the course of the year, and, following a review of our governance arrangements, we are currently expanding the Healthwatch Nottingham Board to broaden our representation and increase our expertise.

Our active research is also important in informing us and our partners of people's views about our local health and care system. We share the information we receive with the Care Quality Commission, with commissioners and services providers. In January we launched our first major insight project into mental health services for young people across the City. We are keen to work with local service users, carers, commissioners and providers to assess the impact of recent changes to services and the extent to which they support Nottingham's young people to get well and stay well.

We will continue to act as the local independent voice for Nottingham citizens, to share and champion your views, so please Talk to Us.



Martin Gawith
Chair - Healthwatch Nottingham

About Us

Healthwatch Nottingham is an independent organisation making sure your views on health and social care services in Nottingham are heard.

Healthwatch gives people a powerful voice locally and nationally. At a local level, Healthwatch Nottingham works to help local people get the best out of their local health and social care services - whether it's improving them today or helping to shape them for tomorrow.

Healthwatch Nottingham is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to do so in future.

How we work

Every voice counts when it comes to improving health and social care both for today and shaping it for the future. Everything that Healthwatch Nottingham does will bring the voice and influence of local people to the development and delivery of local services.

People need to feel that their local Healthwatch belongs to and reflects them and their local community. It needs to be approachable, practical and dynamic and to act on behalf of local people.

- We're helping you to shape and improve the services you use.
- We're engaging with people in your community and if you haven't met us yet, please get in touch!
- We're an open organisation and strive to make it easy for you to Talk to Us.
- We're inclusive and we want people from every part of your community to join us.
- Ask us what we're doing and we'll always tell you what's happening



Our Vision

- Healthwatch Nottingham will be recognised as a strong and independent advocate across the health and social care community in Nottingham.
- Healthwatch Nottingham will seek to represent all communities, groups and individuals, taking particular care to give a voice to those that are currently unheard and have little connection to services.
- We will work with health and social care providers to research and analyse services and to bring issues to their attention; working together we will strive to improve the quality of life for citizens, consumers and patients.
- Healthwatch Nottingham will seek innovative ways to capture the views of patients, and citizens in Nottingham and ensure that we use this information to inform our stakeholder partners so that they can improve the quality of care for our citizens.
- We will seek to increase and involve our membership in meaningful consultation and activities to inform the design, delivery and commissioning of services. We will help all our stakeholder partners to fully engage in communication, consultation and ongoing partnership working to achieve the best possible outcomes for Nottingham.
- Above all, we will seek to always be accountable to the communities and citizens of Nottingham.
- Nottingham, like many cities in the UK, has mortality rates much poorer than some of our near neighbours. We will work with health and social care partners to identify and highlight ways we can improve. Whilst we recognise lifestyle choices are very much personal we have a duty to enable our citizens to make informed decisions.
- We will seek to work with health and social care champions and activists, together with traditional health and social care providers, to develop locally based community engagement. This will enable our citizens to have the best possible opportunity to improve their health and wellbeing
- Our vision for Healthwatch Nottingham is that it becomes a respected, representative and effective influencer to improve and develop Nottingham's health, wellbeing and social care landscape.
- Healthwatch Nottingham must be able to affect change through evidence-based reporting underpinned by effective community engagement.
- Ultimately our vision is to see Healthwatch as an essential part of Nottingham life, using its independence and influence to: increase the validity of statutory decision making; acting as a critical friend to policy makers; and when needed offering constructive challenge on behalf of Nottingham citizens.
- We aim to continue our approach of grass roots participation and engagement to establish Healthwatch Nottingham as an exemplar community champion within the country and one which other areas turn to for inspiration and example.

Engaging with people who use health and social care services

We know that gathering the experience of users of health and care services provides a rich seam of data. When tapped into properly, it can offer health and social care commissioners, providers and regulators with a significant pool of evidence to help improve the quality and effectiveness of the health and social care system. We use a range of mechanisms to capture these experiences.

Talk to Us (T2U) points

Over the summer of 2014 we piloted a mechanism of making direct contact with local people by establishing local access points - to both provide information and gather people's views - in public places. To do this we recruited an intern via the University Of Nottingham Undergraduate Intern Scheme to help us develop and promote a model.

Pop up Talk to Us points were originally established in Clifton Cornerstone and The Mary Potter Centre, Hyson Green but have now been held in many parts of the city:

- Bulwell Riverside Joint Service Centre
- Central Library, Angel Row, Nottingham
- St Ann's Joint Health Centre
- Circle Treatment Centre (Queens Medical Centre site)
- NHS Walk In Centre, Seaton House, London Road
- Sobar, Friar Lane
- Clifton Cornerstone
- The Mary Potter Centre, Hyson Green

These volunteer-led access points will continue to 'pop up' across the city. We are looking to hold them in busy places in Nottingham, in places where people are likely to have recently accessed services such as the joint services centres, hospitals and even on the Medilink bus - the free transport service between Queens Medical Centre and Nottingham City Hospital.

We also aim to use the same T2U model to seek out the views of people from specific communities through hosting sessions at particular community venues. We are planning to use the strong neighbourhood-based structures across the city to ensure that when planning future T2U points, we cover the city's population both geographically and in relation to communities of interest.



Information Line

We use our Information Line to both provide information about local services, processes and to gather people's experiences of services. For example, we have provided information on how to access services, make a complaint and to whom. The Information Line is advertised on all our written literature. This is widely distributed - to GP practices, pharmacies, care homes and other public access points - across the city. Further detail about the Information Line is provided on page 16.

Our Website www.healthwatchnottingham.co.uk

Whether people want to champion their service or alert us to concerns, we redeveloped and relaunched our website in December 2014 to make it simpler and easier for people to tell us about their experiences of local services. Our new site holds details of all registered health and care services across the City allowing everyone an opportunity to rate their experience of services.



Your spotlight on local services



**We can make a difference,
but we can't do it without
your feedback**



Find your local service and leave your feedback...

Search by name or location...

Search



Networking with voluntary and community sector

As a small organisation we are very much reliant on links with other organisations to maximise our reach into all parts of and all communities within the city. To this end much of our engagement activity is focussed on linking with existing voluntary sector networks who, in turn, can put us in touch with individuals to discuss their experience of health and care services:

HWB3 This forum seeks to ensure the involvement of Third Sector Health and Social Care Providers in the planning, development and delivery of service provision through effective partnership working. The forum is an inclusive mechanism to help improve the channels of communication between the Third Sector and the work of the Health and Well Being Board, as well as other strategic partnerships.



We attend the Forum's Steering Group and are working with it to maximise the potential of provider data - including experience data - to inform the Joint Strategic Needs Assessment (JSNA) which informs commissioning across the city.

Children and Young People's Providers Network (CYPPN) is a city-based forum for community and voluntary organisations that provide services or support to children and young people in Nottingham. We attend by invitation and have found this a useful networking vehicle for our current work around young people and mental health.

Voluntary Homelessness Forum (VHF) is an open meeting for voluntary sector organisations and Registered Social Landlords (RSLs) that provide services in Nottingham and have an interest in the needs of homeless and vulnerable people. The aim of the VHF is to bring together voluntary sector agencies working to support homeless and vulnerable people in Nottingham City.

Vulnerable Adult Providers Network (VAPN) is a city-forum for community and voluntary organisations that provide services or support to vulnerable adults in Nottingham.

Understanding people's experiences

During 2014-15 we collected 845 experiences of health and social care services from people across Nottingham city.

- Over 2014-15 on average, 33% of our activities were specifically targeted at seldom heard groups:
 - Aged under 21
 - Aged over 65
 - From disadvantaged and vulnerable groups, which includes people with disabilities, those with long term illnesses including mental health illness.
 - Or seldom heard people, including carers, Black and minority ethnicities, Lesbian, gay, bisexual and trans* people and refugees/asylum seekers.
- Half (50%) of all the experiences we collected were from people in these groups.

Experiences shared via the Healthwatch Nottingham website include:

“Everyone was sweeter than sugar, they couldn't have taken better care of me. I was clearly explained everything that was to happen and given plenty of opportunity to discuss and make choices in my treatment.”

“Though it is probably through no fault of their own this chemist seems to have a lot going off ‘behind the scenes’ staff are run off their feet and want to deal with you quickly, you very much seem like a number in here, not a person.”

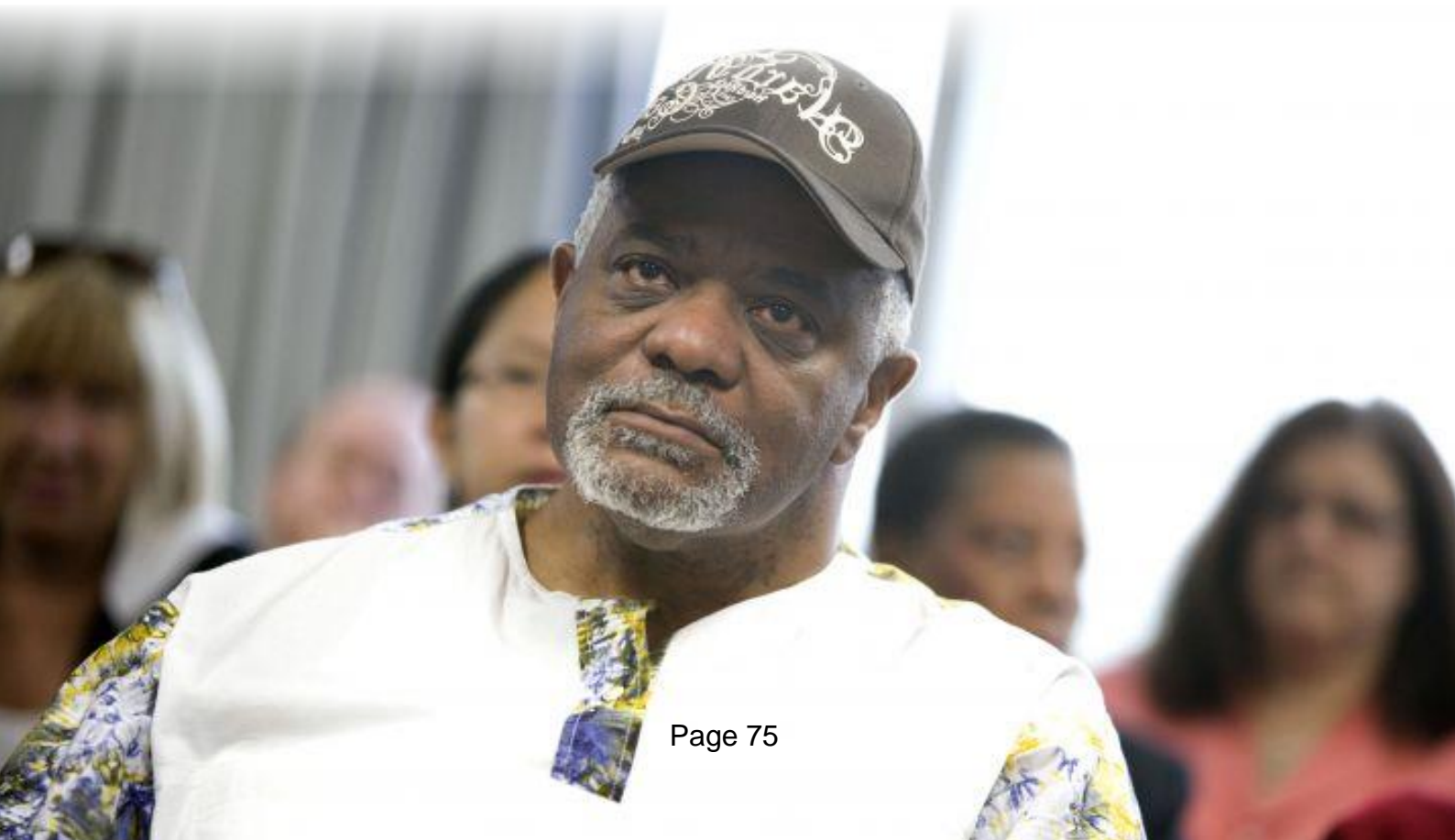
Our targeted work has included the following:

Older People

Age Friendly Nottingham (AFN) is a partnership of citizens, organisations, academics and service providers who are determined to build an age friendly future. Healthwatch Nottingham forms part of the Steering Group for AFN which believes all older citizens should have fulfilled lives - feeling valued by all sections of society, living as independently as possible and playing an active role in their local communities. Over the last year, AFN has built a coalition of partners and built momentum: starting the process of developing the city into a great place to grow older.

The AFN newsletter has a wide circulation list. An article regarding our role featured in the first edition and subsequent articles are planned.

We are very aware that many older people have regular contact with both health and care services and we are keen to promote our role to all organisations working with older people. The Nottingham City Signposting Service, for people aged from 60 years upwards, acts as a single point of contact, allowing those needing help, to access the services that can provide it. It links individuals with the major services that provide facilities for those over the age of 60. Over the last 12 months, we have developed strong links with this service, providing information about our role and promoting our Information Line as well as highlighting the opportunities people have for sharing their experience of services.



Our targeted work has included the following:

People in care homes

We recognise the valuable role care homes play in the health and social care system but also acknowledge the increasing pressures on the sector. We are keen to see care homes providing the best possible care to vulnerable people and understand the importance of garnering the views of both residents and staff to help achieve this.

We also know that some residents and carers may be reluctant to raise issues directly with the home, in the same way that people are reluctant to complain about health services. Our aim therefore is to offer a different route for people to raise concerns, given our independent status.

Over the summer we visited every care home in the city, distributing leaflets and talking to staff about our role. The leaflet was drafted in conjunction with Healthwatch Nottinghamshire. We are very keen to build and maintain a dialogue with these vital services which provide for support for many, primarily older, people.

We have also attended residents and carers meetings for care homes either closing or at risk of closing to ensure the views of residents and carers are appropriately considered.

People with Mental Ill Health

Our Healthwatch Nottingham Chair is a Mental Health Champion for the city and attends the Wellness in Mind Strategy Group that reports to the Health & Wellbeing Board. We have been involved in the development of the local city/county Crisis Concordat and have agreed to share relevant experiential information with commissioning and provider colleagues to ensure we can monitor the operation of local crisis services. We have also commented on and made recommendations to the Healthcare Trust's in relation to a recent public consultation around proposed changes to its mental health service provision.

Young People

In February 2015 we launched our first insight project into young people's experiences of the city's mental health services. The first stage of this project involved speaking to young people aged 14-25 about their previous experiences of services, their health and well-being needs and awareness of local services should they need to use them. We developed a short postcard questionnaire to gather this evidence, and worked with local schools, colleges and universities as well as specific community groups to ensure that we get young people's feedback. This stage of the project is still ongoing but the findings will be reported back to the providers and commissioners of these services across the city, with a set of recommendations as to how these could be improved.

Talk to Us healthwatch Nottingham

About mental health services for young people.
Healthwatch Nottingham are an independent organisation working to make sure you get the best from local health and social care services, both now and in the future.

We want your help to ensure mental health services for young people (aged 14-25) are as good as they can be. Complete this short survey and 'Talk to Us' about your experiences.

Want more information?
Go to www.healthwatchnottingham.co.uk/ypmentalhealth

Q1. About you...

What is your postcode? (Please write in text)

How old are you? (Please write a number in the box)

Are you? (Please tick one box)
 Male Female Transgender

How would you identify your sexuality? (Please write in text)

Do you have a disability? (Please tick one box)
 No Yes

What is your ethnic group? (Please tick one box)
 White Mixed/Multiple ethnic group
 Black/African/Caribbean/Black British
 Asian/Asian British Other

A key element of this insight project is to involve young people themselves, engaging them in the work of Healthwatch Nottingham. We are looking to ensure that, beyond the life of this project, these young people will continue to champion our work.

Asylum Seekers and Refugees

We have strong links with the local Refugee Forum which is specifically funded to work with asylum seekers and refugees in relation to health. The organisation works with the city's Clinical Commissioning Group to ensure there are no barriers to accessing health services for this

Our targeted work has included the following:

particularly vulnerable group. We have been asked to support the Forum in particular aspects of its work including:

- Ensuring NHS England guidance regarding recourse to public funds is clear and does not lead to people erroneously being denied access to treatment
- Ensuring equal access to primary care for people requiring an interpreter

We are currently working with the Forum to look at how we best monitor the impact of the 2014 Immigration Act.

Recovering drug/alcohol users

At the beginning of this year, we completed a piece of work gathering the views of people about moving from Walk In Centre provision to an Urgent Care Centre. We were particularly concerned that people without a registered GP were able to contribute to the CCG's consultation. We undertook additional engagement activity to ensure the views of homeless people were taken into account in developing the specification for the new service. The outcome of this work was fed back to the CCG which ensured their concerns were given appropriate prominence in the service specification and the tender process.

Nottingham's Sobar, an alcohol-free bar that is sited close to drug/alcohol rehabilitation support services, provides an opportunity to engage people who have experiences of rehabilitation and other health services. We ran a Talk To us point at Sobar in November 2014 and the experiences gathered there have been fed into our wider work.

Carers

During the summer of 2014 our staff and volunteers supported the city's Carers Roadshows run by the Carers Forum. During these events we were able to raise awareness of Healthwatch and gather carer's experiences of local health and social care services.



Black and minority ethnic (BME) citizens and communities

In a city as diverse as Nottingham, work with BME people and communities must form part and parcel of our routine activities or we are failing in our duty to the local community. We seek to ensure engagement with BME communities is core business by ensuring that, as far as possible, our Board, staff group and volunteers reflect our local population and that we monitor the extent to which we are working with BME groups and individuals to enable us to undertake targeted work to address any gaps.

Our targeted work has included the following:

To this end, we have been keen to recruit volunteers, some as Champions, who are already part of particular BME communities.

Throughout 2014-15 we have also undertaken targeted activities to engage with people across the city from black and minority ethnicities, to promote Healthwatch and gather individuals' experiences of local services. This work has included:

- Delivering a presentation at an African-Caribbean Women's Group about the work of Healthwatch
- Attending a Muslim women's event to gather women's experiences of health and social care
- Promoting our work on Kemet FM, a radio station targeting the African and Caribbean communities of Nottingham
- Working with the local Indian Community Centre Association to develop a Talk to Us point

“I am pleased to be able to give something back to the community I live in that will make a real difference.”

Champion Volunteer

Lesbian, Gay, Bisexual and Trans* people (LGBT)

There is a strong, albeit small, network of LGBT organisations and structures across Nottingham which we have used to engage with local LGBT people. The work of Healthwatch has been featured in the local Queer Bulletin and Healthwatch Nottingham attended, and promoted its work at Nottinghamshire Pride 2014 and the annual Rainbow Heritage Awards in February 2015. We have a Healthwatch LGBT Champion and a number of LGBT volunteers to support our work.

We have fed our views into discussions regarding the reproduction of In the Pink, a practical guide for GPs and other health practitioners in providing excellent care for lesbian, gay and bisexual people in Nottingham and Nottinghamshire.

It is hoped that a guide looking at the provision of care to trans* people is also produced, particularly given our local escalation of issues regarding primary care and access to services to Healthwatch England to inform their national work in this area.

Working people

Whilst focussing on the experiences of vulnerable people and seldom heard groups, the website and information line provide easy mechanisms for us to engage with working people. Both these routes are widely publicised and a strong presence in local media - in the Nottingham Post, Radio Nottingham and most recently, via a regular slot in the news programme, shared with Healthwatch Nottinghamshire, on Notts TV - ensures that people are regularly reminded of our work.



Undertaking our Enter & View activities

Our approach to Enter and View

Every local Healthwatch has a statutory power (under The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012) to visit health and social care services to see how they are run. This 'Enter & View' power enables us to see how services are working, to collect the views of service users and carers, talk to staff and observe service delivery. Enter and view is not an inspection but instead an opportunity for lay people to engage with service users and their families, in order to gain a better view of how they feel about their services.

Enter and view is one of a range of tools available to Healthwatch Nottingham to gather information needed about services and collect views of service users, their carers and relatives. Before we use this power, we need to be sure that we are adding value to other monitoring arrangements.

All care homes in the city were notified of our power to Enter & View their services during summer 2014. As care homes are a high priority for us, it would seem logical that our focus would be on these services. However, there is already a commissioned service undertaking similar work in the city's care homes. We are also clear that we cannot compromise ongoing contractual or regulatory activity within the sector, so any enter & view activity would need to be undertaken following discussion with CQC and the City Council. However, we are looking at developing an Enter & View programme for 2015/16.

Whilst no formal enter & view activity has been undertaken, we are using its methodology in other ways:

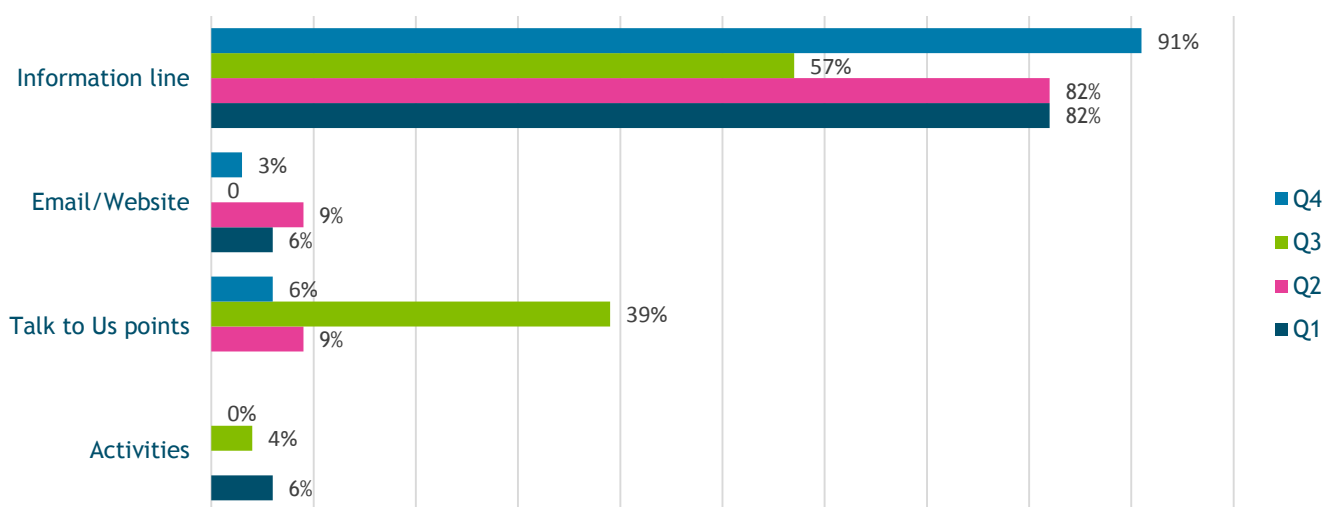
Care Act implementation

The Care Act 2014 has been described as the biggest change to Adult Social Care for over 60 years. Implementation began in April 2015 and during February and March Healthwatch Nottingham undertook a short project, using methodology adapted from Enter & View, to assess the readiness of the local health and care sector to implement and inform citizens of the changes. See further details below.

Providing information and signposting for people who use health and social care services

Helping people get what they need from local health and social care services

During 2014-15 we providing information and signposting to people across Nottingham city 244 times.



Our Information Line provides information and signposting services on issues relating to health and social care services in the city. The line is open 9am to 5pm, Monday - Friday. The Information Line number is: 0115 859 9511.

As part of the development of the Information Line, we have developed a local InfoBank. This web based tool can be used by Information Line volunteers to assist with most queries from the public. We are looking to develop this tool further using our volunteers to undertake the research and pull together a library of leaflets, standard letters and other tools which we can make available to people who need them.

“I’ve gained confidence in talking to people by providing information on the telephone. It’s added a new skill for me.”
Information Line Volunteer

In early 2015 we agreed with NHS England that we would provide information and signposting for people across the city who needed access to an NHS dentist. We have been regularly receiving up to date information from them as commissioners and passing this on to local people who have been signposted to us by a local dentist. Over 8 out of 10 calls we receive to our information line have been to help local people find a new dentist registering adults and children or signpost them towards services which can provide urgent dental treatment.



Electronic Prescription Service Campaign

In July 2014 we worked alongside Healthwatch Nottinghamshire, the Local Pharmaceutical Committee and NHS England to launch a project to ensure the public were informed correctly of the advantages and disadvantages of the new Electronic Prescription Service process. Working with NHS England we designed a poster for display in which they printed and distributed to all our local pharmacies, provided further information through our website, participated in a discussion on Radio Nottingham with colleagues from the Local Pharmaceutical Committee to raise awareness of the campaign, and ensured that regular updates were provided through our newsletters.

Care Act - Information and Advice

Prior to the implementation of the Care Act in April 2015, we promoted the Department of Health information regarding changes to social care, particularly in relation to carers and care home admission and options around treatment of property. We are continuing to work with the City Council to look at the ongoing information needs of Nottingham citizens.

Supporting public information dissemination

As more people become aware of our role, we are becoming an increasingly important source of information for news about health and care developments locally. So, for example, when concerns were raised about the professional practice of a local dentist and NHS England were seeking to identify former patients, we were able to use our various communication mechanisms to promote this search but also to track how this message was being disseminated through twitter and other social media. We are keen to develop our role as a 'go to' organisation for information about local health and care issues and will continue to tailor our messages for maximum effect.

2014/15	Total	Q1	Q2	Q3	Q4
Number of Communications activities	67	14	13	18	22
Number of newsletters published	2	1	0	1	0
Number of website hits*	5231	No data	841	1,596	2,794
No. of tweets published	182	58	52	43	29
<p>Website hits figure represents unique users, the total web hits is 6488 showing that people are visiting the site repeatedly</p>					

Setting standards for our work

In December 2014, the Healthwatch Nottingham Board agreed to two pieces of work to ensure that, as well as monitoring how others undertook their work, that we worked to agreed standards ourselves. To do this we agreed to:

- Undertake the National Dignity Council/Dignity in Care Audit: We want to ensure everyone we come into contact with feels they are treated in a dignified and respectful manner
- Adopt the Making It Real Markers for Change as a framework for developing our plans to ensure the services we provide, particularly the Information Line, are person centred

We will look at undertaking this work during 2015/16 and ensure that all our information provision meets these standards.



Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Healthwatch Nottingham meets routinely with most of its larger providers and, in line with an agreed information sharing protocol, the experiences we have gathered from local people are discussed at these meetings. We also meet routinely with complaints leads across health and social care providers and commissioners and have a very productive relationship with these staff.

We have yet to face a situation where an organisation has been asked to consider and account for a particular incident and has not done so. There have been occasions where we have been unable to provide sufficient information for a provider to investigate an issue due to confidentiality concerns. We are still able to hold this information and would use it to identify emerging patterns and trends.

Below are examples of some of the more significant pieces of work undertaken during the year:

Care Act implementation

During February and March 2015, Healthwatch staff and volunteers attended all the recent awareness raising events set up by NCC regarding the Act and considered:

- The level of information given about the Act, how the local authority is intending to implement it and how advanced their plans are
- The extent to which the sessions are the start of dialogue with stakeholders and whether any ongoing involvement is sought
- Its plans to inform service users, carers and the wider public
- The effectiveness of the sessions themselves, considering both the audience and level of information given
- How many people have attended each session and how well they had reached key stakeholders
- Any obvious omissions in terms of content
- Any implications for Healthwatch Nottingham itself

An interim report was provided to the City Council in March 2015 to help inform their future plans. The City Council has responded to this report and further work is under way which will inform the developing Information and Advice workstream.

Voluntary Sector involvement in Joint Strategic Needs Assessment

Following discussion at a meeting of HWB3 members, concerns were raised about the use of voluntary sector provider information in the JSNA. As part of its work with Public Health, Healthwatch Nottingham raised this concern and Public Health staff welcomed an opportunity to work with the sector to agree a mechanism for gathering data in a timely way and ensuring it met agreed minimum quality standards. This provides a real opportunity for information from small specialist providers to feed into the JSNA and inform commissioning priorities in the future.

New informatics and experience reporting

In conjunction with Healthwatch Nottinghamshire and an IT partnership, we started implementing a new informatics system in November 2014 that should see near real-time reporting of experience data in forthcoming months. A particular feature of the system is its ability to trawl social media where information can be shared rapidly, alerting us to issues ahead of the provider.

We have been reporting high level trends to the Health & Wellbeing Board bi-monthly and we share information with providers and commissioners based on the number and severity of the issues that have been raised with us. Of course, safeguarding and serious quality issues are always treated with urgency and our referral routes in these circumstances are clear and well established.

Experiences gathered using online monitoring include:



Staff always helpful to find you an appointment which are usually on time with at most, 5-10 minutes delay.

NHS Choices



An NHS funded pile of uselessness. A place where people didn't listen to me, made empty promises and crushed my dreams further than they already have been; a slow service that lacks emotional support and caregiving.

Patient opinion



At the <service name> waiting to pick up a prescription. Been here 20 mins already... Waiting times had been 25 mins, now up to over an hour...

Twitter



Awful manager at <service name>(Nottingham) Rude, dismissive & patronising #Dentist how do I complain?

Twitter

Putting local people at the heart of improving services

Our Volunteers

Healthwatch Nottingham values the contribution of volunteers in the delivery of its work and in being able to reach and engage with all of the communities in Nottingham.

Healthwatch Nottingham is committed to providing a supportive environment for volunteers to work from with support from all levels of Healthwatch Nottingham's organisational structure and to date we have used volunteers to undertake administrative duties as well as draft reports for consideration by commissioners.

Our Volunteer training programme has seen the following courses delivered this year:

- Introduction to NHS Structures
- Introduction to Nottingham City Care Partnership
- Introduction to Nottingham City Clinical Commissioning Group
- Information Line Training Part 1
- Healthwatch Champions Training Session
- Adult Safeguarding Training for volunteers and staff
- Children's Safeguarding training for volunteers and staff
- Information Line Training Part 2
- Introduction to Nottingham City Council
- Introduction to the Nottingham's Signposting Service

28

Activities supported by volunteers

31.5

Hours of volunteer training delivered

198

Hours of volunteer time given to Healthwatch Nottingham

“I have got to see more the city than I ever have before and talk to people from all backgrounds. I really enjoy engaging with the people of Nottingham and feel that I get to understand how they really find local health services. I love that people are so ready to share their experiences to help make things better for everyone.”
T2U volunteer

Work undertaken by volunteers has varied, with many volunteers taking on multiples tasks. In total 39 volunteers have been recruited across the year with task undertaken broken down as follows:

Healthwatch Volunteer roles	Total	Q1	Q2	Q3	Q4
Champions	12	5	5	2	0
Outreach and events	6	0	4	2	0
Information line	5	1	0	3	1
Talk 2 Us Points	7	1	4	2	0

In addition, we have worked with a much broader range of people who volunteer their time to work towards system improvements as members of the network of Patient and Public Involvement (PPI) groups and service user groups attached to services and organisations across the city. Some of these volunteers work across more than one group. Irrespective, we try and ensure that we support the work of these groups and in turn look to them to help us in our work.

Key links during the course of the year have been made with:

- The CCG’s People’s Council and the Nottingham City Voices Forum
- Citycare’s People’s Advisory Group
- City Council’s Citizens’ Panel
- PPGs at a number of surgeries across the city, with a view to creating a PPG network

“When I attend meetings I now wear two hats. It means I can help [my group] and Healthwatch Nottingham at the same time. That means I help everyone better!”
Champion volunteer

Working with the South Nottinghamshire Transformation Board

One of the most significant pieces of patient/public involvement work, which continues to challenge existing mechanisms, is the work of the South Nottinghamshire Transformation Board. With a vision to create“... a sustainable, high quality health and social care system for everyone through new ways of working together, improving communication and using our resources better” four Clinical Commissioning Groups are tasked with redesigning the health and care system ensuring people are at the heart of it. Healthwatch Nottinghamshire and Healthwatch Nottingham sit on the Board and Citizen Advisory Group as participating observers, to ensure this change does consider the views of the people the system works for.

Discussions about how people are involved in co-design and co-production have, at times, been challenging, particularly given tight timescales for decisions. This work area will be a test for all those involved, for years to come.

Being part of the Nottingham Health and Wellbeing Board (HWB)

The work of the Nottingham Health and Wellbeing Board brings together the key commissioning organisations across the city's health and care system and Healthwatch Nottingham with non-voting representation from key health provider organisations and voluntary sector (HWB3) representatives. The Board is required to have oversight of the whole system and to ensure individual organisations' plans accord with an overarching Health & Wellbeing Strategy and the Joint Strategic Needs Assessment.

Our Chair's role on the Board is to ensure there is an independent voice representing the interests of local people. We provide this by feeding any evidence and insight we have relevant to the Board's deliberations into the debate- but we also provide a written report to each meeting, and have delivered themed presentations, on the insight we have gathered and what we are doing with it.

Being part of the Quality Surveillance Group

The Quality Surveillance Group (QSG) provides leadership for quality improvement at NHS England Local Area level. This has historically been the Nottingham/Nottinghamshire /Derby/Derbyshire area. Meetings are led by the Local Area Team of NHS England. They provide an opportunity for the exchange of information that may indicate an early warning of a problem.

Over the course of the 2014/15 a number of concerns were raised about care home provision, in some cases by the CCG, in other cases by social care. However, repeated raising of the issue, supported by our local care home work, saw the issue prioritised and raised at a regional level and an acknowledgment that differing quality standards may be being applied dependent on the nature of the service.



Working with the Care Quality Commission

The changed inspection regime and restructuring of CQC has led to new mechanisms for working with CQC that provide a really helpful opportunity for us to feed our information about local services - GP practices, care home provision, community health and hospital care particularly - into inspections.

Healthwatch Nottingham is now routinely sharing information with CQC in a timely manner, although to date has had no reason to seek special reviews or investigations in relation to services, based on information received.

Our CQC Primary Care lead convenes a quarterly meeting where Healthwatch Nottingham and Nottinghamshire can meet with CQC staff from all directorates and share information and plans.

Working with Healthwatch England (HWE)

Healthwatch Nottingham has sought to support HWE's work and sought national support from HWE in relation to a locally identified issue.

Contribution to special inquiry on unsafe discharge - Healthwatch Nottingham supported activity undertaken by Healthwatch Nottinghamshire and HLG, a local infrastructure organisation working with homeless and vulnerably housed people, to gather information to support the Healthwatch England's Special Inquiry into what happens to people when they are discharged from a hospital, care home or a secure mental health setting.

Gender Equality services - Escalation - Healthwatch Nottingham was approached for help by an individual who had had difficulty accessing services through primary care, due to confusion about where commissioning responsibility rested for a particular procedure, as the patient had previously had gender reassignment surgery. The same person also raised concerns about an incident in a community setting that suggested that awareness training would be beneficial amongst primary care and community health staff. The purpose of the escalation was to feed into a general picture around awareness of issues relating to people who have had gender reassignment. This issue was not the primary focus of the HWE work. At a local level, work was already taking place, led by the CCG, to look at Trans* awareness training. This experience provided evidence to broaden the reach of this training.



How we make decisions

Every local Healthwatch is required to have a procedure to make decisions and involve local people in making decisions. These are our local arrangements:

The Healthwatch Nottingham Board

The Healthwatch Nottingham Interim Board was selected following a widely advertised application process. Collectively the Board brings a wealth of experience across health, social care and housing as well as the statutory and voluntary sector.

Each member also brings knowledge, enthusiasm and experience of engaging with Nottingham citizens as well as a strong commitment to ensure the diversity of our local population is represented, and its views are reflected in our work. The Board meets every two months and makes decisions about how we prioritise and plan our work.

You can find out more about our board members here:

<http://www.healthwatchnottingham.co.uk/content/meet-board>

As we move into 2015/16, the Board is being further expanded to broaden our reach further into Nottingham communities.

Prioritising our work

To help the Board to make decisions about the services and other areas our activities should focus on we look at three types of priority. Decisions about when and how work is undertaken in respect of these are taken by the Healthwatch Nottingham Board:



Identifying priority areas based on concerns or issues raised through engagement activities and other information received from local people.

How this works: An Evidence & Insight report goes to each meeting of the Healthwatch Nottingham Board. This report provides an overview of the comments, concerns and compliments raised by the public, highlights any trends or any significant issues. Initially these experiences were gathered largely through our Information Line. During 2014/15 this has been significantly expanded with most comments now coming through our new website, from social media and from Talk to Us points.

Example: Following the short notice closure of a large Nursing Home in the city, concerns were raised with us about the timescales and quality of information regarding alternative provision. Healthwatch Nottingham embarked on a programme of activity designed to:

- Ascertain views regarding tenants' rights for care home residents via local media
- Raise awareness of local Healthwatch in care homes
- Contribute to work to improve care home quality
- Promote Dignity in Care
- Support the Nottingham Older Citizens' Charter, and,
- Contribute to learning from the home closure, including seeking clearer information for carers and relatives



Looking at the work programmes of partner organisations, and gathering the views of local people to feed into relevant strategic developments and consultations.

How this works: In May 2015, following discussions with the chairs of Nottingham City Health Scrutiny Committee and the Health & Wellbeing Boards, a protocol was agreed between the Healthwatch Nottingham Board, Scrutiny and the Health & Wellbeing Board. This protocol aims to ensure that issues raised in one place are appropriately considered elsewhere, that each of the three bodies:

- Have a shared understanding of each other's roles, responsibilities and priorities
- Work in an open and constructive way
- Work in a climate of mutual respect and courtesy
- Respect each other's independence and autonomy

Each body will produce and maintain an up-to-date work programme that is shared with each other to enable issues of mutual concern to be identified at an early stage and dealt with in a way that makes best use of respective roles, responsibilities and resources and avoids duplication. On major pieces of work requiring engagement, involvement or consultation of services users, carers and the public, the bodies will work collaboratively to agree roles and responsibilities. Where possible, the three bodies will seek to agree joint responses to consultation. In addition, the Protocol outlines a referral process which supports the sharing of information between Health Scrutiny and Healthwatch Nottingham.

Example: Through its attendance at and information sharing at Health Scrutiny Committee in March 2015 Healthwatch Nottingham agreed to support a local self help group working with people with ME. At the Scrutiny meeting, members of the group expressed frustration at their perceived reluctance of commissioners to recognise the specific needs of people with ME. Healthwatch Nottingham agreed to help the group to ensure the needs of local people were captured in a way that met the evidence standards for the Joint Strategic Needs Assessment (JSNA).

Example: Following the launch of the Healthwatch Nottingham Insight project into Young People and Mental Health, we were approached by Nottinghamshire Healthcare NHS Foundation Trust regarding their proposals for Child and Adolescent Mental Health Services and Perinatal Mental Health Services. With the aim of creating a 'hub' for children, young people and families, the Trust is considering moving services to a new site. We will share any relevant findings from our Insight project to help support their own engagement activity in this area.



Identifying other areas of interest, often due to lack of local knowledge, such as work with specific seldom heard groups whose views may be underrepresented in decision making regarding health and social care services

How this works: This third prioritising route allows for a horizon scan and a broad view of the local health and care system to be taken into account when setting priorities. It seeks to utilise the knowledge and experience of Board members in ‘surfacing the undercurrents’ and guard against key issues being missed or not being given sufficient priority because individuals have not come forward to raise concerns in sufficient numbers, raising issues that may not appear serious enough or because the user group is small or would not wish to raise a complaint or concern

Example: Following discussion at a Strategy Meeting of the Healthwatch Nottingham Board in September 2014, it was agreed to undertake a specific piece of work looking at Young People and Mental Health services. There were a number of reasons for this:

- Concerns have been raised at the Quality Surveillance Group (QSG) over a number of months about the shortage of CAMHS beds in our local area.
- It provides an opportunity to assess the impact of the new Nottingham City Pathway for Children and Young People with Behavioural, Emotional or Mental Health Needs between the ages of 14 - 25
- There has been recent negative national media coverage regarding the performance of CAMHS services nationally, and this provides an opportunity to feed our local information into national work being undertaken by Healthwatch England
- To utilise the newly revised JSNA in this area and inform its future development



Our financial report 2014/15

A key challenge for Healthwatch Nottingham during 2014/15 has been balancing its organisational aspirations with its ability to deliver in line with the service specification on a challenging budget. Below is a breakdown of the key elements of our expenditure against our income from the city council for delivery of the Healthwatch contract.

Income	Cost (£)
Nottingham City Council	160,000
Total	160,000
Expenditure	Cost (£)
People costs - staff, volunteers and Board	132,298
Premises costs - rent, utilities, maintenance	9,594
Organisational costs -insurance, professional fees	5,999
Office costs -phones, printing, stationery	2,760
Publicity and marketing	4,410
Events and activities	709
Equipment	2,548
Depreciation	1,572
Sundries	110
Total	160,000

About Us

Board members

Chair: Martin Gawith

Vice Chair: Adele Cresswell

Judith Bullimore

Lucy Cooper

Robert Gardiner

Staff team

Ruth Rigby - Managing Director

Haleema Aslam - Acting Community Engagement Officer

Donna Clarke - Evidence and Insight Manager

Karen Emery - Information and Administration Officer

Nathan Hutchinson - PR & Communications Officer

Richard Mayer - Acting Volunteer Co-ordinator

Courtney Nangle - Community Engagement Officer (Left employment March 2015)

The Healthwatch Nottingham contract for Nottingham is held by the Healthwatch Engagement and Liaison Partnership Ltd.

Registered company address:

Healthwatch Nottingham
21 Clarendon Street
Nottingham
NG1 5HR

Telephone number: 0115 859 9510

Information line: 0115 859 9511

Email: info@healthwatchnottingham.co.uk

Twitter: @HWNNottingham

Company number: 08525544

We will be making the content of this document publicly available by 30th June 2015 by publishing it on our website and circulating to Healthwatch England. A fully formatted version will be published on our website, circulated it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority shortly.

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HEALTH SCRUTINY COMMITTEE
23 JULY 2015
GP PRACTICE CHANGE – PROPOSED MERGER OF GREENWOOD AND SNEINTON FAMILY MEDICAL CENTRE AND THE DALE SURGERY
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To provide information on GP practice changes - proposed merger between Greenwood and Sneinton Family Medical Centre and The Dale Surgery.

2. Action required

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

3. Background information

- 3.1 Nottingham City Clinical Commissioning Group (CCG) has advised of changes to two GP practices in Nottingham – proposed merger of Sneinton Family Medical Centre and The Dale Surgery.
- 3.2 From 1 April 2015, Nottingham City CCG took on fully delegated responsibility for the commissioning of primary medical services from NHS England. Nottingham City CCG will consider the application of the practices to merge at the Primary Care Commissioning Panel at the end of July 2015.
- 3.3 In line with standard procedures for local practice mergers, Nottingham City CCG will ensure both practices complete a period of engagement with patients and stakeholders on the future arrangements for patient services to ensure full awareness of the changes.
- 3.4 It is not intended that a representative of Nottingham City CCG will attend the meeting to discuss the changes outlined in the report. If a Committee member has a particular issue that they wish to raise in relation to this change they should contact Clare Routledge, Health Scrutiny Project Lead, as soon as possible in advance of the meeting.

4. List of attached information

- 4.1 **Appendix 1** – Merger of Greenwood and Sneinton Family Medical Centre with Dale Surgery

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**

Clare Routledge, Health Scrutiny Project Lead

Tel: 0115 8763514

Email: clare.routledge@nottinghamcity.gov.uk

HEALTH SCRUTINY COMMITTEE BRIEFING

Merger of Greenwood & Sneinton Family Medical Centre with Dale Surgery

Proposal

Greenwood & Sneinton Family Medical Centre and Dale Surgery are located approximately 450m apart on Sneinton Dale. The practices have worked together informally over many years. They currently or previously shared a practice manager, a salaried GP, a practice nurse and reception staff.

Dr Prit Chahal's retired from the Dale Surgery in March 2015 after 25 years. This change has been the catalyst for the two surgeries deciding to come together as one organisation and partnership.

The practices are requesting to do this over a two stage process, with an organisational merger of the two practices in September 2015 and then, after a premises extension to Greenwood & Sneinton Family Medical Centre has been completed, a move into one building in Summer 2016.

The Dale Surgery building has been assessed by the practice as not patient friendly and needs a significant financial investment to bring it up to the standards now expected of the health care facilities.

The newly formed organisation intends to create an extension on the side of Greenwood & Sneinton Family Medical Centre which will house twelve modern consulting rooms over 3 floors.

Nottingham City CCG and NHS England have supported the practice's plans for the redevelopment of the Greenwood & Sneinton Family Medical Centre site.

Nottingham City CCG will formally consider the proposal of the two practices to merger by the end of July 2015.

Overview of Practices

List Size

Greenwood & Sneinton Family Medical Centre - 6,632 (1/4/15)

Dale Surgery – 4,187 (1/4/15)

Premises

Greenwood & Sneinton Family Medical Centre: 249 Sneinton Dale, Sneinton, NG3 7DQ

Dale Surgery: 67 Sneinton Dale, Sneinton, NG2 4LG

Local health needs

Greenwood & Sneinton Family Medical Centre and the Dale Surgery both located within the Dales Ward:

- The ward has significantly lower life expectancy (80 years for females, 75 for males) than the East Midlands average.
- It has higher levels of child poverty and older people living in poverty than the Nottingham average.
- 7.9% describe themselves as having very bad or bad health compared to the Nottingham average of 6.4% (2011 Census).
- 19.2% of residents describe have limiting long term illness or disability compared to the Nottingham average of 18.1% (2011 Census).
- 2.2 % describe themselves as providing 50 hours or more of unpaid care compared to the Nottingham average of 2.4% (2011 Census).
- 23.7% of children (Year 6) are obese, significantly higher than the national average of 19.0%.

Impact/benefits for patients and local population

Whilst the care that patients receive at The Dale Surgery is currently good, the building is not patient-friendly and does not meet the standards expected of modern health facilities and would need a great deal of expenditure to improve the standards.

In order to accommodate the merged practice, plans are in place to create an extension on the side of Greenwood & Sneinton FMC which will house twelve modern consulting rooms over 3 floors, and will also involve the installation of a lift from the car park to all floors.

The planned merged practice has enabled Greenwood & Sneinton FMC to attract two new GPs as partners who are already working across both surgeries. The new practice will therefore have seven partners who can offer a range of services to patients from both practices.

The plan is that the new expanded premises will facilitate the opportunity to offer more integrated services and secondary care services in line with the NHS 5 year plan.

PPG/Healthwatch stakeholder feedback

Over last six months both practices have been working with a representative group of six patients and raised the prospective merger with no adverse comments.

Extensive patient engagement will be undertaken in lead up to the closure to Dale Surgery to explain the benefits to all patients, and allay any fears.

The practices have already met with two local City Councillors (Councillor Khan & Councillor Mellen) and the local MP (Chris Leslie MP), all of whom have given enthusiastic support to the merger and extension.

Contact has been made with Healthwatch and a meeting arranged shortly.

Risks

There is a risk that the extension may not be granted planning permission or that building costs rise so that the proposed extension does not go ahead. However this would not negate the benefits of the practice merger which is largely already being achieved through close working between the practices.

Once the merger and the extension are complete and Dale Surgery closed, there is a risk that patients may register elsewhere rather than be prepared to relocate the short distance to Greenwood & Sneinton FMC.

Although experience shows that some patients have an emotional attachment to old existing premises, this can be mitigated by extensive patient and stakeholder engagement.

Nottingham City CCG consideration

From 1 April 2015, Nottingham City CCG took on fully delegated responsibility for the commissioning of primary medical services from NHS England.

Nottingham City CCG will consider the application of the practices to merge at the Primary Care Commissioning Panel at the end of July 2015.

In line with standard procedures for local practice mergers, Nottingham City CCG will ensure both practices complete a period of engagement with patients and stakeholders on the future arrangements for patient services to ensure full awareness of the changes.

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HEALTH SCRUTINY COMMITTEE
23 JULY 2015
WORK PROGRAMME 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To consider the Committee's work programme for 2015/16 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

- 2.1 The Committee is asked to note the work that is currently planned for municipal year 2015/16 and make amendments to this programme if considered appropriate.
- 2.2 Committee members may wish to consider the composition of the proposed Study Group considering End of Life Services, which has been scheduled to take place during the autumn period.

3. Background information

- 3.1 The Health Scrutiny Committee 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 Committee 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 Committee has statutory responsibilities in relation to.
- 3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.
- 3.5 Councillors are reminded of their statutory responsibilities as follows:

While a 'substantial variation or development' of health services are 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 Committee 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 Committee 2015/16 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**

Clare Routledge, Health Scrutiny Project Lead
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Health Scrutiny Committee 2015/16 Work Programme

<p>27 May 2015</p> <p>Page 105</p>	<ul style="list-style-type: none"> • Flu Immunisation To consider the progress of the children's flu immunisation programme, targeting of flu immunisations to children and adults, the relationship between flu in adults and flu in children; and the benefits and potential disadvantages of vaccination in children. (NHS England/Public Health England/ NCC) • Nottingham CityCare Partnership Quality Account 2014/15 To consider the draft Quality Account 2014/15 and decide if the Committee wishes to submit a comment for inclusion in the Account (Nottingham CityCare Partnership) • Extended work programme planning session To agree a draft work programme for 2015/16 and agenda items for June and July meetings
<p>18 June 2015</p>	<ul style="list-style-type: none"> • Ada's Story 2 short dvd's providing an understanding of the integrated care programme model within the city (Nottingham City Clinical Commissioning Group) • Consideration of the 2015/16 Work Programme
<p>23 July 2015</p>	<ul style="list-style-type: none"> • Progress in the implementation of the Care Act To receive a second report on the implementation of the Care Act within the city (Nottingham City Council) • Healthwatch Nottingham To receive and give consideration to the Annual Report of Healthwatch Nottingham

	<p style="text-align: right;">(Healthwatch Nottingham)</p> <ul style="list-style-type: none"> • Progress in transition of children’s public health commissioning for 0-5 year olds to Nottingham City Council To receive a progress report on the transition arrangements prior to the September 2015 transfer (Nottingham City Council/NHS England) • Review of school nursing services To gain a greater understanding of issues being considered within the review of school nursing services (Nottingham City Council) • Proposed GP mergers in Sneinton To receive details of the proposed merger of two local practices in Nottingham (NHS England) • Consideration of the 2015/16 Work Programme
24 September 2015	<ul style="list-style-type: none"> • Sex and relationships education in schools To receive a report on sex and relationship issues experienced by young people in schools (Nottingham City Council) • Strategic response to reducing Health Inequalities in the City To receive a report on health inequalities reduction activities within the City (items of focus will include life expectancy, obesity, smoking cessation, mental health) (Nottingham City Council) • Consideration of the Work Programme 2015/16
22 October 2015	<ul style="list-style-type: none"> • Implementation of the Better Care Fund To receive a report on implementation and impact of the Better Care Fund (Nottingham City Clinical Commissioning Group)

	<ul style="list-style-type: none"> • Telecare/Telehealth To have a greater understanding of the working relationship between the two components (Nottingham City Clinical Commissioning Group/Nottingham City Council) • Integrated Care Programme To receive an update on delivery timescales and service user/staff survey results (Nottingham City Clinical Commissioning Group) • Consideration of the Work Programme 2015/16
<p>19 November 2015</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 107</p>	<ul style="list-style-type: none"> • Quality of GP practices within Nottingham City To consider the quality of GP provision in the City (Nottingham City Clinical Commissioning Group) • Review of residential care homes quality bandings/ quality dashboard (Nottingham City Council) • Consideration of the Work Programme 2015/16
<p>17 December 2015</p>	<ul style="list-style-type: none"> • Dementia Services within Nottingham City (Nottingham City Clinical Commissioning Group/Nottingham City Council/Nottingham CityCare Partnership) • Consideration of the Work Programme 2015/16
<p>21 January 2016</p>	<ul style="list-style-type: none"> • Consideration of the draft 2015/16 Nottingham City Care Partnership draft Quality Account (Nottingham CityCare Partnership) • Consideration of the Work Programme 2015/16
<p>18 February 2016</p>	<ul style="list-style-type: none"> • Consideration of the Work Programme 2015/16

17 March 2016	<ul style="list-style-type: none"> • Consideration of the Work Programme 2015/16
21 April 2016	<ul style="list-style-type: none"> • Urgent Care Services Centre Progress (Nottingham City Clinical Commissioning Group/Nottingham CityCare Partnership) • Consideration of the Work Programme 2015/16

Briefing note updates to be provided to the Health Scrutiny Committee:

- Update on bowel cancer screening uptake
- Update on NHS Health Check Programme performance

Proposed visits by the Health Scrutiny Committee:

- Nottingham CityCare Partnership Clinics within Boots, Victoria Centre (Autumn 2015)
- Urgent Care Centre (Spring 2016).

Health Scrutiny Committee Study Group:

- Review of End of Life Services (Autumn 2015, 4 members of HSC to be involved in the scoping and reviewing activities)
- Service user experience of care at home services (spring 2016, 4 members of HSC to be involved in the scoping and reviewing activities)

Items to be scheduled for 2016/17:

- Nottingham CityCare Partnership Quality Account 2015/16 (May 2016)
- Flu Immunisation