

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 30 June 2016 from 13.30 - 14.32

Membership

Present

Councillor Anne Peach (Chair)
Councillor Chris Tansley
Councillor Carole-Ann Jones
Councillor Patience Uloma Ifediora

Absent

Councillor Ginny Klein
Councillor Corall Jenkins
Councillor Ilyas Aziz
Councillor Dave Liversidge
Councillor Jim Armstrong
Councillor Merlita Bryan

Colleagues, partners and others in attendance:

Helen Jones - Head of Urgent Care at Nottingham City Clinical Commissioning Group
Rav Kalsi - Senior Governance Officer
James Rhodes - Strategic Insight Manager
Ann Simpson - Head of Urgent Care Centre, CityCare
Zena West - Governance Officer

1 CHANGE TO COMMITTEE MEMBERSHIP

RESOLVED to note that Councillor Patience Uloma Ifediora and Councillor Carole Jones have been appointed as members of the Health Scrutiny Committee.

2 APOLOGIES FOR ABSENCE

Councillor Jim Armstrong – non Council business
Councillor Merlita Bryan – non Council business
Councillor Ginny Klein – non Council business

3 DECLARATIONS OF INTEREST

None.

4 MINUTES

The minutes of the Health Scrutiny Committee meeting held on 19 May 2016 were agreed and signed by the Chair.

5 URGENT CARE CENTRE

Helen Jones (Head of Urgent Care at Nottingham City Clinical Commissioning Group (CCG)) and Ann Simpson (Head of Urgent Care Centre, CityCare), updated the

Committee on the first six months operation of the Urgent Care Centre on London Road, highlighting the following:

- (a) Nottingham City Urgent Care Centre (UCC) opened on 1 October 2015 and the service operates every day from 7am to 9pm. Any members of the public who have an urgent, unplanned health need can access the service regardless of residence or registration. The hope is that the UCC will improve access to medical attention for patients with non-life threatening illness or injury;
- (b) Although commissioned for 75,000 treated patients per year, current activity indicates that 57,500 will be treated this year. Public marketing around the UCC's activity has been minimal to date due to building work and restricted consulting space available during renovation however this work is now complete;
- (c) X-ray activity has been audited during the first six months showing an average of 30% positive fracture rate. 585 patients were treated between January and March 2016 who would otherwise have been referred to an emergency department (ED) for their injury. This reflects a minimum saving to the health community of circa £74,000 per quarter;
- (d) 98% of non-urgent patients are seen within 2 hours with 98% of complex diagnosis seen with 4 hours (which is better than the national target of 95%);
- (e) The next step is to integrate care pathways across urgent care systems. This will provide closer links between access routes for care and the treatment services.

The following points were raised in discussion:

- (f) Having inspected UCC data, it is possible to hypothesise that patients with a higher acuity would possibly have presented at ED so it is possible to identify a positive impact on EDs in the region;
- (g) UCC has recently been awarded Vanguard status for Greater Nottingham and part of this requires UCC to deliver an integrated urgent care service. National guidelines point to an integrated service by 2020 but the UCC in Nottingham is expecting to do it sooner;
- (h) Now that the implementation phase has passed, the UCC will continue to work with commissioners to market new and emerging aspects of the centre, such as the X-ray facilities which will lead to a significant change in consumer choice. A targeted social media campaign will also advertise waiting times as the main demographic for urgent care is the under 40s. Work will continue to take place with GP practices and patients groups to widen patient engagement;
- (i) The UCC provide a variety of ways for service users to provide feedback, ranging from verbal feedback to clinicians, a short feedback form, NHS choices website and the NCCP Twitter account. During October to December

2015, the total number of Satisfaction Surveys completed was 98 and the UCC met the satisfaction target of 85%;

- (j) On 15 June 2016 members of the Committee visited the Centre to observe it in practice and engage with staff. Those present found this experience incredibly worthwhile and were impressed with the space and layout of the facilities.

RESOLVED to

- (1) note the content of the report;**
- (2) thank CityCare and Nottingham City CCG for hosting members of the Committee at the Urgent Care Centre for a visit on 15 June 2016;**
- (3) receive a report on the integrated urgent care pathway in 12 months;**
- (4) review how the Urgent Care Centre is operating and whether it is meeting the expected outcomes in 12 months.**

6 DEVELOPMENT OF THE JOINT HEALTH AND WELLBEING STRATEGY 2016-2020

James Rhodes, Strategic Insight Manager at Nottingham City Council, updated the Committee on the Joint Health and Wellbeing Board Strategy 2016-2020, highlighting the following key points:

- (a) A proposed strategic framework was agreed by the Health and Wellbeing Board in January 2016, based around the following four key outcomes:
- Adults, children and young people in Nottingham adopt and maintain healthy lifestyles;
 - Adults, children and young people in Nottingham will have positive Mental Wellbeing and those with serious mental health illness will have good physical health;
 - There will be a healthy culture in Nottingham in which citizens are supported and empowered to live healthy and manage ill health;
 - Nottingham's environment will be sustainable; supporting and enabling its citizens to have good health and wellbeing.
- (b) The purpose of the strategy is to enable all Health and Wellbeing Board partners to be clear about the agreed priorities for the next four years and to add value to the planned activity for the Board;
- (c) Consultation on the strategy ends today and will be presented to the Health and Wellbeing Board in July 2016 for approval. In September 2016, detailed action plans will be presented to the Board for approval which will detail the programme of activity for each key outcome.

The following points were raised in discussion:

- (d) In recent months concerns have been raised about the lack of access to mental health pathways in some settings and the lack of direct access points to mental health pathways from the urgent care centre. This needs addressing in order to ensure access to care for people with serious or urgent mental health problems are supported appropriately. Outcome two will provide an action plan to support this and will be presented to Health and Wellbeing Board in September 2016;
- (e) The Committee has identified the importance of health literacy and its role in developing a healthy culture. This would require a coordinated approach, including a better understanding of deprivation in Nottingham, not just health inequality.

RESOLVED to provide the following feedback in relation to Joint Health and Wellbeing Strategy 2016 – 2020:

- (1) The lack of access to mental health pathways, for example from urgent care or by the East Midlands Ambulance Service will need to be addressed as part of the Strategy;**
- (2) The Committee notes the importance of health literacy in supporting adults, children and young people in developing a healthy culture.**

7 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2016/17

Rav Kalsi, Senior Governance Officer presented a report on the work programme for the Health Scrutiny Committee for 2016/17.

RESOLVED to amend the Work Programme and schedule the item on Safeguarding and Social Care Perspective on Homecare for Health Scrutiny Committee on 22 September 2016.