



NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 20 October 2016

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

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham,
NG2 3NG

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

Corporate Director for Resilience

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

- | | | |
|----------|---|----------------|
| 1 | APOLOGIES FOR ABSENCE | |
| 2 | DECLARATIONS OF INTEREST | |
| 3 | MINUTES | 3 - 6 |
| | To confirm the minutes of the meeting held on 22 September 2016 | |
| 4 | SEASONAL FLU IMMUNISATION PROGRAMME 2015/16 | 7 - 22 |
| 5 | HOMECARE, SAFEGUARDING AND QUALITY ASSURANCE | 23 - 30 |
| 6 | HEALTH SCRUTINY COMMITTEE WORK PROGRAMME | 31 - 38 |

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 LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG on 22 September 2016 from 13.32 - 14.37

Membership

Present

Councillor Anne Peach (Chair)
Councillor Jim Armstrong
Councillor Patience Uloma Ifediora
Councillor Carole-Ann Jones
Councillor Ginny Klein
Councillor Dave Liversidge
Councillor Chris Tansley

Absent

Councillor Merlita Bryan (Vice Chair)
Councillor Ilyas Aziz
Councillor Corall Jenkins

Colleagues, partners and others in attendance:

Jane Garrard - Senior Governance Officer
Martin Gawith - Chair, Healthwatch Nottingham
Dave Miles - Assistive Technology Project Manager, Integrated Care Team
Zena West - Governance Officer

14 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan - personal
Councillor Corall Jenkins - personal

15 DECLARATIONS OF INTEREST

None.

16 MINUTES

Subject to editing the attendance to show Councillor Anne Peach as the Chair and Councillor Merlita Bryan as the Vice Chair, the minutes from the meeting held on 21 July 2016 were agreed and signed by the Chair.

17 ADULT INTEGRATED CARE PROGRAMME

Dave Miles, Assistive Technology Specialist from the Integrated Care Team, presented an update on the Adult Integrated Care Programme to the Committee, covering information contained within his report and presentation, as well as highlighting the following points;

- (a) the Adult Integrated Care Programme ran from 2012 to 2016;
- (b) the pace of change for the programme was quite ambitious. In some areas of the country, social care and health aren't yet talking about how to work together, let alone on the path towards integration. Many of the original

milestones have been met, however given the ambition of the programme and the need to make revisions during the lifetime of the programme not all of the initial objectives have been fully achieved. However, although the programme has officially ended, work to integrate health and social care will continue. NHS England has included Nottingham in its Integrated Pioneer Programme and an Integrated Care Plan 2016-2020 is being developed which will set out the way that integrated care progresses in the future.

- (c) the economic assessment is not yet available, as the final report is being presented on 23 September. It is likely that the costs of service delivery will have increased due to investment in services e.g. recruitment to new posts and the impact on service efficiency and patient outcomes won't have been realised yet. The programme has met 4 targets (citizens still at home 91 days after being discharged; emergency admissions to hospital; citizens supported by assistive technology; and citizens reporting an improved experience in health and social care). However some targets haven't been met yet, such as the number of people admitted into residential care (with a review being conducted as to the reasons why) and delayed transfer of care (which is a nationwide problem). Leicestershire are doing well in reducing delayed transfers of care and lessons are being learnt from their experience;
- (d) in terms of equality issues relating to assistive technology, there is no evidence of discrimination or exclusion from assistive technology services but there are some areas where potential for improvement has been identified, for example individuals experiencing economic deprivation and long term unemployment are less likely to access the services, possibly because there is a (small) weekly charge for a telecare package. Another demographic group who are currently less likely to access the service are those without permanent homes such as the homeless or those from gypsy or traveller communities, as the service is primarily home based. There have also been some concerns raised by deaf users, as contact during emergencies at the moment is verbal. 25% of those accessing services are non-white British but demographic data suggests that this should be higher so there is needs to be an exploration of the reasons for this and how they can be overcome.

There were a number of questions and comments from the Committee, and further information provided by Dave Mills:

- (e) the Better Care Fund pools funding in order to try and address issues around sharing investment, savings and risk but there are challenges in reconciling the financial considerations of different organisations. The Integrated Care Programme wasn't established with an objective to save money but to improve service delivery and service user outcomes. Going forward the Sustainability and Transformation Plan will shape the future of integrated care;
- (f) 160 assistive technology service users were reviewed. It was found that on average there is a £3.51 return on investment for every £1 spent. The majority of these savings are within health services e.g. reduced Emergency Department attendance, while the telecare service (which most assistive technology users access) is provided by the City Council. There are plans to bring telecare and telehealth services together in the future;

- (g) it is thought that the cost of having assistive technology can put some people off from having it in their homes. There is support available for some groups of people to assist with the cost, for example the Dispersed Alarms provision pays costs to Nottingham City Homes of up to 2,700 people in any accommodation type, aged over 60 and in receipt of housing benefit. The Sheltered Alarm provision funds the alarm element of the rent for those living in independent living schemes. It was suggested that a review take place to assess whether cost is an issue affecting take up and if so, options for addressing it;
- (h) one option proposed for the future provision of integrated care is having Multispecialty Community Providers (MCP). This model is currently being developed but it is likely that it would follow a more holistic approach to care with staff understanding the roles of their colleagues while retaining necessary specialisms. An MCP combines the delivery of primary care and community based health and care services. It incorporates a much wider range of services and specialists wherever that it the best thing to do. This will include mental as well as physical health services and social care provision together with NHS provision. It is envisaged that linked social workers and other professionals would also engage with it to provide a comprehensive service for individuals in that area. Firmer proposals will be included within the Integrated Care Plan 2016-2020.
- (i) the Adult Integrated Care Programme has not achieved everything that it set out to do when it was established in 2012. It was a challenging programme, including bringing two different organisations with different cultures and ways of working together. This was always going to be difficult. Many of the programme objectives have been delivered and outstanding issues will continue to be worked on. Not achieving all of the initial objectives is not seen as a failure, more that the programme has reacted practically to the challenges faced and changed accordingly. The end date of the Programme could have been extended to allow time to meet all of the targets but it was felt that would be artificial.

RESOLVED to:

- 1) thank Dave Miles for his presentation and the updated information;**
- 2) request that the following issues be scheduled for future consideration by the Committee:**
 - i. the Integrated Care Plan 2016-2020, including how the implications of the economic assessment of the Adult Integrated Care Programme have been incorporated; and**
 - ii. review of access to assistive technology with a particular focus on equality groups and how access can be improved for groups that are currently under-represented amongst service users.**

This item was withdrawn.

19 WORK PROGRAMME

Jane Garrard, Senior Governance Officer, updated the Committee on the proposed work programme:

- (a) the items for the October meeting will be:
 - improving uptake of flu vaccination programme;
 - access to services for people with ME (tbc);
 - homecare quality from a safeguarding perspective; and
 - possibly the NHS Nottingham City Clinical Commissioning Group Commissioning Strategy item deferred from the September meeting;

- (b) the items for the November meeting are scheduled to be:
 - availability of GP services;
 - review of implementation of recommendations arising from the End of Life Review;
 - implementation of the Wellness in Mind mental health strategy;
 - work to tackling health inequalities, preconception and antenatal care;The Committee discussed whether this was manageable or whether some issues should be rescheduled.

- (c) the following possible future scrutiny issues were suggested: provision of interpreter services by GPs, tackling obesity and promoting smoking cessation.

- (d) visits are being arranged to Connect House and the Nottingham CityCare Partnership Clinic at Boots.

RESOLVED to note the work programme.

HEALTH SCRUTINY COMMITTEE
20 OCTOBER 2016
SEASONAL FLU IMMUNISATION PROGRAMME 2015/16
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE

1 Purpose

- 1.1 To review the performance of the Seasonal Flu Immunisation Programme in Nottingham City during 2015-2016.

2 Action required

- 2.1 The Committee is asked to scrutinise the local approach to seasonal flu vaccinations in Nottingham and work to increase uptake in target groups.

3 Background information

- 3.1 NHS England is responsible for commissioning the seasonal flu immunisation programme and providing system leadership. Contracts to provide immunisation services are held with a range of providers including GP practices, school aged providers and pharmacies. The effectiveness of the programme depends on the uptake of the vaccine being high and equitable across the eligible population. In support of this, the NHS England team has a role in supporting providers as well as monitoring uptake and taking action where uptake could be improved, whilst acknowledging that vaccination is also a choice for those eligible to receive it.
- 3.2 The Local Authority Director of Public Health has an assurance function in relation to ensuring immunisation arrangements are fit for purpose and delivering service of high quality. Locally, work takes place through the Health Protection Strategy Group which has an oversight role.
- 3.3 The Committee has focused on reviewing performance of the seasonal flu immunisation programme because it not only helps prevent excess winter deaths but contributes to reducing hospitalisation and winter pressures on the Emergency Department and may, in turn, reduce residential and home care costs.
- 3.4 NHS England Midlands Screening and Immunisation Team and the Nottingham City Council Public Health Team have both contributed to a report reviewing the seasonal flu immunisation programme in Nottingham during 2015-16 including the commissioning arrangements and provision of vaccinations; uptake of flu vaccinations by target group; current challenges in improving uptake to target groups; and activity planned regionally and locally to address this. The report is attached.

- 3.5 The NHS England North Midlands Screening and Immunisation Manager and Nottingham City Council Public Health Consultant will be attending the meeting to discuss the commissioning and provision of the seasonal flu immunisation programme in Nottingham, uptake rates and work to improve uptake.

4 List of attached information

- 4.1 Review of Seasonal Influenza (Flu) Immunisation Programme 2015-2016 produced by NHS England North Midlands Screening and Immunisation Team October 2016

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 As outlined in the appendix

7 Wards affected

- 7.1 All

8 Contact information

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

HEALTH SCRUTINY COMMITTEE
DATE OF MEETING 20.10.16
INFLUENZA(FLU) VACCINATION 2015-16



20 October 2016

NHS England North Midlands Screening and Immunisation Team

Review of Seasonal Influenza (Flu) Immunisation Programme 2015-2016

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1. Purpose

This paper describes the performance of the seasonal influenza (flu) immunisation programme in Nottingham City which falls under NHS England North Midlands footprint. The paper outlines the strategies implemented to improve quality and performance and plans to increase uptake in 2016/17.

2. Action required

The Committee is asked to scrutinize the local strategic approach to flu vaccination in Nottingham and recommend ways to increase uptake in target groups.

The Screening and Immunisation Manager and colleagues will outline how partners across Nottingham City are working together to increase uptake in order to inform discussion.

3. Background information

Flu is a common infectious viral illness spread by droplets from coughs and sneezes. Whilst it can be very unpleasant most individuals begin to feel better within about a week. Conversely older people, those with long-term conditions such as heart and lung disease, pregnant women and young children can develop more serious symptoms requiring hospitalisation and can, in some instances, lead to death. For example, 1 in 11 maternal deaths in 2009-12 was due to influenza.

Thus the groups that are most vulnerable to flu are the focus of the seasonal immunisation programme. Whilst vaccination is the best possible protection against flu, regular hand washing and using disposable tissues can help reduce transmission.

Healthy children have the highest hospital admission rates for flu infection and an admission rate that is 5 times higher than the rate of admission in those aged 65 and over.³ Hospital admissions due to flu are an unpredictable annually recurring pressure that the NHS faces each winter. It is estimated about 400 children and young people aged 15 years or younger in England were admitted to ICU/HDU with complications of flu. Local figures are not available.

A Flu Plan⁴ is developed each year which sets out a coordinated and evidence-based approach to planning for, and responding to, the demands of flu across England.

4. Commissioning Arrangements and Responsibilities

NHS England is responsible for commissioning all of the national immunisation programmes. Details of the national commissioning arrangements for immunisation programmes are described in *Public Health Commissioning in the NHS 2015-2016*¹ and *Public Health Commissioning in the NHS 2016-2017*²

The flu programme is commissioned and delivered via various providers and is described in table 1.

Service Provider	Cohort
GP Practices	<ul style="list-style-type: none"> • Healthy Children aged 2, 3 and 4 years • Those in an 'at risk' category (long term condition) aged 2-65 years • Over 65's • Pregnant women
School Aged Providers	<ul style="list-style-type: none"> • Children in school years 1, 2 and 3 (5-8 years of age)
Pharmacies	<ul style="list-style-type: none"> • Over 18's in an 'at risk' category (long term condition) • Over 65's

Table 1: Flu vaccination service providers

5. National context and influenza vaccination uptake

During winter 2015/16 more people than ever received a vaccination against flu as part of the national flu immunisation programme. In addition, children in the first two years of primary school education were offered flu vaccination for the first time¹. This increase in the proportion of the population vaccinated will contribute significantly to reducing illness and deaths caused by the influenza virus.⁵

The Annual Flu Report⁴ for 15-16 highlights that the level of influenza seen in the UK in 2015/2016, was similar to those seen elsewhere in Europe with younger adults most commonly affected. Whilst overall, excess deaths² from all-causes were significantly lower than last season some excess was seen in younger adults⁴.

¹ There were pilots in some areas; Nottingham was not one of these areas.

² More deaths than would be anticipated from flu, or complications of flu, during a year

Peak admissions to hospital and ICU were higher than seen in the previous few years, but lower than when this flu strain dominated in 2010/11. The numbers of children admitted to ICU/HDU were not given explicitly in the report but it is estimated about 400 children and young people aged 15 years or younger were admitted to ICU/HDU⁴. Local figures are not available.

Influenza admissions	2015/2016	2014/2015
Hospital admissions (participating Trusts only)	2745	1652
Under 17 years admissions	654	No data
ICU/HDU admissions (all NHS Acute Trusts)	2190	1396
ICU/HDU deaths	165	142
Severe respiratory failure centre admissions	73	14

Table 2: Influenza admissions in England⁴

In previous years there was concern that the flu vaccination and circulating strains of flu were not well-matched. The 2016/17 flu report states that a strain of Influenza A "(H1N1)pdm09" was the predominant circulating virus for the majority of the 2015/16 flu season and the vaccine was well matched.

6. Local context and influenza vaccination uptake in Nottingham City

In line with the national trend, more people were vaccinated in Nottingham City than in previous years. However, this is not reflected in the uptake figures as there has been an increase in the number of people eligible for the flu vaccination, such as children aged 5-7 years.

	2014/15	2015/16
Numbers of people vaccinated in Nottingham City	52,223	57,428 (3,762 children aged 5-7 years)

The following figures compare Nottingham's flu vaccination uptake in comparison to England and the national target/ambition for each of the vaccination cohorts where comparators are available:

- Adults aged 65 years and older
- At risk groups excluding pregnant women
- Pregnant women
- Children aged 2-4 years

Figure 1 illustrates that the proportion of adults aged 65 years and older receiving the flu vaccination in Nottingham decreased in 2015/16 in line with the England average. An additional 1800 citizens

aged 65 years and over in Nottingham would require vaccination in order to reach the 75% ambition/target.

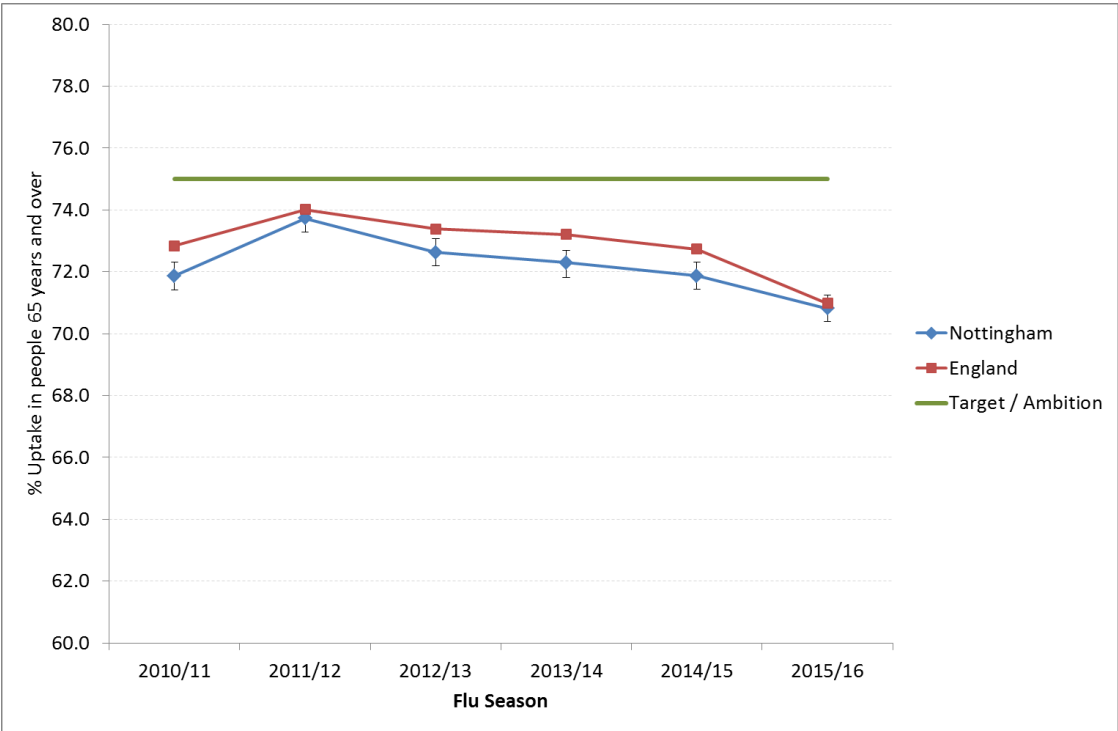


Figure 1 Population vaccination coverage (flu) in adults 65 and over

Figure 2 illustrates that the proportion of at risk individuals aged 6 months to 65 years (excluding pregnant women) receiving the flu vaccination in Nottingham decreased in 2015/16 in line with the England average. An additional 5500 ‘at risk’ citizens in Nottingham would require vaccination in order to reach the 55% ambition/target.

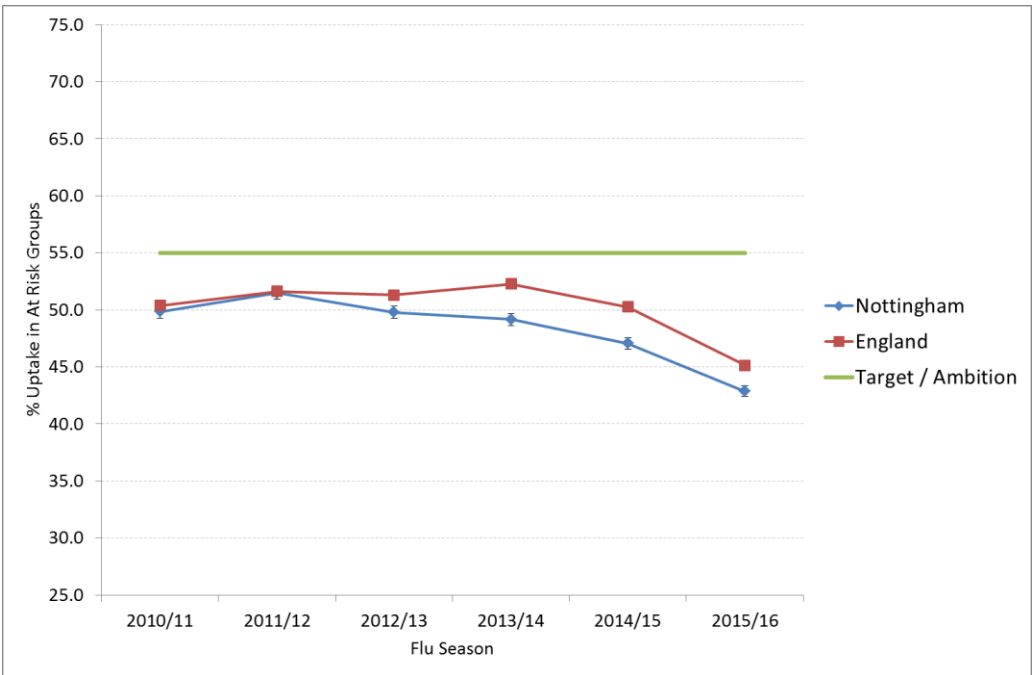


Figure 2 Population vaccination coverage (flu) in at risk individuals aged 6 months to 65 years (excluding pregnant women)

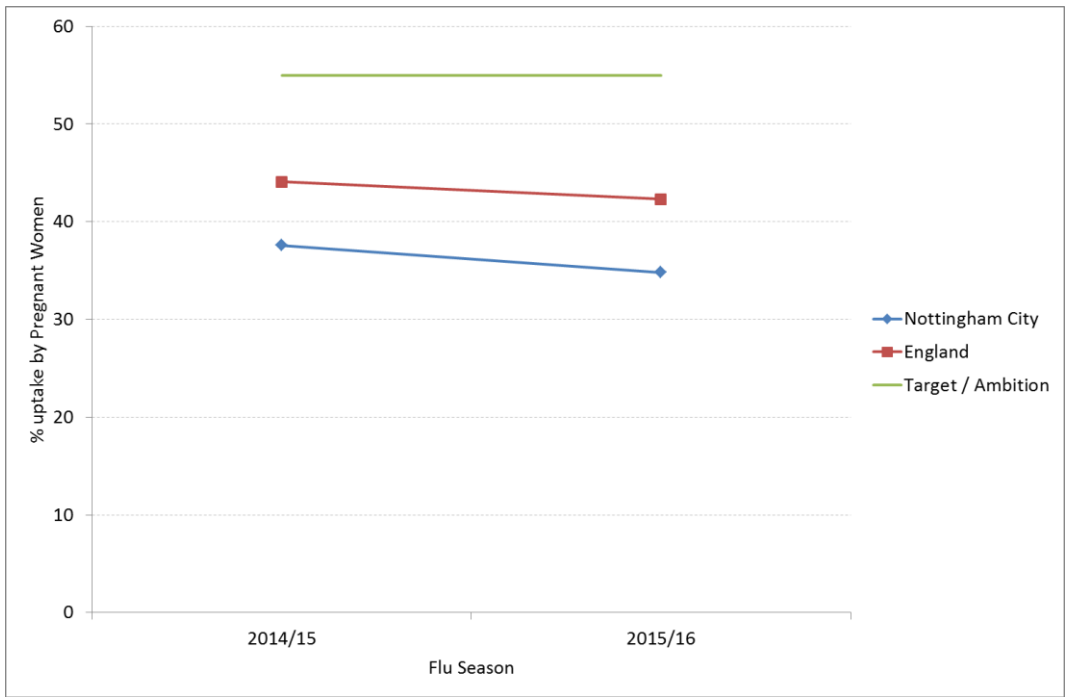


Figure 3: Population vaccination coverage (flu) in pregnant women

Figure 3 illustrates that the uptake for pregnant women fell 2.8% from last year and is 7.5% below the national average. An additional 965 pregnant women in Nottingham would require vaccination in order to reach the 55% ambition/target.

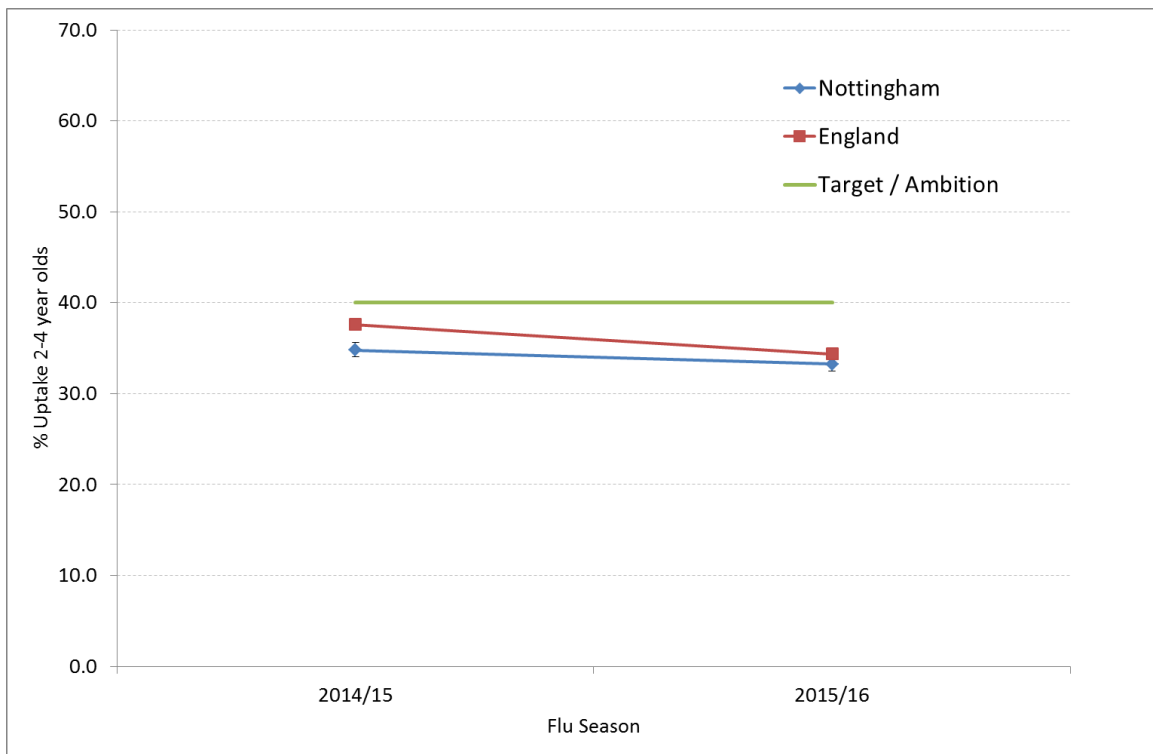


Figure 4: Population vaccination coverage 2-4 year olds

Nottingham City GP Practices continued to provide the healthy children’s flu programme, and data shows that uptake was comparable with the England average. However, this was lower than the national expectation of 40%. Although evidence shows that GP practices called in their cohort of children for their vaccinations, few actually presented. Many parents fed back that they would have preferred their children to have been vaccinated in school, especially if they had other siblings in school, as this would have been easier. This has been fed back to the national team as to change the location of vaccination is outside of the scope of local commissioning.

An additional 965 2-4 year olds in Nottingham would require vaccination in order to reach the 40% ambition/target. The national target is set at 40-60%. This may seem low but vaccinating over 30% of children will provide the community with a high level of herd immunity.

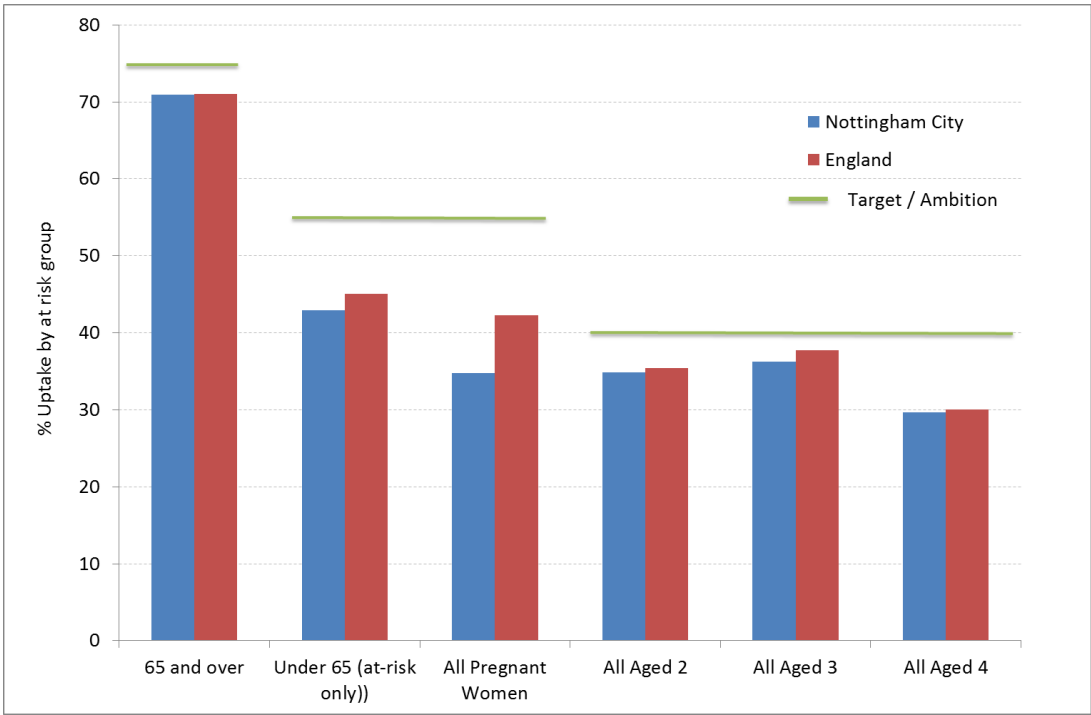


Figure 5: Population vaccination coverage (flu) all groups

Comparison with core cities, rather than the England average, is arguably a better comparison of Nottingham’s performance. As table 1 illustrates Nottingham City performed has a lower proportion of the population vaccinated than other core cities. For example, flu vaccination uptake in pregnant women is 8.8% lower than Liverpool.

Country & Local Authority	% over 65 years	Under 65 (at risk only)	Pregnant women	All 2 year olds	All 3 year olds	All 4 year olds
England	71.0	45.1	42.3	35.4	37.7	30.0
Newcastle upon Tyne	74.3	46.5	Not available as not CCGs not co-terminus with LAs			
Liverpool ^{3*}	73.4	48.7	43.6	27.8	29.6	23.9
Manchester	70.1	47.9	Not available as not CCGs not co-terminus with LAs			
Leeds	75.6	47.7	Not available as not CCGs not co-terminus with LAs			
Nottingham	70.9	42.9	34.8	34.9	36.2	29.7
Birmingham	69.2	44.9	Not available as not CCGs not co-terminus with LAs			
Bristol, City of*	72.4	46.9	45.5	40.6	39.0	30.3
Sheffield*	74.2	46.3	51.3	38.6	43.1	33.6

Table 1: Uptake of influenza vaccine for the over 65s, under 65s at risk, pregnant women and children aged 2,3 and 4 years for Nottingham Local authority and 'core cities' and England for seasonal flu period 1 September 2015 to 31 January 2016.

Source: Public Health England Seasonal influenza vaccine uptake amongst GP Patients

Table 2 shows that the proportion of children vaccinated against flu in Nottingham in 2015/16 is lower than the core cities average.

Uptake by school in Nottingham varies considerably from 13.8 - 94.1% of eligible children vaccinated.

Country & Local Authority	Cohort Y1 (5-6years)	Cohort Y2 (6-7 years)
England	54.4	52.9
Newcastle upon Tyne	57.5	58.2
Liverpool	53.2	51.8
Manchester	47.1	43.6
Leeds	54.4	52.4
Nottingham	45.4	44.7
Birmingham	42.8	42.4
Bristol, City of	15.3	13.4
Sheffield	57.1	57.6

Table 2: Uptake of influenza vaccine for children of school years 1 and 2 for Nottingham Local authority and 'core cities' and England for seasonal flu period 1 September 2015 to 31 January 2016

Source Public Health England National childhood influenza vaccine programme coverage in England 2015-16

Pharmacies were commissioned at a national level last year to provide the seasonal flu vaccination to those eligible, over the age of 18 years. We are still waiting for national data but locally we know that in Derby/Notts over 19,000 vaccines were administered via pharmacies. Evidence is showing that most of these vaccines were given to people who had not accessed the seasonal flu programme before.

³ Liverpool, City of Bristol and Sheffield local authorities are co-terminus with CCGs which is the reporting format for 2015/16

7. Current challenges in increasing flu vaccination uptake and planned activity

7.1 Regional activity

- Flu planning meetings will be chaired and convened by NHS England to bring providers and stakeholders together to plan for the forthcoming flu season.
- A local flu assurance plan will be shared with providers and stakeholders and they will be asked to contribute to achieving actions and targets. Each stakeholder, including the LA will be asked to complete 3 local actions and feedback to the flu group their achievements.
- Flu uptake data will be reviewed on a monthly basis at GP level and CCGs will be notified of any poor performing practices and asked to take action. The Screening and Immunisation Team will provide support and guidance.
- The SIT will continue to work with midwifery Trusts to try and engage them with the flu programme. CCGs and Local Authorities have been asked to support with this process.
- The SIT will support the local flu training programmes, especially in local midwifery units.
- The Children's School Age Immunisation programme will be extended to children in school year 3 (6 and 7 year old) and the SIT will continue to commission, support and monitor this programme.
- Flu messages will be promoted nationally by Public Health England (PHE) and NHS England. Locally, the PHE East Midlands and Nottingham City Council are working together to provide a local communications plan.
- NHS England has, for the second year, commissioned a pharmacy flu service. This means that individuals 18 to over 65 can get their vaccination in their local pharmacy without having to make an appointment at their GP practice.

7.2 Nottingham based challenges and planned activity

- **Low uptake of flu vaccination for pregnant women.** In Nottingham, NUH have stated that they are unable to offer flu vaccination as part of routine care due to a lack of midwife capacity and a lack of funding from NHS England to employ extra midwives. NUH were offered the same amount per vaccine that GP's and pharmacy providers are paid. The offer of flu vaccination training was not accepted. Nationally, maternity units are not required to deliver this service.

Locally we intend to work with Nottingham City CCG to explore whether flu vaccination can be commissioned as part of the maternity services contract.

- **Health Visitors are not promoting flu vaccination to all pregnant women and to the parents of young children.** This is reflected in the low uptake.

NHS England has arranged for all of Nottingham City Health Visitor service to receive immunisation training, commencing in October 2016, which will include the seasonal flu programme. This will ensure that health visitors are promoting the flu vaccine to parents and pregnant women.

- **The provider of flu vaccination for school aged children doesn't know Nottingham schools.**

The schools based programme was delivered for the first time by Nottinghamshire Healthcare NHS Foundation Trust. The aspiration of 40% of children vaccinated was achieved but this is still lower than other areas.

NHS England will work with Nottingham City Council to facilitate engagement with schools and also to help with issues that cause uptake to be lower in certain schools with parents such as recent objections from parents due to 'shedding' issues (that the spray will shed in school and offer protection to those who do not want it).

- **The vaccination for school-aged children is a nasal spray which has porcine DNA present.** This is a barrier for Nottingham's Muslim community.

It is unclear how to overcome this obstacle as nationally the Muslim Council of Britain has not made a statement either in support or against the vaccination.

- **Flu vaccination for children and pregnant women is still relatively new and some citizens are still unaware of the importance of vaccination.**

Public Health England is working closely with Nottingham City Local Authority to develop a communication initiative to increase uptake. They are ensuring that the correct messages are shared about flu in a variety of ways e.g. through the use of social media.

- **Many flu outbreaks in 2015/16 were in care homes but the responsibility for vaccinating staff and residents bridges more than one organisation which makes monitoring performance challenging.**

In 2016/17 Care Homes will be targeted directly to ensure that their residents and staff are offered vaccination. NCC will support distribution to key contacts.

- **Flu vaccination uptake by GP practice varies considerably in Nottingham.** For example in the at-risk group the variance is 29.2% – 67.8% and 1.4%-75% for 3 year olds.

Practice uptake will be reviewed on a monthly basis by NHS England and poor performing practices will be referred to the CCG to be targeted. A 'best practice' guide has been developed by the SIT and shared with all practices to help them with all aspects of their flu campaign.

PHE will send a letter will be sent to all GP practices reminding them of their responsibility to provide flu vaccinations for children and monitor those who don't attend for vaccination.

The CCG monitor flu vaccination uptake rates and where uptake is low it is discussed during practice visits and can lead to an action for the practice to increase rates. The primary care quality and performance steering group meets monthly and considers indicators for practices; flu vaccination uptake is on the forward plan and a 'deep dive' takes place once a year.

8. Conclusion

The latest flu season highlights the importance of flu vaccination, particularly for eligible children, but also for healthcare workers and adults in-at risk groups, including people aged 65 and over, pregnant women and those with health conditions. The extension of the programme to children, when rolled out, provides protection for both children themselves and by reducing spread the general population so it's important that parents take up the offer of this free, painless nasal spray vaccine when offered to eligible children from Autumn 2016 through GPs and schools. Not only will it help protect their children, it will also help protect family members and others in the local community who could be more vulnerable to the effects of this unpredictable virus.

In 2015/16 more flu vaccinations than ever were administered by healthcare workers as the programme successfully extended to 3 million children between the ages of 2 and 6 years. However, percentage levels of vaccine uptake decreased across individual patient groups, and for healthcare workers, when compared to the previous year. It's important that in 2016 we reverse this decline,

both to protect our families and communities, but also reduce the impact of the virus on our health services at a time of year we need them the most³.

Through joint working, NHS England and Nottingham City Council, in conjunction with other stakeholders such as the CCG, will aim to ensure that all citizens that are eligible for the flu vaccination receive their offer of vaccination.

9. Additional information

Influenza and the importance of vaccination is well described at:

<http://www.nhs.uk/conditions/flu/Pages/Introduction.aspx>

10. Contributors

Sarah Mayfield-Screening and Immunisation Manager, NHS England North Midlands,
sarahmayfield@nhs.net

Agnes Belencsak – Screening and Immunisation Lead, NHS England North Midlands,
a.belencsak@nhs.net

Paul Kalinda – Screening and Immunisation Coordinator, NHS England North Midlands,
paul.kalinda@nhs.net

Helene Denness (FFPH) - Consultant in Public Health, Nottingham City Council,
helene.denness@nottinghamcity.gov.uk

References

1. Public Health Commissioning in the NHS 2015-16
<https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2015-to-2016>
2. Public Health Commissioning in the NHS 2016-17
<https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2016-to-2017>
3. Cromer et al. The burden of influenza in England by age and clinical risk group: A statistical analysis to inform vaccine policy. J Infect (2013)
<http://dx.doi.org/10.1016/j.jinf.2013.11.013>
4. Annual Flu Report 15-16

<https://www.gov.uk/government/statistics/annual-flu-reports>

5. The National Flu Immunisation Programme 2016/17: Supporting letter

<https://www.gov.uk/government/publications/flu-plan-winter-2016-to-2017>

HEALTH SCRUTINY COMMITTEE
20 OCTOBER 2016
HEMOCARE, SAFEGUARDING AND QUALITY ASSURANCE
REPORT OF CORPORATE DIRECTOR FOR RESILIENCE

1 Purpose

- 1.1 To consider the safeguarding aspects of the Council's role in the quality assurance of homecare services.

2 Action required

- 2.1 The Committee is asked to review the Council's role in ensuring homecare quality from a safeguarding perspective.

3 Background information

- 3.1 The Committee has been exploring the Council's role and responsibilities in relation to quality assurance of the homecare services received by citizens. At previous meetings the Committee has reviewed the Council's compliance and monitoring role against the contracts it holds with homecare providers.
- 3.2 At this meeting the Committee is focusing on how citizens in receipt of homecare services are responded to when there are concerns about the quality of care they receive or safeguarding issues.
- 3.3 A report from the Council's Head of Adult Safeguarding & Quality Assurance is attached outlining the systems in place for responding to concerns, complaints and safeguarding concerns about homecare services. She will be attending the meeting to answer questions about these systems and how they contribute to the quality assurance of homecare services.

4 List of attached information

- 4.1 Report on Homecare, Safeguarding and Quality Assurance from the Head of Adult Safeguarding and Quality Assurance.

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 Scrutiny Committee meeting on 19 May 2016

7 Wards affected

- 7.1 All

8 Contact information

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

Health Scrutiny Committee 20.10.16

Report; Homecare, Safeguarding and Quality Assurance

Author; Julie Sanderson, Head of Adult Safeguarding & Quality Assurance, Adult Social Care Directorate

1. Introduction

This report will provide information to the Committee in relation to how citizens in receipt of Homecare services both from the in house services and independent sector are responded to when they have concerns regarding the quality of the care they receive or where there are Safeguarding concerns. It will also explain how the Directorate applies its Early Intervention strategy to this area.

2. Legal context

The Care Act 2014 became law in April 2015. This piece of legislation replaced the guidance document 'No Secrets'. It requires local authorities to make enquiries into all safeguarding adults concerns or allows us to ask other agencies to make those enquiries on our behalf. The act included Duty of Candour where all agencies have to be open and transparent in their dealing with citizens even when things go wrong.

Making Safeguarding Personal is at the heart of the Act where we as an authority have to ensure we have consulted with the citizen about their wishes and what outcomes they would like. If they are not able to tell us we should liaise with an advocate.

3. Quality Assurance

The Directorate places quality assurance very highly on the agenda and information sharing regarding concerns, complaints and safeguarding concerns is a key factor in monitoring homecare provision. There are a number of systems we have in place to ensure information is shared with key agencies in order to proactively intervene where homecare agencies are showing indicators of failing standards

3.1 Complaints

Complaints about commissioned homecare may be brought to the Social Care complaints Team or complainants may prefer to complain directly to the homecare agency. Where a complainant complains direct to the agency the Complaints Team and the council will usually be unaware of any complaint, unless the Complaints Team has been copied into the complaint. Instead, the complaint will be processed by the agency using its own complaints procedure, which should be analogous to the statutory complaints process.

Where a complainant makes a complaint directly to the Complaints Team or to Adult Social Care, the Complaints Team will customarily process the complaint by sending it to the relevant homecare agency; Social Care complaints ask the agency to respond to the complainant in writing within 20 working days and monitor the complaint and log the response. The team also ensure the complainant is advised of their right to take their complaint to the Local Government Ombudsman, i.e. where the complainant remains

dissatisfied; and Adult Safeguarding are informed where aspects of the complaint may relate to potential safeguarding concerns.

Depending upon the nature of the complaint, the Complaints Team may also ask Adult Social Care to consider whether the citizen's eligible needs are being met – for example, where carers are allegedly failing to turn up to care for the citizen at agreed times. In such circumstances Adult Social Care will be asked to consider whether the citizen's needs are being met appropriately and whether the council is fulfilling its legal duty to ensure a person's eligible needs are being met.

Where the Ombudsman investigates a complaint about commissioned homecare the Complaints Team or Adult Social Care may both be involved in ensuring that the homecare agency supplies all the documents that the Ombudsman has requested in order to undertake her investigation.

Complaints about homecare where the citizen self-funds their care cannot be dealt with under the statutory complaints procedure; instead the Complaints Team advises citizens how to raise their complaint with the Ombudsman because she does have the power to investigate complaints from self-funders.

3.2 Councillor Enquiries

Where Citizens raise concerns to their local Councillor, this is passed to the Senior Leadership Team via the Councillor Casework system. Such concerns are screened by a Head of Service and action will be decided upon dependent upon the basis of the complaint. This will usually be either through the existing Adult Social Care worker directly picking up the issue with the Citizen and Care provider, through initiating a Safeguarding Enquiry or referring the case to the Social Care complaints Team.

3.3 Safeguarding Enquiries

When a Safeguarding concerns is referred to Adult Social Care, a Safeguarding Enquiry will be considered. Should the case meet the criteria for intervention, the case will be investigated by the appropriate team. When the allegation is against a regulated provider, this is recorded in Liquid Logic Electronic Social Care system. This means that data can be gathered on patterns of Safeguarding interventions against Regulated Providers. Information is regularly shared with the Care Quality Commission and the NCC Quality Monitoring team.

3.4 Quality Information sharing Meeting (QUIF)

The function of the monthly meeting is for representatives from across Nottingham involved in the regulation, monitoring and Safeguarding processes relating to regulated care providers to share information about the status of providers in the city and coordinate what action is required as a partnership. It is attended by NCC, CCG, Citycare, CQC and Healthwatch.

Recently the QUIF was reviewed and our Early Intervention Officers took over chairing. This was part of an intentional shift to focus on early indicators of concern in relation to care providers and to proactively intervene to work with providers to prevent further

deterioration (which has a greater negative impact upon citizens and is more resource intensive). The project will be independently evaluated as the pilot progresses. Below is the type of information that is shared at the meeting;

Name	Safe-guarding	NCC Score	Meds Mgmt Score	CCG Quality Mon Score	Health-watch	CQC	Action agreed
Happy Hands (Fictional name) (Dom Care)	1.Lady hiding medication under tongue 2. Missed calls 4. Carers not wearing uniform and not completing assigned tasks. 8 x safeguarding referrals from March – August 2016	No NCC contract Spot contracts QMV Sept 2014 76.88%	87%	Amber 76% JW visited – not compliant Action plan	----	---	Adult Safeguarding Coordinator to review safeguarding cases CCG Monitoring Officer to follow up action plan Early intervention meeting to be convened

4. CM2000 and Homecare Reviews initiative

All lead and support providers are required to use the monitoring system CM2000. This ensures that the Local Authority is aware of the actual care delivered as carers are required to log in on arriving and log out upon leaving the citizen’s home. A pilot has begun with 2 providers embedding a NCC Senior Community Care Officer within each agency. These colleagues are identifying citizens who require a review by reviewing the CM2000 data and the pattern of care given. Indicators for a review are data such as missed calls, no entry gained or visits taking longer than the commissioned package. The NCC Reviews provide assurance that there is external scrutiny of such cases and appropriate action is taken which may include quality assurance issues that require addressing with the provider. The early indicators from the pilot have been so successful that the intention is to roll this approach out across all lead and support providers.

5. Provider Investigations

A Provider Investigation Procedure has been in place in Adult Social care since 2012. This procedure was established in response to the complex nature of investigations in regulated provider settings, the need for a sophisticated level of coordinating agencies investigating allegations and monitoring of Action plans to ensure that improvements required are

strongly evidenced and sustained. The Adult Safeguarding Coordinators chair these meetings and they are formally minuted. Providers are called to account and required to attend, and citizens and or their advocate or relative are supported to attend should the investigation relate to an individual citizen. Often, cases are escalated to a formal Provider Investigation procedure when information at the QUIF demonstrates that thematic areas of concern are emerging and a partnership approach is required to hold the Provider to account.

6. Making Safeguarding Personal

The Care Act in its Department of Health Guidance emphasises that the citizen should be at the heart of every Safeguarding contact. In order to ensure that Social Workers understand this important duty prior to Care Act Implementation a comprehensive Safeguarding Training programme was rolled out with MSP at the heart of the message.

In order to provide assurance to line managers and the Adult Safeguarding Board, social workers are required to record their conversation with the citizen or advocate in relation to what outcome they want as a result of the Safeguarding intervention. It is reviewed and recorded at the end of the intervention as to whether the citizen or advocate feels their desired outcomes have been achieved.

7. Safeguarding Data

Information relating to all Safeguarding Enquiries and Interventions is collected via the Electronic Social Care system. The Care Act requires Local Authorities to undertake initial enquiries into safeguarding concerns. Although the Care Act did not stipulate a timescale, a 5 day timescale has been implemented in Nottingham. It is common finding that a significant percentage of initial enquires upon screening do not require further intervention or are signposted to other services. Following this screening process, a proportion of cases lead to Safeguarding Interventions when initial findings indicate that the person remains at risk, a multi agency investigation is required or the case requires escalation to a Provider Investigation.

Appendix 1 details activity in relation to Safeguarding allegations made against homecare providers in 2015 – 16.

8. Conclusion

This report has attempted to demonstrate to the Committee the range of interventions, information sharing and partnership work that takes place in order to safeguard some of our most vulnerable, social excluded citizens. It is a fact that such citizens may feel intimidated to raise concerns due to their isolation, dependency upon their homecare provider, or fear of retribution. Therefore it is essential that there are many strands to Safeguarding and quality assurance which provide a 'Safety net' for vulnerable citizens, both through Council activity and strong partnership working. However, there is always room for critical evaluation, and no room for complacency. I would therefore welcome the discussion and comments from the Committee.

Appendix 1

Safeguarding allegations against Homecare providers 2015 -16

Total Enquiries Completed	2404
Approx no. citizens in receipt of Homecare	1600
Total Enquiries against Homecare Provider	286

Age Group of Citizen	
18-64	60
65+	226

Gender of Citizen	
Female	190
Male	96

Ethnicity of Citizen	
Asian / Asian British	7
Black / Black British	25
Mixed	3
No current/valid ethnicity specified	15
White	236

Enquiries Leading to an Intervention:	457
Homecare Provider Interventions	56

Age Group of Citizen	
18-64	14
65+	42

Gender of Citizen	
Female	35
Male	21

Ethnicity of Citizen	
Asian / Asian British	4
Black / Black British	8
Mixed	1
No current/valid ethnicity specified	5
White	38

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HEALTH SCRUTINY COMMITTEE
20 OCTOBER 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	<ul style="list-style-type: none"> <li data-bbox="629 331 1890 464"> <p>• 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)</p> <li data-bbox="629 502 1890 635"> <p>• Homecare Quality To review the performance and contract management for home care services by the Council's Contract and Procurement Team (Nottingham City Council)</p> <li data-bbox="629 673 1827 772"> <p>• 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</p> <li data-bbox="629 810 1037 842"> <p>• Work Programme 2016/17</p>
30 June 2016	<ul style="list-style-type: none"> <li data-bbox="629 917 1899 1082"> <p>• 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)</p> <li data-bbox="629 1120 1917 1219"> <p>• Development of Health and Wellbeing Strategy To respond to consultation on development of the Health and Wellbeing Strategy (Health and Wellbeing Board)</p> <li data-bbox="629 1257 1037 1289"> <p>• Work Programme 2016/17</p>

Date	Items
21 July 2016	<ul style="list-style-type: none"> <li data-bbox="629 268 1962 400"> <p>• 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)</p> <li data-bbox="629 440 1890 539"> <p>• Healthwatch Nottingham Annual Report To receive and give consideration to the Healthwatch Nottingham Annual Report (Healthwatch Nottingham)</p> <li data-bbox="629 579 1037 608"> <p>• Work Programme 2016/17</p>
22 September 2016	<ul style="list-style-type: none"> <li data-bbox="629 683 1899 815"> <p>• 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)</p> <li data-bbox="629 855 1037 884"> <p>• Work Programme 2016/17</p>
20 October 2016	<ul style="list-style-type: none"> <li data-bbox="629 959 1890 1091"> <p>• 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)</p> <li data-bbox="629 1131 2016 1264"> <p>• Homecare Quality – safeguarding perspective To review the role of safeguarding teams in ensuring the quality of homecare services meets the needs of service users (Nottingham City Council)</p> <li data-bbox="629 1303 1037 1332"> <p>• Work Programme 2016/17</p>

Date	Items
24 November 2016	<ul style="list-style-type: none"> • 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 • Access to services for people with ME (myalgic encephalopathy/ encephalomyelitis) – follow up (tbc or January) To review progress in improving the access to services for people with ME since the Committee considered this issue in March 2015 • Work Programme 2016/17
22 December 2016	
19 January 2017	<ul style="list-style-type: none"> • Health needs of pregnant women (tbc) To review how the health needs of pregnant women in Nottingham are being met, with a focus on reducing health inequalities (Public Health Nottingham City Council) • Teenage Pregnancy Rates (tbc) 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 • Work Programme 2016/17

Date	Items
23 February 2017	<ul style="list-style-type: none"> • 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) • 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. • Work Programme 2016/17
23 March 2017	<ul style="list-style-type: none"> • Access to dental care (tbc) To review whether access to, take up and quality of NHS dental services has improved since scrutiny's review of dental care in 2009 • Work Programme 2016/17
20 April 2017	<ul style="list-style-type: none"> • Work Programme 2017/18 To develop the Committee's work programme for 2017/18

To schedule

- **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.
- **Current and future capacity within the care home sector**
- **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

June 2017

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

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