

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 October 2015 from 13.30 - 15.03

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Anne Peach (Vice Chair)
Councillor Ilyas Aziz
Councillor Neghat Nawaz Khan
Councillor Dave Liversidge
Councillor Jim Armstrong

Absent

Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Merlita Bryan

Colleagues, partners and others in attendance:

Clare Routledge - Senior Governance Officer
Zena West - Governance Officer
Pete McGavin - Healthwatch Nottingham
Martin Gawith - Healthwatch Nottingham
Dave Miles - Assistive Technology Project Manager
Barbara Vines - Citizen

33 APOLOGIES FOR ABSENCE

Councillor Corall Jenkins – annual leave
Councillor Chris Tansley – other business

34 DECLARATIONS OF INTEREST

None.

35 MINUTES

The Committee confirmed the minutes of the meeting held on 24 September as a correct record and they were signed by the Chair.

36 UPDATE ON THE ADULT INTEGRATED CARE PROGRAMME

Dave Miles, Assistive Technology Project Manager, updated the Committee on the Adult Integrated Care programme, assistive technology is defined as highlighting the following points:

- (a) Assistive Technology (AT) is defined as any product or service designed to enable independence for disabled and older people;
- (b) Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living;

- (c) Telehealth monitoring is the remote exchange of physiological data between a patient at home and medical staff at hospital to assist in diagnosis and monitoring;
- (d) Telemedicine is the practice of medical care using interactive audio visual and data communications. This includes the delivery of medical care, diagnosis, consultation and treatment, as well as health education and the transfer of medical data;
- (e) linked telecare equipment is connected via an alarm to the Nottingham City Homes call centre, and includes items such as carbon monoxide detectors, motion sensors, fall detectors, bed occupancy sensors, flood detectors, epilepsy sensors and smoke detectors. Excluding pendant alarm only users, there are 6,230 telecare users in Nottingham;
- (f) stand alone telecare equipment either connects to alarms within the house, to alert a carer in the house for example, or works on its own to prevent accidents in the home. Such equipment includes bath over flow devices, easy to use mobile phones, automatic pill dispensers, and clocks designed to be easier to use for patients with Alzheimer's;
- (g) the telecare service has a user cost of £3.95 per week, which includes a 24 hour monitoring and response service;
- (h) the telehealth service currently has 230 patients. It is a handheld device which collects diagnostic information (such as height, weight, blood pressure, heart rhythm, details of symptoms) and sends data to a nurse for analysis. The device can speak the questions out loud, in case of literacy issues, and also present questions in alternative languages;
- (i) the telehealth devices have been helping patients to better understand their own conditions. They are primarily being used by patients with COPD (Chronic Obstructive Pulmonary Disease), heart failure, diabetes, or stroke. The oldest current user is 91 years old;
- (j) the device readings are sent to a web-based system for nurses to access and monitor. Alerts will be triggered if the readings are outside of the patient's normal range, and the contact centre will be automatically called;
- (k) it is hoped that the device can be rolled out to an extra 2,000 people in the next 3 years. There are 114,000 people in the city with long term health conditions, but the device may not be suitable for all of them;
- (l) use of the telehealth devices is clinician-led. Nottingham City Homes install the devices, train the patients, monitor alerts, and act on alerts (for example by contacting the patient, their next of kin, or their nurse);
- (m) there has been a small level of resistance from some GPs, who fear that the device may result in more work for them. Greater communication of the management of the alerts may be required. As the alerts are monitored, any

alerts that do make it through to a GP would be relevant and beneficial for managing the patient's condition;

- (n) if the device's battery is running low, an alert is sent to Nottingham City Homes, who will arrange for the battery to be replaced;
- (o) the device is often introduced whilst patients are in hospital wards (i.e. after a heart attack or stroke). Training and education can start on the ward, enabling readings to be operational after the patient has been discharged;
- (p) 95% of assistive technology users feel safer and more independent at home. 75% of carers report feeling less stressed than before. There have been increased staff referrals and increased staff views that assistive technologies fit into social care and health priorities, and have an impact on service user outcomes;
- (q) Integrated care programme timescales are as follows:
 - Reablement and Urgent Care by January 2016;
 - Integrated access point, with 1 contact number, available by April 2016;
 - Supported self-care – a Bulwell pilot started in October 2015, with Citywide roll out due by October 2016;
 - 7 day services – gradual migration, with increased hours pilots in areas;
 - Care Delivery Group activity – further development is underway;
- (r) questionnaire feedback regarding the Integrated Care Programme has been largely positive (although survey returns have been relatively low). 90%+ of respondents felt they were treated with dignity and respect. 83% would recommend the service to friends / family. Respondents 'Strongly agree' that they have enough time to talk to the carer / practitioner. The majority of comments were positive, with a few suggested improvements. 53% of practitioners at baseline agreed that 'Patients/ service users and carers are generally satisfied with the care they receive'; increasing to 70% at follow up;
- (s) staff survey responses included: More confidence in the types of information which can be shared, more informed about other services and to contact others to provide support, improved citizen experience compared to 12 months ago, and better understanding of how roles relate to Care Delivery Group. However, there are still reports that citizens still have to repeat themselves when coming into contact with different services;
- (t) the Better Care Fund consists of £5.3 billion nationally, towards integrating social care and health. Locally the budget is for £25.5 million, but this is not new money, the fund comes about from merging existing funds to deliver services better. Nottingham is one of only 7 areas to have had their Better Care Fund plan signed off first time, and is in the top 3 plans in the country.

During discussions further information was provided:

- (u) a judgment on patients capacity would be required, and the devices would not be given to any patient who would not be able to use them, or to provide accurate information themselves. Some patients may value human contact,

and wish to retain contact with their health practitioner in person. Assessments are also made as to when the devices become unsuitable again, i.e. if the patient develops dementia;

- (v) currently 51% of users of the Telehealth device have COPD, 37% have heart failure, and the rest have complex medical needs. 47% of referrals come through community matrons;
- (w) transfer of data is encrypted to NHS standards;
- (x) Nottingham City Clinical Commissioning Group and Nottingham City Council have been awarded Vanguard status around new care models. This will bring in new money, and will help relevant parties to think differently about how older people are cared for in care homes, and how their medical information is collected. Video links with nurses in nursing homes have been shown to reduce hospital admissions by 35%.

RESOLVED to:

- 1) thank Dave Miles for his update and note the contents;**
- 2) invite Dave Miles back to the Health Scrutiny Committee in April for a further update, to include an equality impact assessment of Assistive Technology.**

37 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

Clare Routledge, Senior Governance Officer, presented a report on the work programme for the Health Scrutiny Committee for 2015/16.

- (a) further detail was requested regarding a briefing note on Bowel Cancer screening;
- (b) Equality Impact Assessments were added to the Workplan.

RESOLVED to note the work programme for the Health Scrutiny Committee for 2015/16.