NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 23 February 2017

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

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

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

Corporate Director for Strategy and Resources

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

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES 3 - 8
To confirm the minutes of the meeting held on 19 January 2017.

4 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2016/17 9 - 46

5 FEEDBACK FROM VISIT TO NOTTINGHAM CITYCARE PARTNERSHIP CLINIC AT BOOTS, VICTORIA CENTRE
Verbal feedback from Health Scrutiny Committee members

6 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 47 - 54

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 REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT 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 LH 2.13 - Loxley House, Station Street, Nottingham, NG2 3NG on 19 January 2017 from 13.30 - 14.48

Membership

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

Colleagues, partners and others in attendance:

Dr Ajanta Biswas	- Board Member, Healthwatch Nottingham
Helen Davies	- Practice Manager, Fairfields Medical Practice
Lynette Daws	- Assistant Director of Primary Care Development
Tom England	- Evidence and Insight Worker, Healthwatch Nottingham
Martin Gawith	- Chair of Board, Healthwatch Nottingham
Rav Kalsi	- Senior Governance Officer
Shaheen Khan	- Business Manager, High Green Medical Practice
Pete McGavin	- Chief Executive, Healthwatch Nottingham
Kate Morris	- Governance Officer
Dr Prema Nirgude	- Evidence and Insight Manager, Healthwatch Nottingham
Maria Principe	- Director of Contracting and Transformation, Nottingham City clinical Commissioning Group
Fiona Warren	- Commissioning Manager, Primary Care

32 APOLOGIES FOR ABSENCE

Councillor Corall Jenkins - personal

33 DECLARATIONS OF INTEREST

None.

34 MINUTES

The Committee confirmed the minutes of the meeting held on 24 November 2016 as a correct record and they were signed by the Chair.

35 GP SERVICES IN NOTTINGHAM CITY

Maria Principe, Director of Contracting and Transformation at NHS Nottingham City Clinical Commissioning Group (CCG), presented a report updating the Committee on

the quality of Primary Care Services, specifically, services delivered by General Practice in Nottingham City. The following key points were highlighted:

(a) there are currently 56 GP practices within the city, 12 of which are single handed practices (practices with just one GP);

(b) list sizes vary from 1,400 patients to 17,000 patients. The largest practice being the student practice with 39,000 patients on the list;

(c) the primary care plan endorsed by the governing body and member practices in 2014 has 5 essential objectives that it has been working to improve:
- Integrate Primary, Community and Social Care:
  - There are now multi-disciplinary teams including social workers at GP practices;
  - There is work taking place looking at placing mental health specialists within GP practices in the future;
- Standardise and improve Access:
  - the Weekend Opening pilot has continued to ensure that one practice in each care area is open on a Sunday. The CCG cannot afford to open all practices on a Sunday and for the single handed practices it is not possible to open every day;
  - Feedback shows that practices were busy Monday to Saturday but showed a drop in numbers attending on Sunday. Many patients do not want to travel to a GP that is not their own on a Sunday and may choose to attend Accident and Emergency instead;
  - Discussions are taking place about setting a GP practice at Accident and Emergency, building on the GP presence that is already there.
- Utilise and adapt innovative and best practice:
  - a new, remote telehealth monitoring system has been rolled out along with a pilot eConsultation service and a pilot virtual clinic with video consultation.
  - it is still necessary to promote online booking systems and prescription services as this is currently below the national average. This will be a particular focus over the upcoming year. The suggestion was made that whilst patients are waiting for their appointments in the practice they could be shown how to use the new systems. Maria will take this back for consideration by the CCG.
- Develop shared working/workforce:
  - The vocational training scheme for this year is now full with all 45 posts filled.
  - The 4 fellows place in Nottingham City through Health Education England have extended their placements into 16/17 and a further 7 placements were also secured for 2016/2017.
- Promote shared responsibility of health:
  - The CCG is promoting self-care for sustainability of services. Integration of social care staff and mental health staff into GP practices will promote this self-care agenda further.

- Patients need to be encouraged to avoid damaging behaviour such as smoking and drinking and poor diet which goes beyond local government as it requires social change.

(d) the Primary Care Commissioning Panel has received several applications over the last 18 months to close their practice lists to new patient registrations. These requests have largely come from the Hyson Green area but also include practices in Aspley and Wollaton. As a result of this a health needs assessment is being undertaken to understand capacity issues and needs in these areas;

(e) the national GP Patient Survey was published in July 2016. It showed that 85% of patients in Nottingham City were satisfied with their experiences at their surgery, this is in line with the national average. It showed that 88% found receptionists at their surgery were helpful which is in line with the national average. Recent training of all reception staff across Nottingham City GP practices has been beneficial to the patients;

(f) between April and September 2016 10 serious incidents were reported by primary care providers. This is not dissimilar to previous reporting periods;

(g) in 2016 the Care Quality Commission (CQC) suspended 2 practices. 1 was closed and the other re-opened. 4 practices were rated as outstanding on inspection, 39 as good, 5 requiring improvement and 3 as inadequate;

(h) a piece of work is taking place to align administrative services, and HR services for a number of GP surgeries across the City, looking at the possibility of sharing non GP staff where practical, including administration staff and a standardisation of care and access;

Thomas England, Interim Evidence and Insight worker at Healthwatch Nottingham presented an interim report on the pressures affecting inner-city general practice. The following key points were highlighted:

(i) this is an interim report, the final report is due to be completed at the end of February 2017. The final report will be circulated to committee members once it has been completed and singed off;

(j) Healthwatch Nottingham had become aware of increased pressures on inner city practices after a number in Nottingham City applied to close their patient lists to new registrations. A piece of work was commissioned to assess the pressures affecting inner city general practice;

(k) the study took place at the 3 practices based within the Mary Potter Centre in the Hyson Green area of the city. These practices were chosen because all three had applied to close their patient lists to new registration within the last year;

(l) the study is based on interviews with the healthcare professionals and board members, including a GP who had previously worked within one of the practices;

(m) emerging themes are that the higher level of deprivation leads to a higher likelihood to access GP services and a higher likelihood of patients having complex needs;

(n) 50% of all registered patients are between 15 – 24 years old, which is twice the average across the city and 4 times the national average. This large proportion of students is likely to mask the true level of deprivation in the area;

(o) there is a changing demographic within the area. Patients who speak English as an additional language is higher than the national average. There currently 67 different languages spoken by patients accessing these practices. This leads to an increased need for GP's to offer their services through an interpreter, which on average, takes the standard consultation time from 10 minutes to 20 minutes. Subsequently GP's see fewer patients and are worrying that the information they are giving is not being conveyed completely;

(p) the high deprivation levels alongside the changing demographics has had a significant impact on the patient lists in all three practices studied patient list had doubled in size within the last 8 years.

Following questions and comments from the committee the following points were made:

(q) Deprivation, when referred to in the Healthwatch Nottingham study is measured using the Council's Health profile, and data from the Kings Fund research on pressures in general practice. The data shows that over 50% of the population in the area of study are within the lowest 2 groups nationally;

(r) the study found that if patients are not able to able to see their GP, or are not able to register they will attend Accident and Emergency services. This has a particular impact on inner city practices like those at the Mary Potter Centre as deprivation levels increase demand for GP services, and the need to use interpreters decreases the number of patients that can be seen, but tariffs paid to Hospitals decrease funding available.

(s) many of the city practices are run by GP's who are now approaching retirement age. In 2015 there were 64 practices, in 2016 there were 56. The trainees working their way through the vocation training programme will not be sufficient to plug this gap;

(t) there is a national shortage of GP's, currently around 38% too few. Health Education East Midlands is working towards decreasing this shortage in Nottingham City, as is Nottingham City CCG;

(u) Nottingham City faces comparable challenges in attracting GP's to their inner city practices as other large cities. Across the UK inner city practices struggle to recruit partners to practices. There is less of a challenge recruiting locum GP's but this leads to less stability for the practice;

(v) GP contracts give a nationally set figure per patient which takes into account deprivation;

(w) the CCG receives funding on performance. When a patient attends Accident and Emergency the CCG are charged a tariff. There are a number of resources in place to reduce these visits but they are not used by patients as well as they could be;

(x) notice has been given to a number of stroke services within Nottingham City. There will be very little to impact on patient outcomes as since 2011/2012 Nottingham City stroke care service has seen a very large percentage of patients back in the community and rehabilitating quickly;

(y) the government recommends a patient list of 2,200 patients per GP. There are GP's who have larger list sizes and those that have smaller list sizes;

(z) NHS England do carry out list cleansing, where patients who have failed to respond to screening requests and have not presented for some time can be taken off lists. A number of practices within the City carry out list cleansing;

(aa) the CCG is encouraging practices to move more to hub type accommodations. At present there is limited funding for the moves and major estate works are currently not financially possible;

(bb) the CCG have delegated responsibilities for looking managing the contracts with GP's. NHS England hold the contract and the CCG is limited as to what decisions they can make.

RESOLVED to

(1) thank colleagues from Nottingham City Clinical Commissioning Group for the report and to note its content;

(2) invite the Clinical Commissioning Group back in 12 months for a further update on the quality of Primary Care in Nottingham City;

(3) thank Healthwatch Nottingham for sharing the interim findings from their study into the pressures affecting inner-city general practice and to note its content;

(4) to invite Healthwatch Nottingham to present the final outcomes from the study, along with Healthwatch Nottingham's Annual Report, to the Committee in the 2017/18.

36 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Rav Kalsi, Senior Governance Officer outlined the Committee's future work programme.

RESOLVED to note the work programme.

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HEALTH SCRUTINY COMMITTEE
23 FEBRUARY 2017
NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2016/17
REPORT OF CORPORATE DIRECTOR OF STRATEGY AND RESOURCES

1 Purpose

1.1 To consider Nottingham CityCare Partnership's progress against its quality improvement priorities for 2016/17; and proposals for its quality improvement priorities for 2017/18 including plans for public engagement in developing the priorities.

2 Action required

2.1 The Committee is asked to consider and comment on the information provided, focusing on how Nottingham CityCare Partnership is determining its priorities for 2017/18 and how it is involving stakeholders to do so.

3 Background information

3.1 A Quality Account is an annual report to the public from providers of NHS funded healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety; clinical effectiveness and patient experience.

3.2 A Quality Account should:

- improve organisational accountability to the public and engage boards (or their equivalent) in the quality improvement agenda for the organisation;
- enable the provider to review its services, show where it is doing well but also where improvement is required;
- demonstrate what improvements are planned;
- provide information on the quality of services to patients and the public; and
- demonstrate how the organisation involves, and responds to feedback from patients and the public, as well as other stakeholders.

3.3 Quality Accounts are both retrospective and forward looking. They look back on the previous year's performance regarding quality of services, explaining what is being done well and where improvement is needed. They also look forward, explaining what has been identified as priorities for improvement.

3.4 Quality Accounts are public documents, and while their audience is wide ranging (clinicians, staff, commissioners, patients and their carers, academics, regulators etc) they should present information in a way that is accessible to all.

3.5 As a first step towards ensuring that the information contained in Quality Accounts is accurate, fair and gives a representative and balanced overview, providers have to share their Quality Accounts prior to publication. This includes sharing with:

- the appropriate NHS England Area Team where 50% or more of the provider's health services are provided under contract, agreement or arrangement with the Team or the clinical commissioning group which has responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period;
- the appropriate local Healthwatch organisation; and
- the appropriate local authority overview and scrutiny committee.

3.6 NHS England/ the clinical commissioning group has a legal obligation to review and comment on a provider's Quality Account, while Healthwatch and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis. Any comment provided should indicate whether the Committee believes, based on the knowledge they have of the provider, that the report is a fair reflection of the healthcare services provided. The organisation then has to include these comments in the published Quality Account.

3.7 Tracey Tyrell, Director of Nursing and Allied Health Professionals at Nottingham CityCare Partnership will be attending the meeting to inform the Committee of the Partnership's progress in implementing its quality improvement priorities for 2016/17 (details of the 2016/17 priorities can be found at appendix 1); and proposals for the organisation's priorities for 2017/18. A copy of the presentation to be given can be found at appendix 2.

3.8 Following this, Nottingham CityCare Partnership will be invited to present its draft Quality Account to the Committee's May 2017 meeting, at which point the Committee can decide whether to put forward any comments for inclusion or not.

3.9 This Quality Account exercise mirrors that undertaken by the Joint City and County Health Scrutiny Committee for organisations delivering services across Nottingham City, Nottinghamshire County and, in some instances, further afield.

4 List of attached information

4.1 Appendix 1 – Nottingham CityCare Partnership Priorities for Quality Improvement 2016/17 (extract from Quality Account 2015/16)

Appendix 2 – Presentation from Nottingham CityCare Partnership

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 Nottingham CityCare Partnership Quality Account 2015/16

6.2 Department for Health 'Quality Accounts Toolkit 2010/11'

7 Wards affected

7.1 All

8 Contact information

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Priorities for quality improvement 2016/17

IWe have spoken with our staff and a number of different groups and organisations to help us develop this report and set new priorities for 2016/17.

Priorities were proposed from a wide range of views and opinions gathered from staff and from service user/ patient feedback and experience gathered throughout the year. We held a stakeholder workshop where the new priorities were agreed for consultation. Priorities were then widely circulated to a range of groups and organisations for comment. These included:

- Our Members Panel (list of individuals, groups and organisations with an interest in CityCare)
- Vulnerable Adults and Children and Young Peoples' networks
- East Midlands Academic Health Science Network
- Carers Federation
- Radford Care Group
- Indian Community Centre
- Small Steps Big Changes
- Teams within CityCare.

Our draft priorities and the final draft of the report were shared with Nottingham City Clinical Commissioning Group, the Nottingham City Health Scrutiny Panel and Nottingham City Healthwatch to enable them to comment.

Priority 1: **Caring for and supporting our staff so they can continue providing high quality care**

Why we chose this priority	By improving our understanding and management of people and performance we can increase our organisational performance, drive up standards of care, and improve employee engagement and job satisfaction.
Quality domains	Patient safety, patient experience and clinical effectiveness
Work it builds on	Previous staff survey reports and training needs analyses. See our Quality Account for 2014/15. The work of our Staff Board Member and our staff representative group 'Voice'.
Our key partners	• Workforce and Human Resources team • Our staff • Our patients.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Equip individuals with line management responsibilities with the skills to support staff so that staff feel cared for.	Develop and implement an action plan for implementing leadership training following a review of the training needs analysis and staff opinion survey. Develop and implement a management induction programme that includes key areas for managers (appraisal, supervision, recruitment and selection etc). Review standard operating procedures for HR and Workforce processes for appraisals, supervision, recruitment and selection, assessing capability etc.	Check percentage attendance of managers at the training and identify any patterns of managers not attending. Test the effectiveness of the training using the Culture of Care Barometer (a national tool which enables staff groups and teams to delve into how they feel about an organisation and what actions they need to take to promote a positive culture). Test the effectiveness using peer reviews for those services where there is a decrease or no change in evaluation using the Culture of Care Barometer.
Implement an integrated restorative supervision model to provide high quality care to both patients and staff which in turn will improve the use of restorative supervision.	Train 15 CityCare staff from April to October 2016. Implement 'train the trainer' across the organisation. By April 2017, 25 staff will have received the training and be receiving supervision using the new model. The focus will be on enabling staff to reflect on the content of their work and restore their capacity to make clear decisions. Results in previous studies show restorative supervision increased compassion satisfaction (the pleasure someone derives from doing their job) as well as reducing burnout and stress by over 40%.	Pre and post evaluation for each member of the cohort should demonstrate increased resilience and wellbeing as well as compassion satisfaction and an increase in organisational attachment. Monitor staff sickness absence in clinical areas where they have this available to see if this has an effect. Monitor reports in the staff survey in areas relating to staff sickness, compassion satisfaction and organisational attachment, support and wellbeing.

What we will do	How we will do it	How we will measure/evaluate our progress and success
The development of a HR and Workforce Strategy to include five key areas: • Staff health and wellbeing • Recruitment and retention • Learning and development • Reward and recognition • Equality and diversity.	Operationalise the strategy into the organisation.	Improved staff survey results on an incremental basis. Reduction in short term sickness absence.

The difference we hope to make

- We will improve the employee experience and so enhance the quality of our services
- Our staff will consider CityCare to be an 'Employer of Choice', with a healthy workplace and workforce
- We will increase our productivity by reducing staff sickness, therefore saving money and increasing efficiency
- We will value our employees by offering supervision that focuses on them as professionals.

Staff engagement

Staff survery

We value our staff and understand that engaged staff are essential for delivery of top quality services. We carried out a staff survey, using the National Staff Survey, during 2015/16, receiving 574 responses which is a 36% response rate.

CityCare acts fairly with regard to career progression/ promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age:			Number of times in the last 12 months that you personally experienced harassment, bullying or abuse at work from managers:			Number of times in the last 12 months that you personally experienced harassment, bullying or abuse at work from other colleagues:		
56% Yes	**10%** No	**34%** Don't know	**90%** Never	**7%** 1-2	**2%** 3-5	**86%** Never	**10%** 1-2	**3%** 3-5
			1% 6-10	**0%** >10		**1%** 6-10	**1%** >10	

The Friends and Family Test:

(Numbers in brackets show average scores for NHS Community Trusts)

74% agree or strongly agree that patients/ service users were CityCare's top priority (73%)

56% would recommend CityCare as a place to work (56%)

77% agree or strongly agree that if a friend or relative required treatment, they would be happy with the standard of care provided by CityCare (74%)

74% believe CityCare acts on concerns raised by patients/service users (75%)

74% of staff agreed that they felt valued by their immediate line manager (73%)

In contrast to this

37% of staff felt that their work was valued by the organisation (40%)

55% of staff reported that they were satisfied with the recognition they receive from others for their work (53%)

11% of staff reported seeing an error, near miss or incident that could have hurt a member of staff in the last month (12%)

17% reported witnessing an error that could have harmed a patient/service user (17%)

43% of staff said that either themselves or a colleague reported the error.

When asked if CityCare treated those who report incidents fairly

37% agreed (47%)

6% disagreed (6%)

It is worth noting that **27%** said that they did not know (18%)

75% of staff reported they would feel secure raising concerns about unsafe clinical practice (73%)

With **62%** of staff feeling confident that CityCare would address those concerns if raised (61%)

Areas where we could improve against the national average

(Numbers in brackets show average scores for NHS Community Trusts)

44% (58%) - receive regular updates on patient/service user feedback (e.g. via line managers or communication teams). This is 14% less positive than the Community Trust scores and national NHS scores.

37% (46%) of staff believe that patient/service user feedback is used to make informed decisions within their team or department – this is down on the national NHS score of 50% also.

78% (76%) had access non-mandatory training in the last 12 months with **70%** (84%) reporting that it helped them carry out their job more effectively. **64%** (79%) reported that their non-mandatory training helped them provide a better service to patients/service users.

88% (88%) of staff reported that they had received an appraisal in the last 12 months. Some work may need to be considered around the effectiveness of appraisals within the organisation as **65%** (72%) of staff said their appraisal "definitely" or "to some extent" left them feeling valued by the organisation. **75%** (78%) of staff reported that the values of CityCare were discussed at their appraisal and **70%** (70%) of staff reported having training or development needs being identified through this process.

83% (85%) of staff reported that they felt that their role made a difference to patients/service users. **68%** (71%) of staff reported that they were satisfied with the standard of care they could provide to patients/service users. **56%** (56%) of staff reported that they were able to give the level of care they aspired to.

The majority of staff agreed that CityCare encourages staff to report errors, incidents and near misses with **84%** (89%) agreeing with this statement. When errors, incidents and near misses happened **52%** (64%) of staff said they felt CityCare took action to ensure that they do not happen again. **38%** (52%) of staff reported that they were given feedback about changes made in response to their reporting.

Our new priority of supporting staff includes aiming to improve our staff's experience and help maintain our excellent quality of care through a well-trained, supervised and motivated workforce.

We are committed to ensuring safe staffing levels across all of our community services and we work with all parts of the organisation to ensure our commitment to high quality care being delivered with the right staff at the right time to our patients and citizens.

The role of the staff board member

The role of a Staff Board Member is to represent the voice of staff, contributing towards strategy and direction and being part of the leadership of CityCare to support the organisation's vision and goals.

The Staff Board Member ensures that every employee has a voice in the organisation and is a fundamental concept of our social enterprise.

The recruitment of the Staff Board Member involved an interview process by a director and non executive director with the final two candidates put to a staff vote.

Their remit is:

- To raise awareness of social enterprise within CityCare and commit to the development of culture and values within the organisation.
- To attend Board meetings and represent the views of staff at Board and challenge decisions which may affect staff and deliver a report on reoccurring themes within the organisation.
- To engage with staff through Board staff engagement events and Voice Ambassadors and engagement with staff.
- To directly communicate with CityCare Voice (see page 29) and gather updates on ongoing projects and information which is relevant for Board to hear.
- To attend meetings which directly involve staff such as the Annual Quality Accounts, Staff Survey Results and inputting views on areas which affect staff.
- To represent CityCare within the community and at special events such as the Young Creative Awards.

CityCare Voice

CityCare Voice is a staff working group which aims to promote staff engagement through the alignment of our culture and values, and facilitate communication between staff and the senior management team through local CityCare Voice Ambassadors. Voice ensures that every employee has a voice. Members also support staff experience by supporting initiatives and activities that help create a positive working environment for staff:

- **Health and wellbeing package for staff**
  A health and wellbeing strategy has been put together for health programmes which will be available for all staff. These may include activities such as netball, healthy mind classes, yoga, walking and running groups. This will have a positive impact on CityCare and its workforce, empowering staff to enable a strong body and mind while in the workplace environment.
- **Induction project for new staff joining CityCare**
  CityCare Voice Ambassadors have a slot within the induction programme which tells staff about what CityCare Voice stands for and the role of Ambassadors.
- **Respect Campaign**
  The Respect Campaign is a training programme with several modules which bring staff together using group discussion and scenarios which help them engage, understanding what respect can mean to different staff at all levels of the organisation.
- **My Voice and My Idea comments platform**
  CityCare Voice has a webpage where staff can leave suggestions, ideas and general comments about CityCare and their services. These comments are referred to teams and raised to Board when relevant.
- **Social engagement and events**
  A CityCare choir, pub quizzes and social events such as soup runs have been arranged through CityCare Voice to help build good working relationships between colleagues and unite staff who may never come into contact, which helps with staff morale.

Priority 2: **Focus on mental health knowledge and skills with reference to our mental capacity strategy**

Why we chose this priority	We recognise that, alongside stakeholders, we need to address the mental and physical health interdependencies in respect of the population, either supported by existing service delivery or in terms of new service offers.
Quality domains	Patient safety, patient experience and clinical effectiveness
Work it builds on: Children's services	• Behaviour and Emotional Health (BEH) team pilot • Institute of Health Visiting and Ponder training alongside parental mental health assessment antenatally, at birth visit and a 6-8 week mental health review • Work underway to develop a Primary Care Mental Health Service (PCMHS) • Work with the local authority for an integrated specification • Family Nurse Partnership contacts *See section five of this report for recent developments in Children's Services in relation to mental health support.*
Work it builds on: Adult services	• Work already underway in respect of training, strategy development and partnership working with the local authority and CCG • Work underway to develop a Primary Care Mental Health Service (PCMHS)
Our key partners: Children's services	• Specialist Public Health Nursing 5-19, Health Visiting, Youth Offending Nursing team, Family Nurse Partnership, and Continuing Health Care • BEH work in close partnership with Child and Adolescent Mental Health Services, all work with GPs, social care, and Children's Centres.
Our key partners: Adult services	• CityCare staff in respect of training and awareness development • Work in conjunction with local authority to embed Community Psychiatric Nurses within neighbourhood teams and a strategy that is developed by expert clinicians • The PCMHS will be linked to the neighbourhood teams and specialist adult services.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Develop a mental health strategy.	• Engage with staff who hold a mental health qualification / specialism within CityCare • Wider staff engagement with proposals, for example at training sessions already planned • Strategy development.	Strategy in place that all staff and stakeholders have inputted into is shared across the organisation and referred to within training and other events to ensure embedding.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Development of a Primary Care Mental Health Service (PCMHS).	• Introduce a model of community psychiatric nurses working within neighbourhood teams • Appropriate specialist support for citizens/children and young people with mental health problems who are managed in primary care • Improved parity between mental health and physical health needs in primary care • Availability of expert advice and support to neighbourhood team staff around mental health issues and access to mental health services • Specialist mental health practitioner within children's services • Implementation of evidence based assessment tool and use of structured listening visits by Health Visitors for women identified at risk of mild/moderate post-natal depression • Planned development within Health Visiting around peer review observed visits to ensure standard of practice across clinicians • Provision of support for parents with children with mental health/emotional health needs • Baby massage groups across the city (linked to preventing and reducing the impact of maternal/paternal mental health consequences on infants) • Links with Children's Centres.	Number of referrals in to PCMHS from GPs and the neighbourhood team primary care mental health service from primary care. Reduction in the numbers of people referred from primary care to secondary care mental health services.

The difference we hope to make	
• More informed staff recognise and respond earlier to the mental health needs of their client group • More citizens with mental health problems are managed effectively in primary care • More children and young people are able to access appropriate assessment and support	• A reduction in social isolation and loneliness and their significant impact on the mental health and wellbeing of citizens. Links have already been established as part of the self-care pathway developments with Self Help UK, CLICK Nottingham, Community Navigators, NCVS and the broader Looking After Each Other Programme.

Priority 3: **Self-management – promoting long term behaviour change and increasing awareness**

Why we chose this priority	Utilising motivational lifestyle support, information and signposting, skills training and self-care networks to encourage self-management of long term conditions and improve patient experience. This will result in a reduction in visits from community staff and potentially a reduction in hospital admissions.
Quality domains	Patient experience
Work it builds on	• Self-care is a workstream of the Integrated Adult Care Programme • A self-care pathway has been developed and a pilot is running in Bulwell • Piloting of frail elderly tool kit, self-care assessment and self-care plan.
Our key partners	• Neighbourhood Teams • Multi-agency self-care task and finish group including Self Help UK, NCVS, Metropolitan Signposting Service, and Framework • Social care commissioners, health commissioners, third sector organisations and self-help groups.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Use Social Prescriptions *(these are a mechanism for linking patients with non-medical sources of support within the community).*	Roll-out of Social Prescriptions across all Care Delivery Groups by June 2016.	Roll out complete
Integration of Enablement Care Coordinators (CCOs) into neighbourhood teams.	Co-location of Enablement CCOs in neighbourhood teams. Enablement nurse advisors will support enablement gateway CCOs and community nurses to identify lower level health needs and self-care support.	Integration of Enablement CCOs in to neighbourhood teams

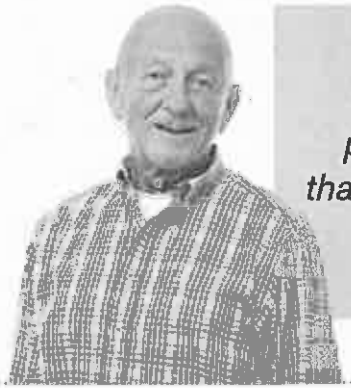
The difference we hope to make

- Exceed the fundamental standards of care (CQC) by ensuring people are involved in their care and facilitating care that is empowering
- Reduction in the need for visits from health care staff
- Improved citizen and carer experience and autonomy through a greater focus on health promotion and self-management by community health and social care staff
- Improved access to advice, information and education.

Self-management - focus on diabetes

Why we have an extra focus on diabetes	The extra focus on diabetes will support the introduction of the new Nottingham City diabetes pathway. From 1 April 2016, CityCare will work in partnership with Nottingham University Hospitals NHS Trust to deliver type 2 diabetes education programmes for individuals who require insulin therapy. CityCare already runs the 'Juggle' structured diabetes education programme for people with type 2 diabetes who are not on insulin therapy.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Improve confidence in managing diabetes as a result of attending a diabetes education programme.	Specific questions will be added to the diabetes education programme patient evaluation questionnaire to be completed at session 4: *"Do you feel more confident to manage your diabetes? Yes/No"* *"Do you feel more confident to discuss your diabetes with your doctor/nurse? Yes/No"*	85% of people attending final session reporting improved confidence as a result of attending the programme. Reported to the CityCare data team on a monthly basis via an agreed template.
Identification of opportunities for further course improvement relating to increased confidence, knowledge and self-management.	Individuals who reply no to the above will be asked how we could have helped them become more confident to manage and discuss their condition.	Patient feedback will be utilised in an ongoing programme of patient-led course improvements. Staff feedback will be obtained by individual self-evaluation using an agreed template.



Patient Comment

"Excellent communication throughout the team. They were my backbone and provided the most outstanding level of care specific to my needs and I cannot thank them enough for getting me "back on my feet" and helping me to the level of independence I now have. The team all deserve a gold medal."

(Health Reablement at Home Service)

Priority 4: **Reducing avoidable harm**

Why we chose this priority	In 2014 the Secretary of State for Health set out the ambition of halving avoidable harm in the NHS over the next three years, and saving 6,000 lives as a result. Our aim is to continually reduce errors of all kinds and we will continue to focus on reducing avoidable harm including pressure ulcers, as well as promoting prevention by enabling patients and carers to understand what they can do. We have committed to the national Sign up to Safety Campaign. We want to ensure our staff are confident to raise their concerns and we recognise the importance of listening to staff and working together to encourage staff to be confident to speak up about when things go wrong and learn from mistakes.
Quality domains	Patient safety
Work it builds on	See previous Quality Accounts for work on incident reporting and learning lessons, and part two of this report on our work implementing the Duty of Candour. We have a quality and safety dashboard and will continue to develop this over the next 12 months. We have trialled the Culture of Care Barometer in one of our services and we plan to include this within our peer review process and internal reviews/changes in services.
Our key partners	• All CityCare teams and services including the Urgent Care Centre and CityCare Connect • Our Patient Experience Group • Our Quality and Safety Group.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Hold three patient focus group sessions over the next year to explore what it means to be safe.	We will use quarter one to plan the three patient focus groups. • Group one will be held in quarter two and involve patients within the reablement service and their families/carers • Group two in quarter two will focus on children's services • Group three in quarter three will involve patients who have used the Urgent Care Centre.	Evaluation of the focus groups through inclusion of feedback within the session by focused questions.
Introduce patient safety walkabouts.	• Directors to arrange service visits • Agreed actions will be followed up within an agreed timeframe • Any areas of good practice or any significant concerns to be included within the director's quality report to Board.	Five walkabouts undertaken by the directors. 'You said, we did' feedback given to staff.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Deliver mechanisms to measure and develop the patient safety culture and reduce avoidable harm.	• Introduce 'Safety Huddles' within the Urgent Care Centre and at Connect House • Introduce Schwartz rounds in two services, where clinical and non-clinical staff will come together once a month to explore the impact their job has on feelings and emotions • Culture of Care Barometer to be used within peer reviews • Have zero stage 4 avoidable pressure ulcers • Attain 60% reduction in avoidable stage 3 pressure ulcers • Attain a 40% reduction of avoidable stage 2 pressure ulcers.	Review of incidents and complaints/concerns. Number of Root Cause Analyses of avoidable pressure ulcers. Board receive quarterly reports on the transformational dashboard.
Embed the Duty of Candour across all services.	Review of the incident reporting policy and procedures to include a review of the Duty of Candour. Root Cause Analysis (RCA) toolkit to be developed including staff responsibilities under duty of candour.	Monthly audit of serious incidents using the RCA toolkit. Monthly reporting on percentage of compliance. Attendance at training.
Increase capacity for managers to utilise quality improvement tools and methods.	Develop and implement the delivery of training for managers in relation to Quality Improvement methodologies/tools to include proactive identification/review of potential harm.	Monitor attendance of managers. From a baseline of clinical audit and peer reviews conducted, monitor quarterly to identify uptake in use of various QI methods. Case examples of learning from improvement methods will be shared at team meetings and will be incorporated into existing training.

The difference we hope to make

We will reduce the number of avoidable harm incidents within our services and develop a culture where staff feel confident to report all patient safety incidents and concerns with confidence and in the knowledge that those concerns will be addressed.

Patient Comment

"Both the exercise and dieting were great and I didn't feel awkward or embarrassed because I was working with other people in a similar position as me."

(Healthy Change)

Priority 5: **More integration with partner organisations in service delivery**

Why we chose this priority	Integration has a number of benefits: • Better outcomes for citizens, including a reduction in hospital admissions, more independence and a streamlined citizen journey • Efficiencies and improvements in quality • A reduction in the number of practitioners seeing a citizen in their own home, improving the citizen experience and reducing duplication • Capacity can be maximised to free up clinical time to care.
Quality domains	Patient experience and clinical effectiveness
Work it builds on	This project is a workstream of the Adult Integrated Care Programme. See last year's Quality Account. See also the *'key partners'* sections of the other new priorities in this report for more information on partnership working.
Our key partners	• Reablement, Urgent Care Service and Community Triage Hub • Local Authority Care Bureau, Emergency Home Care Team and Social Care Reablement team. A joint venture agreement underpins the relationship between partner organisations with a Joint Executive Group now established.

What we will do	How we will do it	How we will measure/evaluate our progress and success
Integrate Health and Social Care Reablement and Urgent Care Services by March 2017.	• Process and protocols for joint working supporting culture change • Co-locate Health and Social Care Reablement and Urgent Care services • Develop the workforce to deliver the integrated service • Ensure joint access to patient records.	Reduction in unnecessary admissions, readmissions and entry to long-term residential or nursing care. Reduction in hospital lengths of stay. Reduction in the proportion of people reporting a very poor experience of inpatient care and primary care.

The difference we hope to make

- Citizens will feel that their individual choices and needs are met in a way in which they feel empowered as valued members of our community
- Citizens will feel that their independence is maximised and be better able to self-manage and self-care
- Nottingham City residents with one or more long term conditions will see an improved quality of life
- Citizens will see a transformed system in which all of its parts work in an integrated way and services have the ability to adapt to the individual needs of each unique person.

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Annual Quality Account – setting the priorities

Stakeholder consultation

February/March 2017

What is an Annual Quality Account?

Quality Accounts are an important way for local providers of NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Our reports are checked by our Board, Nottingham City Clinical Commissioning Group, Nottingham City Council's Health Scrutiny Panel and HealthWatch.

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What needs to be included?

Quality Accounts look at:

- Where we are performing well and where we need to make improvements
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

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Update on our priorities for 2016/17

- Caring for and supporting our staff so they can continue providing high quality care
- Focus on mental health knowledge and skills with reference to our mental capacity strategy
- Self-management – promoting long term behaviour change and increasing awareness
- Reducing avoidable harm
- More integration with partner organisations in service delivery

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Achievements – caring for and supporting our staff

- Workforce Strategy (2016-18)
- Full Staff Survey (2015)
- ‘We said, we did’ – engagement events
- Well-being Group
- Improved Employee Assistance Programme (Validium)
- Supervision (1:1, Restorative, Clinical)

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What else we plan to do

- Health and Wellbeing Strategy
  - Emotional, Psychological and Physical wellbeing
- Improved Leadership & Management Development
  - Including Equality and Diversity
- Review of the appraisal process
- Response to (NHS) National Staff Survey (2016)
  - ‘We said, we did’ – engagement events
  - Staff Engagement Strategy

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Achievements – mental health knowledge and skills

- **Right People** - Specialist Practitioners have been recruited and are working in the neighbourhood teams and Childrens Services
- **Supporting Staff** - We have reviewed areas of Clinical Practice and introduced specialist training for staff
- An action Learning Set has been established consisting of Mental Health Practitioners within CityCare
- **What's Different** - Fact sheets have been developed, new evidence based packages of care and community groups introduced

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What else we plan to do

- **Build on Success** – Action Learning Sets, Training, Continue with New Packages of Care
- **Supporting Staff** – Expand restorative supervision model and introduce a number of wellbeing groups. Destigmatizing mental wellbeing and supporting staff to care.
- **What will be Different** – Introduce a new “toolkit” of care for young mothers with identified mental health needs
- Build on the National Strategy to raise the profile of the importance of Mental Health within our Community

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Achievements – self management and long term behaviour change

- **Right People** – Any clinician or social care worker within a neighbourhood or specialist team would recognise the need for a Social Prescription. The care co-ordinator initiates the social prescription
- **Supporting Staff** – Staff have received training to support this role
- **What's Different** – Social needs for our patients are identified and they are signposted to the appropriate service i.e. financial, self help or low level Mental Health support

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What else we plan to do

- **Build on Success** – Pilot started in Bulwell and has since been extended to a further 4 neighbourhood teams. Implementation in the remaining teams by end of March 2017

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Achievements – reducing avoidable harm

- Embedded Duty of Candour across all services
- Developed our Quality Strategy and Sign up to Safety action plans and provide quarterly updates to the Quality and Safety Group on our work to reduce avoidable harm
- Held a focus group at Connect House with patients on what it means to be “safe”.
- Introduced patient safety walkabouts which evaluate well

What else we plan to do

- Progress the Serious Incident Review Group to ensure organisational learning is shared.
- Hold more focus groups across services to explore with our patients what it means to be safe.
- Use Quality Improvement Methodology to embed learning across services.
- Continue to promote the patient safety walkabouts

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Achievements – integration with partners

- **Right People** – Integration of Health and Social Care Reablement and Urgent Care staff, who are now co-located.
- **Supporting Staff** – Regular written communication via email, team meetings, engagement events, training.
- **What's Different** - To empower people with long term health conditions to feel supported to manage their own health and social care needs and live independently in their own homes for longer. Streamlining of service provision increasing capacity for visits. CM2000 electronic visit allocation for support workers.

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What else we plan to do

- **Build on Success –** All visits to be co-ordinated by CM2000 across the integrated care and support workforce, enabling greater flexibility & increasing overall capacity of the service.
- Shared records
- Joint training

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New priorities for 2017/18

Engaging around our new priorities

To help us develop our quality priorities for 2017/18 we have:

- Used all staff communications, staff Voice and team meetings
- Engaged with the Patient Experience Group
- Engaged with community groups and other stakeholders
- Held a dedicated stakeholder event to consider suggestions received

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We are proposing the following new priorities

1 Promoting prevention

- Improving mental health and wellbeing
- Signposting to key services
- Making every contact count
- Self care

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We are proposing the following new priorities

2 More integration for seamless care

- Children's services
- Adult services

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We are proposing the following new priorities

3 Reducing avoidable harm

- Learning from incidents
- Recognition of the deteriorating sick adult or child
- Safeguarding – children and adults

Other priorities will be woven through the report including our staff, using WRES data and equality and diversity.

Next steps

Following formal consultation and agreement on the priorities to be taken forward, our teams will develop measurable aims and actions for 2017/18.

These will be detailed in the ‘look forward’ section of our annual quality account for 2016/17.

The report will be published in June 2017.

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HEALTH SCRUTINY COMMITTEE
23 FEBRUARY 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
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

Health Scrutiny Committee 2016/17 Work Programme

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

Date	Items
21 July 2016	• **Scrutiny of Portfolio Holder for Adults and Health** To scrutinise the performance of the Portfolio Holder for Adults and Health against relevant Council Plan priorities (Nottingham City Council) • **Healthwatch Nottingham Annual Report** To receive and give consideration to the Healthwatch Nottingham Annual Report (Healthwatch Nottingham) • **Work Programme 2016/17**
22 September 2016	• **Adult Integrated Care Programme** To review progress in delivery of the Adult Integrated Care Programme and the impact for service users; and to look at the Equality Impact Assessment for Assistive Technology (Nottingham City CCG) • **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 service – Partnership Clinic at Boots, Victoria Centre** • **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) • **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 (Public Health Nottingham City Council) • **Feedback from regional health scrutiny chairs meeting** (Chair) • **Work Programme 2016/17**
20 April 2017	• **Next Phase Integrated Care** To hear about the next stages in implementing integrated care (following the Integrated Care Programme) including commissioning of a Multispecialty Community Provider (Nottingham City CCG) • **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

Visits

- Urgent Care Centre – prior to Urgent Care Centre item at June Committee meeting. 15 June
- Connect House – postponed and being rescheduled
- CityCare Partnership Clinic, Boots Victoria Centre 30 January

Items 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
- **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

- **Self Harm and Suicide Prevention**
  To review approaches to preventing self harm and suicide in the City, in the context of the Wellness in Mind Strategy, Suicide Prevention Strategy and the Joint Health and Wellbeing Strategy
- **Urgent Care Centre**
  To review performance of the Urgent Care Centre against expected outcomes
- **Integrated Urgent Care Pathway**

July 2017

- **Healthwatch Nottingham Annual Report 2016/17**
- **Improving access to assistive technology**
  To review progress in improving 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

October 2017

- **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
- **Carer Support Services**
  To speak with commissioners and providers (Carers Federation and Carers Trust) about new carer support services and review plans to ensure that carers' needs are met.

January 2018

- **GP Services in Nottingham City**
  To review current provision and quality of GP services in the City