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NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

NOTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 December 2018 from 1.45 pm - 3.43 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Andrew Rule

Absent

Councillor Merlita Bryan (Vice-Chair)
Councillor Ilyas Aziz
Councillor Chris Tansley
Councillor Adele Williams
Councillor Eunice Campbell-Clark
Councillor Brian Parbutt
Councillor Georgia Power
Councillor Ginny Klein
Councillor Mohammed Saghir
Councillor Cate Woodward

Colleagues, partners and others in attendance:

Lucy Anderson	- Greater Nottinghamshire Clinical Commissioning Partnership
Clare Gilbert	- Commissioning Lead NCC
Richard Glover	- Nottinghamshire Healthcare NHS Foundation Trust
Councillor Carol McCulloch	- Observer
Christine Oliver	- Head of Commissioning NCC
Catherine Pope	- Nottinghamshire Healthcare NHS Foundation Trust
Charlotte Reading	- Greater Nottinghamshire Clinical Commissioning Partnership
Linda Sellars	- Director for Quality and Change NCC
Zena West	- Senior Governance Officer
Aileen Wilson	- Head of Early Help Services NCC
Catherine Ziane-Pryor	- Governance Officer

51 INQUORATE MEETING

With only appointed Councillors Andrew Rule and Anne Peach in attendance, the meeting was inquorate but continued on an informal basis.

A APOLOGIES FOR ABSENCE

Councillor Merlita Bryan (Vice-Chair) – other Council business
Councillor Eunice Campbell-Clark – unwell
Councillor Brian Parbutt – work commitments
Councillor Georgia Power – work commitments
Councillor Chris Tansley – unwell
Councillor Adele Williams – personal

B DECLARATIONS OF INTEREST

None.

C MINUTES

The minutes of the meeting held on 22 November will be submitted to the next meeting for approval.

D HOMECARE SERVICES

Christine Oliver, Head of Commissioning, Clare Gilbert, Commissioning Lead, and Linda Sellars, Director for Quality and Change, all from NCC, were in attendance to provide the Committee with an update on the implementation of the new Homecare Services model that has been operating for six months.

A presentation was delivered and is included with the initial publication of the informal notes.

The presentation outlined:

- the structure of the new model;
- the 4 appointed lead organisations;
- what elements of the model are and are not working well;
- Nottingham's ranking against nearest neighbour comparators;
- The current position and what is planned for the future.

The following additional information was presented during the item and questions from members responded to:

- (a) Whilst there are 4 Lead Provider Organisations, a list of accredited providers is maintained and used when Lead Providers (LPs) do not have capacity to meet demand. However, this is the exception as a close relationship must be maintained with LPs which also helps to ensure that quality standards are maintained;
- (b) There are National problems with recruiting and retaining staff for homecare and it is anticipated that the Brexit outcome may further exacerbate staffing issues. Nottingham's issues are further complicated as the City provides multiple opportunities for less demanding work at the same pay level. In addition, the County Home Care Services generally offer a higher wage;
- (c) It is noted that whilst Nottingham City Council has openly challenged the offer of zero hours contracts, some workers prefer the flexibility of not having set hours. In addition, the affordable provision of child care can be a significant influence with potential workers;
- (d) Patient access to the re-enablement service can take up to 6 weeks and is reviewed by Level 3 Community Care Officers after 2 weeks to ensure that the appropriate support is in place, to assess re-enablement progress, and determine if longer term support is required;
- (e) Due to the formal boundary of Nottingham City not including some of the wealthier suburban areas within the greater city area, there are 11% fewer self-funding clients who pay more and help support the local home care market. This results in added pressure;
- (f) There is potential for a pilot of an accredited pay list for personal assistants as the market exists to create an initiative for carers to have more than one person to care for and therefore enough accumulate working hours to make a living;

- (g) As of today, there are now 8 people in acute beds who are medically safe for discharge and are awaiting for a homecare date (compared to 20 on 23/11), and there are 15 people at home with no formal support (compared to 12 as of 23/11);
- (h) Quality of care is monitored closely with spot checks taking place. This is in addition to the requirements of the Care Quality Commission. Where delays may occur, it is sometimes as a result of a safeguarding concern;
- (i) Internal staff who leave are asked for feedback in exit interviews but although requested of external providers, it cannot be required. It appears that most staff who leave are changing jobs, however, there is a small number who leave jobs to care for their children during the school holidays. A pilot scheme of subsidised childcare is being trialled over the Christmas period 2018. Some councillors in attendance believed that providing reduced cost childcare to carers may be beneficial to staff recruitment and retention;
- (j) There is an aspiration to maximise the use of technology to support home care and reduce the necessity for citizens to enter hospital and, where admission cannot be avoided, to leave hospital as soon as is safely possible;
- (k) As the provider contracts run on a yearly basis, as a result of the constant monitoring, it is possible to improve services each year;
- (l) A recruitment campaign was held in October and November and included films of workers explaining what the job involved and why they liked it. A national homecare staff recruitment campaign will start in January 2019 and members of the Committee are requested to promote the opportunities available.

Councillors in attendance suggested that in addition to exit interviews, remaining staff are asked what they like about the job and why they are happy to stay. The information gathered may then be used in recruitment material.

The Chair welcomed the significant progress achieved from the position a few years ago.

AGREED

- (1) to thank Christine Oliver, Clare Gilbert and Linda Sellars for their attendance and presentation;**
- (2) for a further update to be submitted in approximately 12 months' time, particularly regarding the pilot childcare scheme.**

E PRIMARY CARE MENTAL HEALTH SERVICES

Lucy Anderson, Greater Nottinghamshire Clinical Commissioning Partnership, briefly updated the Committee on the CCG's position of withdrawing primary Care Mental Health Services as of 01/01/2019, with advance notice given to GPs during October 2018.

Although the CCG intended to review services as the funding from 'The Better Care Fund' was to cease, the current position was accelerated as a result of staffing issues within the Primary Care Mental Health Services Team. As movement through the service usually takes about 12 weeks, adequate notice was given to GPs to stop referrals and for alternative services offered.

Existing staff were supported in looking for other work and a full redeployment exit strategy launched.

New service models are being considered and developed and it is anticipated that a proposal will be presented at the end of March 2019 as part of a broader review of Mental Health Services.

AGREED

- (1) to thank Lucy Anderson for stepping in to present the item;**
- (2) to note the update and request a further update to the Committee in May 2019.**

F CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING AND THE CAMHS AND PERINATAL MENTAL HEALTH SERVICES UPDATE

Charlotte Reading and Lucy Anderson, both from the Greater Nottinghamshire Clinical Commissioning Partnership, Catherine Pope and Richard Glover, both from Nottinghamshire Healthcare NHS Foundation Trust, and Aileen Wilson, Head of Early Help Services NCC, were in attendance and presented a joint update on to the two agenda items focusing on young people's mental health.

Further to the Committee's review of the Sustainability and Transformation Partnership and Greater Nottingham Integrated Care System at the October 2018 meeting, an update on the review is now presented regarding issues identified during the implementation of the Transformation Plan and priorities for the forthcoming year.

In addition to the detailed reports, the following information was provided and responses given to members' questions:

- (a) All services should be working together towards a tierless and seamless system with a single point of access. Screening and assessment may identify the need for behavioural support, parenting issues, or occasionally child protection or physical health issues. There may need to be challenging but necessary conversations;**
- (b) Following the initial assessment which usually takes place within a week of referral, the length of waiting times for children and young people to receive treatment/support particularly following a mental health episode or suicide attempt would ideally be shortened. Work continues to address this, but initial contact by mental health colleagues is made within 24 hours of referral. Once the initial risk is considered to have passed, parents can be supported through a short parenting group where they are taught what indicators to look for and possible appropriate reactions. It is vital that parents don't feel that they are on their own and they know that support is available and that they can learn to trust their children. Advice is also now provided in hospitals;**
- (c) Young people need to be able to manage their own risks and challenge their perceptions. It is important that young people and their parents/carers understand and can apply coping strategies;**

- (d) The majority of young people entering the service are aged between 12 and 16 years old. Whilst the transition of children to adult services had been historically awkward in some areas, it should be noted that support in the form of a transition champion is available but that the majority of young people suffering mental health difficulties do not go on to access adult services. Statistics are available but were not accessible during the meeting;
- (e) There are local challenges in that there are different service providers in the City and the County, but there's good evidence of partnership working with the organisations working together well;
- (f) There has been a lot of work with schools on prevention but also to ensure that young people can access information, help and support with mental health issues and can be referred to specialist services when needed. There has been resistance in some schools which were reluctant to escalate pupil's mental health support, but work is continuing to encourage improved engagement;
- (g) Although a lot of work has been done to improve young people's independent access to information and services with a web based presence, it is recognised that there may be further potential to use modern technology, including apps and social media;
- (h) There remain issues around recruitment and retention of specialist staff and it is a concern that fewer people are studying mental health. However, now that adult apprenticeships have been launched, this provides alternative career paths and routes for training and gaining formal qualifications or becoming registered professionals. Careful consideration is taking place as to how career progression can be offered across services and partners to make the offer an attractive career;
- (i) A pilot scheme of having a paediatric mental health specialist available to both Kings Mill and QMC hospitals to support emergency presentations has proved so successful that it is proposed to continue but this is yet to be confirmed;
- (j) Feedback from young people and their families regarding the changes to services is being collected by each service. Focus groups have been held and young people have welcomed consistency in being able to see the same worker each time, feel uncomfortable about being reassessed at 6 weeks as this is perceived as a pressure to have recovered by then, welcome friendly environments, and have responded that 94% would recommend services to friend. It is vital that young people have confidence in the services and this includes consistent and quality interaction with workers, which in turn means that workers cannot be allocated too heavy a workload as they will be overstretched and quality will be affected;
- (k) Hopewood opened in June and although there were a few initial teething problems, the facility is generally operating very well. The onsite school is the same as operates for patients of NUH and works to the national curriculum.

AGREED

- (1) **to thank Charlotte Reading, Lucy Anderson, Catherine Pope, Richard Glover and Aileen Wilson for their attendance and update;**

- (2) for the Committee to review progress of young people's mental health and wellbeing services in 12 months' time.**

G WORK PROGRAMME 2018/19

AGREED to note the work programme for the remainder of the 2018/19 municipal year.

Homecare Update for Health Scrutiny Committee

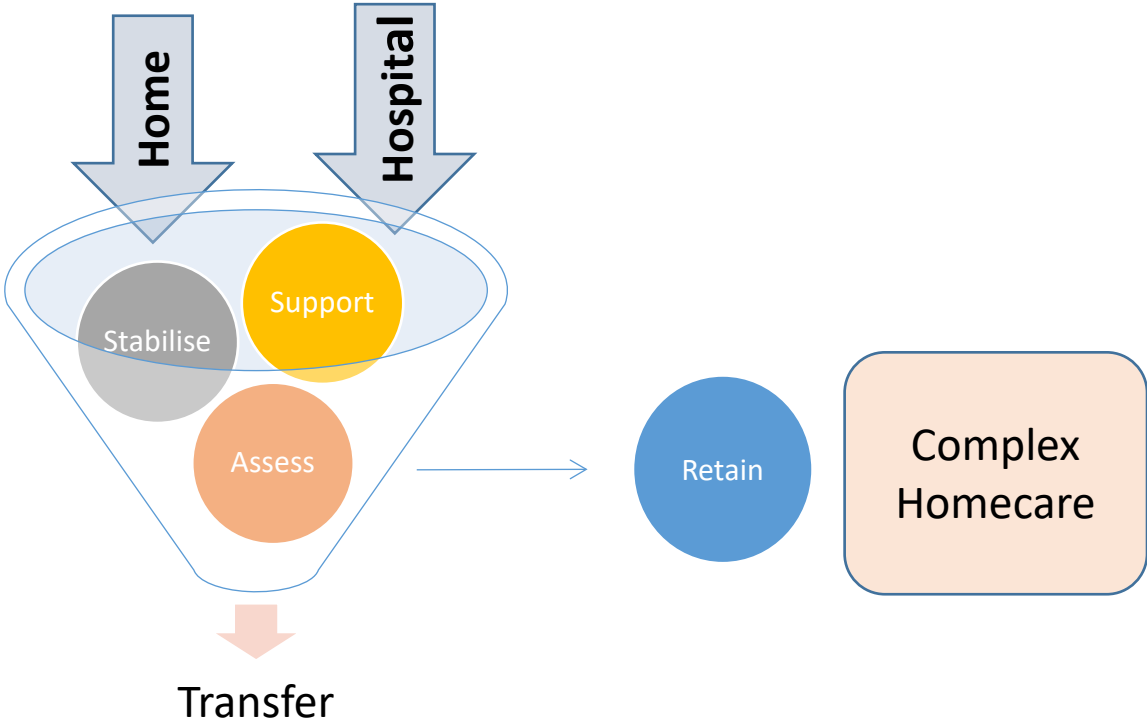
Linda Sellars-Director of Quality and Change ASC

Clare Gilbert- Commissioning Lead

New Model

New Referrals

Internal Homecare and Reablement



External

Care Bureau			
External Lead Homecare Providers (all delivering standard and complex healthcare with community provider support)			
North	East	South	West
Accredited Providers (some delivering standard and complex healthcare with community provider support)			
Citywide			

Update on the New Contract

- The new leads contract started in April 2018
- The four appointed Leads are:
- North-Comfort Call-31%
- East- Direct health -28%
- South-Westminster-12.4%
- West-Sevacare-25%

This is the current % market share within their designated zone

Westminster is a new Lead. Direct Health was formally a support provider

Current Context

- National problems with recruitment in health, social care and voluntary sector
 - Brexit
 - High levels of Employment
- Home First supports more citizens to go home from hospital earlier and to reduce the numbers going to residential care
 - This produces better outcomes for citizens but means more citizens with more complex care requiring homecare
- Higher levels of unplanned admissions than usual
- Nottingham has very low level of self funders and high levels of deprivation

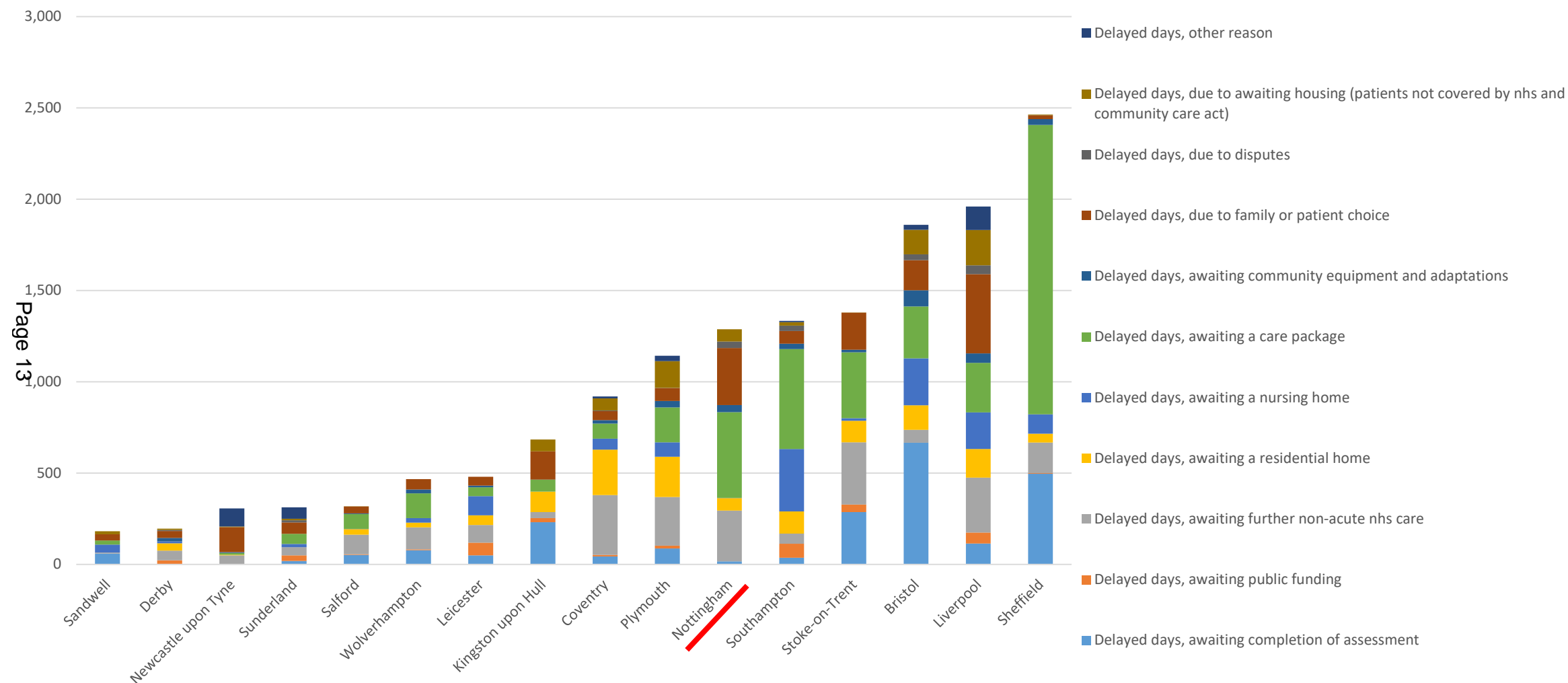
What is Working Well?

- Evaluation by Newton Europe recognised the effectiveness of the internal social care reablement service in promoting independence for citizens and significantly reducing packages of care
- Leads deliver 7,717 hours of homecare per week
- Accredited Providers deliver 9,972 hours of homecare per week
- Monthly solution focussed Lead Provider Forums between Leads, contracts and commissioning
 - Banded time slots
 - Provision of child care

What's Not Working Well?

- Most Lead Providers have not increased their share of the market
- Delays around homecare waits have risen which has led to an increase in Delayed transfer of Care (DTC)
- There are about 20 people in acute bed who are medically safe for discharge who are awaiting for a homecare date (23/11)
- There are 12 people at home with no formal support (23/11)
- About 10 citizens each week have to wait more than a week for a homecare package

Nottingham – CIPFA Nearest Neighbours – September 2018 – By Reason for Delay



Rank: Nottingham – 11/16 (Aug 18 – 11/16)



Performance: Low is good

NB: The new CIPFA 2018 model has been used for the Nearest Neighbours comparators

What are We Doing Now?

- Working closely with current leads both to support them to achieve pick up rates and to hold them to account contractually
- We are implementing a range of initiatives as part of Winter Pressure funding
- We are using the money internally to:
 - Strengthen frontline provision
 - Increase reviewing capability
 - Better support social care processes
- We are commissioning external services to:
 - Increase homecare provision
 - Provide volunteer led 'Help at Home' Services
 - Increase utilisation of Assistive Technologies

What are We Doing Next?

- Reviewing and re-shaping the current delivery model
- Developing an external employment strategy
- Exploring alternative models for employing and delivering community based care
 - Joint Venture
 - Community Interest Company
 - Local Authority Trading Company
 - Public Service Mutual

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