



**NOTTINGHAM CITY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**

**Date:** Thursday, 24 November 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 Strategy and Resources**

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

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|----------|--|----------------|
| <b>1</b> | <b>APOLOGIES FOR ABSENCE</b>   |                |
| <b>2</b> | <b>DECLARATIONS OF INTEREST</b>  |                |
| <b>3</b> | <b>MINUTES</b>   | <b>3 - 8</b>   |
|          | To confirm the minutes of the meeting held on 20 October 2016.                                 |                |
| <b>4</b> | <b>NOTTINGHAM HOMECARE MARKET</b>  | <b>9 - 10</b>  |
| <b>5</b> | <b>REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES -<br/>IMPLEMENTATION OF RECOMMENDATIONS</b> | <b>11 - 26</b> |
| <b>6</b> | <b>HEALTH SCRUTINY COMMITTEE WORK PROGRAMME</b>  | <b>27 - 34</b> |

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

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND

REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT [WWW.NOTTINGHAMCITY.GOV.UK](http://WWW.NOTTINGHAMCITY.GOV.UK). INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

**NOTTINGHAM CITY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 20 October 2016 from 13.30 - 15.25**

**Membership**

Present

Councillor Anne Peach (Chair)  
Councillor Merlita Bryan (Vice Chair)  
Councillor Jim Armstrong  
Councillor Patience Uloma Ifediora  
Councillor Corall Jenkins  
Councillor Ginny Klein  
Councillor Dave Liversidge

Absent

Councillor Ilyas Aziz  
Councillor Carole-Ann Jones  
Councillor Chris Tansley

**Colleagues, partners and others in attendance:**

Councillor Wendy Smith - Councillor  
Agnes Belencsak - Screening and Immunisation Lead, NHS England North Midlands  
Helene Denness - Public Health Consultant, Nottingham City Council  
Sarah Mayfield - Screening and Immunisation Manager, NHS England North Midlands  
Julie Sanderson - Head of Adult Safeguarding and Quality Assurance  
Jane Garrard - Senior Governance Officer

**20 APOLOGIES FOR ABSENCE**

Councillor Carole Jones – personal  
Councillor Chris Tansley - personal

**21 DECLARATIONS OF INTEREST**

None

**22 MINUTES**

The minutes of the meeting held on 22 September 2016 were approved as an accurate record and signed by the Chair.

**23 SEASONAL FLU IMMUNISATION PROGRAMME 2015/16**

Sarah Mayfield, Screening and Immunisation Manager NHS England North Midlands, introduced the report setting out performance of the seasonal flu immunisation

programme in Nottingham City and work to improve performance, including uptake rates during 2016/17. She highlighted the following information:

- a) NHS England is responsible for commissioning all national immunisation programmes. Nottingham City falls within the footprint of NHS England North Midlands. As part of the commissioning process NHS England engages with a range of stakeholders including clinical commissioning groups, local authorities, GPs, school age immunisation providers and pharmacies.
- b) Provision of the vaccination by pharmacies is a nationally commissioned service.
- c) There is evidence to show that the flu immunisation programme reduces pressure on health services, for example by reducing hospital admissions for flu and complications of flu; and avoidable flu-related deaths.
- d) The seasonal flu immunisation programme is focused on groups that are most vulnerable to flu: children aged 2-8 years; children and adults in an 'at risk' category; pregnant women; and over 65's.
- e) During 2015/16 more people were vaccinated in Nottingham City than in previous years but because there had been an increase in the number of eligible people this was not reflected in uptake figures.
- f) For adults aged 65 years and older, Nottingham City uptake decreased in 2015/16 and was lower than the national average and target.
- g) For individuals aged 6 months to 65 years (excluding pregnant women) in 'at risk' categories Nottingham City uptake decreased in 2015/16 and was lower than the national average and target.
- h) For pregnant women Nottingham City uptake decreased in 2015/16 and was lower than the national average and target. In a correction to the published report, it was reported that an additional 808 pregnant women would require vaccination in order to reach the 55% target.
- i) For children aged 2-4 years Nottingham City uptake was lower than the national average and target.
- j) Nottingham City has a lower proportion of the population vaccinated than other Core Cities.

In response to questions, Sarah Mayfield, Agnes Belencsak, Screening and Immunisation Lead NHS England North Midlands, and Helene Denness, Public Health Consultant Nottingham City Council, provided the following additional information:

- k) Following a procurement exercise, Nottinghamshire Healthcare Trust holds the contract to deliver vaccinations to school-aged children. However the Trust did not have a previous relationship with Nottingham City schools and it has taken a while to establish working relationships. There has been no opposition from schools regarding this new contract and provider.

- l) The pharmacy programme aims to make it easier for people to access flu vaccinations, for example the ability to access a pharmacy near where they work and at a more convenient time for those who work during the day. Initial feedback is that uptake is higher than at the same point last year. This is particularly positive because these are likely to be people who wouldn't otherwise present for a vaccination.
- m) NHS England, working with stakeholders, is exploring different ways in which the vaccination programme can be provided to improve accessibility and uptake, for example providing vaccinations at walk-in centres while people are there for other reasons. There are challenges, such as governance and data sharing issues, to overcome when looking at alternative options. The vaccine also needs to be kept refrigerated prior to use.
- n) There is sufficient quantity of the vaccine for full delivery of the 2016/17 immunisation programme.
- o) It is difficult to provide vaccinations for those not registered with a GP because their details aren't known. NHS England encourages stakeholders to help get such individuals registered. NHS England and Public Health undertook to speak with the homeless health team about vaccinations for homeless people.

**RESOLVED to request that NHS England North Midlands and Public Health, Nottingham City Council provide information to the Committee at its meeting in May 2017 on performance of the seasonal flu immunisation programme during 2016/17 with an analysis of the effectiveness of work that has taken place to increase uptake.**

## **24 HEMOCARE, SAFEGUARDING AND QUALITY ASSURANCE**

Julie Sanderson, Head of Adult Safeguarding and Quality Assurance, presented the report outlining how citizens in receipt of homecare services are responded to when they have concerns about the quality of care or there are safeguarding concerns. She highlighted the following information:

- a) The Adult Safeguarding Quality Assurance Team was established in 2012 and oversees Regulated Provider investigations. These are complex investigations with the potential to identify systemic problems. Providers are held to account and the Team monitors work to address identified issues until there is evidence of sustained improvement.
- b) Investigations into care provided by Regulated Providers are different to those for safeguarding concerns between, for example, two relatives because Regulated Providers are contractually obliged to deliver a good quality service.
- c) A Provider Investigation Procedure has been in place since 2012. A multi-faceted approach to evidence gathering is required and good information sharing is crucial. Following the Provider Investigation Procedure monitoring officers check if improvements have been made, for example improvements to care plans.

- d) A pilot is taking place under which citizens receiving care by a particular provider are identified for review, to look at both the care package they receive and the quality of care and whether there are any safeguarding issues. This early intervention approach helps to identify themes. Work then takes place with the relevant provider to address concerns with escalation as appropriate.
- e) There are challenges in getting information and evidence from individuals receiving care because they may be reluctant to raise concerns due to the relationship they have with a care provider, or a lack of a social network to support them in making a complaint or raising a concern.
- f) Most care providers take safeguarding issues very seriously.

Councillor Wendy Smith attended the meeting and gave an example of the homecare service received by her mother. While Councillor Smith commended the Council's reablement service she highlighted a number of failings with the homecare services that her mother received and her contact with homecare providers. Julie Sanderson commented that the communication problems raised, for example unreturned calls and missed appointments were common issues with many homecare providers, and that the example highlighted why the Safeguarding Team try to be proactive in identifying issues and ensuring providers address them.

In response to comments and questions, Julie Sanderson provided the following additional information:

- g) Service quality can deteriorate quite quickly even within a usually good performing provider with a change of manager and/or staff.
- h) While experience of the Council's reablement service is generally positive it is important that quality of care is sustained afterwards.
- i) Monitoring improvements following an investigation is resource intensive and there are financial pressures on the ability to carry out effective monitoring.
- j) NHS Nottingham City Clinical Commissioning Group offers some clinical training e.g. on tissue viability for homecare providers, but generally speaking homecare providers are responsible for training their own staff.
- k) It is very difficult to monitor and investigate homecare provision. It is easier to inspect care homes because inspectors can more easily walk into the site and talk to staff and service users.
- l) There is a reluctance within the independent sector to provide care for people with complex care needs. It may be necessary for the Council to provide care for such individuals in the future.
- m) An in-house Council homecare service would have an incentive to support individuals to get better (and this would help to achieve financial savings) but there is no such incentive for the independent sector to do this because it reduces demand for their services.

- n) There is a hidden cost of maintaining the independent sector, for example the cost of carrying out safeguarding investigations and monitoring performance.
- o) Service users and their families have differing expectations about the type and quality of care they should be receive. Some safeguarding concerns relate to citizens being coerced into accepting poor care through the development of a co-dependency relationship between carer and service user and the exertion of control by the carer. It can be a closed world unless the service user has family or friends for support or visits from another professional e.g. district nurse.
- p) Most safeguarding referrals are made by relatives or health care workers.

**RESOLVED to**

- (1) schedule an item for a future Committee meeting about the current pressures on the homecare market and development of in-house homecare service; and**
- (2) request data on the length of visits to service users by homecare providers.**

**25 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**

Jane Garrard, Senior Governance Officer outlined the Committee's future work programme.

**RESOLVED to cancel the Health Scrutiny Committee meeting scheduled for 22 December 2016 1:30pm.**

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>24 NOVEMBER 2016</b>
<b>NOTTINGHAM HOMECARE MARKET</b>
<b>REPORT OF CORPORATE DIRECTOR FOR STRATEGY AND RESOURCES</b>

**1 Purpose**

- 1.1 To consider how the Council is responding in the immediate and longer term to pressures in the homecare market to minimise the impact on citizens.

**2 Action required**

- 2.1 The Committee is asked to scrutinise the Council's approach to responding to pressures within the homecare market.

**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; and how concerns about the quality of care received and/or safeguarding issues are responded to.
- 3.2 From wider health scrutiny work, the Committee is aware of the pressures within the homecare market in Nottingham and the impact that this has on both citizens in need of homecare and other health and social care services.
- 3.3 At this meeting the Committee is focusing on the impact of current pressures within the homecare market in Nottingham and how the Council is responding to these pressures. The Director for Quality and Change and the Head of Social Care Provision Adults from the Council's Adult Social Care Team will be attending the meeting to brief the Committee on current pressures and outline the immediate and longer term response to dealing with these pressures and mitigating the impact on citizens.

**4 List of attached information**

- 4.1 None

**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 None

**7 Wards affected**

7.1 All

**8 Contact information**

Jane Garrard, Senior Governance Officer  
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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>24 NOVEMBER 2016</b>
<b>REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES – IMPLEMENTATION OF RECOMMENDATIONS</b>
<b>REPORT OF CORPORATE DIRECTOR FOR STRATEGY AND RESOURCES</b>

**1 Purpose**

- 1.1 To review progress in implementation of the accepted recommendations arising from the Committee’s review of end of life/ palliative care services.

**2 Action required**

- 2.1 The Committee is asked to:
- a) consider the progress made in implementing the accepted recommendations made by the Committee to improve end of life/ palliative care services; and
  - b) decide whether any further scrutiny of progress and/ or outcomes is required.

**3 Background information**

- 3.1 During 2015/16 the Committee carried out a study group review of end of life/ palliative care services. The review focused on addressing the following question:

Are end of life/ palliative care services for adults delivered across Nottingham City to a quality standard to meet the needs of patients, their families and carers, including in relation to cultural and faith needs?

- 3.2 Based on the evidence during the review the Committee made 7 recommendations for improvement. These recommendations were aimed at a variety of organisations, including: Nottingham CityCare Partnership, Nottingham University Hospitals NHS Trust, Nottingham City Council and NHS Nottingham City Clinical Commissioning Group.
- 3.3 In May the Committee heard that all of the recommendations were either fully or partly accepted.

- 3.4 Organisations have been asked to provide an update on their implementation of accepted recommendations and these updates are included in Appendix 1.

#### **4 List of attached information**

- 4.1 Update on implementation of accepted recommendations arising from the Committee's review of end of life/ palliative care services.

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

- 5.1 Notes from contributor interviews, visits and study group discussions are available from the Senior Governance Officer listed at the bottom of this report.

#### **6 Published documents referred to in compiling this report**

- 6.1 Reports to and minutes of the Health Scrutiny Committee meetings held on 18 February and 19 May 2016

End of Life/ Palliative Care Services Review Report

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

Jane Garrard, Senior Governance Officer  
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## Health Scrutiny Committee Review of End of Life/ Palliative Care Services

## Recommendation Implementation

	Recommendation	Who sent to/ leading on response	Response	Progress (as at October 2016)
1	It is recommended that Nottingham City Clinical Commissioning Group ensures that all GP practices are aware of the need for and importance of their involvement in palliative/end of life care and the importance of using EpaCCs to ensure that all relevant details are recorded in relation to each individual patient.	Nottingham City Clinical Commissioning Group	<p>Accepted</p> <p>End of Life Care nurses already attend GP practice Gold Standard Framework meetings to help identify patients with End of Life care needs and to encourage and support practices in the recording of these patients on EPaCCS. They also explain the patient benefits of using the system.</p> <p>The CCG receives monthly reporting on EPaCCS usage at practice level. The reports show that the number of EPaCCS records is continually increasing and that there are 624 active referrals, or 21% of people who die in Nottingham City annually. They also show a wide variation in system usage across practices.</p> <p>The CCG will use one of its Macmillan funded GPs to support practices who are identified as low users of EPaCCS. It will monitor improvements in system uptake through the existing monthly reports.</p>	<ul style="list-style-type: none"> <li>• All Nottingham City CCG practices have received an email highlighting the inter-practice variation in the use of EPaCCS, a reminder that practices should expect to have between about 0.8 and 1.0% of its registered population recorded on EPaCCS, and the advantages to the patient in terms of continuity of care of being recorded on EPaCCS.</li> <li>• Practices have been directed to the EPaCCS project team if they having any training requirements.</li> <li>• Practices have been sent their EPaCCS usage information along with all the other City practices so they can compare their performance with their peers. This will be repeated on a quarterly basis.</li> <li>• Practice usage of EPaCCS has been part of the 2016/17 practice visit programme. The practice visit programme involves GPs meeting with practices to provide informal advise on areas where they are performing less well than their peers, and share areas of good practice. Practices were asked to consider how they may increase their EPaCCS usage.</li> <li>• We are investigating improving the EMIS EPaCCS template which is reported to be long and confusing.</li> <li>• The CCG is developing a Vulnerable Adults “local enhanced service” for</li> </ul>

				<p>2017/18 that will incentivise practices to</p> <ol style="list-style-type: none"> <li>1) register end of life patients on EPaCCS and</li> <li>2) register patients earlier.</li> </ol> <p>Since April 2016 the number of active patients on EPaCCS has increased from 624 to 798, and from 21% of people who die in Nottingham City annually to 28%.</p>
Page 14	<p>2</p> <p>It is recommended that Nottingham University Hospitals NHS Trust review the level of need, including on acute wards, for the services of the Hospital Palliative Care Team at weekends and ensure services are in place to meet that need.</p>	<p>Nottingham University Hospitals Trust</p>	<p>The report and recommendations were discussed at NUH's' Quality Assurance Committee (sub-committee of Trust Board attended by Chair, Chief Executive, Chief Nurse and Medical Director) in April 2016. The action following this meeting was for a Consultant in Palliative Medicine to work with the Better for You Team (team that supports change and transformation) to model the effect of providing a seven day service within the current establishment. This will be reported back to the Quality Assurance Committee.</p>	<p>Work is underway to review specialist palliative care provision and availability at NUH in response to the Committee's review, the 2015 NUH CQC inspection and the National End of Life Care Dying in Hospital Audit. This work is being reported to the Quality Assurance Committee (a sub-committee of the NUH Trust Board). A review has been carried out by the Better For You Team. The Committee felt that further detail on the modelling was required to make a decision on the best way for NUH to provide a seven day service. A data collection exercise commenced on 1 October to run for six months. A further update will be provided at that stage.</p>
	<p>3</p> <p>It is recommended that Nottingham CityCare Partnership</p> <ol style="list-style-type: none"> <li>a) consult with service users and carers to assess whether the Community End of Life service is delivered in a way that means patients and carers feel supported and cared for at weekends and bank holidays in a way that is equivalent to that experienced Monday to</li> </ol>	<p>Nottingham CityCare Partnership</p>	<ol style="list-style-type: none"> <li>a) Patient satisfaction survey to be devised and completed re end of life care received from CityCare Services including community nursing to determine satisfaction of weekend service provision.</li> </ol> <p>To be completed and recommendation available by end June 2016</p> <ol style="list-style-type: none"> <li>b) Feedback received from satisfaction surveys to be reviewed and an action plan developed. Any actions identified out of the scope of the</li> </ol>	<p>See attached update from Nottingham CityCare Partnership</p>

	<p>Friday; and</p> <p>b) respond to any issues raised in the consultation to ensure that patients and carers feel supported and cared for at weekends and bank holidays in a way that is equivalent to that experienced Monday to Friday.</p>		<p>current provider contract to be feedback with City CCG.</p> <p>To be completed by end July 2016.</p>	
<p>4</p> <p>Page 15</p>	<p>It is recommended that Nottingham City Clinical Commissioning Group and Nottingham City Council ensure that the new Carer's Strategy addresses the potential for social isolation of carers and how providers can support carers either at risk of social isolation or experiencing social isolation.</p>	<p>Nottingham City Clinical Commissioning Group</p> <p>Nottingham City Council</p>	<p><u>CCG response</u></p> <p>Accepted</p> <p>Nottingham City CCG and Nottingham City Council are working together on a Strategic Review of support for carers. This means we are looking at all the ways in which we support carers, including wider situations which may affect how carers feel, and their ability to continue to care. The purpose of this review is to look at how we can improve carers' quality of life through improving early identification and support for carers, in line with the Care Act.</p> <p>By identifying carers earlier and ensuring our statutory health and social care services are also able to identify carers we will be able to support carers before they reach crisis point which is normally when a carer starts to feel most isolated.</p> <p>The Strategic Review also aims to promote the inclusion of carers as expert partners when developing the package of care for the cared for person.</p>	<p>Nottingham City CCG and Nottingham City Council are currently out to tender for a carers hub, carers respite and young carers service. This tender has been informed by conducting a strategic review of support for carers across the city and the objectives of the future carers hub will be:</p> <ul style="list-style-type: none"> <li>• Carers will have better access to information about what support is available, and where to go for that support</li> <li>• Carers will have improved access to Carers' Assessments, and support should it be required</li> <li>• Carers will be supported to plan for unexpected situations before they arise</li> <li>• Carers will be supported to remain mentally and physically well, to fulfil their educational and employment potential, and to have a family and community life</li> <li>• Carers will be involved in designing local care provision, and in planning individual care packages, from the outset</li> <li>• Carers will be empowered, will become more resilient and will feel better able to cope in their caring role.</li> </ul>

Page 16				<p>In addition to the revised objectives the provider of the new service will be expected to specifically target activities at identifying and engaging hidden carers from the following priority groups as these are some of the most vulnerable citizens in the city:</p> <ul style="list-style-type: none"> <li>• Carers from BAME backgrounds</li> <li>• Carers of someone with a mental health condition</li> <li>• Carers who themselves have a learning disability</li> <li>• Carers who themselves have a mental health condition</li> <li>• Carers in mutual caring situations</li> </ul> <p>All findings from the strategic review will inform the carers JSNA and joint strategy.</p>
	<p>It is recommended that Nottingham City Clinical Commissioning Group and Nottingham City Council ensure that the new Carer's Strategy identifies mechanisms for ensuring carers are aware of the support available to them and how to access it.</p>	<p>Nottingham City Clinical Commissioning Group</p> <p>Nottingham City Council</p>	<p><u>CCG response</u></p> <p>Accepted</p> <p>Consultation with carers so far has suggested that easy access to information and support is key in maintaining and improving their health and wellbeing. There are a wealth of services which provide support and advice available, however they are currently fragmented.</p> <p>Following feedback from stakeholders we are aiming to develop a new model for carer support which mirrors the approach Nottinghamshire County Council have taken by providing carers and healthcare professionals with a 'golden number' that they can phone for any carer related needs.</p> <p>The single point of access - 'golden number' - will effectively act as a triage hub to ascertain what support the carer needs, provide telephone</p>	<p>The joint tender requires the provider to establish and operate a range of support services, which will form a single point of contact for carers in Nottingham City. This Carers' Hub must form the central element of the carers' pathway to ensure an integrated approach to services for carers that shall increase the levels of carers identified and support appropriate intervention through direct delivery, signposting or referral. Appropriately trained staff must assess the individual needs of each carer, work with the carer to develop a plan to meet the carer's needs, and follow through this plan to ensure the carer's needs are met as fully as possible.</p> <p>In order to achieve this the provider shall:</p> <p>A. Provide a single point of access for carers including a website providing comprehensive information for carers</p>



support and make the necessary onward referrals. We currently have two services in the city that are delivering this method of support and we are aiming to align these services to reduce duplication and improve ease of access.

- and a staffed phone line
- B. Carry out wide promotion of the service including awareness raising of what being a carer is, and where to go for information on support available for carers, including proactive outreach specifically targeting BAME carers
- C. Carry out an assessment of carers' needs, appropriate to the level of support required. This will form the statutory Carers Assessment, in line with the requirements of The Care Act 2014
- D. Develop support plans following on from the Carers Assessment, in line with the requirements of The Care Act 2014.
- E. Provide contingency planning for emergencies, for carers to ensure that support is available should an emergency occur involving the carer or the cared-for person. This must include the development/utilisation of a Carers I.D. card.
- F. Provide group support sessions, regular drop-in sessions and telephone support
- G. Signpost and refer carers to the most appropriate resource or service for them as individuals, including:
  - i. Managing all referrals to the Carers Respite service
  - ii. Managing all referrals to counselling provided through this contract
  - iii. Identifying young carers (aged under 18 years old) within families and referring them to the Young Carers services
  - iv. Signposting to specific training relating to the condition of the cared-for person, provided by other providers
  - v. Collating information on resources available to support carers in

				<p>Nottingham City</p> <p>H. Work with Health and Social Care professionals to provide</p> <p>vi. Information and support for professionals to identify carers and refer them for support</p> <p>vii. Training for professionals on working with carers</p> <p>viii. Regular communications and updates on referrals and services</p> <p>I. Provide a regular counselling service specifically for carers - face to face and telephone counselling options must be provided</p> <p>J. Engagement and involvement of carers</p> <p>K. Co-ordinate a programme of training – carer training only to be delivered directly, plus signposting carers to training by other providers</p> <p>L. Develop support for young adult carers aged 18+</p> <p>All findings from the strategic review will inform the carers JSNA and joint strategy.</p>
6	<p>It is recommended that Nottingham City Clinical Commissioning Group as the commissioner and all providers that they commission produce robust Equality Impact Assessments, which include explicit reference to access to services for people from BME groups and how the range of needs of individuals from BME groups will be considered when receiving palliative/ end of life care.</p>	<p>Nottingham City Clinical Commissioning Group</p>	<p>Accepted</p> <p>The CCG will request that all providers of commissioned End of Life and palliative care services complete new Equality Impact Assessments with explicit reference to access for BME groups and how their needs will be met, considering all aspects of race, religion and belief.</p> <p>This will be completed by October 2016.</p>	<ul style="list-style-type: none"> <li>• The End of Life Co-ordination Service, Community Macmillan service and Macmillan Nottingham Cancer Support Service have an updated their EIAs.</li> <li>• The Palliative and End of Life Specialist Rehabilitation service has been re-procured and will start on 1<sup>st</sup> December 2016. An EIA has been requested. The tender documentation included a specific question on how the provider will ensure patients from protected characteristics will have equality of access to the service. Extracts from the successful bidders response are given below:</li> </ul>

“In line with the Equality Act 2010, CityCare operates a system at an organisational level to collect demographic information against the nine protected characteristics, and is committed to undertaking Equality Impact Assessments on all new or amended policies and functions. Support in completing EIAs is provided by our dedicated E&D Officer to ensure the process is embedded. CityCare's 'Happy to ask, happy to tell' guide supports staff to ask questions in a dignified and respectful manner. Demographic information is included in the monthly data reporting process using SystemOne and since 2015 evidence of activity in relation to protected characteristics has been embedded within our quarterly 'patient, service user and public engagement report'. This will be extended to the team.”

“Information is analysed to identify whether activity is representative of the local population profile, and where required appropriate action plans are developed to target unrepresented communities. Should a gap be identified, CityCare will use a range of techniques to work with local community partners to develop trust, increase understanding of the barriers to engagement, and develop innovative solutions which meet the specific needs of these patient groups. For example, we have worked with the Carer's Federation CityCare to develop services for the travelling community, enabling nurses to build trust and to offer discreet and private services within a non-clinical environment.

“There is a great diversity of religious

				<p>beliefs and cultural practices amongst Nottingham City's diverse communities. It is therefore important to include this in our holistic assessment process and ensure the individual's specific beliefs inform our ongoing approach to care. An example of the partner members' successfully collaboration in responding to identified inequalities can be demonstrated in their participation in Nottingham City's BME community as part of the Pacesetters project. The project looked specifically at the different religious and spiritual needs of those within the Muslim and Christian communities of Nottingham City at the end of life, engaging with local communities and community leaders to review whether current provision meets these needs. The project highlighted community attitudes to cancer diagnosis within the Muslim community and the negative connotations of this, dissuading patients to access health services. Positive actions implemented as a result of the project included:</p> <ul style="list-style-type: none"> <li>– Arranging clinics and/or events on days that do not clash with religious commitments such as Friday prayers or festivals;</li> <li>– Cultural training for staff to ensure that they are mindful of religious requirements when discussing nutrition and diet with citizens.”</li> </ul>
7	It is recommended that Nottingham City Clinical Commissioning Group sets relevant targets/ standards for services to BME groups in the service specification when	Nottingham City Clinical Commissioning Group	Partially accepted  The CCG feels that it is not appropriate to include specific targets for BME groups in palliative/end of life care service specifications. The CCG is required to commission services that	The CCG did not agree to set targets / standards for service to BME groups but committed to include the monitoring of access by all protected characteristics in service review meetings, with providers required to produce remedial action plans if

	<p>agreeing Service Level Agreements with providers of palliative/ end of life care, so that these can be monitored and sanctions applied if the provider fails to implement them.</p>		<p>are equally accessible to all. Whilst this would reasonably be expected to result in service usage by people from protected characteristic groups in line with their representation in the local community, there may be factors outside the control of the provider that prevent this.</p> <p>However, monitoring of access by all protected characteristics will be included in service review meetings, with providers required to produce remedial action plans if protected groups are under-represented. Implementation of action plans will be monitored through contract meetings, and ultimately sanctions can be applied if action plans aren't implemented.</p>	<p>protected groups are under-represented. Implementation of action plans will be monitored through contract meetings, and ultimately sanctions can be applied if action plans aren't implemented.</p> <p>This will be incorporated into the February 2017 contract review meeting for the End of Life Co-ordination service and the March 2017 contract review meeting for the Palliative and End of Life Specialist Rehabilitation service.</p>
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**Report to Health Scrutiny regarding End of Life consultation: November 2016**

**Recommendations and outcomes**

**It is recommended that Nottingham CityCare Partnership**

- a) consult with service users and carers to assess whether the Community End of Life service is delivered in a way that means patients and carers feel supported and cared for at weekends and bank holidays in a way that is equivalent to that experienced Monday to Friday.**

In response to this recommendation CityCare devised a survey to be sent out to patients and carers receiving services from the CityCare End of Life team. Patients were identified who were receiving care as part of the End of Life pathway but at a stage where they or their family members/carers were able to deliver feedback. The survey was designed to specifically capture whether people had a different experience of care from Monday to Friday as compared to weekends and bank holidays (see survey example attached).

The initial method to implement the survey was for members of the Patient and Public Engagement Team (people not directly involved in patient care) to contact people by telephone. It was felt that this would improve the response rate as opposed to a postal survey. However this proved to be difficult. Many people had answerphones on and it did not seem appropriate to leave a message. One family member told us that the person he cared for had sadly died a couple of days before, earlier than expected. He praised the nursing care that she had received but did not want to respond to a formal survey and was very upset. Another person became very tearful and said that she was not able to give feedback at that time.

As a result of the telephone calls and our concerns about disturbing people we sent a written survey out to 20 people explaining the reason for the survey and providing a stamp addressed envelope along with information regarding how to respond by e-mail, website or phone. 3 people responded.

**Survey responses.**

All 3 people felt that they/the person they cared for received all the care they needed during the week (Monday to Friday).

All 3 people felt that they/the person they cared for received all the care they needed at weekends and bank holidays.

All 3 said they had not noticed any difference in the care they received outside of normal hours, at weekends or bank holidays.

All 3 said that they felt their care needs were being met.

2 comments were recorded:

“Unfortunately x passed away in June (the survey was sent out in October). The care he had I was happy with.”

“Got good support from all involved”.

**Other information.**

In addition to the specific survey, the Patient and Public Engagement team has reviewed the on-going feedback received in relation to services including community nursing both in and out of hours. No comments or concerns have been recorded in relation to care and treatment out of hours. No complaints have been recorded in relation to this issue. Compliments reflect high levels of satisfaction with the out of hours community nursing service.

- b) respond to any issues raised in the consultation to ensure that patients and carers feel supported and cared for at weekends and bank holidays in a way that is equivalent to that experienced Monday to Friday.**

Not applicable due to information above.

**Kate Whittaker.**

Head of Patient and Public Engagement.

## Patient and Family Member Feedback Survey

We would like to ask you some questions about the service you have received. Your feedback will be anonymous and we will not be asking for any information like your name or address. Your honest feedback will help improve this service.

**Please mark one answer for each question**

**Are you the...**

Patient

Family member/Carer

Please can you tell us what services you/the person you care for currently receives? For example District Nursing, Respiratory Care etc.

	Strongly agree 😊😊	Agree 😊	Neither agree nor disagree 😐	Disagree 😞	Strongly disagree 😞😞
<b>Please mark one for each question</b>					
I/the person I care for receives all the care they need during the week (Monday to Friday).	😊😊	😊	😐	😞	😞😞
I/the person I care for receives all the care they need at weekends and on bank holidays	😊😊	😊	😐	😞	😞😞

	Yes 😊	No 😞
Have you noticed any differences in the care you receive in the evening or at weekends and bank holidays? If 'Yes', please explain below:		



Do you have any further comments?

Thank you for taking the time to complete this survey. Your feedback will help us to improve our services.

## **Getting feedback from all communities (OPTIONAL)**

The following questions are for monitoring purposes only. The information is kept confidential and accessibility is strictly limited. **You need only complete this part of the form if you feel comfortable doing so.** You may find that some questions are not relevant to you, or that you feel comfortable answering some questions but not others.

### **Why do we collect this data?**

All organisations providing health and social care services are required to collect data about the people who use their services. These categories include age, disability, gender and gender identity, ethnicity, religion or belief, pregnancy, marriage/civil partnership and sexual orientation. The information is used to ensure that we are not discriminating against particular groups of people, and that our services meet particular needs.

### **Will it be shared with anyone?**

We are obliged to share some information with our commissioners (the NHS and local authority organisations that pay for us to provide your services). They are bound by the same confidentiality and information security rules as we are: your information will still be secure.

### **THIS INFORMATION WILL BE HELD IN CONFIDENCE AND WILL NOT BE ATTRIBUTED TO ANY INDIVIDUAL.**

If you feel comfortable providing some or all the information below please tick the appropriate box.

**Age:** 0 - 17  18 -30  31 -65  65 and over

### **Ethnic Origin**

**White:** British  Irish  Any other White background (including Traveller)   
Please specify \_\_\_\_\_

**Mixed:** White & Black Caribbean  White & Black African  White & Asian   
Other Mixed  Please specify \_\_\_\_\_

**Asian/Asian British:** Indian  Pakistani  Bangladeshi   
Other Asian  Please specify \_\_\_\_\_

**Black or Black British:** African  Caribbean  Other Black   
Please specify \_\_\_\_\_

**Other ethnic group:** Chinese  Other ethnic group  Please specify \_\_\_\_\_

**Disability:** Do you consider yourself to have a disability or long term condition?

Yes  No  If yes, please specify \_\_\_\_\_

Prefer not to say

<b>HEALTH SCRUTINY COMMITTEE</b>
<b>24 NOVEMBER 2016</b>
<b>WORK PROGRAMME 2016/17</b>
<b>REPORT OF CORPORATE DIRECTOR OF STRATEGY AND RESOURCES</b>

**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](mailto: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 467"> <p>• <b>Nottingham CityCare Partnership Quality Account 2015/16</b> To consider the draft Quality Account 2015/16 and decide if the Committee wishes to submit a comment for inclusion in the Account <span style="float: right;">(Nottingham CityCare Partnership)</span></p> </li> <li data-bbox="629 504 1890 639"> <p>• <b>Homecare Quality</b> To review the performance and contract management for home care services by the Council's Contract and Procurement Team <span style="float: right;">(Nottingham City Council)</span></p> </li> <li data-bbox="629 676 1827 775"> <p>• <b>Response to recommendations of the End of Life/ Palliative Care Review</b> To receive responses to recommendations of the End of Life/ Palliative Care Review and determine timescales for review of implementation</p> </li> <li data-bbox="629 812 1039 847"> <p>• <b>Work Programme 2016/17</b></p> </li> </ul>
30 June 2016	<ul style="list-style-type: none"> <li data-bbox="629 917 1899 1086"> <p>• <b>Urgent Care Centre</b> 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. <span style="float: right;">(Nottingham City CCG, Nottingham CityCare)</span></p> </li> <li data-bbox="629 1123 1917 1222"> <p>• <b>Development of Health and Wellbeing Strategy</b> To respond to consultation on development of the Health and Wellbeing Strategy <span style="float: right;">(Health and Wellbeing Board)</span></p> </li> <li data-bbox="629 1259 1039 1294"> <p>• <b>Work Programme 2016/17</b></p> </li> </ul>

Date	Items
21 July 2016	<ul style="list-style-type: none"> <li data-bbox="629 268 1962 400"> <p>• <b>Scrutiny of Portfolio Holder for Adults and Health</b> To scrutinise the performance of the Portfolio Holder for Adults and Health against relevant Council Plan priorities <span style="float: right;">(Nottingham City Council)</span></p> </li> <li data-bbox="629 440 1890 539"> <p>• <b>Healthwatch Nottingham Annual Report</b> To receive and give consideration to the Healthwatch Nottingham Annual Report <span style="float: right;">(Healthwatch Nottingham)</span></p> </li> <li data-bbox="629 579 1037 608"> <p>• <b>Work Programme 2016/17</b></p> </li> </ul>
22 September 2016	<ul style="list-style-type: none"> <li data-bbox="629 683 1899 815"> <p>• <b>Adult Integrated Care Programme</b> 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 <span style="float: right;">(Nottingham City CCG)</span></p> </li> <li data-bbox="629 855 1037 884"> <p>• <b>Work Programme 2016/17</b></p> </li> </ul>
20 October 2016	<ul style="list-style-type: none"> <li data-bbox="629 959 1890 1091"> <p>• <b>Seasonal flu vaccination programme</b> To review the uptake of the seasonal flu vaccination programme during 2015/16; and how effective action to improve uptake has been <span style="float: right;">(NHS England, NCC Public Health)</span></p> </li> <li data-bbox="629 1131 1951 1264"> <p>• <b>Homecare Quality – Adult social care and safeguarding perspective</b> To review the role of adult social care and safeguarding teams in ensuring the quality of homecare services meets the needs of service users <span style="float: right;">(Nottingham City Council)</span></p> </li> <li data-bbox="629 1303 1037 1332"> <p>• <b>Work Programme 2016/17</b></p> </li> </ul>

Date	Items
24 November 2016	<ul style="list-style-type: none"> <li>• <b>End of Life/ Palliative Care Review – Implementation of Recommendations</b> To scrutinise implementation of agreed recommendations</li> <li>• <b>Nottingham Homecare Market</b> To hear about the pressures on the homecare market and to review the strategic response including options for an in-house homecare service</li> <li>• <b>Work Programme 2016/17</b></li> </ul>
22 December 2016 <b>CANCELLED</b>	
19 January 2017	<ul style="list-style-type: none"> <li>• <b>Health needs of pregnant women (tbc)</b> To review how the health needs of pregnant women in Nottingham are being met, with a focus on reducing health inequalities <p style="text-align: right;">(Public Health Nottingham City Council)</p></li> <li>• <b>Teenage Pregnancy Rates (tbc)</b> 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</li> <li>• <b>GP Services</b> To review work taking place to ensure that all residents have access to good quality GP services now and in the future. <p style="text-align: right;">(Nottingham City CCG)</p></li> <li>• <b>Access to services for people with ME (myalgic encephalopathy/ encephalomyelitis) – follow up (tbc)</b></li> </ul>

Date	Items
	<p>To review progress in improving the access to services for people with ME since the Committee considered this issue in March 2015</p> <ul style="list-style-type: none"> <li>• <b>Work Programme 2016/17</b></li> </ul>
23 February 2017	<ul style="list-style-type: none"> <li>• <b>Nottingham CityCare Partnership Quality Account 2016/17</b> To consider performance against priorities for 2016/17 and development of priorities for 2017/18  (Nottingham CityCare Partnership)</li> <li>• <b>Implementation of 'Wellness in Mind' Nottingham City Mental Health and Wellbeing Strategy 2014-17</b> (tbc) To scrutinise how outcomes for local people have improved as a result of the Strategy.</li> <li>• <b>Work Programme 2016/17</b></li> </ul>
23 March 2017	<ul style="list-style-type: none"> <li>• <b>Access to dental care</b> (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</li> <li>• <b>Work Programme 2016/17</b></li> </ul>
20 April 2017	<ul style="list-style-type: none"> <li>• <b>Work Programme 2017/18</b> To develop the Committee's work programme for 2017/18</li> </ul>

**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**
- **Integrated Care Plan 2016-2020, including how the implications of the economic assessment of the Adult Integrated Care Programme have been incorporated**
- **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**

#### **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

#### **Items to be scheduled for 2017/18**

##### May 2017

- **Seasonal Flu Immunisation Programme 2016/17**  
To review the performance of the seasonal flu vaccination programme 2016/17 and the effectiveness of work to improve uptake rates

##### June 2017

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

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