

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB31 - Loxley House, Station Street, Nottingham, NG2 3NG on 27 May 2015 from 10.05 - 12.32

Membership

Present

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

Absent

Councillor Corall Jenkins

Colleagues, partners and others in attendance:

Councillor Alex Norris	Portfolio Holder for Adults, Health and Community Sector
Alison Challenger	Interim Director, Public Health
Lynne McNiven	Consultant in Public Health
Noel McMenamin	Governance Officer
Clare Routledge	Health Scrutiny Project Lead
Jo Powell	Nottingham CityCare Partnership
Tracy Tyrell	Nottingham CityCare Partnership
Karen Whittaker	Nottingham CityCare Partnership
Nikki Henson	Public Health England
Sally Mayfield	Public Health England
Jacque Williams	Public Health England

1 APPOINTMENT OF VICE CHAIR

RESOLVED to appoint Councillor Anne Peach as Vice Chair for the 2015/16 municipal year.

2 APPOINTMENT OF LEAD HEALTH SCRUTINY COUNCILLOR

RESOLVED to appoint Councillor Ginny Klein as Lead Health Scrutiny Councillor for the 2015/16 municipal year.

3 APOLOGIES FOR ABSENCE

Councillor Corall Jenkins (personal reasons)

4 DECLARATION OF INTERESTS

None.

5 MINUTES

The minutes of the Health Scrutiny Panel meeting held on 25 March 2015 were confirmed and signed by the Chair.

6 HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE AND JOINT AGREEMENT

RESOLVED to note:

- (i) the terms of reference for the Health Scrutiny Committee, noting that the political balance of the Committee's membership was 9 Labour: 1 Conservative and not 8 Labour: 2 Conservative as stated in the report; and**
- (ii) the joint agreement between the Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny.**

7 FLU IMMUNISATION

The Committee received a presentation on the Seasonal Flu Vaccination Programme for Children from Public Health England representatives Jacquie Williams, Head of Public Health, North Midlands, assisted Sally Mayfield and Nikki Henson, Screening and Immunisation Managers. The Committee had asked for the presentation because of issues around uptake and effectiveness.

Ms Williams made the following points:

- (a) The very young are an identified group at risk of serious illness if they catch flu, and in 2013 the national vaccination programme was extended, initially to make a routine offer of vaccination to all those aged 2 and 3 years old. In addition, a pilot scheme was launched in 7 geographical areas (not including Nottingham or Nottinghamshire) to vaccinate all primary school age children;**
- (b) A second expansion phase was launched in 2014, providing a routine offer for 2,3, and 4 year olds, a continuation of the 7 geographical pilots and further 12 geographical pilots for secondary schoolchildren in Years 7 and 8;**
- (c) The school pilot outcomes were very positive, with significant uptake, minimal disruption and opportunities to publicise wider health promotion issues;**
- (d) The national Flu Vaccination Programme will be further expanded from October 2015 to include all Year 1 and Year 2 children in England. This element will be mainly offered through a school-based programme, delivered locally by the Nottinghamshire**

Healthcare Partnership. GP practices will continue to offer the service to 2,3 and 4 year olds;

- (e) The vaccination is in the form of a nasal spray, which a higher efficacy in children. The expected outcomes in the longer term include direct protection from flu, lowering indirect transmission and reducing absenteeism from work and school;
- (f) Local authorities an assist through promoting the uptake of flu vaccination among schools, and more widely through promotion for other 'at risk' groups, for example those in residential or nursing care;
- (g) By 2017/18 the Programme will extend to all primary school children, with a target of 40-60% of healthy children to be vaccinated.

The following points were raised during discussion:

- (h) Public Health England colleagues explained that the 40-60% target was a nationally set target for phased delivery, and expected the target to increase over time. Uptake above 30% was expected to have a significant impact on numbers of flu cases;
- (i) A 100% uptake for vaccination was not a realistic aspiration, primarily because of vaccine supply issues and individual parental choice. Schools were primed to deliver the vaccine, with no resistance or blockage to delivery highlighted during the pilots. Work was already under way to get letters out to parents about the programme;
- (j) It was not possible to provide accurate figures on the cost of the expanded vaccination programme, including savings accrued from reduced illness, but the programme was mandated and the Immunisation Team will bear the upfront cost;
- (k) The NHS England website has a webpage on the immunisation programme, including information on the effects of the vaccine. Information and reassurance is also provided at the point of delivery. The pilots revealed no symptoms or side effects arising from the vaccine, but it takes up to 2 weeks for the vaccine to become effective;
- (l) GP practices will deliver the Programme for pre-school children, and there are no current plans to deliver in nurseries. The Immunisation Team encourage GP practices to promote the programme, and will be monitoring delivery levels;
- (m) Public Health England colleagues confirmed that there has been an historically low uptake of flu vaccination among expectant mothers, and steps are being taken to address the issue.

RESOLVED to

- (1) thank Ms Williams, Ms Mayfield and Ms Henson for their presentation and contribution to discussions;**
- (2) request a further presentation/update in May/June 2016, to include outcomes of further pilot studies and Nottingham-based information on variance of programme delivery among GP practices.**

8 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2014/15

The Committee considered a report of the Head of Democratic Services relating to the Nottingham CityCare Partnership draft Quality Account 2014/15. The Quality

Account is both retrospective and forward-looking, and needs publishing by end June 2015.

Tracy Tyrell, Director of Quality and Safety/Executive Nurse at the CityCare Partnership, introduced the report briefly, assisted by Kate Whittaker and Jo Powell of the CityCare Partnership, and focussing on the key priorities identified for 2015/16. These are:

- (a) The treatment of pressure ulcers – targets have been set to improve performance, and a training DVD will be used to ensure staff have the skills to recognise and address conditions leading to pressure ulcers quickly and appropriately;
- (b) Developing a Duty of Candour – committing to acknowledge when service has not met the expected standard, apologise and put right points at issue;
- (c) Developing wider scrutiny and patient engagement – developing the Partnership's Patient Engagement Group to inform service development through feedback, peer reviews and mock inspections;
- (d) Carer support – producing a factsheet with key signposting information for carers, reinforcing the message of supporting carers through staff training, and making carers aware of feedback opportunities.

The following issues were raised during discussion:

- (e) it was explained that the Patient Engagement Group (PEG) was open to everyone. Members weren't paid, but received travel and related expenses. It was acknowledged that the Group's demographic profile is currently primarily older and white, and further thought was needed to deliver a wider engagement strategy;
- (f) a councillor advised that certain communities tended not to engage readily, and recommended engaging harder-to-reach groups through having a presence at community engagement days, making teas and refreshments available to generate interest;
- (g) it was confirmed that Healthwatch Nottingham had a representative attend PEG meetings, and a shared information Protocol would be developed;
- (h) an easy-access centre addressing issues including continence and podiatry has been established in the upper floor of the Boots pharmacy, Victoria Centre, and it was agreed to arrange a visit by Committee members to the centre;
- (i) It was agreed to arrange a viewing of 'Barbara's Story', a short film about the patient experience of a sufferer of dementia, for Committee members' information.

RESOLVED to

- (1) Thank Ms Tyrell, Ms Whittaker and Ms Powell for their contribution to discussion on the Nottingham CityCare Partnership Quality Account;**

- (2) To request the inclusion of a comment on possible actions to widen engagement and participation of harder-to-reach groups in the patient engagement process;**
- (3) To agree adding a screening of 'Barbara's Story' and a visit to the access centre in the Boots pharmacy, Victoria Centre, to the Committee's work programme.**

9 EXTENDED WORK PROGRAMME PLANNING 2015/16

The Committee considered a report of the Head of Democratic Services on developing its work programme for 2015/16 based on areas of work identified by the Committee at previous meetings and any further suggestions or priorities raised at this meeting.

The Committee welcomed Councillor Alex Norris, Portfolio Holder for Adults, Health and the Community Sector, who informed the Committee about progress against health and social care objectives, current areas of work, and future challenges:

- (a) Previous health priorities included implementing the Health and Wellbeing Strategy, establishing the Better Care Fund, and providing stability following a period of immense change. Adult social care priorities had included establishing the Council as a direct provider, delivering the personalisation agenda and meeting statutory obligations under the Care Act;
- (b) Significant progress has been made to reduce alcohol harm, with binge drinking and harmful drinking less prevalent, and robust action taken on street drinking;
- (c) Nottingham City is well-placed in respect of the roll-out of the Better Care Fund, which is helped by being co-terminus with the Clinical Commissioning Group;
- (d) Nottingham has introduced the Older Person's Charter
- (e) While progress has been made on integrating mental health provision and on delivering parity of esteem with physical health, significant financial and employment challenges remain;
- (f) Nottingham City has successfully engaged with 1,200 priority families to address health and socio-economic inequalities, although this is against a narrow definition of priority family;
- (g) Integrating health and social care provision to deliver more with less resource for Nottingham's most vulnerable citizens remains a key challenge. Going forward, delivering health and social care commitments within the Council Plan, further rolling out the Better Care Fund and the Looking After Each Other initiative, addressing concerns over E-cigarettes are all key priorities.

The following points were made during discussion:

- (h) Councillor Norris advised that funding pensions for carers through direct payments will whittle away already-scarce resources;
- (i) Early identification of 'whole person' needs is vital if health and social care integration is to deliver both savings and appropriate services.

Alison Challenger, Interim Director of Public Health and Lynne McNiven, Consultant in Public Health, addressed the Committee, making the following points:

- (j) Health was explicitly referenced in the new Council Plan for the first time, which she welcomed;
- (k) The key Public Health priorities going forward were Alcohol, Tobacco, Mental Health, Children and Young People, Sexual Health and Older People. The major exercise conducted in 2014 to draw up ward profiles has generated valuable data to help address these at the local level. Specific issues related to the key priorities are set out below:
 - (l) Tobacco: impacts on every aspect of health and wellbeing and is the key inequality determinant for life expectancy;
 - (m) Alcohol: liver disease has increased significantly nationally and locally, and drinking during pregnancy remains an issue;
 - (n) Mental health: the foundation of good mental health starts very early in life, and mental health priorities are evolving. For example, self-harm is more prevalent, and the adverse impact of loneliness on mental health is increasingly recognised;
 - (o) Children and Young People: work is ongoing towards an integrated service model for children and young people aged 0-19;
 - (p) Sexual Health: good progress has been made on teenage pregnancy rates but Nottingham has high rates of sexually transmitted infections and late diagnoses of HIV. Emerging issues such as child sexual exploitation and female genital mutilation also need addressing;
 - (q) Older People: dementia treatment and care and the impact of loneliness on health and wellbeing remain key challenges.

During discussion, the following points were made:

- (r) ward profile summaries will be produced and circulated to councillors;
- (s) it is difficult to make inroads into citizens' choices and behaviours in order to reduce health inequalities, and gains will only be made over time through reinforcement of core messages and partnership working;
- (t) Nottingham has invested significantly in health visitor numbers in recent years, bucking the national trend.

RESOLVED to

- (1) thank Councillor Norris and Ms Challenger and Ms McNiven for their contribution to the discussion;**
- (2) to defer detailed consideration of the Work Programme until the Committee's June 2015 meeting.**

10 2015/15 HEALTH SCRUTINY COMMITTEE MEETING DATES

RESOLVED to meet at 1.30pm on the following dates:

2015

18 June
23 July
24 September
22 October
19 November
17 December

2016

21 January
18 February
24 March
21 April