NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 41 - Loxley House, Station Street, Nottingham, NG2 3NG on 22 September 2016 from 13.32 - 14.37

Membership

Present	Absent
Councillor Anne Peach (Chair)	Councillor Merlita Bryan (Vice Chair)
Councillor Jim Armstrong	Councillor Ilyas Aziz
Councillor Patience Uloma Ifediora	Councillor Corall Jenkins
Councillor Carole-Ann Jones	
Councillor Ginny Klein	
Councillor Dave Liversidge	
Councillor Chris Tansley	

Colleagues, partners and others in attendance:

Jane Garrard	-	Senior Governance Officer
Martin Gawith	-	Chair, Healthwatch Nottingham
Dave Miles	-	Assistive Technology Project Manager, Integrated Care Team
Zena West	-	Governance Officer

14 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan – personal
Councillor Corall Jenkins – personal

15 DECLARATIONS OF INTEREST

None.

16 MINUTES

Subject to editing the attendance to show Councillor Anne Peach as the Chair and Councillor Merlita Bryan as the Vice Chair, the minutes from the meeting held on 21 July 2016 were agreed and signed by the Chair.

17 ADULT INTEGRATED CARE PROGRAMME

Dave Miles, Assistive Technology Specialist from the Integrated Care Team, presented an update on the Adult Integrated Care Programme to the Committee, covering information contained within his report and presentation, as well as highlighting the following points;

(a) the Adult Integrated Care Programme ran from 2012 to 2016;

(b) the pace of change for the programme was quite ambitious. In some areas of the country, social care and health aren't yet talking about how to work together, let alone on the path towards integration. Many of the original

milestones have been met, however given the ambition of the programme and the need to make revisions during the lifetime of the programme not all of the initial objectives have been fully achieved. However, although the programme has officially ended, work to integrate health and social care will continue. NHS England has included Nottingham in its Integrated Pioneer Programme and an Integrated Care Plan 2016-2020 is being developed which will set out the way that integrated care progresses in the future.

(c) the economic assessment is not yet available, as the final report is being presented on 23 September. It is likely that the costs of service delivery will have increased due to investment in services e.g. recruitment to new posts and the impact on service efficiency and patient outcomes won't have been realised yet. The programme has met 4 targets (citizens still at home 91 days after being discharged; emergency admissions to hospital; citizens supported by assistive technology; and citizens reporting an improved experience in health and social care). However some targets haven't been met yet, such as the number of people admitted into residential care (with a review being conducted as to the reasons why) and delayed transfer of care (which is a nationwide problem). Leicestershire are doing well in reducing delayed transfers of care and lessons are being learnt from their experience;

(d) in terms of equality issues relating to assistive technology, there is no evidence of discrimination or exclusion from assistive technology services but there are some areas where potential for improvement has been identified, for example individuals experiencing economic deprivation and long term unemployment are less likely to access the services, possibly because there is a (small) weekly charge for a telecare package. Another demographic group who are currently less likely to access the service are those without permanent homes such as the homeless or those from gypsy or traveller communities, as the service is primarily home based. There have also been some concerns raised by deaf users, as contact during emergencies at the moment is verbal. 25% of those accessing services are non-white British but demographic data suggests that this should be higher so there is needs to be an exploration of the reasons for this and how they can be overcome.

There were a number of questions and comments from the Committee, and further information provided by Dave Mills:

(e) the Better Care Fund pools funding in order to try and address issues around sharing investment, savings and risk but there are challenges in reconciling the financial considerations of different organisations. The Integrated Care Programme wasn't established with an objective to save money but to improve service delivery and service user outcomes. Going forward the Sustainability and Transformation Plan will shape the future of integrated care;

(f) 160 assistive technology service users were reviewed. It was found that on average there is a £3.51 return on investment for every £1 spent. The majority of these savings are within health services e.g. reduced Emergency Department attendance, while the telecare service (which most assistive technology users access) is provided by the City Council. There are plans to bring telecare and telehealth services together in the future;

(g) it is thought that the cost of having assistive technology can put some people off from having it in their homes. There is support available for some groups of people to assist with the cost, for example the Dispersed Alarms provision pays costs to Nottingham City Homes of up to 2,700 people in any accommodation type, aged over 60 and in receipt of housing benefit. The Sheltered Alarm provision funds the alarm element of the rent for those living in independent living schemes. It was suggested that a review take place to assess whether cost is an issue affecting take up and if so, options for addressing it;

(h) one option proposed for the future provision of integrated care is having Multispecialty Community Providers (MCP). This model is currently being developed but it is likely that it would follow a more holistic approach to care with staff understanding the roles of their colleagues while retaining necessary specialisms. An MCP combines the delivery of primary care and community based health and care services. It incorporates a much wider range of services and specialists wherever that it the best thing to do. This will include mental as well as physical health services and social care provision together with NHS provision. It is envisaged that linked social workers and other professionals would also engage with it to provide a comprehensive service for individuals in that area. Firmer proposals will be included within the Integrated Care Plan 2016-2020.

(i) the Adult Integrated Care Programme has not achieved everything that it set out to do when it was established in 2012. It was a challenging programme, including bringing two different organisations with different cultures and ways of working together. This was always going to be difficult. Many of the programme objectives have been delivered and outstanding issues will continue to be worked on. Not achieving all of the initial objectives is not seen as a failure, more that the programme has reacted practically to the challenges faced and changed accordingly. The end date of the Programme could have been extended to allow time to meet all of the targets but it was felt that would be artificial.

RESOLVED to:

1) thank Dave Miles for his presentation and the updated information;

2) request that the following issues be scheduled for future consideration by the Committee:

- **i. the Integrated Care Plan 2016-2020, including how the implications of the economic assessment of the Adult Integrated Care Programme have been incorporated; and**
- **ii. review of access to assistive technology with a particular focus on equality groups and how access can be improved for groups that are currently under-represented amongst service users.**

18 NOTTINGHAM CITY CLINICAL COMMISSIONING GROUP COMMISSIONING STRATEGY 2016-2020

This item was withdrawn.

19 WORK PROGRAMME

Jane Garrard, Senior Governance Officer, updated the Committee on the proposed work programme:

(a) the items for the October meeting will be:
- improving uptake of flu vaccination programme;
- access to services for people with ME (tbc);
- homecare quality from a safeguarding perspective; and
- possibly the NHS Nottingham City Clinical Commissioning Group Commissioning Strategy item deferred from the September meeting;

(b) the items for the November meeting are scheduled to be:
- availability of GP services;
- review of implementation of recommendations arising from the End of Life Review;
- implementation of the Wellness in Mind mental health strategy;
- work to tackling health inequalities, preconception and antenatal care;

The Committee discussed whether this was manageable or whether some issues should be rescheduled.

(c) the following possible future scrutiny issues were suggested: provision of interpreter services by GPs, tackling obesity and promoting smoking cessation.

(d) visits are being arranged to Connect House and the Nottingham CityCare Partnership Clinic at Boots.

RESOLVED to note the work programme.