Public Document Pack



NOTTINGHAM CITY COUNCIL HEALTH SCRUTINY COMMITTEE

Date: Thursday, 20 July 2017

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

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

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

glandonell

Corporate Director for Strategy and Resources

Senior Governance Officer: Jane Garrard Direct Dial: 0115 8764315

1 MEMBERSHIP CHANGE

To note that Councillors Campbell, Morris, Parbutt and Williams have been appointed as members of the Health Scrutiny Committee

2 APOLOGIES FOR ABSENCE

3 DECLARATIONS OF INTEREST

4	MINUTES To confirm the minutes of the meeting held on 22 June 2017	3 - 6
5	NOTES OF INFORMAL MEETING OF THE HEALTH SCRUTINY COMMITTEE To note the notes of the informal meeting of the Health Scrutiny Committee held on 13 June 2017	7 - 10
6	SEASONAL FLU IMMUNISATION PROGRAMME 2016/17	11 - 28
7	HEALTHWATCH ANNUAL REPORT 2016/17	29 - 54
8	HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2017/18	55 - 62
9	UPDATE FROM REGIONAL HEALTH SCRUTINY CHAIRS NETWORK MEETING Verbal update from the Chair of the Health Scrutiny Committee	

10 FUTURE MEETING DATE CHANGE

To agree to move the Health Scrutiny Committee meeting scheduled for 21 December 2017 to 14 December 2017 1:30pm.

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 Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 22 June 2017 from 1:30pm – 2:40pm

Membership

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

Other councillors present

Councillor Eunice Campbell Councillor Jackie Morris Councillor Brian Parbutt Councillor Adele Williams

Colleagues, partners and others in attendance:

Linda Sellars	-	Director of Quality and Change
Jane Garrard	-	Senior Governance Officer

49 MEMBERSHIP CHANGE

RESOLVED to note that Councillor Carole Jones had been appointed as a member of the Health Scrutiny Committee.

50 APOLOGIES FOR ABSENCE

Councillor Jim Armstrong – Other Council Business Councillor Merlita Bryan – Other Council Business Councillor Chris Tansley - Personal

51 DECLARATIONS OF INTEREST

None

52 APPOINTMENT OF VICE CHAIR

RESOLVED to appoint Councillor Merlita Bryan as the Health Scrutiny Committee Vice Chair for 2017/18.

53 MINUTES

RESOLVED to confirm the minutes of the meeting held on 23 March 2017 as an accurate record.

54 <u>NOTES OF INFORMAL MEETING OF THE HEALTH SCRUTINY</u> <u>COMMITTEE</u>

RESOLVED to note the notes of the informal meeting of the Health Scrutiny Committee held on 20 April 2017.

55 HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE 2017/18

RESOLVED to note the terms of reference for the Health Scrutiny Committee during 2017/18.

56 NOTTINGHAM HOMECARE MARKET

Linda Sellars, Director for Quality and Change, gave a presentation about current performance of the homecare market. She highlighted the following information:

- (a) There had been success in reducing the number of people waiting for homecare. In November 2016 there were approximately 140 people waiting for homecare but by June 2017 this had reduced to an average of 28 people waiting. The system would always have some people waiting and the current position was felt to be right.
- (b) This success had been due to a number of factors including increasing capacity in the in-house and integrated reablement service; embedding colleagues in lead and support providers to review care packages; people being discharged from hospital receiving in-house services first which had been effective in reducing the level of on-going support needed; increasing capacity by opening up the list of providers to introduce an accredited provider list.
- (c) The majority of people receiving homecare were cared for by providers that the City Council monitored but there were approximately 11% of people cared for under spot contracts and it was the intention to eliminate spot contracts from the market.
- (d) A Homecare Provider Alliance was being trialled, which included joint recruitment activities, shared training and sharing data about future demand.
- (e) A 'Passport to Care' was being introduced which would be transferable between providers and should help to protect against poor carers.

In response to questions the following additional information was provided:

(f) Additional money had helped address immediate pressures over the short term and no further additional money was available. However in-house services were continuing to cope with demand with current capacity. Due to the way in which it was funded and managed, in-house services were able to respond to demand more flexibly and therefore it was anticipated that the current levels of performance could be maintained.

- (g) It was difficult to know which factor had made the greatest contribution to improving performance over the last six months.
- (h) The aim was for citizens in either an acute or community setting to receive a homecare service within 24 hours and this target was being achieved, even for those patients with complex needs.
- (i) Future demand was monitored very closely. There were weekly meetings to monitor demand and identify an appropriate response. Those weekly meetings would continue even though performance had improved.
- (j) Homecare services were due to be re-commissioned and this would be based on a new framework and service model.
- (k) All citizens were entitled to receive an assessment for support, even if they funded their own care. There was a pilot programme 'transfer to assess' trialling doing assessments at home rather than in hospital.
- (I) The homecare workforce was probably more diverse than many other sectors and therefore the Director was satisfied that there were no issues regarding the workforce reflecting the population it served.
- (m)The 'Passport to Care' pilot had introduced a requirement for all workers to complete a Certificate in Care and then complete a 3-4 month probationary period. It was anticipated that this would start to raise standards of care. The first cohort of workers was currently going through the programme and if it was successful then it would be rolled out further.
- (n) There was recognition that there was a shortage of carers able to communicate in British Sign Language. Work was required to upskill workers so that they could meet that need.

The Committee welcomed the progress made in reducing the number of people waiting for homecare services and expressed a desire that this level of performance be maintained.

RESOLVED to

- (1) review how the Homecare Provider Alliance and Passport to Care Scheme were working and how effectively they were contributing to improving homecare provision in four months time; and
- (2) scrutinise proposals for the new commissioning framework for homecare services.

57 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 informed the Committee that the Nottingham and Nottinghamshire Joint Health Scrutiny Committee would not exist

Health Scrutiny Committee - 22.06.17

during 2017/18 and therefore all health scrutiny activity relevant to Nottingham City residents would have to be undertaken by the Health Scrutiny Committee. This had required amendment to the Committee's work programme.

The Chair of Healthwatch Nottingham suggested that the Committee may wish to look at the future role for local pharmacies, particularly in the context of increasing pressures on GPs.

RESOLVED to

- (1) note the Committee's work programme for 2017/18; and
- (2) include consideration of the future role for local pharmacies on the Committee's work programme.

58 FUTURE MEETING DATES

RESOLVED to meet on the following Thursdays at 1:30pm:

- 20 July 2017
- 21 September 2017
- 19 October 2017
- 23 November 2017
- 21 December 2017
- 18 January 2018
- 22 February 2018
- 22 March 2018
- 19 April 2018

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE - INFORMAL MEETING

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 June 2017 from 10.15 am -11.25 am

Membership

Present Councillor Ilyas Aziz Councillor Merlita Bryan Councillor Patience Uloma Ifediora Councillor Carole-Ann Jones Councillor Ginny Klein Councillor Dave Liversidge Councillor Anne Peach

Absent Councillor Jim Armstrong Councillor Corall Jenkins Councillor Chris Tansley

Colleagues, partners and others in attendance:

Lewis Etoria	-	Head of Engagement, Nottingham City Clinical Commissioning
Jane Laughton		STP Team
David Pearson	-	STP Lead Officer and Deputy Chief Executive, Nottinghamshire County Council
Jane Garrard	-	Senior Governance Officer

3 <u>SUSTAINABILITY AND TRANSFORMATION PLAN - ENGAGEMENT</u> <u>OUTCOMES</u>

David Pearson, STP Lead Officer and Nottinghamshire County Council Deputy Chief Executive, gave a presentation about the outcomes of consultation and engagement activity carried out in relation to the Nottinghamshire Sustainability and Transformation Plan (STP). He highlighted the following information:

- (a) The first draft of the STP was produced in June 2016 and a further iteration was published in October 2016.
- (b) Feedback had been invited on the Plan. In addition to the opportunity to provide written feedback, 4 public events were held with an additional event specifically for the voluntary and community sector. The format of these events varied depending upon local circumstance but they all allowed for detailed discussion.
- (c) 395 people attend an event and there were 69 written responses.
- (d) In general, responses indicated general endorsement for the overall direction of the Plan.

Health Scrutiny Committee - Informal Meeting - 13.06.17

- (e) Responses identified some concerns about the Plan including gaps around mental health; GP workload pressures; the need for citizens to take responsibility for their own health; financial pressures on health and social care services; availability of workforce to deliver the Plan; and public access to technology.
- (f) The public expressed a desire to be kept informed about the Plan, particularly in terms of how it would be delivered.
- (g) New NHS guidance had reiterated the importance of having sufficient community services in place before any beds could be closed.
- (h) It had been acknowledged that a change in culture was required in order to deliver the Plan.
- (i) It was expected that Greater Nottingham would be one of the first areas in the country to develop an Accountable Care System (ACS). Discussions were taking place about what this would mean.

In response to questions, David Pearson, Jane Laughton and Lewis Etoria provided the following additional information:

- (j) There was an enabling workstream about workforce issues. Initial modelling suggested that different types of workers may be needed, for example more holistic workers. There would need to be more detailed workforce modelling to develop a clear understanding of what was needed and to inform recruitment and training programmes.
- (k) Nationally and locally it had been a challenge to recruit suitably qualified professionals. There had been a fall in the number of nurses coming from European Union (EU) countries since the referendum on EU membership.
- (I) The Plan involved approximately 15 large organisations who were used to working primarily for themselves but would need to work together in partnership in order to deliver the Plan. Delivery of the Plan would involve giving up some sovereignty, which would be hard.
- (m)While it was acknowledged that gaps had been identified which would be strengthened e.g. mental health, it was important to recognise that the STP could not solve every problem. Other strategies and plans, for example the Health and Wellbeing Strategy, existed alongside the STP and it was important that the STP didn't duplicate what others were doing.
- (n) Nationally it was expected that there would need to be a 25% increase in social care provision by 2025 requiring an increase in workforce of approximately 5000 people. Consideration was also being given to other ways of meeting demand, for example expanding use of assistive technologies.
- (o) There needed to be a national policy debate about how to fill funding gaps in adult social care, who pays for it, how it is paid for and what sort of system reform was required to make it easier for citizens to have an integrated service.

Health Scrutiny Committee - Informal Meeting - 13.06.17

- (p) The STP was subject to on-going review. Over the next 12 months conversations about the Plan would continue and there would be more opportunities for 'question and answer' sessions with a particular focus on how proposals would be delivered. There would also be engagement on specific changes as necessary.
- (q) There was a consensus amongst leading GPs in the Greater Nottingham area in support of the Plan. At a recent meeting of the Local Medical Committee there had been no disagreement with the principles of the Plan but they were under pressure and needed support.
- (r) There had been good engagement from the voluntary and community sector particularly on the prevention agenda. The advisory group to the STP included representation from the sector.
- (s) The focus was on investing in evidence-based programmes and those that had the biggest impact. Budget pressures meant that it was not possible to invest in everything that they would like to. Organisations had to deliver a balanced budget whilst moving to the new ways of working.
- (t) The STP had a governance structure, which had been presented to a previous meeting of the Joint Health Scrutiny Committee. There were two transformation boards covering different areas within the STP footprint. Each of the workstreams e.g. workforce, prevention were being led by different people – some were operating locally and some were countywide. They reported to the STP Leadership Board. Processes were in place but there are still challenges and tensions in decision making.
- (u) If organisations signed up to the Memorandum of Understanding it would be expected that progress on development of an Accountable Care System would be made by the end of the financial year. This was a rapid timescale.

David Pearson agreed to provide a further update on the Sustainability and Transformation Plan and developments towards an Accountable Care System in four months time. This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE

20 JULY 2017

SEASONAL FLU IMMUNISATION PROGRAMME 2016/17

REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 <u>Purpose</u>

1.1 To review the performance of the seasonal flu immunisation programme 2016/17 and the effectiveness of work to improve uptake rates.

2 Action required

- 2.1 The Committee is asked to
 - a) scrutinise the local approach to seasonal flu vaccinations in Nottingham and work to increase uptake in target groups; and
 - b) identify any recommendations for improvement to inform the seasonal flu immunisation programme 2017/18.

3 Background information

- 3.1 NHS England is responsible for commissioning the seasonal flu immunisation programme and providing system leadership. Contracts to provide immunisation services are held with a range of providers including GP practices, school aged providers and pharmacies. The effectiveness of the programme depends on the uptake of the vaccine being high and equitable across the eligible population. In support of this, the NHS England team has a role in supporting providers as well as monitoring uptake and taking action where uptake could be improved, whilst acknowledging that vaccination is also a choice for those eligible to receive it.
- 3.2 The Local Authority Director of Public Health has an assurance function in relation to ensuring immunisation arrangements are fit for purpose and delivering service of high quality. Locally, work takes place through the Health Protection Strategy Group which has an oversight role.
- 3.3 The Committee has focused on reviewing performance of the seasonal flu immunisation programme because it not only impacts on the individual but also contributes to reducing winter pressures on health and social care services.
- 3.4 In October 2016 the Committee reviewed the seasonal flu immunisation programme 2015/16 and noted that although more people had been vaccinated in Nottingham City than in previous years this was because

there had been an increase in the number of eligible people and was not reflected in the uptake figures. Uptake for all of the cohorts was below the national average and target. The Committee reviewed the proposed actions for improving uptake during the 2016/17 season and requested that performance of the 2016/17 immunisation programme be reported to the Committee so that the effectiveness of those actions could be assessed.

3.5 A report prepared by NHS England and Local Authority Public Health is attached reviewing the seasonal flu immunisation programme 2016/17 and colleagues from both organisations will be attending the meeting to answer questions in relation to this.

4 List of attached information

4.1 Report from NHS England North Midlands Screening and Immunisation Team 'Review of Seasonal Influenza (Flu) Immunisation Programme 2016-2017'

5 <u>Background papers, other than published works or those</u> <u>disclosing exempt or confidential information</u>

5.1 None

6 Published documents referred to in compiling this report

6.1 Report to and minutes of the Health Scrutiny Committee meeting held on 20 October 2016

7 Wards affected

7.1 All

8 <u>Contact information</u>

8.1 Jane Garrard, Senior Governance Officer jane.garrard@nottinghamcity.gov.uk 0115 8764315

OVERVIEW AND SCRUTINY COMMITTEE DATE OF MEETING 20.07.17 TITLE OF AGENDA ITEM INFLUENZA(FLU) VACCINATION 2016-17 REPORT OF HEAD OF DEMOCRATIC SERVICES





20 July 2017

NHS England North Midlands Screening and Immunisation Team

Review of Seasonal Influenza (Flu) Immunisation Programme 2016-2017

Table of Contents

1.	Purpose	3
2.	Action required	3
3.	Background information	3
4.	Commissioning Arrangements and Responsibilities	4
5.	National context and influenza vaccination uptake	4
6.	Local context and influenza vaccination uptake in Nottingham City	5
7.	Current challenges in increasing flu vaccination uptake and planned activity	11
7.	1 Regional activity	11
7.	2 Nottingham based challenges and planned activity	12
8.	Conclusion	14
9.	Additional information	14
10.	Contributors	14
11.	References	15

1. Purpose

This paper describes the performance of the seasonal influenza (flu) immunisation programme in Nottingham City which falls under NHS England North Midlands footprint. The paper outlines the strategies implemented to improve quality and performance in 2016/17 and plans to increase uptake in 2017/18.

2. Action Required

The Committee is asked to scrutinize the local strategic approach to flu vaccination in Nottingham and recommend ways to increase uptake in target groups. The Screening and Immunisation Team will outline how partners across Nottingham City are working together to increase uptake in order to inform discussion.

3. Background Information

Flu is a common infectious viral illness spread by droplets from coughs and sneezes. Whilst it can be very unpleasant most individuals begin to feel better within about a week. Conversely older people, those with long-term conditions such as heart and lung disease, pregnant women and young children can develop more serious symptoms requiring hospitalisation and can, in some instances, lead to death.

Groups eligible for flu vaccination are based on the advice of the Joint Committee on Vaccination and Immunisation (JCVI). The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality.

In 2016/17 the following were eligible for flu vaccination:

- all children aged two to eight (but not nine years or older) on 31 August 2017 (with LAIV)
- all primary school-aged children in former primary school pilot areas (with LAIV) Non in Nottingham City
- those aged six months to under 65 years in clinical risk groups
- pregnant women
- those aged 65 years and over

- those in long-stay residential care homes
- carers
- Note: morbidly obese patients will be entitled to receive Flu vaccination in 2017/18

Frontline health and social care workers should be provided with flu vaccination by their employer. This should form part of the organisations' policy for the prevention of transmission of infection (flu) to help protect patients, residents, and service users. A Flu Plan⁵ is developed each year which sets out a coordinated and evidence-based approach to planning for, and responding to, the demands of flu across England.

4. Commissioning Arrangements and Responsibilities

NHS England is responsible for commissioning all of the national immunisation programmes. Details of the national commissioning arrangements for immunisation programmes are described in NHS public health functions agreement 2016-17² and NHS public health functions agreement 2017-18³

 Table 1: The flu programme was commissioned and delivered via various providers and is

 described in table 1.

Service Provider	Cohort
GP Practices	Healthy Children aged 2, 3 and 4 years
	• Those in an 'at risk' category (long term condition) aged 6 months -
	65 years
	• Over 65's
	Pregnant women
School Aged Providers	• Children in school years 1, 2 and 3 (5-8 years of age)
	Note: the vaccination of 4 year olds will move from GPs to School Aged Providers in
	2017/18
Pharmacies	Over 18's in an 'at risk' category (long term condition)
	• Over 65's

5. National Context and Influenza Vaccination Uptake

Moderate levels of influenza activity were seen in the community in the UK in 2016 to 2017, with influenza A(H3N2) the dominant circulating virus for the majority of the season peaking in January 2017.

The impact of influenza A(H3N2) was predominantly seen in older adults, with a consistent pattern of outbreaks in care homes noted. In addition, admissions to hospital and ICU/HDU particularly amongst older adults were observed, although the impact on general practice was variable.

Influenza vaccine uptake in 2016 to 2017 in England was higher than the 2015 to 2016 season in under 65 year olds in a pre-defined clinical risk group (48.6%) in pregnant women (44.9%) and similar in the over 65 year olds (70.5%). It was also higher in healthcare workers (63.2%), where it is the employer's responsibility to offer vaccination.

In 2016 to 2017, the universal childhood influenza vaccine programme with live attenuated influenza vaccine (LAIV) was again offered to all healthy two, three and four year olds across the UK, uptake achieved in these groups was 38.9%, 41.5%, 33.9% in children two, three and four years of age.

Plus to all children of school age Year 1, 2 and 3 in England and Wales where uptake was 57.6%, 55.4%, 53.3% respectively in England and 67.7%, 66.4% and 65.7% respectively in Wales⁴.

6. Local Context and Influenza Vaccination Uptake in Nottingham City in 2016/17

Based on the national Annual Flu Plan for 2016/17 and previous year uptake rates, the Screening and Immunisation Team developed a local Derbyshire and Nottinghamshire Flu Assurance plan, which aimed to increase uptake rates amongst children 2, 3 and 4 year olds; pregnant women and patients with underlying health conditions.

Table 2: Flu vaccination uptake rates in Nottingham City between 1 st September 2016 and
31 st January 2017 (2015/16 data are in brackets).

	65 and	Under 65	All	All Aged 2	All Aged 3	All Aged 4
CCG	over	(at-risk	Pregnant			
		only)	Women			
Nottingham City	70.6(70.9)	46.5(42.9)	37.7(34.8)	35.2(34.9)	37.5(36.2)	29.8(29.7)
All Derby/Notts CCGS	73.3(73.6)	47.4(44.8)	45.3(41.4)	44.1(43.7)	46.9(53.9)	38.1(37.6)
England Average	70.5(71)	48.6(45.1)	44.9(42.3)	38.9(35.4)	41.5(45)	33.9 (30)

Source: Seasonal Flu Vaccine Uptake in GP patients: Final data from 1st September 2016 – 31st January 2017 <u>https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-in-england-winter-season-2016-to-</u> 2017 In Nottingham, the Flu vaccination uptake during the 2016/17 programme **increased** in all groups apart from the over 65 age group. A very slight reduction in uptake was observed in this age group but the uptake rate of this cohort was above the national figure for the first time since 2011/12.

The following figures compare Nottingham's flu vaccination uptake in comparison to England and the national target/ambition for each of the vaccination cohorts where comparators are available:

- Adults aged 65 years and older
- At risk groups excluding pregnant women
- Pregnant women
- Children aged 2-4 years

Figure 1 illustrates that the proportion of adults aged 65 years and older receiving the flu vaccination in Nottingham decreased in 2016/17 in line with the England average. An additional 1844 citizens aged 65 years and over in Nottingham would require vaccination in order to reach the 75% target. It is worth noting that the decrease for Nottingham City was less than it was for the England average and the uptake rate of this cohort has been above the national figure for the first time since 2011/12. Closing the gap with the national uptake is a big achievement for Nottingham City.

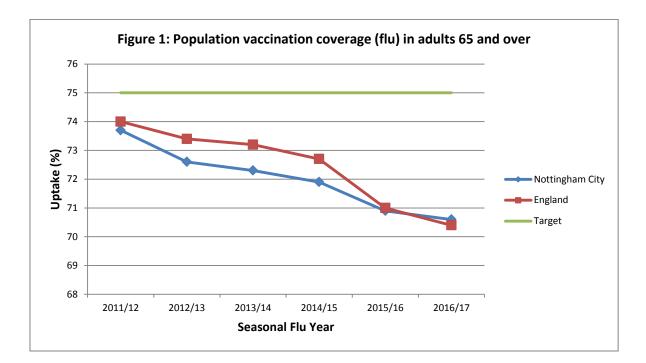


Figure 2 illustrates that the proportion of at risk individuals aged 6 months to 65 years (excluding pregnant women) receiving the flu vaccination in Nottingham increased in 2016/17 in line with the England average. An additional 3,349 'at risk' citizens in Nottingham would require vaccination in order to reach the 55% ambition/target.

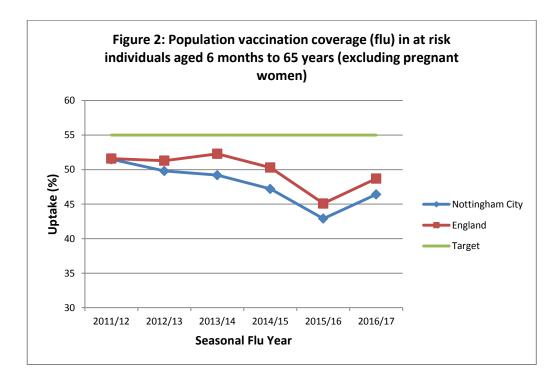


Figure 3 illustrates that the uptake for pregnant women rose by 2.4 percent points (pp) from last year and is 7.3 pp below the national average. An additional 839 pregnant women in Nottingham would require vaccination in order to reach the 55% ambition/target.

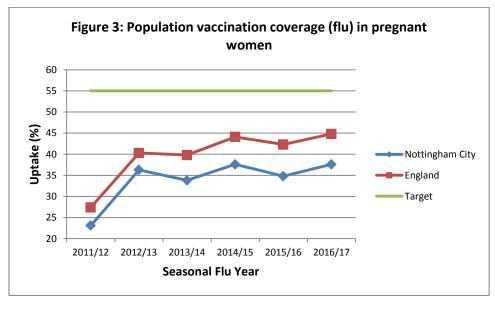
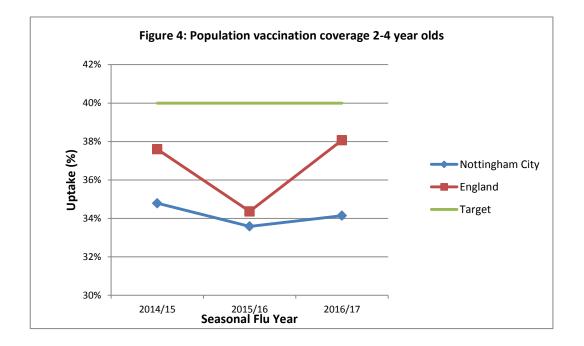


Figure 4 illustrates that although the overall uptake rate for two to four year olds in Nottingham City slightly increased from 2015/16; this still was below the 2014/15 performance. The increase was more remarkable for England than it was for Nottingham City in 2016/17.

An additional 788 two to four year olds in Nottingham would require vaccination in order to reach the 40% target. The national target is set at 40-60%. This may seem low but vaccinating over 30% of children will provide the community with a high level of herd immunity.



Pharmacy Flu Provision

Pharmacies were commissioned at a national level last year and continue to deliver the seasonal flu vaccination to those eligible, over the age of 18 years. National data is still not available but locally we know that in Derby/Notts 33, 429 vaccines were administered via pharmacies. This equates to 5% of the total number of flu vaccinations given in Derby/Notts. Anecdotally, we are being informed by the Local Pharmacy Council that most of these vaccines were given to people who had not accessed the seasonal flu programme before.

Core Cities

Comparison with core cities, rather than the England average, is arguably a better comparison of Nottingham's performance.

Liverpool, City of Bristol and Sheffield local authorities are co-terminus with CCGs which is the reporting format for 2016/17; consequently they may allow a more sensible comparison. As table 3 illustrates Nottingham City has a lower proportion of the population vaccinated than these core cities. For example, flu vaccination uptake in pregnant women is 6.1% lower than Liverpool. The only exception is the two to four year old patient group, where Nottingham City performance is better than it is in Liverpool.

Table 3: Uptake of influenza vaccine for the over 65s, under 65s at risk, pregnant women andchildren aged 2,3 and 4 years for Nottingham Local authority and 'core cities' and England forseasonal flu period 1 September 2016 to 31 January 2017 (2015/16 in brackets)

Country & Local Authority	% over 65 years	Under 65 (at risk only)	Pregnant women	All 2 year olds	All 3 year olds	All 4 year olds
England	71.4(71.0)	48.7(45.1)	44.8 (42.3)	38.9 (35.4)	41.5 (37.7)	33.9 (30.0)
Newcastle upon Tyne	74.6 (74.3)	50.1 (46.5)	46.8 (NA)	36.6 (NA)	40.6 (NA)	30.3 (NA)
Liverpool ¹ *	73.0 (73.4)	51.7 (48.7)	43.7 (43.6)	29.8 (27.8)	35.5 (29.6)	24.9 (23.9)
Manchester	63.8 (70.1)	50.1 (47.9)	41.9 (NA)	33.5 (NA)	36.8 (NA)	25.7 (NA)
Leeds	73.9 (75.6)	41.9 (47.7)	53.8 (NA)	41.9 (NA)	45.7 (NA)	34.1 (NA)
Nottingham	70.6 (70.9)	46.4 (42.9)	37.6 (34.8)	35.2 (34.9)	37.4 (36.2)	29.8 (29.7)
Birmingham	67.3 (69.2)	45.3 (44.9)	39.8 (NA)	37.8 (NA)	39.4 (NA)	31.5 (NA)
Bristol, City of*	72.2 (72.4)	49.4 (46.9)	45.3 (45.5)	38.6 (40.6)	41.9 (39.0)	34.2 (30.3)
Sheffield*	74.1 (74.2)	50.3 (46.3)	56.1 (51.3)	42.1 (38.6)	42.8 (43.1)	35.1 (33.6)

Source: Public Health England Seasonal influenza vaccine uptake amongst GP Patients

Table 4 shows that the proportion of children vaccinated against flu in Nottingham City in 2016/17 has increased by 5.9% in school year one and by 4.6% in school year two since 2015/16. This is a great achievement for the School Age Immunisation Service and shows their hard work and dedication to the programme.

^{*}Newcastle, Liverpool, City of Bristol and Sheffield local authorities are co-terminus with CCGs which is the reporting format for 2016/17

Table 4: Uptake of influenza vaccine for children of school years 1, 2 and 3 for Nottingham Localauthority and 'core cities' and England for seasonal flu period 1 September 2016 to 31 January 2017(2015/16 uptake in brackets)

Country & Local Authority	Cohort Y1 (5-6years)	Cohort Y2 (6-7 years)	Cohort Y3 (7-8 years)
England	57.6	55.3	53.3
Newcastle upon Tyne	47.3	44.3	42.7
Liverpool	56.8	55.8	54.1
Manchester	39.6	36.6	34.4
Leeds	52.8	53.1	50.0
Nottingham	51.3 (45.4)	48.1 (44.7)	48.7 (NA)
Birmingham	47.3	44.3	42.7
Bristol, City of	46.3	38.7	38.0
Sheffield	63.6	57.7	54.5

Source Public Health England National childhood influenza vaccine programme coverage in England 2016-17

7. Current Challenges in Increasing Flu Vaccination Uptake and Planned Activity

7.1 Annual Activity and Initiatives

- Flu planning meetings will be chaired and convened by NHS England to bring providers and stakeholders together to plan for the forthcoming flu season.
- A local flu assurance plan will be shared with providers and stakeholders and they will be asked to contribute to achieving actions and targets. Each stakeholder, including the LA will be asked to complete 3 local actions and feedback to the flu group their achievements.
- Flu uptake data will be reviewed on a monthly basis at GP level and CCGs will be notified of any poor performing practices and asked to take action. The Screening and Immunisation Team will provide support and guidance.
- The SIT will support the local flu training.
- School Age Immunisation Programme will continue to vaccinate in schools to school years reception to year 4Flu messages will be promoted nationally by Public Health England (PHE) and NHS England.
- Nationally commissioned pharmacy flu service. This means that individuals 18 to over 65 can opportunistically obtain their vaccination in their local pharmacy without having to make an appointment at their GP practice.

 Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council are responsible for ensuring vaccination uptake in front line staff. Each organisation organises a different programme of activity annually in order to maximise uptake.

7.2 Nottingham Based Challenges and Planned Activity

- Low uptake of flu vaccination for pregnant women. Although there was an increase in the number of pregnant women receiving the flu vaccination in 2016-17, Nottingham City is still below the regional and national average. The Screening and Immunisation Team has been successful in commissioning Nottingham University Hospitals to deliver the seasonal flu programme to pregnant women. The vaccine will be offered when the women attend for their routine hospital appointments, as an alternative to accessing their GP practice. A dedicated nurse will be employed to deliver this service and will also be available to offer flu vaccinations to staff and other vulnerable groups. We hope that this will increase the uptake of flu vaccinations in pregnant women.
- Low uptake of flu vaccinations to children aged 2 and 3 years. NHS England North Midlands are exploring funding to support reminder letters to parents of children aged 2 and 3 years in Nottingham City, in addition to the letter sent by their general practitioner, to highlight the importance of the childhood flu vaccination programme and to remind them to contact their general practitioner to make an appointment to get their child vaccinated. Other areas of the country have seen an increase in the numbers of children being vaccinated after the implementation of this initiative.
- Low uptake of flu vaccinations to children aged 4 years. Reception Year (children aged 4-5 years): These children will now be offered flu vaccination (LAIV) in reception class, rather than through general practice. This is a national decision based on the low uptake of the flu vaccination programme via general practice and how well the programme has been received via the schools immunisation programme.
- Low uptake of flu vaccinations to children in special schools. NHS England North Midlands commissioning intention for 2017/19 aims that all children (rather than the designated cohorts) in Nottingham special schools will be offer the flu vaccination via the school age vaccination programme by the 2018/19 Flu season. NHS England will work with Nottingham City Council to ensure the promotion of this programme.

12 Page 24

- Low uptake of flu vaccinations in 'at risk' groups. NHS England North Midlands are planning to commission Nottingham University Hospitals to offer flu vaccinations via their liver and kidney out-patients clinics. This will ensure that our lowest uptake 'at risk' groups are given a second opportunity (the first being the invite from their general practitioner) to obtain their flu vaccination.
- Many flu outbreaks in 2016/17 were in care homes but the responsibility for vaccinating staff and residents bridges more than one organisation which makes monitoring performance challenging. In 2017/18 Care Homes will be targeted directly by the SIT and Nottingham City Council to ensure that their residents and staff are offered the flu vaccination and that all vaccines that are administered are documented in care records. CityCare will support this initiative. Nottingham City Council will explore the opportunity to amend any local authority contracts to include the specification to offer and promote flu vaccinations to their patients and staff.
- Flu vaccination uptake by GP practice varies considerably in Nottingham in 2016/17. For example in the at-risk group the variance was 31.3% 67.7% and 1.4%-54% for 3 year olds.

Practice uptake will be reviewed on a monthly basis by NHS England and poor performing practices will be referred to the CCG to be targeted. A 'best practice' guide has been developed by the SIT and shared with all practices to help them with all aspects of their flu campaign. This activity did prove difficult in 2016/17 as data issues meant that GP level data was not available until late in to the programme.

The CCG monitor flu vaccination uptake rates and where uptake is low it is discussed during practice visits and can lead to an action for the practice to increase rates. The primary care quality and performance steering group meets monthly and considers indicators for practices; flu vaccination uptake is on the forward plan and a 'deep dive' takes place once a year.

8. Conclusion

A successful annual flu programme was observed in 2016/17 with more vaccines being delivered nationally than in any other European country. Nottingham City saw an increase in flu vaccinations in five out of six cohorts. These included the 'at risk' group, pregnant women, children aged 2, 3 & 4 years and the school based flu programme.

Through joint working, NHS England and Nottingham City Council, in conjunction with other stakeholders such as the CCG, worked together to ensure that all citizens eligible for flu vaccination received their offer of vaccination.

The initiatives reported in this paper hope to improve uptake even further in 2017/18 to keep the circulation of influenza at a minimum, which in turn will reduce the pressure on our NHS services through the busy winter season.

Ongoing support of the annual flu vaccination programme, by all stakeholders, is vital to ensure its success.

9. Additional Information

Influenza and the importance of vaccination is well described at: <u>http://www.nhs.uk/conditions/flu/Pages/Introduction.aspx</u>

10. Contributors

Sarah Mayfield-Screening and Immunisation Manager, NHS England North Midlands, sarahmayfield@nhs.net

Agnes Belencsak – Screening and Immunisation Lead, NHS England North Midlands, <u>a.belensak@nhs.net</u>

Paul Kalinda – Screening and Immunisation Coordinator, NHS England North Midlands, paul.kalinda@nhs.net

<u>Helene Denness – Consultant Public Health, Nottingham City Local Authority,</u> <u>Helene.Denness@nottinghamcity.gov.uk</u>

Louise Lester - Public Health Registrar, Louise.Lester@nottinghamcity.gov.uk

Eka Famodile – Public Health Analyst, Nottingham City Local Authority,

Eka.Famodile@nottinghamcity.gov.uk

Shade Agboola – Consultant Public Health, Nottingham City Local Authority,

Shade.Agboola@nottinghamcity.gov.uk

11. References

- 1. Cromer et al. The burden of influenza in England by age and clinical risk group: A statistical analysis to inform vaccine policy. J Infect (2013) <u>http://dx.doi.org/10.1016/j.jinf.2013.11.013</u>
- 2. Public Health Commissioning in the NHS 2016-17 <u>https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2016-to-2017</u>
- 3. Public <u>Health Commissioning in the NHS 2017-2018</u> <u>https://www.gov.uk/government/publications/public-health-commissioning-in-the-nhs-2017-to-2018</u>
- 4. Annual Flu Report 16-17 https://www.gov.uk/government/statistics/annual-flu-reports
- 5. The National Annual Flu Immunisation Programme <u>https://www.gov.uk/government/collections/annual-flu-programme</u>

This page is intentionally left blank

HEALTH SCRUTINY COMMITTEE

20 JULY 2017

HEALTHWATCH NOTTINGHAM ANNUAL REPORT 2016/17

REPORT OF HEAD OF LEGAL AND GOVERNANCE SERVICES

1 <u>Purpose</u>

1.1 To consider the Healthwatch Nottingham Annual Report 2016/17

2 Action required

2.1 The Committee is asked to give consideration to the Healthwatch Nottingham Annual Report 2016/17 and identify if there are any implications for health scrutiny operation and work programme.

3 **Background information**

- 3.1 Healthwatch is a consumer champion in health and social care. It has a role at both national and local level to make sure that views of the public and service users are taken into account in decision making.
- 3.2 Since April 2013 every local authority with social services responsibilities has been required to establish arrangements for a Local Healthwatch organisation. In Nottingham this is Healthwatch Nottingham.
- 3.3 Healthwatch Nottingham is an independent organisation but the Council holds the contract for local Healthwatch arrangements and is responsible for ensuring that the arrangements operate effectively.
- 3.4 In the working agreement between Health Scrutiny, Healthwatch Nottingham and the Health and Wellbeing Board, Healthwatch Nottingham agreed to provide a copy of its annual report to the Health Scrutiny Committee.
- 3.5 The Healthwatch Nottingham Annual Report 2016/17 is attached.
- 3.6 A representative of Healthwatch Nottingham will be attending the meeting to present the annual report and answer questions from the Committee about its content.

4 List of attached information

4.1 Healthwatch Nottingham Annual Report 2016/17

5 <u>Background papers, other than published works or those</u> <u>disclosing exempt or confidential information</u>

5.1 None

6 Published documents referred to in compiling this report

6.1 None

7 Wards affected

7.1 All

8 <u>Contact information</u>

Jane Garrard, Senior Governance Officer Tel: 0115 8764315 Email: jane.garrard@nottinghamcity.gov.uk

healthw tch



Healthwatch Nottingham Annual Report 2016/17

Page 31



1
3
4
5
7
12
13
14
17
19
22
24

Message from our Chair



Health and Social Care issues continue to make national headlines across the country and I am sure the debate will continue for some years to come. In the mean time professional staff in both Health and Social Care continue to provide some of the best possible services to patients and residents in need of care.

Whilst we will praise staff and organisations for their good work our aim is to ensure that the authentic voice of patients, carers and citizens is central in any discussions about the delivery of services. We will continue to enable those seldom heard groups to not just have a voice but to access the services they are entitled to. We recognise change is often driven externally and our aim is always to ensure local providers take account of local needs and circumstances in any decisions they may make.

Over the past twelve months we have seen the further integration of health and social care and the development of the Sustainability and Transformation Plan (STP) for Nottingham and Nottinghamshire. Our commitment has been always to represent local voices and to ensure that commissioners are consulting with the local population in an open and informed manner. Whilst welcoming the increased cooperation and the improved bridging of health and social care we will continue to raise concerns that we find from our own consultations and meetings with citizens. Over the past twelve months we have raised particular concerns around:

- + The shortage of GPs, particularly in inner city areas
- + The mental health services available to younger citizens
- + Service availability to LGBT+ community

During the coming year we will continue to raise your concerns and hopefully enable more responsive services and we will continue to monitor the cooperation and changes being made across the health and social care divide.

During the current year we aim to increase the number of volunteers we are able to work with and to improve our capacity to undertake studies into local health and care services. If you feel you could help us in any way please contact us via our web site

www.healthwatchnottingham.co.uk

From an organisational point of view we recognise that many of our local services such as ambulance services, hospital treatment and mental health provision are the same for both City and County residents we will endeavour to improve our already strong working with the County Healthwatch by merging the organisations. We believe that this can both save public funds and enable Healthwatch to hold these organisations to account more readily.

Martin Gawith Chair - Healthwatch Nottingham

Highlights from our year



Healthwatch Nottingham

Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our vision

Our vision for Healthwatch Nottingham is that it becomes a respected, representative and effective influencer to improve and develop Nottingham's health, wellbeing and social care landscape.

Healthwatch Nottingham seeks to represent all communities, groups and individuals, taking particular care to give a voice to those that are currently unheard and have little connection to services.

We work with health and social care providers to research and analyse services and to bring issues to their attention; working together we strive to improve the quality of life for citizens, consumers and patients. Healthwatch Nottingham seeks innovative ways to capture the views of patients, and citizens in Nottingham and ensure that we use this information to inform our stakeholder partners so that they can improve the quality of care for our citizens.

Nottingham, like many cities in the UK, has mortality rates much poorer than some of our near neighbours. We will work with health and social care partners to identify and highlight ways we can improve. Whilst we recognise lifestyle choices are very much a personal choice, it is important that citizens are enabled to make informed decisions.

Healthwatch Nottingham must be able to affect change through evidence-based reporting underpinned by effective community engagement.



Our priorities

Our work programme is driven by local people's experiences of health and social care services in Nottingham city.

Our priorities are reflective of the experiences and intelligence shared with Healthwatch.

During 2016/17 we prioritised the following areas of work:

- + Understanding experiences of mental health crisis services
- Implementing our 'Enter and View' programme in residential care facilities
- + Exploring access to GP services
- Joint Strategic Needs Assessment (JSNA)
 Chapter on long term neurological conditions
- + Working with seldom heard communities



PPG engagement event at Nottingham CVS

How we work

Every voice counts when it comes to improving health and social care both for today and shaping it for the future.

Everything that Healthwatch Nottingham does will bring the voice and influence of local people to the development and delivery of local services.

People need to feel that their local Healthwatch belongs to and reflects them and their local community. It needs to be approachable, practical and dynamic and to act on behalf of local people.

- + We're helping you to shape and improve the services you use
- We're engaging with people in your community and if you haven't met us yet, please get in touch!
- We're an open organisation and strive to make it easy for you to talk to us
- We're inclusive and we want people from every part of our community to join us
- Ask us what we're doing and we'll always tell you what's happening.

Your views on health and care & how they make a difference

Page 37

Listening to local people's views

The statutory roles of Healthwatch are various, but all depend on talking to patients and service users to glean an understanding of health and social care systems as they are experienced; indeed that is our specialism.

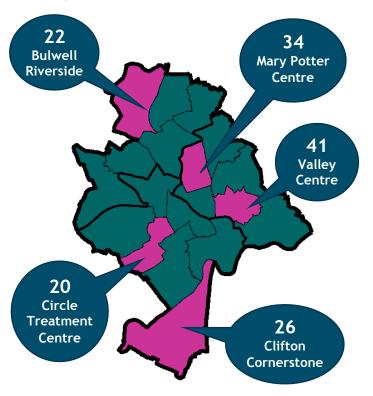
There are a wide variety of ways in which we interact with the public, from specific consultations, to making use of comments on social media. But it is also essential that we give the public an opportunity to speak to us, accessibly, about whatever issues they feel are relevant to them in health and social care.

This is the rationale of the Talk to Us points, where Healthwatch Nottingham has a pop-up stall in public locations across the city.

The aim has been to average at least one Talk to Us point every week, and this has been more than achieved in the six months from October 2016 to March 2017. In that time we delivered 30 Talk to Us sessions (an average of one every 6 days), in a variety of venues.

Our key venues are the four Joint Service Centres in Nottingham, owned and operated by the City Council: Riverside in Bulwell, Cornerstone in Clifton, Mary Potter in Hyson Green, and Valley Centre in St Ann's. In addition, we have received an arrangement with the Circle Treatment Centre on the QMC campus to come back regularly.

Experiences collected across key venues - (Sept 2016 - March 2017)



We have also attended other locations based where we expect to be able to engage with a broad variety of people and to reach targeted communities, such as at the Carers' Roadshows.



Between September 2016 and April 2017 we spoke to 413 people at our Talk to Us points Additionally, we carry leaflets for a number of different organisations and schemes that members of the public might find useful. These include:

- Pharmacy First scheme which allows individuals that receive free prescriptions to register with a Nottingham pharmacy and receive free medications to treat a variety of common ailments (e.g. athlete's foot, conjunctivitis, etc.) without having to see a GP.
- POhWER where members of the public are thinking of making a complaint we can direct them to the support offered by the commissioned organisation POhWER.
- Wellness in Mind a signposting service for mental health services that can also offer help to those supporting people with mental health issues.

Our Talk to Us points have also enabled us to work in partnership with POhWER who have been attending some Talk to Us points to reach out to the public and make them aware of their work. "We have been working in partnership with Nottingham City Healthwatch for the past 6 months. We have been accompanying the 'talk to us' sites across the city with the aim of having an NHS Complaints Advocacy drop-in. We have received several referrals as a result of partnership working, but more importantly it has helped provide an immediate link between the two organisations, to pass on appropriate information to each other and increasing the profile of each organisation."

Nick Murphy, POhWER



Talk to Us point - Mary Potter Centre, Hyson Green

How your experiences are helping influence change

Along with our general engagement, we also undertake focussed 'Insight Projects'. These projects enable us to produce reports with a clear evidence base on which recommendations can be formulated and, ultimately, make sure your experiences of serivces are heard by those who plan and pay for care.

During 2016/17 we have pubslihed the following reports:

Insight Report - Patient experiences of information provision and support at dementia diagnosis

Early in 2016 Healthwatch Nottingham and Healthwatch Nottinghamshire launched a joint project which aimed to evaluate patient and carer experiences of a dementia diagnosis, particularly in terms of the information provided during this process.

Insight Report - Living with physical disability and sensory impairment: Experiences of health and social care services

During 2015-16 we started a project to gather experiences from Nottingham citizens living with a physical disability and/or sensory impairments. We wanted to know about their access to health and social care services, their experiences of these services and if they could be improved in any way. In June 2016 we published our report, the findings from the report have helped to update the City Council's Joint Strategic Needs Assessment (JSNA) chapter for adults with physical and sensory impairments. Insight Report - Experiences and views on seeking help and support during a mental health crisis

In March 2016 Healthwatch Nottingham and Healthwatch Nottinghamshire were commissioned by Nottingham City NHS Clinical Commissioning Group, on behalf of the Nottingham/shire Crisis Concordat Partnership Board to speak to those who have used mental health crisis services to help the development of a local action plan. Our report, which was published in August 2016, set out a number of recommendations for the Crisis Concordat Partnership Board. These recommendations have been incorporated into the Crisis Concordat Action Plan. You can find more about this project on page 15.

What we've learnt from visiting services

Every local Healthwatch has a statutory power to visit health and social care services to see how they are run - under The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012.

This 'Enter & View' power enables us to see how services are working, to collect the views of service users and carers, talk to staff and observe service delivery. 'Enter and View' is not an inspection but instead an opportunity for lay people to engage with service users and their families, in order to gain a better view of how they feel about their services.

Our decision to undertake an 'Enter and View' is informed by the intelligence we receive from partners, such as Nottingham City Council and the Care Quality Commission. This ensures that there will be no duplication of any regulatory or contractual activity. Where possible we'll actively work with the service providers to gain their support for our work in advance of our visit to secure their 'buy in' if needing to implement our recommendations and to maximise our opportunities to engage with residents and their relatives.

All reports are published on our website and shared with the service provider. As well as the Care Quality Commission, City Council commissioning team, residents and relatives. We also discuss the findings in any appropriate quality and scrutiny meetings, and escalate any issues identified through the appropriate channels.

Enter and View Flowchart

The chart below details the steps involved in our Enter and View visits.

Recruitement and training of 'Authorised Representative' volunteers

Work with partners, which Include the Care Quality Commission and local authority, to identify potential visits

Notify residential or nursing home of our intention to visit and will offer to meet with the home to answer any questions and to agree how to make the best use of the visits

Enter and View team orientation

Conduct visits and other related interviews e.g. telephone interviews

Compile report and share with the provider for comment

Publish report and work with provider (where required) to monitor recommendations. This may include a follow up visit.

Helping you find the answers

Page 42

nealthw tch

true con

How we have helped the community access the care they need

During 2016-17 we've provided information and advice about health and social care services 196 times.

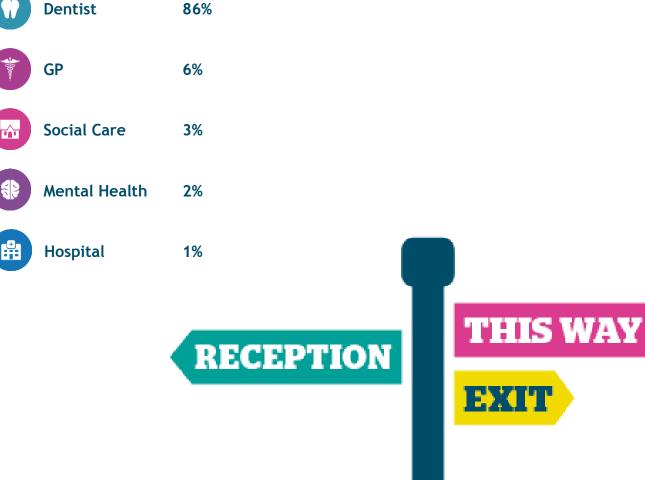
We do this through:

- + Our information line telephone service
- Our face to face activities in local communities including our Talk 2 Us points
- + Our website, which has a directory of local services.

Top five service types we provided information and advice about:

The majority of people are supported with information about how to access these services and, for those who seek it, advice around how to make a complaint and who to contact if they feel they need additional support to do this.

Our website continues to be valuable source of information for the citizens of Nottingham, with information on local services accessed 10,947 times. Over the 2016/17 period there were 20,182 page views in total.



It starts with you

#ItStartsWithYou

Your voice can make a difference.

At Healthwatch, both locally and nationally, your experiences of using health and care services are helping to make real improvements.

One exaple of this is the recent work we've undertaken on mental health crisis services.

In March 2016 Healthwatch Nottingham and Healthwatch Nottinghamshire were commissioned by Nottingham City NHS Clinical Commissioning Group, on behalf of the Nottingham/shire Crisis Concordat Partnership Board to deliver engagement activity to support the development of a local action plan in response to the national Crisis Care Concordat. The engagement objective was to target five specified groups to improve understanding of the issues faced by these groups in accessing mental health crisis services. The groups were:

- Black and minority ethnic (BME) communities (including asylum seekers and refugees)
- + Students
- + Carers of people with a mental health illness
- + Veterans/ex-military personnel
- + People who were homeless or at risk of homelessness

Healthwatch wanted to get a deeper understanding of the situations that those from within the specified groups were in and if this was influencing their experiences of seeking urgent and emergency support during a mental health crisis. The main focus of our engagement was therefore on talking to people from within these five groups face to face or over the telephone where this was not possible.

In order to identify and engage with people our main approach was to work with established community groups and organisations across Nottingham City and Nottinghamshire County. We asked to attend their facilities, groups or services in person to talk with people face to face during our visit but also offered them some information about our project which they could distribute to their service users or members. This included a link to an online survey or hard copy surveys which enabled people to choose to take part in a more detailed conversation, at a time and date convenient to them. Through this combination of approaches we were able to gather detailed experiences from a total of 269 people. Some of these people fell into more than one of the five specified groups and were able to provide experiences from two perspectives, for example, we spoke to some people from a BME background who were also carers of someone with a mental health illness. The total numbers engaged applicable to each group were:

- 73 people who were from a black and minority ethnic community, including 10 asylum seekers and refugees.
- 55 students studying at the University of Nottingham or Nottingham Trent University
- + 83 carers of people with a mental health illness
- + 21 veterans/ex-military personnel
- + 37 people who were homeless or at risk of homelessness

In August 2016 we published our report which set out a number of recommendations for the Crisis Concordat Partnership Board.

These recommendations have been incorporated into the Crisis Concordat Action Plan. Healthwatch have attended regular 'Task and Finish group' meetings to receive updates on actions which are addressing the recommendations in the report.

"The Healthwatch engagement work for the Crisis Care Concordat has been welcomed and valued by all partners of the Concordat Partnership Board. All partners are committed to using the views and experiences of those who have had both positive and negative experiences of the system to inform improvements to the quality of services and future developments. The Task and Finish Group, with input from Healthwatch, has shaped an action plan based on the report's recommendations and which partners are committed to delivering.

"The work to develop the action plan has focussed, and celebrated, the progress the partnership has made in achieving the national concordat principles over the last 2 years, which wasn't necessarily captured in the report as Healthwatch engaged with people who had had experiences of crisis prior to that work beginning. "The report has had a really positive impact on further bringing partners, from both statutory and non-statutory organisations, together to shape a joint plan and also share knowledge across partners of system wide developments, such as Connected Notts and LiON, which will address many of the recommendations and further improve people's experiences of crisis care."

Clare Fox

Interim Head of Mental Health Commissioning - NHS Nottingham City Clinical Commissioning Group

Our plans for next year

Page 47

WWWW.

What next?

Our work programme is driven by local people's experiences of health and social care services in Nottingham city, so we cannot predict all of our priorities for the whole year.

However, we do know we'll be working on these focused pieces of work:

- + Enter and View programme
- + LGBT+ project
- + Mental Health Crisis Concordat follow up
- Seek to build partnerships with local
 Patient Participation Groups (PPGs)

Healthwatch Nottingham and Healthwatch Nottinghamshire Our future together

Healthwatch Nottingham and Healthwatch Nottinghamshire have approval from both the City and County Councils to go ahead with a merger.

We are in the process of agreeing how this will be achieved before April 2018 and will fully engage with staff, volunteers and our wider partners and stakeholders along the journey to a new organisation.

Both Healthwatches have already had several shared posts and have increasingly worked closely to successfully deliver a number of joint projects.

A merged organisation would better reflect emerging developments in the delivery of services across the city and the county. It would also deliver economies of scale, leading to a more efficient use of resources, enabling us to have a greater impact to the benefit of all the citizens whom we serve. Much of our work over the coming year will position us to operate as a single organisation from April 2018.

Both Healthwatches are committed to creating a successful joint service that will represent the concerns and difficulties of those across our City and County.

Our people

Page 49

Decision making

Every local Healthwatch is required to have a procedure to make decisions and involve local people in making decisions. These are our local arrangements:

The Healthwatch Nottingham Board

The Healthwatch Nottingham Board was selected following a widely advertised application process. Collectively Board members bring a wealth of experience across health, social care and housing as well as the statutory and voluntary sector.

Each member also brings knowledge, enthusiasm and experience of engaging with Nottingham citizens as well as a strong commitment to ensure the diversity of our local population is represented, and its views our reflected in our work. The Board meets every two months and makes decisions about how we prioritise and plan our work.

You can find out more about our board members here:

www.healthwatchnottingham.co.uk/ content/meet-board

Prioritising our work

To help the Board to make decisions about the services and other areas our activities should focus on, we look at three types of priority. Decisions about when and how work is undertaken in respect of these are taken by the Healthwatch Nottingham Board:

1) Identifying priority areas based on concerns or issues raised through engagement activities and other information received from local people.

How this works: An Evidence & Insight report goes to a Board meeting. This report provides an overview of the comments, concerns and compliments raised by the public and highlights any trends or any significant issues. Initially these experiences were gathered largely through our Information Line but have subsequently been expanded with comments from our new website, from social media and 'Talk to Us' points.

2) Looking at the work

programmes of partner organisations, and gathering the views of local people to feed into relevant strategic developments and consultations.

How this works: Following discussions with the chairs of Nottingham City Health Scrutiny Committee and the Health & Wellbeing Boards, a protocol was agreed between the Healthwatch Nottingham Board, Scrutiny and the Health & Wellbeing Board. This protocol aims to ensure that issues raised in one place are appropriately considered elsewhere and that each of the three bodies:

- Have a shared understanding of each other's roles, responsibilities and priorities
- + Work in an open and constructive way
- Work in a climate of mutual respect and courtesy
- + Respect each other's independence and autonomy.

On major pieces of work requiring engagement, involvement or consultation of services users, carers and the public, the bodies will work collaboratively to agree roles and responsibilities.

Where possible, the three bodies will seek to agree joint responses to consultation.

3) Identifying other areas of interest, such as work with specific seldom heard groups whose views may be underrepresented in decision making regarding health and social care services.

How this works: This third prioritising route allows for a horizon scan and a broad view of the local health and care system to be taken into account when setting priorities. It seeks to utilise the knowledge and experience of Board members in 'surfacing the undercurrents' and guard against key issues being missed or not being given due priority because individuals have not come forward to raise concerns in sufficient numbers. *It also serves to* raise issues that may not appear serious enough or because the user group is small or would not wish to raise a complaint or concern.

How we involve the public and volunteers

Healthwatch Nottingham values the contribution of volunteers in the delivery of its work and in being able to reach and engage with all of the communities in Nottingham.

We are committed to providing a supportive environment for volunteers to work from with support from all levels of Healthwatch Nottingham's organisational structure. To date we have used volunteers to undertake a range of roles from administrative duties, to drafting reports for consideration by commissioners and being Authorised Representatives to suport our Enter and View programme.

Our finances

A key challenge for Healthwatch Nottingham during 2015/16 has been balancing its organisational aspirations with its ability to deliver in line with the service specification on a challenging budget. Below is a breakdown of the key elements of our expenditure against our income from the city council for delivery of the Healthwatch contract.

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	160,000
Additional income	4,000
Total income	164,000
Expenditure	
Operational costs	24, 159
Staffing costs	136,856
Office costs	25,705
Total expenditure	186,720

The difference between the total income and total expenditure was made up with a carry forward from 20015-16 and from Healthwatch savings



Get in touch

Address: Healthwatch Nottingham, 21 Clarendon Street, Nottingham, NG1 5HR Phone number: 0115 859 9510 Email: info@healthwatchnottingham.co.uk Website: www.healthwatchnottingham.co.uk Twitter: @HWNottingham

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright Healthwatch Nottingham



HEALTH SCRUTINY COMMITTEE

20 JULY 2017

WORK PROGRAMME 2017/18

REPORT OF HEAD OF LEGAL AND GOVERNANCE SERVICES

1. <u>Purpose</u>

1.1 To consider the Committee's work programme for 2017/18 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 2017/18 and make amendments to this programme as appropriate.

3. <u>Background information</u>

- 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 current work programme for the municipal year 2017/18 is attached at Appendix 1.

4. List of attached information

4.1 Appendix 1 – Health Scrutiny Committee 2017/18 Work Programme

5. <u>Background papers, other than published works or those disclosing</u> <u>exempt or confidential information</u>

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

Reports to and minutes of the Nottingham and Nottinghamshire Joint Health Scrutiny Committee during 2016/17

7. Wards affected

7.1 All

8. <u>Contact information</u>

8.1 Jane Garrard, Senior Governance Officer Tel: 0115 8764315 Email: jane.garrard@nottinghamcity.gov.uk

Health Scrutiny Committee 2017/18 Work Programme PUBLIC

Date	Items
18 May 2017 CANCELLED	
13 June 2017 10:15am Informal Meeting	 Sustainability and Transformation Plan Consultation and Engagement Findings To review the findings from initial consultation and engagement on the Sustainability and Transformation Plan and if/ how the Plan is developing to take these findings into account.
22 June 2017	Nottingham homecare market To review the effectiveness of work that has taken place since November 2016 in response to pressures in the homecare market; and the development of longer term plans to address pressures in the homecare market (Nottingham City Council)
	Work Programme 2017/18
20 July 2017	Seasonal flu immunisation programme 2016/17 To review the performance of the seasonal flu immunisation programme 2016/17 and the effectiveness of work to improve uptake rates (NHS England, NCC Public Health)
	Healthwatch Nottingham Annual Report 2016/17 To receive and consider the Healthwatch Nottingham Annual Report (Healthwatch Nottingham)
	Feedback from regional health scrutiny chairs network meeting To receive a verbal update from the Chair

Date	Items
	(Chair)
	Work Programme 2017/18
21 September 2017	 Nottinghamshire Healthcare Trust transformational plans for children and young people – CAMHS and perinatal mental health services update (Nottinghamshire Healthcare Trust)
	Scrutiny of Portfolio Holder for Adults and Health To scrutinise the performance Portfolio Holder for Adults and Health, with a particular focus on delivery against relevant Council Plan priorities (Nottingham City Council)
	End of Life/ Palliative Care Review – Implementation of Recommendations (tbc) To receive an update from NUH on progress in implementing agreed recommendation
	Work Programme 2017/18
19 October 2017	Sustainability and Transformation Plan To receive an update on progression of the Sustainability and Transformation Plan, including accelerator status towards an Accountable Care System (STP Lead)
	 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
	(NHS England, NCC Public Health)
	 Carer support services To speak with commissioners and providers about new carer support services and review plans to ensure that carers' needs are met.
	(Nottingham City Council, Carers Federation, Carers Trust)

Date	Items	
	Work Programme 2017/18	
23 November 2017	 Child and Adolescent Mental Health Services (CAMHS) (tbc) To review progress in implementing the transformation plan for CAMHS, including the impact on waiting times (Nottinghamshire Healthcare Trust/ commissioners/ local authority public health) Homecare services commissioning framework (tbc) To scrutinise proposals for the new commissioning framework for homecare services; and review how the Homecare Provider Alliance and Passport for Care scheme are contributing to improving homecare provision. (Nottingham City Council) 	
	Work Programme 2017/18	
21 December 2017 SEPARATE AGENDA ITEM PROPOSING TO MOVE TO 14 DECEMBER	Cleanliness at Nottingham University Hospitals NHS Trust To review progress in improving cleanliness at Nottingham University Hospitals sites. (Nottingham University Hospitals)	
DECEIVIDER	Work Programme 2017/18	
18 January 2018	GP services in Nottingham City To review current provision and quality of GP services in the City (Nottingham City CCG)	
	Out of Hospital Services Contract To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG)	

Date	Items
	Work Programme 2017/18
22 February 2018	Urgent Care Centre To review performance of the Urgent Care Centre against expected outcomes for the service (Nottingham City CCG, Nottingham CityCare Partnership)
	Nottingham CityCare Partnership Quality Account 2017/18 To consider performance against priorities for 2017/18 and development of priorities for 2018/19
	(Nottingham CityCare Partnership)
	Suicide Prevention Plan To scrutinise implementation of Suicide Prevention Plan (Nottingham and Nottinghamshire Suicide Prevention Group)
	Work Programme 2017/18
22 March 2018	Out of Hospital Services Contract To receive an update on procurement of the Out of Hospital Services contract (Nottingham City CCG)
	Work Programme 2017/18

To schedule

• Out of Hospital Services Contract

To receive an update on procurement of the Out of Hospital Services contract, with a focus on findings from stakeholder engagement carried out and how plans are being developed to respond to these findings

• Future provision of Congenital Heart Disease Services To consider the implications of NHS England's decision regarding future commissioning of congenital heart disease services

• Emergency care

To review progress in meeting the 4 hour access target for A&E

- Winter pressures To review plans for dealing with winter pressures; and to review effectiveness of those plans in managing winter pressures
- End of life/ palliative care services for children and young people
- Transforming care for people with learning disabilities and/or autism spectrum disorders To review the impact on current and future service users
- Delivery of a social prescribing approach in Nottingham
 - **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 to ensure that all who need to access equipment are able to

Visits

- Connect House (September 2017 tbc)
- New Nottinghamshire Healthcare Trust CAMHS and perinatal services site (spring 2018)

Study groups

• Quality Accounts (Nottingham University Hospitals; Nottinghamshire Healthcare; East Midlands Ambulance Service; Circle)

Informal meetings

• Reducing unplanned teenage pregnancies – focus on Aspley and Bulwell

Other informal meetings attended by the Chair

- Nottingham University Hospitals NHS Trust Chief Executive
- Nottinghamshire Healthcare NHS Foundation Trust Chief Executive
- East Midlands Ambulance Service Regional Manager
- Circle (Nottingham Treatment Centre)
- Regional health scrutiny chairs network
- Informal meetings with commissioners

Items to be scheduled for 2018/19

This page is intentionally left blank