

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at Loxley House on 24 JULY 2013 from 1.30pm to 4.11pm

- ✓ Councillor Ginny Klein (Chair)
- ✓ Councillor Thulani Molife (Vice-Chair)
- Councillor Mohammad Aslam
- ✓ Councillor Merlita Bryan
- Councillor Azad Choudhry
- Councillor Georgina Culley
- Councillor Brian Parbutt
- ✓ Councillor Wendy Smith (minute 12 to 18)
- Councillor Timothy Spencer
- ✓ Councillor Steph Williams

✓ indicates present at meeting

Colleagues, partners and others in attendance:

Councillor Alex Norris	) Nottingham City Council	- Portfolio Holder for Adults and Health
Martin Gawith	) Healthwatch Nottingham	- Chair of the Interim Healthwatch Nottingham Board
Karen Archer	)	- Interim Healthwatch Nottingham Manager
Alison Challenger	) Public Health	- Deputy Director of Public Health
Caroline Hird	)	- Locum Consultant in Public Health Medicine
Lynne McNiven	)	- Consultant in Public Health
Mary Orhewere	)	- Consultant in Public Health
Steve Oakley	) Children and Families	- Head of Quality and Efficiency
Jane Garrard	) Resources	- Overview & Scrutiny Co-ordinator
Rav Kalsi	)	- Constitutional Services Officer

12 CHANGE IN PANEL MEMBERSHIP

RESOLVED to note that Councillor Rosemary Healy has been replaced by Councillor Steph Williams.

13 APOLOGIES FOR ABSENCE

Councillors Azad Choudhry, Brian Parbutt, and Timothy Spencer - all on leave.

14 DECLARATIONS OF INTERESTS

None.

15 MINUTES

The Panel confirmed the minutes of the meeting held on 29 May 2013 as a correct record and they were signed by the Chair.

16 HEALTHWATCH NOTTINGHAM

The Panel considered the report of the Head of Democratic Services on Healthwatch Nottingham's role as the consumer champion for health and social care, representing the collective voice of service users.

Martin Gawith, Chair of the Interim Healthwatch Nottingham Board, updated the Panel on the formation of Healthwatch Nottingham, which was established in April 2013. champion for health and social care. He highlighted the following points:

- (a) The role of Healthwatch Nottingham is to give a voice to citizens and communities and to both influence and challenge how health and social care services are provided in the locality;
- (b) As an independent organisation, Healthwatch Nottingham provides help to ensure complaints are made in a proper and timely manner. Currently a small organisation, Healthwatch Nottingham is in the process of recruiting new talent to its ranks;
- (c) Healthwatch Engagement and Liaison Partnership (HELP) have formed a social enterprise and have been contracted through a procurement process to run Healthwatch Nottingham. This consortium of four voluntary sector organisations has been working over the past year to engage with citizens;
- (d) There is a desire to work with 'change-makers' in the City and encourage effective access to services for smaller, more discreet parts of communities;
- (e) A significant aspect of current work is signposting citizens appropriately through an information line. In addition, information is collated based on the calls and used to both provide evidence and influence change where possible;

The response to the Panel's questions included:

- (f) Membership is growing, with over 720 members currently registered, including organisations;
- (g) Due to the strength of relationships already formed by HELP, Healthwatch Nottingham as an organisation is already aware of the networks within the community and will look to engage with them in the future;
- (h) Healthwatch Nottingham is funded by Nottingham City Council and is one of the poorest in the UK. Access from other funding sources could be explored but would

need to be approached with caution so that the independence of Healthwatch is not compromised. There was a possibility that Healthwatch will seek additional funding from the Local Authority next year;

- (i) Support is given to people who have made complaints about health services where discussions have stalled, to progress towards closure for citizens. Staff members also carry out follow-up calls with citizens to see if concerns have been addressed;
- (j) Martin Gawith has regular meetings with complaint groups across all NHS partners and will explore new methods for recording concerns of citizens who, although they have received mostly excellent treatment, felt that there were areas of concern. A different measure of quality will be sought with the possible use of diaries for patients to log their experiences;
- (k) The role of Healthwatch Nottingham is not to replace GP or patient forums but to ensure that proper consultation takes place with those organisations that provide a public service;
- (l) Healthwatch Nottingham welcomes the opportunity to work with 'change-makers' and, through this, facilitate a range of improvements.

RESOLVED

- (1) to welcome the existence of Healthwatch Nottingham;**
- (2) to invite representatives of Healthwatch Nottingham to attend future meetings of the Panel and to contribute as appropriate;**
- (3) to explore ways to facilitate a constructive working relationship between the Panel and Healthwatch Nottingham.**

17 STANDARDS OF CARE IN RESIDENTIAL CARE HOMES

The Panel considered the report of the Head of Democratic Services on the standards of care in residential care homes, in particular considering the Council's role in ensuring the standard of care received is safe and of high quality.

Steve Oakley, Head of Quality and Commissioning, updated the Panel on the performance and management of contractual arrangements with residential care home providers in Nottingham. He highlighted the following points:

- (a) Nottingham City Council holds contracts with a number of residential care home providers both across the City and beyond the boundary. These contracts are managed by the Council's Quality and Commissioning Directorate;
- (b) Contracts are reviewed annually and residential care homes for older people are scored on the quality of provision provided, 0-5, with a score of 5 representing the highest quality. The aim is to establish a minimum rating of 2-3 in the quality of provision provided;

- (c) There are 77 homes in the City, 4 of which are Council homes. The remainder are privately run homes and the majority of these are smaller organisations;
- (d) There has been a shift in the quality of provision provided by residential care homes for older people. There are no longer any care providers classed at a 0 band, the majority of those providers had witnessed an upward trend;
- (e) The average banding has increased from 2.10 in 2009/10 to 3.21 in 2013/14, which represents a satisfying increase in the quality of care provided in residential care homes for older people;
- (f) Although there has been measurable improvements in a variety of care provisions, including dementia care and safeguarding practices, there has been a lack of improvement noted in care planning and person-centred planning;
- (g) Information is collated across a spectrum of agencies, including the NHS, Care Quality Commission, social care, whistleblowers and other partners and is performance managed through a safeguarding process;
- (h) There are four stages to the effective management of contract compliance and are as follows: requirement to improve, contract suspension, 90 day final notice and the termination of contract. The stages are not necessarily issued in a specific order and it is possible for a care home to be issued a 90 day final notice and for this then to be lifted. However, where this is not the case a notice of termination is issued;
- (i) A quality monitoring framework has been developed as a tool to measure the quality of care provision across all providers. The framework highlights areas of excellence and poor performance through a scoring system and all care providers are issued with a copy of the framework prior to the annual quality monitoring visit;
- (j) Improvements to the way quality is monitored are being considered in an attempt to streamline the review process, reducing subjectivity and promoting transparency along the way. The new framework is currently being piloted;
- (k) A new fee structure based on core package costs has been proposed as part of a Commissioning review. As part of a strategic review of the care home sector, Quality and Commissioning would look at what leads to quality provision together with identifying markers for good and poor practice. This will be reported in late autumn.

The response to the Panel's questions included:

- (l) Where a care home has improved its banding a resident of that care home should feel more engaged in the process of care provision. It is essential for care home providers to ensure that good quality care plans are established to allow for any eventuality and to ensure a consistent approach to the provision of care;
- (m) Where a contract has been terminated, private care homes can still take in further self-funding residents however, they are unable to receive any Nottingham City or Nottinghamshire County Council residents. When negotiating new contracts with

care providers, efforts will be made to stipulate that care homes in these circumstances cannot take on any new residents, including self-funders;

- (n) Ensuring that the location of care homes are suitable and adequate for their residents is a clear priority. There is an expectation that when developers seek planning permission for a care home that they will also seek input from Quality and Commissioning on the requirements for the area and any possible development. This does not always happen, for example there are currently vacancies in residential care homes but plans are still being brought forward to establish new homes.

RESOLVED

- (1) to request that the findings of the Strategic Review of the Care Home Sector be presented to the Panel when available in Autumn 2013;**
- (2) to explore the extent to which the needs of the care home market are taken into account when planning applications are considered through the Scrutiny Review Co-ordinator;**
- (3) to review the impact of new contracts with residential care homes for older people on quality and standards of care in 2014/15.**

18 DISCUSSION WITH PORTFOLIO HOLDER FOR ADULTS AND HEALTH

The Panel considered the report of the Head of Democratic Services on the remit of the Portfolio for Adults and Health.

Councillor Alex Norris, Portfolio Holder for Adults and Health outlined his current areas of work, progress in delivering the objectives relating to health and adult social care and the key challenges. He highlighted the following points:

- (a) Following budget cuts and the associated effects of welfare reforms, the NHS in Nottingham is facing many changes and Nottingham City Council has a role to create stability to support transition processes;
- (b) The composition of the Health and Wellbeing Board brings together a wide range people and connects health and social services better. Through partnership working on the Board, a Joint Health and Wellbeing Strategy has been developed with four clear priorities: preventing alcohol misuse, integrated care, improving mental health and priority families;
- (c) Public Health colleagues are still integrating into the Council following changes in April 2013. There are potential challenges to using the budget effectively to manage a range of health provisions in the City;
- (d) Having become Portfolio Holder for Adults and Health in May 2013 it is still relatively early days in delivery against objectives. Councillor Norris identified the following areas as where he believes he can add particular value:
- (e) Health

- i) driving delivery on the priorities of the Joint Health and Wellbeing Strategy
- ii) continuing, and completing the transition of public health into the City Council
- iii) creating a sense of stability during a period of significant change in the NHS

Adults

- iv) supporting the continued existence of the Council as a direct provider of care, helping to drive up standards in the sector
- v) ensuring personalisation is appropriately applied and supported.

The response to the Panel's questions included:

- (e) In terms of inspiring young people and families in the City through the Priority Families programme, the level and timing of intervention needs to be appropriate;
- (f) An absence in the presence of health professionals in Council ward meetings is an issue that will be addressed at an appropriate level such as Neighbourhood Action Team (NAT) meetings;
- (g) In relation to the Joint Health and Wellbeing Strategy's priority of improving mental health provisions, intervention at an early stage where appropriate is essential. This relates to a broad spectrum of provisions such as decent housing, jobs and teaching expectations to young people. This ensures that those who require assistance are placed on the right pathways at an early stage;
- (h) Developing an effective relationship between the Portfolio Holder for Adults and Health and the Scrutiny Panel is paramount and Councillor Norris would welcome the opportunity to come back to the Panel frequently in the future;
- (i) Possible areas where scrutiny could support the Portfolio Holder include exploring the scope for improved health assessment, particularly any disparity between physical and mental health; development of the Health and Wellbeing Board; supporting the development of Healthwatch and public engagement on health issues.

The Panel noted the update on progress of the Portfolio of Adults and Health and thanked Councillor Norris for his attendance.

19 PUBLIC HEALTH

The Panel considered a report of the Head of Democratic Services regarding the transfer of public health responsibilities to the Council from 1 April 2013.

Caroline Hird, Locum Consultant in Public Health Medicine, Alison Challenger, Deputy Director of Public Health, Lynne McNiven and Mary Orhewere, both Consultants in Public Health, delivered a presentation providing an introduction to Public Health in the Local Authority and made the following points:

- (a) Public Health is defined as improving the health of populations, rather than treating disease in individuals. There are four domains to the Public Health Outcomes Framework – improving the wider determinants of health, health improvement,

health protection and the healthcare in public health. In achieving the outcomes of the framework, colleagues in Public Health will complement the efforts of other parts of the Local Authority;

- (b) The Public Health team consists of a Director of Public Health, Chris Kenny, who works jointly between the City and County. There are four consultants and another approximately 30 staff members who supplement the team. Each public health consultant has specific areas of responsibility. Information on this can be circulated to members of the Panel;
- (c) Efforts to tackle health associated lifestyle choices such as substance misuse requires early intervention and wider initiatives for example, implementing a ban on the sale of 'super-strength' alcohol. This will enable informed decisions to be made;
- (d) Members should expect to see health promotion activity across the City and although members of the Health Promotion team cannot attend every NAT meeting in the City due to capacity within the team, they will be discussing ways to engage effectively with communities;
- (e) An overview of what officers and consultants did in the City can be presented to NAT meetings in the future and a list of contacts in the Public Health team will be circulated to members for information.

RESOLVED

- (1) to request a presentation on the role of 'change makers' in the City for a future meeting of the Panel;**
- (2) to request information on how public health can support work in local areas, for example through Neighbourhood Action Teams.**

20 WORK PROGRAMME 2013/14

Jane Garrard, Overview and Scrutiny Co-ordinator, presented the report of the Head of Democratic Services, outlining the Panel's work programme for 2013/14. The Chair noted that the following items will be brought to future meetings of the Panel:

- (a) The findings of the Strategic Review of the Care Home Sector;
- (b) Impact of new contracts with residential care homes for older people on quality and standards of care;
- (c) Presentation on the role and work of 'change makers';
- (d) Access to GPs (working with Healthwatch Nottingham).

The Panel also discussed other potential issues for inclusion in the future work programme, including:

- (d) How scrutiny can support the work of the Portfolio Holder for Adults and Health

- (e) How individuals and their families make informed choices about residential care homes for older people;
- (f) Review of how local communities 'experience' public health compare with commissioned service.

RESOLVED to include the following items in the Panel's future work programme

- (1) Findings of Quality and Commissioning's Strategic Review into the Care Home Sector (Autumn 2013);**
- (2) Impact of new contracts with residential care homes for older people on quality and standards of care (2014/15);**
- (3) Presentation on the role and work of 'change makers';**
- (3) Review of how individuals and their families make informed choices about residential care homes for older people;**
- (4) Review of how local communities 'experience' public health compared to commissioned service.**