



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 17 March 2016

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

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

Corporate Director for Resilience

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

AGENDA

Pages

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

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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 February 2016 from 13.31 - 14.56

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Anne Peach (Vice Chair)
Councillor Ilyas Aziz
Councillor Corall Jenkins
Councillor Neghat Nawaz Khan
Councillor Dave Liversidge
Councillor Jim Armstrong
Councillor Merlita Bryan

Absent

Councillor Chris Tansley

Colleagues, partners and others in attendance:

Martin Gawith - Chair, Healthwatch Nottingham
Tracey Lack - Community Engagement Officer, Healthwatch Nottingham
Tracey Tyrell - Director of Nursing and Allied Health Professionals, Nottingham CityCare Partnership
Kate Whittaker - Head of Patient and Public Involvement, Nottingham CityCare Partnership
Jane Garrard - Senior Governance Officer

50 APOLOGIES FOR ABSENCE

Councillor Chris Tansley - personal

51 DECLARATIONS OF INTEREST

None.

52 MINUTES

The Committee confirmed the minutes of the meeting held on 17 December 2015 as an accurate record and they were signed by the Chair.

53 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2015/16

Tracey Tyrell, Director of Nursing and Allied Health Professionals, and Kate Whittaker, Head of Patient and Public Involvement, from CityCare Partnership gave a presentation on progress against CityCare's quality improvement priorities for 2015/16 and development of priorities for 2016/17. A copy of the presentation was

included with the agenda papers. During the presentation they highlighted the following information:

- a) Quality Accounts are an important way for providers to report publicly on quality and show improvements in the services they deliver.
- b) CityCare's priorities for 2015/16 were pressure ulcer reduction; meeting requirements of the Duty of Candour; greater involvement for the Patient Experience Group; and improving carer support.
- c) The pressure ulcer ambition to have no avoidable pressure ulcers in NHS care was launched by NHS Midlands and East in 2012. Since then there has been a real decrease in avoidable pressure ulcers, and reduced damage when they do occur. Incidents are learnt from and that learning is shared. Many of the pressure ulcers treated by CityCare staff aren't clinically attributable to CityCare, for example they occur in a care home setting. These pressure ulcers are classified as 'unavoidable' for the purposes of CityCare performance monitoring.
- d) As a Care Quality Commission registered provider, CityCare must operate in an open and transparent way. There are specific duties in relation to 'notifiable safety incidents'. Work has taken place to ensure CityCare processes met requirements. This includes giving an apology.
- e) In relation to meeting the requirements of Duty of Candour, an audit of 20 moderate/severe harm incidents was undertaken. This identified areas for improvement. A Duty of Candour policy was ratified in January 2015 and is now included in induction for new staff and training is being given to existing staff. All care homes with CityCare respite beds have a complaints/ concerns process and quarterly quality visits are undertaken. These visits include talking to patients, families and staff.
- f) In relation to involving Patient Experience Group (PEG) members in the internal quality assurance process, PEG members have been trained and 3 members have been involved in 4 peer reviews so far and are now considered an integral part of the process. Other opportunities for PEG involvement have been identified.
- g) PEG members have also been involved in the Urgent Care Centre and Connect House project groups.
- h) Priorities for 2016/17 have been consulted on at team meetings, Patient Experience Group, community groups, wider events such as an equality and diversity event and a dedicated stakeholder event.
- i) The proposed priorities for 2016/17 are caring for and supporting staff so they can continue to provide high quality care; focus on mental health knowledge and skills with reference to the mental capacity strategy; self-management – promoting long term behaviour change and increasing awareness; and reducing avoidable harm – link with Duty of Candour, and involving patients in consultations.

In subsequent discussion the following points were made:

- j) The proposed quality improvement priorities go above and beyond requirements of registration with the Care Quality Commission and the fundamental standards that they expect and inspect against.
- k) CityCare is committed to working in partnership with other providers and there are a number of integration projects currently taking place. CityCare view partnership

working and integration with other providers and stakeholders as 'business as usual' and therefore it wasn't identified as a specific priority however it could be included.

- l) The priorities for 2016/17 are still being decided upon and developed through consultation. Details of actions to take place under each priority, how they will be measured and evidence of achievement and impact are still to be determined and will be outlined in the final Quality Account document.
- m) There is potentially a role for self-help groups to be involved in supporting self-management. Self Help UK holds a directory of self-help groups in Nottingham and Nottinghamshire.
- n) CityCare operate one care home – Connect House. It is registered with the Care Quality Commission to provide 56 beds. It is a wholly owned subsidiary with a separate Board. It provides a reablement service and patients typically stay for a short period of 4-8 weeks. The Chair commented that she visited Connect House last year and was impressed and there appeared to be a good atmosphere amongst staff working there.

Martin Gawith, Chair of Healthwatch Nottingham, reported that the majority of comments received by Healthwatch about CityCare were positive.

RESOLVED to

(1) recommend that Nottingham CityCare Partnership consider:

- i. **Incorporating a focus on integration and partnership working within its quality improvement priorities for 2016/17; and**
- ii. **The role of self-help groups in work to take place under the self-management priority.**

(2) Organise for the Committee to visit Connect House.

54 STUDY GROUP REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES

Councillor Neghat Khan, a member of the Study Group, presented the report and recommendations of the End of Life/ Palliative Care Study Group. She highlighted the following information:

- a) The review aimed to look at whether end of life/ palliative care services for adults were delivered across Nottingham City to a quality standard to meet the needs of patients, their families and carers, including in relation to cultural and faith needs.
- b) The Study Group decided not to include end of life and palliative care services for children and young people within the scope of the review and recommended that this that should be the subject of a separate review.
- c) The Study Group considered a wide range of evidence from desk top research; speaking to contributors including representatives of Nottingham City Clinical Commissioning Group, Nottingham University Hospitals, Nottingham CityCare Partnership, Nottinghamshire Hospice, patients and carers; and visiting services including Hayward House and Nottinghamshire Hospice.
- d) Discussions with patients and carers about their experiences were particularly enlightening.

- e) Based on the evidence gathered, seven recommendations had been identified and these were outlined in the report.

Councillors discussed the evidence gathered and the proposed recommendations. Some councillors highlighted that the two carers spoken to as part of the review had identified a lack of support to the person they were caring for following diagnosis of their terminal illness, and councillors cited other examples of this from their personal experience. There was insufficient evidence at this stage to make a recommendation regarding this so it was suggested that the follow up and support to people diagnosed with terminal and/or life altering conditions and their carers form the basis of a separate piece of scrutiny work. The Committee discussed adding this to the report.

Jane Garrard, Senior Governance Officer, advised that the approved report and recommendations would be sent to the organisations identified in the recommendations and they would be asked to respond. Their response would be reported to this Committee in due course.

RESOLVED to

- (1) Amend the report to reflect comments on a potential gap in the follow up for people diagnosed with terminal conditions and their carers and the proposal that this form the basis of a separate review; and**
- (2) Subject to amending the report in relation to the follow up after diagnosis of terminal conditions, the report and recommendations were approved for referral to the organisations specified in the recommendations.**

55 WORK PROGRAMME 2015/16

Councillor Ginny Klein, Chair, presented the report and advised that at the next meeting the Committee will be looking at its work programme for 2016/17. Councillors discussed some possible topics for inclusion in the 2016/17 work programme to be discussed further at the next meeting including:

- a) End of life and palliative care services for children and young people
- b) Follow up and support to people diagnosed with terminal and/ or life altering conditions and their carers
- c) Availability and sustainability of GP provision
- d) Impact of proposed closure of the Beckhampton Centre

Jane Garrard, Senior Governance Officer, informed the Committee that a visit to CityCare's Partnership Clinic located at Boots in the Victoria Centre is being arranged.

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

HEALTH SCRUTINY COMMITTEE
17 MARCH 2016
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 the municipal year 2015/16 and make amendments to this programme if considered appropriate.

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 Appendix 1 – Health Scrutiny Committee 2015/16 Work Programme

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 None

7. Wards affected

7.1 All

8. Contact information

8.1 Jane Garrard, Senior Governance Officer
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Health Scrutiny Committee 2015/16 Work Programme

Date	Items
<p>27 May 2015</p>	<ul style="list-style-type: none"> <li data-bbox="479 336 1995 504"> <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. (NHS England/Public Health England/ NCC)</p> <li data-bbox="479 539 1995 675"> <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 (Nottingham CityCare Partnership)</p> <li data-bbox="479 710 1720 778"> <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>18 June 2015</p>	<ul style="list-style-type: none"> <li data-bbox="479 882 1995 986"> <p>• Ada’s Story 2 short dvd’s providing an understanding of the integrated care programme model within the city (Nottingham City Clinical Commissioning Group)</p> <li data-bbox="479 1021 887 1051"> <p>• Work Programme 2015/16</p>
<p>23 July 2015</p>	<ul style="list-style-type: none"> <li data-bbox="479 1126 1995 1230"> <p>• 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)</p> <li data-bbox="479 1265 1995 1369"> <p>• Healthwatch Nottingham To receive and give consideration to the Annual Report of Healthwatch Nottingham (Healthwatch Nottingham)</p>

Date	Items
	<ul style="list-style-type: none"> <li data-bbox="479 268 1995 400"> <p>• 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)</p> <li data-bbox="479 440 1995 539"> <p>• Review of school nursing services To gain a greater understanding of issues being considered within the review of school nursing services (Nottingham City Council)</p> <li data-bbox="479 579 1995 678"> <p>• Proposed GP mergers in Sneinton To receive details of the proposed merger of two local practices in Nottingham (NHS England)</p> <li data-bbox="479 718 887 746"> <p>• Work Programme 2015/16</p>
<p>Page 10 24 September 2015</p>	<ul style="list-style-type: none"> <li data-bbox="479 818 1995 917"> <p>• Sex and relationships education in schools To receive a report on sex and relationship issues experienced by young people in schools (Nottingham City Council)</p> <li data-bbox="479 957 1995 1090"> <p>• 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)</p> <li data-bbox="479 1129 1682 1197"> <p>• End of Life Services/Palliative Care Health Scrutiny Committee Study Group Scope To agree the scope of the study group</p> <li data-bbox="479 1236 1995 1335"> <p>• Nottingham University Hospitals Cleanliness issues To receive a report in relation to the cleanliness of NUH (NUH)</p>

Date	Items
	<ul style="list-style-type: none"> • 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) • 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) • Work Programme 2015/16
19 November 2015	<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) • Contracting and Performance Management In Residential Care To consider the Quality Monitoring Framework (Nottingham City Council) • Work Programme 2015/16
17 December 2015	<ul style="list-style-type: none"> • Dementia Services within Nottingham City To receive an overview of Dementia services available across the city (Nottingham City Clinical Commissioning Group/Nottingham City Council/Nottingham CityCare Partnership)

Date	Items
	<ul style="list-style-type: none"> • Female Genital Mutilation To receive information on how FGM is being addressed within the city (Nottingham City Council) • Work Programme 2015/16
<p>21 January 2016 CANCELLED</p>	<ul style="list-style-type: none"> • Palliative Care/End of Life Study Group Report To consider the report and recommendations of the review of palliative/ end of life care (Nottingham City Council) • Work Programme 2015/16
<p>18 February 2016</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 12</p>	<ul style="list-style-type: none"> • Nottingham CityCare Partnership Quality Account 2015/16 To consider performance against priorities for 2015/16 and development of priorities for 2016/17 (Nottingham CityCare Partnership) • Palliative Care/End of Life Study Group Report To consider the report and recommendations from the review of palliative/ end of life care (Nottingham City Council) • Work Programme 2015/16
<p>17 March 2016</p>	<ul style="list-style-type: none"> • Work Programme 2016/17 To start looking at the Committee's work programme for 2016/17
<p>21 April 2016</p>	<ul style="list-style-type: none"> • Urgent Care Service Centre To review the first six months of operation of the Urgent Care Centre (Nottingham City Clinical Commissioning Group/Nottingham CityCare Partnership)

Date	Items
	<ul style="list-style-type: none"> <li data-bbox="479 236 1995 403"> <p>• Update on the Adult Integrated Care Programme (Assistive Technology, Better Care Fund and Integrated Care Programme) To scrutinise progress in implementation of the Programme, including a review of the Equality Impact Assessment for Assistive Technology services (Nottingham City Clinical Commissioning Group/Nottingham City Council)</p> <li data-bbox="479 443 1995 576"> <p>• Home Care Services – development of performance management system; and pricing structure To receive information on the development of a dashboard/ RAG rating system as part of the performance management of home care services; and the home care pricing structure (Nottingham City Council)</p> <li data-bbox="479 616 1995 748"> <p>• Health and Wellbeing Strategy consultation To consider, and comment on proposals for the new Health and Wellbeing Strategy, as part of the public consultation (HWB/ Nottingham City Council)</p>

Items to be scheduled

- Understanding Equality Impact Assessments (tbc)

Visits

- Nottingham CityCare Partnership Clinics within Boots, Victoria Centre
- Connect House
- Urgent Care Centre (postponed until May/ June 2016)

Study Groups:

- Review of End of Life Services (Autumn 2015)

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HEALTH SCRUTINY COMMITTEE
17 MARCH 2016
DEVELOPING 2016/17 WORK PROGRAMME
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To give initial consideration to the Committee's work programme for 2016/17 and identify potential issues for scrutiny.

2. Action required

2.1 The Committee is asked to identify potential issues for scrutiny during 2016/17, for further exploration as to potential focus, key lines of enquiry, timescales and resource requirements.

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. By way of a reminder the Committee's Terms of Reference are attached at Appendix 1.

3.3 In setting the work programme the Committee should aim for an outcome-focused work programme that has clear priorities and potential to contribute to improvements for local people. The work programme must be matched against the resources available to deliver the programme.

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 The work programme needs 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 commissioners about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.

3.6 Nottingham City and Nottinghamshire County Councils have established a Joint Health Scrutiny Committee which is responsible for scrutinising health matters which impact on both the areas covered by Nottingham City Council and Nottinghamshire County Council.

3.7 The Committee is asked to identify potential issues for scrutiny by the Health Scrutiny Committee during 2016/17:

- at monthly Committee meetings; and
- any study group reviews.

Following the meeting these issues will be explored further to identify a focus, key lines of enquiry, possible timescales and resource requirements. Based on this a proposed work programme for 2016/17 will be developed and brought to the Committee for approval in May.

4. List of attached information

4.1 Health Scrutiny Committee Terms of Reference

4.2 Health Scrutiny Committee 2016/17 Work Programme Ideas

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 Reports to and minutes of the meeting of the Health Scrutiny Committee during 2015/16

7. Wards affected

7.1 All

8. Contact information

8.1 Jane Garrard, Senior Governance Officer
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Email: jane.garrard@nottinghamcity.gov.uk

Health Scrutiny Committee Terms of Reference

- a) To set and manage its work programme to fulfil the overview and scrutiny roles and responsibilities for health and social care matters, including, the ability to:
 - (i) hold local decision-makers, including the Council's Executive, to account for their decisions, action and performance;
 - (ii) review policy and contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Nottingham residents;
 - (iii) explore any matters affecting Nottingham and/ or its residents;
 - (iv) make reports and recommendations to relevant local agencies in relation to the delivery of their functions, including the Council and its Executive;
- b) To exercise the Council's statutory role in scrutinising health services for Nottingham City in accordance with the National Health Service Act 2006 as amended and associated regulations and guidance.
- c) To engage with and respond to formal and informal consultations from local health service commissioners and providers;
- d) To scrutinise the commissioning and delivery of local health and social care services to ensure reduced health inequalities, access to services and the best outcomes for citizens;
- e) To hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities;
- f) To work with, and consider referrals from the Overview and Scrutiny Committee, to support effective delivery of a co-ordinated overview and scrutiny work programme;
- g) To respond to referrals from, and make referrals to, Healthwatch Nottingham as appropriate;
- h) In consultation with the Chair of Overview and Scrutiny, to commission time-limited panels (no more than 1 panel at any one time) to carry out a review of a matter within its remit. Commissioning includes setting the remit, initial timescale and size of membership to meet the needs of the review to be carried out. Such review panels will be chaired by the Chair of the Health Scrutiny Committee;
- i) To monitor the effectiveness of its work programme and the impact of outcomes from its scrutiny activity;
- j) To appoint a lead health scrutiny councillor for the purposes of liaising with stakeholders on behalf of the health scrutiny function, including the Health and Wellbeing Board, Healthwatch Nottingham and the Portfolio Holder with responsibility for health and social care issues;
- k) To co-opt people from outside the Council to sit on the Committee or any review panels it commissions to support effective delivery of the work programme.

Membership

The Health Scrutiny Committee comprises 9 members.

Labour Group: 8

Conservative Group: 1

Quorum

The quorum for a meeting of the Health Scrutiny Committee is three members.

Chairing

The Chair will be a member of the pool of five overview and scrutiny chairs and is appointed by Full Council. The Vice-Chair will be appointed at the first meeting of the Health Scrutiny Committee from the membership of the Committee.

Health Scrutiny Committee 2016/17 Work Programme Ideas

Listed below are some possible issues for scrutiny as a starting point for discussion. Councillors may wish to propose other issues at, or following the meeting.

It is likely that additional issues will emerge during the year, including from the following sources:

- Consultation by commissioners on substantial variations in health services
- Suggestions from the Portfolio Holder for Adults and Health
- Issues highlighted through area cluster health review activity
- Issues highlighted at the Youth Council 'Healthy Creative You' meeting on 1 June
- Suggestions/ referrals from Healthwatch Nottingham
- Emerging national, regional and local issues

The work programme needs to be flexible to respond to such emerging issues.

Regular issues for scrutiny

Every year the following items are always included in the work programme and it is proposed to schedule them accordingly for 2016/17:

- Nottingham CityCare Partnership Quality Account [January and May]
- Scrutiny of the Portfolio Holder for Adults and Health (from 2016/17 to focus on performance against relevant Council Plan priorities) [June tbc]
- Healthwatch Nottingham Annual Report [July tbc]

Issues provisionally scheduled during 2015/16

During the course of its work in 2015/16 the Committee provisionally scheduled the following items. The Committee is asked to consider whether they are still relevant:

- Flu immunisation update [May]
- Strategic response to health inequalities – pre/ ante natal care/ low birth weight [May]
- Visit to Urgent Care Centre [late May/ June]
- Development of Nottingham City CCG Strategic Priorities [May/ June]
- Sex and Relationships Education in Schools [June]
- Family Nurse Partnership/ health visitor update [July]
- Improving the quality of GP services [November]

Possible issues for scrutiny

The following potential issues have been identified by the Committee during 2015/16, councillor suggestions, current health and social issues. Councillors may wish to propose other issues at the meeting. The Committee is asked to consider whether they wish to include any of these on the work programme for 2016/17 and if so discuss a potential focus/ key lines of enquiry.

- a) End of Life/ Palliative Care Services for children and young people (identified during review of adult end of life care)
- b) Follow up and support to people diagnosed with terminal and/or life altering conditions and their carers (came out of end of life care review)

- c) Home care services
 - Service user experience of home care services (one year into new framework) (postponed from 2015/16 work programme)
 - How home care agencies used by the Council are selected and scrutinised (councillor suggestion)

- d) Mental health
 - “Wellness in Mind” Nottingham City Mental Health and Wellbeing Strategy 2014-17 – what progress has been made against the Strategy? ‘so what’ for outcomes for people
 - Health and Wellbeing Board agreed to champion mental health and wellbeing to give it parity with physical health – what evidence is there that this has happened and what difference has it made (context of Five Year Forward View of Mental Health)
 - Health and Wellbeing Board agreed that mental health should be a consideration in all reports to the Board – what evidence is there that this has happened and what difference has it made
 - Have the Health and Wellbeing Strategy objectives in relation to mental health been achieved?
 - Mental health services for homeless people
 - Mental health services for students/ young adults
 - Integration of physical and mental health

- e) Improving health literacy to reduce health inequalities (link to Marmot) – potential links to increasing focus on self-management (CityCare 2016/17 priority).

- f) Public health commissioning
 - Public health commissioning for social value
 - Robustness of EIAs in public health commissioning

- g) GP services
 - GP provision in the City – service availability/ sustainability of services
 - Protocol on GP mergers/ closures (possible joint work with Nottinghamshire County Council)

- h) Isolation and loneliness
 - Isolation and loneliness as a public health issue (LGA Guide)
 - Proposed priority for future Health and Wellbeing Strategy so could look at implementation?

- i) Health outcomes and inequalities for a particular population group (to be determined) and how to close the gap

- j) Access to dental care
 - In 2009 the Committee carried out a review of access to NHS dental care - has access and uptake improved since then?
 - Child dental health

k) Future capacity of the care home sector and market development activity

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