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Nottingham City Council

NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 30 June 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: Rav Kalsi **Direct Dial:** 0115 8763759

1	**CHANGE TO COMMITTEE MEMBERSHIP** To note that Councillor Patience Ifediora and Councillor Carole Jones have been appointed as members of the Health Scrutiny Committee.	
2	**APOLOGIES FOR ABSENCE**	
3	**DECLARATIONS OF INTEREST**	
4	**MINUTES** To confirm the minutes of the meeting held on 19 May 2016.	3 - 10
5	**URGENT CARE CENTRE** Report of the Corporate Director for Resilience	11 - 48
6	**DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY 2016-2020** Report of the Corporate Director for Resilience	49 - 72
7	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2016/17** Report of the Corporate Director for Resilience	73 - 80

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 19 May 2016 from 13.30 - 15.45

Membership

Present	Absent
Councillor Ginny Klein (Chair)	Councillor Carole-Ann Jones
Councillor Anne Peach (Vice Chair)	
Councillor Corall Jenkins	
Councillor Dave Liversidge	
Councillor Chris Tansley	
Councillor Jim Armstrong	
Councillor Merlita Bryan	
Councillor Patience Uloma Ifediora	

Colleagues, partners and others in attendance:

Fiona Branton - Nottingham CityCare Partnership
Jo Powell - Nottingham CityCare Partnership
Kate Whittaker - Nottingham CityCare Partnership

Steve Oakley - Contracting & Procurement, Nottingham City Council
Sharon Ribeiro - Contract Performance Care & Support, Nottingham City Council

Jane Garrard - Senior Governance Officer, Nottingham City Council
Kim Pocock - Governance Manager, Nottingham City Council

55 APPOINTMENT OF VICE CHAIR

RESOLVED to appoint Councillor Merlita Bryan as Vice Chair for the 2016/17 municipal year.

56 APPOINTMENT OF LEAD HEALTH SCRUTINY COUNCILLOR

RESOLVED to appoint Councillor Anne Peach as Lead Health Scrutiny Councillor for the 2016/17 municipal year.

57 APOLOGIES FOR ABSENCE

Councillor Carole Jones (other commitments).

58 DECLARATIONS OF INTEREST

None.

59 MINUTES

The minutes of the Health Scrutiny Committee meeting held on 17 March 2016 were agreed and signed by the Chair.

60 HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE

Jane Garrard introduced a report of the Head of Democratic Services, detailing this Committee's terms of reference. The Chair asked all members of the Committee to note these.

61 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2015/16

Fiona Branton (Head of Prevention Control), Kate Whittaker (Head of Patient and Public Involvement) and Jo Powell (Communications), of CityCare Partnership gave a presentation on progress in achieving priorities in 2015/16 and the new priorities proposed for 2016/17.

Key issues highlighted were:

(a) The final Quality Account report will be completed in the week commencing 27 June 2016.

(b) Progress made on 2015/16 priorities is as follows and the work will continue alongside new priorities:
- **Stop the pressure** (pressure ulcer reduction)- as part of the East Midlands campaign a range of initiatives have resulted in a continuing reduction of stage 3 sores, thereby impacting on the quality of life for patients.
- **Duty of candour** – being open and honest underpins a new organisation policy and over 25 services have received relevant training, which continues to be delivered.
- **Patient Experience Group** (PEG) – the PEG has been involved in several initiatives (including the recent changes to urgent care and the establishment of the new Connect reablement facility) and peer reviews (mock Care Quality Commission inspections) through observations, interactions and the provision of feedback. Patients are often more inclined to speak to members of PEG than to service leads.
- **Carers** – a carers' conference has been held and a new carers' strategy developed and implemented. CityCare continues to work closely with the Carers' Federation and other relevant agencies.

(c) A number of engagement events have been held with staff to develop and shape new priorities for 2016/17 as follows:
- **Caring for and supporting staff so they can continue to provide high quality care** - actions will include developing line management skills, implementing an integrated supportive supervision model, as well as developing and implementing a Human Resources and Workforce Strategy.

The aim is to improve employee experience and create a healthy workplace and workforce, so enhancing the quality of services.

- **Focus on mental health knowledge and skills with reference to the mental capacity strategy** – actions will include developing a mental health strategy and a primary care mental health service with improved signposting and support. More recognition of low level concerns and appropriate referral will prevent patients becoming high risk.
- **Self-management; promoting long term behaviour change and increasing awareness** – actions will include using social prescriptions to meet wider needs, introducing Enablement Care Co-ordinators (Council employees) into neighbourhood teams and improving co-ordination of care by bringing together health and social care staff to equip people with the skills to retain independence and reduce unnecessary hospital admissions. There will be a focus on developing a new care pathway for type 2 diabetes patients.
- **Reducing avoidable harm** – actions will include establishing patient focus groups to explore what it means to be safe, patient safety walkabouts by directors to identify issues to address and peer reviews. The aim is to increase the confidence of staff and patients to report concerns and so reduce avoidable harm incidents.
- **More integration with partner organisations in service delivery** – actions will include integration of Health and Social Care Reablement and Urgent Care Services by March 2017

The following points were raised in discussion:

(d) Establishing the role of Enablement Care Co-ordinators will enable services to pick up those who fall just below the threshold for adult social care. Early involvement and prevention will address needs before a situation becomes more serious. Patients will be identified through neighbourhood teams, which include GPs and district nurses and through adult social care assessments.

(e) Further work will be done to ensure that GPs are part of discussions and planning to ensure that a patient’s needs are viewed widely rather than focusing on the one issue that is presented for a GP appointment. Social prescriptions are being piloted in Bulwell and are working well.

(f) Members of PEG are largely lay people and while there is good representation across disability and age, there is more work taking place to improve BME representation. In order to ensure a diverse population is consulted, CityCare also does consultation work with a range of forums outside PEG.

(g) CityCare will be looking at end of life care access at weekends, following the scrutiny review carried out last year.

(h) CityCare discusses new ideas and pilots etc with commissioners before putting them into action.

(i) An easy to read summary document of the Quality Account will be available when it is published.

RESOLVED to

(1) thank Fiona Branton, Kate Whittaker, and Jo Powell for their presentation on the Nottingham CityCare Partnership Quality Account and to note the positive progress;

(2) agree that Jane Garrard, Senior Governance Officer would draft comments to be included in the CityCare Quality Account to be circulated to members of the Committee by email and signed off by Chair prior to submission to CityCare.

62 HOMECARE QUALITY

Steve Oakley, Head of Contracting and Procurement, Nottingham City Council gave a presentation to the Committee, highlighting the following:

(a) **Framework Providers.** Six framework providers are currently contracted to provide Homecare and they deliver about 75% of provision. These contracts have approximately 18 months left to run. Spot providers pick up 25% of work ie when framework providers cannot pick up packages. Approximately 56,492 hours of care are delivered each month.

(b) A **Quality Monitoring Framework tool** is used to measure quality of provision, using 43 indicators, on an annual basis and the results are published. The same framework is used for all types of care eg residential care, day care etc. Robust guidance is given to providers outlining expectations and required evidence and outcomes. A scoring system is used to highlight excellence as well as poor performance. Commissioners are looking for a steady improvement in quality. Visits in 2015/16 to providers revealed a 3% - 35% improvement in performance from 2014/15. All providers are achieving performance rates of at least 65% up to 84%. Top performance would be considered 85%+ and all providers are seen to be moving in the right direction with the likelihood that the majority will perform in this band over the next year.

(c) **Performance Management**. Performance is actively managed through monthly meetings with providers. Where there is under performance, action plans are put in place. The Council works closely with Nottingham City Clinical Commissioning Group (CCG) through monthly contract meetings and with other agencies across the city to ensure that information is shared, eg Safeguarding, Health, Social Care. Where performance issues are identified, the most appropriate agency will pursue the improvement action.

(d) **Contract Compliance Escalation**. The Council participates in investigations where these are necessary and leads on the Provider Failure Procedure, ie the process for improving and terminating arrangements. Very few contracts are terminated but the process exists for issuing a notice of requirement to improve, contract suspension (where the provider continues with existing work but receives no new work) to termination of contract. The process can be activated at any stage.

(e) **Working Together**. The Council is working with NHS Commissioners and the County Council to look at quality provision. It can be difficult to know what the markers for concern are in people's own homes, so it is helpful to work together with others to identify these. Working together also streamlines processes for managing poor performance. Working closely with providers helps commissioners to understand the challenges and pressures of service delivery.

(f) **Pricing for Care at Home services**. Financial modelling was carried out for 2016 using a range of consultation activity and proposals were agreed as part of the Budget by full Council. Nationally, recruitment and retention present challenges in this market which can impact on the ability of providers to deliver services in line with their contract. There is ongoing discussion between senior managers and the portfolio holder on whether prices should be further increased.

(g) **Moving forward** – The current Framework Agreement is due to end in December 2017. The Council is in discussion with the County Council as they have contracts due to end at a similar time. The aim is to establish a dynamic purchasing system which supports a more formal process for spot purchasing to run alongside the Framework Agreement.

The following points were raised in discussion:

(h) There can be a tension between the quality desired and the funding available to pay for services. One of the key issues is stability of the workforce. Recipients would generally prefer a relationship with their carer ie the same person coming to their home as often as that is possible. However the turnover of staff in the homecare market is high – approximately 20%.

(i) The current hourly rate paid to carers is usually only just above minimum wage. There are high sickness levels, which may be affected by the nature of the work. Carers may work for a number of providers and the work is often done by people for a short period in their work lives. One of the lowest paying providers has been the best performer and retainer of staff so it is difficult to identify the influences on staff retention. The Council is looking, with providers, at a range of issues which could affect retention of the workforce, including pricing, provision of quality training, standards and accreditation processes.

(j) Many carers are on zero-hour contracts. This suits some carers but not others. Other types of contract have been considered, but it can be difficult to get the balance right as care needs can vary for the provider. Carers' forums are being used to tackle the isolation of carers, which is inherent in the nature of the work, and to encourage them to raise their concerns and discuss issues such as sickness schemes and how to ensure that they are equipped to deal with what can come up in their work.

(k) Some carers do report that they don't have enough time allotted to do what is required in the home visit. Better pay and contracts may mean more security which could alleviate this. Visits under 30 minutes are now only used for wellbeing and medicine checks. Outcome based commissioning would focus on what is delivered not on the time spent. This model is being considered but is complex and will take at least six months to develop.

(l) The Quality Assurance Framework uses the same 43 indicators for all types of care but the guidance to providers differs depending on the type of care.

(m) Spot contracts require more monitoring than Framework contracts as there are not regular monitoring meetings and the contractual arrangements are different. From an administrative point of view they are more labour intensive as well. Whilst spot contracts will always be needed as all eventualities can't be planned for, the intention in the long term is to reduce the number of spot providers and to better monitor the standards of spot providers.

(n) The performance target of 85% and higher is a challenging target in the light of high staff turnover (management and seniors as well as carers) but it is aspirational to demonstrate that there can always be improvements.

(o) All safeguarding concerns are logged and information is shared between agencies on a regular basis. The intention is that homecare will be integrated with safeguarding support and social care support in the future.

RESOLVED to

(1) thank Steve Oakley and Sharon Ribeiro for their presentation to the Committee;

(2) schedule a future agenda item to look at homecare quality from a safeguarding and social care perspective.

63 REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES - RESPONSES TO RECOMMENDATIONS

The Chair noted that responses to the Committee's recommendations from the End of Life Care Review, carried out last year have now been received. Six recommendations have been accepted and 1 partially accepted. Organisations responsible for implementing the recommendations have been asked to keep the Committee updated as actions progress.

RESOLVED to schedule a review of progress in implementing the recommendations of the End of Life Care Review for the November meeting of the Committee.

64 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2016/17

RESOLVED to

(1) Add to the work programme:
- **(a) follow up the issues raised by the ME Self Help group last year in relation the provision of services to ME patients; and**
- **(b) consideration of services and support available for lupus and sickle cell;**

(2) note that any councillor can propose an item for scrutiny by speaking to the Chair of the Committee or to the Senior Governance Officer for discussion by the Committee as part of its work programme planning.

65 FUTURE MEETING DATES

The Committee agreed to meet on the following Thursdays at 1:30pm:

- 30 June 2016
- 21 July 2016
- 22 September 2016
- 20 October 2016
- 24 November 2016
- 22 December 2016
- 19 January 2017
- 23 February 2017
- 23 March 2017

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HEALTH SCRUTINY COMMITTEE
30 JUNE 2016
URGENT CARE CENTRE
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE

1 Purpose

1.1 To review the first six months operation of the Urgent Care Centre.

2 Action required

2.1 The Committee is asked to review the operation of the Urgent Care Centre; and identify if any further scrutiny is required.

3 Background information

3.1 The Urgent Care Centre on London Road is commissioned by Nottingham City Clinical Commissioning Group (CCG). Following a review of walk-in services, provision was remodelled to develop an Urgent Care Centre with the aim of offering patients an alternative to attending the Emergency Department for non-emergency health problems by better supporting the treatment of urgent but non-life threatening conditions outside of hospital.

3.2 This Committee was consulted by the CCG on the change in service provision in 2014/15; and the Committee also reviewed the consultation and engagement carried out on development of the new service and how plans took into account the outcomes of consultation. This included review of the service specification.

3.3 Following a procurement process Nottingham CityCare Partnership was identified as the preferred bidder and is the current provider of the Urgent Care Centre.

3.4 The Urgent Care Centre opened in October 2015 to provide assessment and treatment for health problems that are urgent but not life-threatening, such as:

- minor burns or scalds
- minor head injury with no loss of consciousness
- skin infections or animal bites
- suspected broken bones, sprains and strains (x-ray service available)
- eye infections or minor eye injuries

It is open 365 days a year 7am-9pm for a walk-in service with no appointment needed. There is a dental service on site that is not run by CityCare.

3.5 In March 2015, the Committee heard that expected outcomes included:
- increase in the number of patients who are treated for immediate but non-life threatening health conditions outside of hospital;
- provision of urgent diagnostic x-ray without the need to attend the Emergency Department;
- short waiting times for initial assessment (20 minutes or 15 for children) and treatment (within 2 hours or 4 hours if diagnostics are required);
- reduction in patient uncertainty around what service to access for urgent health needs;
- reduction in minor illness presentations and provision of patient information and support to access the right service for their health needs; and
- continued support for vulnerable patients groups with close links to specialist services.

3.6 Representatives of Nottingham City CCG (commissioners) and Nottingham CityCare Partnership (providers) will be attending the meeting to discuss the first six months of operation of the Centre.

3.7 On 15 June 2016 members of this Committee visited the Centre to see it in operation and speak to staff working there.

4 List of attached information

4.1 CityCare report on the Urgent Care Centre

CityCare Equality Impact Assessment for the Urgent Care Centre

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 Health Scrutiny Committee meetings held on 26 March 2014, 28 May 2014, 30 July 2014 and 25 March 2015

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
jane.garrard@nottinghamcity.gov.uk
0115 8764315

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Nottingham Urgent Care Centre
Health Scrutiny Committee report
June 2016

1 Background

1.1 National Context

In 2013, the National Medical Director of NHS England published the 'Review of Urgent and Emergency Care' , which proposed a fundamental shift in provision of urgent care, with more extensive services outside hospital and patients with more serious or life threatening conditions receiving treatment in centres with the best clinical teams, expertise and equipment.

In his report, Professor Sir Bruce Keogh sets out the vision that, 'Firstly for those people with urgent but non-life threatening needs we must provide highly responsive and personalised services outside of hospital" and highlights that nationally, "40% of patients attending ED are discharged requiring no treatment at all: there were 1 million avoidable emergency hospital admissions last year". Locally, data has shown that figure is nearer to 50%, with the inclusion of patients who are provided with advice only and a further 25% receive diagnostic x-ray as their first investigation.

The Urgent Care Centre will improve access to medical attention for patients with immediate but non-life threatening illness or injury outside of the hospital setting. Engagement with local clinicians and patients indicates that they are in support of a walk-in service that provides assessment and treatment in a city centre location, while providing extended diagnostics such as x-ray and access to a wide range of health professionals.

NHS Outcomes Framework Domains & Indicators

- Domain 3 Helping people to recover from episodes of ill-health or following injuries
- Domain 4 Ensuring people have a positive experience of care
- Domain 5 Treating and caring for people in safe environment and protecting them from avoidable harm

1.2 Local context

In response to the review of urgent and emergency Nottingham City and the Nottinghamshire County Care Commissioning Groups (CCGs) gave notice of closure to the existing walk In Services in Nottingham in 2014. The CCGs configured their vision and requirements for an Urgent Care Centre within the city of Nottingham and invited bids through national procurement processes. The UCC has been commissioned to treat 75,000 people per year.

Local defined outcomes

• To reduce the number of attendances to ED by providing a service for patients with urgent but non-life threating needs
• To see and treat the majority of patients within a single visit within the agreed timeframe and to avoid re-presentation by patients for unplanned care to this service or ED.
• Work with commissioners and patient groups to ensure understanding of the purpose and appropriate use of the new Urgent Care Centre
• Work in collaboration with other local health care providers to ensure appropriate signposting and provide seamless care for patients
• Provide an integrated and whole system approach to relieve pressures within both primary care and secondary care services.
• Work with Nottingham University Hospitals NHS Trust either contractually or through close collaborative working to integrate the Urgent Care Centre with the wider urgent care system to ensure streaming and transfer of care as appropriate and to develop protocols in order to provide an alternative destination for ambulance services

In February 2015 Nottingham City Care Partnership (NCCP) was informed that its bid had been successful and began preparation for service delivery.

1.3 Estate and accessibility

The NCCP bid proposed the location of UCC to be Seaton House, City Link, Nottingham City NG2 4LA, with a second option (NCVS) offered should the commissioner prefer. The contract review group selected Seaton House as the preferred location. Information put forward by NCCP to support decision as below:

Accessibility Seaton House, London Road

Established venue providing Walk-in Centre and other health services for 14 years with nearly 700,000 total contacts.
Accessible and highly visible location (next to BBC building).
64,000 people access the current WiC each year
Tram station on Station Street within 7 minutes walking distance
Regular bus links from Gedling, Rushcliffe, and city centre venues within 7 minutes walking distance.
Disabled parking adjacent to front door,
Designated patient protected parking spaces on site, ample on-site parking during out of hours' periods when the service is anticipated to be at its busiest.
On-street meter parking at a number of locations within 250m radius.
Ambulance drop off and pick up easy access with established ambulance/paramedic stand-by point on site.

NCVS, Mansfield Road

City Centre location opposite main shopping centre (Victoria Centre)
NCVS is accessed by 100,000+ people per year
Tram link within 5-7 minute walk
Many City Centre bus stops within 2-5 minute walk
Car parking facilities (pay) available in Victoria Centre and Trinity Square car parks
Options available for drop off facilities

2 Current position

Nottingham City UCC opened on 1st October 2015. The service is open every day from 7am to 9pm. Any member of the public who has an urgent, unplanned health need can access the service regardless of residence or registration

2.1 Key contractual requirements and differences to Walk –in services contract

- ✓ Medical staff included in the multi-disciplinary team
- ✓ Increase in use of prescribed medication on FP10/reduced reliance on patient group direction/direct supply medications
- ✓ X Ray services for minor/moderate injury
- ✓ Management of simple fractures
- ✓ Suturing of simple wounds
- ✓ Increased levels of Paediatric practitioner skill
- ✓ Ability to deliver care by See and Treat model
- ✓ Introduction of formal and measurable 'Triage' model
- X Not to replicate GP services-encourage patients to return to their GP
- X Not to provide routine/long term wound care- signpost Treatment Room services
- X Not to provide routine testing, health screening or GP requested X ray

'Triage' standards
98% of those over 5 years old to receive a face to face assessment within 30 minutes of presentation
98% of under5 year olds to receive a face to face assessment within 15 minutes of presentation

Treatment standards
Tier One: 98 % of service users seen and treated within 2 hours of attendance (without diagnostic intervention e.g. PCC, NTI, Throat infection)
Tier Two: 98 % of service users seen and treated within 4 hours of attendance (with diagnostic intervention e.g. X Ray, ECG, Wound Care/closure)

2.2 Transformation
NCCP developed a transformation plan to cease delivery of Walk in services from Seaton House and Clifton Cornerstone and deliver the requirements of the Urgent Care Centre (UCC) contract. This included the key areas of

- Estate/Building reconfiguration
- Team development and training
- Clinical pathway development

Significant building redesign was planned in two phases.

1. Phase one: major redesign of non-clinical space to house X Ray facilities to meet the necessary legislation. This work included the scoping, sourcing and purchase of an appropriate x-ray machine.

2. Phase two: reconfiguration of reception area to include additional consulting rooms, additional public toilet facilities and a Children and Families designated waiting area.

The UCC now has ten consulting/treatment areas plus X ray facilities.

2.2 Multi-disciplinary team
The UCC is staffed with a multi-disciplinary team. This will consists of medical staff, nurse practitioners, radiographer, health care assistants, receptionists and security staff. The ratio of staff numbers is variable to meet predicted demand.

Team development and training
- Recruitment of medical and nurse practitioner staff
- TUPE into NCCP of At Risk staff members for outgoing walk in providers in Nottingham
- Partnership established with Nottingham University Hospitals (NUH) Department of Radiology and Medical Physics
- Minor injuries: bespoke 3 day training in skills lab
- Suturing: theory and practical assessment of competence
- X-ray: IRMER theory and practical assessment of competence
- Fracture management/provision of crutches
- Post graduate training in Paediatric care
- Non-Medical Prescribing training

Completed training to date
X-Ray
100% of all nurses have completed IRMER theory
73.9% of all nurses have achieved competence in one body area
69.5% of all nurses have achieved competence in assessing for and requesting x-rays in upper limbs
60.8% of all nurses have achieved competence in assessing for and requesting x-rays in lower limbs

Suture
100% of staff have completed theory training
70% of staff have achieved practical competence

Non-Medical Prescribing
80% nurses will have completed Non medical (Independent) Prescribing by end July 2016

Minor Injuries
52% of staff completed the 3 day skills-based training

2.3 Clinical pathway development
Pathways have been agreed with fracture clinic enabling UCC to direct book an appointment for those with immobilised fractures
UCC has visibility from 111 regarding individuals who have been advised to attend
ECG recording and reporting
Enabling access to the range of pathways available to GP practice e.g. DVT, bleeding in early pregnancy

3 Activity
UCC is commissioned to provide 75,000 activities per year. Current activity indicates 57, 500 if current trajectory persists however public marketing has been minimal to date due to building work and restricted consulting space available during renovation. This work is now complete.

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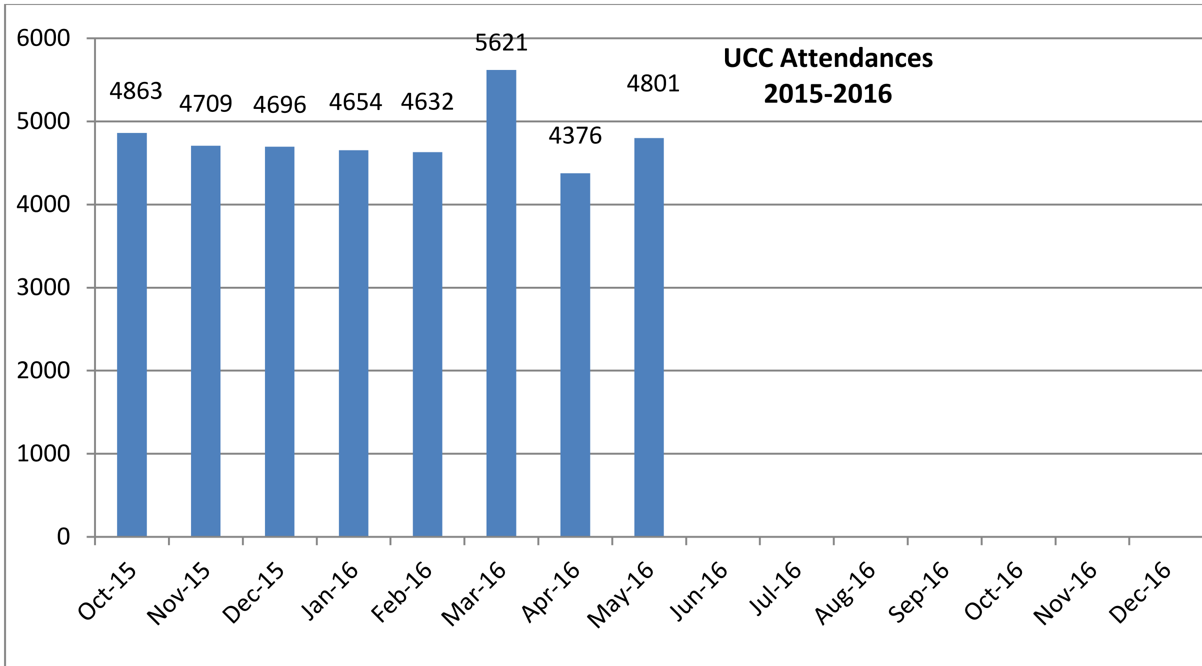
UCC monthly attendance numbers



Easter 2016 attendances
Thursday 185
Friday 217
Saturday 258
Sunday 232
Monday 248
Tuesday 184

Early May Bank Holiday 2016 attendances
Saturday 183
Sunday 185
Monday 217

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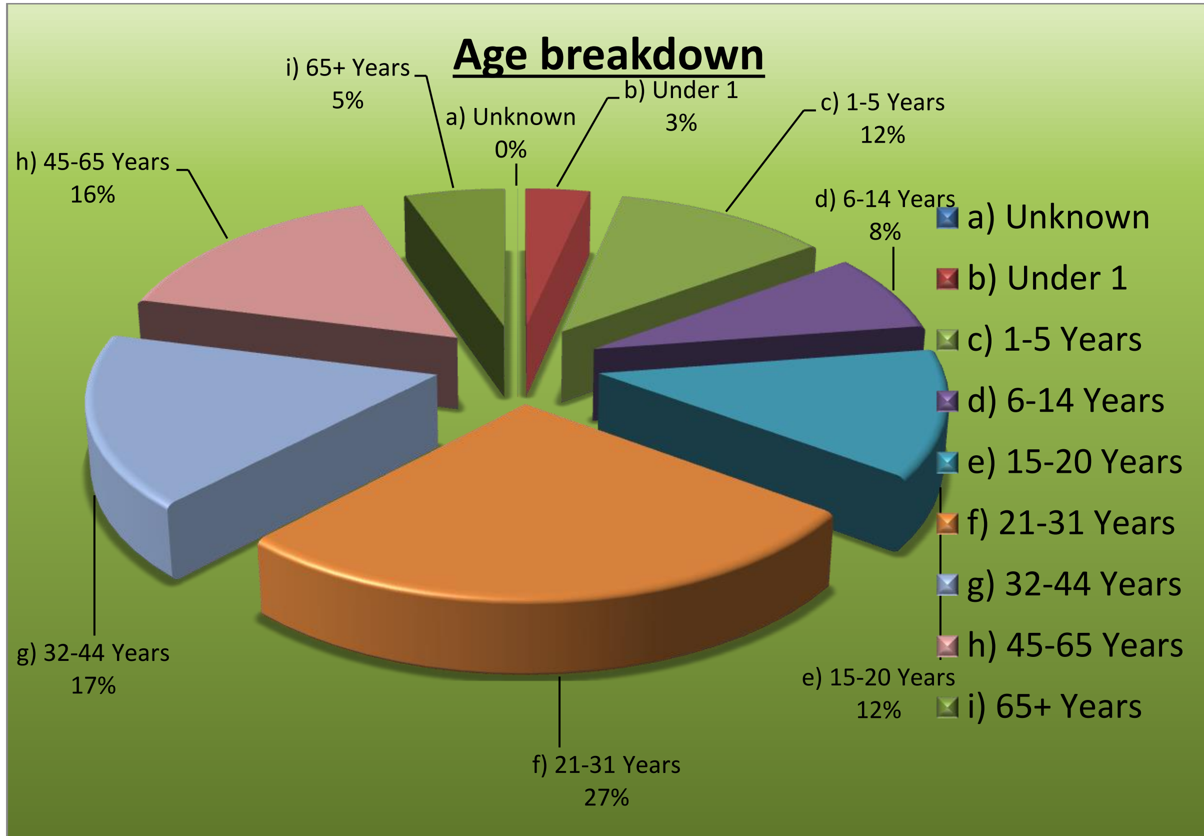
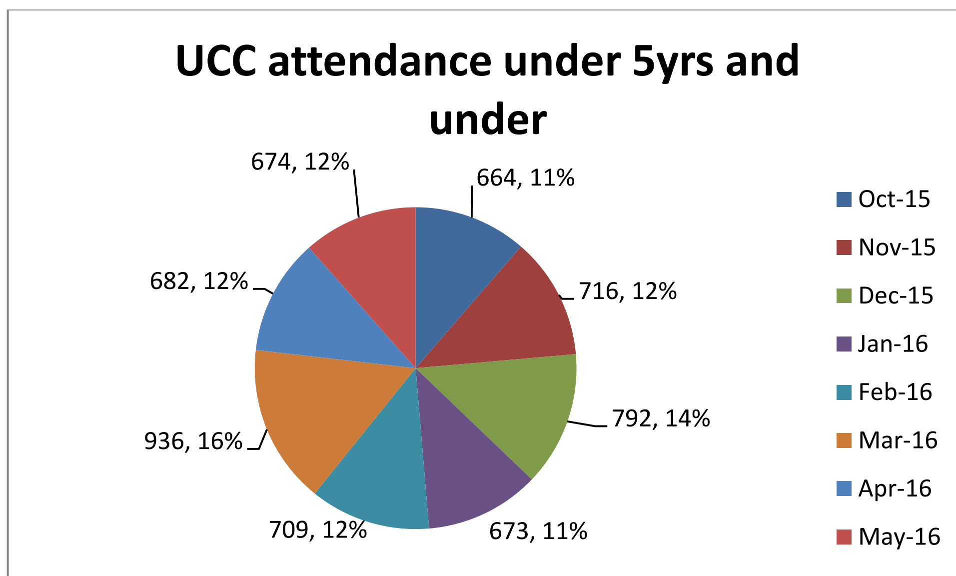
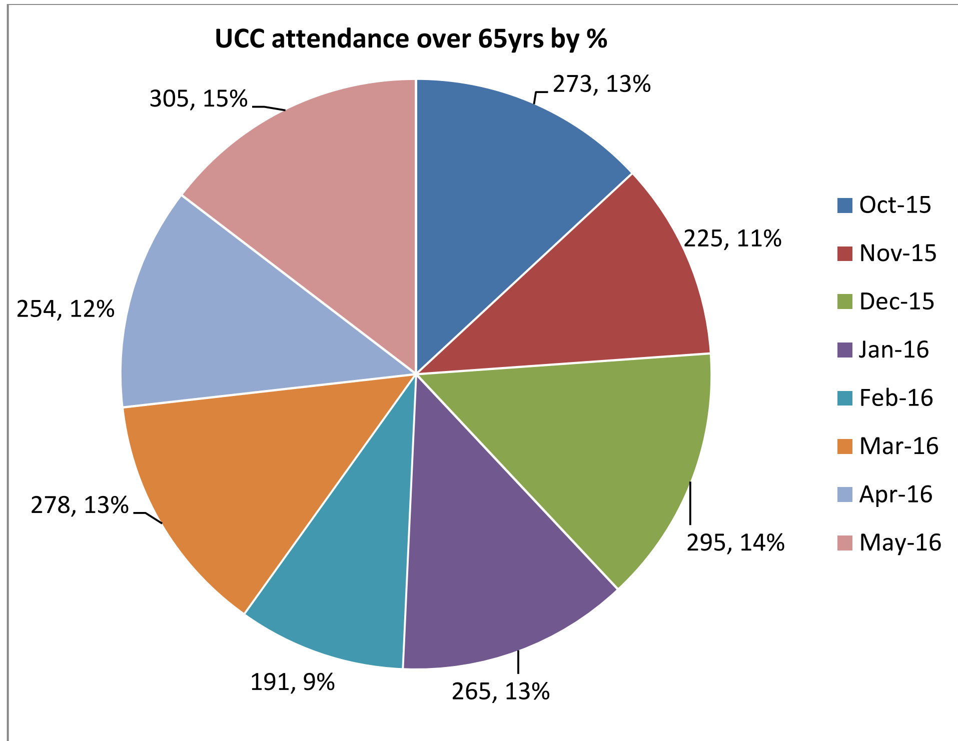
UCC Attendance by age






UCC attendance over 65yrs by %
273, 13%
225, 11%
295, 14%
265, 13%
191, 9%
278, 13%
254, 12%
305, 15%
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16

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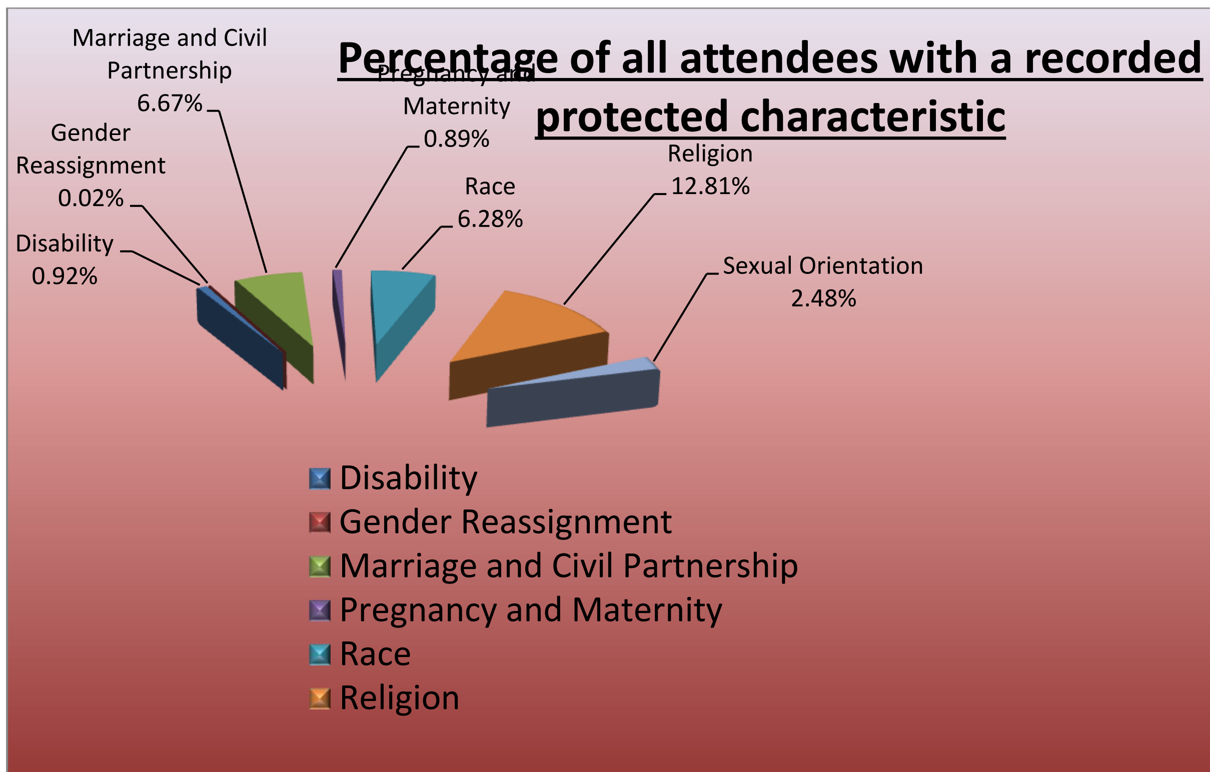
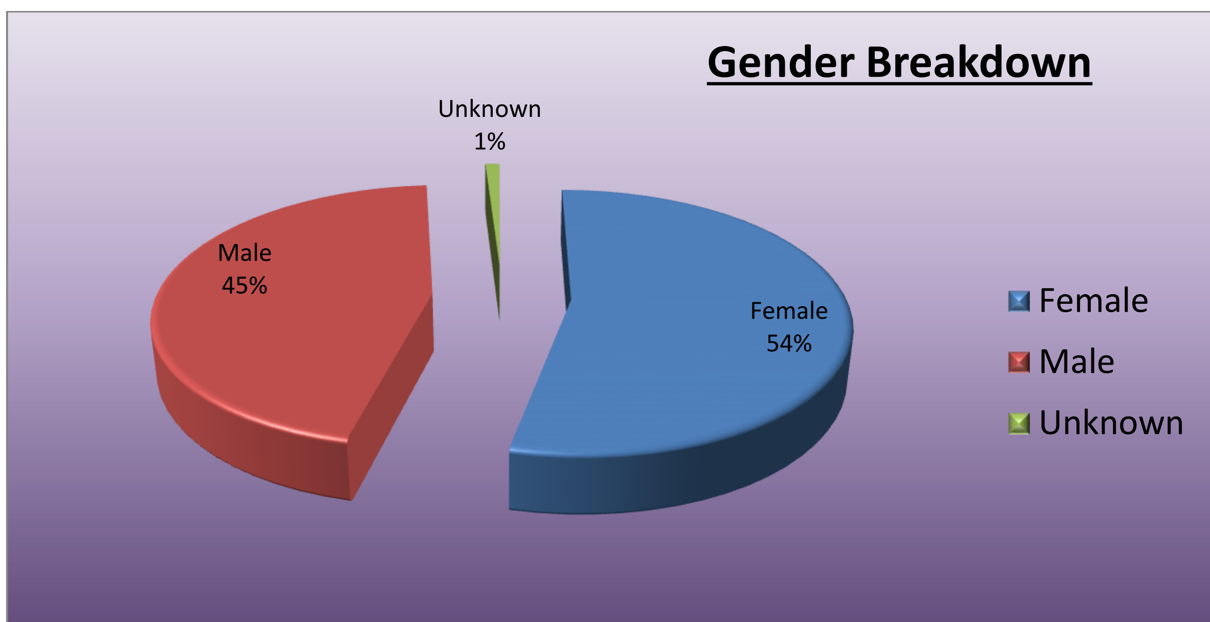
Protected Characteristic data





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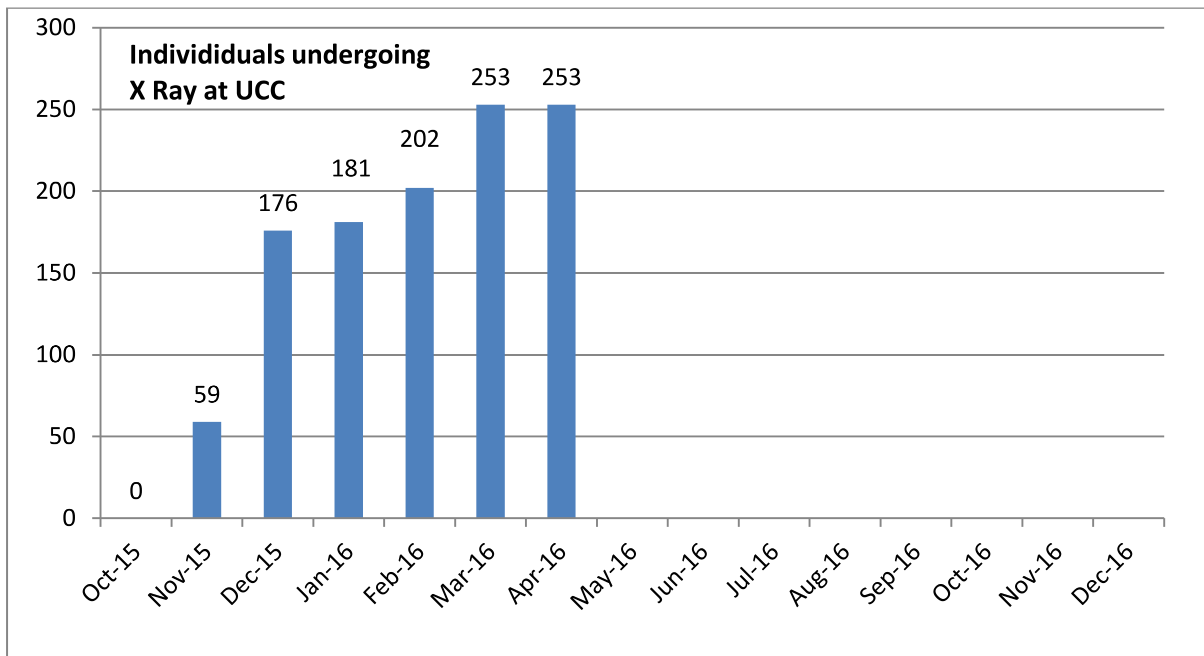
X-ray activity
X ray results have been audited for the first six months of activity showing an average 30% positive fracture rate.



X ray services are delivered in partnership with NUH Radiology and Medical Physics department. X ray is available every day until 8pm. Provision of radiography staff and reporting processes are managed through existing electronic pathways. Where possible NUH will provide a reporting radiographer on site however where this is not possible a senior radiographer will be on duty. On these occasions or where clear diagnosis is not apparent the report is reviewed by a Radiologist at NUH and reported back to UCC within 2 hours.

Children under the age of 5 years are excluded from this process due to NUH protocols and specific requirements for x ray in under 5 year olds.

X rays will not be provided for those who may present with an obvious compound or displaced fracture. GPs who have assessed their patients as requiring X ray should request this via their normal processes.

585 patients were treated between January to March 2016 who would otherwise have attended or been referred to ED for their injury. This is a minimum saving to the health community of circa £74,000 per quarter

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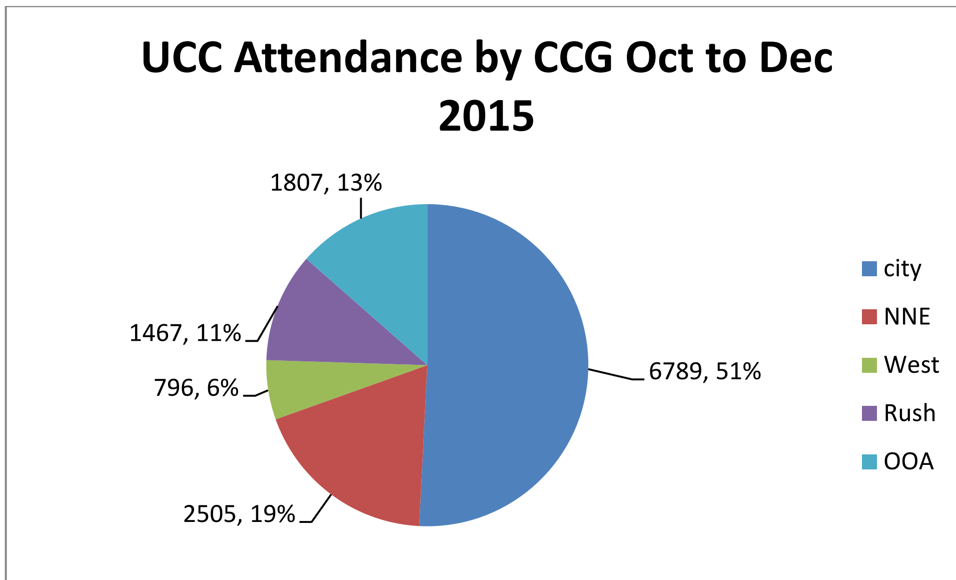
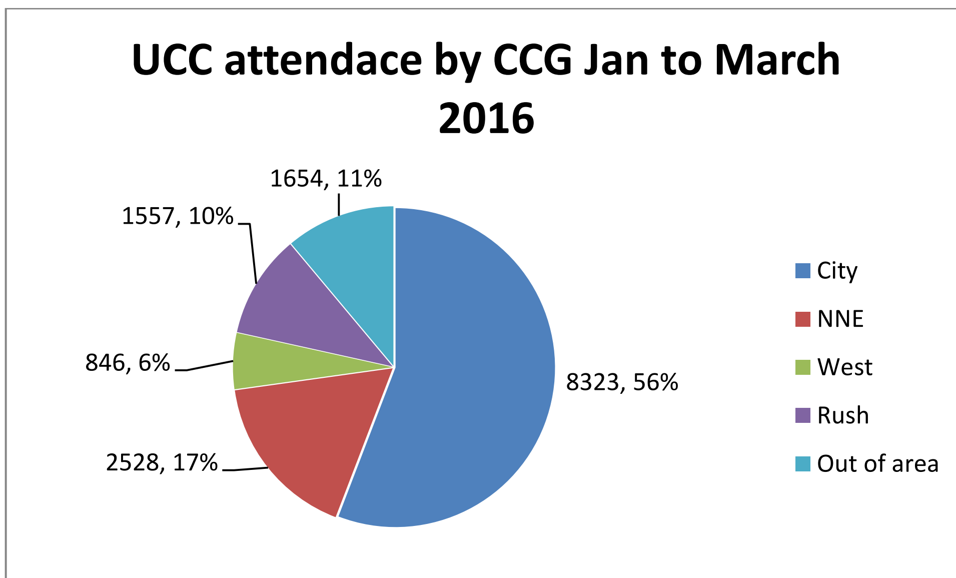
Attendance by CCG





4. Compliments, concerns, complaints

Service users have the option to provide feedback in a variety of ways

- Verbally directly to the clinician or service
- NCCP patient feedback satisfaction form including Friends and Family test
- Short feedback forms
- Contact with PPE team via telephone, email, letter
- NHS choices website
- NCCP Twitter account

Nottingham CityCare Urgent Care Centre Satisfaction and Complaints Data is compiled within the organisation Patient and Public Engagement department and reported to the CCG on a quarterly basis. Quarter 3 is the first quarter of operation for the UCC.

Quarter 3: October to December 2015
The total number of Satisfaction Surveys completed this quarter in the Urgent Care Centre was: 98

The Urgent Care Centre met the satisfaction target of 85%.Overall satisfaction within the survey is rated at 85% this quarter. This is based on people selecting ‘excellent’ or ‘good’ in response to the question on the survey.

Results
The Meridian Patient Feedback system allows services to filter results for their individual service and they are encouraged to use patient feedback to inform their improvement action plans. The responses below are specific to the Urgent Care Centre.
Question- How well did the service… % of those who responded Excellent or Good

- keep you informed-85%
- support you-88%
- treat you with dignity and respect-90%
- meet your particular needs-87%
- meet your overall satisfaction-85%
- Involved in decisions about care-91%

Family and Friends Test (FFT)
10 people answered this question in Quarter 3 with 100% saying that they were likely or extremely likely to recommend the Urgent Care Centre to their family and friends.

Compliments and comments
Within the quarter a total of 23 compliments were recorded within the Urgent Care Centre and logged by services on the CityCare compliments database. People completing satisfaction surveys are also able to comment on what they feel the service does well.

Within the quarter, 60 people responded to this question. Examples are recorded below.
Some examples of compliments.

1. Excellent treatment.
2. Good efficient service knowledgeable staff - thank you so much for being here when we were so worried.
3. I had a very pleasant experience with the nurse XXX and Dr XXX went the extra mile for me very friendly and caring thank you forever grateful for the NHS.

4. The GP I have just seen was fantastic and very informative she made me relaxed particularly as i am only 16 and talking about sensitive issues.
5. The nurse I saw was excellent, couldn't fault her in any way. She explained everything she was doing which made me feel very comfortable, the work she did I can't praise enough.
6. My first visit, a faultless experience. Knowledgeable staff, respectful approach, perfect communication skills. Thank you very much
7. First time I have used a Walk in Centre. I came in and was dealt with by a pleasant and helpful receptionist. Waited 15 minutes, saw the nurse, waited 15 minutes more and saw another nurse. First class service. I love our NHS don't ever let the Tories ruin it. All staff were great - well done - comment card passed on.
8. Fantastic care for my daughter this morning, prompt phone, reception and medical support. Plus reassurance for me, many thanks.
9. Excellent service, triage nurse was kind, professional and pleasant. Makes a huge difference when you are feeling unwell.
10. To the Nurse I never learnt the name of. You were smart, punctual and really friendly. You saw me at around 8.30am on 25 November in your triage room. You called my name and walked me into the consultation room and talked to me like I was a human being. You listened to what I had to say, made your recommendation, joked with me, cheered me up and gave me a prescription to help me. You stayed calm when I burst into tears because I had been trying to get help for 2 days and had been constantly turned away. When I explained this to you, you tried to explain that Walk in Centres do not work like GPs but really what helped the most was your attitude. It just seemed like second nature to you to just help people and treat people with respect. You, in short, are the paradigm example of why I still have faith in the NHS. Before you helped me I had sought the help of multiple medical professionals who had all made the decision that because my illness was not potentially life threatening there was no time for me on the NHS. But you helped me swiftly and professionally and I wanted to send you a thank you note for being so fantastic at your job. I wanted to thank you because even though it was 8.30 in the morning, freezing outside, boiling inside and you were confronted by a sobbing hysterical woman who hadn't slept in days you treated me like a human being and got me the help I needed within minutes. You did this when everyone else refused to. Thank you.
11. Superb, efficient with sound assessment and advice. Thank you
12. Arrived with my Mum Christmas eve was excellent.

Concerns

From 1 October - 31 December 2015 38 concerns were submitted anonymously on feedback forms. A further 2 concerns (managed as concerns rather than complaints) were raised though the Customer Care Team and addressed formally by the Centre Manager/Lead Nurse.

Some examples of concerns from feedback forms.

1. Long wait times.
2. Better advertising - thought I fit criteria but I didn't.
3. Have a separate waiting area from the patients that are poorly & may be infectious.
4. Better sign posting and updates - service is obviously overstretched - additional walk in centre is needed.
5. Be able to prescribe appropriate medication.
6. Waiting time several hours long & wonder if the nurses could be divided between prioritising cases or not.
7. They should have never closed the Parliament Street Walk in Centre, the system here cannot cope.

8. Put food and drink facilities in place, need access to food and drink with the long wait times.
9. Give people accurate wait times, 6.5 hours is not acceptable.
10. The wait was apparently due to emergency cases, is this not what A&E is for? To my mind a Walk in Centre should be dealing with cases in order of arrival and sending emergencies to hospital. See patients within a reasonable time from their arrival and not pay pointless staff to lie about waiting times.
11. Inform patients about the process, make post triage waiting time available so people know what to expect. See patients in a more timely manner.

Formal Complaints
New complaints for the Quarter 3
2 new complaints were raised, both through the CCG one relating to advice and information given, the second relating to staff attitude. Investigation of both complaints demonstrated that the correct clinical advice was given however learning was identified in both cases relating to communication. In the second case an apology was given regarding staff attitude.

Quarter 4: January to March 2016

The total number of Satisfaction Surveys completed this quarter has decreased by 69% compared with the previous quarter.
Previous Quarter 3 (Oct-Dec 2015) 98
This Quarter 4 (Jan-Mar 2016) 30

The Patient and Public Engagement (PPE) team is continually working with the service manager to look at ways of increasing responses to surveys and developing a range of methods to enable people to submit survey responses more easily. The reception area is under refurbishment within this quarter which has meant the usual feedback processes may have been disrupted as the designated feedback area has been harder to maintain. The new reception area will provide a good opportunity for developing more systematic feedback methods.

Results
The Urgent Care Centre did not meet the satisfaction target of 85% this quarter. Overall satisfaction within the survey is rated at 75%. This is based on people selecting 'excellent' or 'good' in response to the question on the survey. From a review of the comments on satisfaction surveys the main issues arising for people appears to be the time they had to wait to be seen and the disruption and noise due to the building works.

Many positive comments were also recorded throughout the period, as shown below.
The Meridian Patient Feedback system allows services to filter results for their individual service and teams are encouraged to use patient feedback to inform their improvement action plans. The responses below are specific to the Urgent Care Centre.

Question

- How well did the service … % of those who responded Excellent or Good
- keep you informed- 72%
- support you-76%
- treat you with dignity and respect-89%

- meet your particular needs-82%
- meet your overall satisfaction-75%
- Involved in decisions about care-86%

Family and Friends Test (FFT) Quarter 4 data
11 people answered this question in Quarter 4 with 82% (9) saying that they were likely or extremely likely to recommend the Urgent Care Centre to their family and friends.

Compliments and Comments
Within the quarter a total of 30 compliments were recorded within the Urgent Care Centre and logged by services on the CityCare compliments database. People completing satisfaction surveys are also able to comment on what they feel the service does well. Within the quarter, 9 people responded to this question. Examples are recorded below.

Some examples of Compliments and Comments.

1. I would like to thank the reception staff for being understanding and friendly when I first arrived, and the nurse for being supportive and positive about my situation. This all made me feel so at ease after the traumatic night I experienced, thank you.
2. 100% satisfied, your staff are brilliant.
3. The team at the UCC were really helpful, I popped in the other day to drop off some sweets for all the staff for looking after me so well.
4. Everyone was very helpful and caring. My son has Asperger’s Syndrome and he was seen quickly and great care was taken with him. Thank you so much.
5. This is a really good place. Helps people really well.
6. Thank you lovely staff. Seen to quickly, nurse, triage, very warm and friendly. Many thanks for a great service.
7. Excellent service, nurse didn't keep us waiting and was lovely to my 9 year old son. Thank you.
8. X was exceptional, caring and helpful and very kind. I was very upset having attended my husband’s funeral yesterday. Can you please recognise her kindness and professionalism. Thanks at a very distressing time.
9. The nurse was very understanding and kept me very well informed.
10. Superb service from everyone even though it is very busy.
11. The nurse was extremely helpful and really engaged with mum, even though mum's first language was not English

There have been two written compliments from agency staff who have worked in UCC: Dr K emailed to say ‘’I did two days as a Locum GP at the Nottingham City UCC during the Easter weekend. I found the staff were very helpful, efficient, friendly and worked well as a team. It was indeed a delight to work there’’

Concerns
From 1 January -31 March 2016 18 concerns were submitted anonymously on feedback forms. Some examples of Concerns from feedback forms.

1. Clearer call when it's your turn (voices of reception barely carry to the far side of waiting room)
2. Waiting room extremely noisy. Not just builders but people on phones, loud playing, people watching things on their phone with the sound on, high level of chatter. All together it was rather an onslaught on the senses. Waiting room improvements. Enforce rules on noise

levels e.g., no music, get quieter toys. A vending machine would be good for the 4 hour waits (I missed two meals).

3. Speed it up - simple things could be dealt with at triage i.e. suspected water infection etc.
4. Visited as emergency while in Nottingham. Wait was really long. Told 2 hours and was nearly 3 and half! Lots of people called in before who came after. Two clinics running.
5. Told by triage would be prioritised to the top, the doctor downgraded me but never informed me of this so I waited the full wait time
6. Have a separate part for children
7. Waiting 2/3 hours to be seen is too long

<u>Examples of Service Change due to Service User feedback</u>

The service has responded to patient feedback and is implementing a number of service changes and developments reflecting this.

<u>Service Developments</u>

Development Protected Characteristic: Pregnancy and maternity
Work is currently underway to create a separate baby changing area and quiet room for breast feeding for mothers who prefer to feed away from the main waiting area.

Development Protected Characteristic: Age
The UCC aims to triage those under 5 years old within 15 minutes of arrival in the service. The children's play area in the UCC waiting room is currently being renovated and will have formal separation from the adult area

Chairs suitable for older people or those with disability will be provided in the renovated UCC waiting room.

A number of service users have commented that the use of a ticket system to ensure people are seen in the order of attendance is complicated and not suited to the environment. Building renovation has offered the opportunity to relocate the reception desk creating a space where service users can sit whilst waiting to approach reception in the event of a queue without the concern they may miss their turn

A vending machine with healthier snacks and drinks is to be installed before then end of July 2016

<u>Formal Complaints</u>

New complaints for the Quarter 4
2 new complaints were raised for the period 1 January-31 March 2016. One related to lack of responsiveness of reception staff which was perceived to increased wait time for the individual, the second was related to access to unplanned wound care services. The wound care process between the WiC contract and UCC has now changed causing longer wait for the patient.

The first complaint was upheld, an apology given and customer care detail reviewed with receptions staff. On the second event the correct pathway was followed however it was recognised this is not user-friendly. Work in ongoing with commissioner and NCCP to increase access to weekend woundcare services.

5. Impact on other health care provision services within the community

As previously noted on page 7, 585 patients were X rayed and treated for an injury between January and March 2016. Prior to provision of X ray in UCC these individuals who have attended or been referred to ED for assessment/treatment. This activity demonstrates a minimum saving to the health community of circa £74,000 per quarter.

Impact on other services is less easy to define however UCC is demonstrating reduced impact on 999 ambulances, ED referrals and GP out of hours' services as can be seen in the table below. There is a small increase in the number of direct admission to a hospital bed as would be expected with increasing complexity of case mix and a notable increase in the number of people who receive a full package of care from a single visit to UCC .

HCP	Referral rate Oct 2014 to March 2015 WiC	Referral rate Oct 2015 to March 2016 UCC	
999	0.82%	0.18%	
ED	3.78%	2.01%	
Direct admission to NUH	1.02%	1.51%	
NEMS	7.33%	0.18%	
Completed episodes of care within service	WiC 89%	UCC 94.16%	

As previously noted on page 7, 585 patients were X rayed and treated for an injury between January and March 2016. Prior to provision of X ray in UCC these individuals who have attended or been referred to ED for assessment/treatment. This activity demonstrates a minimum saving to the health community of circa £74,000 per quarter. Impact on other services is less easy to define however UCC is demonstrating reduced impact on 999 ambulances, ED referrals and GP out of hours' services as can be seen in the table below. There is a small increase in the number of direct admission to a hospital bed as would be expected with increasing complexity of case mix and a notable increase in the number of people who receive a full package of care from a single visit toUCC .

Future developments

- Installation of a Vending Machine that is able to offer healthier choice products
- Installation of a screen to show Live wait times across all unplanned care venues within the Nottinghamshire vanguard e.g. UCC, ED, NEMs,
- 111 direct appointment booking option
- Electronic user feedback system on site
- On-site community pharmacy
- Increased clinical pathway development e.g. UCC access to Renal Colic pathway
- Development of UCC as training hub. This is linked into a range of initiatives across the health community e.g. Greater Nottinghamshire Urgent and Emergency Care Vanguard/ Integrated Urgent Care clinical hub, Training Hub (formally Cpen community education provider network), Nottingham Urgent Care Training Partnership (UCC,NEMS, PCDC).
- Medical student training

- GP Registrar training
- Developing skills of radiographers in minor injury assessment
- Increased student nurse training opportunities
- Innovation work with the University of Nottingham School of Health Sciences (overseas post graduate practitioner students)
- Building on training already provided for EMAS clinicians, Pharmacy students,
- Participation in clinical research e.g. SALI (ankle injury) trial

Nottingham CityCare Partnership are proud to be delivering the UCC service in conjunction with our Clinical Commissioning Group colleagues and are looking forwards to progressing the service over the next 3 years.

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EQUALITY IMPACT ASSESSMENT

September 2015

Version 1

(Refer to back page for version control record)

IMPORTANT NOTICE: If the review date of this form has expired staff should seek advice from the Equality and Diversity Officer regarding the appropriate action to be taken.

Staff should refer to the POD for the most up to date information.

CONTROL RECORD			
Title	Equality Impact Assessment Form		
Purpose	To assess the impact on equality on CityCare's functions and policies		
Audience	All Staff within CityCare		
Version	1	**Version Date**	September 2015
Issue		**Issue Date**	September 2015
Status	Final	**Review Date**	October 2018
Author	Equality and Diversity Officer		
Development group	Equality and Diversity Committee		
Superseded Documents	NHS Nottingham City Equality Impact Assessment Form Initial Screening Stage 1 and Full Impact Assessment Stage 2		
Associated Documents			
Approved by	Equality and Diversity Committee	**Date**	October 2015
Ratified by	Patient Safety Committee	**Date**	December 2015
Distribution list	All Staff within CityCare		
Access Rights	All Staff within CityCare		

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1. RESPONSIBILITY

Directorate	Childrens and Health Inequality	
Service	Nottingham Urgent Care Centre	
Name of Activity being impact assessed	Nottingham Urgent Care Centre (UCC)	
Date	17th September 2015	
Lead Person responsible for completing the EIA	Name	Ann Simpson
	Job Title	Lead Nurse: Walk in Centre
	Contact Number	0155 8838515
	Email:	ann.simpson@nottinghamcitycare.nhs.uk
List Task Group Members who have been involved in completing the EIA	Ann Simpson Sarah Northeast	
Senior Officer responsible for signing off the EIA	Name	Phyliss Brackenbury
	Job Title	Assistant Director of Childrens and Health Inequality
	Contact Number	0115 8839607
	Email:	phyllis.brackenbury@nottinghamcitycare.nhs.uk

2. AIMS

2.1 What is the key purpose of the policy/service and what is it intended to achieve?

The Urgent Care centre (UCC) provides assessment and treatment for those who have an urgent but not life-threatening health problem.

The Urgent Care Centre will improve access to medical attention for patients with immediate but non-life threatening illness or injury outside of the hospital setting. Engagement with local clinicians and patients indicates that they are in support of a walk-in service that provides assessment and treatment in a city centre location, while providing extended diagnostics such as x-ray and access to a wide range of health professionals.

The UCC can be accessed by any member of the public regarless of residency or registration. Individuals may self present or those assessed as requiring urgent but not life-thratening care be referred by another health care provider e.g GP, EMAS, 111, acute services.

2.2 Who will benefit from the Policy/Service? (**help**: how is the policy/service likely to affect the promotion of equality considering all the protected characteristics: age, disability, gender-reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex and sexual orientation when it comes to promoting good relations, eliminating unlawful discrimination and promoting equality of opportunity)

The UCC provides open access to its services without appointment between the times of 7am and 9pm every day of the year to any member of the public regarless of residency, registration or protected characteristic. This may be particularly supportive to those who have difficulty accessing primary care services for other providers e.g. members of the homeless community.

Indivudals presenting who have non-urgent problems visiting the UK from a country with whom the UK does not have a reciprocal arrangement or those 'not normally resident in the UK may be charged according to DH guidelines
(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496951/Overseas_v

isitor_hospital_charging_accs.pdf) The UCC is DDA compliant and has good access facilities for those with disabilities. The UCC has immediate access to language line and will almost always offer a same sex health practitioner.
2.3 Involvement of Stakeholders (help: list who has been involved in the policy/service development or change. Have you considered the views of diverse people including those from the protected groups? Evidence how and when they were engaged and the key outputs)
Nottingham City CCG have engaged widely with local communities, local authority services and health care providers during the contract development process. Nottingham CityCare Partnership (NCCP) as provider of the contract will continue to engage with similar groups where an appropriate relationship exists/ can be developed during the implementation phase of the contract including having a Patient Participation Group member on the UCC implementation steering group. NCCP will also involve stakeholders though its organisational processes inculdung PPG groups, service user feedback both historic from provision of similar services (Walk –in services) and current service delivery. Patient satisfaction feedback is reported through the Meridian system and isare collated on a quarterly basis. This includes demographic data on gender, age, race, sexual orientation, disability Commissioners Staff consultation and enganement procceses are underway to ensure that the team of existing and TUPE staff are engaged and enthusiastic to develp the UCC services. NCCP is working with stakeholder organisations e.g. NUH, EMAS, NEMS, local education providers to ensure their engagement and understaning of UCC services.

3. ESTABLISHING RELEVANCE TO EQUALITY

3.1 Please advise whether the policy/service has either a positive or negative effect on any protected groups. If you answer yes to any question, please also explain why and how that group will be impacted demonstrating your answer with evidence.

Protected characteristic	**Positive Impact Yes**	**No Impact**	**Negative Impact Yes**	**Short Explanation**	**Evidence** **(help:** list the main sources of data/information reviewed to demonstrate impact on each protected group. If there are any gaps in evidence state what you will do to close them in the Action Plan). For examples of data sources please refer to the EIA Guidance
Age	The UCC is a new service, so the actual impact related to age has yet to be evaluated . However, this service has superceded the Nottingham Walk In Centre and CNAP: it is expected that the positive findings regarding age from those services will continue and improve as indentified below: The Walk-in Centre (WIC) widely accessed by the age group between 21 to 44. This could have been due to a high		The UCC is a new service, so the actual impact related to age has yet to be evaluated. However, this service has superceded the Nottingham Walk In Centre and CNAP: There is a lower level of attendance to the WiC by the age group over 65. However this age group are known to be widely supported by primary care and community services and are often not restricted by work activities from accessing the GP services. If compared to CNAP attendance for this age group is higher as access was more readily available and also it reflected the higher age population in Clifton.		The clinical assessment system (CAS) SystmOne Census 2011 NICE Guidances relevant to the conditions that are presented Patient satisfaction survey data

	student population and those working in the city. The largest user next age group was 45 to 64 which again could be due to working people who are unable to access their GPs due to time constraints at whilst at work. This is also reflective of Nottingham City's demographic data in relation to age. A large number of children are known to access the service outside of GP delivery hours. A separate childrens and families waiting area is under construction within the UCC refurbishment plan. At the Clifton Nurse Access Point (CNAP) the impact is known to be higher for the age group of over 65s and reflective of Nottingham's demographic data in Clifton.		The UCC will not provide X-ray to children under the age of 5. This decision has been agreed by the provider group (NCCP and NUH, Radiology team) and accepted by the commissioning body based on specialist advice and evidence (Paediatric Radiology/Orthopaedic) to meet Best Practice outcomes and ensure patient safety.		

	The UCC Multi disclipinary team (MDT) will include doctors. This is anticipated to facilitate an increased level of treatments available and an improved learning environment for the non medical team. There will be an increased use of independent prescribing within UCC and less reliance on patient group directions (PGD) as a mechanism for supplying prescription only medicines. PGDs are frequently age specific and often exclude provision to younger and older members of the population due to increased levels of complexity.		Service users will be required to attend a community pharmacy for medicine dispensing including during the out of hours period. PGD drugs are dispensed on site. NCCP is working with partners and NHS England to consider the option of a pharmacy co-located with UCC.		
Disability	Consultations are not time limited therefore each individual is given the time		There is a hearing loop at the reception desk however this is not available in consulting rooms.		The clinical assessment system (CAS) Census 2011

	required to ensure their issues have been appropriately managed. The UCC provides protected disabled parking, the building is one one level with no steps, provision of disabled toilets. Access to the reception desk is accommodated with a low level area from those not able to stand. All people attending the UCC are greeted at Reception on their arrival and guided through the registration process. Wheelchairs are provided for injured or less mobile individuals and all doors are specially designed to allow wheelchair users. Examination couches are height adjustable to cater for disability		Within the Accessible Information Standard, disabled patients will asked if they have a communication or information support need which will be described in their own words.		NICE Guidances relevant to the conditions that are presented Contract Specification Access Audit by Guides Dogs for the Blind Association September 2004

	requirements. The service will accommodate for mental health issues e.g. anxiety by making the necessary adjustments of providing alternative waiting spaces and giving priority assessment as appropriate.				
Gender Re-assignment	The Service provides non-specfied toilets.		Data around Gender reassignment is not collected as rountine as the IT module is not designed thus. If relevant to clinical care the information would be noted in the medical record however would be difficult to audit.		NICE Guidances relevant to the conditions that are presented Contract Specification
Marriage/Civil Partnership		No impact			
Pregnancy or Maternity	The UCC will provides assessment and treatment for urgent but non-lifethreatening issues to pregnant families. The UCC encourages brestfeeding in public areas but also has private childcare and breastfeeding facilities for those who prefer. Bottle warming will be				

	facilitated on request.				
Race	The UCC is accessible to all reagrdless of race of ethnicity. The WIC has worked with race/faith specific groups historically to promote its availability and purpose using different methods to communicate to different BME communities. As the location of the service is unchaged it is anticipated that there will be no impact of the change of service provision. As aservices develop e.g. provision of X Ray marketing will begin across all Nottingham CCGs and the NCCP organisational processes. The service has immediate access to the telephone translation service language line. Within the private consultation		Recent feedback from service users has demonstated that around 80% of users who have provided feedback have identified themselves as white british. The remaining breakdown includes thos identified as Black/Black British (11%), Aisan/Asian British 4%, mixed race 3%, with the remainder declaring 'other' as their race. At least one fifth of patients are not completing this level of feedback on the satisfaction survery.		**CAS IT system NCCP service user feedback SystmOne**

	areas this is by speaker phones to facilitate a three way exchanges between clinican, patient and translator. The service strives to accommodate gender specific clincians on request to accommodate cultural needs. Where this is not possible alternative options to meet individual needs will be sought e.g referral to another service who can meet their requirements.				
Religion or Belief	The service strive to accommodate gender specific clincians on request to accommodate religious needs. The service provides information around fasting and ways to take medication at alternative times or advice to take with food.		The building does not have an identified prayer room however there is information on display in the public area to inform service uesers an appropriate space will be facilitated on request. At present the SystmOne MIU module does not collect data around religion or belief and therefore are unable to make an assessment as to required numbers that may be impacted on issues like medicine with egg or gelatine products.		
Sex	Historical data from WiC				The clinical assessment

	services demonstrated that the extended opening times supported access to a high percentage of males within the working age population when compared to other services within primary care. It is anticipated this positive impact will continue and grown with the UCC range of services.				system (CAS) SystmOne Census 2011 Contract Specification
Sexual Orientation	All NCCP staff have received training around the need and reasons to monitor data around sexual orientation. No complaints, incidents or concerns have been raised that could demonstrate gaps in this area.		At present the SystmOne MIU module does not collect data regarding Sexual Orientation unless this is clinically relevant to the consultation. This would be recorded in the medical record with consent but cannot be audited.		Stonewall Health Champion Programme E&D Newsletter

4. CONCLUSION OF THE ASSESSMENT

4.1 What will the likely overall effect of your policy/service be on equality?
(help: Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact which could be negative or positive?)

It is considered that the UCC will have an overall positive benefit to the local community.

The UCC service will offer a full range of services as per contract to the population of and visitors to the area from 7am to 9pm every day of the year regardless of their characteristic.

Population requirements and feedback have been considered throughout the process so far to design and develop an implementation plan for the provision of UCC services.

The service has effective support processes in place across the orgnasiation. All staff have received training and demonstrate good understanding of relevant cultural needs. The service caters for disability access and provides support where necessary.

Historic knowledge has informed current gaps in data collection which would be helpful in measuring impact and developing services the future.

It is the opion of the authors that the biggest challenge is engaging and sharing information about what the service can offer to all the communities across the city and county that create to our diverse population.

4.2 If you have identified any negative impacts or discrimination on a particular group or groups what measures have you put in place to remove or mitigate them?

It is felt that any negative impacts identified have been mitigated within the current service delivery/implementation plan. As UCC is a new service there remain unknown areas however it is believed that the processes and support within the service and organisation will support flexible service delivery and response to issues as they arise.

It is possible that changes to the SystmOne MIU IT module in the futre may enable more accurate data collection in protected characteristic areas however this is not within service or organisational control. Currently data available in this area can only be gleaned by feedback from service users. As part of the refurebishment plan in is planned that additional methods of feeback will be offered to the current options which already include written, telephone, twitter, NHS choices and PALs processes.

See Action Plan

4.3 Have you identified any further ways that you can advance equality of opportunity and or foster good relations? If so please give details **(help:** this means minimising disadvantage and meeting the needs of people with protected characteristics and promoting their participation and encouraging understanding)

5. WHAT IS YOUR DECISION?

5.1 What steps do you intend to take now in respect of the implementation of the policy/service?
[ ] **Approve as policy/service is robust and does not discriminate** [ ] **Adjust to remove barriers, advance equality or mitigate impact** [ ] **Continue as objectively justified there is no discrimination and record how decision reached** [ ] **Stop and remove as policy/service shows unlawful discrimination** [x] **Put in place actions to mitigate impact and go to action plan**
See Action Plan

ACTION PLAN

The follow action plan should be completed if the equality impact assessment has identified that steps need to be taken to mitigate or address any negative impact for any of the protected groups or the need to collect additional evidence to inform the assessment.

Action	Target Date for completion	Person Responsible	Outcome
To investigate the use and set up of a hearing loop within an UCC consultation room – to look at cost, benefits and need	September 2016	Ann Simpson	
To review methods of communication in other languages. Identify most efficient and cost effective processes (CityCare wider issue)	April 2016	Accessible Standards working group Marketing/Communications Sangita Dhiri – Interpreting & Translation Services	
To review the process of ways and methods to collect sexual orientation, religion and belief, data	September 2016	UCC IT lead to request changes from TTP	available therefore data has been collected at GP source where a relationship has already been established

As part of the implementation for the new management system the staff will receive scenario based training around customer care which will include protected groups	September 2016	Ann Simpson	NVQ training identified and plan in place to pprogress reception team through the programme
To encourage service users from all different ethnic backgrounds to complete patient satisfaction feedback and provide relevant monitoring data. Identify additional methods that will increase feedback from all the protected groups in order to assess their satisfaction of the service.	April 2016 July 2016	Ann Simpson Team Members at UCC	
To review EIA after one year of UCC operation due to service developments and transitions	October 2016	Ann Simpson Team members at UCC	

Version History

Version	Date	Status	Comment
1	***September 2015***	***Final***	***Ratified by Patient and Safety Committee***

Change Control Record

Date	Version	Section	Changes made

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HEALTH SCRUTINY COMMITTEE
30 JUNE 2016
DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY 2016-2020
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE

1 Purpose

1.1 To provide opportunity for the Committee to respond to consultation on development of the Nottingham Joint Health and Wellbeing Strategy 2016-2020.

2 Action required

2.1 The Committee is asked to submit comments in response to consultation on the Nottingham Joint Health and Wellbeing Strategy 2016-2020.

3 Background information

3.1 The Health and Wellbeing Board is in the process of developing a new Joint Health and Wellbeing Strategy covering the period 2016-2020. The Strategy's overarching aim is to increase healthy life expectancy and reduce inequalities across the City.

3.2 The Strategy has been developed based on evidence from the Joint Strategic Needs Assessment and findings from engagement with citizens, partners and stakeholders. In May, the Health and Wellbeing Board approved the final draft for consultation with partners, providers and stakeholders.

3.3 Following consultation, it is anticipated that the final Strategy will be approved by the Health and Wellbeing Board in July, with detailed action plans approved by the Board in September.

3.4 This Committee is invited to submit a response to the consultation.

4 List of attached information

4.1 Consultation on the first draft of the Joint Health and Wellbeing Strategy 2017 to 2020
Happier healthier lives: Nottingham City Joint Health and Wellbeing Strategy 2016 – 2020 (draft)

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 to and minutes of the Health and Wellbeing Board on 25 May 2016

7 Wards affected

7.1 All

8 Contact information

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Health Scrutiny Committee Report (30.06.16)

Title of paper:	**Consultation on the First Draft of the Joint Health and Wellbeing Strategy 2017 to 2020**
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Sponsor	Alison Challenger – Director of Public Health (Interim) Colin Monckton – Director of Commissioning, Policy and Insight, Nottingham City Council.

SUMMARY

A final draft of the Joint Health and Wellbeing Strategy was agreed by the Health and Wellbeing Board (HWB) in May 2016. It was agreed by the HWB that the first draft would be consulted upon by partners, stakeholders and citizens throughout June.

RECOMMENDATIONS

1	That the Health Scrutiny Committee note the first draft and provide feedback as part of the consultation

REPORT

BACKGROUND

A proposed strategic framework was agreed by the HWB in January. The framework was developed based upon the engagement findings[1] and the evidence from the JSNA[2]. The draft strategy is based around four key outcomes:

- ***Adults, children & young people in Nottingham adopt and maintain Healthy Lifestyles***
- ***Adults, children & young people in Nottingham will have positive Mental Wellbeing & those with Serious Mental Illness will have good physical health***
- ***There will be a Healthy Culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health***
- ***Nottingham's Environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing***

In developing the strategy, lead officers have been identified for each of the priority areas who will be responsible for developing the action plans. A HWB level sponsor and Consultant in Public Health has also been identified who have provided an overall steer regarding content, advice on performance indicators and help removing barriers/ blockages.

PRESENT POSITION AND NEXT STEPS

Appendix A presents the final draft for their consideration. The strategy is intended to be high level and a detailed action plan will sit behind each of the four outcomes. It is proposed that the detailed action plans are refreshed annually to ensure that they remain relevant.

The draft strategy in appendix A is intended for use amongst partners and a more public facing summary

[1] The engagement results report can be found here: http://www.nottinghamcity.gov.uk/hwb.
[2] The JSNA Evidence Summary can be found here: http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Related-documents/Executive-summary.aspx

can be developed once approved by the HWB. The detailed action plans are intended for internal use only.

The May Health and Wellbeing Board agreed the following **timetable**:

- June – Consultation on the final draft strategy
- July – Final Strategy presented to the Board for approval
- Sep – Detailed action plans presented to the Board for approval

The final draft of the strategy is currently open for consultation and it is recommended that the Health Scrutiny Committee provide their views as part of the consultation. An on-line survey to capture people's views can be accessed here: http://www.nottinghamcity.gov.uk/hwb

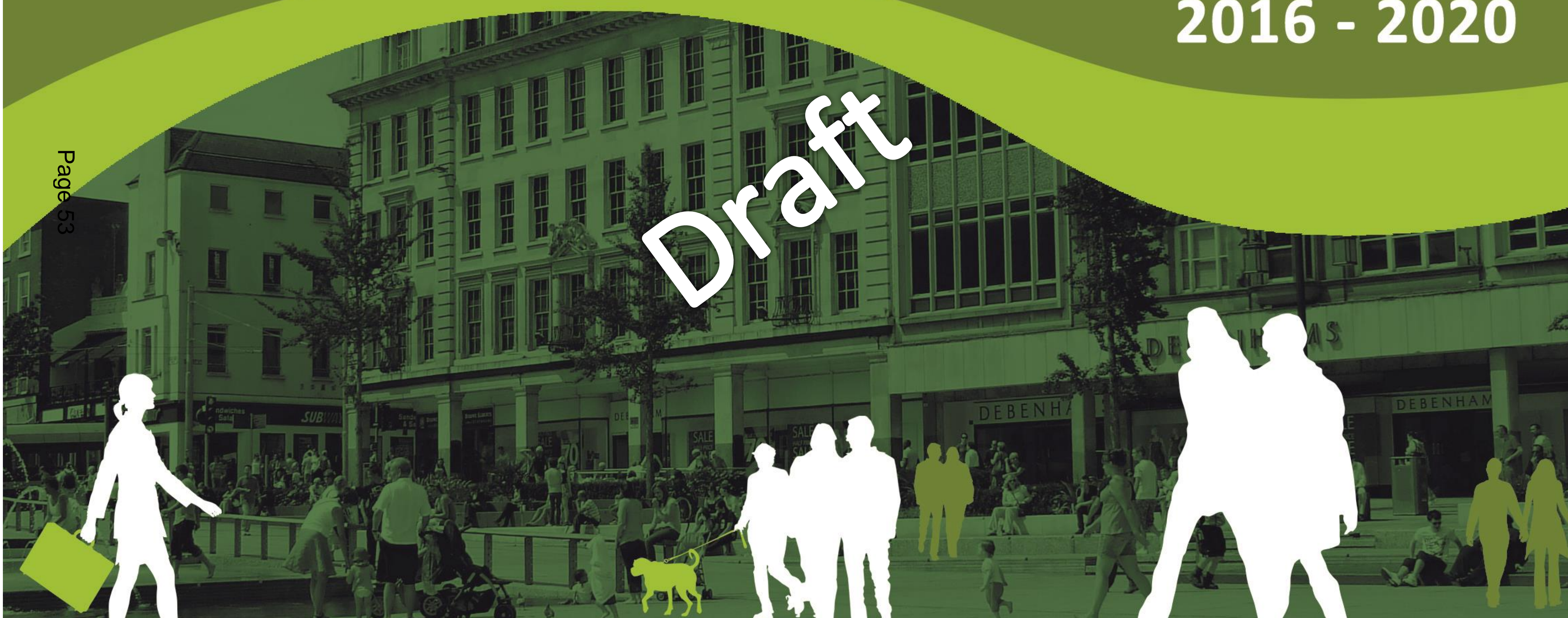
In addition, verbal comments and feedback can be provided at the meeting.

happier healthier lives

Nottingham City

Joint Health and Wellbeing Strategy

2016 - 2020



NHS Nottingham City Clinical Commissioning Group

Nottingham City Council

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Foreword from the Chair and Vice Chair

Welcome to the Nottingham City Joint Health and Wellbeing Strategy 2016 to 2020, which sets out our vision and ambitions for making our city happier and healthier. Since the first strategy in 2012 we are pleased to see that overall the people of Nottingham are living longer. In our new strategy, we now seek to improve the quality of that longer life – adding life to years not just years to life. We also remain committed to tackling the differences in health between our neighbourhoods and in the city as a whole compared to other similar cities. Tackling those inequalities remains at the heart of our new strategy.

The strategy has been developed based upon significant engagement with citizens and partners and alongside evidence of the health and wellbeing needs in the city. Using this knowledge we outline our objectives to meet our ambition to make 'Nottingham a place where we all enjoy positive health and wellbeing, with a focus on improving the lives of those with the poorest outcomes the fastest'. We will do this by focusing on four outcomes:

- Adults, children and young people in Nottingham adopt and maintain **Healthy Lifestyles**
- Adults, children and young people in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health
- There will be a **Healthy Culture** in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health
- Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing

Whilst people are living longer it is often with increasingly complex health needs, many of which are preventable. The activity in this strategy is designed to see a radical shift towards early intervention and prevention so that we can improve health, reduce hospital admissions and when people are in need of hospital treatment they are able to return home quickly. With help and support - from before pregnancy to the end of people's lives - we hope to inspire and empower citizens to live happier healthier lives, protect themselves from ill health and, where necessary, support people to manage their own ill health as much as possible.

Our ambitions require change and integration across the entire health and social care system. As Chairman and Vice Chairman of the Health and Wellbeing Board, and reflecting the truly joint nature of the strategy, we are absolutely committed to its implementation. Member organisations will work together to deliver our ambitions and the board will serve to strengthen our commitments as partners.

Councillor Alex Norris
Chair of Nottingham City Health and Wellbeing Board

Dr Ian Trimble OBE
Vice Chair of the Nottingham City Health and Wellbeing Board

Draft

Role of the Health and Wellbeing Board

Under the Health and Social Care Act 2012, all areas in England must have a Health and Wellbeing Board (HWB). The board is made up of:

- Representatives of citizens (Healthwatch Nottingham) and third sector providers of health and social care services
- Organisations directly involved in commissioning and providing healthcare, including Nottingham City Council, NHS Nottingham City Clinical Commissioning Group, Nottingham CityCare Partnership, Nottingham Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust, and NHS England
- Other organisations whose work impacts the health and wellbeing of citizens, including the Crime and Drugs Partnership, Nottinghamshire Police, Jobcentre Plus, and Nottingham City Homes

The role of the board is to lead on work to improve the health and happiness of Nottingham and specifically to reduce health inequalities. It oversees joint commissioning and joined up provision for citizens and patients, including social care, public health and NHS services. It also considers the impact on health and happiness of the wider local authority and partnership agenda, such as housing, education, employment, and crime and antisocial behaviour.

The board recently underwent a peer review, which recommended that the governance and membership be reviewed to reflect the aims of the strategy. The recommendations will be implemented to ensure the board is working effectively to deliver our aims and objectives.

Purpose of the Strategy

The purpose of the strategy is to enable:

- All HWB partners to be clear about our agreed priorities for the next four years
- All members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- Key agencies to develop joined-up commissioning and delivery plans to address these priorities
- The HWB to add value to the planned activity and hold member organisations to account for their actions towards achieving the objectives and priorities within the strategy
- Members of the HWB to work with and influence partner organisations outside the HWB to contribute to the priorities agreed within this strategy

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Development of the Strategy

The strategy has been developed based upon evidence of health needs in the city and significant engagement with citizens, partners and stakeholders. A range of engagement events were held to shape the strategy and almost 500 people provided their views on what was important to them[1].

Health and Wellbeing in Nottingham

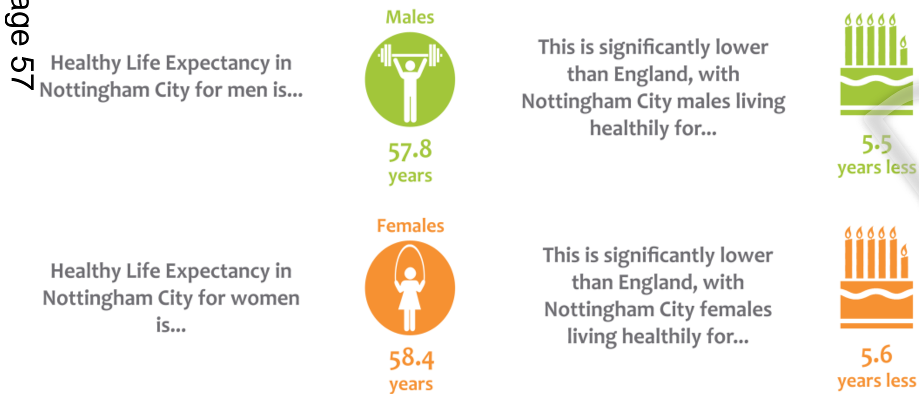
A local assessment of current and future health and social care needs tells us what is causing people to become unwell or die prematurely (before the age of 75). The following is summary of some of the key findings[2].

Healthy Life Expectancy

Nationally and locally we are living longer but for some - particularly amongst those in our most deprived neighbourhoods - this increased life expectancy[3] is accompanied by a significant number of years in poor health.

In Nottingham, healthy life expectancy[4] (the number of years we can expect to live in good health) is 57.8 years for males and 58.4 years for females compared to a life expectancy of 77.1 years for males and 81.6 years for females[5]. This means that the local population can be expected to live approximately a quarter of their life in poor health. Figure 1 (below) highlights how this compares to England.

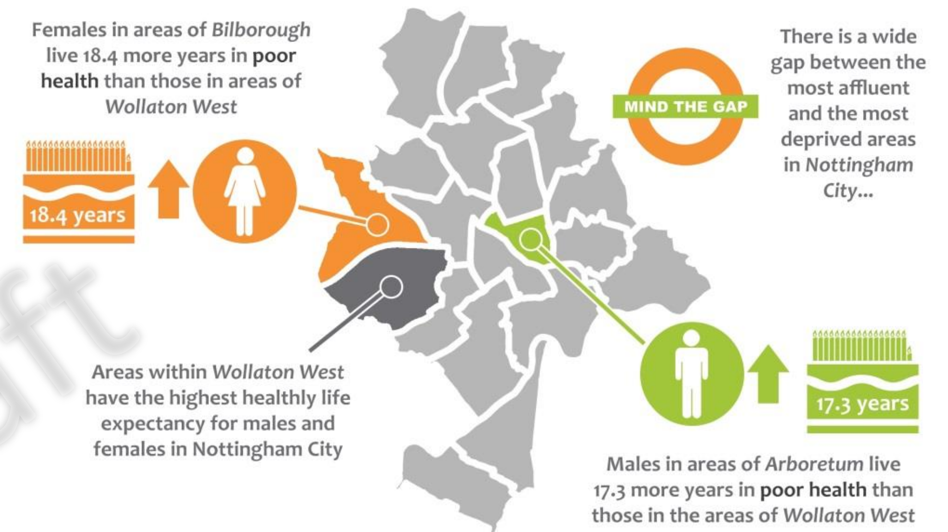
Figure 1: Healthy Life Expectancy in Nottingham compared to the England average



Since 'life expectancy' is increasing at a faster rate than 'healthy life expectancy' we are spending a greater proportion of life in poor health. This has implications for both individuals – due to increased proportion of life spent with illness and disability – and society due to associated health and social care costs.

Whilst on average men and women in the city can expect to live in good health to around 58 years-old (figure 2). This figure masks significant differences between Nottingham's neighbourhoods. People in the poorest neighbourhoods on average experience poor health over 17 years earlier than those in the most affluent neighbourhoods (figure 2).

Figure 2: Healthy Life Expectancy across Nottingham's neighbourhoods



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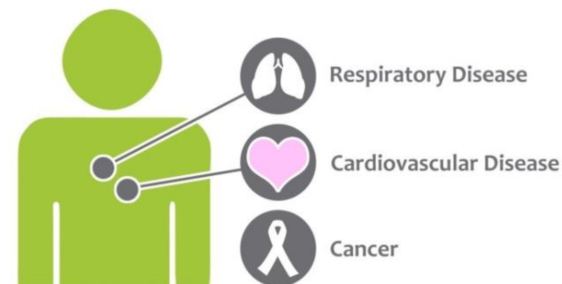
These inequalities in health represent unjust differences in health status experienced by certain population groups within the city. A wide range of factors contribute to these differences in health including the places we live, the communities we live in, the lives we lead and our access to services. Importantly these differences are preventable.

Influences on Health

Many factors determine how happy and healthy we will be. As well as our genes, lifestyle factors – such as physical activity, diet, smoking and alcohol – are strongly linked to our health. In turn these are influenced by where we live, economic deprivation, the quality of our housing and our neighbourhoods, levels of educational attainment, access to employment opportunities, lack of green open spaces and air pollution - to name but a few. Figure 3 shows some of the many factors that influence our health and happiness.

Figure 3: The wider determinants of health[6]

Living unhealthy lifestyles and under poor socio-economic conditions can lead to illnesses such as cardiovascular disease, diabetes, cancer and respiratory disease. From a medical perspective these conditions cannot be cured but can be controlled through treatment and other therapies.



These long-term conditions are more common amongst people from lower socio-economic groups and certain communities (related to a combination of deprivation, discrimination and genetics). The number of people with long-term conditions is increasing. This is partly due to the fact that we are living longer but it is also related to an increase in our unhealthy lifestyles such as physical inactivity, smoking, excessive consumption of alcohol and poor diet. These lifestyle causes are largely preventable.

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We also know that physical health and mental health are closely linked (and vice versa). People with mental health problems have poorer physical health outcomes. For example, research shows that those suffering from serious mental illness like schizophrenia, die up to 20 years earlier[7] and those suffering with depression have double the risk of heart disease[8].

Through talking to citizens, service providers and partners as part of the engagement events that underpin the development of this strategy, mental health and lifestyle factors were common themes that emerged. In addition, the culture within which we live and our environment were also highlighted as important factors that influence our health and happiness.

Our Vision, Aims and Outcomes

In response to the evidence and what people told us throughout the engagement activities we have established a clear vision and aim.

Our Vision	Nottingham will be a place where we all enjoy positive health and wellbeing with a focus on improving the lives of those with the poorest outcomes the fastest.
Our Aim	To increase healthy life expectancy in Nottingham to amongst the best big cities by 2020 To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy 2020

This vision is underpinned by a commitment to achieve the following four outcomes:

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- **Outcome 1**: Adults, children and young people in Nottingham adopt and maintain **Healthy Lifestyles**
- **Outcome 2**: Adults, children and young people in Nottingham will have positive Mental Wellbeing and those with long-term mental health problems will have good physical health
- **Outcome 3**: There will be a **Healthy Culture** in Nottingham in which adults, children and young people are supported and empowered to live healthy lives and manage ill health
- **Outcome 4**: Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing

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Delivery and Monitoring

Detailed action plans will be developed for each of the four priority outcomes and refreshed annually to ensure that they remain relevant. The plans will be implemented by a number of delivery groups reporting to the Health and Wellbeing Board. In delivering the strategy, the Health and Wellbeing Board will monitor annually the headline targets (as outlined on page 16) and an agreed set of performance indicators to be set out in the detailed action plans.

Principles Underpinning the Strategy

A number of cross-cutting principles will be adopted across all action plans:

- **A focus on communities or areas worst affected and tackling inequalities:** Detailed action plans will identify and address any disproportionate impact. This might mean a focus on a particular geographic area or particular ethnic groups where appropriate.
- **Early Intervention:** Activity will be targeted at identifying and preventing problems early before they become ingrained and problematic.
- **Sustainability:** Action plans will consider the sustainability of their funding arrangements, impact on health and the environment.
- **Engagement of the Voluntary and Community Section:** The action plans will value and utilise the role of the voluntary and community sector in developing and implementing interventions.
- **Integrated Working:** In order to improve citizen outcomes we know that health and social care services need to work better together to provide more effective and seamless care. Action plans will consider how they are furthering the need to join services up where appropriate.

Outcome 1: Adults, children and young people in Nottingham adopt and maintain healthy lifestyles

Smoking, harmful use of alcohol, physical inactivity and poor diet are key lifestyle factors which both cause and affect the consequences of many major illnesses.

Levels of smoking in the city are significantly higher than the national average and as a consequence rates of lung cancer, cardiovascular disease and other smoking related diseases are much higher. Smoking is also higher in areas of deprivation and a major cause of the inequalities in healthy life expectancy experienced across the city. Smoking during pregnancy is also a key concern as it increases the risk of complications of the pregnancy and the health of the child. Children who grow up in communities with a high proportion of smokers are more likely to become smokers themselves emphasising the importance of taking a community-based approach.

Being overweight or obese significantly increases the risks of developing and dying from certain illnesses, like cardiovascular disease, kidney and liver disease and cancer. Research suggests that 80% of children who are obese will become obese adults further highlighting the need to tackle the issue early through physical activity and a good diet.

An individual's physical activity level and diet and nutrition status has both a direct impact on health status as well as an indirect one through the maintenance of a healthy weight. It is estimated that a third of adults in Nottingham are 'inactive' and three-quarters do not eat the recommended fruit and vegetable portions (according to Department of Health classifications and recommendations).

Alcohol related hospital admissions are significantly higher than the England average and they are continuing to increase. Excessive alcohol consumption has a wide range of impacts for individuals - in terms of their mental and physical health - and those around them in terms of relationships, violence and anti-social behaviour within our communities.

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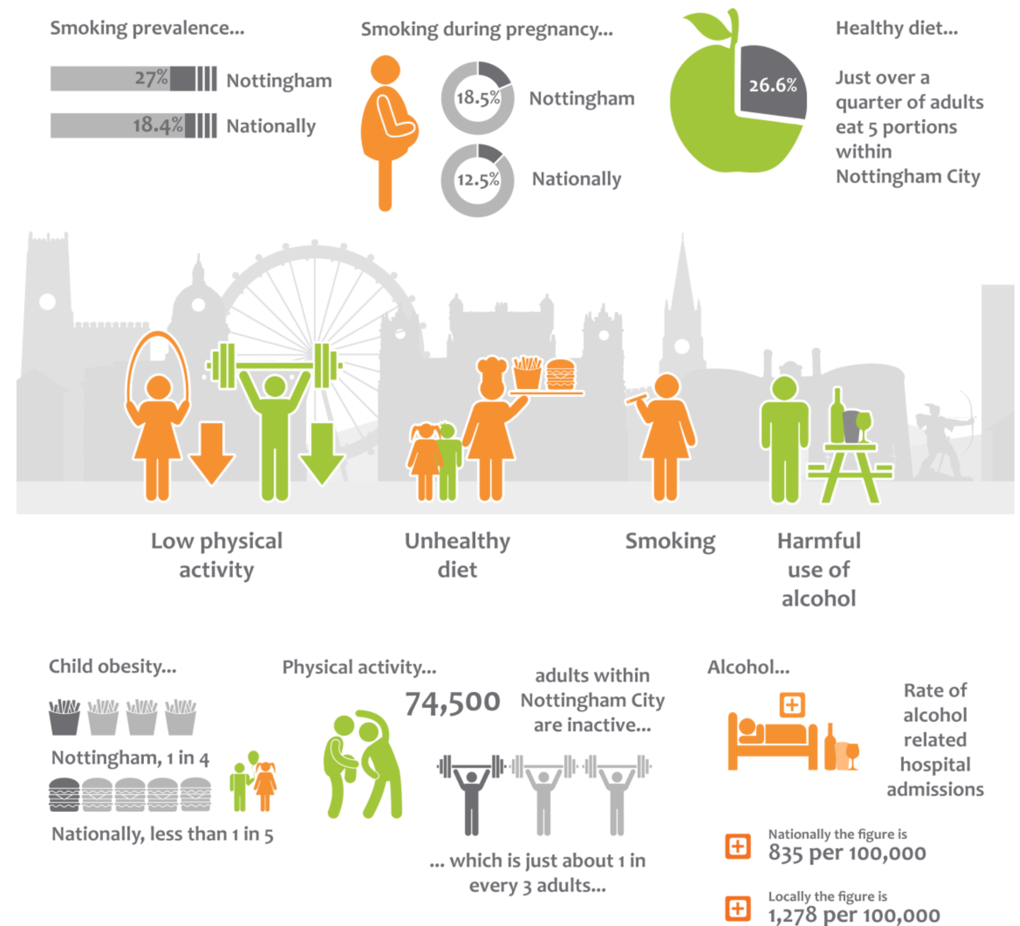
Supporting individuals and populations to maintain healthy lifestyles will help prevent long-term conditions occurring in the first place for many people and postpone the onset or reduce the impact of disease for many others, improving both life expectancy and healthy life expectancy in the city.

Figure 4: A Snapshot of Lifestyles in Nottingham



Priorities and what will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where adults, children and young people will:

- Be physically active to a level which benefits their health
- Have a healthy and nutritious diet
- Be able to achieve and maintain a healthy weight
- Be inspired to be smoke free

Additionally,

- People who drink alcohol will drink responsibly, minimising the harms to themselves and those around them

To achieve the outcome and deliver our priority actions, we will:

- Give adults, children and young people the skills and knowledge to prioritise healthy lifestyles
- Ensure there are opportunities to adopt a healthy lifestyle including access to services where necessary
- Ensure our workforce is equipped to identify and deliver brief intervention around healthy lifestyles and signpost to services when needed
- Motivate adults, children and young people to make healthy choices and avoid harmful behaviour
- Protect adults, children and young people from the harmful effects of other people's behaviour including smoking and excessive alcohol consumption

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Outcome 2: Adults, children and young people in Nottingham will have positive mental wellbeing and those with long-term mental health problems will have good physical health

Mental health problems are very common – it is estimated that up to half of all people will experience problems at some point in their life and one in six will have a common mental health problem at any one time[9]. At any one time in Nottingham, there are estimated to be over 51,000 people (aged 16+) with a mental health problem ranging from those with a common mental health problem like depression or anxiety to more severe mental health problems such as psychosis or personality disorder (figure 5). These estimates are considerably greater than the number of people recorded on local GP registers suggesting that people with these conditions may not be getting sufficient support to meet their health and wellbeing needs[10].

Mental health and wellbeing is a broad term and does not necessarily have to be defined by a 'mental illness'. Measures of mental wellbeing in the City suggest that 14% of citizens could be described as having poor mental wellbeing. Loneliness and isolation were the most commonly identified issue throughout engagement with citizens and a key driver of poor physical and mental health.

Poor mental health is also closely linked to poor physical health as people with long-term mental health problems are at over four times the risk of dying early. Most early deaths are from preventable causes that are similar to the wider population[11]. Poor health is influenced predominantly by unhealthy lifestyle behaviours, particularly smoking, and can be exacerbated by medication used to treat mental health problems. It has also been shown that health services have not been as responsive in identifying or meeting the physical health needs of people with mental health problems.

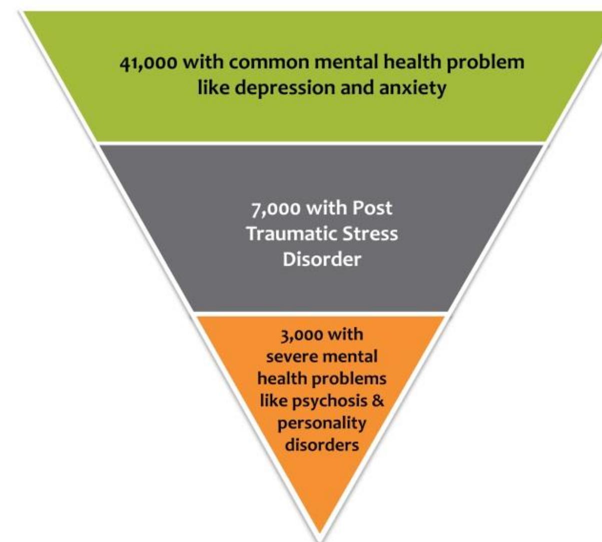
Preventing and treating mental health problems in childhood and adolescence is particularly important due to their far reaching consequences on health, social and educational outcomes. Mental illness, unlike other health problems tends to start early in life and can persist into and throughout adulthood[12].

Draft

It is recognised that about half of all lifetime mental health problems have started by the age of 14. It is estimated that one in ten children have a clinically recognisable mental health problem with boys more likely than girls to be affected - with the highest prevalence amongst 11 to 16 year-olds – highlighting the importance of early intervention. There are also certain groups (inc. homeless people, armed forces veterans, the black, asian and minority ethnic (BAME) communities) who may be at increased risk of mental health problems, or have specific needs in terms of their care, and so activity will be delivered to improve equity of access to treatment and care.

Figure 5: A Snapshot of Mental Health in Nottingham (people aged 16 and over)

At any one time it is estimated that there are...



Priorities and what will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- Adults, children and young people with, or at risk of, poor mental health will be able to access appropriate level of support as and when they need it
- Those with long-term mental health problems will have healthier lives
- Those with or at risk of poor mental health and wellbeing will be able to access and remain in employment
- People who are, or at risk of, loneliness and isolation will be identified and supported

To achieve the outcome and deliver our priority actions, we will:

- Ensure that children, young people and adults know how to get support for mental health problems
- Improve support to women who experience mental health problems during and after pregnancy.
- Ensure access to mental health services within a primary care setting and early access to care for those with more serious and/or urgent mental health problems.
- Provide access to wider social and community support for people with mental health problems and their carers to support social and financial inclusion.
- Identify early, improve and prevent poor physical health outcomes for those experiencing long-term mental health problems
- Increase understanding of the interdependence of mental and physical health across the health and care system (parity of esteem)
- Work with employers, and people with mental and physical health problems, to support them to access and remain in employment

Draft

Outcome 3: There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health

Our beliefs and attitudes towards our own health and those around us play a big part in how healthy and happy we will be. The social characteristics of the communities we live in, and the degree to which they enable and promote healthy behaviour, all make a contribution to the inequalities in health outcomes experienced across the city. Social capital describes the links between individuals – the links that bind and connect people within and between communities – and can provide a source of resilience against life's stresses through social support. Throughout the engagement events many people told us that community-mindedness or sense of community had reduced and people saw this as having a big impact on health and wellbeing.

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In particular one of the strongest themes to emerge was around loneliness and the importance of the community in supporting each other and fostering a healthy culture whereby making the healthy choice the easy choice. People wanted there to be more social interaction in neighbourhoods and saw the value in initiatives like social prescribing and identifying and tackling problems early before they developed into more serious long-term conditions.

Debt and household income was consistently highlighted as the main driver behind poor physical and mental health; with not enough being done to help people prioritise healthy lifestyle choices. People also said that availability of services was not the issue. Rather it was not knowing what services and opportunities were available or not having the confidence to use them. Many people wanted to have clear information so that they could make healthier choices, manage their own health and only contact services if and when they needed them. When using services, however, the current system was said to be too complex and not as joined up as it could be. At the same time people often felt their problems were treated in isolation - rather than holistically and dealing with a range of underlying issues that were at the heart of the problem (like debt or loneliness).

Draft

Priorities and what will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- Direct and indirect messages regarding health and wellbeing will be clear and consistent
- Citizens will have knowledge of opportunities to live healthy lives and of services available within their communities
- Individuals and groups will have the confidence to make healthy life choices and access services at the right time to benefit their health and wellbeing
- Services will work better together through the continued integration of health and social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families
- We reduce the harmful effects of debt and financial difficulty on health and wellbeing

To achieve the outcome and deliver our priority actions, we will:

- Further integrate services for adults across health and social care through the creation of pooled budgets
- Create integrated health and social care services for 0 to 5 year-olds
- Ensure that citizens can access the right information and support services in one place
- Promote key messages around how to stay healthy and happy
- Support people to care for themselves and know when to access additional support
- Ensure our workforce is equipped to identify, and respond early, to issues affecting health and wellbeing including healthy lifestyles, debt management and social isolation
- Enable citizens to remain independent, and within their own homes, for as long as possible
- To work with public, private and voluntary sector partners to improve people's financial resilience

Draft

Outcome 4: Nottingham's environment will be sustainable - supporting and enabling its citizens to have good health and wellbeing

The physical environment within which we live and work plays a major role in our health and happiness. Characteristics of environments that are conducive to good health - like access to green spaces and well maintained cycling and walking routes – are heavily interlinked. For instance increasing the number of people who regularly walk or cycle will provide a number of positive benefits from reduced air pollution and carbon emissions to addressing congestion and helping people live active, healthy lives. As well as benefiting our health, healthy environments benefit environmental sustainability due to lower carbon and pollutant emissions.

Throughout the engagement events, citizens highlighted their concerns about air pollution and the importance of living in neighbourhoods where the built environment promoted healthy lifestyles such as active travel (like walking or cycling to work) and access to good quality parks and facilities.

The concerns of citizens are supported by strong scientific evidence. There is clear evidence of the adverse effects of air pollution[13] on health and poorer communities tend to experience higher concentrations of pollution resulting in a higher prevalence of cardio-respiratory and other related diseases[14].

Creating a physical environment in which people can live healthier lives with a greater sense of wellbeing is hugely significant in reducing health inequalities. Conditions that encourage walking and cycling can also help create an environment that supports the local economy, providing a vibrant and attractive setting for all[15]. The provision of attractive green spaces, aside from encouraging physical activity, can also improve mental wellbeing and help support social inclusion and community cohesion[16].

Creating a healthy environment

Poor quality housing in particular has a big impact on both physical and mental health and wellbeing[17]. Housing is key driver of the difference in health outcomes across the city as those in the most deprived neighbourhoods are more likely to be living in the poorest quality housing. The private rented sector is the area of most concern as this is likely to account for much of the poor quality housing within the city.

Draft

Priorities and what will we do?

In order to achieve our outcome a number of broad priority actions have been identified. By 2020 Nottingham will be a city where:

- Housing will maximise the benefit and minimise the risk to health of Nottingham's citizens
- The built environment will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing
- People will be able to engage in active travel
- People in Nottingham will have access to and use of green space to optimise their physical and mental wellbeing
- Air pollution levels in Nottingham will be controlled to agreed standards

To achieve the outcome and deliver our priority actions, we will:

- Work with housing providers to support people to live healthy lifestyles, keep well and live supported at home when unwell
- Improve housing standards and support vulnerable people who may be at risk of becoming homeless
- Consider the impact of planning decisions we make, for example where we allow fast food outlets to operate
- Improve the city's infrastructure and encourage more people to walk and cycle
- Improve the quality of our green spaces and encourage their use by the community
- Raise awareness of the positive impact small changes in behaviour can have on the environment

Draft

Our Headline Targets

The strategy's overall aim is to increase healthy life expectancy and reduce the inequalities across Nottingham's neighbourhoods. Healthy life expectancy (at birth) describes how long a person might be expected to live in 'good health'[18]. It is measured separately for both men and women. Locally and nationally healthy life expectancy has remained fairly constant since it first started to be measured in 2009 but at the same time 'life expectancy' has increased meaning that people, on average, are spending a greater proportion of their life in poor health[19]. There are significant differences between Nottingham and other similar cities[20] and also amongst Nottingham's neighbourhoods (figure 2). The strategy aims to address this by improving the quality of life for people as they get older by increasing the number of years spent in good health.

Two headline targets have been set in order to measure our success in improving people's health and tackling inequalities:

1. **To increase healthy life expectancy in Nottingham to amongst the best big cities by 2020**

In order to do this we will compare our performance to that of the top four English Core Cities and aim to achieve the average of these for men and women. This would be the equivalent of both men and women in the city today living a further three years in good health.

2. **To reduce inequalities in the city by improving the health of people in the neighbourhoods that have the worst healthy life expectancy**

Figure 6 shows that there are 16 areas in the city where the healthy life expectancy for men and women is significantly below the city average. We will work to improve the health of people in these neighbourhoods by the greatest amount to decrease the scale of inequalities in the city.

Figure 6: Neighbourhoods below the city average for Healthy Life Expectancy

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Links to Other Strategies

For many of the priority areas identified, there already exist local strategies with detailed action plans and governance arrangements. It is not, therefore, the intention of this strategy to merely repeat and duplicate those plans. Instead, the Health and Wellbeing Board will have oversight of the key strategic actions, consider where it can add value and hold partners to account for delivery. Nonetheless, there are a number of key strategies that link directly or work alongside this strategy which merit further explanation.

The Nottingham City Clinical Commissioning Group Strategy

This Strategy has been produced alongside the Nottingham City Clinical Commissioning Group's (CCG) Strategy. Both these strategies have the same aim to improve healthy life expectancy and reducing inequalities. The priorities and actions within each strategy are aligned to optimise outcomes.

The Carers Strategy

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Carers provide a massive contribution to maintaining the health and wellbeing of others in the city and we want to ensure that their value is recognised and does not come at a cost to their own health and happiness. Over one in ten people in the city are carers and a significant number provide in excess of 50 hours care per week[21]. Our aim is to improve the carer's quality of life by ensuring they receive early identification and holistic assessment of their needs, and by supporting them to realise their potential so that they can have a life outside caring. By providing effective support to improve carers' wellbeing and avoid carer breakdown, we will support vulnerable people and those with long-term conditions to continue to live as independently as possible in their own homes.

The Vulnerable Adults Plan

The Joint Health and Wellbeing Strategy is about improving the overall health and happiness of all City residents, but there are certain groups of adults who have more specific needs and/or who may be at an increased risk of poor health and wellbeing. In response, Nottingham City Council and Nottingham City CCG came together with other partners in the City (including those working in the voluntary sector) to develop the City's Vulnerable Adults Plan. Launched in 2012, the Vulnerable Adults Plan set out vision for how the City could work together to manage the challenges of the changing health and social care landscape and continue work to help vulnerable adults to live safer, happier, longer and more fulfilling lives, and to have more choice and control over their support and other aspects of how they live.

In this context, vulnerable adults are considered to be those in receipt of specialist health and social services, those who either have lost or who are at risk of losing their independence, and those at risk of social exclusion and harm[22].Work is currently in progress to capture the views of citizens, partners and other stakeholders in order to feed into the development of a refreshed Vulnerable Adults Plan (which will include carers). Those areas that the Health and Wellbeing Board can add value to will be incorporated into this strategy once an updated Vulnerable Adults Plan for 2016-20 has been prepared.

Children and Young People's Plan

Nottingham Children's Partnership has had a Children and Young People's Plan since 2010 which covers all services for children, young people and their families. For young people leaving care, our responsibility extends beyond the age of 20. For those with learning difficulties it extends to the age of 25 to ensure the transition to adult services is properly planned and delivered.

Draft

The Plan is updated on an annual basis to ensure all new national and local policies and guidance relating to improving outcomes for children and young people are incorporated in a timely way and influence its delivery. The Plan brings together the children and young people's elements of our other partnership plans including the Nottingham Plan, the Education Improvement Board Strategic Plan: A brighter future for Nottingham Children and this newly developed Health and Wellbeing Strategy: healthier, happier lives; providing one shared framework for the Children's Partnership Board and their organisations to focus on.

Summary: Our strategy on a page

Our vison	**Happier Healthier lives: Nottingham will be a place where we all enjoy positive health and wellbeing with a focus on improving the lives of those with the poorest outcomes the fastest.**			
Our Aims	**To increase healthy life expectancy in Nottingham to amongst the best big cities by 2020** **To reduce inequalities in health by targeting the neighbourhoods with the lowest levels of healthy life expectancy**			
Our Outcomes	Adults, children and young people in Nottingham adopt and maintain **Healthy Lifestyles**	Adults, children and young people in Nottingham will have positive **Mental Wellbeing** and those with long-term mental health problems will have good physical health	There will be a **Healthy Culture** in Nottingham in which citizens are supported and empowered to live healthy lives and manage ill health	Nottingham's **Environment** will be sustainable; supporting and enabling its citizens to have good health and wellbeing
Our Priority Actions	1. Adults, children and young people will be **physically active** to a level which benefits their health 2. Adults, children and young people will have a **healthy and nutritious diet** 3. Adults, children and young people will be able to achieve and maintain a **healthy weight** 4. Adults, children and young people will be inspired to be **smoke free** 5. People who drink **alcohol** will drink responsibly, minimising harm to themselves and those around them	1. Adults, children and young people with, or at risk of, poor mental health will be able to access **appropriate level of support** as and when they need it 2. Those with **long-term mental health problems** will have **healthier lives** 3. Those with or at risk of poor mental health and wellbeing will be able to access and remain in **employment** 4. People who are, or at risk of, **loneliness and isolation** will be identified and supported	1. Direct and indirect **messages** regarding health and wellbeing will be clear and consistent 2. Citizens will have **knowledge** of opportunities to live healthy lives and of services available within communities 3. Individuals and groups will have the **confidence** to make healthy life choices and access services at the right time to benefit their health and wellbeing 4. **Services** will **work better together** through the continued integration of health & social care that is designed around the citizen, personalised and coordinated in collaboration with individuals, carers and families 5. Reduce the harmful effects of **debt** and financial difficulty on health and wellbeing	1. **Housing** will maximise the benefit and minimise the risk to health of Nottingham's citizens 2. The **built environment** will support citizens having healthy lifestyles and minimise the risk of negative impact on their wellbeing 3. People will be able to engage in **active travel** 4. People in Nottingham will have access to and use of **green space** to optimise their physical and mental wellbeing 5. **Air pollution** levels in Nottingham will be controlled to agreed standards
Principles	Tackling Inequalities; Early Intervention; Sustainability; Engagement of the Voluntary and Community Sector; and, Integrated Working			

Draft

[1] The full engagement results can be found here: http://www.nottinghamcity.gov.uk/hwb.
[2] The JSNA Evidence Summary can be found here: http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottingham-JSNA/Related-documents/Executive-summary.aspx
[3] Based on 'Life expectancy at birth' which shows the average number of years a person would expect to live based on contemporary mortality rates. For a particular area and time period, it is an estimate of the average number of years a new born baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.
[4] Based on 'Healthy life expectancy at birth' which is a measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.
[5] Public Health England (2016) http://www.phoutcomes.info/search/life%20expectancy#page/1/gid/1/pat/6/par/E12000004/ati/102/are/E06000018
[6] Barton and Green (2006)
[7] Parks J et al. *Morbidity and Mortality in people with Serious Mental Illness*. 2006. See also: De Hert, M. et al. Physical *illness in patients with severe mental disorders*. World Psychiatry 2011;10:52-77.
[8] Van der Kooy, K. et al. *Depression and the risk for cardiovascular diseases: systematic review and meta analysis* .International Journal of Geriatric Psychiatry,Volume 22, Issue 7, pages 613–626, July 2007.
[9] McManus S, et all. *Adult Psychiatric Morbidity in England, 2007: Results of a household survey.*: NHS Information centre for health and social care. 2009
[10] According to GP records there are round 20,000 people registered with depression and around 3,500 with severe mental health problems recorded on local GP registers for depression and severe mental health (2014 Quality and Outcomes Framework (QOF)
[11] Hiroeh et al. *Deaths from natural causes in people with mental illness* Journal of Psychosomatic Research. Mar 2008 vol. 64(3) pp.275-83
[12] Kessler R et al. *Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative.* World Psychiatry 2007. Available from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2174588/
[13] Fair Society, Healthy Lives: The Marmot Review (2010)
[14] FOE (2001) Pollution and poverty- Breaking the link.
[15] Walking and Cycling, National Institute for Health and Care Excellence (NICE) Local Government Briefings (January 2013)
[16] Porritt J, Colin-Thomé D, Coote A, Friel S, Kjellstrom T and Wilkinson P (2009) Sustainable development task group report: health impacts of climate change.
[17] *Marmot Review*, London, 2010
[18] 'Healthy life expectancy' is based on applying data from the Annual Population Survey to birth and mortality rates by area ONS (2016)
[19] In Nottingham, healthy life expectancy for males is 57.8 years and 58.4 years for females compared to a life expectancy of 77.1 years for males and 81.6 years for females (2012-2014 data, ONS 2016).
[20] People in Nottingham will spend more of their life living in poor health than those living in other areas. In terms of the proportion of total life expectancy spent in a healthy state, the city is ranked 6th out of 8 for men amongst the England Core Cities and 7th for women (2012-2014 data, ONS 2015).
[21] There are around 27,500 people in the city who care for another person and around 28% provide in excess of 50 hours care per week.
[22] This would include those with alcohol and substance misuse issues, refugees and asylum seekers, those with a physical and sensory impairment, people with learning disabilities, carers, older people, those who are homeless or at risk of homelessness and those with mental health problems.

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HEALTH SCRUTINY COMMITTEE
30 JUNE 2016
WORK PROGRAMME 2016/17
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the Committee's work programme for 2016/17 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 2016/17 and make amendments to this programme as 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 setting and managing its own work programme to fulfil this role.

3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. 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 and 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 The work programme for the remainder of the municipal year is attached at Appendix 1.

3.6 Nottingham City and Nottinghamshire County Councils have established a Joint Health Scrutiny Committee which is responsible for scrutinising the commissioning and delivery of local health services accessed by both City and County residents.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2016/17 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 Reports to and minutes of the Health Scrutiny Committee during 2016/17

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

APPENDIX 1

Health Scrutiny Committee 2016/17 Work Programme

Date	Items
19 May 2016	• **Nottingham CityCare Partnership Quality Account 2015/16** To consider the draft Quality Account 2015/16 and decide if the Committee wishes to submit a comment for inclusion in the Account (Nottingham CityCare Partnership) • **Homecare Quality** To review the performance and contract management for home care services by the Council's Contract and Procurement Team (Nottingham City Council) • **Response to recommendations of the End of Life/ Palliative Care Review** To receive responses to recommendations of the End of Life/ Palliative Care Review and determine timescales for review of implementation • **Work Programme 2016/17**
30 June 2016	• **Urgent Care Centre** To review operation of the Urgent Care Centre, with a focus on usage; access to the Centre; patient experience and feedback; impact on primary care and emergency care services; and future developments. (Nottingham City CCG, Nottingham CityCare) • **Development of Health and Wellbeing Strategy** To respond to consultation on development of the Health and Wellbeing Strategy (Health and Wellbeing Board) • **Work Programme 2016/17**

Date	Items
21 July 2016	• **Scrutiny of Portfolio Holder for Adults and Health** To scrutinise the performance of the Portfolio Holder for Adults and Health against relevant Council Plan priorities (Nottingham City Council) • **Healthwatch Nottingham Annual Report** To receive and give consideration to the Healthwatch Nottingham Annual Report (Healthwatch Nottingham) • **Children's seasonal flu vaccination programme** To review the uptake of the children's seasonal flu vaccination programme during 2015/16; and how effective action to improve uptake has been (NHS England, Public Health England, NCC Public Health) • **Role of adult social care and safeguarding teams in ensuring the quality of homecare services meets the needs of service users (tbc)** • **Work Programme 2016/17**
22 September 2016	• **Implementation of 'Wellness in Mind' Nottingham City Mental Health and Wellbeing Strategy 2014-17 (tbc)** To scrutinise how outcomes for local people have improved as a result of the Strategy. • **Tackling health inequalities – pre-conceptual and ante-natal care (tbc)** To review the impact that access to, and uptake of pre-conceptual and ante-natal care is having on health inequalities in the City (NCC Public Health, Nottingham City CCG) • **Adult Integrated Care Programme** To review progress in delivery of the Adult Integrated Care Programme and the impact for service users; and to look at the Equality Impact Assessment for Assistive Technology (Nottingham City CCG)

Date	Items
	• **Nottingham City CCG Strategic Priorities** To hear about the CCG's future strategic priorities (Nottingham City Clinical Commissioning Group) • **Work Programme 2016/17**
20 October 2016	• **Work Programme 2016/17**
24 November 2016	• **Availability and quality of GP services in Nottingham City** To review the current and future provision of GP services (Nottingham City CCG) • **End of Life/ Palliative Care Review – Implementation of Recommendations** To scrutinise implementation of agreed recommendations • **Work Programme 2016/17**
22 December 2016	• **Work Programme 2016/17**
19 January 2017	• **Work Programme 2016/17**
23 February 2017	• **Nottingham CityCare Partnership Quality Account 2016/17** To consider performance against priorities for 2016/17 and development of priorities for 2017/18 (Nottingham CityCare Partnership) • **Work Programme 2016/17**

Date	Items
23 March 2017	• **Work Programme 2016/17**
20 April 2017	• **Work Programme 2017/18** To develop the Committee's work programme for 2017/18

To schedule

- **Childhood immunisation programme**
  To review the reasons for lower uptake of the childhood immunisation programme in the City (compared to the County) and how these reasons are being addressed (NHS England/ NCC Public Health)
- **End of Life/ Palliative Care Review**
  To scrutinise implementation of agreed recommendations (date to be determined depending on response)
- **Diagnosis of terminal and/or life altering conditions**
  To identify what follow up and support is provided to people diagnosed with terminal and/or life altering conditions and their carers; and how this can be improved.
- **Teenage pregnancy rates**
  To review whether the focus and investment in reducing teenage pregnancy over the last 10 years has resulted in a sustainable reduction in teenage pregnancy rates
- **Current and future capacity within the care home sector**
- **Access to dental care**
  To review whether access to, take up and quality of NHS dental services has improved since scrutiny's review of dental care in 2009
- **Cardio-vascular disease/ stroke**
  To review how effective work to reduce levels of CVD/ stroke is in the City
- **Tackling isolation and loneliness**
- **Access to services for people with ME (myalgic encephalopathy/ encephalomyelitis) – follow up (referral from DIG)**
  To review progress in improving the access to services for people with ME since the Committee considered this issue in March 2015

- **Lupus/ sickle cell**
  To review the support available to people with lupus/ sickle cell

Visits

- Urgent Care Centre – 15 June 2016
- Connect House
- CityCare Partnership Clinic, Boots Victoria Centre

Study Groups

- The role of health literacy in tackling health inequalities (autumn 2016 tbc)
- End of life/ palliative care services for children and young people (spring/ summer 2017)

Items to be scheduled for 2017/18

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