

## NOTTINGHAM CITY COUNCIL

### HEALTH SCRUTINY COMMITTEE

**MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 18 February 2016 from 13.31 - 14.56**

#### **Membership**

##### Present

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

##### Absent

Councillor Chris Tansley

#### **Colleagues, partners and others in attendance:**

Martin Gawith	- Chair, Healthwatch Nottingham
Tracey Lack	- Community Engagement Officer, Healthwatch Nottingham
Tracey Tyrell	- Director of Nursing and Allied Health Professionals, Nottingham CityCare Partnership
Kate Whittaker	- Head of Patient and Public Involvement, Nottingham CityCare Partnership
Jane Garrard	- Senior Governance Officer

#### **50 APOLOGIES FOR ABSENCE**

Councillor Chris Tansley - personal

#### **51 DECLARATIONS OF INTEREST**

None.

#### **52 MINUTES**

The Committee confirmed the minutes of the meeting held on 17 December 2015 as an accurate record and they were signed by the Chair.

#### **53 NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2015/16**

Tracey Tyrell, Director of Nursing and Allied Health Professionals, and Kate Whittaker, Head of Patient and Public Involvement, from CityCare Partnership gave a presentation on progress against CityCare's quality improvement priorities for 2015/16 and development of priorities for 2016/17. A copy of the presentation was

included with the agenda papers. During the presentation they highlighted the following information:

- a) Quality Accounts are an important way for providers to report publicly on quality and show improvements in the services they deliver.
- b) CityCare's priorities for 2015/16 were pressure ulcer reduction; meeting requirements of the Duty of Candour; greater involvement for the Patient Experience Group; and improving carer support.
- c) The pressure ulcer ambition to have no avoidable pressure ulcers in NHS care was launched by NHS Midlands and East in 2012. Since then there has been a real decrease in avoidable pressure ulcers, and reduced damage when they do occur. Incidents are learnt from and that learning is shared. Many of the pressure ulcers treated by CityCare staff aren't clinically attributable to CityCare, for example they occur in a care home setting. These pressure ulcers are classified as 'unavoidable' for the purposes of CityCare performance monitoring.
- d) As a Care Quality Commission registered provider, CityCare must operate in an open and transparent way. There are specific duties in relation to 'notifiable safety incidents'. Work has taken place to ensure CityCare processes met requirements. This includes giving an apology.
- e) In relation to meeting the requirements of Duty of Candour, an audit of 20 moderate/severe harm incidents was undertaken. This identified areas for improvement. A Duty of Candour policy was ratified in January 2015 and is now included in induction for new staff and training is being given to existing staff. All care homes with CityCare reablement beds have a complaints/ concerns process and quarterly quality visits are undertaken. These visits include talking to patients, families and staff.
- f) In relation to involving Patient Experience Group (PEG) members in the internal quality assurance process, PEG members have been trained and 3 members have been involved in 4 peer reviews so far and are now considered an integral part of the process. Other opportunities for PEG involvement have been identified.
- g) PEG members have also been involved in the Urgent Care Centre and Connect House project groups.
- h) Priorities for 2016/17 have been consulted on at team meetings, Patient Experience Group, community groups, wider events such as an equality and diversity event and a dedicated stakeholder event.
- i) The proposed priorities for 2016/17 are caring for and supporting staff so they can continue to provide high quality care; focus on mental health knowledge and skills with reference to the mental capacity strategy; self-management – promoting long term behaviour change and increasing awareness; and reducing avoidable harm – link with Duty of Candour, and involving patients in consultations.

In subsequent discussion the following points were made:

- j) The proposed quality improvement priorities go above and beyond requirements of registration with the Care Quality Commission and the fundamental standards that they expect and inspect against.
- k) CityCare is committed to working in partnership with other providers and there are a number of integration projects currently taking place. CityCare view partnership

working and integration with other providers and stakeholders as 'business as usual' and therefore it wasn't identified as a specific priority however it could be included.

- l) The priorities for 2016/17 are still being decided upon and developed through consultation. Details of actions to take place under each priority, how they will be measured and evidence of achievement and impact are still to be determined and will be outlined in the final Quality Account document.
- m) There is potentially a role for self-help groups to be involved in supporting self-management. Self Help UK holds a directory of self-help groups in Nottingham and Nottinghamshire.
- n) CityCare operate one care home – Connect House. It is registered with the Care Quality Commission to provide 56 beds. It is a wholly owned subsidiary with a separate Board. It provides a reablement service and patients typically stay for a short period of 4-8 weeks. The Chair commented that she visited Connect House last year and was impressed and there appeared to be a good atmosphere amongst staff working there.

Martin Gawith, Chair of Healthwatch Nottingham, reported that the majority of comments received by Healthwatch about CityCare were positive.

**RESOLVED to**

**(1) recommend that Nottingham CityCare Partnership consider:**

- i. **Incorporating a focus on integration and partnership working within its quality improvement priorities for 2016/17; and**
- ii. **The role of self-help groups in work to take place under the self-management priority.**

**(2) Organise for the Committee to visit Connect House.**

**54 STUDY GROUP REVIEW OF END OF LIFE/ PALLIATIVE CARE SERVICES**

Councillor Neghat Khan, a member of the Study Group, presented the report and recommendations of the End of Life/ Palliative Care Study Group. She highlighted the following information:

- a) The review aimed to look at whether end of life/ palliative care services for adults were delivered across Nottingham City to a quality standard to meet the needs of patients, their families and carers, including in relation to cultural and faith needs.
- b) The Study Group decided not to include end of life and palliative care services for children and young people within the scope of the review and recommended that this that should be the subject of a separate review.
- c) The Study Group considered a wide range of evidence from desk top research; speaking to contributors including representatives of Nottingham City Clinical Commissioning Group, Nottingham University Hospitals, Nottingham CityCare Partnership, Nottinghamshire Hospice, patients and carers; and visiting services including Hayward House and Nottinghamshire Hospice.
- d) Discussions with patients and carers about their experiences were particularly enlightening.

- e) Based on the evidence gathered, seven recommendations had been identified and these were outlined in the report.

Councillors discussed the evidence gathered and the proposed recommendations. Some councillors highlighted that the two carers spoken to as part of the review had identified a lack of support to the person they were caring for following diagnosis of their terminal illness, and councillors cited other examples of this from their personal experience. There was insufficient evidence at this stage to make a recommendation regarding this so it was suggested that the follow up and support to people diagnosed with terminal and/or life altering conditions and their carers form the basis of a separate piece of scrutiny work. The Committee discussed adding this to the report.

Jane Garrard, Senior Governance Officer, advised that the approved report and recommendations would be sent to the organisations identified in the recommendations and they would be asked to respond. Their response would be reported to this Committee in due course.

#### **RESOLVED to**

- (1) Amend the report to reflect comments on a potential gap in the follow up for people diagnosed with terminal conditions and their carers and the proposal that this form the basis of a separate review; and**
- (2) Subject to amending the report in relation to the follow up after diagnosis of terminal conditions, the report and recommendations were approved for referral to the organisations specified in the recommendations.**

#### **55 WORK PROGRAMME 2015/16**

Councillor Ginny Klein, Chair, presented the report and advised that at the next meeting the Committee will be looking at its work programme for 2016/17. Councillors discussed some possible topics for inclusion in the 2016/17 work programme to be discussed further at the next meeting including:

- a) End of life and palliative care services for children and young people
- b) Follow up and support to people diagnosed with terminal and/ or life altering conditions and their carers
- c) Availability and sustainability of GP provision
- d) Impact of proposed closure of the Beckhampton Centre

Jane Garrard, Senior Governance Officer, informed the Committee that a visit to CityCare's Partnership Clinic located at Boots in the Victoria Centre is being arranged.

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