NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 22 September 2016

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

Place: LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG

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

Corporate Director for Resilience

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

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

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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 21 July 2016 from 13.30 - 15.22

Membership

Present	Absent
Councillor Ginny Klein (Chair)	Councillor Ilyas Aziz
Councillor Anne Peach (Vice Chair)	Councillor Chris Tansley
Councillor Jim Armstrong	
Councillor Merlita Bryan (until end of item 12)	
Councillor Patience Uloma Ifediora	
Councillor Corall Jenkins (from item 11)	
Councillor Carole-Ann Jones	
Councillor Dave Liversidge	

Colleagues, partners and others in attendance:

Jane Garrard	-	Senior Governance Officer
Martin Gawith	-	Healthwatch Nottingham
Pete McGavin	-	Healthwatch Nottingham
Councillor Alex Norris	-	Portfolio Holder for Adults and Health
Zena West	-	Governance Officer

8 APOLOGIES FOR ABSENCE

Councillor Chris Tansley – work commitments

9 DECLARATIONS OF INTEREST

None.

10 MINUTES

Subject to changing the reason for Councillor Ginny Klein's absence to "unwell", the minutes of the meeting held on 30 June 2016 were agreed and signed by the Chair.

11 SCRUTINY OF PORTFOLIO HOLDER FOR ADULTS AND HEALTH

Councillor Alex Norris, Portfolio Holder for Adults and Health, presented an update on his portfolio to the Committee, highlighting the following points:

(a) at the last update to the Health Scrutiny Committee in 2015, 6 priorities were identified under the Adults and Health portfolio. These were:
- Delivery of the Better Care Fund – this is a pooled budget to be spent on schemes and plans that integrate health and social care services, and these have started to be implemented in Nottingham.
- Delivery of the Care Act Wave 2 – the government has not introduced wave 2 of the Care Act.

- Looking After Each Other – support for this project continues to be a major theme. There is some wider work taking place around self-help, looking after each other, early interventions, and creating social networks before isolation sets in to reduce support needs in later life.
- Health and Wellbeing Strategy 2 – it is hoped this will be agreed soon, it is currently being circulated. It is one of the most extensive consultations that has taken place for a health document in Nottingham.
- E-cigarettes – there is a split in scientific opinion as to whether e-cigarettes are beneficial or harmful. The scientific consensus is moving more towards e-cigarettes having health benefits by helping people to stop smoking conventional cigarettes, and playing a part in helping to reduce smoking rates.

(b) the manifesto pledges (now part of the Council Plan) for the Adults aspects of his portfolio are progressing as follows:

- Integrate health and social care – the Council is delivering on an integration agenda, with a number of schemes to help the Council work more closely with the health partners. It is a good start, but there is growing evidence that a fully integrated health and social care system is needed. Integration should lead to improved outcomes and services that are more financially sustainable. There are national requirements to produce a Sustainability and Transformation Plan (STP) and the City Council is working with partners on development of a STP for Nottinghamshire minus Bassetlaw. Although it is intended to be a joint plan between health and local authorities, it has a strong health focus and it will be important to ensure that risks relevant to the City Council are addressed.
- Paying the Living Wage across all health contracts – the City Council is committed to paying the Living Wage (as set by the Living Wage Foundation) across all health contracts. It is currently paid on all except care contracts. The aim is to roll it out fully by 2019, but ideally sooner. Money has been found for the first step, which is to meet the National Living Wage as set by government. The next step will be to meet the rate paid by Nottinghamshire County (around £1 per hour more than is currently paid by the City Council), with the final step being to meet the Living Wage. This should help to recruit and retain quality care staff.
- Extend Telecare and Telehealth – Telecare and Telehealth have been a really big success story for Nottingham. The Council has pledged to have 6,000 more people looked after in this way because it increases confidence, independence and wellbeing. There have been 2,000 more new users already in the first year.
- Sign up to the Older Persons Charter - Older persons advocacy groups were listened to in writing the pledges for the manifesto, and the charter is now progressing. Age Friendly Nottingham have also been involved in the planning process for the new Broadmarsh Centre, and the "Take a seat" campaign (where shops make seats available for shoppers to have a rest) has been launched.

(c) the manifesto pledges (now part of the Council Plan) for the Health aspects of his portfolio are progressing as follows:

- Teen pregnancy reduction – the reduction targets are on track to be met, but prevention work needs to continue. New and emerging communities

may have different social norms regarding teenage pregnancy, so they may become a greater focus for work.

- Smoke free events - Splendour and the Nottingham Beach will be smoke free, as will the Winter Wonderland. There has been great success in making the city parks smoke free. If smoking is banned everywhere it will lose hearts and minds, but if limits are placed where citizens want smoking limited, there will be greater success. It is also key to break the link between generations, for example 99% of early starter smokers come from smoking households.
- Promote high quality sex and relationship education (SRE) in schools – whilst the City Council is not performing very well feel on this objective, it is very difficult to do so, as the classes are not compulsory, and there is a wide range of ways to impart this knowledge. An SRE Charter has been developed, which so far 25 schools have signed up to. Though this objective is difficult, it is one that the City Council is committed to.
- Reduce smoking in pregnancy by a third – the rates currently stand at just over 18%, whereas they should be at 17% to be on target. There is an effective system in place: mums-to-be are breath tested at medical appointments, and those who are found to be still smoking are referred to New Leaf on an opt-out basis. However this approach does not appear to always be implemented. It is anticipated that if the policy is applied appropriately and consistently, then this target will likely be met.
- Protect Drug and Alcohol services from cuts – drug and alcohol prevention costs take up a large proportion of the public health budget. However, services have been very successful, with the second best completion rate for treatment programmes of the big cities. The service has recently been recommissioned.

(d) the current priorities for the Adults aspects of his Portfolio are as follows:

- Integrate health and social care – (covered elsewhere).
- Create an internal services / providers market – The care market is a challenging environment and the City Council is often required to work with private sector providers who are failing. Providers for general care needs services are plentiful, due to the potential profit margins, but more expensive care services such as supporting adults with learning difficulties aren't as plentiful, and people sometimes have to be placed outside of Nottingham. Providers also have a problem recruiting and retaining staff for home care, as it involves a lot of travel, can be difficult work, and it is not well paid (the wage is comparable with waiting staff at chain restaurants). This can result in citizens waiting to receive care packages. Key factors affecting recruitment and retention are pay, terms and conditions and training. Internal services across the board are rated as good, and have been made as efficient as possible so that the hourly rate is as competitive as possible with private providers. Internal provision is currently small but important because it encourages higher standards in the market. There is potential for it to be increased, not only to respond to failures of private providers, but also potentially to provide an ongoing City Council home care service.
- Adult Safeguarding Board – there has been a Joint Adults and Children Safeguarding Board for a number of years. However because of the recent and ongoing pressures to focus on children's safeguarding issues it has

been difficult to place sufficient emphasis on issues affecting adults. For children everything is considered to be a risk until it's proven not to be, whereas for adults everything is considered safe until a risk occurs. The adults safeguarding aspects have now been separated out to form a dedicated Adults Safeguarding Board, which will hopefully prove more effective in addressing adult specific issues.

(d) the current priorities for the Health aspects of his portfolio are as follows:

- Health and Wellbeing Strategy - life expectancy continues to increase, but healthy life expectancy hasn't increased as quickly, so people have to live with health challenges for much longer. They value healthy life expectancy just as much as life expectancy, so that will be the overarching theme for the strategy with 4 key focuses: healthy lifestyle, mental wellbeing, healthy culture, and the built environment. The strategy will be signed off by the Health and Wellbeing Board on Wednesday 27 July 2016.
- Substance misuse recommissioning, sexual health recommissioning and healthy lifestyles remodelling – there is scope to save money in the recommissioning of services and this is necessary given pressures on the public health grant. Sexual health and substance misuse services have been recommissioned. Sexual health has been re-geared as there was a need to get those services out of hospitals and into community settings. The new service is still embedding. Healthy lifestyle programmes are being remodelled and this reflects the difficult choices that are having to be made in response to budget pressures.
- Alcohol Declaration – a Tobacco Declaration has been made previously and there is now a desire to pioneer something similar around alcohol in Nottingham. It is anticipated that the declaration will outline which interventions will be used to reduce the harm (both individual and societal) of excessive drinking. It will hopefully be taken to Full Council for consideration in November 2016.

(e) there are some challenges for the Adults aspects of his portfolio:

- Significant budget reductions – adult social work is needs-driven, so it is difficult to reduce costs without leading to deterioration in outcomes whilst people wait longer for the care and support they need. The only sustainable way to tackle financial pressures is to integrate adult social care with health. There are no existing UK models to base this integration work on, so there are risks.
- Homecare market – (covered elsewhere).
- Hospital pressures - traditionally what we would have called the winter crisis is now the new ‘normal’. More patients are presenting at hospital with greater needs and more complex long term conditions. This will continue to be a challenge nationally. There is a temptation to throw more money at the problem, but it will be more sensible to re-gear how that money is spent. Government will need to provide some transformation money so that a double service can be run during transition periods.

(f) there are also some challenges for the Health aspects of his portfolio:

- STP (sustainability and transformation plans) – local authorities are being asked for a radical upgrade in prevention services at the same time as their budgets are being cut dramatically. It is hard to upgrade services if budget

are being reduced. During the integration phase, if the Council invests in things that are proven to work to reduce demand later, it will save money in the long term.

- Health and wellbeing strategy – (covered elsewhere).

The following points were raised in discussion:

(g) the focus is on integration not one organisation taking responsibility for commissioning all health and social care services;

(h) early intervention for health continues to be very important. It is a theme of the integration work and an important part of the health and wellbeing strategy. Learning from projects implemented across the City creates an evidence base of what works and this can be used to inform future commissioning decisions. The Council has inherited responsibility for health visitors, but hasn't made changes to the service, and has no intention of reducing the funding. Increased demand has been factored into the STP, the plan is well supported to understand the scale of the challenge, and all figures are based on reasonable projections of growing need over time;

(i) as an indication that the integrated model is promising, American venture capitalists have been offering transitional money. This is not necessarily a route the Council would wish to pursue for funding, but it is a good sign that external companies think the model could prove profitable in the long run;

(j) without successful interventions and prevention measures, the funding gap in the NHS may never be met. There has been some limited success around tobacco restrictions, but targets are nowhere near being met for reduced alcohol consumption. Minimum unit pricing would have helped massively;

(k) meetings have taken place with the Community Partnership Forum to discuss culturally specific emerging health issues and health interventions. In home care and residential care patients want to maintain their independence, identity, and dignity. When services are commissioned, these cultural needs are identified through consultation;

(l) the media tends to cover hospital pressures as "bed blocking", which may imply fault and intent on the part of the patient. Patients are often kept in hospital longer than necessary because the care services to support them when they leave can't be arranged in time. A proper care package needs to be in place within the home before patients can be released. There is a risk that interim solutions can be put in place that patients will become dependent on, and then not be able to go back to independent living;

(m) in terms of drugs, alcohol and tobacco prevention, schools are critical partners. There is more work to be done with schools on SRE, which calls into question how effective the entire PSHE (physical and sexual health education) programme is in general. There is often more emphasis on targets than on creating well rounded individuals, so often PSHE suffers at the cost of getting better exam results. The Council needs to champion for young people and their parents in this respect;

(n) progress reports on these targets can be shared;

(o) the budget savings are unlikely to hit individual health sites at the moment and there is an opportunity with Nottingham University Hospitals Trust merging with Sherwood Forest Hospitals Trust that they could rationalise so that the same services are still being provided, but more efficiently and effectively. At some point some budgetary choices may have to be made that will be unpopular in the short term, but will ultimately benefit the system as a whole.

RESOLVED to note the information provided and thank Councillor Norris for attending the meeting.

12 HEALTHWATCH ANNUAL REPORT 2015/16

Martin Gawith, Chair of Healthwatch Nottingham, and Pete McGavin, Chief Executive of Healthwatch Nottingham, presented the annual report to the Committee, highlighting the following points:

(a) this report is the third Healthwatch Nottingham Annual Report, with a summary of some of the activities on page 6 of the report. Over the last year over 1,600 people's views have been collected, 43% of which came from vulnerable or seldom-heard groups, which was one of Healthwatch's key aims. A number of volunteers donated over 500 hours of their time;

(b) page 10 of the report contains a summary of the service user experiences Healthwatch has gathered. 55% of experiences are communicated directly face to face, but the technology is in place to enable reviews to be made either directly to Healthwatch, or to other websites such as Patient Opinion, where Healthwatch can then obtain the data regarding Nottingham services. Healthwatch also runs "talk to us" events, which are face to face stalls held in supermarkets, or as part of other group events, at locations throughout the city;

(c) some work has also been done to engage with older people, with Healthwatch being an active participant in the Age Friendly Nottingham steering group. Some work has been carried out regarding people receiving a diagnosis of dementia, to find out what kind of experience people have with that diagnosis, including how sensitively it is handled and what support the patient is offered. A report will be produced soon, which has raised some concerns around people's experiences of their dementia diagnosis;

(d) Healthwatch has also worked closely with the Refugee Forum, which is quite active in Nottingham. Particular issues raised include their access to GP services, and the availability of interpreters for GP, dental and optician appointments. There is a challenge in ensuring that all staff members involved in these appointments know that translation services are available if required;

(e) for those seeking advice/ information from Healthwatch, 85% want to know about dental services, which reveals a potentially significant issue with NHS dentistry in the city. People think they are registered with a dentist, and do not

realise they are not necessarily registered as a patient unless receiving on-going treatment. There may then be an issue if, when they next seek treatment, the dentist isn't taking any new NHS patients at that time. It is a growing problem that needs to be addressed;

(f) a mystery shopping exercise took place with agreement from the CCG, to call and visit every doctor in the city, regarding the availability of GP appointments, especially at weekends and in the evening. There were mixed findings, with some very good practice and some poor practice. This exercise helped to inform the CCGs decision making around commissioning of services from GPs. GP services are going to be one of Healthwatch's priorities for next year;

(g) some work has also taken place this year on residential care facilities. The Care Quality Commission and Nottingham City Council are trying to intervene with care homes that are in trouble as early as possible, to avoid provider failure and the need to move all the residents with very short notice if a home has to close;

(h) it is anticipated that Healthwatch will contribute to the chapter on long term neurological conditions for the Joint Strategic Needs Assessment later this year, so some research has been conducted in this area;

(i) Healthwatch sits on the board which oversees the work on the Sustainability and Transformation Plan (STP). Healthwatch will make sure that patient voices are heard, and that any issues are communicated to patients;

(j) there are currently 33 volunteers involved with Healthwatch. It is hoped that this volunteer base can be expanded in the future.

The following points were raised in discussion:

(k) although not all GP surgeries provide Saturday appointments, they should be able to direct patients to alternative surgeries that do offer them. Surgeries are being commissioned to promote this service, yet it was found during the mystery shopping exercise that a lot of surgery receptions did not know about it and patients were being incorrectly advised. Making sure all GP reception staff are aware of the correct information is important, and the service should be promoted properly;

(l) Healthwatch meets up regularly with various complaints forums and patient and service user groups. It is difficult to engage with all such groups with such a small staff, but better analysis is being developed;

(m) it is difficult to attract newly qualified GPs to city surgeries, as city surgeries are often less profitable than suburban ones. Factors influencing this include translation costs coming out of a GPs budget, and also because screening services and regular health checks (which GPs earn additional money for) are more likely to be taken up by suburban populations;

RESOLVED to note the information provided and thank Martin Gawith and Pete McGavin for the update.

13 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, updated the Committee on the Work Programme:

(a) the report on adult social care and safeguarding, and the report on seasonal flu vaccination uptake have been moved to the September meeting;

(b) the report on tackling health inequalities and the report on antenatal care have both been moved back.

Councillor Anne Peach then updated the Committee on a recent regional Health Scrutiny meeting, to which the East Midlands Ambulance Service (EMAS) and Hardwick CCG (lead commissioners) were invited to discuss the response to the recent Care Quality Commission inspection which found EMAS to be 'Requires Improvement':

(c) staffing issues, including numbers of staff, skill mix and frontline leadership underpin many of the aspects raised by the CQC under the 'safe' domain. Therefore staffing is a key focus for action;

(d) EMAS is investing in its fleet - one third of EMAS vehicles have recently been replaced;

(e) there has been an increase in the number of Red Calls which puts pressure on the service. However recent analysis found that 50% of the 'red' referrals from NHS 111 don't actually result in conveyance and this needs addressing.

(f) delays in handover at Emergency Departments continue to cause problems and not only affects the quality of care for the patient waiting to be admitted but also impacts on EMAS' ability to respond to other calls in the community. Currently the biggest issues in Emergency Department handover are in Lincolnshire.

(g) the 2016/17 contract is not based on meeting national response targets and national response targets will not be met this year. Instead minimum contract standards have been set locally and commissioners expect to see continual month on month improvement in performance. So far Red 1 performance is meeting local targets but Red 2 performance is below the minimum performance trajectory. The 2016/17 contract includes reinvestment of financial penalties and is intended to provide a year of financial stability. Hardwick CCG is disappointed that the contract won't deliver national response targets.

(h) the EMAS Board had been concerned about a lack of consistency in Executive leadership in recent years. There is now a new Acting Chief Executive (Richard Henderson) who has worked for the organisation for a number of years and a new Director of Operations at EMAS. Hardwick CCG supports the current leadership arrangements;

(i) A Strategic Demand, Capacity and Price Review is being carried out, looking at EMAS in the context of the whole emergency and urgent care system. It is aiming to look at what it would cost to deliver national targets at a regional (East Midlands) level, and to understand what this means at a County level. There is no blank cheque for implementation of the Review but there is scope for investment/ reinvestment over the 2-3 year period. The findings of the Review should be known by October 2016 and another regional health scrutiny meeting is being scheduled to look at these findings and action being taken to implement improvement actions.

Jane Garrard then updated the Committee on current issues that may form part of health scrutiny work programmes in the future:

(j) local concern had been raised with some councillors about changes to nursing services at Oakfield School, and other Special Schools. Further information on the decision is being sought. The changes affect children at both City and County Schools and therefore it is within the remit of the Joint Health Scrutiny Committee;

(k) NHS England has recently announced proposed changes to the provision of children's heart surgery, including proposed cessation of children's heart surgery at Glenfield Hospital, Leicester and cessation of 'occasional and isolated specialist medical practices' at Nottingham University Hospitals. The major changes at Glenfield will affect Nottingham residents as it is the nearest site for children's heart surgery. Leicester City Council and Leicestershire County Council have already voiced their concern about the proposals and it is understood that their Health Scrutiny Committees will be considering referring the decision to the Secretary of State for Health for a number of reasons including a lack of public consultation. The Leicester Deputy Mayor has written to Nottingham City Council asking for its Health Scrutiny Committee to support this course of action. Councillors raised concern about the lack of specific consultation on the change and also the future of ECMO if surgery ceases. Further information on the proposal including clarification on plans for consultation is being sought. As the changes affect children from both the City and County it is within the remit of the Joint Health Scrutiny Committee.

RESOLVED to note the changes to the work programme and the work taking place in relation to scrutiny of EMAS.

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HEALTH SCRUTINY COMMITTEE
22 SEPTEMBER 2016
ADULT INTEGRATED CARE PROGRAMME
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE

1 Purpose

1.1 To receive information about the Integrated Care Programme.

2 Action required

2.1 The Committee is asked to review the implementation and outcomes of the Adult Integrated Care Programme.

3 Background information

3.1 The Adult Integrated Care Programme aimed to:

a) empower people with long term conditions, including the frail elderly, to feel supported to manage their own health and care needs and live independently in their own homes, for longer, with less reliance on intensive care packages;
b) engage and enable primary care clinicians, health and social care professionals to deliver the right care at the right time in a joined up approach, improving the citizen experience of health and social care; and
c) develop integrated and sustainable health and social care services.

3.2 It has formed a priority theme of the Joint Health and Wellbeing Strategy 2013-2016 and performance over the course of the Strategy was reported to the Health and Wellbeing Board on 27 July. It was highlighted that:

- ambitions to deliver more proactive care are starting to be realised through multi-disciplinary teams in Care Delivery Groups
- new roles have been established to support the integrated care model e.g. care co-ordinators and housing health co-ordinators
- Assistive Technology has been expanded to support early intervention and more robust case management
- the integration of health and social care reablement and urgent care services should reduce duplication and ensure a period of rehabilitation to meet individual needs
- a self care pilot, including social prescribing, community navigators and self care hubs is being rolled out across the City to support the shift to prevention and early intervention.

It also noted that the Access and Navigation theme within the Adult Integrated Care Programme has not yet been fully developed.

3.3 An update on the Adult Integrated Care Programme is attached to this report and the Adult Integrated Care Assistive Technology Specialist will be attending the meeting to discuss this with the Committee.

4 List of attached information

4.1 'Update on Adult Integrated Care 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 Report and minutes of the meeting of the Health Scrutiny Committee on 22 October 2015

7 Wards affected

7.1 All

8 Contact information

8.1 Jane Garrard, Senior Governance Officer
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Report to Health Scrutiny Committee

Update on Adult Integrated Care Programme

1. Summary

This report provides the Health Scrutiny Committee a further update on progress with the adult integrated care programme and an impact assessment of assistive technology.

2. Recommendation

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

3. Background

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

- ➔ January 2015 – an overview of the programme evaluation;
- ➔ June 2015 – presentation of 2 Ada videos and programme progress;
- ➔ October 2015 - focussing on the Assistive Technology workstream, programme timescales and programme evaluation, also provides an update on the Better Care Fund.

Health Scrutiny Committee has asked for a further update on the adult integrated care programme as well as an equality impact assessment of Assistive Technology.

4. Adult Integrated Care update

The Adult Integrated Care programme was initiated in 2012 as an ambitious programme of work to develop and secure integration of social care and health services for the benefit of citizens in Nottingham. The programme formally came to an end on 31/3/16 having delivered on a range of improvements in the social care and health system.

4.1 Highlights of the programme

The following are main deliverables through the programme:-

- ✓ The formation of eight Care Delivery Groups set up across the city that have brought together groups of GP practices, multi-disciplinary teams and social care link workers.
- ✓ New Care Co-ordinator roles supporting the Care Delivery Groups. These non-clinical roles have helped staff navigate health and social care community services, co-ordinating appropriate support for patients and reducing the administrative burden for clinicians.
- ✓ Multi-disciplinary meetings that are now taking place in GP practices, ensuring the appropriate level of intervention to support management in the community.

- ✓ Information sharing agreements that have been put in place to support joined-up working across health and social care.

- ✓ Plans that are in place to integrate the reablement and urgent care teams across health and social care, helping more people retain their independence at home.

- ✓ The continued expansion of the telecare and telehealth systems – with plans to introduce them further into care homes.

- ✓ The launch of a range of self-care initiatives in Bulwell including a web-based directory of services and 'social prescribing' with plans to roll out the work across the city.

- ✓ Progress towards simpler access and navigation through services via integration of the Nottingham Health and Care Point.

- ✓ The integration of former specialist services, such as falls and bone health, into neighbourhood teams.

- ✓ Improvements in the patient / citizen experience – as measured by the independent evaluation.

- ✓ A Joint Executive Group, with senior level representation from the CCG, City Council and CityCare, has been established to oversee new ways of delivering services.

4.2 Case study of success

The following case illustrates integrated care in action:-

> In 2014, Nottingham City Council's social care reablement service developed a successful 'transfer to assess' model in collaboration with the hospital discharge team and Nottingham University Hospital's care co-ordination team. Colleagues from social care reablement screened appropriate citizens enabling discharge home within 24 hours of being medically stable to transfer, which is often before their predicted date of discharge. The pilot was so successful that the model became business as usual after several months and has enabled the safe discharge of approximately 30 per cent of citizens referred to the hospital discharge team without the need for a social care assessment first. Approximately half of all citizens accessing social care reablement are discharged after their service without long-term needs for social care services. The remaining citizens have an assessment of their long-term needs at the right time in their recovery and rehabilitation.

4.3 Integrated care evaluation

An external evaluation of the Adult Integrated Care programme was commissioned from an organisation called OPM for the period September 2013 until March 2016. The evaluation was to explore the following areas:-

- ➔ Cultural change and workforce development
- ➔ Citizen experience
- ➔ Health and social care outcomes
- ➔ Formative learning regarding what works
- ➔ Economic assessment

Overall the evaluation noted the pace of change within Nottingham City; structural, process and organisational changes have been implemented swiftly following appropriate consideration and planning, and there is evidence of strong forward planning taking place, coupled with an appetite to learn from others and share good practice. The ambition and progress made is reflected in the city's selection as a Pioneer site, and more recently as a Vanguard site.

It is also important to note the achievement of objectives and delivery milestones, with all but one of the objectives identified for year one of the programme being achieved, and progress being sustained since then. In addition, it is vital to reflect on the scale of the programme; the Integrated Care Programme in Nottingham City is hugely ambitious in scale and scope; inevitably, implementation is being undertaken in a staged approach.

In terms of the key areas the main conclusions and reflections are as follows:-

4.3.1 Workforce development and cultural change

- Extensive workforce development has taken place through the programme.
- New roles have been developed (to great acclaim generally), others have been revised or re-focused to take a more holistic perspective or to work more closely alongside others from different teams and service areas.
- The workforce has been re-configured to operate on a CDG basis, providing a localised focus to information sharing, networking and performance management, and information sharing systems have been put in place to facilitate this.
- Staff have received training in order to better enable them to work in an integrated way; indeed, survey findings indicate that the training has proved highly effective in raising awareness around information sharing and the vision for the programme overall, as well as people's own roles within it.

As evidence from the wider work around integrated care from across England indicates, the more complex and large-scale the ambition, scale and scope of the integration, the more challenging it will be to effectively communicate messages across the workforce, mirroring the experience in Nottingham City.

4.3.2 Citizen experience

- Overall, the majority of respondents receiving services from CityCare and NCC remain satisfied with the care they have received from the baseline survey to 2016. Some service specific examples of excellent care and positive experiences were identified, and the majority of citizens would recommend the service to others.
- The BCF metric has shown variable performance with regards to citizen experience; this is indicative of the high baseline performance, with significant improvements against this indicator being unlikely against such a high starting position.
- Citizen experience continues to be influenced by individual practitioner's approaches to engaging with those they are caring for.

4.3.3 New care pathways and health and social care outcomes

- It is a source of frustration for some partners that the integration of specialist services stalled; in order to deliver a truly integrated service, it seems logical that specialist services must form part of the overall vision and plan, even if specific elements of service resourcing and delivery cannot be fully integrated or re-scoped. Despite this barrier, there are examples of new care pathways being put into place, with promising expectations for the future.
- It remains difficult to identify discernible, system-wide improvements in health and social care outcomes. However, that is not to say that improvements are not occurring; the time-lag in generating performance data nationally, and delays in realising impacts as a result of process changes is a recognised challenge nationally regarding integrated care.

4.3.4 Formative learning

- The partners involved in the programme have been keen to learn from new approaches, with the piloting of new posts and ways of working, before rolling out on a wider scale. This is to be praised; significant formative learning has been generated as a result, with the governance arrangements for the programme ensuring lessons are explored and acted on at Board level.
- Many of the barriers and challenges to the Integrated Care Programme in Nottingham City are as you would expect from any major change and transformation programme. However, the partnership nature of the endeavour has compounded this, making it even more important that this process of reflective learning was in place.

4.3.5 Economic assessment

The results of the economic assessment have yet to be validated and signed off by the BCF Integrated Care Board.

4.4 Integrated care next steps

As stated above the Adult Integrated Care programme has now concluded but that doesn't mean work to improve social care and health working for the benefit of citizens ceases.

Nottingham City is seen as a pioneer in its plans to integrate services which has been officially recognised by NHS England to include Nottingham in its Integrated Pioneer Programme. Information on the Integrated Pioneers can be found on the NHS England website - https://www.england.nhs.uk/pioneers/ and in the Pioneer 2nd Annual Report there are case examples from various areas including Nottingham - http://bit.ly/1UPnaH3

Attention is now turning to the next steps and looking at the learning that can be gained from the NHS England Five Year Forward View and how other health and social care communities have taken forward their integrated care work. There are various new care models which could be adopted for example a Multi-specialty Community Provider (MCP) model which permits groups of GP's to combine with nurses and other community health services, hospital specialists, mental health services and social care to create integrated out-of-hospital care. A Nottingham City – Integrated Care Plan 2016 – 2020 is being developed which will shape the way integrated care in Nottingham progresses.

5 Assistive Technology equipment impact assessment

As part of any new service development impact assessments are completed to consider how the new service will impact on its users. When the CCG established a new Telehealth Service in May 2014 an impact assessment was completed. The NCC Telecare Service will have completed impact assessments previously following the service being set up in 2007.

Proposals have been developed to integrate the NCC Telecare Service with the CCG Telehealth Service into a single Assistive Technology Service. This is being put before the Health and Wellbeing Board Commissioning Sub-Committee in May 2016 for approval. Included with the Health and Wellbeing Board Report was a copy of a completed impact assessment. A copy of that impact assessment is attached to this report – **Appendix 1.**

This impact assessment was completed using an integrated impact assessment tool developed by the CCG which considers equality impact as well as privacy and quality. The equality impact assessment of the proposed integrated Service highlighted that there were few identified areas where there would potentially not be equal access to the service. The exceptions being those who were at an economic disadvantage or long term unemployed because of the weekly service fee levied by the monitoring centre and those without a fixed home because the equipment is largely home based. Following Health and Wellbeing Board approval for the integrated Service to be established a fuller equality impact assessment will be completed. This will in more detail and for example consider how people with communication issues can be supported by the service i.e. deaf users or those with English not as a first language.

Dave Miles
Assistive Technology Specialist
Nottingham City Council / NHS Nottingham City CCG
1/9/16

Service Impact Assessment Screening Tool

1. Title and description of activity
Integrated Assistive Technology Service Provision of a range of equipment and service to promote health, independence and safety for social care citizens and health patients. This integrates services previously provided by the Telecare Service (NCC) and the Telehealth Service (CCG).
2. Assessment Lead
Dave Miles, Assistive Technology Project Manager, NHS Nottingham City CCG
3. Start Date
November 2015

4. Use of research and other evidence screening questions	y, n or n/a	Comments, including details of any positive impacts identified
Has a review of the latest evidence been undertaken including research, evaluation and clinical audit evidence? How has this informed the development of the new or changed activity?	**Y**	The latest NHS England AT plans are for the creation of Technology Enabled Care Services http://bit.ly/tecs-strategy. The integrated AT Service would be the Nottingham version of a Technology Enabled Care Service.

5. Details of supporting evidence
The creation of an integrated Assistive Technology (AT) service is a long standing aim of the AT workstream. There is an on-going evaluation of the Assistive Technology workstream. 55% of staff responding to a 2015 survey were aware of the plans to create an integrated service. An increasing number of staff (compared to a 2014 survey) felt AT to "fit in with wider strategic priorities", was "value for money", was a "quality" service with "appropriateness of interventions". There are few, if any, integrated AT Services in the country and there has been no evidence presented about how such a service should operate.    Integrated Assistive Technology Service -

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
6.1 Discrimination, harassment and victimisation Could the stated aims of the activity discriminate against people who share one or more of the following protected characteristics as defined in the Equality Act 2010:		
• Age	N	Although predominantly an older person service age is not a barrier and the service also aims to support specific cohorts including disabled young people.
• Disability	N	The Service is aimed as supporting people with a disability/long-term condition to help keep them safe and keep or increase independence.
• Gender reassignment	N	No evidence identified of any negative impact.

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
• Marriage and civil partnership	N	There is no negative impact and the service would positively benefit people living alone or not in a relationship.
• Pregnancy and maternity	N	No evidence identified of any negative impact.
• Race	N	No evidence identified of any negative impact. Not having English as a first or spoken language should not restrict use of the service because of the use of translations and / or services where appropriate.
• Religion or belief	N	No evidence identified of any negative impact.
• Sex	N	No evidence identified of any negative impact.
• Sexual orientation	N	No evidence identified of any negative impact.

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
Could the activity discriminate against other groups of people who may, as a result of such factors as resident status, socio-economic and other issues, experience disadvantage and barriers when trying to access or work in NHS services? The Inclusion Health and other disadvantaged groups include:		
• Carers	N	The Service can have a positive impact on carers. In the AT evaluation – 75% of carers responding to a survey report that they now feel a bit less or much less stressed than before.
• People experiencing economic and social deprivation	Y	There is a small charge with some equipment being linked to a 24/7 monitoring service. However, for many users this is a free service. This is through funding provided to the Service to enable the service charge to be waived to the user – this is a means tested process.
• Vulnerable migrants	N	No evidence identified of any negative impact. (Potentially some people in this category maybe in temporary accommodation so below could apply).

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
• Homeless people	Y	Most of the equipment is aimed at supporting the user in their own home, so homeless people with no fixed address would be disadvantaged / excluded from accessing the service. However, some of the equipment / service is not home related. For example the SMS medication / appointment reminder element.
• People who misuse drugs and alcohol	N	The service has been working with Last Orders to consider how use of the SMS messaging service could support people manage their alcohol consumption, maintain drinks diaries, motivate to stick to agreed dry days.
• People who are long-term unemployed	Y	There is a small charge with some equipment being linked to a 24/7 monitoring service. However, for many users this is a free service. This is through funding provided to the Service to enable the service charge to be waived to the user – this is a means tested process.
• Sex workers	N	No evidence identified of any negative impact.

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
• Gypsies and travellers	Y	Most of the equipment is aimed at supporting the user in their own home, so people with no fixed address would be disadvantaged / excluded from accessing the service. However, some of the equipment / service is not home related. For example the SMS medication / appointment reminder element.
• People who have limited family or social networks	N	The monitoring centre operates a response service aimed at supporting people who have no or little family responders.
• People who are geographically isolated	N	The service can have a positive impact as it is delivered in people's own homes.
Could the activity have any other adverse impact on the needs, experiences or attitudes of individuals in any one or more of the above groups?	**N**	
Could the activity impact adversely on the CCG's duty to:		
• eliminate discrimination	N	
• eliminate harassment	N	
• eliminate victimisation?	N	

6. Equality impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
6.2 Equality of opportunity Could the activity impact adversely on the CCG's duty to advance equality of opportunity between people who share a *relevant** protected characteristic and those who don't? **Marriage & civil partnership is not a relevant characteristic*	N	
Could any aspects of the activity, including how it is delivered or accessed, have an adverse impact on reducing health inequalities?	N	The Service will have a positive impact on activity to reduce health inequalities by supporting patients with long term conditions to manage their condition and reduce hospital admissions, etc.
6.3 Fostering good relations Could the activity impact adversely on the CCG's duty to foster good relations between people who share a *relevant** protected characteristic and those who don't? **Marriage & civil partnership is not a relevant characteristic*	N	
6.4 Human rights Could the activity impact adversely on the CCG's duty under the Human Rights Act 1998 to put into practice the human rights principles of fairness, respect, equality, dignity and autonomy?	N	

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
7.1 Duty to improve quality Could the activity impact adversely on any of the following:		
• delivering the rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, as identified in the NHS Constitution	N	There is no considered adverse impact.

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
• strategic partnerships	N	The integrated AT Service has come through the Adult Integrated Care programme which is a strategic partnership between NCC, CCG and NCCP.
• safeguarding children or adults	N	There is no considered adverse impact.
• clinical leadership and engagement?	N	The aim is to increase clinical engagement in order to further develop the Service. Previous clinical engagement was carried out in order to establish the current Telehealth Service.
7.2 Patient experience Could the activity impact adversely on any of the following:		
• patients' satisfaction with services	N	In the AT evaluation citizens gave the following responses:- "96% of users strongly agree or agree that they feel safer at home with the equipment"; and "94% of users strongly agree or agree that they feel more independent because of the equipment".

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
• patient choice	N	The Service will provide a range of equipment so patients have a choice of which best suits them. Patients also have the option not to use the equipment.
• access	N	There is no considered adverse impact.
• personalised and compassionate care?	N	There is no considered adverse impact.
Has patient engagement taken place?	Y	Presentations have been made to the NCCP Patient Engagement Group previously. Although focussed on the new Telehealth Service the aim to create an integrated Service was mentioned.
7.3 Patient safety Could the activity impact adversely on systems in place for treating and caring for people in a safe environment and protecting them from avoidable harm – e.g. infection prevention and control, falls, pressure ulcers?	N	The AT Service will follow strict infection control policies for the management and recycling of equipment. Patients using Telehealth are issues with a leaflet advising how the equipment should be cleaned. Some of the equipment can prevent falls, or alert to when a fall has happened.
7.4 Clinical outcomes/effectiveness Could the activity impact adversely on:		

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
• providing the best possible clinical and cost-effective care for patients	N	The use of Telehealth can maintain the clinical support for patients in a cost effective manner. For example cutting down on nurse visits for the collection of vital signs information, and avoiding hospital admissions or reducing length of stay by picking up on exacerbations early.
• evidence-based practice (eg NICE),	N/A	
• ensuring compliance with quality standards?	N	The use of AT does not reduce the quality of social care or health provision for citizens / patients. Clear quality standards have been established for the equipment management and alert monitoring service elements.
Are clinical outcomes measures clearly identified?	Y	Clinicians using the Service should set out clear outcomes with the management of the patient care. The Service is carrying out an evaluation to evidence whether use of Telehealth has reduced hospital admissions for patients.

7. Quality impact screening questions	y, n, n/a	Comments, including details of any positive impacts identified
Are KPIs focused on outcomes rather than processes?	Y	The service specification sets out that evaluation should be carried out to evidence that referral outcomes have been achieved as well as reducing the cost of health and social care provision.
7.5 Prevention Could the activity impact adversely on:		
• the promotion of self-care	N	The use of equipment will enable many citizens to self-care and self-manage their condition.
• reducing health inequalities?	N	The Service can help reduce health inequalities.
7.6 Integration and improvements Could the activity impact adversely on existing pathways that have led to improvements in care integration and/or resource efficiencies?	N	This is care integration and should help to bring some efficiencies to the delivery of AT.

8. Privacy impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
8.1 Identity Does the project involve the collection, recording, storing or transferring of personal confidential data?	Y	When a referral to the AT Service is made it is done through a secure on-line referral system. With Telehealth there is the transfer of a patients vital signs and other condition relevant information from the home device onto the secure cloud base server.
Will the project involve the collection of new information about individuals?	N	Patients will be providing vital signs and condition specific information as they should already be doing for their clinician.
Will the project compel individuals to provide information about themselves?	N	Upon sign up for the Service citizens / patients will be asked to consent to provide information and for that information to be viewed by professionals involved in their management.
8.2 Multiple organisations Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information?	N	Nottingham City Homes will provide the alert monitoring service for citizens / patients which has been the case for the past 18 months.
8.3 Data handling Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	N	All information is used for its current and stated purpose.

8. Privacy impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
Does the project involve using new technology which might be perceived as being privacy intruding for example biometrics or facial recognition?	Y	The elements of the Service which could be construed as privacy intruding are:- ➔ use of locating devices; ➔ use of activity monitoring; ➔ use of video consultations. Citizens / patients being considered for these service elements are asked to sign a separate consent form.
Will the project result in you making decisions or taking action against individuals in ways which could have a significant impact on them?	N	All decisions taken by the service should be supportive to the Citizen / patient.
Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	N	The potential to views health or social care records for evaluation purposes would be covered through separate consent arrangements which would clearly set out what information was being viewed and why.

8. Privacy impact screening questions	y, n or n/a	Comments, including details of any positive impacts identified
Will the project require you to contact individuals in ways which they may find intrusive?	N	There will be no cold calling of citizens / patients. Health or social care professionals should discuss with the person about the Service and how it will help them. Once a referral is received from that professional Nottingham City Homes will then contact that person to arrangement equipment installation / delivery.

9. Any further comments, including risks that may need to be addressed immediately
None

Please forward the completed Screening Tool and supporting information to the Assessment Reviewers: paul.gardner@nottinghamcity.nhs.uk, linda.shipman@nottinghamcity.nhs.uk **and** trish.gamble@nottinghamcity.nhs.uk for review.

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HEALTH SCRUTINY COMMITTEE
22 SEPTEMBER 2016
WORK PROGRAMME 2016/17
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE

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
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

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) • **Work Programme 2016/17**
22 September 2016	• **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) • **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	• **Seasonal flu vaccination programme** To review the uptake of the seasonal flu vaccination programme during 2015/16; and how effective action to improve uptake has been (NHS England, NCC Public Health) • **Access to services for people with ME (myalgic encephalopathy/ encephalomyelitis) – follow up (tbc)** To review progress in improving the access to services for people with ME since the Committee considered this issue in March 2015

Date	Items
	• **Homecare Quality – Adult social care and safeguarding perspective** To review the role of adult social care and safeguarding teams in ensuring the quality of homecare services meets the needs of service users (Nottingham City Council) • **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 • **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) • **Work Programme 2016/17**
22 December 2016	• **Joint Health and Wellbeing Strategy Actions Plans (or briefing paper?)** For information • **Work Programme 2016/17**
19 January 2017	• **Work Programme 2016/17**

Date	Items
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**
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**

Visits

- Urgent Care Centre – prior to Urgent Care Centre item at June Committee meeting. 15 June 10am
- 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

- **Urgent Care Centre**
  To review performance of the Urgent Care Centre against expected outcomes
- **Integrated Urgent Care Pathway**

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