

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 20 July 2017 from 1.30 pm - 3.10 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Merlita Bryan (Vice Chair)
Councillor Jim Armstrong
Councillor Patience Uloma Ifediora
Councillor Dave Liversidge
Councillor Carole-Ann Jones
Councillor Adele Williams
Councillor Eunice Campbell
Councillor Brian Parbutt

Absent

Councillor Ilyas Aziz
Councillor Corall Jenkins
Councillor Ginny Klein
Councillor Chris Tansley
Councillor Jackie Morris

Colleagues, partners and others in attendance:

Jane Garrard	- Senior Governance Officer
Noel McMenamin	- Governance Officer
Shade Agboola	- Public Health, Nottingham City Council
Louise Lester	- Public Health, Nottingham City Council
Agnes Belencsak	- NHS England North Midlands
Sarah Mayfield	- NHS England North Midlands

11 MEMBERSHIP CHANGE

The Committee noted that Councillor Eunice Campbell, Councillor Jackie Morris, Councillor Brian Parbutt and Councillor Adele Williams have been appointed as members of the Health Scrutiny Committee.

12 APOLOGIES FOR ABSENCE

Councillor Ginny Klein (other Council business)
Councillor Jackie Morris (personal)
Councillor Chris Tansley (personal)

13 DECLARATIONS OF INTEREST

None.

14 MINUTES

The minutes of the meeting held on 22 June 2017 were agreed as a true record and they were signed by the Chair.

15 NOTES OF INFORMAL MEETING OF THE HEALTH SCRUTINY COMMITTEE

The Committee noted the notes of the informal meeting of the Health Scrutiny Committee held on 13 June 2017.

16 SEASONAL FLU IMMUNISATION PROGRAMME 2016/17

Shade Agboola, Consultant in Public Health, Nottingham City Council, gave a presentation to the Committee on the national flu immunisation programme 2016/17 in Nottingham City. Also in attendance were Sarah Mayfield, Screening and Immunisation Manager and Agnes Balencsak, Screening and Immunisation Lead of NHS England North Midlands, and Louise Lester, Specialty Registrar in Public Health at Nottingham City Council.

The presentation highlighted the following:

- (a) Flu is a highly infectious acute viral infection of the respiratory tract, and flu immunisation is the most effective way to protect people from it. Uptake is particularly important for those in clinical risk groups, pregnant women and health and social care workers;
- (b) the following groups are eligible for flu immunisation:
 - children aged 2 to 8 years;
 - primary school children in former primary school pilot areas;
 - those aged 6 months to 65 years in clinical risk groups;
 - those aged 65 years and over;
 - those in long-stay residential care homes;
 - carers;
- (c) while Nottingham has seen an increase in uptake in 5 of the 6 cohorts, the only cohort performing higher than the national (England) average is that for those aged 65 and over. The gap between the national and local uptake levels for those aged 2, 3 and 4 years old is particularly wide;
- (d) Nottingham is disproportionately affected by health inequalities issues, where vulnerable groups such as the elderly, the homeless and the chronically ill are most at risk of not being immunised;
- (e) a flu assurance plan is drawn up, with actions being taken to increase uptake among lower-performing cohorts including:
 - providing flu immunisation for pregnant women in a maternity hospital setting;
 - issuing a second reminder letter to parents of those aged 2 and 3;
 - delivering immunisation for 4 year olds in a school rather than in a GP setting;
 - specific targeting of uptake in special schools;
 - providing a second opportunity for immunising 'at risk' groups at the point of admission to clinics;
 - double checking residential care home patient records;

- targeting underperforming GP practices to improve delivery levels;

- (f) local plans will supplement national efforts to increase immunisation levels, which include the roll-out of a nationally commissioned pharmacy flu service and promotion messages from Public Health(England) and NHS England.

During discussion, a number of issues were raised and points made:

- (g) it was explained that achieving a high uptake of child immunisation levels will have a disproportionately positive impact on performance, as children are considered 'super spreaders' of flu;
- (h) GP practice performance variation was down to a combination of some practices being more proactive than others, while certain practices served harder-to-reach communities;
- (i) anecdotally, a particularly resistant flu strain emerged in care homes, meaning that even where a majority had been immunised, a flu outbreak had taken hold;
- (j) being immunised remained a matter of personal choice, and the system relied on patients keeping their GP records up to date if they had, for example, received a flu jab privately;
- (k) the nasal spray method of delivery was particularly effective for children, while misconceptions persisted among citizens about the supposed side-effects of being immunised;
- (l) it was confirmed that information on uptake by GP practice could be made available.

RESOLVED to

- (1) thank Ms Agboola, Ms Mayfield, Ms Belencsak and Ms Lester for the presentation and contribution to discussion;**
- (2) request a further update on the 2017/18 flu immunisation programme to come to the Committee's July 2018 meeting;**
- (3) ask Public Health and NHS England colleagues to make available a breakdown of flu immunisation performance by GP practice across Nottingham.**

17 HEALTHWATCH ANNUAL REPORT 2016/17

Martin Gawith, Chair of Healthwatch Nottingham, introduced the Healthwatch Nottingham Annual Report, highlighting the following points:

- (a) in the past year, Healthwatch has produced insight reports on Dementia and Mental Health crisis services, has engaged with over 500 people at its 'Talk to Us' events and engaged nearly 300 citizens on Dental Care services;

- (b) the organisation launched a new website and has initiated an Enter and View programme to test health services;
- (c) key ongoing concerns include the shortage of GPs in inner city areas, mental health services available to younger citizens and targeting hard-to-reach groups, including refugees and the LGBT community;
- (d) Healthwatch is conscious that the Sustainable Transformation Plan will bring further changes to the health and social care landscape, and is anxious that the patient voice is represented as the plans are rolled out.

The Committee commended the work of Healthwatch Nottingham over the past year. During discussion the following points were raised:

- (e) there will be a joint Nottingham City and County Healthwatch in place by April 2018. The County organisation currently struggles to recruit sufficient volunteers to support its activities;
- (f) Healthwatch Nottingham is looking to relocate to premises close to the City/County divide;
- (g) there was some concern about co-ordinating activity now that the Joint City and County Health Scrutiny Committee is no longer in place, but co-ordination is taking place through the Health and Wellbeing Board.

RESOLVED to note the Healthwatch Nottingham Annual Report 2016/17.

18 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18

Jane Garrard, Senior Governance Officer, introduced the report outlining the Committee's current work programme for 2017/18. She advised that EMAS representatives will attend the September 2017 meeting, and that, with the Joint City and County Health Scrutiny Committee no longer meeting, arrangements to consider Quality Accounts are being worked up. Ms Garrard has also prepared a briefing paper on NHS 'substantial variations' and will share with the Committee in due course.

RESOLVED to note the Committee's work programme for 2017/18.

19 UPDATE FROM REGIONAL HEALTH SCRUTINY CHAIRS NETWORK MEETING

The Chair provided a verbal update on the most recent Regional Health Scrutiny Chairs Network meeting. The Network meeting focussed mainly on East Midlands Ambulance Service (EMAS) performance, with the following points raised:

- (a) EMAS performance in respect of Safety, Effectiveness and Leadership has been rated as 'requiring improvement', though it is recognised that there are factors impacting on the organisation's performance, such as queueing outside Accident and Emergency departments and handover delays, that are not solely within its control;

- (b) EMAS is developing an Improvement Plan to address issues within its control, including a programme to replace older vehicles in its fleet, better call filtering, improving patient records management, and improving communications with partner organisations;
- (c) EMAS has a unique challenge in having to engage with a large number of organisations across a number of Sustainable Transformation Programme (STP) areas, and is anxious to have a voice across the region it serves as the Accountable Care System is rolled out.

The Chair also advised that Leicestershire and Lincolnshire are looking to refer regional changes to Congenital Heart Services to the Secretary of State, the consultation period for which has been extended because of the General Election in June 2017.

RESOLVED to note the update.

20 FUTURE MEETING DATE CHANGE

The Committee agreed to move the date of its December 2017 meeting from 21 December to 14 December 2017 at 1.30pm.