

NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 12 January 2016 from 10.15 - 12.03

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Pauline Allan
Councillor Roy Allan
Councillor Merlita Bryan
Councillor Richard Butler
Councillor Eunice Campbell
Councillor Mrs Kay Cutts MBE
Councillor Kate Foale
Councillor Colleen Harwood
Councillor Carole-Ann Jones
Councillor Philip Owen
Councillor Anne Peach

Absent

Councillor Ilyas Aziz
Councillor John Clarke,
(Substituted by Councillor Kate Foale)
Councillor John Handley,
(Substituted by Councillor Philip Owen)
Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Parry Tsimbiridis,
(Substituted by Councillor Roy Allan)
Councillor Jacky Williams

Colleagues, partners and others in attendance:

Jez Alcock	- Healthwatch Nottinghamshire
Amanda Battley	- Health Education England
Dr Agnes Belencsak	- Screening and Immunisation Lead
Dr Adrian Brooke	- Health Education England
Jane Garrard	- Senior Governance Officer
Martin Gawith	- Healthwatch Nottingham
Sarah Mayfield	- NHS England
Amanda Taylor	- NHS England
James Welbourn	- Governance Officer

47 APOLOGIES

Cllr John Clarke	(sent substitute)
Cllr John Handley	(sent substitute)
Cllr Chris Tansley	
Cllr Parry Tsimbiridis	(sent substitute)

48 DECLARATIONS OF INTEREST

None.

49 MINUTES

The minutes of the meeting held on 15 December 2015 were confirmed and signed by the chair.

50 CHILDHOOD IMMUNISATION AND VACCINATION IN NOTTINGHAM AND NOTTINGHAMSHIRE

Sarah Mayfield, Screening and Immunisation Manager at NHS England North Midlands, and Amanda Taylor, Screening and Immunisation Coordinator at NHS England introduced a briefing on childhood immunisation and vaccination.

The following points were highlighted:

- (a) a target of 95% of children to be vaccinated between the ages of 1 and 5 is high and the commissioning target is lower; however Nottinghamshire, and Nottingham City perform well with their immunisation rates when compared with other comparable local authority areas and are broadly in line with national rates. There are quarterly meetings attended by representatives from Clinical Commissioning Groups (CCGs), local medical councils, primary care and local authorities (LAs);
- (b) Nottingham City faces challenges that aren't as big an issue in Nottinghamshire, such as language barriers, mixed communities, and a wider range of mental health;

Following questions from members, additional information was provided:

- (c) Health Visitors (HV) in Nottingham City link in with all relevant stakeholders, and work with children's centres. Special HVs are able to vaccinate, and will only be for vulnerable families that can't access primary care;
- (d) the percentage of parents/guardians deciding against vaccinations will be quite small. There are no precise figures on this subject, although GP practices should hold this information;
- (e) it is not a requirement in this country to capture data on children who have passed their fifth birthday. There is a child health information system that can be used locally to pull data on children over the age of 6;
- (f) new children coming into the country from abroad will be placed onto the immunisation schedule once they have registered with a GP;
- (g) GP practices are happy to share data and will support the immunisation programme. Work is ongoing with Nottinghamshire and Nottingham CCGs to develop a data tool that will share local data – an alternative to going direct to GPs;

RESOLVED to:

- (1) thank NHS England for the briefing. An update will be required for this Committee in a year's time, including the latest performance data on immunisation uptake;**
- (2) recommend that further work takes place between NHS England and the City Council's Public Health Team to look at the evidence for the specific reasons for lower immunisation uptake rates in the City and how those reasons can be addressed locally. This is to be reported back to the City Council's Health Scrutiny Committee.**

51 NHS AND ADULT SOCIAL CARE WORKFORCE CHALLENGES

Dr Adrian Brooke of Health Education England provided the Committee with further information on what is happening at a national level to address workforce challenges, as well as background and context to the situation in the East Midlands, and more specifically South Nottingham. The following points were highlighted:

- (a) the population flux across the East Midlands has changed over time. Previously there had been a concentration of trainees around medical schools in Nottingham and Leicester; however the population in the East Midlands has not followed this trend. Lincolnshire and Northamptonshire in particular have seen big increases in population, but the medical trainee workforce has not kept pace with this;
- (b) the East Midlands is not currently a popular place in the country to come and train. Trainees are heading to London and the South East, leading to a disproportionate number in that area of the country;
- (c) the 'Five Year' forward programme is aimed at trying to modernise the NHS. The nature of illness has altered dramatically since the inception of the NHS, and the UK also has an aging population, who suffer from a range of conditions that can often need long-term treatment. In addition to this, there is a growth in the number of people who are too well to be looked after by hospitals, but are also too sick to be managed by primary care. Secondary care providers working together with primary care could offer a better option;
- (d) a network between providers for emergency and unscheduled care is the subject of a new vanguard; this vanguard covers people who don't know that they are going to be ill. When the patient picks up the phone, this vanguard aims to ensure that the patient is seen by the relevant person, in the right setting;
- (e) education for Doctors is very traditionally bound. In the future, training will need to cover the needs of an aging population in a range of settings;
- (f) there are over 600 apprenticeships in Nottinghamshire. Younger adults are being encouraged to engage in work experience;
- (g) bespoke programmes for 2015/16 have included:

- i) registered nurse development for nursing homes
 - ii) new forest parenting programme– dealing with looked after children’s mental health;
- (h) there is a stakeholder event on the 22 January with local stakeholders for Nottinghamshire – priorities for 2016/17 and beyond will be discussed;

Following questions from members, further information was provided:

- (i) medical training currently follows a traditional curriculum. In order to be called a GP, individuals need to be on a specialist register of the General Medical Council (GMC). Trainees do not gain entry to this register until they have completed their training.

An integrated fellowship involves secondary care trainees coming out of training for a year, and learning how to use their partially developed skills in a primary care setting;

- (j) finding the right trainers, or role models is very important. More senior specialists could be employed in this area so that they could use their skills in a different setting;
- (k) changes to primary medical legislation go through Parliament, and are being looked at for 2020;
- (l) there is a lot of poorly utilised NHS estate. This estate could be used to establish the ‘place in the middle’ that patients could take advantage of if they are too unwell to be at home, but not ill enough to be in hospital;
- (m) medical specialists develop their skills by visiting a range of areas within Nottingham and Nottinghamshire; this is largely dependent on where medical conditions are presenting;
- (n) Nottingham and Nottinghamshire needs an identity that can be projected nationally – there seems to be very few iconic figures that can be related to. The University of Nottingham has done some good work to attract people to stay in the area.

If you are going to train the East Midlands, you are likely to be in the area for 4-5 years. More information on accommodation and schools is required; this could be coupled with other incentives such as gym memberships (as seen in Corby). Overall, current students are saying that the East Midlands isn’t attractive to them. This is being tackled over the internet as a starting point, by putting the message out that the East Midlands is a great place to live;

- (o) staff that are retiring are encouraged to ‘retire and return’ as mentors, or practice development nurses – it would be a disadvantage to lose the skills of retiring staff;
- (p) Planning guidance from 2015-2020 talks about every area establishing a sustainability and transformation programme. Some vanguards will not work,

so the guidance can highlight which have been successful. All vanguards will go through an assessment, and where they have been successful in other regions, they could be subject to 'lift and shift', a process whereby they can be shared around the country;

- (q) an advert has been produced for specialty medical training on YouTube, highlighting the cutting edge medicine that exists in the East Midlands. An underspend put towards advertising covered this promotion;

RESOLVED to:

- (1) thank Dr Brooke and Amanda Battley for the briefing;**
- (2) recommend that the City and County Council work with their partners, for example Marketing Nottingham and Nottinghamshire to support Health Education East Midlands to promote the East Midlands as a place for health professionals and students to train and work.**

52 JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

The Committee considered the report of the Head of Democratic Services about the Committee's work programme for 2015/16. Members were given the following additional information:

- (a) the Committee were due to have a report back in March from Greater Nottingham Health and Care Partners. The partnership is required to submit its Sustainability and Transformation Plan to Government in June, so it was felt that the Committee should look at the Plan's proposals in May 2016;
- (b) Martin Gately to send out confirmation for Rampton hospital visit on 28 January;
- (c) the NUH feature on Inside Out was meant to be on 11 January, but has now been rescheduled to the evening of 13 January.

RESOLVED to note the work currently planned.