

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 21 June 2018 from 1.30 pm - 4.16 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Merlita Bryan (Vice Chair)
Councillor Adele Williams
Councillor Eunice Campbell-Clark
Councillor Brian Parbutt
Councillor Georgia Power
Councillor Ginny Klein
Councillor Mohammed Saghir
Councillor Cate Woodward

Absent

Councillor Ilyas Aziz
Councillor Chris Tansley
Councillor Andrew Rule

Colleagues, partners and others in attendance:

Lyn Bacon	- Chief Executive Nottingham CityCare Partnership/ Senior Responsible Officer STP Workforce Programme
Marie Cann-Livingstone	- Teenage Pregnancy Specialist, Nottingham City Council
Fiona Cambridge	- Equality, Diversity and Inclusion Lead, Nottingham CityCare Partnership
Lucinda Cumpston	- Head of Quality, Nottingham CityCare Partnership
Helene Denness	- Public Health Consultant, Nottingham City Council
Jackie Hewlett-Davies	- Workforce Transformation Programme Manager for the STP
Catherine Ziane-Pryor	- Governance Officer
Jane Garrard	- Senior Governance Officer

11 APOLOGIES FOR ABSENCE

Councillor Andrew Rule - personal (Councillor Jim Armstrong attended as substitute)
Councillor Chris Tansley - personal

12 DECLARATIONS OF INTEREST

None.

13 MINUTES

The minutes of the meeting held on 24 May 2018 were confirmed as a true record and signed by the Chair.

14 NOTTINGHAM CITYCARE PARTNERSHIP WORKFORCE EQUALITY

Further to the Committee's request at the last meeting for more detailed information on the initiatives and actions being taken by Nottingham CityCare Partnership in relation to employees with protected characteristics and the equality and diversity aspects of the organisation's 'support staff' priority, Fiona Cambridge, Equality, Diversity and Inclusion

Lead, and Lucinda Cumpston, Head of Quality, both from Nottingham CityCare Partnership were in attendance to present the report. Lyn Bacon, Chief Executive Nottingham CityCare Partnership, also provided information and answered councillors' questions.

The following points were highlighted and questions from the Committee responded to:

- (a) Nearly 99% of all staff have disclosed their ethnic background and whilst approximately 35% of Nottingham's population is Black, Asian, Minority Ethnic (BAME), including Eastern European, only 17% of CityCare's employees are BAME and significantly more females than males are employed;
- (b) Following the results of the 2017 Workforce Race Equality Standard, priority areas for action were identified. This included the following indicators:
 - (i) Percentage of staff in each of the Agenda for Change bands 1-9 compared with the percentage of staff in the overall workforce;
 - (ii) Relative likelihood of BME staff being appointed from shortlisting compared to that of white staff being appointed from shortlisting across all posts;
 - (iii) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months;
- (c) The CityCare Equality and Diversity Committee review activity and progress against the action plan every 2 months;
- (d) 4.2% of staff reported having a disability or long-term condition but the actual figure is likely to be higher than this because the percentage of employees choosing to answer the question about disability is low. Therefore there will be additional effort to encourage staff to self-identify to ensure that CityCare is able to appropriately support staff where required;
- (e) The opportunity for staff network self-led groups was offered but there was only staff support for having BAME and disability/long-term condition groups. Both groups are supported by CityCare and any issues raised by the groups are forwarded to the Equality and Diversity Committee. Initially some participants lacked confidence, but now the groups are established and the value of having a formally recognised voice is appreciated. Many members are excelling as equality champions and raising awareness with colleagues and supporting others to feel confident enough to come forward;
- (f) Equality and diversity issues have been discussed with staff and the availability of training facilities and resources, including on-line training and use of team meeting sessions, are promoted as a valuable experiences;
- (g) Whereas previously no specific efforts were made, a targeted recruitment of minority groups is actively undertaken and has been successful both internally and externally. Wherever possible, interview panels include a member of the patient experience group and a member of a minority group. In addition, links are maintained with further education establishments to highlight local opportunities;
- (h) The consideration of equalities has been broadened to ensure that all appropriate groups are considered and their needs can be recognised and met. This has included introducing a revised staff supervision template in which staff are asked about their

personal well-being, particularly stress and anxiety caused by work, but also external elements for which CityCare may be able to provide some level of support. One example of this is where child care pressures were having a negative impact on the mental health of some staff. This was alleviated by providing a crèche;

- (i) There has been one reported instance of bullying/discrimination from a member of the public reported in the past year. This can have a huge impact on a person and CityCare support staff wherever possible;

Members of the Committee commented:

- (i) Priority recruitment for residents of the City would be beneficial, particularly where there are domestic/caring ties to the City;
- (ii) Seeing members of minority groups in positions of senior management helps provide positive role models and build confidence within minority groups that such achievements are possible for them.

RESOLVED to note the proposed actions being taken by Nottingham CityCare Partnership in relation to its employees with protected characteristics, in the context of its 2018/19 Quality Improvement Priority to support its staff, and review progress as part of consideration of the Nottingham CityCare Partnership Quality Account 2017/18.

15 SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) WORKFORCE PROGRAMME

Lyn Bacon, Senior Responsible Officer for the Sustainability and Transformation Partnership Workforce Programme, and Jackie Hewlett-Davies, Workforce Transformation Programme Manager for Greater Nottingham and Nottinghamshire STP were in attendance to update the Committee on the work taking place to address workforce challenges in the City, ensuring the right workforce is in place to deliver services.

A presentation was delivered which provided an overview of workforce challenges and the proposals to address these challenges. The presentation was circulated with the initial publication of the minutes.

The following points were highlighted and questions from the Committee responded to:

- (a) The Programme has categorised the workforce into four categories based on skill levels:
 - (i) Foundation
 - (ii) Core
 - (iii) Enhanced
 - (iv) Advanced;
- (b) The use of agency staff is necessary to continue to provide services in areas where it is difficult to recruit and/or retain staff but this is not considered to be a long-term solution. Therefore the reasons for staff shortages locally, including competition from other health care providers, not only in pay but also terms and conditions and work/life balance, need to be addressed;

- (c) National workforce priorities have been set with targets to be met by 2020 in areas including General Practice, Mental Health, Transforming Care Partnership (Learning Disability), Maternity Services, Cancer, and Urgent and Emergency Care;
- (d) Recruitment and retention of GPs within the STP area is very challenging and there is an added pressure forecast in that a significant number of currently practicing GPs are nearing retirement. As a result, a targeted international recruitment scheme is proposed;
- (e) Due to the ongoing financial restraints and the need to remodel some structures, the production of a bespoke workforce model is necessary and work has started by mapping what services are provided at which location and where staff are based. Where successful solutions have been identified, these are rolled out and further developed;
- (f) The 2018-19 Workforce Plan continues to be developed. One aspect will be ensuring that medical students can undertake workplace experience in a range of settings. One benefit of this is that once qualified, they are often more likely to apply for jobs locally;
- (g) The workforce targets for different health organisations involved with the STP vary but they all have common issues and challenges. For effective governance, targets and full engagement in the programme is required across the STP with providers and commissioners taking a collective approach;

Comments from members of the Committee included:

- (h) Recruitment and retention issues are not just limited to the health sector but affect other areas such as children and adults social care.
- (i) Resolving workforce challenges is vitally important but likely to require substantial investment. To ensure that professionals are willing to settle in Nottingham, they need to have friends and family in the area or have connections to the area. As such, developing the people already in the City to progress and take on these required roles is essential. The current work with universities is welcomed but a broader, longer term approach needs to be considered to retain staff;
- (j) Staff need to feel valued, especially in the public sector where there can be a lesser financial reward, and they also need job satisfaction;
- (k) There is a gap between health and social care professions which needs to be addressed to enable cross-progression of staff with appropriate skills;

The Chair concluded that this was a very complex and challenging issue but that it is positive to see that work is taking place, and planned to try and address these challenges.

RESOLVED to note the work taking place through the Sustainability and Transformation Partnership Workforce Programme to address the health and social care workforce challenges facing the City.

16 REDUCING UNPLANNED TEENAGE PREGNANCIES

Marie Cann-Livingstone, Teenage Pregnancy Specialist and Helene Denness, Public Health Consultant, were in attendance to update the Committee on the work to reduce unplanned teenage pregnancies in the City.

A presentation was also delivered and is circulated with the initial publication of the minutes, along with City maps showing relevant services by ward.

The following points were highlighted and councillors' questions responded to:

- (a) It is difficult to know if pregnancies are planned or unplanned, particularly once mothers start to develop a bond as their perception of wanted and unwanted changes, so all teenage conceptions are included in the statistics;
- (b) Most data available relates to 2013/14-2014/15 with some more recent information up to 2016;
- (c) Research has shown that the majority of teenage mothers have, and will experience higher levels of deprivation and that they and their children will often experience poorer health and have lower aspirations;
- (d) 2016 data shows that 127 teenage conceptions (13-18 years of age) were recorded in Nottingham which equates to 26.9 conceptions per 1,000 population in that age group. This is a 14% decrease on the 2015 figures;
- (e) Nationally there has been a downward trend in conceptions over the last 10 years and this has been mirrored in Nottingham. However local data shows that conceptions vary during the course of any given year and therefore it is difficult to know if this is a consistent downward trend;
- (f) The Core City average is 24 conceptions per 1,000 population of the age group 13-18 year olds, and whilst rates are generally similar, the achievements of Bristol have exceeded expectations in reducing teenage pregnancy rates. This is mostly attributed to the establishment of sexual health centres in every secondary school, but may be also impacted by recent boundary changes;
- (g) With regard to teenage conceptions by ward, whilst in 2013-15 Bulwell was ranked as significantly higher than the City average for teenage conceptions, by 2016-17 it was no longer significantly different from the City average and Aspley, Bilborough, Berridge and Arboretum had the highest rates of teenage conceptions and were significantly higher than the City median. This may be partly due to the focused preventative work taking place in Bulwell or the changing demographics, but careful consideration is ongoing to identify and understand the contributing factors;
- (h) It is acknowledged that the demographics of the four wards with significantly higher conception rates have very different populations, deprivation levels and Black, Asian, Minority Ethnic (BAME) and cultural mixes. Unfortunately it is not possible to identify ethnicity and cultural background of the cohort as, due to the small numbers involved,

it could enable individuals to be identified. As a result, the information provided can only be anecdotal;

- (i) Some cultures encourage marriage and childbirth at an earlier age and this feeds through to the aspirations of young women. However, targeted work to engage with these communities is proving successful and with that comes a focus on raising the aspirations of young women. Where young women in these cultures are identified, sensitive enquiries are made to ensure they have the information and support they need. The issues and challenges in these cultures are wide ranging and often include a lack of information or understanding of the services available for health, housing etc and the need for young people to attend educational settings. Unfortunately, if there is a perception that these are cultural issues they can sometimes go unchallenged;
- (j) In many instances, if it is considered normal within a family to have children young, then this tends to be a pattern which subsequent generations follow;
- (k) A sexual health survey has been compiled by a sexual health consultant and Marie Cann-Livingstone aimed at young women aged 15-18 years of age, asking them about their experiences of sexual health services. The survey is undertaken face-to-face to ensure that there are no literacy barriers. There are 30 questions and the results so far have been very interesting;
- (l) Deprivation is the most significant common element of areas with high conception rates and this is usually concentrated in urban environments. Blackpool has the highest rate of teenage conceptions in the country;
- (m) Alison Hadley OBE, Director Teenage Pregnancy Knowledge Exchange Faculty of Health and Social Sciences University of Bedfordshire University, has worked with Nottingham colleagues to help compile a new national document which promotes a 'whole system approach' to preventing teenage pregnancy;
- (n) Nottingham City commissions outreach services to support the most vulnerable young people, including:
 - support for teenage parents to help prevent further pregnancies,
 - ensuring that young mothers have an understanding of the employment training available,
 - access to relationship and sexual health advice and services,
 - GP focused information,
 - the 'C-Card scheme.
- (o) As published statistics are always at least a year to 18 months old, it will be some time before the impact of initiatives becomes apparent;
- (p) A better understanding is needed as to why young people do and don't choose to access services which are available to them. The delay in available statistics is hindering progress in ensuring that successful approaches are identified and rolled out faster. Different service providers need to ensure that the information they hold can be used in conjunction with information held by other providers to inform decision making;
- (q) Colleagues at the meeting are not aware of any significant impact following the closure of the Beckhampton Centre but a briefing note being prepared by the Corporate

Director for Children and Adults for the Children and Young People Scrutiny Committee can also be made available to this Committee;

- (r) The value of having impartial access to relationship and sexual health advice in schools is well documented. Discussions have taken place with the Catholic Diocese with regard to provision in Catholic schools to try and make the advice available and services offered appropriate. However, religious belief is not the only factor affecting provision – some schools do not want to be involved as they have other priorities.

Members' comments included:

- (i) It would be helpful to be able to identify C-CARD users under the age of 18 by gender;
- (ii) Being able to connect with positive role models and having aspirations for further education and employment is really important and it is disappointing that some young people in the City don't have that.

The Chair welcomed the progress to date in reducing levels of teenage pregnancy in the City and supported work to continue focusing on areas with the highest levels of teenage pregnancy.

RESOLVED to

- (1) request information about C-Card usage by gender; and**
- (2) review progress in reducing unplanned teenage pregnancies, particularly in areas of the City with the consistently highest levels, in one year's time.**

17 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, presented the Work Programme and informed councillors that:

- (a) the Committee has opportunity to influence a new vision for East Midlands Ambulance Service (EMAS) as part of its stakeholder consultation. Due to consultation timescales this will need to be done at the Committee's July meeting;
- (b) other items added to the work programme since the last meeting of the Committee are an update on the Nottingham Treatment Centre procurement and the Clinical Commissioning Groups' proposals for the future of gluten-free prescribing;
- (c) following attendance at the Carers Celebration Event on 12 June, the next meeting of the Carers Support Services Study Group will be arranged for July.

Antibiotic prescribing was suggested as a possible topic for inclusion on the work programme.

RESOLVED to note the current work programme for the municipal year 2018/19.