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NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 19 January 2017

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

Place: LH 2.13 - 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

1	**APOLOGIES FOR ABSENCE**	
2	**DECLARATIONS OF INTEREST**	
3	**MINUTES** To confirm the minutes of the meeting held on 24 November 2016	3 - 6
4	**GP SERVICES IN NOTTINGHAM CITY**	7 - 10
a	**Report from NHS Nottingham City Clinical Commissioning Group**	To follow
b	**Report from Healthwatch Nottingham**	11 - 16
5	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**	17 - 24

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

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

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NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Loxley House on 24 November 2016 from 1.32 pm - 2.26 pm

Membership

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

Colleagues, partners and others in attendance:

Dr Anjanta Biswas	-	Healthwatch Nottingham
Jane Garrard	-	Senior Governance Officer
Councillor Alex Norris	-	Portfolio Holder for Adults and Health
Linda Sellars	-	Director for Quality and Change
Laura Wilson	-	Senior Governance Officer

26 APOLOGIES FOR ABSENCE

Councillor Corall Jenkins – other Council business

27 DECLARATIONS OF INTEREST

None

28 MINUTES

The minutes of the meeting held on 20 October 2016 were approved as an accurate record and signed by the Chair.

29 NOTTINGHAM HOMECARE MARKET

Councillor Alex Norris, Portfolio Holder for Adults and Health, introduced the item and informed the Committee that homecare was a top priority, but it requires change to be effective.

Linda Sellars, Director for Quality and Change, presented the Committee with the following information on how the Council is addressing current pressures with homecare and outlining the immediate and longer term response:

(a) on average 1,499 citizens receive homecare support per week. 1,281 of those citizens receive their homecare from an external provider, and 218 citizens receive homecare from an internal provider;

(b) the medium term homecare vision is:
- citizen centred and outcome focussed;
- it includes the following overarching principles:
  - supporting social contact – link with the Third Sector;
  - a multi-disciplinary team with a Key Worker role;
  - dignity in care;
  - end to end care;
  - competency based integrated care;
- core homecare provision will include:
  - meal preparation;
  - haircare/footcare;
  - assisting parenting;
  - medication prompts;
  - personal care – washing, dressing, bathing, continence issues;
  - shopping, cleaning and laundry;
- specialist care will include:
  - complex families;
  - nursing interventions – wound dressing, injections, blood tests, urine tests, pain management, stoma care, catheter care;
  - end of life care;
  - reablement and rehabilitation;
  - support on hospital discharge;

(c) the short term plan includes:
- trusted reviewers being embedded in the JackDawe Service so that the Service can carry out its own reviews;
- streamlining the Care Bureau function;
- regular provider performance meetings;
- an alignment of Health and Social Care reablement services;
- the introduction of the Nottingham City Homecare Service (NCHC);
- an increase in the hourly rate;
- a joint recruitment campaign;
- senior Commissioning Care Officers piloting a trusted reviewing function with 2 providers;
- Commissioning Care Officers being embedded in Lead/Support providers to release capacity;
- the introduction of a dynamic purchasing system;
- using in-house expertise to support Lead/Support providers.

In response to questions and comments, Linda Sellars provided the following additional information:

(d) the current commissioning framework ends in 12-18 months. Re-commissioning will be based on the new model;

(e) all services in the authority are on board with the new approach, and have confidence in the vision. Resources are an issue, but it will be possible to achieve the changes;

(f) recruitment and retention of care workers is key, and a more attractive rate of pay, as well as career progression routes, should help improve this;

(g) current pay on minimum wage means that there are plenty of other jobs available with less responsibility;

(h) when citizens require supported discharge from hospital they usually require the homecare service. 30% currently leave straight in to the reablement service, and it is hoped that this can increase.

RESOLVED to

(1) thank Councillor Alex Norris and Linda Sellars for their attendance;

(2) request that a progress update is provided for the Committee in 6 months time.

30 REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES - IMPLEMENTATION OF RECOMMENDATIONS

Jane Garrard, Senior Governance Officer, introduced the report detailing the progress made in implementing the accepted recommendations arising from the Committee's review of end of life/palliative care services.

RESOLVED to

(1) request a further update on the progress of the introduction of a 7 day palliative care service at Nottingham University Hospitals NHS Trust in 6 months time;

(2) inform the Joint Health Committee of the impact of the recommendations;

(3) schedule a review to look at end of life care for children and young people.

31 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

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

RESOLVED to note the work programme.

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HEALTH SCRUTINY COMMITTEE
19 JANUARY 2017
GP SERVICES IN NOTTINGHAM CITY
REPORT OF CORPORATE DIRECTOR FOR STRATEGY AND RESOURCES

1 Purpose

1.1 To review work taking place to ensure that all residents have access to good quality GP services now and in the future.

2 Action required

2.1 The Committee is asked to consider the provision of general practice in Nottingham City, the pressures on general practice provision and how NHS Nottingham City Clinical Commissioning Group is responding to these pressures.

3 Background information

3.1 Primary care is a key part of the local health and care system. Through its work the Committee is aware of the current pressures on GP services in Nottingham and the impact that this has on both patient experience and the wider health and social care system. These pressures include increasing demand in terms of numbers and complexity of patients and increasing diversity in the City's population; workforce pressures from an ageing workforce and challenges in recruitment of GPs; and vulnerabilities of some practices to quality issues and financial difficulties. Health scrutiny is also aware of the impact that this has on service user experience, for example in availability of appointments and the knock-on pressure this has through increased attendance at urgent, and particularly emergency care facilities.

3.2 In Nottingham, NHS Nottingham City Clinical Commissioning Group has powers under fully delegated responsibilities from NHS England for the commissioning, procurement and management of primary medical services.

3.3 In November 2015 the Committee heard about the provision of general practice services in the City and the processes established by NHS Nottingham City Clinical Commissioning Group and NHS England North Midlands to assure the delivery of good quality primary care.

3.4 Since that time the General Practice Forward View has been published setting out national plans to respond to the pressures on general

practice; and locally the Sustainability and Transformation Plan aims to strength primary care services with 'swifter access to general practice, which will be available 8am-8pm, seven days a week'. It says that by 2020/21 the STP footprint (Nottingham and Nottinghamshire excluding Bassetlaw) will be in the top 25% of areas for citizen satisfaction with GP opening hours, those recommending the practice, and those with a same or next day contact.

3.5 NHS Nottingham City Clinical Commissioning Group (CCG) has submitted a paper updating on primary care provision in the City, implementation of the CCG Primary Care Vision, the work of the CCG in relation to primary care commissioning and performance and quality monitoring, information on patient experience and complaints handling and work that the CCG is doing to support for general practice. The Care Quality Commission inspects GP practices and details of the ratings given to practices who have received CQC visits is included within the paper.

3.6 Healthwatch Nottingham has recently undertaken a piece of work looking at pressures in general practice in the City, carrying out a case study of a health centre (Mary Potter Centre) to better understand the pressures on inner city primary care. The final report is still being finalised but an interim report has been made available to the Committee.

4 List of attached information

4.1 Healthwatch Nottingham *Pressures affecting Inner City General Practice: Interim Report January 2017*

NHS Nottingham City Clinical Commissioning Group *Primary Care Services in Nottingham City*

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 meeting of the Health Scrutiny Committee meeting held on 19 November 2016

NHS England (April 2016) General Practice Forward View

Nottingham and Nottinghamshire Sustainability and Transformation Plan

7 Wards affected

7.1 All

8 Contact information

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Pressures affecting Inner-city General Practice

healthwatch Nottingham

Interim Report – January 2017

1. Background

1.1 There is broad and national acceptance that primary care is facing unprecedented pressures of a multi-faceted nature in all parts of the country. The range of these pressures is complex and the impact is not easy to describe. There is anecdotal evidence that these pressures are more severe in the inner city and consequently, Healthwatch is concerned to understand the nature and causes of these pressures.

1.2 Nottingham has a diverse and multi-cultural population with high rates of deprivation and poverty - the city is ranked the eighth most deprived district in the Indices of Multiple Deprivation[1]. Inner city Nottingham in particular has higher still levels of deprivation and significantly lower life expectancy than national figures[2]. It also experiences high levels of migration from countries across Europe and the Asian and African continents, some of whom are fleeing violence as well as other hardships, some moving for economic reasons within the EU.

1.3 Healthwatch Nottingham (HW) has been aware that pressures have been reported by some practices in Nottingham in the past 12 months and that Nottingham City Clinical Commissioning Group (CCG) has received a number of applications from GP practices to temporarily close their patient lists (to new registrations) in an attempt to manage pressures in the short-term. In addition there has been requests from practices to reduce their practice boundaries in attempt to manage their challenges. HW is also aware that the CCG has commissioned a Health Needs Assessment of the 11 practices within the Care Delivery Group (CDG) that covers some of the most deprived parts of the City – namely Arboretum, Radford, Lenton and Dunkirk – categorised as CDG4.

1.4 It is important that as a local HW we try to understand the implications for patients, where practice closures, list dispersals and temporary list closures reduce access to primary care services. Therefore, we have chosen to undertake a case study of a health centre (Mary Potter Centre) at the heart of inner city Nottingham which we hope will lead to a better understanding of the pressures on inner city primary care and will be in the best interest of patients in this area trying to access primary care. The Mary Potter Centre houses three general practices: The Fairfields Practice; The Forest Practice; and High Green Medical Practice. We acknowledge that local CCG is working with primary care providers and NHS England in order to address the matter of repeated temporary list closure and we as local HW intend to contribute to this discussion. Our aim is to ensure that patients are not negatively impacted due to lack of access to primary care, and that there is no inequality of service provision based upon where they live.

1.5 The aim of this report is to understand factors which affect primary care provision in inner-city Nottingham, using the Mary Potter Centre as a case study, and by doing so determine what factors present differing or increased pressures on inner city general practices.

[1] Nottingham Population Hub (2016). https://nottinghaminsight.org.uk/insight/partnerships/voluntary/population.aspx
[2] Care Delivery Group 4 Health Profile (2015). https://nottinghaminsight.org.uk/f/139191/Library/Public-Health/Care-Delivery-Group-Health-Profiles-2015-16/

2. Our Approach

2.1 In order to gain a fuller appreciation of the issues impacting on GP list closures we first undertook a literature review to understand the broader pressures on General Practice in the UK. This included – but was not limited to – 'Understanding pressures in general practice'[3] published in May 2016 by The King's Fund. Data was taken from the latest Care Quality Commission (CQC) reports available. Reports published by other Healthwatch – both at local and national level – around pressures on primary care provision or difficulties faced by patients in GP practices were also reviewed.

2.2 It was clear that speaking to registered patients at the three practices in the case study would not illicit insights that would uncover the issues that affect the Mary Potter Centre. Patients that are already registered with one of the three practices would be unaffected by temporary list closures. It would also be difficult to gain access to patients that are unable to register due to list closures. It was therefore decided to focus on the experiences of professionals providing primary care services within the centre and Nottingham City CCG.

2.3 HW staff and volunteers conducted semi-structured interviews with two of the three practice managers at Mary Potter Centre. Semi-structured interviews were also conducted with a GP that had formerly worked at the centre and the Assistant Director of Primary Care Development for Nottingham City CCG. Participation for interviews was on a voluntary basis and interviewees were informed that they could withdraw from the interview at any point. Before the interviews were conducted individuals were fully informed about the project and gave consent to their interview being recorded. All interview recordings were transcribed verbatim. These transcripts were coded to identify key aspects of their experiences and views related to the project objectives. An online survey was distributed amongst all GPs currently working in the centre. The results of the GP surveys are not included in this interim report as data is still being collected.

2.4 HW was also party to submissions made by all three practices within the Mary Potter centre as part of the requests to close (temporarily) patient's lists and were also sent copies of the business case made in response to the Primary Care offer from Nottingham City CCG.

3. Findings

3.1 Having undertaken the research outlined above, it became evident that four main themes underlie the increased or additional pressures on the Mary Potter practices, ones which are likely to be shared by other inner city practices in Nottingham and elsewhere in the country. These are:

- The high levels of deprivation experienced by the patients that use services at the Mary Potter Centre.
- Issues caused by the nature of the patient's demographics and in particular, the number of patients that don't have English as a first language.
- Pressures on staff members, namely recruitment and capacity.

Patient Deprivation

[3] The King's Fund (2016). https://www.kingsfund.org.uk/publications/pressures-in-general-practice

3.2 Nottingham City Council's Health Profile shows that CDG4 – the CDG that the Mary Potter Centre falls within - is relatively deprived, with over half of the area's population relating to the poorest 20% nationally[4]. It is a reasonable assumption that this level of deprivation is consistent within the patient lists at the Mary Potter practices. The CQC's latest report (December 2016) for High Green Medical Practice states that *"the income deprivation affecting children of 33% is higher than the national average of 20%. The level of income deprivation affecting older people of 43% is higher than the national average of 16%.[5]"* The King's Fund has found that *"not only are people living in areas of worst deprivation more likely to access services, they are also using them more frequently.[6]"*

3.3 It is likely that these deprivation figures would be higher but are masked by a high student population though in the area. 50% of all residents in Arboretum Ward, where Mary Potter Centre is based, are aged between 15 and 24. This is over twice as high as the percentage overall in the City of Nottingham (23%), and four times higher than the national average (13%)[7]. This would indicate that the levels of deprivation experienced by older residents that were not students would be higher than the CDG4 figures suggest.

3.4 A 2014 study in The British Medical Journal, quoted by the King's Fund states that *"someone aged 50 in the most deprived quintile consults their GP at the same rate as someone aged 70 in the least deprived quintile.[8]"* This is supported by the practice manager HW spoke to, who told us that:

> *"When you have deprivation… our 40-60 year olds need as much care as a 70 year old."*

The additional pressure put on practices such as those Mary Potter Centre that experience a high level of patient deprivation is further underlined by the King's Fund report: *"As the level of deprivation increases, so does the number of chronic conditions. [9]"* In addition to this, the report states that the largest proportional increases in patients having more than one serious health issue is found with the 40% of people nationally that are most deprived.

Changing Patient Demographics

3.5 The member of staff interviewed from Nottingham City CCG told us that:

> *"I think that sometimes it is particularly harder for the inner city practices and I think part of that is because of the demographics."*

Looking at each practice individually shows that High Green and Forest have comparable demographics in their patient lists. In their latest report for each respective provider, the CQC states that the Forest Practice *"provides general practice services to 5479 patients.*

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[4] Care Deliver Group Health Profiles (2015-16) https://nottinghaminsight.org.uk/f/139191/Library/Public-Health/Care-Delivery-Group-Health-Profiles-2015-16/

[5] CQC – High Green Medical Practice – Dr Z Khan http://www.cqc.org.uk/location/1-510032732/reports

[6] The King's Fund (2016). https://www.kingsfund.org.uk/publications/pressures-in-general-practice

[7] Ward Profile – Arboretum https://nottinghaminsight.org.uk/insight/static_content/Arboretum.pdf

[8,9] The King's Fund (2016). https://www.kingsfund.org.uk/publications/pressures-in-general-practice

About 65% of the practice population are white British and 35% are from black and minority ethnic (BME) groups[10]".

3.6 In comparison, High Green provides care to a significantly larger list size, 9805 patients as of April 2016, although the demographics are similar. CQC notes that *"the practice has a high proportion of patients from ethnic minorities, 24.9%, compared to the England average of 17.1%. The largest ethnic minorities are South Asian (47.6% of the practice population) and Eastern European (15% of the practice population).[11]"*

3.7 Fairfields Practice has a far higher proportion of BME patients that make up their list of 7529 people. CQC notes that; *"31.4% of the population is British/Mixed British, 17.4% is Pakistani, 5.3% is Caribbean, 4.7% is Indian/British Indian, 4.6% is Polish and the remaining 36.6% of the practice is made up of 47 separate ethnic groups.[12]"*

3.8 HW found that having a diverse population is not *in itself* the issue that has most impact on these three practices, as the practice manager we spoke to reflected:

> *"When the centre was opened eight and a half years ago, it was made for the local demographic and the local population."*

The issue that puts additional pressure on the three practices is that during recent years these demographics have changed. Most importantly, the area supported by the Mary Potter Centre - even discounting the student population - has a high transitory population.

3.9 Before the patient list was closed Fairfields Practice *"experienced a high turnover of patients, registering on average of 70 new patients a month, many of the new patients are new to the area.[13]"* CQC also notes that at High Green *"the patient group is transient and this migration of people has seen the number of patients join and those that have left in a 12 month period give a turnover that has ranged between 12% and 22% in recent years[13]."* This high turnover presents a burden on administration, due to the extra time it takes administrators to register new patients time will also be spent when patients leave – summarising notes and sending to their new practice. As the practice manager pointed out:

> *"You've always got a third of your list being rotated round… so our list looks stable but what it's not showing and what you wouldn't see by looking at data is actually the amount of change."*

3.10 Another direct consequence of the changing demographics within the three practices is the impact of patients that do not have English as a first language. The practice manager calls the area supported by the Mary Potter centre:

> *"An area with a huge concentration of multi-language citizens."*

The CCG representative noted that new patients to the practices:

> *"Tend to have to have longer appointment times, because they need translation services."* Acknowledging that these longer appointment times *"has an impact on the access that they [the practices] can provide to the whole population."*

[10] CQC – Forest Pracice http://www.cqc.org.uk/provider/1-199711407/services
[11] CQC – High Green Medical Practice – Dr Z Khan http://www.cqc.org.uk/location/1-510032732/reports
[12,13] CQC – Fairfields Practice http://www.cqc.org.uk/location/1-550105271/reports
[13] Care Quality Commission http://www.cqc.org.uk/sites/default/files/new_reports/AAAG0016.pdf

The GP formerly employed by a Mary Potter Centre practice described that it is not possible to conduct an appointment with a patient that does not have English as a first language in under 10 minutes, and that 20 minutes could feel rushed:

> *"I found it a challenge… you may be able to just cover one thing… but there may be things that I felt were important as well or the patient did and then we'd struggle to cover that."*

3.11 Nottingham City CCG has commissioned a service for asylum seekers, providing enhanced health checks:

> "*Recognising that they need a longer appointment."*

Although the CCG provided an interpretation service – praised as "*exceptionally good*" by the practice manager - comes at no financial cost to practices, a patient using the translation service will require a 'double appointment'. As the practice manager explains;

> *"If you've got twenty appointments in a morning but half of them have to be double appointments, you're actually reducing your access and that actually disadvantages our patients compared to a practice down the road."*

The GP now employed elsewhere echoes this view, believing that having a higher proportion of double appointments hinders the practices financially:

> *"The NHS needs to recognise that non-English speakers take double the time of English speakers and so the cost of a non-English speaking patient is significantly higher than the cost of an English speaking patient to manage."*

They also outlined the added complexity of using the service, noting that:

> *"We had locums on occasion really quite daunted about the thought of having to have an interpreter."*

Practice Capacity

3.12 The complexity of needs associated with high deprivation levels and changing population demographics amongst the Mary Potter Centre practices' patients has two significant consequences.

- As previously mentioned, the requirement for many 'double appointments' that reduce the number of patients a practice can see each session.
- The increasing number of patients wanting to access the practices. Both significantly affect the three practice's capacity.

3.13 We know that the demand for GP services has increased everywhere. The King's Fund notes that *"activity in general practice has increased significantly over the past five years*[14]*."* The practice manager told us that all three practices have:

> *"Grown our list sizes considerably compared to eight years ago, they have more than doubled in that time."*

This presents two problems that were both acknowledged by the practice manager and the CCG representative: the practice's physically have no room to treat more patients; and are unable to recruit GPs to meet demand.

[14] The King's Fund (2016). https://www.kingsfund.org.uk/publications/pressures-in-general-practice

3.14 It is evident that were it possible, some of the practices within the Mary Potter Centre would be willing to expand. The CCG employee notes:

> *"There are practices there that would be happy to grow but their premises, they're not able due to the space that they've got."*

This is echoed by the practice manager, who states:

> *"Within the building and within the structure there has been no capacity to grow."*

All three practices are located next to one another, with general practice being one of many primary care services offered at Mary Potter.

> *"As the building's evolved… simple things like putting in the library, which is a great facility and what it does is bring more people into the centre but actually what it doesn't do is it doesn't give us the capacity to be able to serve new people."*

3.15 Nationally there is an issue with the number of GPs. The King's Fund states *"there is a shortage of GPs, which is predicted to worsen.*[15]*"* Their study found that only *"31% intended to do full-time clinical work one year after qualification.*[16]*"* This national trend appears to be more severe for the Mary Potter practices. The practice manager remarked;

> *"Four years ago when we put an advert for a new partner or a GP we got sixty applications. We have been advertising for a GP for a year and got zero."*

The CCG acknowledges that:

> *"Workforce is a big one [issue], so certainly recruiting and retaining GPs and I think that that sometimes is particularly harder for the inner city practices."*

The GP interviewed agrees with this sentiment:

> *"I think it's always been a less attractive practice to work in because of the deprivation. People are aware that that in general carries a higher workload than a more suburban practice… you have to have a genuine interest in wanting to work there because it is definitely, definitely way harder than working here in this [their current] practice."*

4. Conclusions

4.1 This is an interim report, written in order to ensure that some of our initial findings could be considered as part of the Health Scrutiny Committee discussion. Consequently, it would be unwise to draw firm conclusions with not all data collected. It is nevertheless apparent that the combination of deprivation and changing demographics which we have highlighted in this case study has created pressures which are unique to the inner city. When combined as they are at Mary Potter with a lack of physical capacity then this has a direct impact on access to services and creates a significant challenge to those tasked with ensuring that every citizen has equal access to primary health care.

[15] The King's Fund (2016). https://www.kingsfund.org.uk/publications/pressures-in-general-practice
[16] The King's Fund (2016). https://www.kingsfund.org.uk/publications/pressures-in-general-practice

HEALTH SCRUTINY COMMITTEE
19 JANUARY 2017
WORK PROGRAMME 2016/17
REPORT OF CORPORATE DIRECTOR OF STRATEGY AND RESOURCES

1. Purpose

1.1 To consider the Committee's work programme for 2016/17 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Committee is asked to note the work that is currently planned for the municipal year 2016/17 and make amendments to this programme as appropriate.

3. Background information

3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.

3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.5 The work programme for the remainder of the municipal year is attached at Appendix 1.

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

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2016/17 Work Programme

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

5.1 None

6. Published documents referred to in compiling this report

6.1 Reports to and minutes of the Health Scrutiny Committee during 2016/17

7. Wards affected

7.1 All

8. Contact information

8.1 Jane Garrard, Senior Governance Officer
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Health Scrutiny Committee 2016/17 Work Programme

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

Date	Items
21 July 2016	• **Scrutiny of Portfolio Holder for Adults and Health** To scrutinise the performance of the Portfolio Holder for Adults and Health against relevant Council Plan priorities (Nottingham City Council) • **Healthwatch Nottingham Annual Report** To receive and give consideration to the Healthwatch Nottingham Annual Report (Healthwatch Nottingham) • **Work Programme 2016/17**
22 September 2016	• **Adult Integrated Care Programme** To review progress in delivery of the Adult Integrated Care Programme and the impact for service users; and to look at the Equality Impact Assessment for Assistive Technology (Nottingham City CCG) • **Work Programme 2016/17**
20 October 2016	• **Seasonal flu vaccination programme** To review the uptake of the seasonal flu vaccination programme during 2015/16; and how effective action to improve uptake has been (NHS England, NCC Public Health) • **Homecare Quality – Adult social care and safeguarding perspective** To review the role of adult social care and safeguarding teams in ensuring the quality of homecare services meets the needs of service users (Nottingham City Council) • **Work Programme 2016/17**

Date	Items
24 November 2016	• **End of Life/ Palliative Care Review – Implementation of Recommendations** To scrutinise implementation of agreed recommendations • **Nottingham Homecare Market** 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. (Nottingham City Council) • **Work Programme 2016/17**
22 December 2016 **CANCELLED**	
19 January 2017	• **GP Services in Nottingham** To review work taking place to ensure that all residents have access to good quality GP services now and in the future. a) Update on GP service provision from NHS Nottingham City Clinical Commissioning Group b) Report from Healthwatch Nottingham on GP services • **Feedback from regional health scrutiny chairs meeting** (Chair) • **Work Programme 2016/17**
23 February 2017	• **Nottingham CityCare Partnership Quality Account 2016/17** To consider performance against priorities for 2016/17 and development of priorities for 2017/18

Date	Items
	(Nottingham CityCare Partnership) • **Feedback from visits to Nottingham CityCare Partnership services – Connect House and Partnership Clinic at Boots, Victoria Centre** • **Access to services for people with ME (myalgic encephalopathy/ encephalomyelitis) – follow up** 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**
23 March 2017	• **Health needs of pregnant women** To develop an understanding of the health needs of pregnant women in Nottingham and review how services are being commissioned to meet those needs, with a focus on reducing health inequalities (Public Health Nottingham City Council/ Nottingham City CCG) • **Feedback from regional health scrutiny chairs meeting** (Chair) • **Work Programme 2016/17**
20 April 2017	• **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**
- **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**
- **Teenage pregnancy rates**
  To review whether the focus and investment in reducing teenage pregnancy over the last 10 years has resulted in a sustainable reduction in teenage pregnancy rates
- **Access to dental care**
  To review whether access to, take up and quality of NHS dental services has improved since scrutiny's review of dental care in 2009

Visits

- Urgent Care Centre – prior to Urgent Care Centre item at June Committee meeting. 15 June 10am
- Connect House 24 January
- CityCare Partnership Clinic, Boots Victoria Centre 30 January

Items to be scheduled for 2017/18

<u>May 2017</u>

- **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
- **Nottingham Homecare Market**
  To review the effectiveness of work that has taken place since November 2015 in response to pressures in the homecare market; and the development of longer term plans to address pressures in the homecare market.
- **End of Life/ Palliative Care Review – Implementation of Recommendations**
  To receive update from NUH on progress in implementing agreed recommendation
- **Nottingham CityCare Partnership Quality Account 2015/16**

June 2017

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