

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 Time Not Specified - Time Not Specified

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

Colleagues, partners and others in attendance:

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

1 MEMBERSHIP CHANGE

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

2 APOLOGIES FOR ABSENCE

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

3 DECLARATIONS OF INTEREST

None

4 APPOINTMENT OF VICE CHAIR

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

5 MINUTES

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

6 NOTES OF INFORMAL MEETING OF THE HEALTH SCRUTINY

COMMITTEE

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

7 HEALTH SCRUTINY COMMITTEE TERMS OF REFERENCE 2017/18

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

8 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.
- (l) 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.**

9 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 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.**

10 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**