

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at LB31 - Loxley House, Station Street, Nottingham, NG2 3NG on 28 January 2015 from 13.33 - 16.13

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Thulani Molife (Vice Chair)
Councillor Brian Parbutt
Councillor Anne Peach
Councillor Emma Dewinton

Absent

Councillor Mohammad Aslam
Councillor Merlita Bryan
Councillor Azad Choudhry
Councillor Eileen Morley
Councillor Timothy Spencer

Colleagues, partners and others in attendance:

Rosemary Galbraith, Nottingham CityCare Partnership
Courtney Nangle, Nottingham City Health Watch
Ruth Rigby, Nottingham City Health Watch
Lucy Davidson, NHS Nottingham City CCG
Deborah Hooton, NHS Nottingham City CCG
Dave Miles, NHS Nottingham City CCG
Rachel Towler, Nottinghamshire Healthcare Trust
Ann Wright, Nottinghamshire Healthcare Trust
Laura Catchpole, Nottingham City Council
Sarah Gibbons, Nottingham City Council
Tajinder Madahar, Nottingham City Council
Anna Masding, Nottingham City Council
Linda Sellars, Nottingham City Council

Barbara Venes, Patient Representative

Kim Pocock, Nottingham City Council
Clare Routledge, Nottingham City Council
James Welbourn, Nottingham City Council

40 APOLOGIES FOR ABSENCE

Cllr Eileen Morley – medical appointment
Cllr Merlita Bryan – Non-Council business

Cllr Thulani Molife joined the meeting at 13.47
Cllr Brian Parbutt joined the meeting at 14.12

41 DECLARATIONS OF INTERESTS

None

42 MINUTES

The Panel confirmed the minutes of the meeting held on 26 November 2014 as a correct record and they were signed by the Chair.

43 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2014/15

The Panel considered a report of the Head of Democratic Services detailing Nottingham CityCare Partnership's progress against its quality improvement priorities for 2014/15; and proposals for their Quality Account 2015/16, including plans for public engagement in developing the Quality Account.

Rosemary Galbraith, Assistant Director of Quality & Safety and Deputy Director of Nursing at Nottingham CityCare Partnership advised the Panel of the progress and, during discussion, stated the following;

- (a) Phlebotomy services are now being offered in a wider range of locations, with fewer complaints and shorter waiting times. More information will be available in the annual quality account. Rosemary will provide further written information from a provider perspective;
- (b) Healthwatch voiced concern that offering a choose and book service for blood tests is confusing for patients who are used to going straight to the phlebotomist in their own Health Centre following a GP referral
- (c) Members of the panel were also aware of concerns about the new phlebotomy arrangements and may consider further scrutiny in the future;
- (d) A mixture of practical and Admiral Nurses (dementia specialists) are employed to tackle the growing concern over Dementia. Admiral Nurses have more all-round awareness of the condition. Rosemary assured the Panel that collective work will continue to address the issue of Dementia;
- (d) Connect House, a care home run by an arms-length subsidiary of Nottingham CityCare Partnership (CityCare Connect Ltd), will impact on hospital discharge rates by providing an extension to the core care offer;
- (e) An evaluation of instances of falls in care homes will be carried out. Early assessment and providing an appropriate high quality response will be a priority in the quality account, and will include case studies of how hospital admission can be prevented;
- (f) The following are coming year priorities for 2015/16:
 - (i) Pressure ulcers – a national and regional priority.
 - (ii) Duty of Candour (ie the duty to ensure that providers are open and transparent with people who use services and receive care and treatment, and specifically when things go wrong with care and treatment) – has now been published and will be applied;

- (iii) Development of wider scrutiny – the needs of the patient can be met by public patient involvement.
 - (iv) Carer support – signposting of carers to be improved for patients and families, by providing early information on initiatives and new projects;
- (g) A new DVD has been launched in care homes, and this contains information on how to prevent pressure ulcers. In addition to this, the Tissue Viability Scheme provides more information on what pressure ulcers are, and how they can be recognised;
- (h) New priorities have been decided after a range of consultations with the NHS and patients, as well as other factors such as quality indicators, and feedback from last year's priorities. Patients provide a large proportion of feedback, through their complaints and praise, and also through their needs;
- (i) Ruth Rigby from Healthwatch voiced concerns over CityCare's identity. In some cases, the public do not know whether or not they are using a CityCare service. The information that Healthwatch currently have on CityCare is fairly low, although a recent invite from CityCare to Healthwatch was welcomed, and provided useful insight.
- (j) Branding and logos for CityCare were distributed in April 2014. Work to raise awareness of CityCare is still ongoing, and still has a way to go. Members at the Panel were concerned that a low level of complaints for CityCare could be attributed to its low public profile.

RESOLVED to

- (1) thank Rosemary Galbraith and Nottingham CityCare Partnership for the information provided; and**
- (2) request from Rosemary Galbraith written information on the phlebotomy service from a provider perspective; the project paper for Connect House to provide more information on the role of the arm's length organisation and the service provided; and more details on the policy for pressure ulcer prevention and SKIN (pressure sore care).**

44 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

The Panel considered a report of the Head of Democratic Services detailing the findings of recent commissioner and provider reviews of Child and Adolescent Mental Health Services in Nottingham, and how changes being made as a result will impact on service users.

Lucy Davidson, Assistant Director of Commissioning at NHS Nottingham City CCG, Deborah Hooton, Head of Joint Commissioning at NHS Nottingham City CCG, Rachel Towler, Assistant General Manager at Nottinghamshire Healthcare Trust CAMHS (Child and Adolescent Mental Health Services), Tajinder Madahar, Acting Head of Service, Extensive and Specialist Services at Nottingham City Council, Anna Masding, Service Manager CAMHS Tier 2 at Nottingham City Council, and Ann

Wright, General Manager, Specialist Services at Nottinghamshire Healthcare NHS Trust advised the Panel of their findings and, during discussion, stated the following;

Pathway

- (a) The review was necessary to identify young people that are at high risk. Many of these young people have emotional and mental health needs; in addition to this, the number of 'looked after children' is increasing year on year. It is clear that the demand for Child and Adolescent Mental Health Services (CAMHS) services is increasing, and some of the mental health issues are more complex;
- (b) Work commenced on the CAMHS pathway prior to review, as it was anticipated that the review would back this work up. The Pathway itself has been approved for children and young people, and it can be seen online by any parent, carer or guardian. A key part of the pathway is early intervention and prevention of escalation to specialist services such as paediatricians, Tier 2, 3 and 4 CAMHS and in care placements;
- (d) Emergencies are dealt with by the emergency pathway. This would either be escalated to Tier 4, or reintegrated into the universal pathway;
- (e) The Pathway is also being contributed to by Family Support Workers and Paediatricians to make sure that children are receiving the best possible care;
- (f) The next steps in the process include:
 - (ii) Further learning – this scheme is still a pilot
 - (iii) Performance management
 - (iv) Further work with organisations such as Healthwatch
 - (v) Continue to gain feedback; so far it has been positive;

CAMHS Tier 2

- (g) Nottinghamshire Healthcare Trust has been working in partnership with Tier 2 colleagues to ensure that there is collaborative working. It is imperative that existing relationships are built on;
- (h) Young people who have received services, and want to contribute to the system can apply for a Peer Support Worker post. One area that has specifically been identified for peer support is transition from CAMHS to Adult Services;

Following questions and comments from the Panel, additional information was provided:

- (i) Healthwatch are doing a piece of work on young people and mental health from the perspective of a critical friend providing a positive challenge. They have recently had a helpful meeting with Nottingham City CCG and will be

meeting with all partners. Once completed, this information will be shared with the Health Scrutiny Panel.

Healthwatch also provided feedback on the Behavioural, Emotional or Mental Health Needs website (www.bemhnottingham.co.uk). The length of the name could be a barrier to access and the design could be improved;

- (j) The Pathway is already on the website (www.bemhnottingham.co.uk). The easiest way to use the Pathway would be to go directly to the website, but GPs can use the 'choose and book' system, or alternatively, a telephone referral;
- (k) Referrals through the Single Point of Access are screened within 24 hours, with an outcome in 48 hours, and a referral within 7 days. The period of time expected for an assessment is dependent on what section of the pathway a patient entered at. For Tier 2 assessments, this is likely to be 3-4 weeks, and for Tier 3, this increases to 6-8 weeks. Alternatively, if the clinical need is high, duty slots are offered on a daily basis. Overall, there has been an improvement on waiting times, with more practitioners available through CityCare;
- (l) Training and support for parents and carers is available in the form of Parenting Programmes. The programme is due to start in February, and has already been commissioned with a capacity for 10 people;
- (m) Peer Support Workers will be trained and supported by the Recovery College (run by Nottinghamshire Healthcare Trust to help people develop skills, identify goals, build confidence and access opportunities);
- (n) A range of different approaches were used when undertaking this review, including:
 - (i) User and family feedback
 - (ii) Workshops
 - (iii) Performance data
- (o) Plans for transition from CAMHS (0-19, to 24 for people with learning disabilities) to Adult Services should start before the age of 17, and should be a staged approach with joint working between both services;
- (p) The Self Harm Awareness and Resource Project (SHARP) has been visiting, training and supporting staff in Nottingham City. Guidance has been produced for secondary schools (for staff), as a result of work with other secondary schools. The Early Intervention aspect of SHARP in particular has been a success, and partners are looking at setting up a support group for parents on self-harm;
- (q) Workforce planning for the future, and earmarking potential staff is taking place as part of service development planning. By reviewing referrals and recurring patterns, appropriate training can be delivered to nurses, health visitors and school nurses to provide additional skills;

- (r) Locally, there has been an increase in self-harm presentations. However, the increase in the need for CAMHS services has been a national trend. Previously, the stigma surrounding mental health issues is likely to have been a barrier, but recently there has been an increase in take-up of assistance now that more individuals know that there are accessible services. An online counselling service is open at suitable times for young people, which could mean that young people's issues are identified at an earlier stage, rather than say in 12-18 months' time from onset;
- (s) The problem of self-harm online is being looked into on an ongoing basis. Publicity and information sharing is a tricky area to tackle through social media. CAMHS is considering the suitability of a Facebook page;

RESOLVED to thank colleagues from Nottingham City CCG, Nottinghamshire Healthcare Trust and Nottingham City Council for the information provided; and to request that they provide an update on the impact of the new approach to the Panel in 12 months.

45 ADULT INTEGRATED CARE PROGRAMME

The Panel considered a report of the Head of Democratic Services detailing proposals on the Adult Integrated Care programme. Dave Miles, Assistive Technology Project Manager of Nottingham CCG advised the Panel of the proposals and, during discussion, stated the following;

- (a) The Adult Integrated Care Programme will be delivered through the Nottingham Better Care Fund Plan. Nottingham was one of only six authorities in the whole country that required no amendments following submission of its Better Care Fund Plan to NHS England. Nottingham has also received a nomination as an 'Integrated Pioneer Site';
- (b) The Office for Public Management (OPM) was commissioned to carry out an evaluation on key areas of Adult Integrated Care, which included:
 - (i) Have key pathways been implemented?
 - (ii) What lessons have been learnt?
 - (iii) How is successful information influenced by context?
- (c) The report revealed that 74% of the workforce felt that patients had to repeat themselves a lot of the time. It also suggested that the majority of the workforce agreed that services were now joined up, and that 52% of users thought that services are inaccessible. Positive responses were received in relation to Telecare, with 95% of service users feeling safer, and 75% of carers feeling less stressed;
- (d) One area of improvement being considered is for calls to the service to be answered straightaway, rather than being given five options by an automated service;
- (e) Financial savings for patients will be looked at in the next wave of reviews;

- (f) The 'You said, we did' approach is used to communicate changes made in response to feedback;
- (g) Exploring the reality or real-life situation of a patient could be introduced. These patient outcomes could work alongside existing DVD communications;
- (h) Evidence gathered on what is working well so far has come from care-co-ordinators. More feedback and evidence is required from patients themselves. New care-co-ordinators are getting people into Social Care quicker;
- (i) Multi-disciplinary team meetings offer the opportunity for joined up care plans. People who require social care can receive this care quicker if their holistic needs are discussed at a single meeting, rather than a GP having to be consulted first. This is working well from a provider perspective, but patient views have yet to be evaluated;
- (j) Three areas that are impinging on the workforce (technology, cultural change, workforce development) cannot be tackled independently; they must be tackled together;
- (k) Telecare is currently provided by Nottingham City Council, and Telehealth is provided by Nottingham CityCare Partnership. There are plans to consider more joined up working of these two services;
- (l) Tracking the patient and the carer experience can be done through a series of evaluations. There needs to be a concentration on giving the public the right service at the right time. For example, 100 participants will be tracked pre-Telecare/health, and then after Telecare/health has been introduced, the results can be monitored to discover the patient experience;
- (m) Further evaluation reports are due in September 2015, and in March 2016. Reports containing information on patient stories, and economic information should form part of this. In addition, there is an ongoing self-evaluation within Nottingham City Council, Nottingham CityCare Partnership and Nottingham CCG;
- (n) The Programme is being integrated into the Better Care Fund. A steering group will report to the Health and Wellbeing Board;
- (o) It is important that the work of the Panel and the work of the Health and Wellbeing Board are not duplicated in scrutinising the Better Care Fund

RESOLVED to

- (1) thank Dave Miles for the information provided;**
- (2) request further written information from Dave Miles on specific arrangements for tracking patient/ carer experiences and on Telecare/ Telehealth; and**

- (3) request that Dave Miles provides an update on implementation of the Better Care Fund to the Panel at its meeting in October 2015.**

46 PROGRESS IN IMPLEMENTATION OF THE CARE ACT

The Panel considered a report of the Head of Democratic Services detailing the Council's progress in responding to requirements of the Care Act 2014 to ensure that it meets statutory deadlines for implementation.

Linda Sellars, Chief Social Worker, Sarah Gibbons, Senior Social Work Practitioner, and Laura Catchpole, Policy Officer advised the Panel of progress to date and, during discussion, the following points were raised;

- (a) Part 2 of the Care Act (related to funding reform and the care cap) is due to be implemented by April 2016. Currently, no guidance has been received, but a draft is expected in February 2015. Final guidance is due in October 2015. This will include consultation over fairer charging;
- (b) A proposal to jointly manage citizens' joint budgets has been put forward. Some citizens are funded by health and social care, and the need for clarification on direct payments under the Care Act could arise, now that the personal health budget pilot has come to an end. Ultimately, whatever is best for the citizen will prevail;
- (c) Contributors assured the Panel that Nottingham City Council will be compliant with Part 1 of the Care Act by April 1st 2015. There is further work to be carried out, but compliance is of primary importance
- (d) The Care Act involves some significant cultural changes; there will be a cultural programme next year focusing on embedding the Care Act;
- (e) The fact that Nottingham City Council adopted the personalisation agenda at a very early stage contributes to helping with the required cultural change. There is less of a cultural shift needed at Nottingham City Council than there has been at other Local Authorities because of existing experience of personalisation;
- (g) Colleagues are engaged with national discussions on the cap on care costs and associated risks, for example the potential impact on private providers who may want to withdraw services if they can't set charges for self-funders. The need to prepare for the risk of market failures is being addressed;
- (h) All of the work carried out so far has been done by using existing resources at Nottingham City Council. Some additional money has been allocated for carers and self-funders, and there has been some expense to cover the cost of the new duty to cover people in prisons, and the cost of training;
- (i) Carers can also be employers, and can potentially be funded from two sources (health and social care). Currently, these individuals are assessed by Nottingham City Council for social care funding, and are supported by account

providers. In the future, there is the potential to have an internal team that can provide this service for both health and social care funding;

- (j) Service users will not see a huge amount of difference when Part 1 of the Care Act is implemented in April 2015. The main differences will be for carers, as their level of eligibility may change, and carers may see more support from April 2016, when Part 2 is implemented;
- (k) Nottingham City Council has always been very proactive over both early intervention and reablement;

RESOLVED to thank colleagues from Nottingham City Council for the information and request that they provide an update to the Panel on implementation of Part 1 of the Care Act and progress with preparing to implement Part 2 of the Care Act in the summer 2015.

47 WORK PROGRAMME

The Panel considered a report of the Head of Democratic Services relating to the work programme for the Health Scrutiny Panel for 2014/15.

RESOLVED to note the work programme.

48 AMENDED TIME OF MEETING - 27 MAY 2015

The time of the meeting for May 27 2015 has been brought forward to 10am, with a pre-meeting for members of the panel at 9:30am;

RESOLVED to note the change in time.