

Nottingham City Council

Health Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 12 March 2020 from 10.00 am - 11.38 am

Membership

Present

Councillor Georgia Power (Chair)
Councillor Maria Joannou
Councillor Dave Liversidge
Councillor Lauren O`Grady
Councillor Anne Peach

Absent

Councillor Samuel Gardiner
Councillor Phil Jackson
Councillor Kirsty Jones
Councillor Angela Kandola
Councillor Cate Woodward (Vice-Chair)

Colleagues, partners and others in attendance:

Councillor Adele Williams - Portfolio Holder for Adult Care and Local Transport
Beth Carney) Clinical Commissioning Group (CCG)
Matthew Lawson)
Ajanta Biswas - Healthwatch Nottingham and Nottinghamshire
Laura Wilson - Senior Governance Officer
Catherine Ziane-Pryor - Governance Officer

49 Membership

It is noted that Councillor AJ Matsiko is no longer a member of the Committee.

50 Apologies for absence

Councillor Samuel Gardiner - personal
Councillor Phil Jackson - unwell
Councillor Kirsty Jones - unwell
Councillor Angela Kandola – work commitments
Councillor Cate Woodward – unwell

51 Declarations of interest

None.

52 Minutes

The minutes of the meeting held on 13 February 2020 were confirmed as a true record and signed by the Chair.

53 Discussion with the Portfolio Holder for Adult Care and Local Transport

Councillor Adele Williams, Portfolio Holder for Adult Care and Local Transport, delivered a presentation on the Adult Care aspect of her portfolio, and highlighted the following points:

- a) Nottingham has a rapidly increasing population of 329,200, which is predicted to increase to 342,000 in 2026 and, whilst the population increases, the Revenue Support Grant has fallen from £126m in 2013/14 to £25m in 2020/21, which is a reduction of 80% with no further budgetary commitment from Central Government to support the restructure of Social Care going forward;
- b) the largest proportion of the Adult Care budget is spent on older people, followed by mental health care, and care for learning disabilities;
- c) Nottingham is the 11th most deprived area in England and experiences higher levels of poorer health, including limiting long term illness or disability, and lower employment rates than the national average;
- d) the City Council's vision for Adult Social Care includes:
 - i. a life outside statutory services where possible;
 - ii. for citizens to live in their own home / have their own tenancy;
 - iii. for citizens to be well connected to their communities, have access to training, leisure and employment opportunities;
- e) the 'Better Lives' and 'Community Together' programmes have been established with a preventative approach to adults entering the Social Care system, or at least with reducing need by building resilience within citizens' own community environment. This is further supported by the 'significant 7' staff training tool to help identify patient deterioration and address it to prevent admission to A&E or residential care homes, and support re-ablement;
- f) with the aim to reduce residential care wherever possible for the benefit of citizens, and to meet budget restraints, citizens are to be better supported to live independent lives in their own homes with more control on their circumstances. This has included trialling the 'Nottingham Pathway' model of enablement support;
- g) the transition for young people into Adult Social Care is to be made much smoother and aims to ensure that, where possible, they are able and supported, if necessary, to live independently in the community, including in shared houses;
- h) the Council Plan 2019 to 2023 proposes to:
 - develop the commitment to Nottingham being a dementia friendly city;
 - protect from cuts frontline Social Workers;
 - reduce the number of people experiencing loneliness and social isolation by 10%;
 - set up a council-owned care company to improve quality of care and conditions of those caring;
- i) the establishment of a council-owned care company is still in the early stages and a care delivery model is yet to be determined, but several options are being considered;

- j) with regard to protecting cuts to front line Social Workers, there is an ongoing issue with recruiting and retaining Social Workers, but the intention is to encourage a 'home-grown' approach whereby there is the opportunity for existing care providers to develop and progress their careers;
- k) partnership working is well-established and to be further progressed with the Primary Care Network (PCN) to be embedded in local community teams, with the local care model delivering efficiency and service improvements.

Questions from the committee were responded to as follows:

- l) it is acknowledged the several private care homes have gone out of business, but this was primarily due to the oversupply of residential care places, which was unsustainable. When a care home is closing a team from the Council works with the home to focus on transition (including from hospital care) and re-ablement;
- m) preventative care is hugely beneficial to citizens and the overall health service, but is costly to the social care budget. More funding is required at the right place and at the right time for preventative measures which, overall, will provide savings. If social care receiving citizens are admitted to hospital, they are less likely return to the same level of independent living which is not good for the citizen and results in a significant financial impact on social care budgets. The overall care budget for a citizen is from public money so there needs to be closer co-ordination of funding across the broader elements of healthcare, particularly where more complex needs are to be met;
- n) the business case for the council owned care company is predicted to be presented next year, possibly on an 'arm's-length' basis;
- o) whilst the PCNs are considered local, they cover a much larger area than is proposed for the local social care teams which, dependent on need, are likely to cover an area of no more than a few streets. Citizens must have a high level of autonomy and consideration is required to facilitate local connections within the resources available. There are proposals for panels of care providers, including Social Workers and Occupational Therapists, to determine the level of care package to be made available for each service user. Ideally there would be a base for carers and care receivers to access, but without an overburden of process. There have been suggestions that social care is returned to the responsibility of the NHS, but local councils have a better understanding of local communities;
- p) Nottingham City Homes and the City Council have jointly created a partly supported living Mental Health Complex in Top Valley, which has proved a great success, with a further complex proposed for the Clifton area. It is hoped that this model can be expanded more broadly across the city.

Members of the committee expressed concern on the following issues:

- q) there are still significant number of un-safe hospital discharges across the sector when the emphasis is placed on pursuing savings. This has to be addressed with increased co-ordination between providers and ensuring that appropriate support, including care plans with occupational therapists and Social Workers are in place prior to discharge;

- r) although there is a commitment to protect frontline services such as Social Workers, 10 Social Worker posts in Adult Social Care have been lost in the past year. There are national problems with recruiting and retaining Social Workers, who also experience high levels of sickness. There needs to be better understanding of these issues and for them to be addressed;
- s) Social Workers are often expected to comment and advise on areas of re-ablement which come under the medical remit of Occupational Therapists. Social Workers are not equipped to make medical decisions and it is unfair and inefficient to expect them to do so. Occupational Therapists are able to identify specific need and recommend appropriate responses;
- t) the Loneliness Strategy tends to focus on older people with little reference to young people and their needs. Low-level loneliness needs to be addressed as part of a council-wide agenda throughout the city.

Resolved to note the update and record the thanks to Councillor Adele Williams for her attendance.

54 Gluten Free Food Prescriptions

Matthew Lawson, Senior Medicines Management Dietician, from the CCG, was in attendance to update the committee following gluten free food being withdrawn from prescription during December 2018.

Some members of the committee expressed concern that the cost of gluten free bread from supermarkets was excessive, starting at £2 per loaf, adding that concerns continued that people on a low income may find it particularly difficult to maintain a gluten free diet and therefore their health.

The following points were highlighted and responses provided to members questions:

- a) following public consultation, which included GPs and clinical groups, gluten free food was withdrawn from prescription to align practice with the approach taken in the Greater Nottinghamshire area;
- b) the withdrawal of prescription availability is now in line with other autoimmune conditions such as diabetes, in that specialist foods are not available on prescription and patients are encouraged to manage the condition through lifestyle changes;
- c) to date there have been very few complaints on the withdrawal, prior to which GPs were briefed on the support and education available for people with coeliac disease, to ensure they are able to maintain a gluten free diet;
- d) there are clinical risks for people with coeliac disease who do not follow gluten free diet, however, people need to take responsibility for themselves and manage the condition through lifestyle changes. There are more gluten-free alternatives available in supermarkets than ever before and there are plenty of naturally gluten-free foods and products available;

- e) patients still have access to dietary advice and support and the saving of £160,000 which has been achieved from the withdrawal of prescription gluten free foods, can now be used to raise awareness and support education services and advice, including the gluten free workshop, following a diagnosis of coeliac disease, or if dietary discipline issues or misunderstanding occur;
- f) there is also additional support and advice available from Coeliac UK and other organisations;
- g) although prescriptions for gluten free foods have overall been withdrawn, where individual GPs feel there is a significant need for particularly vulnerable citizens, they are able to provide a limited selection of gluten-free food on prescription. However, this is monitored and education in nutrition considered the preferable route;
- h) patient feedback, and complaints, if received, will continue to be monitored.

Resolved to note the update, included the added emphasis on education and lifestyle change, and to thank Matthew Lawson for his attendance.

55 Over the Counter Medication Prescriptions

Beth Carney, Associate Chief Pharmacist in Medicines Management, from the CCG, was in attendance to update the Committee on the impact of withdrawing over-the-counter medication from prescription.

The following points were highlighted and responses provided to the committee's questions:

- a) prior to withdrawing over-the-counter medication from prescription, there had been broad consultation and consideration of the availability of self-care medication;
- b) over-the-counter medication prescriptions were withdrawn in November 2018 for items where there is no evidence of clinical benefit, such as for lozenges for a sore throat, and pain medication for short term problems, etc;
- c) approximately £109,000 has been saved since November 2018 , with only two patient complaints, although this will continue to be monitored;
- d) it is not known how many patients have been affected, but GPs maintain prescribing discretion for particularly vulnerable patients;
- e) some medication which is required for long term prevention or treatment, such as aspirin for blood thinning and long-term painkillers, continue to be prescribed.

Members of the committee added that for patients paying for prescriptions, sometimes the cost of the prescription was significantly higher than the over-the-counter price.

Resolved to note the update, and thank Beth Carney for her attendance.

56 Work Programme 2020/21 Development and 2019/20 Work Programme

Laura Wilson, Senior Governance Officer, presented a report on some potential issues for scrutiny by the Committee for the 2020/21 municipal year. Committee members identified the following as important issues to address:

- actions in the city with regard to ward health profiles;
- self-harm, with focus on young people;
- adult mental health crisis services;
- review of the response to the coronavirus;
- an update on the takeover of the treatment centre (scheduled for July 2020);
- general dental care, including continuity and availability of care;
- an update on GP service provision and GP Access

Resolved to schedule the above topics for consideration in the 2020/21 municipal year.

57 Work Programme 2019/20

Laura Wilson, Senior Governance Officer, presented the proposed work programme for the remainder of the municipal year, and highlighted the request for members to volunteer to participate in working groups to consider the Quality Accounts for Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, CityCare and East Midlands Ambulance Service NHS Trust.

Resolved to

- 1) to approve the work programme for the remainder of the 2019/20 municipal year;**
- 2) establish working groups to consider and provide comments on the Quality Accounts for Nottingham University Hospitals NHS Trust, Nottinghamshire Healthcare NHS Foundation Trust, CityCare and East Midlands Ambulance Service NHS Trust.**