



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 22 October 2015

Time: 1.30 pm

Place: LH 1.32 - Loxley House, Station Street, Nottingham, NG2 3NG

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

Corporate Director for Resilience

Governance Officer: Clare Routledge **Direct Dial:** 0115 8763514

AGENDA

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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 MEET FOR COMMITTEE MEMBERS WILL COMMENCE AT 1.15 PM IN ROOM 1.32 PRIOR TO THE COMMITTEE COMMENCING AT 1.30 PM.

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 LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG on 24 September 2015 from 13.35 - 15.25

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Anne Peach (Vice Chair)
Councillor Ilyas Aziz
Councillor Corall Jenkins
Councillor Dave Liversidge
Councillor Jim Armstrong

Absent

Councillor Neghat Nawaz Khan
Councillor Chris Tansley
Councillor Merlita Bryan

Colleagues, partners and others in attendance:

Nancy Barnard - Governance Manager
Helene Denness - Public Health
Catherine Kirk - Sex and Relationships Education Consultant
Lynn McNiven - Public Health
Clare Routledge - Senior Governance Officer

25 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan (Other Council Business)
Councillor Neghat Kahn (Personal)
Cllr Chris Tansley (Non Council Business)
Martin Gawith of Healthwatch

26 DECLARATIONS OF INTEREST

None

27 MINUTES

The Committee confirmed the minutes of the meeting held on 23 July 2015 as a correct record and they were signed by the Chair.

28 STRATEGIC RESPONSE TO REDUCING HEALTH INEQUALITIES IN THE CITY

Helene Denness and Lynn McNiven, Consultants in Public Health, presented a report outlining the current level of health inequalities in the city and the measures being taken within the city to reduce them. The following points were highlighted:

- a) There is a wide gap in life expectancy between the most affluent ward and deprived wards in Nottingham city with females in Bridge ward having a life

expectancy of 10.2 fewer years than females in Wollaton West ward, and males in Arboretum having a life expectancy of 11.8 years fewer than males in Wollaton West.

- b) Reducing health inequalities is a cross cutting theme throughout the Joint Strategic Needs Assessment (JSNA) which guides the commissioning and targeting of services in the city. This enables resources to be targeted where the need is higher.
- c) Nottingham is taking a Life Course approach to reducing health inequalities recognising that many stages throughout an individual's life have an impact on their health from before they are born, through early years and the importance of supporting people into and in work.
- d) As well as physical health, mental health problems are another factor in health inequalities as they disproportionately affect some communities.

During discussions the following issues were raised:

- e) Health inequalities continue to be a major problem for the city but the challenge lies in the need to change cultures and cycles of deprivation. Changes that are made now, for example, on reducing the number of smokers, won't impact upon health inequality figures for around 20 years.
- f) Nottingham is a cigarette manufacturing city which contributes to the ingrained culture of smoking. Concern was expressed about smoking outside of hospitals and the increase in the use of shisha bars. The New Leaf stop smoking service had been in operation for a long time and rates of smoking have reduced. It was felt that smoking rates would be much higher if the service were withdrawn. Improvements had also been made around smoke-free homes where individuals still smoked but did so outside and therefore did not expose others living in the home to smoke to the same degree as smoking inside would. The health impact of e-cigarettes was also discussed with current evidence suggesting they are not as harmful as tobacco but that they can contain particulates which are harmful to health.
- g) Housing has a significant impact on health throughout people's lives and colleagues are working with private landlords to improve standards in privately rented homes. Health colleagues are keen to work closely with Housing colleagues on the links between housing and health and a report was recently taken to the Health and Wellbeing Board addressing these issues.
- h) Links have also been made with Neighbourhood Development Officers to do targeted work at ward level.
- i) All services are assessed and scrutinised for their effectiveness, and 'deep dive' reviews are conducted to ensure services are delivering results and making a return on investment.

RESOLVED to:

- (1) thank Helene Denness and Lynn McNiven for their report;**
- (2) request a further report to the Committee in March, making use of the 'deep dive' data and for Committee members to forward their suggestions for specific areas to be covered in the report.**

29 SEX AND RELATIONSHIPS EDUCATION IN SCHOOLS

Catherine Kirk, Sex and Relationships Education (SRE) Consultant presented a report to the Committee, updating Councillors on current legislation, good practice and evidence base around SRE in Nottingham. The following points were highlighted:

- a) SRE should be delivered in a progressive, age appropriate manner throughout primary and secondary school and should cover matters including positive and healthy relationships, puberty, reproduction, sexual health, staying safe and different families. The science curriculum also covers the biological aspects of human reproduction.
- b) SRE should be delivered in an inclusive way in partnership with parents and carers. Parents have the right to withdraw their children from SRE lessons and a small minority exercise this right but experience has shown that if parents are involved and informed of the content of SRE lessons they are far less likely to withdraw their children.
- c) Government guidance requires maintained schools to have an SRE policy and strongly recommends that academies also maintain an up to date policy.
- d) Evidence suggests that those young people who have had good SRE tend to wait longer before having sex and, when they do have sex, they are more likely to have protected sex.
- e) Ofsted have found that nationally, SRE requires improvement in over a third of schools. They found that primary schools were effective at teaching about friendships but less effective at preparing children for puberty. Some children start puberty at age 7 and therefore information needs to be shared with children early.
- f) In Nottingham, provision is mixed, with some excellent practice and some that is less good, for example, where everything is delivered in one day. Specific issues include a lack of training in delivering SRE for teachers, meaning they do not feel confident in answering children's questions or managing parents' concerns. There is also very little coverage around issues such as pornography, forced marriage or female genital mutilation (FGM).
- g) Catherine currently spends three days per week supporting schools with SRE. A Nottingham SRE Charter is soon to be introduced which will include free resources for schools and a system for auditing the quality of lessons. There will also be an opportunity for teachers to become accredited SRE providers.

During discussions the following points were made:

- h) The training and support for schools and academies is provided free of charge and therefore it is unlikely that schools are working with alternative providers.
- i) The teenage pregnancy rate in Nottingham was decreasing but has flatlined for the last two years at 37.5 pregnancies per 1000 teenager girls. Across the country it has continued to decrease and the average rate is 24.5 per 1000. The city does face particular issues related to deprivation and communities where women having children at a young age is the cultural norm.
- j) There is no specific ringfenced budget for SRE but it does form part of the ringfenced budget for public health.
- k) FGM is not usually known about until a woman becomes pregnant. It is rare for it to take place in this country but girls are often taken abroad to be cut. Primary schools have been less engaged in the issue but primary aged girls are at risk and schools need to be aware of warning signs. Training in awareness of FGM was top of the list of requests for support from schools at a recent stakeholder event.

RESOLVED to

(1) thank Catherine for her informative presentation;

(2) request a further report to the Committee in June 2016.

30 END OF LIFE SERVICES/PALLIATIVE CARE STUDY GROUP

Clare Routledge, Senior Governance Officer, updated the Committee on the progress to date on the review of End of Life Services and Palliative Care. She highlighted the recent visit to Haywood House and informed the Committee that, following meetings with the Clinical Commissioning Group and a visit to Nottinghamshire Hospice, the final report would be brought to the Committee for approval in December.

RESOLVED to note the information in the update report.

31 CLEANLINESS OF NOTTINGHAM UNIVERSITY HOSPITALS

Clare Routledge, Senior Governance Officer updated the Committee on concerns raised over the summer about the cleanliness of Nottingham University Hospitals Trust sites. The report outlined the steps taken by the trust to ensure the cleanliness of their sites. She informed the Committee that she had received fortnightly updates on the issue throughout the summer and that a report on the issue was going to the Joint Health Scrutiny Committee in November.

RESOLVED to note the content of the report.

32 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

Clare Routledge, Senior Governance Officer presented a report on the work programme for the Health Scrutiny Committee for 2015/16. The following points were raised during discussion of the item:

- a) a report on FGM was scheduled to come to the committee in December;
- b) a visit was being arranged to the Citicare clinics located in the Victoria Centre.

RESOLVED to note the work programme for the Health Scrutiny Committee for 2015/16.

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OVERVIEW AND SCRUTINY COMMITTEE
22 OCTOBER 2015
UPDATE ON ADULT INTEGRATED CARE PROGRAMME
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 The Health Scrutiny Committee will receive an update on the Adult Integrated Care Programme.

2. Action required

- 2.1 The Committee is asked to use the information provided to scrutinise the Adult Integrated Care Programme to ensure the services being delivered are meeting the needs of the local population.

3. Background information

- 3.1 The Adult Integrated Care Programme was established in July 2012 to change the way health and social care is commissioned and provided for older people and those with long term conditions. It is a priority within the Joint Health and Wellbeing Strategy to “improve the experience of and access to health and social care services for citizens who are elderly or who have long term conditions” and progress against this priority is regularly reported to the Health and Wellbeing Board. The Adult Integrated Care Programme also forms the basis of the Better Care Fund Plan in Nottingham.
- 3.2 The first phase of the Adult Integrated Care Programme focused on putting the structural arrangements in place, including establishment of 8 Care Delivery Groups; whilst the second phase of Programme included:
- Review of specialist services;
 - Changing the relationship with secondary care, through Choose to Admit/ Transfer;
 - Exploring seven day working;
 - Development of joint assessment and care planning approaches;
 - Further expanding the use of assistive technology.
- 3.3 Previous updates on the work of the Adult Integrated Care Programme were presented to the Health Scrutiny Panel in 2013 and 2014 and more recently in January 2015, when an overview of the programme development and initial findings of the independent evaluation and arising actions were scrutinised.

- 3.4 The Health Scrutiny Committee in June 2015 received a presentation of the Ada DVDs providing an understanding of the Integrated Care Programme model within the city and programme progress.
- 3.5 The Health Scrutiny Committee requested a further progress report regarding:
- The Assistive Technology workstream;
 - Integrated Care Programme delivery timescales;
 - Integrated Care Programme evaluation;
 - Update on the Better Care Fund.

As a result a single report has been compiled addressing these four areas.

- 3.6 A selection of Assistive Technology equipment will also be demonstrated at the Committee.

4. List of attached information

- 4.1 Update on Adult Integrated Care Programme – Connecting Care report 13 October 2015

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

- 5.1 None.

6. Published documents referred to in compiling this report

- 6.1 Report and minutes presented to the Health Scrutiny Panel – January 2015 and report and minutes presented to the Health Scrutiny Committee – June 2015.

7. Wards affected

- 7.1 All.

8. Contact information

Clare Routledge, Health Scrutiny Project Lead
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Report to Health Scrutiny Committee

Update on Adult Integrated Care Programme

1. Summary

This report provides an update to the Health Scrutiny Committee of the Adult Integrated Care programme, focussing on the Assistive Technology workstream, programme timescales and programme evaluation. It also provides an update on the Better Care Fund.

2. Recommendation

The Health Scrutiny Committee is asked to note the contents of this report.

3. Background

There have been previous updates provided to the Health Scrutiny Committee on the work of the Adult Integrated Care programme:-

- ➔ January 2015 – an overview of the programme evaluation;
- ➔ June 2015 – presentation of 2 Ada videos and programme progress.

Health Scrutiny Committee asked for a further update on Telecare and Telehealth, programme delivery timescales and comparative survey data relating to citizens and staff. Health Scrutiny Committee has also asked for information on the Better Care Fund so an update has been incorporated into this report.

An overview of the Adult Integrated Care / Better Care Fund Governance is set out at **Appendix C**.

4. Assistive Technology Workstream

The Assistive Technology workstream aims to increase the use of Telecare and Telehealth across social care and health as well as moving to create an integrated Assistive Technology Service. A Strategic Vision has been signed off by the Health and Well-being Board Commissioning Executive Group. The Assistive Technology (AT) Vision being *“to maximise the use of AT across social care and health to promote and maintain independence and health, to enable citizens to self-care where possible or to support citizens where needed. The Vision is to create an integrated AT Service which encourages joined up equipment solutions dependent on a citizens needs and circumstances”*.

Telecare – there are 6230 active Telecare users, 4930 of whom are aged 65+. A Telecare package could be as simple as a care alarm and keysafe or a more complex one involving bed and door sensors, a medication dispenser and even a GPS locating device. Alerts are usually monitored through Nottingham City Homes although some packages are stand-alone where the alerts are managed locally.

Telehealth – there are 230 active users, 185 of whom are aged 65+. Telehealth involves the patient having a device which can monitor vital signs as well as the patient being able to give information about their condition. This is monitored by Nottingham City Homes who will alert the patients clinicians if vital signs or other information is of a concern.

The targets for AT roll out is for 10,000 citizens to be supported by 2018 – of which 8,000 citizens will be using Telecare and 2,000 using Telehealth.

Plans are underway to integrate the Telecare and Telehealth Services into a single Assistive Technology Service from April 2016.

An **evaluation** of the AT workstream has been underway since April 2014 and due to complete its work by March 2016. As well as collecting staff, user and carer information via questionnaires, interviews and surveys there is a cost effectiveness study underway which will look at hospital admissions, social care and GP services before and after being supported by AT. A summary of the interim evaluation findings are as follows:

User views

From the 162 questionnaires returned and 11 in-depth interviews 95% of users agree that they feel safer and more independent at home, 57% of users feel that their family need to help less and the main motivations for using the equipment were to prevent accidents or problems, in response to an accident and to reduce carer burden.

Carer views

From the 69 questionnaires and 4 interviews 58% of carer reported that they found caring stressful but that 75% of carers report that they now feel less stressed than before.

A fresh round of user / carer questionnaires and interviews are underway.

Staff views

From the 158 staff responses in 2015 there was a 17% increase in staff feeling that AT fitted into social care and health priorities (compared to 2014), an additional 14% appreciated the quality of the service whilst an extra 13% felt that AT had an impact on service user outcomes. The survey also showed that there had been an increase in staff referring for Telecare and Telehealth by 9%.

5. Programme delivery timescales

There has been significant progress already with integration of social care and health delivery – creation of neighbourhood Care Delivery Groups, creation of Care Coordinator and link social care roles, establishing GP practice based Multi-Disciplinary Teams to manage highest risk patients, a review of specialist services to consider which ones could fit into neighbourhood working, as well as moves to fully integrate specific services.

The aim is to conclude the Integrated Care programme in 2016 with commissioning managers being responsible for further development of initiatives. The current programme delivery timescales are as follows:-

Reablement and Urgent Care

Plans to fully integrate these services have been approved with a Joint Venture being created as the delivery organisation. Service specifications have been drawn up with planning underway to have fully integrated services operating from January 2016.

Integrated Access Point

The joint Venture will also support an integrated access point. This will be based on a citizens needs to navigate them through services so they don't have to differentiate between health and social care. This will be operational from April 2016.

Self-Care

A pilot will be underway in Bulwell from October 2015 with the intention to deliver citywide from October 2016. Within the self-care pilot services will include:-

- ➔ Social prescribing – GP's / nurses identifying a citizens broader needs and completing a social prescription for a Care Coordinator to action;
- ➔ Community Navigators – volunteers to help citizens access support services they need;
- ➔ Click Nottingham – community pioneers who help connect citizens to social support;
- ➔ Rally Round – an app which coordinates who is doing what to help someone;
- ➔ Web-based directory of services – providing advice and information;
- ➔ Self-care hubs – housing the directory of services and placed in key locations for those who do not have access to their own IT.

7 day services

Many services are reviewing their provision and considering how 7 day working can be introduced as they are re-commissioned. There will therefore be a gradual migration towards 7 day working rather than having achieved this by a fixed date. A report was presented to Health and Well-being Board Commissioning Sub-committee in September covering some initial proposals including piloting Community Matron 7 day working in 2 CDG areas, consideration of the need for a 24 hour urgent care service (already operating 7 days) and scoping the potential for 7 day working within social care hospital discharge and rapid response.

Care Delivery Groups

Further work is underway with Care Delivery Groups. This includes use of performance data to better coordinate care of those with highest non-elective and A&E admissions, further development of risk stratification tool to incorporate social care data to guide care coordination, understanding differential performance between CDG's with a view to rolling out good practice

and improving service across the City and further development of core elements of integrated needs assessment.

6. Service user and staff survey data

Evaluation of the Adult Integrated Care programme is on-going and includes seeking the views of service users and staff through questionnaires and interviews. These are carried out at intervals in order to gauge any changes in views as the programme evolves and delivers.

Service users

An initial set of questionnaires were received from 213 responders between November 2014 and February 2015. The responses became the benchmark. A further set of 254 questionnaires were received between June and August 2015 to provide the first comparison to the benchmark. The questions asked were on a range of areas such as quality of life, experience of health and social care services, planning your care and managing your care. The questionnaires were issued to service users by service providers, randomly selected with regard to social care service users.

The overwhelming majority of respondents receiving services from Nottingham CityCare Partnership and Nottingham City Council remain satisfied with the care they have received from the baseline survey to follow on. In particular, over 90% of service users believe they are treated with dignity and respect, and over three-quarters believe the people providing their care understand their needs and their condition. This correlates with 83% of all respondents agreeing that they would recommend the service to friends or family.

It was apparent across both surveys that while some of the qualitative comments made by respondents highlight possible areas for improvement or variability in the quality of services, most respondents' comments focused on positive aspects of their service experience.

Staff

Staff working in social care and health were asked to complete surveys answering questions on a number of topics relating to integrated working. 158 staff responded to the survey in 2015 and the responses compared to those given to the same set of questions in 2014. Questions asked included those on sharing of information, working arrangements, what's working well, challenges and citizen experience.

The outcome of the staff survey were:-

- ◆ Respondents were more confident than last year about the types of information that can be shared with practitioners from other agencies;
- ◆ A greater proportion of respondents to the 2015 survey reported having enough information about other services to carry out their role effectively, and that they know how to contact others who can also provide support;

- ◆ Respondents continue to feel their teams work well together. A number of respondents emphasised improved communication across teams. The MDT meetings and monthly meetings were highlighted as helping to build relationships;
- ◆ In general, respondents reported improved citizen experience compared to 12 months ago. However, although responses to the 2015 survey were generally more positive than to the 2014 survey, there are still reports that citizens have to repeat themselves when coming into contact with different services;
- ◆ Staff who report receiving training regarding Connecting Care have a better understanding of how their role contributes to the CDG, with just over half of all respondents (58%) agreeing that they had a full understanding overall.

7. Better Care Fund

Nottingham City's Better care Fund plan was approved in October 2014 and detailed planning for successful implementation has taken place since this date. **The Plan was rated in the top three nationally and was one of only seven plans approved without the need for any further support.**

A Section 75 pooled budget agreement was approved by both Nottingham City Council and Nottingham City CCG. This includes the governance arrangements for monitoring and reporting on performance and finance as well as the management of risks. The pooled budget is for £25.5m including the £23.1m stipulated nationally.

An overview of the BCF schemes in Nottingham is provided in the table attached as **Appendix A**.

Better Care Fund performance is measured through a set of four nationally developed metrics and two locally developed metrics. These performance metrics assess reductions in non-elective admissions to hospital, reductions in delayed transfers of care, reductions in permanent residential admissions, increased effectiveness of reablement (national metrics) and improvement in citizen outcomes and an increased uptake of assistive technology (local metrics). A summary of these performance metrics as at September 2015 are set out as **Appendix B**.

Locally a Better Care Fund indicator report has been developed to provide information on performance to date to the Health and Wellbeing Board Sub-Committee on a bi-monthly basis. A BCF Performance and Finance Sub-group meets monthly to consider up to date performance and any recommendation that may be required to the Commissioning Sub-committee. Logic modelling is underway to better understand how activity funded through the BCF supports expected outcomes. A report will be produced to monitor the impact of individual BCF schemes through the BCF Performance and Finance Sub-group and inform future BCF planning.

The pay for performance element of the plan relates to the target for a reduction in non-elective activity only. On submission Nottingham City's plan stated a planned reduction of 3.5% based on national guidance at that time. In early 2015 NHS England indicated that local areas could revisit

their non- elective admissions plan through 15/16 operational planning to take into account actual performance in the year to date (particularly through winter), likely outturn for 14/15 full year, and progress with contract negotiations with providers. The Health and Wellbeing Board approved a reduction in the target to 1.6% to reflect the expected impact of the BCF schemes. Current understanding of the guidance indicates that performance will be measured against the 3.5% target for Q4 of 2014/15 and 1.6% for Q1-3 of 15-16, data submitted in July return to confirm our data sets and targets confirms this.

Nottingham achieved 60% of its pay for performance target as measured against Quarter 4 13/14 baseline data and 100% of the revised target as measured against Quarter 1 14/15 baseline data. This is illustrated in the following chart:-

Payment for performance Summary

BCF Period	Measurement Period	NEL Target	Value of Pay for Performance	Achieved	Shortfall
			£000	£000	£000
Qtr 4	January to March 2015	-3.5%	361	208	(153)
Qtr 1	April to June 2015	-1.6%	184	184	0
Qtr 2	July to September 2015	-1.6%	180		
Qtr 3	October to December 2015	-1.6%	180		
Total			905	392	(153)

NB. Agreement secured with HWB that from Q1 the pay for performance target was reduced from 3.5% to 1.6% in line with the latest NHS England planning guidance.

Work has just commenced to develop the 16/17 BCF Plan with consideration to be given to alterations to schemes to better integrate care and whether to expend the BCF by pooling further funding.

Dave Miles
 Assistive Technology Project Manager
 Nottingham City Council / NHS Nottingham City CCG
 13/10/15

Nottingham City Better Care Fund schemes 2015/16

<u>Scheme</u>	<u>Description</u>	<u>Strategic Objective</u>	<u>Delivering Organisations</u>	<u>Budget</u>
Access and Navigation	Community Triage Hub Care Coordinators Nottingham health and Care Point	The strategic objective of this scheme is to maximise the number of citizens being directed to the right services at the right time to meet their needs. This is through a single front door accessed irrespective as to whether the citizens needs are health or social care, whether a professional or citizen is making the referral / enquiry and whether the referral / enquiry is urgent or non-urgent.	CCG City Council CityCare Partnership	£1,490,000
Assistive Technology	Telecare Telehealth Dispersed Alarms	The strategic objective of this scheme is to maximise the use of Assistive Technology across social care and health to promote and maintain independence and health; to enable citizens to self-care where possible or to support citizens where needed. The Vision is to create an integrated Assistive Technology Service which encourages joined up equipment solutions dependent on a citizen's needs.	CCG City Council CityCare Partnership City Homes	£1,185,000
Carers	Carers Counselling Service Carers respite Service Community Rehabilitation Day Centre Timeout Dementia Support Service Primary Care Support Workers	This scheme will support our vision 'to improve the experience of and access to health and social care services' through the delivery of a range of integrated and comprehensive Carers services that meet the needs of carers resident in the City in accordance with the requirements of the Care Act. The provision will enable carers to continue to provide	CCG City Council Carers Federation Crossroads Care Time Out Alzheimers Society NCHA Headway	£1,352,000






	Carers Respite Headway Young Carers Carers Hub Carers Support	support for as long as is practical/desirable thus reducing the need for more intensive forms of provision, including admission to residential care and hospital, enable transfer of care of citizens into a community setting as soon as they are medically stable and improve citizen experience of care.		
Coordinated Care	Resettlement Service CDG social care link workers In reach discharge coordinators Responding to demographic pressures Hospital Discharge Team additional posts 7 day working	The strategic objective is to provide a new model of care with an emphasis on joined up care and proactive support. The objectives of the scheme are: <ul style="list-style-type: none"> • Develop a process to identify individuals who will benefit from earlier intervention as well as those requiring support from health and social care services, building on risk stratification, risk registers and data held by relevant agencies. • Develop training/education plans to ensure the workforce is able to deliver the new model effectively. • Develop operational processes including care planning and case coordination to ensure effective management of individual's needs. • Expand multi- disciplinary working to include a system of regular case reviews. • Agree pathways and processes to ensure community resources and health promotion services are utilised effectively • Ensure that citizens continue to be able to access quality social care 	CCG City Council CityCare Partnership NCHA	£8,381,000

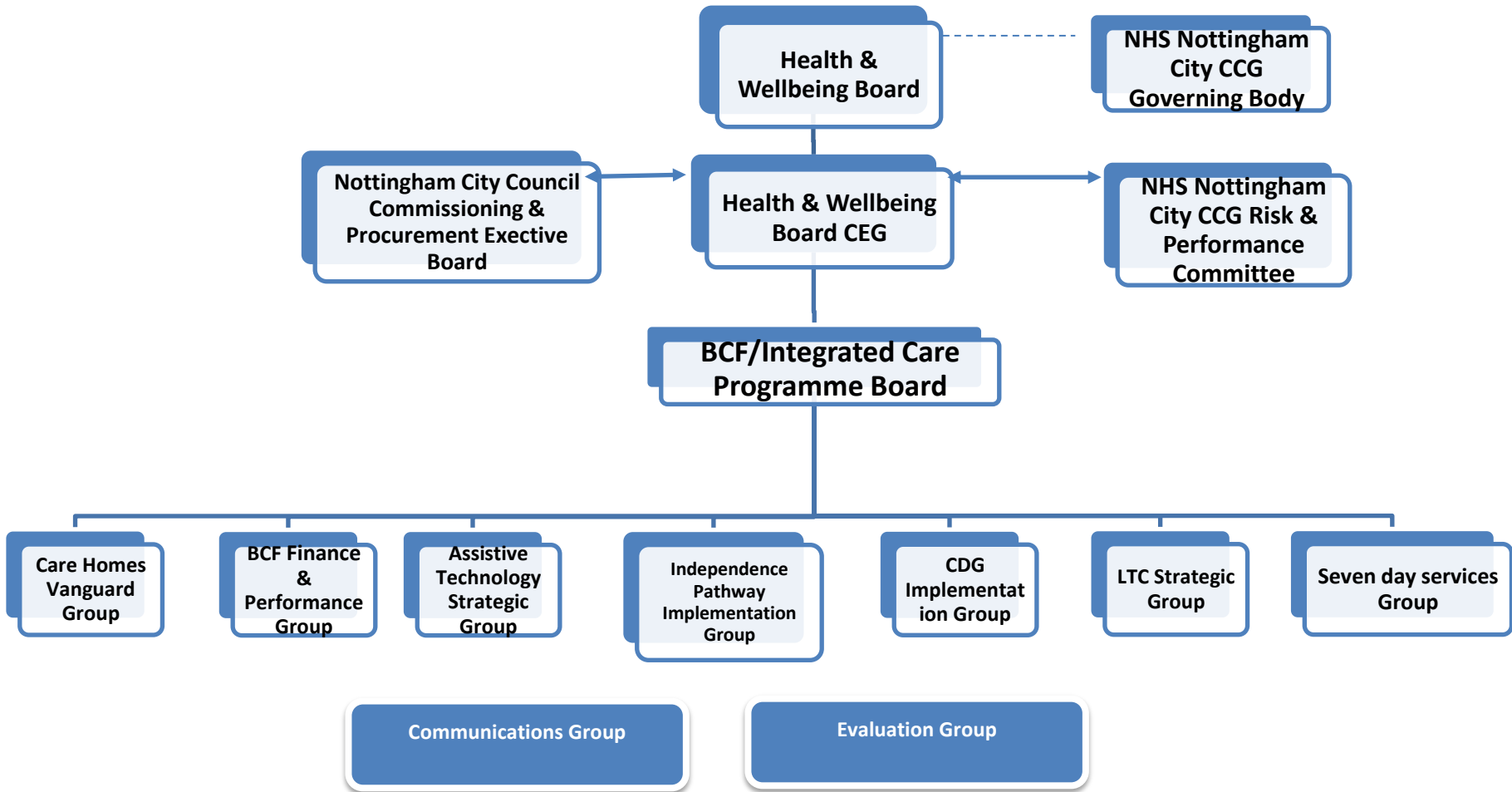
		provision and that there is an increased emphasis on prevention and early identification.		
Capital (Disabled Facilities Grant)	Disabled Facilities Grant Building Community Capacity	This scheme will support our vision 'to improve the experience of and access to health and social care services' by enabling citizens to receive care in their home or community . It will be utilised for preventative capital schemes including Disabled Facilities Grant and capital costs of assistive technology to promote continuation of residence in an independent setting resulting in a reduction in residential and nursing admissions and reduction in non-elective hospital admissions.	City Council	£1,876,000
Independence Pathway	Health Reablement Urgent Care NEHCS Reablement Enablement Gateway Access and Rapid Response Health Reablement posts In reach discharge Community Beds	The strategic objective of this scheme is to ensure that citizens are able to access the most appropriate short-term enablement, reablement and crisis support at the right time to remain as independent as possible in the community and to support timely discharge from acute care when medically stable The aim is to ensure that pathways into provision are simplified and that service is based on need as opposed to eligibility in order to facilitate prevention and escalation of need. Earlier identification of needs and access to a self-care pathway will ensure self-management and reduced dependence on health and social care services.	CCG City Council CityCare Partnership	£11,462,000
Programme Management	Programme Management posts	To provide leadership and coordination of the transformation activity across health and social care,	CCG City Council	£160,000

		including project management for specific work areas e.g. assistive technology.		
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Better Care Fund Performance Report –September 2015

Better Care Fund Metrics Dashboard Q2 2015/16

NHS Nottingham City CCG		Meets target	Within 0.1% - 5% of target	>5% from target							
Better Care Fund Metrics Dashboard		Version at 30-Sep-15									
Indicator	2015/16 Target	2015/16 Year to Date Target	2015/16 year to Date Actual	Year to date Performance	Month of Activity	Month Target	Month Actual	Month Performance	What trend is best	Month on Month trend	
1	Residential Admissions	221	92	100	8	Aug-15	18	16	-2	Lower	
2	Reablement - still at home 91 days after	66.7%	66.7%	57.8%	-8.9%	Aug-15	66.7%	58.0%	-8.7%	Higher	
3	Delayed Transfers of Care	9,314	3,177	3,576	399	Jul-15	761	1,236	475	Lower	
4a	Non Elective Admissions to Hospital (G&A) - Payment for Performance	29,465	10,077	9,995	-82	Jul-15	2,484	2,582	98	Lower	
4b	Non Elective Admissions to Hospital (G&A) - local target	28,562	9,776	9,995	219	Jul-15	2,450	2,582	132	Lower	
5	Proportion of 65yrs + Population Supported by Assistive Technology	6,000	5,300	5,351	51	Aug-15	100	151	51	Higher	
6	Improvement in Citizen Health & Social Care Outcomes	83%	83%	79%	-4.0%	Aug-15	83%	79%	-4.0%	Higher	



HEALTH SCRUTINY COMMITTEE
22 OCTOBER 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**

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APPENDIX 1

Health Scrutiny Committee 2015/16 Work Programme

<p style="text-align: center;">27 May 2015</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 27</p>	<ul style="list-style-type: none"> <p>• 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. <div style="text-align: right;">(NHS England/Public Health England/ NCC)</div> </p> <p>• 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 <div style="text-align: right;">(Nottingham CityCare Partnership)</div> </p> <p>• Extended work programme planning session To agree a draft work programme for 2015/16 and agenda items for June and July meetings</p>
<p style="text-align: center;">18 June 2015</p>	<ul style="list-style-type: none"> <p>• Ada’s Story 2 short dvd’s providing an understanding of the integrated care programme model within the city <div style="text-align: right;">(Nottingham City Clinical Commissioning Group)</div> </p> <p>• Consideration of the 2015/16 Work Programme</p>
<p style="text-align: center;">23 July 2015</p>	<ul style="list-style-type: none"> <p>• Progress in the implementation of the Care Act To receive a second report on the implementation of the Care Act within the city <div style="text-align: right;">(Nottingham City Council)</div> </p> <p>• Healthwatch Nottingham To receive and give consideration to the Annual Report of Healthwatch Nottingham</p>

	<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) • End of Life Services/Palliative Care Health Scrutiny Committee Study Group Scope To agree the scope of the study group (Nottingham City Council) • Nottingham University Hospitals Cleanliness issues To receive a report in relation to the cleanliness of NUH (NUH) • Consideration of the Work Programme 2015/16

<p>22 October 2015</p> <p>Page 29</p>	<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) • 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>	<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) • Female Genital Mutilation To receive information on how FGM is being targeted (Nottingham City Council) • Palliative Care/End of Life Study Group Report (Nottingham City Council) • 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
<p>17 March 2016</p>	<ul style="list-style-type: none"> • Strategic response to reducing Health Inequalities in the City (Nottingham City Council) • Consideration of the Work Programme 2015/16
<p>21 April 2016</p>	<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

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