

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG on 23 February 2017 from 13.31 - 14.33

Membership

Present

Councillor Anne Peach (Chair)
Councillor Merlita Bryan (Vice Chair)
Councillor Ilyas Aziz
Councillor Patience Uloma Ifediora
Councillor Carole-Ann Jones
Councillor Ginny Klein

Absent

Councillor Jim Armstrong
Councillor Corall Jenkins
Councillor Dave Liversidge
Councillor Chris Tansley

Colleagues, partners and others in attendance:

Jane Garrard - Senior Governance Officer
Kate Morris - Governance Officer
Jo Powell - Communications, Nottingham CityCare Partnership
Tracey Tyrrell - Director of Nursing and Allied Health Professionals, Nottingham CityCare Partnership

37 APOLOGIES FOR ABSENCE

Councillor Jim Armstrong - Personal
Councillor Corall Jenkins - Personal
Councillor Dave Liversidge - Personal
Councillor Chris Tansley - Personal

38 DECLARATIONS OF INTEREST

None.

39 MINUTES

The minutes of the meeting held on 19 January 2017 were confirmed as a correct record and signed by the Chair.

40 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2016/17

Tracey Tyrrell, Director of Nursing and Allied Health Professionals, Nottingham CityCare Partnership, gave a presentation introducing Nottingham CityCare Partnership's Quality Account 2016/17. She highlighted the following points:

- (a) The information is currently in draft form and in the early stages of going to partner agencies for comment on proposed priorities for 2017/18. The final report is due to be published in June 2017 when it will contain a far more detailed account from 2016/17 and more detail on the agreed priorities for

2017/18. The final report is due to be brought before the Committee at the May 2017 meeting for detailed comment;

- (b) Quality Accounts allow local providers of NHS services to report on quality and demonstrate improvements in their services to stakeholders and local communities;
- (c) Service quality is measured by patient safety, effectiveness of treatments and patient feedback and engagement about care provided;
- (d) Nottingham CityCare Partnership was inspected by the Care Quality Commission (CQC) in late November 2016. The final report and recommendations have not yet been published but the final version of the Quality Account 2016/17 will reflect any recommendations or comments made by the CQC;
- (e) Work that has taken place in relation to priorities for 2016/17 has included:
 - Care and Support of Staff – looking after the most important asset of the partnership:
 - staff survey – results of which are embargoed until the end of February,
 - “We said, We Did” engagement events with specific events planned following the release of the staff survey at the end of February,
 - workforce strategy plans,
 - development of a Workforce Well-being Group and improvements to the Employee Assistance Programme,
 - development and implementation of restorative and clinical supervision,
 - Mental Health knowledge – recognising the importance of having good background knowledge to be able to signpost to services, whilst not being a provider of mental health care:
 - ensuring that specialist training is introduced,
 - recruitment of Specialist Practitioners who are working in the Neighbourhood teams and Children’s Services,
 - Self-management – promotion of self-care and reducing avoidable harm:
 - additional training to support staff,
 - social needs of patients are identified and patients are signposted to the appropriate service,
 - ensuring that clinicians or social care workers are able to recognise the need for a social prescription,
 - Integration with partnership organisations:
 - Duty of Candour embedded across all services,
 - Quality Strategy and Sign up to Safety action plans,
 - Introduction of patient safety walkabouts,
 - Patient safety focused work groups asking patients what being “safe” means to them;
- (f) Proposed priorities for 2017/18 are:
 - Promoting prevention:

- Improving mental health and wellbeing,
- Better signposting to key services,
- Ensuring that every contact counts,
- Further promotion of self-care,
- Further integration of services:
 - Focusing on specific services for Children and Young people, and Adults,
- Reducing Avoidable Harm:
 - Learning from incidents,
 - Recognition of deteriorating sick adult or child – staff are more often seeing acutely unwell patients in the community and it is essential that staff are skilled up further to cater for their needs,
 - Focus on Safeguarding for both children and adults.

(g) Through these three priorities a central theme will be equality and diversity which came through at a patient feedback event as an important feature for many patients.

Following questions and comments from the Committee the following information was highlighted:

- (h) The patient safety walkabouts have been developed using the same principles as a CQC inspection. Using this toolkit allows teams to ensure safety and assess responsiveness of staff, prevention of infection, and staff engagement with patients;
- (i) Consultation on the priorities for 2017/18 has taken place with the Equality and Diversity Group which then feeds into the Board and its detailed Work Plan. Consultation is also taking place with the Patient Experience Group (PEG), but by its nature it is not representative of all groups. Groups consulted so far include:
 - Patient Experience Group
 - Clinical Commissioning Groups
 - HealthWatch groups
 - Local community groups;
- (j) Citycare Partnership will forward a full list of groups who have been consulted/ are due to be consulted on these priorities to the Committee, and if there are gaps, or if councillors feel that there are groups in the community that should be consulted then this will be fed back;
- (k) CityCare work with partners to offer a range of services as commissioned. The range of services provided is changing and some services, such as podiatry, are no longer provided by CityCare because the organisation was unsuccessful in winning the contract. The priority for CityCare is to ensure that the services that it does provide are safe and effective;
- (l) Co-location has been successful and it is anticipated that the CQC will endorse this in their inspection report. CityCare is currently on track to achieve its targets around joint staff training and streamlining the service for patients;

- (m) Patient satisfaction is high, numbers of complaints remain stable and year on year upheld complaints remain low as do those upheld by the Ombudsman. The level of harm caused remains low. On receipt of the final CQC report it will allow CityCare to compare their statistics to the national averages and these findings can be brought back to the meeting in May;
- (n) Pressure sores remain an important focus and will be a major thread within the “reducing avoidable harm” workstream although it isn’t currently proposed to be a specific priority. The detail of this will be available for May, however at present the number of grade 3 and grade 4 ulcers has been reduced, but the level of grade 2 ulcers is up. The reason for this increase in grade 2 pressure ulcers is better recognition by clinical staff;
- (o) Recruitment of additional district nurses to meet with demand is going well. Although District Nursing is not traditionally a role taken on by newly qualified nurses the partnership are working hard to make it more accessible. They have recently entered into a training rotation with NHS trusts and recruited 16 nurses who will all spend time in the community, in acute medicine and a mental health setting. This training has been enabled by Health Education East Midlands;
- (p) Once the Quality Account is completed and signed off it will be published on the website and in paper format. The Partnership will also write out to all stakeholders with a copy and a summary document;

RESOLVED to

- (1) thank Tracey Tyrell for her attendance;**
- (2) invite Nottingham CityCare Partnership back to the meeting in May with the final version of the Quality Account 2016/17 document for comment; and**
- (3) request that Nottingham CityCare Partnership provide a list of all stakeholders that CityCare have/ will be consulting on its proposed priorities for 2017/18 to enable the Committee to identify if there are any groups that it feels are missing and should be included.**

41 FEEDBACK FROM VISIT TO NOTTINGHAM CITYCARE PARTNERSHIP CLINIC AT BOOTS, VICTORIA CENTRE

The Committee provided feedback from its visit to Nottingham CityCare Partnership Clinic at Boots, Victoria Centre on 30 January 2017. Tracey Tyrell, Director of Nursing and Allied Health Professionals, Nottingham CityCare Partnership, listened to and commented on the feedback. The following points were highlighted during discussion:

- (a) the clinic environment was pleasant and spacious but did not seem very busy. It appeared that there was capacity to increase the number of clinics provided at this location;

- (b) It was confirmed that bringing in additional services was being considered by Nottingham CityCare and although they are not permitted, under the terms of the lease agreement, to sublet space they are looking at entering into partnership agreements with other service providers to offer services not currently commissioned from CityCare;
- (c) Access to the clinic was a little difficult on the Monday afternoon that the Committee visited. The lift was out of order and signage to reach the clinic via stairs was difficult to see and to follow. Councillors felt that there was nothing in the main Boots store to promote the clinic or the services it provides. Improved signage would help those attending the clinic and also make potential patients aware that it could be an option available to them;
- (d) There are restrictions on the lease conditions governing what signage CityCare Partnership are allowed to display, but if improvements can be made to the signage then this will be put forward;
- (e) General impressions of the clinic were positive, including the location and opening hours (there were later clinics on some days).

RESOLVED to

- (1) request that Nottingham CityCare Partnership consider the feedback provided by the Committee and provide a response to the issues raised: and**
- (2) rearrange the cancelled site visit to Connect House.**

42 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer outlined the Committee's future work programme. She reported that the item on improving access to services for people with ME, which had been expected on the agenda for today's meeting, had not been included because Nottingham City Clinical Commissioning Group did not have progress to report on the two areas identified for development: training and education; and continuity of care and access to services. In addition, the current service provided by Nottingham University Hospitals is due to be decommissioned in July 2017 and a new service recommissioned. The Joint Health Scrutiny Committee is leading on scrutiny of a range of services being recommissioned, including the service for people with Chronic Fatigue Syndrome/ ME and therefore it was felt that it would be duplication for the Health Scrutiny Committee to explore the issues further at this time.

Councillors suggested that the Committee consider including the following issues on its work programme for 2017/18:

- (a) Social prescriptions – progress in the roll out of social prescribing; and the impact of reducing availability of activities and groups in local communities
- (b) Self-management of conditions – the extent to which approaches to self-management are taking into account the needs of specific local communities

RESOLVED to note the work programme.