

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at Loxley House on 27 NOVEMBER 2013 from 1.30 pm to 2.58 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 Wendy Smith
 - Councillor Timothy Spencer
 - Vacancy
- ✓ indicates present at meeting

Colleagues, partners and others in attendance

Lisa Burn	-	Public Health)	
Jane Garrard	-	Overview and Scrutiny)	
Paul Haigh	-	Residential and Day Services)	Nottingham City Council
Jane Houston	-	Quality Assurance)	
Mark Leavesley	-	Constitutional Services)	
Helen Scott	-	Public Health	-	Nottinghamshire County Council

28 MEMBERSHIP

RESOLVED to note the resignation as a City Councillor of Steph Williams.

29 APOLOGIES FOR ABSENCE

Councillor Smith - personal

30 DECLARATION OF INTEREST

Councillor Choudhry – Item 5 (minute 32) ‘Quality of care in City Council care homes’ – personal interest as the partner of a care home owner.

31 MINUTES

The Panel confirmed the minutes of the meeting held on 25 September 2013 as a correct record and they were signed by the Chair.

32 NHS HEALTH CHECK

The Panel considered a report of the Head of Democratic Services on the Council’s responsibilities in relation to the NHS Health Check scheme, the commissioning of which transferred to local authorities on 1 April 2013.

Helen Scott and Lisa Burn, Public Health at Nottinghamshire County and Nottingham City respectively, presented the report and, in response to questions from the Panel, provided the following additional information:

- (a) people that have received the invitation to attend but not yet done so are 'chased' via GPs and pharmacies;
- (b) Diva Social Marketing have conducted 400 telephone interviews with invitees to find out why they have/have not attended a health check and also invite them to one of four focus groups for a more in-depth discussion about the service. One outcome from these discussions was that the 'Health Check' name could be misleading as the service is primarily aimed at 'heart-health';
- (c) over 50% of attendees have been referred on to other groups that offer services such as help with stopping smoking, healthy eating and dieting;
- (d) the scheme should be self-funding in the future due to NHS savings made from not having to treat so many due to early intervention/prevention;
- (e) one current issue is that those not registered with a GP will not be identified and, therefore, work is underway to link into other agencies, such as those working with the homeless and immigrants;
- (f) Health Checks can also be carried out in some pharmacies but they will be referred to their GP for follow up;
- (g) there is variation between GPs on their engagement with the Health Check programme and the take-up rates that they achieve. Public Health is working with GPs who have been identified as under-performing;
- (h) Health Checks are often carried out by nurses or healthcare assistants and training is provided to practice staff. It can be difficult to be fully assured about the quality of the Health Check carried out and lifestyle advice given. However, high risk cases are referred to medical experts in the relevant issue and there is greater quality assurance on this.

The Panel was concerned about access to the NHS Health Check programme for those individuals not registered with a GP and requested that work be undertaken to explore how this current gap can be addressed.

RESOLVED to

- (1) recommend that work be undertaken to explore how to improve access to NHS Health Check for those individuals not registered with a GP;**
- (2) request that an update on the NHS Health Check programme, including take up rates and work to improve access for those individuals not registered with a GP, be provided in summer 2014.**

33 QUALITY OF CARE IN NOTTINGHAM CITY COUNCIL CARE HOMES

The Panel considered a report of the Head of Democratic Services regarding the Council's role, as a provider of residential care, in ensuring that citizens living in care homes receive safe, appropriate and high-quality care.

Paul Haigh, Residential and Day Care Services, and Jane Houston, Adult Provision, presented the Panel with the following information:

- (a) the National and Local Framework includes;
 - (i) 16 Care Quality Commission (CQC) outcomes;
 - (ii) NHS Nottingham Clinical Commissioning Group (CCG) Inspections;
 - (iii) local authority contract compliance inspections;
 - (iv) Medicines Management Inspections, which include 28 criteria (carried out by the Nottingham CCG);
 - (v) monthly evidence-based self assessments, centred on the CQC outcomes, which are completed by residents, staff and carers;
- (b) the City Council currently has three older peoples' care homes (Cherry Trees, Laura Chambers and The Oaks) and one care home for adults with learning disabilities (Oakdene);
- (c) the care homes were inspected by the CQC during the first part of 2013, with all meeting the required levels (no 'concerns' raised by the inspectors) and being rated between 3* - 5 (5 being the highest score possible);
- (d) the staffing structure and policies and procedures in place at care homes support quality provision, and all staff have a responsibility to provide good-quality care for residents and those using home care;
- (e) there are literacy/numeracy courses available for staff to ensure paperwork is correctly completed and the 'Passport to Care' scheme, a staff development tool. The City is currently looking at marketing the scheme to other authorities;
- (f) benefits for residents, carers and citizens, arising from the systems in place, are:
 - (i) a confidence in services;
 - (ii) clearly-defined standards, ensuring people know what to expect from the service;
- (g) to ensure continued, consistent provision, observations of residents' care at different times, from different staff and from different perspectives, is undertaken;
- (h) complaints/feedback is logged through the Council's 3c's system and the Social Care Complaints Team, with all complaints, however minor, being recorded;
- (i) there is a significant turnover of staff at the lower levels and, although there are large numbers of applicants to fill those posts, there is a major skills gap.

During discussion, the following comments/observations were made:

- (j) Martin Gawith, Healthwatch Nottingham, suggested that if a home is deemed to be failing/under-performing, the management in place should be removed/changed, not the home closed and the residents moved elsewhere, as the impact of moving for older people is significant; and that residents should be given some form of tenancy rights/ agreement. The quality of care in care homes is an area of concern and focus for Healthwatch Nottingham in the coming year;

- (k) the Council should have a more 'hands-on' approach with the homes it has responsibility for, rather than just reacting when something goes wrong;
- (l) the Council's ambition is for all of its care homes to achieve quality banding 5.
- (m) Care homes often have a low paid and low valued workforce, many of whom have low educational attainment levels. Even when the Council receives high numbers of applications for vacancies, the majority of applicants are unsuitable with some unable to even understand concepts of 'person centred care';
- (n) It is difficult to compare staffing with the private sector because no statistics are available. The Commercialism Team is looking at this in terms of training and positioning the Council as a preferred employer.

RESOLVED to note the information provided.

34 WORK PROGRAMME

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

RESOLVED, subject to the addition to summer 2014 of an update report on NHS Health Checks, to note the work programme.