Nottingham City Council

Health Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 February 2020 from 10.45 am - 1.06 pm

Membership

Present	**Absent**
Councillor Georgia Power (Chair)	Councillor AJ Matsiko
Councillor Samuel Gardiner	Councillor Anne Peach
Councillor Phil Jackson	Councillor Cate Woodward (Vice Chair)
Councillor Maria Joannou	
Councillor Kirsty Jones (minutes 41to 45)	
Councillor Angela Kandola (minutes 41 to 44)	
Councillor Dave Liversidge	
Councillor Lauren O`Grady	
Councillor Georgia Power (Chair)	

Colleagues, partners and others in attendance:

Ross Leather	-	Nottingham City Safeguarding Adults Board Manager
Sarah Collis	)	Healthwatch Nottingham and Nottinghamshire
Ajanta Biswas	)	
Dr Hugh Porter	)	Clinical Commissioning Group (CCG)
Michelle Tilling	)	
Laura Wilson	-	Senior Governance Officer
Catherine Ziane-Pryor	-	Governance Officer

41 Apologies for absence

Councillor AJ Matsiko – work commitments
Councillor Anne Peach – unwell
Councillor Cate Woodward – unwell

42 Declarations of interest

None.

43 Minutes

The minutes of the meeting held on 16 January 2020, were confirmed as a true record and signed by the Chair.

44 Safeguarding Adults Board 18-19 Annual Report

Ross Leather, Nottingham City Safeguarding Adults Board Manager, was in attendance to presents the annual report of the Nottingham City Safeguarding Adults Board (NCSAB), with the focus on sharing information and to identify potential opportunities for future collaboration with the Health Scrutiny Committee, and elsewhere.

The following points were highlighted:

a) the significant increase in referrals in recent years may be welcomed as evidence that nationally partners are better understanding safeguarding and identifying issues, but the increase is also likely to be a result of the ongoing austerity measures;

b) current cases are often more complex than previously experienced, with a combination of several elements of concern, including homelessness and mental health;

c) all referrals require the completion of a form to present as much information as possible, which is then robustly examined before the most appropriate response or further referral or escalation is made;

d) the opinion of the Health Scrutiny Committee is sought to confirm or advise if safeguarding activity is working effectively, moving in the right direction, or needs further focus in any areas;

e) the NCSAB Manager doesn't work directly with safeguarding colleagues but liaises with managers to ensure the dashboard is completed every quarter, which then provides the SAB with an oversight of areas which may need further focus or attention. The statistical information is also shared with partners.

Questions from members of the Committee were responded to as follows:

f) Adult Social Care provides a single point of contact from which referrals are received and signposted. The purpose of the NCSAB is as a multi-agency forum to encourage a co-ordinated approach and prevent silo working. However, there is a limit as to how much the NCSAB can achieve, whilst currently there is no formal joint working, various groups link with other organisations and raise areas of concern which can then be addressed with the appropriate agencies;

g) there are elements of the system which require improvement, but currently 100% of safeguarding referral phone calls are answered, where previously this had not been the case;

h) where generic referrals are sometimes made and detailed information is not provided, it is recognised that more specialist knowledge is required to effectively progress these referrals;

i) the Integrated Care System and Integrated Care Partnerships are fairly new, but the NCSAB has requested assurance that safeguarding is included as a major part of any redesign in services, to ensure that it is culturally embedded. However, although the NCSAB has no authority to ensure that the request is met, there is a good working relationship with partners which are responding positively;

j) although in the 2018/19 year the NCSAB membership did not include any representative of a housing authority, this has now changed and the City Council's Housing Strategy Officer, Graham De Max, now has a place on the Board. Other housing authorities have also been identified but consideration of how additional places could add value will be required before any further action is taken;

k) the NCSAB maintains a risk register and issues can be escalated if necessary;

l) there are regional and national safeguarding frameworks, between which generic information on successful models of working are shared. SAB Managers across the East Midlands Regional Network meet quarterly to discuss and compare what is working well and how wider adjustments may be considered. The informal sharing of generic information is ongoing throughout the year. Nationally there are 177 lead officers for SABs;

m) NCSAB compares well with other national SABs and is very pleased to have board members with specialist knowledge of adult social care, Clinical Commissioning Group representatives and the Police service. There will shortly be a peer review which will consider governance arrangements;

n) the NCSAB is jointly funded by Adult Social Care, the Clinical Commissioning Group and the Police Service;

o) referrals can be from 18 years of age upwards, and whilst the majority are aged over 75 years of age, data is currently not available to identify what proportion are under the care of Adult Social Care;

p) the NCSAB is working with the Nottingham City Safeguarding Children Board to consider how the transition of young people to adulthood can be as easy as possible and what can be done to prevent them becoming adult safeguarding service users of the future;

q) nationally 75% of those citizens receiving safeguarding referrals are White British (65% in Nottingham), which appears to be an ethnic over representation. It is acknowledged that there are 'harder to reach groups' which the NCSAB is trying to engage with;

r) referrals of neglect are by far the highest proportion, and can cover a range of physical and mental neglect which can include positive or negative action – doing or not doing something. There is ongoing work to educate and inform the general public, but also staff, of what neglect and abuse can involve and this has included providing a presentation to partners and relevant organisations, for them to share with staff;

s) when it is identified that a person has been/is being abused or neglected, they are asked what it is that they need and want the outcome to be, and then they are worked with to achieve that.

Comments from Committee members included:

t) more consultation of front line staff would be valuable to ensure that the best processes and routes are in place for reporting issues, particularly when it comes to filling in forms, which can be off-putting for some people if a lot of detailed information is requested – which maybe should be the responsibility of the Social Worker to complete.

Resolved

1) to note the update and thank Ross Leather for his attendance;

2) for the NCSAB annual report to be considered by the Committee each December.

45 Healthwatch Annual Report

Sarah Collis, Chair of Healthwatch Nottingham and Nottinghamshire, was in attendance to present the Healthwatch Nottingham and Nottinghamshire (HWNN) Annual Report. The following points were highlighted:

a) the City and County Healthwatch merged to form one body which oversees all publicly funded health and social care services, including 4 integrated care partnerships, holding services and commissioners accountable;

b) as part of trying to address health inequalities, Healthwatch focuses on seldom heard groups to try and identify what the issues may be that are preventing people from accessing services, and then works with them to address the issues and increase engagement through a variety of engagement of techniques;

c) to secure the required income, Healthwatch works with commissioners as an independent body to undertake surveys and consultations of patients and their families on their health care experiences, and formulate recommendations, some of which feed into evidence for the Care Quality Commission;

d) HWNN works on a range of topics and activity is reviewed month by month, and detailed in the Annual Report;

e) the operational project plan for 2019/20 includes:

Priorities

i. Frail elderly – support to manage at home – Discharge
ii. Mental health services for young people – Self Harm

Short focus

iii. Domestic violence/sexual abuse survivors
iv. Homeless – access to primary care
v. Mental health and drug/alcohol use
vi. Access to primary care services for refugees/asylum seekers;

f) HWNN is working with other partners across the county to ensure there is the best use of resources when engaging with patients;

g) Healthwatch has the power to enter any publicly funded health and social care facilities and can raise issues with the Care Quality Commission if necessary;

Responses to Committee members' questions included:

h) with regard to the low number (proportionally to the population) of Black, Asian, Minority Ethnic (BAME) citizens accessing mental health services, following an interim assessment, this may be raised with the Care Quality Commission as an issue to consider in partnership;

i) patients, patient groups, and Health Trusts are generally keen to engage and work closely with HWNN;

j) all statutory organisations have to publish their Quality Accounts and HWNN consider these alongside presentations from the organisations and face to face discussions;

k) HWNN aims to increase its connections and engagement routes and now has places on several patient Integrated Care Partnerships. This can be a stretch on resources but is beneficial by building and strengthening relationships;

l) previously, the forerunner organisation to Healthwatch, Link, had a similar role but was the not a statutory body. There has since been a shift in approach whereby Healthwatch amplifies people's voices and ensures there is an impact where possible. HWNN undertakes more regular consultation and engagement is more robust, partly by fitting in with Health System cycles which supports acceptance of report recommendations. There is a new governance approach for how reports are written with service providers as the first point of engagement. The impact of the work of HWNN is carefully tracked as changing things for the better is all important;

m) for commissioned consultation work to be accepted, there must be a clear indication of how the findings will be used, and if there is to be no further action as a result, HWNN will not undertake the work;

n) HWNN is currently looking at how best to improve communications, so would welcome any suggestions from the Committee. The recent closure of a GP surgery was a prime example of where communications could have been much better. If HWNN had received advance notice, it could have raised the issue for discussion with the CCG and NHS Estates and there may possibly have been a more positive outcome.

Resolved to note the report and thank Sarah Collis and HWNN for the work they undertake in the City.

46 GP Access

Dr Hugh Porter, Clinical Chair of the Clinical Commissioning Group (CCG), and Michelle Tilling, Locality Director for the City for the CCG, were in attendance to present the findings of the NHS England National Review of Access to GP Services.

A detailed presentation was delivered outlining the scope of the review, the revised GP contract, the Primary Care Network (PCN) and the proposed additional roles to help support Primary Care to extend current access, statistical information on appointment numbers and waiting times, and the outcome of patient experience surveys, and the following points were highlighted and questions from the Committee responded to:

a) the General Practice Contract Review has the following objectives:
   i. 50 million additional appointments nationally
   ii. Delivered mainly through additional staffing
   iii. 6,000 more GPs
   iv. 26,000 additional roles in Primary Care Networks (PCNs)

b) there is new work underway to train more GPs and further consideration of how to retain existing GPs, including initial funding support for new GPs entering practice;

c) Universities have created their own PCNs which ensures that large populations of young students living in residential areas do not skew the overall statistics for the local population;

d) up to 21 additional roles are to be established across the City to provide health support. It is anticipated that this will have a substantial beneficial impact for citizens, providing 7,200 additional appointments across the City per month. These posts indicate a significant funding increase and will provide are likely to include:

i. 6 clinical pharmacists;
ii. 2 pharmacy technicians;
iii. 3.5 first contact physiotherapists;
iv. 2.5 physician associates;
v. 5 social prescribing link workers/ health and wellbeing coaches;
vi. 2 paramedics

e) additional measures are also to be introduced including the promotion of digital appointment booking and, eventually, the potential for digital consultations and a broader digital offer;

f) appointment waiting times (45% same day), accessibility (78% face to face), and the results of a patient experience survey on accessibility, showed satisfaction results in line with national trends;

g) it has always been a challenge to attract GPs to areas of high deprivation such as Nottingham, and to retain them, but this needs to be addressed and practicing in Nottingham made both appealing and sustainable. Nottingham is an exciting place to work and the CCG is working with medical schools to promote the opportunities in Nottingham;

h) some GP surgeries are concerned that they may struggle to establish the drive towards digitalisation due to some resistance from the populations they serve, but the CCG is working with Healthwatch to ascertain the patient situation. There are very mixed opinions which means that surgeries will need to be flexible with the digital implementation and initial support provided to surgeries/patients. An NHS App has been launched to help promote the digitalisation;

i) although the statistics show that some patients booked appointments up to 28 days in advance, the systems are not sophisticated enough to determine if this was at the patient's request (say for a review) or the earliest available appointment;

j) booking of on-the-day appointments is down to patient and surgery judgement and to cater for the diverse population of Nottingham, management of this is placed with each practice;

k) all practices have to offer on-line appointments and advance and on-the day appointments. Booking of video appointments is not yet available but is being trailed in other parts of the country;

l) GP practices will remain independent but need to collaborate with other practices within the PCN to build resilience and build an integrated, more patient centric system to support local services;

m) the additional GPs and staff will not only provide reactive support but also support preventative and proactive health care to citizens;

n) the additional staff, including those to support mental health, will not be in post until April 2021 with further consideration before then of what the responsibilities and procedures will be. Processes will need to be put in place to educate patients of the ability to self-refer to specialist services, such as physiotherapy, without the need of a GP appointment. There is no intention that this will cause blockages to secondary care pathways, but will instead provide better support for citizens and GPs.

Members of the Committee welcomed the proposed additional healthcare staffing.

Resolved

1) to record the thanks of the Committee to Dr Hugh Porter and Michelle Tilling for their attendance and presentation;

2) for an update on GP access to be provided to a future meeting.

47 Inpatient Detoxification Services

The Chair of the Committee agreed that this item, although not on the agenda, could be considered as a matter of urgency in accordance with Section 100B(4)(b) of the Local Government Act 1972, due to an administrative error.

Laura Wilson, Senior Governance Officer, presented the comprehensive written update from Framework on the operation of the new contract for the Inpatient Detoxification Service.

Committee members expressed concern that the majority of service users are White male and that the service is not being accessed by other members of the community who may be requiring treatment and support, so requested further information on how this could be addressed.

Resolved to request further information on how Framework could engage citizens of harder to reach communities to better enable their access to inpatient detoxification services, when required, and for that response to be provided to the Committee.

48 Work Programme

Laura Wilson, Senior Governance Officer, presented the proposed work programme, which, with the agreement of the Chair, had been updated since the previous meeting to accommodate requested items.

Resolved to agree the work programme for the remainder of this municipal year.