

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at Loxley House on 29 JANUARY 2014 from 1.30 pm to 3.15 pm

- ✓ Councillor Ginny Klein (Chair)
 - ✓ Councillor Thulani Molife (Vice-Chair)
 - Councillor Mohammad Aslam
 - Councillor Merlita Bryan
 - Councillor Azad Choudhry
 - ✓ Councillor Eileen Morley
 - ✓ Councillor Brian Parbutt
 - ✓ Councillor Anne Peach
 - Councillor Wendy Smith
 - Councillor Timothy Spencer
- ✓ indicates present at meeting

Colleagues, partners and others in attendance

Rosemary Galbraith	- Quality and Safety	- Nottingham CityCare Partnership
Jane Garrard	- Overview and Scrutiny)
Laura Haxton	- Commissioning) Nottingham City Council
Mark Leavesley	- Constitutional Services)
Steve Oakley	- Quality and Efficiency)

35 MEMBERSHIP

RESOLVED to note the appointment to the Panel of Councillor Anne Peach.

36 APOLOGIES FOR ABSENCE

Councillor Aslam)
Councillor Smith) personal
Councillor Spencer)

37 DECLARATIONS OF INTERESTS

None.

38 MINUTES

The Panel confirmed the minutes of the meeting held on 27 November 2013 as a correct record and they were signed by the Chair.

39 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2013/14

The Panel considered a report of the Head of Democratic Services regarding Nottingham CityCare Partnership's proposals for its Quality Account 2013/14, including plans for public engagement in development of the Account.

Rosemary Galbraith, Assistant Director of Quality and Safety / Deputy Director of Nursing, Nottingham CityCare Partnership, presented the report and stated that:

- the Quality Account is a formal document requested by the Department of Health, which will be published on 28 June 2014 and cover the period 1 April 2013 to 31 March 2014 and, following Department of Health guidelines, will include a review of key quality achievements over the past year and provide a summary of the main priorities for improvements over the coming year, along with some mandated content;
- CityCare is dedicated to ensuring that quality remains a key focus by making a commitment to providing the highest quality, cost effective care for citizens and is keen to ensure the Quality Account incorporates the views of staff, the local population and other local organisations. It is currently in the early stages of this engagement process, and is asking for comments on the proposed content and any additional suggestions for areas to cover;
- CityCare review progress against the chosen priorities for 2013/14 and will carry forward themes into this year's report if necessary (this may be where a priority is still in development, or where the work undertaken has highlighted further areas for improvement). In its Quality Account it will also provide an update on any outstanding actions from the 'look back' section in last year's report;
- following further engagement with stakeholders, the Quality Account will be developed and a final draft will be presented to Nottingham City's Health Scrutiny Panel, NHS Nottingham City Clinical Commissioning Group and Healthwatch by May 2013, in order that any comments can be incorporated.

In response to questions from the Panel, the following additional information was provided:

- the target for dementia care training has not been reached as yet and will remain a priority for 2014/15. Care specialists, who will work alongside the JackDawe Home Care Team, have only recently been recruited and are still being trained. Councillors supported this remaining a priority area;
- a review of provision / care etc is always ongoing (through focus / patient groups and staff surveys) and any relevant issues raised are addressed immediately. This also applies to the patient experience / complaints process, with ongoing service changes where necessary arising from feedback. The Quality Account will contain outcomes from the staff survey and staff Friends and Family Test;
- follow-up medicine management checks are made via phone calls to patients to ensure medicines are being correctly taken and there are no side effects;
- in line with the national agenda, CityCare will continue to focus on pressure ulcer prevention. CityCare does have a high number of pressure ulcers and, in part, this reflects high levels of reporting encouraged by training. A significant number of pressure ulcer incidents relate to care homes and nurses work closely with care homes, providing training where necessary, on preventing and dealing with pressure ulcers.

RESOLVED to note the information provided and that the final draft Quality Account 2013/14 will be submitted to the Panel meeting in May 2014.

40 COMMISSIONING OF CARE AT HOME SERVICES

Steve Oakley, Head of Quality and Efficiency, and Laura Haxton, Commissioning Manager, presented a report of the Head of Democratic Services, outlining the Council's role as a commissioner of care at home services for those adults over 18 years old who are in receipt of social care and/or continuing healthcare funding.

They also gave the following additional information during a short presentation:

- during a review of the care at home service, which commenced in August 2012 and involved partners such as the Clinical Commissioning Group and the Primary Care Trust. While service users had a high degree of choice, a number of issues were identified, such as market capacity, continuity of care available and staff not being paid for travelling time;
- as the contracts for Homecare Services expired in December 2013, the Council also had an opportunity to review the service provision and the outcomes met through the services as a whole;
- following the review, an approach was developed aimed at ensuring all citizens' needs, regardless of age, are met and they are assisted to live independently in their communities. The new service provision will also form part of a Framework of Providers of flexible services that will respond to the changing needs of citizens based on a whole life model;
- the new providers' contracts commenced in January 2014 and full service provision is expected to be in place by mid-February;
- the new, simpler system consists of dividing the city into 4 zones, each of which has a lead provider and 3 support providers, ensuring where possible the identified needs of citizens are met quickly and efficiently and by a single provider, rather than by numerous different agencies and staff members. Lead providers will undertake the majority of work in that area but users will still have a choice of provider;
- from a commissioning perspective, there will be fewer provider relationships to maintain and this will make it easier to manage service quality. Previously low risk issues were often tolerated because of capacity issues within the commissioning team, but the new contracts will be more robustly monitored;
- in transferring users to new providers, priority is being given to the most vulnerable users.

During discussion, the following information was given:

- to ensure retention of staff, provider contracts include a requirement that a minimum of 75% of its staff should have specified hours (rather than being on a zero contract or casual basis) and this will be checked and, if necessary, challenged if not being met. The contract also includes mandatory training requirements and providers must show that all staff have received training in subjects ranging from safeguarding to food hygiene;

- the needs of service users is initially assessed via phone conversations and visits (undertaken by the Adult Assessment Team, Social Workers and District Nurses, using a script to ensure consistency in the questions asked and, therefore, in the information received back);
- once an assessment has been completed, an individual pack is created, passed to the Council and then forwarded to the most relevant provider. This system has led to a more effective targeting of resources and, therefore, a better quality service provision with the same, or in some cases, less, staff;
- advice and training is already provided to care home providers and will be available to purchase by care at home providers in the next few months. This will be cheaper than private training providers. Safeguarding training is already provided to care at home providers;
- it is difficult to monitor the quality of care provided in people's homes, but it is done by looking at notes and records of care. In addition the Care Quality Commission has regulation powers. It is difficult to define high quality care but there are a range of indicators, for example having a good care plan in place;
- citizens with personal budgets can go 'off framework' but this care doesn't come with the same level of monitoring and assurance that Council commissioned services have;
- in the first instance complaints should be made to the service provider. If the issue cannot be resolved then complaints can be made via the social care complaints team.
- in the tender process prospective providers were asked to provide evidence in relation to responding to equality and diversity issues and how they would deal with specific cultural needs of service users. It is hoped that because contracts are now geographically based, providers will be more able to employ local people that reflect the diversity of the local population it serves. Equality issues will be reviewed as part of the quarterly monitoring process;
- by having geographically based contracts it is hoped that providers will be able to make links to local communities and help to address social isolation issues of service users.

The Chair commented on the increasing demand for care at home services and concluded that it was reassuring that the new framework appeared to be instigating a more robust approach to service quality. Councillors discussed carrying out a review of service user experience of care at home services once the new framework of providers had been fully implemented.

RESOLVED to carry out a review of service user experience of care at home services during 2014/15.

41 IMPLICATIONS FOR HEALTH SCRUTINY OF THE MID-STAFFORDSHIRE NHS FOUNDATION TRUST PUBLIC INQUIRY (FRANCIS INQUIRY)

Jane Garrard, Overview and Scrutiny Review Co-ordinator, presented a report of the Head of Democratic Services, requesting the Panel to consider whether there are any health scrutiny implications arising from the Government's response to the Mid-Staffordshire NHS Foundation Trust Public Enquiry (the Francis Enquiry).

During discussion, the Panel were of the opinion that, as it was already developing a relationship with the Care Quality Commission and held regular discussions with Healthwatch, there are currently no further actions for Nottingham City health scrutiny at this time. A protocol on the relationship between health scrutiny, Healthwatch and the Health and Wellbeing Board is being developed.

42 WORK PROGRAMME 2013/14

Jane Garrard, Overview and Scrutiny Review Co-ordinator, presented a report of the Head of Democratic Services, outlining the Panel's work programme.

RESOLVED to include of a review exploring service user experience of care at home services in 2014/15 work programme.