

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 20 September 2018 from 1.30 pm - 3.21 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Ilyas Aziz (minutes 29 to 31 inclusive)
Councillor Chris Tansley
Councillor Adele Williams
Councillor Eunice Campbell-Clark
Councillor Brian Parbutt (minutes 30 to 33 inclusive)
Councillor Ginny Klein
Councillor Andrew Rule
Councillor Mohammed Saghir
Councillor Cate Woodward
Councillor Nick McDonald (minutes 27 to 31 inclusive)

Absent

Councillor Merlita Bryan
Councillor Georgia Power

Colleagues, partners and others in attendance:

Councillor Sam Webster - Portfolio Holder for Adult Social Care and Health
Alison Challenger - Director of Public Health
Catherine Underwood - Director of Adult Social Care
Helen Carlin - Transformation Programme Manager, Adult Social Care
Jane Garrard - Senior Governance Officer
Catherine Ziane-Pryor - Governance Officer

27 APOLOGIES FOR ABSENCE

Councillor Georgia Power – personal (Councillor Nick McDonald substituting)
Martin Gawith, Healthwatch Nottingham and Nottinghamshire

28 DECLARATIONS OF INTEREST

None.

29 MINUTES

The minutes of the meeting held on 19 July 2018 were confirmed as a true record and signed by the Chair.

30 SCRUTINY OF PORTFOLIO HOLDER FOR ADULT SOCIAL CARE AND HEALTH

Councillor Sam Webster, Portfolio Holder for Adult Social Care and Health, was in attendance with Alison Challenger, Director of Public Health, Catherine Underwood, Director of Adult Social Care, and Helen Carlin, Transformation Programme Manager, Adult Social Care.

A presentation on the progress against the Council Plan objectives since 2015, additional achievements, remaining challenges and future challenges was delivered and is included in the initial publication pack of the minutes.

The following points were highlighted in addition to the information provided in the presentation, and members' questions responded to:

- (a) The focus on smoke free areas continues and discussions are ongoing about making bus stops formally non-smoking areas, supported by the principal that children should be protected from smoke;
- (b) Following the need to reduce funding from the telecare budget, a more commercial offer is being developed and will provide citizens with a choice of services;
- (c) The social care services provided directly by the City Council are rated as 'good' by the Care Quality Commission but more is required with longer-term planning to ensure that standards are maintained;
- (d) Citizens are encouraged to visit the 'Time to Change' website and consider what volunteering they could provide or promote;
- (e) In the drive to help prevent illness and identify conditions at an early stage, there has been a proactive drive to encourage citizens to have health checks and assessments. This also supports longer term social care planning by providing adaptation equipment for supporting people to remain living in their own homes;
- (f) Previously the preventative focus has been spread too broadly to have any significant impact in any one area so for now the focus will be on smoking, obesity and alcohol issues. Funding of preventative work is complicated but by far the most efficient and beneficial approach;
- (g) Community connections play an important role in ensuring that citizens can easily be directed to the appropriate services;
- (h) Reducing the teenage pregnancy rate to the target of 24.8 per 1,000 has not yet been achieved but the latest provisional data for the year quarter 2 indicates that the reduction is continuing;
- (i) Reducing smoking during pregnancy continues to be a difficult challenge but new smoking cessation services are being commissioned and will target the wards where rates are highest;
- (j) In an effort to help support a sustainable workforce with career opportunities, the City Council will only purchase home care services from providers which are contracted to pay their staff for travelling time and pay the living wage. There is ambition to develop a joint venture or arm's length arrangement to improve terms and conditions for care workers to address the progressively worsening issues around staff recruitment and retention in that there are not enough care workers to meet the current need and the position is likely to worsen following Brexit. Ideally, if terms and conditions can initially be improved, there may then be potential to look longer term at how care work can become a career with apprenticeships, higher level qualifications and career development pathways available;

- (k) Mental health is important and social awareness is rising. Access to mental health services is to be examined by the Health and Wellbeing Board as although progress has been made, investment in services isn't progressing at the same pace;
- (l) Homelessness, social isolation, mental health and addictions can be interlinked in several combinations;
- (m) A range of services have stated that when they find people at mental health crisis point, there is no clear point of contact to engage with. It is a top priority that there is clearer information regarding the access to the mental health 'front door' point for signposting and providing support to partners and citizens;
- (n) There are front line staff who are trained to recognise and initially support citizens with mental health issues until the specialist mental health teams can be contacted but it is vital that the wider health workers are aware of the mental wellbeing;
- (o) An in-house home social care service model would be preferable and the best option with the City Council providing the whole care service, but it is prohibitively expensive so other ways of operating are being considered, alongside building the long-term resilience of care staffing by improving terms and conditions, even if that is with a partner organisation. Development is still at an early stage but the model must be affordable. Profit is what potential partner organisations will consider. It is a difficult industry and all options must be considered;
- (p) A staff recruitment campaign is underway, including on social media, so it would be appreciated if members could promote it.

Councillor's comments included:

- (q) Addressing social isolation also needs to be considered as a priority for social care and all aspects of housing to respond to. There are a lot of single people living on their own who may benefit from the companionship of sharing accommodation. This is an accepted practice in Holland where it works very well;
- (r) Community connections is still fairly new but should be reviewed after 12 months of launching to ensure that it is working as anticipated;
- (s) It is vital that services plan ahead for the increased aging population and associated needs;
- (t) There has been a lot of discussion around the future model for the City's home care provision and whether a co-operative /partnership arrangement with a care provided should be progressed. However, the conclusion will depend on the factors considered. There are so many potential elements for consideration including supply and demand, getting the right staff and retaining them, and paying the living wage. However, it's not clear what are the main factors are which are preventing the development of an in-house model and why there is such a reliance on the private sector. If the private sector can operate and achieve a profit by charging £15 per hour and paying £10 per hour to staff, it would surely be cheaper to provide an in-house service;
- (u) A different model for home care is interesting but services must meet a core standard. Currently the City Council is right at the edge of what it can provide and there is absolutely

no slack in the system/funding to afford an arm's length model. An in-house model may be preferable but financially it isn't possible and it's not clear at this point how a partnership would operate;

- (v) From a family member's positive experience, care models along the lines of the Carer's Trust service should be examined as examples of good providers;
- (w) During the 1990s all social care was in-house but as the demand started to significantly rise, the Local Authority had to diversify and changed the terms and conditions of workers. The current workforce is changing but there still needs to be a more people focused approach;
- (x) A crisis point must be avoided where the City Council is forced to bail out care providers which are unable to recruit and retain staff. It is vital that the social care workforce is stabilised and care provider becomes a desired career. If a co-operative model is chosen, then it's the people who provide the service who own it and have a personal investment and if profit is achieved, then they get their share, but the staff engagement in the model must be appropriate. A clearly defined co-operative arrangement will provide better outcomes but will be difficult to establish;
- (y) Providing a social care service where employees feel valued and are rewarded is important for recruitment and retention.

RESOLVED to note the update and the on-going challenges, particularly around adult social care.

31 DEVELOPMENT OF BETTER LIVES BETTER OUTCOMES: A NEW STRATEGY FOR SUSTAINABLE ADULT SOCIAL CARE IN NOTTINGHAM

Councillor Sam Webster, Portfolio Holder for Adult Social Care and Health and Catherine Underwood, Director of Adult Social Care, were in attendance to inform the Committee of the development of the Better Lives Better Outcomes strategy to achieve sustainable adult social care in the City and the consultation being carried out on the draft strategy.

Catherine Underwood delivered a PowerPoint presentation, which is circulated with the initial publication of the minutes.

The following points were highlighted:

- (a) the current public consultation on the strategy ends on 30 September 2018 and the final strategy will be presented to Council in November. The full consultation pack which provides the detailed proposed strategy is available online, has been shared with adult social care partners and is available in libraries;
- (b) The funding available cannot support the current model of social care and as the population lives longer but with more complex health issues and illnesses, it is vital that a sustainable model for adult social care is adopted;
- (c) A fresh approach has been taken with a framework of considerations that supports decision-making and engages citizens and partners;

- (d) There is no option other than to move away from the assumption of residential care, unless it is absolutely necessary;
- (e) Looking into the future, a huge increase in demand is predicted and while the under 65 years old population increase slows down, it is anticipated that people will live longer but with longer term needs, many of which will be complex such as early age dementia;
- (f) The vision to improve outcomes for citizens within resources is: 'we will enable all older and disabled citizens in Nottingham to live as independently as they can, with a connection to their communities. Where formal care and support is needed, its aim will be to retain and restore independence. No one will live in residential care unless all other options are exhausted';
- (g) Currently too many people are relying on residential care at an earlier stage than may be necessary;
- (h) Better Lives Better Outcomes focuses on four themes: prevention, community connections, independent lives, choice and control;
- (i) The key areas of focus to support more independent living are outlined in the presentation including engaging with a variety of healthcare providers and services, but also social partners and embracing new technologies;
- (j) To date there have been approximately one hundred representations submitted and a stakeholder event held. There is a general indication of agreement with the proposals to move to the new strategy, but with questions on how the changes will happen and where the funding will come from.

Councillors' comments included:

- (k) With less funding available and higher demand anticipated, it is vital that the position is transparent and that citizens are made fully aware of the necessity for services to change. A new approach must be taken but it will need to be fully embraced and supported by all health and social care services;
- (l) Housing is an important issue and whilst it is right that people should be able to live independently in their communities, it is a concern that there is a shortage of suitable housing available for older/less mobile people. As a result some older people may be expected to remain in houses which are inappropriate, don't meet their needs, are far too big and difficult to heat and maintain. It would be sensible to encourage people to move to appropriate accommodation at an appropriate point in advance of necessity. To meet the known predicted need, the city's housing strategy needs to be reviewed and consideration given to the future increasing demand for bungalows;
- (m) The 'scheme' in the currently branded 'independent living scheme' has very old-fashioned connotations so it would be worth considering a new more positive title;
- (n) The expectations of citizens need to change. Most people prefer not to enter residential care but appropriate accommodation must be available;

- (o) Changes in society need to be considered and reflected in the approach to development planning. In areas where shops have been vacant long-term, consideration should be given to demolition and permission for the building of bungalows;
- (p) Integrated working between the National Health Service and social care, along with housing providers, needs to improve greatly if the strategy is adopted and successfully implemented.

The Committee agreed to submit a response to the consultation based on the comments made at this meeting and other evidence that it has regarding adult social care. Committee members were asked to forward any additional comments to Jane Garrard, Senior Governance Officer, who will draft a response which will be circulated to Committee members for comment prior to submission.

RESOLVED to

- (1) note the presentation and members' comments with regard to the broader impact if the strategy is implemented;**
- (2) submit a response to the consultation on the development of the new strategy for adult social care;**
- (3) delegate authority to the Chair of the Health Scrutiny Committee to approve the final consultation response.**

32 REVIEW OF CARER SUPPORT SERVICES

The Chair introduced the report of the Carer Support Services Review that had been undertaken by a study group on behalf of the Committee.

Jane Garrard, Senior Governance Officer, informed the Committee that the study group carrying out this review had identified several areas for improvement and the recommendations for change were set out in the report. It is intended that the study group will meet again in December 2018 to review progress on areas identified for improvement and report back to the Committee in January 2019.

RESOLVED to

- (1) note the findings and recommendations arising from the review of carer support services;**
- (2) approve the recommendations for referral to the organisations specified in the report; and**
- (3) receive an update on progress in implementation of recommendations at the January 2019 meeting.**

33 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, introduced the report which sets out the proposed work programme for the remainder of the municipal year, and lists topics which the Committee have identified for further scrutiny.

The following requests were made and points raised by Committee members:

- (a) With regard to the item reviewing Nottinghamshire Healthcare Trust's work in relation to its Quality Improvement Priority on waiting times item, the focus should be on mental health crisis team, child and adolescent mental health services, eating disorders and the trauma services provided at Mandala House on Gregory Boulevard;
- (b) whilst members have been assured that children in care get priority mental health care support from CAMHS, further information is required on the access to services by older children and into adulthood and whilst working;
- (c) in July the Committee discussed a potential future agenda item regarding Bilborough Medical Practice. It is understood that the Practice has addressed a lot of the requirements of the Care Quality Commission (CQC) and that it will be reassessed shortly. Therefore it would not be timely for the Committee to review performance of the Practice at this time. This position will be reviewed in light of the forthcoming CQC inspection;
- (d) A meeting of Health Scrutiny Chairs from across the East Midlands was held on 11 September 2018 to hear from NHS England about a review of head and neck cancer services that is being carried out. NHS England had requested that a joint committee be established to engage with them on this issue but it was subsequently agreed to not establish a joint committee for this purpose and therefore this Committee will be consulted on proposals as part of the consultation process, which is likely to take place in autumn/ winter 2018.

RESOLVED to note the work programme.