



**NOTTINGHAM CITY COUNCIL**  
**HEALTH SCRUTINY COMMITTEE**

**Date:** Thursday, 20 September 2018

**Time:** 1.30 pm (pre-meeting for all Committee members at 1pm)

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

**Councillors are requested to attend the above meeting to transact the following business**

**Corporate Director for Strategy and Resources**

**Senior Governance Officer:** Jane Garrard **Direct Dial:** 0115 8764315

- |          |  |                |
|----------|--|----------------|
| <b>1</b> | <b>APOLOGIES FOR ABSENCE</b>   |                |
| <b>2</b> | <b>DECLARATIONS OF INTEREST</b>  |                |
| <b>3</b> | <b>MINUTES</b>   | <b>3 - 8</b>   |
|          | To confirm the minutes of the meeting held on 19 July 2018   |                |
| <b>4</b> | <b>SCRUTINY OF PORTFOLIO HOLDER FOR ADULT SOCIAL CARE AND HEALTH</b>   | <b>9 - 10</b>  |
| <b>5</b> | <b>DEVELOPMENT OF BETTER LIVES BETTER OUTCOMES: A NEW STRATEGY FOR SUSTAINABLE ADULT SOCIAL CARE IN NOTTINGHAM</b> | <b>11 - 22</b> |
| <b>6</b> | <b>REVIEW OF CARER SUPPORT SERVICES</b>  | <b>23 - 36</b> |
| <b>7</b> | <b>HEALTH SCRUTINY COMMITTEE WORK PROGRAMME</b>  | <b>37 - 46</b> |

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES

BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

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**NOTTINGHAM CITY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**MINUTES of the meeting held at Loxley House, Nottingham on 19 July 2018  
from 1.31 pm - 3.24 pm**

**Membership**

Present

Councillor Anne Peach (Chair)  
Councillor Eunice Campbell-Clark  
Councillor Ginny Klein  
Councillor Andrew Rule  
Councillor Chris Tansley  
Councillor Adele Williams  
Councillor Cate Woodward

Absent

Councillor Merlita Bryan  
Councillor Ilyas Aziz  
Councillor Georgia Power  
Councillor Brian Parbutt  
Councillor Mohammed Saghir

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

Shade Agboola	- Consultant in Public Health, Nottingham City Council
Hazel Buchanan	- Director of Operations, NHS Greater Nottingham Clinical Commissioning Partnership
Alison Challenger	- Director of Public Health, Nottingham City Council
Greg Cox	- General Manager for Nottinghamshire, East Midlands Ambulance Service
Jane Garrard	- Senior Governance Officer, Nottingham City Council
Will Legge	- Director of Strategy and Transformation, East Midlands Ambulance Service
Hugh Porter	- NHS Greater Nottingham Clinical Commissioning Partnership
Mark Sheppard	- Director of Acute Contracting, NHS Greater Nottingham Clinical Commissioning Partnership
Phil Wye	- Governance Officer, Nottingham City Council

**18 APOLOGIES FOR ABSENCE**

Councillor Merlita Bryan – other Council business  
Councillor Brian Parbutt – personal reasons

**19 DECLARATIONS OF INTEREST**

None.

**20 MINUTES**

The minutes of the meeting held on 21 June 2018 were approved as a correct record and signed by the Chair.

**21 NOTTINGHAM TREATMENT CENTRE PROCUREMENT**

Hazel Buchanan, Hugh Porter and Mark Shepherd, Greater Nottingham Clinical Commissioning Group (CCG) introduced the report on the procurement of services provided at Nottingham Treatment Centre, highlighting the following:

- (a) the incumbent provider, Circle Health, will be directly awarded a 12 month contract to provide services on a like for like basis in order to give time for the procurement;
- (b) the governance structure for the procurement remains the same as in the report. A procurement meeting is held weekly, and a procurement Board meets fortnightly which has delegated authority to make financial decisions;
- (c) a Clinical Services Review Group, with representatives from primary care, secondary care, public health and patients, meets weekly to discuss service specifications. Whilst no changes to the service specifications used in the original tender are currently proposed, some changes may be nationally mandated and review work continues locally;
- (d) a Patient Impact and Engagement Group meets weekly to discuss a range of issues which may affect patients and equalities. Focus groups will also be run on the Treatment Centre as an institution, its location and accessibility;
- (e) the timescale for the procurements is still under review but it is intended to award the contract by the end of 2018 to allow sufficient time for contract mobilisation and exit, if required.

The following points were raised during the discussion which followed:

- (f) NHS contracts have provision to be adjusted for local changes. Legislative changes must be provided for by the provider;
- (g) the providers at the Treatment Centre are permitted to supplement their income with private procedures. However, if they do this it must not impact on waiting times and standards for NHS patients, otherwise they will receive penalties.

**RESOLVED to**

- (1) request that the Committee is informed of any proposals to amend the service specifications to be included in the contract going out to tender;**
- (2) review plans for contract mobilisation once the contract has been awarded.**

**22     DEVELOPMENT OF NEW VISION FOR EAST MIDLANDS AMBULANCE SERVICE**

Will Legge and Greg Cox, East Midlands Ambulance Service (EMAS), introduced the report and delivered a presentation highlighting the following:

- (a) EMAS is currently under-resourced and unable to meet expected standards due to increasing demand. Additional funding has been secured for 5 ambulances and

40 additional staff across the region, and recruitment is underway;

(b) additional resources also allow EMAS to develop a vision with a clear sense of direction and focus. This should develop a confidence at all levels and improve EMAS's reputation;

(c) the vision will have three strategic priorities:

Respond: to get the basic service right with the right vehicles, people and models to do this;

Develop: moving the organisation forward and improving its Care Quality Commission rating from Requires Improvement to Good and then Outstanding;

Collaborate making a difference to healthcare on a wider level by working with other organisations and sharing knowledge.

(d) EMAS want to become national leaders on mental health, patient safety, use of technological solutions and equality and diversity within the next 5 years;

(e) consultation on the vision is taking place with staff, scrutiny committees across the region, Healthwatch organisations, healthcare partners and commissioners, MPs, the police, the fire service, and patients.

The following points were raised during the discussion which followed:

(f) mental health has been raised as one of the most urgent improvement needs nationally by frontline staff. Dealing with mental health issues at the scene or through an alternative pathway rather than taking them to Accident and Emergency is often preferable;

(g) some ambulance services can contact GPs for a patient's medical history and receive a call back within 15 minutes, which helps them to determine the best way forward;

(h) EMAS is consulting with a Patient Voice group. It can be difficult to consult with patients at point of contact due to the nature of ambulance services;

(i) EMAS holds a lot of evidence regarding need for health and social care services and there is potential for this to be better used to drive change and improvement across the system.

**RESOLVED to delegate authority to the Chair of the Health Scrutiny Committee to approve and submit a response to the consultation by East Midlands Ambulance Service NHS Trust on the development of its new vision.**

## **23 SEASONAL FLU IMMUNISATION PROGRAMME**

Shade Agboola, Consultant in Public Health, Nottingham City Council, introduced the report describing the performance of the seasonal influenza (flu) immunisation programme in Nottingham City, highlighting the following:

- (a) flu immunisation is one of the most effective interventions to reduce harm and health and social care pressures. Increasing uptake in clinical risk groups is important because of increased risk of death and serious illness;
- (b) the groups eligible for free flu vaccination in 2017/18 remained the same as the previous year, with the addition of morbidly obese patients. The flu vaccine was delivered at GP practices, in schools for school-aged children of 4-9, and pharmacies;
- (c) higher levels of flu were recorded nationally in 2017/18, particularly in November, December and January. Uptake of the flu vaccine was also higher in over 65 year olds, under 65 year olds in clinical risk groups, pregnant women and children;
- (d) for the first time since 2014/15, the uptake rate for 2 and 3 year olds was higher than the national average. For all other cohorts the uptake rates remained lower than the national target and the national average, but were closer to the national average than in previous years;
- (e) annual activity and initiatives included flu planning meetings, a local flu assurance plan, the school-age immunisation programme, the pharmacy flu service and vaccination of front-line staff at Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham City Council;
- (f) initiatives planned for 2018/19 include an Astra Zeneca pilot to increase uptake in GP practices, letters sent to be sent to parents of 2 and 3 year olds, introduction of a new vaccine for over 65s and training for health care professionals.

The following points were raised during the discussion which followed:

- (g) uptake is higher regionally than in Nottingham City. There are varying factors to this, but there is a correlation nationally between areas with higher deprivation and lower uptake;
- (h) the NHS is responsible for making sure that their own front-line staff take up the vaccine and they are measured on the level of this uptake.

The Chair concluded that the Committee was really pleased with the steady progress being made in improving uptake of the seasonal flu vaccinations across all eligible cohorts.

## **24     UPDATE ON IMPLEMENTATION OF TARGETED INTERVENTION** **BUDGET SAVINGS**

Alison Challenger, Director of Public Health, Nottingham City Council, introduced the report and highlighted the following:

- (a) savings totalling £7.175m were identified from services and functions funded by the public health grant, which is reducing year on year. Savings included loss of vacant posts, reductions of budgets where spend is demand led, reductions in contract values and decommissioning of some services;

- (b) stop smoking support through the New Leaf service ended on 30<sup>th</sup> April 2018. There is still some budget for smoking cessation and a new service is being proposed which will work within primary care at GP surgeries out of hours. This will be a smaller and more targeted service with a focus on priority groups including pregnant women;
- (c) the contract for an Adult Healthy Weight service was terminated during 2017/18 and a replacement service was not recommissioned. A small amount of budget has been identified for provision for high risk groups. Funding will also be used to build the capacity of the wider public sector workforce in the city to support citizens achieve a healthy weight;
- (d) providing open access sexual health services is a statutory requirement of local authorities. Discussions are ongoing between Nottingham City Council and Nottingham University Hospitals to identify how savings can be realised. Sexual health services previously delivered at the Health Shop, Broad Street, will now be delivered from the Wellbeing Hub at Hounds Gate;
- (e) the Knowledge and Resource Centre will now continue to operate from Standard Court with joint funding from Nottingham City Council and the Clinical Commissioning Group;
- (f) the City Council funded element to the community infection prevention and control service provided by CityCare has been decommissioned meaning that residential care homes will no longer receive support from CityCare's infection control team.

The following points were raised during the discussion which followed:

- (g) impacts of the reduction in services will continue to be monitored. The short timeframe to deliver the savings has made it difficult to communicate effectively with other providers and stakeholders but this is important as they will be impacted as well;
- (h) loss of smoking cessation services has had the highest impact as these services have been demonstrated with evidence to improve health and have a positive financial impact elsewhere;
- (i) the savings have resulted in more partnership working with the NHS and community and 3<sup>rd</sup> sector organisations;
- (j) preventative work is really important and this is an area that the Committee could focus on during scrutiny of the developing Integrated Care System.

**RESOLVED to**

- (1) review the Council's strategic approach to fulfilling its public health responsibilities in November/December 2018;**
- (2) consider carrying out a deep dive review of the impact of one or more of the services affected by budget cuts to targeted intervention services.**

**25     HEALTHWATCH ANNUAL REPORT**

**RESOLVED to note the Healthwatch Annual Report 2017/18**

**26     HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**

It was proposed to postpone the item on Homecare Services from the September meeting to the December meeting, and replace it with a new item following recent publication of the Care Quality Commission report on its inspection of Bilborough Medical Centre.

The Chair informed the Committee that NHS England had advised that, due to fragility of current services, it was reviewing provision of head and neck cancer services in the region and intended to consult health scrutiny committees across the region on its proposals in due course.

With the proposed change outlined above, the work programme for the municipal year 2018/19 was noted.



<b>HEALTH SCRUTINY COMMITTEE</b>
<b>20 SEPTEMBER 2018</b>
<b>SCRUTINY OF PORTFOLIO HOLDER FOR ADULT SOCIAL CARE AND HEALTH</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1 Purpose**

- 1.1 To speak to the Portfolio Holder for Adult Social Care and Health about work that is taking place within that Portfolio, including performance against Council Plan objectives.

**2 Action required**

- 2.1 The Committee is asked to use the information provided at the meeting by the Portfolio Holder for Adult Social Care and Health to inform questioning and review performance.

**3 Background information**

- 3.1 On 9 November 2015 the Council Plan was formally approved by Full Council and this guides the Council's services and approach to support the delivery of its key priorities for the City over the subsequent four years to 2019. The local authority is currently in the last year of the Plan.
- 3.2 Overview and scrutiny has a role in scrutinising performance and progress against the Council Plan and therefore a programme of sessions with Portfolio Holders has been established. The majority of these sessions are carried out by the Overview and Scrutiny Committee but the Health Scrutiny Committee leads on scrutiny of issues within the remit of the Portfolio Holder for Adult Social Care and Health.
- 3.3 Councillor Sam Webster has been the Portfolio Holder for Adult Social Care and Health since May 2018. He will be attending the meeting to discuss progress against Council Plan objectives within the remit of his Portfolio and performance and future plans for the Portfolio.

**4 List of attached information**

- 4.1 None

**5    Background papers, other than published works or those disclosing exempt or confidential information**

5.1    None

**6    Published documents referred to in compiling this report**

6.1    Nottingham City Council Plan 2015-2019

**7    Wards affected**

7.1    All

**8    Contact information**

8.1    Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 8764315

<b>HEALTH SCRUTINY COMMITTEE</b>
<b>20 SEPTEMBER 2018</b>
<b>DEVELOPMENT OF BETTER LIVES BETTER OUTCOMES: A NEW STRATEGY FOR SUSTAINABLE ADULT SOCIAL CARE IN NOTTINGHAM</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

## **1 Purpose**

- 1.1 To be consulted on the development of a new strategy for adult social care.

## **2 Action required**

- 2.1 The Committee is asked to:
  - a) decide whether to submit a response to consultation on the development of the new strategy for adult social care: and if so
  - b) discuss the content of that response; and
  - c) delegate authority to the Chair of the Health Scrutiny Committee to approve the final consultation response prior to submission.

## **3 Background information**

- 3.1 Nottingham City Council is developing a new strategy for adult social care in Nottingham and is carrying out consultation on its development. As part of this consultation process, the Committee is being consulted on the development of the new strategy.
- 3.2 Attached is a briefing on development of the new strategy and a copy of the draft strategy document, and there will be a presentation at the meeting. Based on this and the evidence that it already has in relation to adult social care, the Committee is asked to decide if it would like to submit a response to the consultation and if so, discuss the content of that response. It is proposed that the consultation response is drafted following the meeting and that the Committee delegate authority to the Chair of the Committee, in consultation with Committee members, to approve the final consultation response for submission.

## **4 List of attached information**

- 4.1 Briefing on 'Better Lives Better Outcomes: a new strategy for sustainable adult social care in Nottingham'

Better Lives Better Outcomes: A new strategy for sustainable adult social care in Nottingham Draft

**5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None

**6 Published documents referred to in compiling this report**

6.1 Better Lives Better Outcomes online survey  
<https://www.nottinghamcity.gov.uk/engage-nottingham-hub/open-consultations/adult-social-care-strategy/>

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 8764315

## **Better Lives Better Outcomes: a new strategy for sustainable adult social care in Nottingham**

### **Report to Health Scrutiny Committee, Thursday 20<sup>th</sup> September 2018**

We have a new draft strategy for adult social care in Nottingham which we would like members of the Health Scrutiny committee to be aware of and we would also like to invite members to take part in our consultation on the strategy.

#### **Context:**

Nottingham needs a sustainable social care system to help people live better lives. Despite a growth in demand for health and social care services, funding to Councils from Government has fallen significantly in recent years and so maximising the effectiveness of the money we spend is more important than ever.

To be sustainable we need to be:

- Supporting people to do what they can for themselves
- Helping friends and families to provide the best possible support for each other
- Providing connections to others who can help from within Nottingham's caring communities.

Where people do need more support, that support will promote wellness and maximise independence. For those who can pay for and arrange their own services, we will signpost them where necessary.

This draft strategy sets out how we intend to better support adults in Nottingham. At the heart is the development of a financial strategy to enable a sustainable social care system. We are calling our strategy '*Better Lives Better Outcomes*', which reflects our ambition for Nottingham to be one of the best cities for adults in need of support to live well.

In 2017-18, Nottingham City Council supported over 7,300 older and disabled adults, along with over 1,500 carers, spending in total over £100m on adult social care. However, adult social care services are under increasing pressure: demand is increasing due to longer life expectancies and people living with longer periods of long term ill-health, the National Living Wage is having a significant impact on care costs along with inflation and funding from national government to local councils has been cut year on year. Nottingham faces the double impact of higher levels of deprivation meaning a greater proportion of citizens rely on state support, alongside lower levels of funding raised through council tax. The cost of providing adult social care has begun to outstrip the available resource and this is not sustainable.

#### **The strategy:**

Our new strategy is all about a sustainable approach to supporting older adults and disabled people. It sets out our ambition to change the way we work with citizens, communities and partners so that we are able to achieve good outcomes within the resources available. It is based on a principle of promoting independence: that we will work with citizens and communities, their needs, aspirations, skills and resources, to build their resilience and independence.

The four themes in the strategy will underpin our approach and we are inviting citizens, communities and other partners to work with us in this new framework. This will mean changing the way we work together with a relentless focus on getting the best outcomes with the whole range of resources we have available between us.

**Prevention:** promoting healthy lifestyles and intervening early when people's wellbeing is at risk to avoid crisis and loss of independence.

**Community Connections:** ensuring citizens are connected to the resources and support in their local neighbourhoods, ensuring no one is socially isolated and lonely.

**Independent Lives:** supporting personal and community resilience, strengths and resources, reducing dependence on council funded support where possible.

**Choice and Control:** seeing the citizen in the driving seat, shaping solutions around the outcomes which matter for individuals.

This is not a quick change. It is a radical reset of adult social care in Nottingham and as such will take time and commitment to put in place.

#### **Consultation:**

We are inviting citizens, families, communities and partners across the City firstly to help us shape this strategy and then to play a full part in delivering Better Lives Better Outcomes in Nottingham. Consultation started on 6<sup>th</sup> August and will run until 30<sup>th</sup> September.

The online survey and summary strategy document are available through the NCC Engage website:

<https://www.nottinghamcity.gov.uk/engage-nottingham-hub/open-consultations/adult-social-care-strategy/>

We also have printed copies of these and an easy-read version of the questionnaire. The full version of the strategy is also available on request.

#### **Next Steps:**

Following the end of the consultation period, survey responses will be analysed and feedback used to inform our final Adult Social Care strategy. The final strategy will be taken to Executive Board in October and Full Council in November for approval. We will then implement the new strategy from the start of 2019.



# **Better Lives Better Outcomes:**

a new strategy for sustainable  
adult social care in Nottingham  
DRAFT





## Message from Councillor Sam Webster, Portfolio Holder for Adult Social Care & Health

### **Nottingham needs a sustainable social care system to help people live better lives.**

Despite a growth in demand for health and social care services, funding to councils from Government has fallen significantly in recent years and so maximising the effectiveness of the money we spend is more important than ever.

To be sustainable we need to be:

- Supporting people to do what they can for themselves
- Helping friends and families to provide the best possible support for each other
- Providing connections to others who can help from within Nottingham's caring communities.

Where people do need more support, that support will promote wellness and maximise independence. For those who can pay for and arrange their own services, we will signpost them where necessary.

This strategy sets out how we intend to better support adults in Nottingham. At the heart is the development of a financial strategy to enable a sustainable social care system. We are calling our strategy **Better Lives Better Outcomes**, which reflects our ambition for Nottingham to be one of the best cities for adults in need of support to live well.

The four themes in the strategy will underpin our approach and we are inviting citizens, communities and other partners to work with us in this new framework:

- 1) **Prevention:** promoting healthy lifestyles and intervening early when people's wellbeing is at risk to avoid crisis and loss of independence.
- 2) **Community Connections:** ensuring citizens can connect to the resources and support in their local neighbourhoods, ensuring no one is socially isolated and lonely.
- 3) **Independent Lives:** supporting personal and community resilience, strengths and resources, reducing dependence on council-funded support where possible.
- 4) **Choice and Control:** seeing the citizen in the driving seat, shaping solutions around the outcomes that matter for individuals.



# The Strategy for Adult Social Care

## Our Vision

**We will enable all older and disabled citizens in Nottingham to live as independently as they can, with a connection to their communities. When 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**

## Our Culture

**We will promote independence. We will work with citizens, recognising individuality and diversity and that people are the experts in their own lives. We believe that an independent life is a better life. We will challenge ourselves, and others, to be creative in finding ways to achieve outcomes that reduce reliance on formal care and support services.**

## Better Lives, Better Outcomes



Our approach will have four themes that reflect principles set out in the Care Act:

**Prevention** is at the heart of the Council's offer. It is set out in Nottingham's Health and Wellbeing strategy '*Happier, Healthier Lives*' which aims to increase healthy life expectancy in Nottingham and make it one of the healthiest cities. The Council provides a range of services that promote health such as parks and leisure facilities, places to come together such as libraries and community centres or those that protect people from harm such as those that deal with rogue traders or anti-social behaviour in our community protection services. Our approach will be underpinned by acting to 'prevent, reduce or delay' need for care and support. Early intervention is key to preventing need from increasing unnecessarily.

**Community Connections** and friendship can reduce need and promote wellbeing far better than any 'service-based' intervention. We know that loneliness is damaging for health and wellbeing and drives need for care and support services. We will develop our 'Community Together' surgeries and a team of community connectors across the city, working with partners to connect people to available support and activities. Communities already provide a range of support from looking out for neighbours to more organised arrangements such as self-help, voluntary or faith-based groups and we will continue to build on this as well as initiatives such as Age Friendly Nottingham.

**Independent Lives** are more fulfilling lives. All of our interventions will be enabling in nature. Our reablement service and occupational therapists are experts in helping people to access equipment to support independence. We will also build skills with people who may never have had the opportunity to develop them, for example supporting people with a learning disability to learn skills to live more independently. We will also focus on real and meaningful employment or voluntary opportunities for working age adults through the work outlined in our 'Employment strategy for disabled people'. Equally, where employment is not an option, we will signpost people to benefits to which they are entitled. We will only support a move into residential care when all other options are exhausted.

**Choice and Control** We will focus on outcomes that matter to the individual. People should be able to define what they want to achieve and have choice and control over what happens to them and how support meets their needs. This will be balanced against ensuring support is proportionate to need and limited resources. Where people are at risk of harm, in protecting them from abuse and neglect we will keep their desires and wishes at the heart to enable the outcomes that they want to be achieved.



## Key areas of focus

### Information and advice

Citizens should come to the Council for signposting to trusted sources of advice on a range of issues, including how to source care and support.

LION – Local Information Online Nottingham – is the city’s community directory and the go-to place for information and advice in our communities. We will continue to develop this website to provide the information that helps citizens connect to community resources, find trusted sources of advice and choose the services they want to use.

### Place-based planning

Independent lives are lived in Nottingham’s diverse neighbourhoods and communities. We will work with people and resources in local areas to understand what people need, what works for them and what the available opportunities are. The Council invests in neighbourhoods through local libraries, community protection officers and a whole range of activities and services.

We want to develop place-based plans with local areas where we can identify the key ingredients to support independence and work out how we bring these together in the best way for the citizens in each local area.

### Supporting carers

Some people choose to become a carer; looking after a person you care about is something many of us want to do. However taking on the responsibilities of caring can have a major effect on an individual’s life, often leading to isolation and exhaustion. For adult carers it can affect their ability to work and may lead to ill health. For young carers it can delay their educational progress and limit their social development.

Carers also play a significant role in supporting some of our most vulnerable people in society. Not only does this positively impact on the quality of the life of these people, but also significantly reduces the demand for services, both in the reduction of care packages for those living in the community as well as avoiding or delaying the use of residential care.

The Council is committed to a conversation with carers to revise and develop the Carers Strategy to ensure a robust local offer driven by carers’ experiences, needs and the outcomes they seek in their caring role.

### Whole Life Disability

The Council is committed to creating a Whole Life Disability Programme to support children, young people and their families.

The Whole Life Disability service supports disabled children, adults and their families to improve and maintain independence at the key points in their life. It will reduce the impact of transition between different ages and stages of life by working with individuals, their families and others who support them, to create a seamless experience. From birth, it will ensure that disabled people and their families will have access to the right information and support to be actively included within their communities. It will support them to develop the skills they need to lead a more independent life through employment or becoming active contributors in their community. A strengths-based approach will take account of informal as well as formal networks of support to link people into their own community capacity rather than wrap services around them.

By taking this whole life approach, we will support people when they really need it, but in ways which will retain their independence.

### A new plan for own care provision

The Council provides an extensive range of direct care and support services including reablement, day services, specialist home care, residential and respite care. We are committed to our own services being driven by outcomes and supporting independence. For example, our new Nottingham Pathway team supports people with a learning disability to develop the skills and confidence to meet their outcomes within their communities, whether that is moving from residential care into supported living or taking on voluntary work and joining a community group as an alternative to attending a day service.

As part of our Strategy, we will develop the Council’s own direct care and support services, building on the changes they have already put in place to create the most impact for wellbeing.

### Care and support providers

The Council funds care and support services for people who have eligible needs and cannot afford to fund them. The Council also ensures there is a sufficient ‘market place’ of care services in the city, which is diverse and of good quality, regardless of who is funding the services. We have set up new contracts that commit providers to meeting outcomes that support independence. This will help people to develop or regain the skills that make a difference to their lives. We will work with care and support providers to ensure the services we arrange focus on promoting independence and outcomes and that they always offer best value for money.

### Quality Matters

We will drive out poor quality providers and those that pay low wages to ensure the workforce receives a decent wage and terms and conditions, whilst managing the market effectively to end unreasonable cost. Now our resources are stretched, we will continue to work

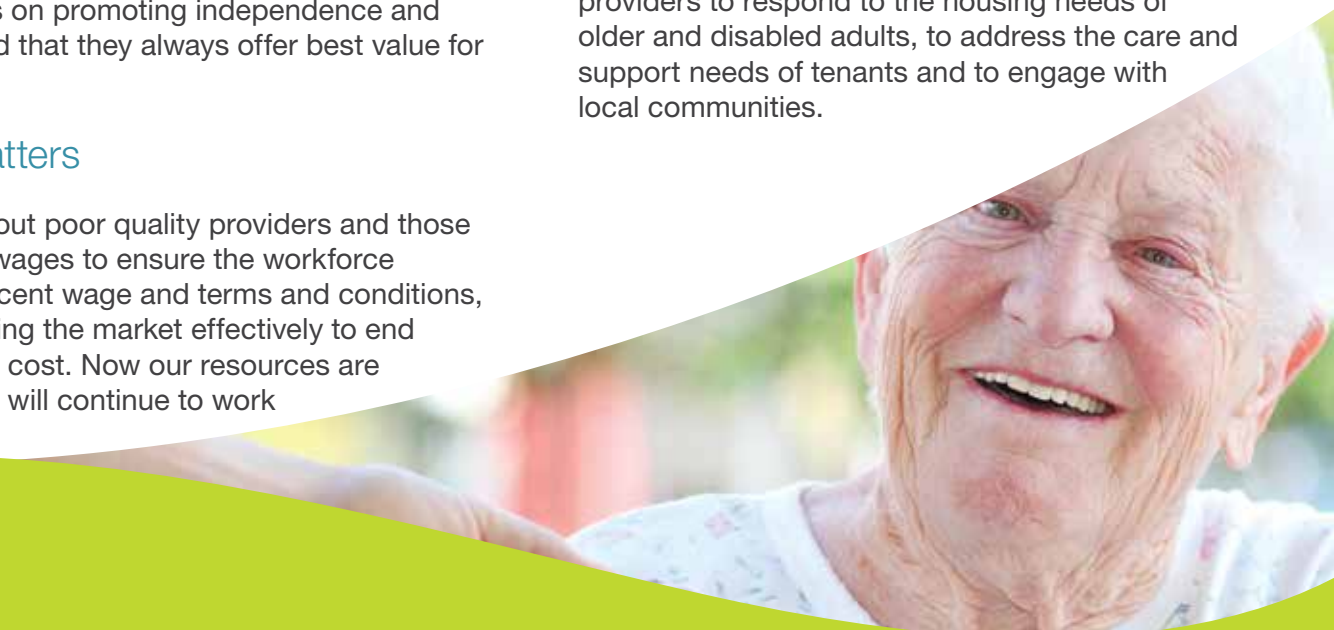
closely with the Care Quality Commission and our Clinical Commissioning Groups to maintain a robust oversight of quality in care and support services through the Quality Improvement Framework. This allows us to identify concerns early through shared intelligence and to work with providers to ensure local services are safe, effective, caring and responsive.

### Housing

A good home underpins independence and wellbeing. Adults with care and support needs should, where possible, live in their own home and only to move to residential care when all options are exhausted. We are committed to developing solutions that support young people with disabilities to find a home and to have the skills or support to manage it.

Nottingham’s Housing Strategy, *‘Quality Homes for all’*, recognises the importance of appropriate housing for people with care and support needs, especially older adults and adults with disabilities. It commits to improving access to suitable housing, such as bungalows, and lifetime homes suitable for older people, as well as developing new independent living schemes, tackling fuel poverty and homelessness and better supporting tenants to engage with their communities.

Nottingham City Homes (NCH) provides housing for around one fifth of households in the city. We will work together with NCH and other housing providers to respond to the housing needs of older and disabled adults, to address the care and support needs of tenants and to engage with local communities.





## Employment

Our local economy needs to draw upon all of the skills and talents in Nottingham. We often fail to see the assets disabled people bring to the workplace. It is vital that everyone can develop to their full potential and that we create an inclusive city where disabled children and adults are not marginalised.

People who are more distant from the employment market, because of a life-long or acquired disability, must also be a priority. The *'Nottingham Health, Disability and Employment Strategy'* outlines our intention to support people with the most significant disability-related barriers to work to achieve genuine paid employment. We will embed employment in our approach to promoting better outcomes for adults, including recognising the importance for carers to sustain or gain employment.

## Digital and technology in adult social care

We will make sure we are making the best use of technology in our work with citizens by:

- Making information easily available across services and to citizens
- Enabling people to interact with services through digital channels
- Promoting independence and wellbeing through digital technology and devices
- Working better together with the health services through analysing data together
- Using technology to support colleagues in their work

We will also work with care and support providers to ensure their services make good use of technology to promote dignity, quality and efficiency.

## Working with the health services

Adult social care has long-established partnerships with NHS bodies in Nottingham and has already integrated services where we can better support citizens who have health and care needs:

- Nottingham Health and Care Point provides an integrated contact centre
- Care Delivery Groups embed social workers in GP practices
- We make investments from a shared £36m Better Care Fund with the NHS
- We arrange joint packages of care with the NHS, including within the Transforming Care programme for people with learning disabilities/autism and behaviour which challenges.

We will continue to work closely with our local health services to develop integrated health and care. Our priorities for the next three years will include:

- Supporting urgent and emergency care by strengthening the way people are discharged from hospital
- Using data to support better, more consistent medical decision-making
- Identifying funding sources to support further innovation
- Strengthening our ability to identify people at risk and to intervene with effective solutions

## Approach to funding

We will get the best value from the funding we have for social care. This does not mean paying low prices, it means paying the right prices. We expect good value, but Nottingham will also make sure the funding of care services means employees are properly paid. We will seek efficiencies or use technology to remove unnecessary cost so that we can prioritise staff. We will also ensure that we use our available funding fairly between citizens – based on need, on what other support options

are available and on people's ability to fund their own care. We will consider value for money in all care and support we fund, either through services we pay for or through Direct Payments for citizens to make their own arrangements. We will regularly review needs and care and support plans so that we can adjust arrangements over time.

## Our approach to meeting care and support needs

There are key ingredients to maintaining a good quality of life and independence. We will develop ways to ensure these are checked at every contact:

- Social – tackling social isolation
- Physical activity – being active for health and wellbeing
- Finances – maximising income, planning for the future
- Housing – suitable home, planning for the future
- Technology – assistive technology, digital inclusion

## Excellence in social care practice

The commitment and knowledge of social care staff is essential. We will use our expertise to find creative solutions, to signpost to sources of support and, where needed, we will assess needs and agree care plans with citizens. Social care colleagues will ensure they protect people's rights, such as safeguarding, where capacity to make decisions is limited and detention under the Mental Health Act.

## Financial Strategy

We have seen a significant reduction in funding since 2012/13, which will continue. Our strategy will demonstrate a model for financial viability by:

- Securing best value in the services we purchase, working with providers to deliver excellent value
- Challenging ourselves to be at the forefront of efficiency
- Shifting investment into prevention
- Maximising external funding, attracting investment into Nottingham, including opportunities afforded by the Greater Nottingham partnership
- The Council's work to develop the economy of Nottingham, to attract inward investment and thriving business all contributes to fund the care Nottingham citizens will need in the future
- Making the case to Government for Nottingham and for social care.

Without adequate Government funding, Nottingham must make tough decisions about what services it can afford to fund.



## What we offer... and what we ask

We believe that achieving good outcomes within the resources we have available will depend on all of us working differently together.

### Our offer is:

- We will do everything we can to help you live independently. When you need support we will ensure we help you to live your life, meet your caring responsibilities and remain independent
- If you come to us for help, we will treat you as someone with unique talents and strengths which we will help you to identify and use
- If you come to us in crisis, we will work with you to restore your independence and avoid making any permanent decisions until the crisis is over
- We will recognise the caring nature of Nottingham's people and communities and work to connect people and unblock obstacles for our citizens who reach out to help others
- Where people are at risk of harm or neglect we will take account of what you would like to happen in keeping you safe
- Where services are needed, we will ensure that they are of good quality

### Our ask is:

- Look out for others who might be vulnerable and tell us if you think someone is at risk of harm or neglect
- Tell us about anything you are doing or want to do to help others so we can help you to connect others or unblock obstacles
- If you approach us for support, work with us to identify your personal assets and resources as a starting point to meeting need
- If you receive services, tell us if they are not helping you to live your life or if you have any concerns about quality







**We welcome your  
feedback on our draft  
strategy. Please email  
[engage@nottinghamcity.gov.uk](mailto:engage@nottinghamcity.gov.uk)  
with any comments you have.**

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>20 SEPTEMBER 2018</b>
<b>REVIEW OF CARER SUPPORT SERVICES</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

## **1 Purpose**

- 1.1 To consider the findings and recommendations of the review of carer support services, looking at service user experience of carer support services and how service user feedback is used to improve services.

## **2 Action required**

- 2.1 The Committee is asked to:
- a) consider the findings and recommendations of the review of carer support services; and
  - b) approve the recommendations for referral to the organisations specified in the report.

## **3 Background information**

- 3.1 The Committee agreed to carry out a review to explore whether carer support services are meeting the needs of carers in the City.
- 3.2 A study group was established to gather evidence for the review. The study group was made up of:
- Councillor Anne Peach
  - Councillor Merlita Bryan
  - Councillor Ginny Klein
  - Councillor Adele Williams
  - Councillor Cate Woodward
- 3.3 The study group considered a range of evidence including speaking to contributors including young and adult carers; commissioners from Nottingham City Council and Greater Nottingham Clinical Commissioning Partnership; and provider organisations Carers Federation and Carers Trust.
- 3.4 The evidence considered provided the foundation for the areas for improvement identified in the report. While the study group is responsible for gathering the evidence, the Committee is responsible for agreeing the final recommendations for improvement. The report is attached for the Committee to consider and, if satisfied approve for referral to the specified organisations.

- 3.5 Organisations will be asked to respond to the recommendations for improvement and it is proposed that the study group meet again in December 2018 to monitor progress in implementing accepted recommendations. A report on progress will come back to this Committee in January 2019.

#### **4 List of attached information**

- 4.1 Report of the Review of Carer Support Services

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

- 5.1 Notes from evidence gathering sessions are available from the Senior Governance Officer listed at the bottom of the report.

#### **6 Published documents referred to in compiling this report**

- 6.1 Report to and minutes of the Health Scrutiny Committee meeting held on 18 January 2018.

#### **7 Wards affected**

- 7.1 All

#### **8 Contact information**

- 8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 8764315





## **Health Scrutiny Committee:**

### **Review of Carer Support Services**

#### **September 2018**

## **Background**

- 1.1 During 2015 the Health Scrutiny Committee carried out a review of end of life and palliative care services. As part of the evidence gathering for that review councillors spoke to carers about both the end of life care received and the support that they received as carers of someone at the end of their life. The carers spoken to commented that they felt that the experience of being a carer of a person receiving end of life care could be lonely and isolating. They felt that their caring responsibilities took over their life for that period and they also discussed that there was a feeling of being inadequate to carry out the role. While recognising that these were small scale anecdotal examples, in its report the Committee highlighted the need to recognise the potential for social isolation of carers and consider how providers can support carers. The Committee also wanted to ensure that there were appropriate mechanisms for ensuring carers are aware of the support available to them and how to access it. These recommendations were fed into the strategic review of support for carers carried out by Nottingham City Council and Nottingham City Clinical Commissioning Group in 2016.
- 1.2 Following this review, carer support services were jointly commissioned by Nottingham City Council and Nottingham City Clinical Commissioning Group and new services commenced on 1 April 2017.
- 1.3 The Health Scrutiny Committee decided to explore whether the newly commissioned carer support services were meeting the needs of carers in the City and held an initial evidence gathering session with commissioners and provider organisations in January 2018. Then, during summer 2018, the Committee established a study group to review how service user feedback is used to inform the commissioning and provision of carer support services to ensure that services meet the needs of carers.
- 1.4 The members of the study group were:
  - Councillor Merlita Bryan
  - Councillor Ginny Klein
  - Councillor Anne Peach (Health Scrutiny Committee Chair)
  - Councillor Adele Williams
  - Councillor Cate Woodward

## **Evidence gathering**

- 2.1 The study group based its findings and recommendations on:
  - Desk-top research
  - Evidence previously gathered by the Health Scrutiny Committee
  - Speaking with adult carers and young carers at an event held at The Council House as part of Carers Week

- Contributions from commissioning organisations
  - Lisa Lopez, Commissioning Manager, Nottingham City Council
  - Ann Ashworth, Contracts Officer, Nottingham City Council
  - Reeve Palmer, Commissioning Officer, Nottingham City Clinical Commissioning Group
- Contributions from provider organisations
  - Ray Gardiner, Carers Federation
  - Kevin Ray, Carers Trust

2.2 The Committee would like to thank all of those who contributed to this review. All contributions were very much appreciated.

2.3 Notes from the evidence gathering sessions are held by the Senior Governance Officer who supported the review, contact details for which can be found at the end of the report.

## Context

### 3. National context

3.1 The 2011 Census<sup>1</sup> identified that 5.4million people in England were providing unpaid care, with over a third of carers providing 20 or more hours of care per week. This is likely to be a significant under-estimation because many carers don't self-identify themselves as such. In addition, demand for health and social care support is expected to rise in future years so the number of carers is likely to increase in line with that.

3.2 Carers account for approximately one in ten of the population and are more likely to be female than male. The Census showed that the proportion of carers amongst Black, Asian and Minority Ethnic (BAME) communities is approximately equivalent to that of the general population although there is a higher than average proportion of carers and more hours of unpaid care provided in some communities – Black Caribbean, Indian, Pakistani and Bangladeshi communities. Familial and cultural expectations in some communities mean that caring is seen as a normal role for a family so carers may not self-identify and therefore not access any support.

3.3 The Nottingham City Joint Strategic Needs Assessment Chapter on Carers<sup>2</sup> states that carers typically experience higher levels of stress and poverty and poorer physical and mental health than the general population due to the demands of their caring role. The 2011 Census showed that the general health of carers deteriorates incrementally with the increasing hours of care provided. 5.2% of carers reported that their own health was 'not good' and this increased to almost 16% amongst those caring for more than 50 hours per week. Only 12.1% of female adult carers and 9.3% of male adult carers were working full time alongside caring responsibilities.

3.4 Young carers can experience difficulties in school, feelings of loneliness and isolation and report feeling stigmatised by teachers and by their peers. Young carers have significantly lower educational attainment at GCSE level and are more likely than the national average to be not in education, employment or training

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<sup>1</sup> Cited in Nottingham City Joint Strategic Needs Assessment (2017) Carers

<sup>2</sup> Nottingham City Joint Strategic Needs Assessment (2017) Carers

(NEET) between the ages of 16 and 19 years<sup>3</sup>.

- 3.5 The Carers UK annual State of Caring survey<sup>4</sup> found that half of unpaid carers said that they expected their quality of life to get worse in the next 12 months.
- 3.6 Local authorities have a statutory duty to proactively identify, assess and support carers in their area under the Care Act 2014<sup>5</sup>. The Care Act defines a carer as anyone who provides any amount of unpaid care. Local authorities have to identify carers' needs through the completion of statutory Carers Assessments, and there is a duty to carry out assessments for all carers who ask for one and to pro-actively identify and offer assessments to other carers. Once the assessment is completed the local authority must decide whether the carer's needs are eligible for support from the local authority.
- 3.7 Under the Children and Families Act 2014<sup>6</sup> local authorities must offer an assessment where it appears that a child is involved in providing care. The authority must consider whether the care being provided by the child is excessive or inappropriate, and how the child's caring responsibilities affect their wellbeing, education and development.

#### **4. Local context**

- 4.1 The 2011 Census<sup>7</sup> found that there were approximately 27,000 carers in Nottingham City which is approximately 8.8% of the total population. This is a slightly lower percentage than England (10.2%) and East Midlands (10.8%). This is likely to be an under-estimation of the actual number of carers because many carers do not self-identify themselves as such. Approximately 3,300 of these carers is aged under 25 years old, 2.5% of which are under 16 years old. Again, this is likely to be an under-estimation because, for a range of reasons, many young carers are currently not identified. In addition to the reasons why carers often don't self-identify as such, many young carers don't identify and access services for reasons including family loyalty, stigma, bullying, lack of awareness of entitlements and a reluctance to seek formal help<sup>8</sup>. 20% of carers aged under 16 years provide over 20 hours of care per week.
- 4.2 The proportion of women to men providing care is approximately the same for Nottingham, East Midlands and England, with 7.98% of men and 10.4% of women in Nottingham providing some amount of care.

### **Key findings**

- 5.1 Following the strategic review of support for carers carried out in 2016, Nottingham City Council and Nottingham City Clinical Commissioning Group jointly commissioned new carer support services which commenced on 1 April 2017.
- 5.2 Carers Trust East Midlands is commissioned to provide a Carers Hub which provides a single point of contact and a range of services including:
- providing information, advice and guidance

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<sup>3</sup> The Children's Society (2013) Hidden from View: The experiences of young carers in England

<sup>4</sup> Carers UK (2018) State of Caring

<sup>5</sup> The Care Act (2014) HM Government

<sup>6</sup> The Children and Families Act (2014) HM Government

<sup>7</sup> Cited in Nottingham City Joint Strategic Needs Assessment (2017) Carers

<sup>8</sup> Nottingham City Joint Strategic Needs Assessment (2017) Carers

- carrying out Carers Assessments as per the Care Act 2014, including outreach work to identify and support carers who haven't previously accessed support
- development of support plans when required following Carers Assessments
- ensuring support is available should an emergency occur involving the carer or cared for person
- providing group support sessions, drop in sessions and telephone support
- providing training for carers and signposting to training offered by other providers
- collating information on resources available to support carers

5.3 Carers Trust East Midlands also provides the Carers Respite service which provides time-limited, home-based respite care for carers of citizens who don't get respite through adult social care. It can be used for planned events such as attending medical appointments, hobbies and recreation activities, significant events such as weddings etc. Respite care is also available in an emergency for example when the carer is admitted to hospital or there is a family crisis.

5.4 Action for Young Carers is provided by Carers Federation to support young carers through a range of services including:

- providing information, advice and support across health, social care and schools
- carrying out Young Carer Assessments
- group based support and activities for young carers
- Young Carers app
- Ensuring support is available should an emergency occur involving the carer or cared for person
- Providing training for professionals on identifying young carers and the impact of being a young carer and signposting to training offered by other providers

Action for Young Carers works with the Carers Hub to develop support for young adult carers.

#### Contract monitoring and management

5.5 The services were commissioned to provide the following expected outcomes:

- improved carers' quality of life;
- increased identification and recognition of carers;
- improved physical and emotional wellbeing for carers;
- carers feeling more resilient and better able to continue in their caring role;
- reduced inappropriate caring roles and the impact of caring on young carers
- better/ more joined up personalised support for both the carer and the cared-for person; and
- carers able to fulfil their educational and employment potential, and to have a family and community life.

5.6 Nottingham City Council Contracts Management Team monitors and manages performance of provider organisations against the carer support contracts. Providers report on performance indicators, including number of people contacted, completion of support plans, carer satisfaction etc and this data is broken down by Protected Characteristics and also by the reason that the cared for person is being cared for and what the carer's role is with the cared for person. Providers are also required to submit narrative reports outlining progress and any issues.

- 5.7 The Contracts Management Team also undertakes visits to the services and gets feedback directly from carers. Quarterly review meetings are held to identify and discuss any issues.
- 5.8 In addition, there are national reporting requirements in relation to Carers Assessments.
- 5.9 Since the contracts commenced on 1 April 2017 there had been an increase in the number of statutory Carers Assessments that have been carried out compared with the previous year. All carers assessed had support plans developed and in the process of being implemented. Over 20% of all carers contacted, assessed and supported were from BAME communities which was in line with targets set.
- 5.10 Commissioners reported that they were currently satisfied with the carer support services that are being delivered by provider organisations, and provider organisations stated that they were pleased with how the contracts were going.

#### Information about support services available and identification of carers

- 5.11 The consultation carried out to inform the strategic review of support for carers in 2016 found that information on the support available for carers was not widely known about. This accorded with the anecdotal evidence received by the Health Scrutiny Committee as part of its review of end of life and palliative care services. Therefore this was an issue that commissioners wanted to address in the commissioning of new services.
- 5.12 Information about the provision of carer support services is available from a range of different sources, and the carers spoken to who had accessed services more recently cited a number of different ways that they found out about the support available to them including the Carers Hub, Action for Young Carers, LION, referrals from social workers, GPs. Commissioners felt that this suggested that the provision of information has improved. In addition the Carers Hub provides a single point of contact across Council and Clinical Commissioning Group and across City and County.
- 5.3 One of the challenges is that carers often remain 'hidden' from services and don't access support. Lots of people don't self-identify themselves as carers or don't access help until they have been carers for a significant length of time and may have had negative experiences. Therefore outreach and promotion is needed to increase understanding of what being a carer is and where to go to for support. For those carers who do not wish to access services, it is important that they are still aware of what support is available if their circumstances change. The JSNA<sup>9</sup> highlights that this could be particularly useful for some members of BAME communities who may not wish to utilise services as they may prefer to draw on family support networks in the first instance.
- 5.4 Therefore it could be useful to promote the availability of carer support services and how to access support more widely to the general population, rather than target specific locations/ methods of communication that those who have already self-identified as a carer would proactively look. This could include the provision of locally-specific information in ward newsletters and local authority publications such as The Arrow which goes to all households.

- 5.5 Some of the carers spoken to commented on the bureaucratic nature of accessing support both for themselves and for the cared for person. Both commissioners and providers acknowledged that the statutory Carers Assessment process is lengthy and bureaucratic and can dissuade carers from completing it. Therefore, in common with the nationally agreed approach, a lighter touch version is used locally. The Carers Trust representative provided assurance that the assessments carried out are only light touch in the sense that they don't go through the irrelevant questions, but relevant questions are discussed in detail and assessments typically take up to 1 hour.
- 5.6 Carers also gave feedback that it can be frustrating for carers when they are required to fill in forms requesting the same information multiple times e.g. about care packages and from carer support services. There are challenges in sharing information provided during assessments due to data protection restrictions but there could be scope to explore ways of enabling information to be shared to reduce the administrative burden on carers. This could also potentially improve services by making sure that relevant information is shared, for example providing information about carers to inform homecare assessments.

#### Support services provided

- 5.7 The carers spoken to value the support available to them for a variety of different reasons including that it takes pressure off of them; provides someone to talk to who understands their situation; night-sitters make things easier because carers don't have to get up in the night. Carers also commented that it can be helpful for a third party to explain to the cared for person that there is an impact of their caring responsibilities on the carer and this can result in the cared for person being more willing to accept help.
- 5.8 Carers spoke about the risks of social isolation and loneliness. In particular, young carers spoke about the need to have time for themselves to pursue other interests and the importance of having friends who understand to reduce risks of loneliness.
- 5.9 Services commissioned to support young people to have time for themselves and pursue outside interests includes a mix of group and individual sessions. The Carers Federation representative reported that the provision of activities is more difficult than previously because it is no longer included in the contract and has to be funded through external sources of funding. In addition, commissioners reported that they had feedback that some activities previously provided by the voluntary and community sector are no longer available due to funding pressures. Work is taking place within Nottingham City Council to explore what opportunities the local authority could provide young carers with free/ low cost access to e.g. leisure centres, in a similar way as happens for children being looked after. This work could be expanded to look for other potential sources of funding. Young carers commented positively on the Young Carers App.
- 5.10 While providers provide some support directly they also work through signposting carers to other sources of information and advice. For example some carers spoken to commented on needing support in getting Blue Badges and dealing with Direct Payments. Direct Payments is a complex area that requires specialist knowledge and therefore Carers Trust signpost and refer to the appropriate service rather than training staff to provide advice and support themselves.
- 5.11 Carers Trust also signpost carers to other providers that provide training on dealing with practical matters such as preventing and coping with falls. The

organisation does provide its own learning and development for carer support workers on issues such as infection control and medicines management and it does offer this training to carers alongside carer support workers. It would be useful if the Trust could also provide training on issues such as falls and handling directly to carers on the same basis.

- 5.12 Some carers commented on access to transport and the risk that a lack of transport options could contribute to loneliness by carers. Commissioners confirmed that transport is not available for any services due to financial pressures and the availability of a comprehensive public transport network in the City, but this hasn't been a recent change. They also confirmed that there is currently no funding available to introduce transport provision. However wider work is taking place within the local authority on reducing loneliness and there could be scope to incorporate carer issues into this work.

#### Timely provision of support services

- 5.13 Support sessions for adult carers are currently held in the morning in Clifton and Hyson Green and in the afternoon in Bulwell. There was feedback from some carers spoken to about a lack of support provision in the evenings, which would be useful for carers who are employed. Currently there are no sessions in the evening. Previously, the Carers Trust had held evening drop-in sessions in conjunction with Parkinsons UK but not many carers attended so the sessions were discontinued. However, the evidence provided by carers as part of this review indicates that there is a demand for evening sessions and Carers Trust is willing to explore the extent of this demand and how it could be met.

#### Respite care

- 5.14 Carers can access up to 100 hours of respite care per year through the Carers Hub. However it is not intended to be a long term solution or a substitute for a care package. The use of respite care is monitored and if carers are using it a lot then it may indicate that there is an inappropriate care package in place and carers are signposted to homecare for (re)assessment. However the contract does have some flexibility to provide additional respite hours in crisis situations.
- 5.15 Some of the carers spoken to reported that they felt that they couldn't use respite care because they couldn't leave the cared for person. Councillors heard that this can be a difficult situation and that Carers Trust tries to work with those individuals to address any issues. There are issues around trust and there was some feedback from carers that they had used respite care in the past and it wasn't successful, but Carers Trust believe that the issues often relate to care packages rather than the respite service. There was also some feedback from carers about homecare services which suggested a variable experience of care packages. However given the lack of clarity about the feedback, councillors requested additional information on service user feedback regarding the respite service specifically. This issue will be revisited by the study group at its next meeting.

#### Counselling

- 5.16 The Carers Hub contract that commenced on 1 April 2017 included a counselling service for adult carers. The uptake of counselling sessions was significantly less than initially expected and since the introduction of mindfulness activities the uptake of counselling had been very low. Therefore as part of savings to the Better Care Fund, funding for 1-2-1 counselling sessions was removed from 1 April 2018. The Carers Trust still provides mindfulness and wellbeing sessions as a preventative service to reduce the need for counselling. However, in providing evidence to the review, the Carers Trust representative suggested that there

was a gap around counselling services for carers. Councillors were informed that Carers Federation receives a lot of self-referrals from adult carers for counselling and that there is a steady demand from young carers for counselling due to their caring responsibilities or for issues that are compounded by their caring responsibilities. The organisation delivers some counselling for young carers but it is not funded as part of the contract. There is an additional challenge due to changes in British Association for Counselling and Psychotherapy accreditation which means that it is harder to recruit counsellors.

5.17 Commissioners maintained that their evidence of need was that there are some young carers who need counselling but it is very small (single figure) numbers and, as evidenced by the commissioning review, the demand for counselling by adult carers is also low.

5.18 Councillors felt that this conflicting information warranted further investigation and requested the provision of additional information on the level of need for counselling services. This issue will be revisited by the study group at its next meeting.

#### Engagement and support from partner organisations

5.19 The JSNA<sup>10</sup> noted that engagement with carers and carer support services is variable across healthcare providers, GP practices, care providers and schools but that these organisations have an important role to play in identifying, signposting and support carers.

5.20 Young carers spoken to raised the importance of support from schools and colleges, for example having the ability for the young person to contact home when needed, reduced homework pressure, awareness of bullying due to the reason for their caring responsibility. The JSNA<sup>11</sup> also found evidence that some young carers felt that their requests to school for additional time and flexibility were not taken seriously. Evidence from young carers, Carers Federation and the JSNA is that there is variable engagement by schools on carer issues. Some teachers are very understanding but others less so.

5.21 The Carers Federation works with schools, and carer support services are currently embedded in 12 out of 18 secondary schools in the City. There are staff champions in place and 30 young people have trained as 'carer champions' to support their peers. There has been good feedback on work taking place and this is being used to roll out models of good practice. This work should support young people in self-identifying/ being identified as a carer at an early stage.

5.22 Carers Federation reported that it can be more challenging to engage primary schools because they sometimes think that primary school aged children are too young to have caring responsibilities and therefore the information isn't relevant to them. There is a need to identify ways of engaging primary schools with this agenda.

5.23 Not all young carers want the support, help and advice of services. This can be for a variety of reasons including concern that if they are seen to need to ask for help then social workers could remove the young person from their home. Where possible young carers not engaging with support services are tracked and always have the option of engaging with services in the future.

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<sup>10</sup> Nottingham City Joint Strategic Needs Assessment (2017) Carers

<sup>11</sup> Nottingham City Joint Strategic Needs Assessment (2017) Carers



5.24 GP practices can often be the first place that carers present and therefore it is important that GPs and other healthcare professionals are aware of carer issues, the support that is available and where to signpost to. As part of their contract Carers Trust are required to work with GP practices. However, evidence from the Carers Federation was that there is a gap around young carer health issues, for example making sure that appropriate questions are asked when children and young people accompany adults to appointments. While there is an agreement to have GP Protected Learning Time on young carer issues, this is limited. Therefore there could be opportunity for Carers Trust and Carers Federation to work more closely together and co-ordinate their engagement with GP practices on young and adult carer issues.

5.25 When their contract commenced in April 2017 the Carers Trust worked closely with Nottingham University Hospitals NHS Trust at Queens Medical Centre to provide information about carer support services and engage with discharge teams. A drop in session is held every month which the Carers Trust reported to be going well and has resulted in a significant number of referrals for Carer Assessments. Carers Trust is looking at developing a similar session based on the City Hospital campus.

5.26 Some carers reported that they had difficulties in accessing mental health services for their cared for person and commented on the negative impact that this has on them as carers. The JSNA<sup>12</sup> states that nationally approximately 13% of carers care for someone with a mental health condition and this can present particular challenges for the carer. Mental health conditions can fluctuate, are often misunderstood and can cause considerable emotional distress to carers. Carers can sometimes also be reluctant to discuss their role due to stigma attached to mental health. The 2018 Carers UK survey found that carers want the NHS to be better at recognising and valuing the knowledge that carers have. Access to mental health issues and the impact on carers is a wider issue and therefore not within the scope of this review but could be an issue that the Health Scrutiny Committee wants to explore as part of its wider work programme.

5.27 Given that the cared for person can often also receive considerable support from homecare services, it is important that homecare workers are also aware of carer support services and what support is available to carers so that they could signpost to support as appropriate.

## Conclusions

6.1 It was clear that commissioners and providers are committed to ensuring all carers are appropriately supported in their caring role.

6.2 Overall councillors were satisfied with the current provision of carer support services but, based on evidence provided by carers, commissioners and providers, identified some opportunities for improvement. Recommendations for improvement are set out below.

6.3 Councillors were also satisfied with the processes in place to ensure that commissioners and providers receive service user feedback and use that feedback to improve services. The following recommendations have all been

discussed with commissioners and providers and met with a positive response and enthusiasm for ensuring that services meet the needs of users.

- 6.4 It is intended that progress on the areas identified for improvement will be reviewed by the study group in December 2018 and reported to the Health Scrutiny Committee in January 2019.
- 6.5 In addition, councillors requested additional information in relation to respite services and the need for counselling services. This evidence will be reviewed in December 2018 and, if deemed necessary, further recommendation for improvement made at that stage.

## **Recommendations**

### **Desired outcome – Carers have access to support services that meet their needs**

- (1) It is recommended that Nottingham City Council continue work to explore what activities the local authority can make available to young carers at little/ no cost.
- (2) It is recommended that councillors explore whether ward councillor budgets can be used to fund activities for young carers and if so, identify ways of encouraging councillors to consider this as an option for use of their ward councillor budget.
- (3) It is recommended that Carers Federation and Carers Trust work together to explore opportunities for jointly engaging with GPs on carer issues.
- (4) It is recommended that, in addition to continued signposting to training provided by other providers, Carers Trust explore holding falls and handling training for carers alongside carer support workers.
- (5) It is recommended that Nottingham City Council explore whether access to transport for carers can be incorporated into work being led by the Older Peoples Champion on loneliness.
- (6) It is recommended that Carers Trust trial holding support groups in the evening.

### **Desired outcome – Young people with caring responsibilities are identified at an early opportunity and given access to appropriate support**

- (7) It is recommended that Carers Federation speak to the Nottingham Schools Trust about ways of engaging its primary schools on young carer issues.

### **Desired outcome – Carers are aware of services available to support them in their caring role**

- (8) It is recommended that Nottingham City Council promote carer support services in ward newsletters, with a particular focus on services available in that ward.
- (9) It is recommended that Nottingham City Council explore opportunities for promoting carer support services in The Arrow.
- (10) It is recommended that Nottingham City Council ensure that awareness of carer support services is included in training for homecare workers.

**Desired outcome – There is an efficient way for carers to provide relevant information to inform decision making about support for the carer and the cared for person**

- (11) It is recommended that Carers Trust explore opportunities for sharing information with social care teams to reduce the amount of times that carers need to provide the same information and to share relevant information about carers to inform social care decisions about care packages for the cared for person.

**Desired outcome – The needs of carers are taken into account during decision making on the commissioning and provision of mental health services**

- (12) It is recommended that the Health Scrutiny Committee raise the impact on carers when scrutinising access to mental health services.

## **Contact Details**

If you would like to find out more about this study group and/or health scrutiny in general please contact:

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<b>HEALTH SCRUTINY COMMITTEE</b>
<b>20 SEPTEMBER 2018</b>
<b>WORK PROGRAMME 2018/19</b>
<b>REPORT OF HEAD OF LEGAL AND GOVERNANCE</b>

**1. Purpose**

- 1.1 To consider the Committee's work programme for 2018/19 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

**2. Action required**

- 2.1 The Committee is asked to note the work that is currently planned for the municipal year 2018/19 and make amendments to this programme as appropriate.

**3. Background information**

- 3.1 The Health Scrutiny Committee is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City.
- 3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role.
- 3.3 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service commissioners and providers about substantial variations and developments in health services that the Committee has statutory responsibilities in relation to.
- 3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.
- 3.5 The work programme for the municipal year 2018/19 is attached at Appendix 1.

**4. List of attached information**

- 4.1 Appendix 1 – Health Scrutiny Committee 2018/19 Work Programme

**5. Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None

**6. Published documents referred to in compiling this report**

6.1 Reports to and minutes of the Health Scrutiny Committee during 2017/18 and 2018/19.

**7. Wards affected**

7.1 All

**8. Contact information**

8.1 Jane Garrard, Senior Governance Officer  
Tel: 0115 8764315  
Email: [jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

## Health Scrutiny Committee 2018/19 Work Programme

Date	Items
24 May 2018	<ul style="list-style-type: none"> <li> <p>• <b>Nottingham CityCare Partnership Quality Account 2017/18</b>  To consider the draft Quality Account 2017/18 and decide if the Committee wishes to submit a comment for inclusion in Quality Account document  <span style="float: right;">(Nottingham CityCare Partnership)</span></p> </li> <li> <p>• <b>Out of Hospital Community Services Contract</b>  To review progress in mobilising the new Out of Hospital Community Services contract  <span style="float: right;">(Greater Nottingham CCGs, CityCare Partnership)</span></p> </li> <li> <p>• <b>Nottingham Treatment Centre</b>  To receive an update on the Treatment Centre procurement  <span style="float: right;">(Greater Nottingham Clinical Commissioning Groups)</span></p> </li> <li> <p>• <b>Work Programme 2018/19</b></p> </li> </ul>
21 June 2018	<ul style="list-style-type: none"> <li> <p>• <b>Reducing unplanned teenage pregnancies</b>  To hear about outcomes of the work requested by the Committee to review local activity and provision to reduce unplanned teenage pregnancies in the Aspley and Bulwell areas; and review work to reduce unplanned teenage pregnancies levels in wards with the consistently highest levels of unplanned teenage pregnancy.  <span style="float: right;">(Nottingham Teenage Pregnancy Taskforce)</span></p> </li> <li> <p>• <b>Nottingham CityCare Partnership Workforce Equality</b>  To review actions being taken by CityCare in relation to workforce equalities issues, in support of its 2018/19 Quality Improvement Priority to support its staff.  <span style="float: right;">(Nottingham CityCare Partnership)</span></p> </li> <li> <p>• <b>STP Workforce Programme</b>  To hear about work taking place through the Sustainability and Transformation Partnership (STP) Workforce Programme to address workforce challenges in the City, ensuring that the</p> </li> </ul>

Date	Items
	<p>right workforce is in place to deliver services. (Sustainability and Transformation Partnership)</p> <ul style="list-style-type: none"> <li>• <b>Work Programme 2018/19</b></li> </ul>
19 July 2018	<ul style="list-style-type: none"> <li>• <b>Seasonal Flu Immunisation Programme</b> To review the performance of the seasonal flu immunisation programme 2017/18 and the effectiveness of work to improve uptake rates (NHS England/ Nottingham City Council)</li> <li>• <b>Update on implementation of Targeted Intervention budget savings</b> To review progress in implementing changes to Targeted Intervention services agreed as part of the Council's budget in March 2018 (Nottingham City Council)</li> <li>• <b>Healthwatch Nottingham and Nottinghamshire Annual Report</b> To receive and consider the Healthwatch Annual Report, with a focus on issues of relevance to Nottingham City (Healthwatch)</li> <li>• <b>Nottingham Treatment Centre Procurement</b> To receive an update on the governance arrangements and timescales for the procurement process; and to consider engagement activity and outcomes so far of clinical services review. (Greater Nottingham Clinical Commissioning Groups)</li> <li>• <b>Development of new vision for East Midlands Ambulance Service</b> To be consulted by East Midlands Ambulance Service on the development of its new vision (East Midlands Ambulance Service)</li> <li>• <b>Work Programme 2018/19</b></li> </ul>
20 September 2018	



Date	Items
	<ul style="list-style-type: none"> <li> <b>Scrutiny of Portfolio Holder for Adult Social Care and Health</b>            To scrutinise the performance Portfolio Holder for Adult Social Care and Health, with a particular focus on delivery against relevant Council Plan priorities         </li> <li> <b>Adult Social Care Strategy</b>            To be consulted on development of the Adult Social Care Strategy            (Nottingham City Council)         </li> <li> <b>Carer Support Services Review</b>            To consider the findings and recommendations of the review of service user experience of carer support services; and how service user feedback is used to improve services         </li> <li> <b>Work Programme 2018/19</b> </li> </ul>
18 October 2018	<ul style="list-style-type: none"> <li> <b>Update on the Sustainability and Transformation Partnership and Integrated Care System</b>            To review progress with the STP and ICS, including results of the Phase 3 analysis            (Greater Nottingham STP and ICS Group)         </li> <li> <b>Gluten Free Prescribing</b>            To consider proposals for future prescribing of gluten free foods.            (Greater Nottingham Clinical Commissioning Groups)         </li> <li> <b>Prescribing of Over-the-Counter Medicines</b>            To consider future prescribing of over-the-counter medicines            (Greater Nottingham Clinical Commissioning Groups)         </li> <li> <b>Planning for Winter Pressures (tbc)</b>            To review plans for dealing with winter pressures across the health and social care system         </li> <li> <b>Work Programme 2018/19</b> </li> </ul>

Date	Items
22 November 2018	<ul style="list-style-type: none"> <li> <b>Nottinghamshire Healthcare Trust Waiting Times</b> (tbc)            To review actions planned/ being taken in relation to the Trust's Quality Improvement Priority 'to reduce waiting times in services where delays in access could potentially cause harm and improve the experience whilst waiting'; and progress in delivering on this priority.            (Nottinghamshire Healthcare Trust)         </li> <li> <b>Inpatient Detoxification Services</b>            To review the effectiveness of current arrangements for inpatient detoxification services; and intentions for the service specification for future commissioning of inpatient detoxification services            (Nottingham City Council/ Framework/ Consultant Addiction Psychiatrist)         </li> <li> <b>Nottingham City Council's fulfilment of its public health responsibilities</b> (tbc – or December)            To review progress in implementation of changes to Targeted Intervention services agreed as part of the Council's budget in March 2018; and review the Council's strategic approach to fulfilling its public health responsibilities and improving the wellbeing of citizens            (Nottingham City Council)         </li> <li> <b>Work Programme 2018/19</b> </li> </ul>
13 December 2018	<ul style="list-style-type: none"> <li> <b>Homecare services</b>            To review provision, including waiting times and quality of care, of homecare services under the new framework.            (Nottingham City Council)         </li> <li> <b>Children and Young People's Mental Health and Wellbeing</b>            To review progress in implementation of the Transformation Plan and the impact on outcomes for children and young people.         </li> </ul>

Date	Items
	<p>(Commissioners/ Nottinghamshire Healthcare Trust)</p> <ul style="list-style-type: none"> <li>• <b>Work Programme 2018/19</b></li> </ul>
24 January 2019	<ul style="list-style-type: none"> <li>• <b>Carer Support Services Review</b> To consider the progress in implementing recommendations of the review of service user experience of carer support services; and how service user feedback is used to improve services.</li> <li>• <b>Work Programme 2018/19</b></li> </ul>
21 February 2019	<ul style="list-style-type: none"> <li>• <b>General Practice Services in Nottingham</b> To review work taking place to ensure that all residents have access to good quality General Practice (GP) services now and in the future</li> <li>• <b>Work Programme 2018/19</b></li> </ul>
21 March 2019	<ul style="list-style-type: none"> <li>• <b>Review of 2018/19 and work programme 2019/20</b></li> </ul>

#### To schedule

- **Role of local pharmacies**  
To speak to local stakeholders about the future role for pharmacies within local communities  
Contact: Local Pharmaceutical Committee/ NHS England/ local pharmacy? KLOE: context of GP access issues; financial pressures on local pharmacies; Healthy Living Pharmacies
- **Suicide Prevention Plan**  
To scrutinise progress in implementation of the Suicide Prevention Plan and review proposals for the refreshed Suicide Prevention Plan for Nottingham
- **East Midlands Ambulance Service – Nottinghamshire Division**

To review the impact of the new national ambulance service standards on performance in the Nottinghamshire Division  
(East Midlands Ambulance Service)

- **Future configuration of head and neck cancer services**

To engage with NHS England on proposals for future configuration of head and neck cancer services

(NHS England)

- **Nottingham Treatment Centre Procurement**

To hear about the outcome of the procurement process and review plans for contract mobilisation

(Greater Nottingham CCGs)

### **Written information requested**

- Cleanliness at Nottingham University Hospitals NHS Trust: Results of 2<sup>nd</sup> Independent Cleanliness Audit (27-30 November 2017) [due early 2018] and Report from External Review of Soft Facilities Management Services, including cleaning.

### **Additional evidence gathering sessions e.g. visits, informal meetings**

#### **Study groups**

- **Carer Support Services** (June/ July 2018)

To explore how service user feedback is used to inform the commissioning and provision of carer support services to ensure that services meet the needs of carers

- **Quality Accounts** (April/ May 2019)

- Nottinghamshire Healthcare Trust
- EMAS Trust
- Nottingham University Hospitals Trust
- Treatment Centre

#### **Other informal meetings attended by the Chair**

- Briefings with Greater Nottingham Clinical Commissioning Groups
- Briefings with Portfolio Holder for Adult Social Care and Health
- Nottinghamshire County Council Health Scrutiny Committee Chair
- Regional health scrutiny chairs network

**Items to be scheduled for 2019/20**

- **Out of Hospitals Service Contract**

To review the provision of services by Nottingham CityCare Partnership under the Out of Hospital Community Services contract

- **Reducing Unplanned Teenage Pregnancies**

To review progress in reducing levels of unplanned teenage pregnancy in areas with the highest levels of teenage pregnancy

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