

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 14 December 2017 from 1.30 pm - 3.58 pm

Membership

Present

Councillor Anne Peach (Chair)
Councillor Jim Armstrong (minutes 39-45)
Councillor Ilyas Aziz (minutes 39-46)
Councillor Patience Uloma Ifediora
Councillor Ginny Klein
Councillor Carole-Ann Jones
Councillor Adele Williams
Councillor Jackie Morris (minutes 42-47)
Councillor Eunice Campbell
Councillor Georgia Power (minutes 40-47)

Absent

Councillor Merlita Bryan
Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Brian Parbutt

Colleagues, partners and others in attendance:

Andrew Chatten	- Director of Estates and Facilities) Nottingham University
Daljit Athwal	- Deputy Director of Nursing) Hospitals NHS Trust
Lucy Peel	- Programme Lead, Children and Young People's Mental Health and Well-Being	- Nottinghamshire County Council
Richard Glover	- Integrated Service Manager	- Nottinghamshire Healthcare Trust
Martin Gawith	- Healthwatch Nottingham	
Michelle Simpson	- Healthwatch Nottinghamshire	
Christine Oliver	- Head of Commissioning)
Aileen Wilson	- Head of Early Help Services)
Rasool Gore	- Commissioning Lead for Healthwatch)
Clare Gilbert	- Commissioning Lead (Adults)) Nottingham City Council
Linda Sellars	- Director of Adult Social Care Improvement)
Jane Garrard	- Senior Governance Officer)
Cath Ziane-Pryor	- Governance Officer)

39 APOLOGIES FOR ABSENCE

Councillor Chris Tansley) personal
Councillor Brian Parbutt)
Councillor Corral Jenkins
Councillor Merlita Bryan - unwell
Councillor Jackie Morris - for lateness

40 DECLARATIONS OF INTEREST

None.

41 MINUTES

The minutes of the meeting held on 23 November 2017 were confirmed as a true record and signed by the Chair.

42 CLEANLINESS AT NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST

Andrew Chatten, Director of Estates and Facilities, and Daljit Athwal, Deputy Director of Nursing, were in attendance and delivered a presentation which outlined the progress made in improving cleanliness since the return of Estates and Facilities Services (including cleaning) to in-house provision, following the significant concerns raised regarding cleanliness during the period when Carillion held the contract for providing cleaning services.

The following points were highlighted and questions responded to:

- (i) Approximately 1,100 staff have transferred back to NUH from Carillion, 49 additional cleaning staff have been engaged and additional cleaning equipment purchased;
- (ii) A temporary management structure is in place until a comprehensive review can be completed;
- (iii) The Deputy Chief Nurse has taken a leadership role and a new cleaning programme has been implemented with a 'Cleaning Collaborative' established which encourages staff and patient involvement to further improve services;
- (iv) Staff and patient complaints regarding cleanliness have significantly reduced and integrating cleaners into some ward bases is welcomed by cleaners and staff who feel that this promotes ownership of the environment and emphasises the value of team working at all levels within wards;
- (v) Some of the suggested improvements have included revising cleaning times to ensure the best efficiency and to cause the least disruption at busy times;
- (vi) The level of pay for cleaners is important but so too is the opportunity for up-lift and career development. Some cleaners have enjoyed being part of a ward team and having contact with the patients. This has then resulted in them progressing to health care roles;
- (vii) At the moment the plan is to continue with current arrangements, but once the review of services has been completed, consideration will be given to the options available for how future services should be provided.

Members of the Committee commented:

- (a) There was some previous personal experiences of cleanliness in the hospital that had been poor, so improvement is overdue and welcomed;

- (b) Consideration of paying cleaners the Living Wage may be beneficial with regard to retaining staff experienced in providing the required standard of cleanliness and keen to further improve cleaning procedures;
- (c) NUH should be congratulated for the progress to date which illustrates the value of providing in-house services.

The Chair welcomed the substantial progress made to date by NUH in improving hospital cleanliness.

RESOLVED to request that Nottingham University Hospitals NHS Trust provide:

- a) the results of the 2nd independent cleanliness audit; and the**
- b) findings of the external review of soft facilities management services to the Committee when they are available.**

43 CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

Lucy Peel, Programme Lead Children and Young People's Mental Health and Wellbeing (Nottinghamshire and Nottingham City), Nottinghamshire County Council, Aileen Wilson, Head of Early Help Services, Nottingham City Council, and Richard Glover, Integrated Service Manager, Nottinghamshire Healthcare Trust, were in attendance to update on the progress of implementing the Nottingham City Transformation Plan for Child and Adolescent Mental Health Services, since the last update to health scrutiny in October 2016.

The Chair noted that this item is an extension of the discussions undertaken by the former Joint City and County Health Scrutiny Committee.

The following points were highlighted and responses given to the Committee's questions:

- (i) In accordance with national requirements, the transformation plan has been in place for 2 years following national concerns at long wait times for referrals and treatments, and some young people having to travel away from their home area for treatment;
- (ii) A Green Paper on children and young people's mental health provision has very recently been published and includes reference to services available in schools and waiting times with a target of no more than 4 weeks;
- (iii) The report outlines the successful activity during the past year under the following headings:
 - resilience, prevention and early intervention;
 - improving access to effective support – a system without tiers;
 - services for young people with eating disorders;
 - early intervention in psychosis;
 - urgent and emergency care (including intensive sessions to enable young people to remain in the county);
 - transitions.
- (iv) There were 145 inpatients a year ago, whereas there are now only 74 due to the additional work to enable patients to remain in the community;

- (v) Work is on-going to improve co-ordination with other health and social care bodies;
- (vi) The support offered when patients are detained under Section 136 (in a public place and a risk to themselves or others) is being reviewed;
- (vii) The priorities identified to be addressed in the coming year are listed in detail within the report and include:
 - reviewing the whole treatment pathway;
 - working with schools to embed a health and wellbeing mental health checker;
 - a consistent approach towards specialist Child and Adolescent Mental Health Services (CAMHS) staffing;
 - assessment of A&E attendees within an hour (in line with the adult target);
 - revisiting the current 'looked after children' model and strengthen;
- (viii) Now that City Council services are included within the broader remit of the Social Care Directorate, this has resulted in the removal of tiers which provides improved, smoother and speedier co-ordination of support which is specifically tailored to the needs of each young person;
- (ix) Work continues nationally to improve the transition of young people from Child and Adolescent Mental Health Services into Adult Services;
- (x) When a child or young person is assessed, an assessment of the family is usually also undertaken;
- (xi) There is a dedicated CAMHS team for children in care and as the team size has not increased but the number of children in care has tripled, there are workload pressures and ways of working are constantly reviewed;
- (xii) the target proposed in the Green Paper of no more than 4 weeks waiting time would be challenging to meet in Nottingham and require significant additional resources. This would be difficult because there are national workforce shortages. There currently is not a national target for waiting times and therefore no nationally applied penalties. National early diagnosis targets exist but are not met in Nottingham. This is mainly due to the increase in demand but not resources, but there are also other factors which are beyond the control of the team. Waiting times are consistently monitored and new models of working are being considered to increase productivity. Further information on this is anticipated to be available by March 2018;
- (xiii) It is better for everyone involved if mental health problems can be identified at an early stage and supported before issues escalate. This is where the value of the Mental Health First Aid Kit will be essential, but the resource investment of training staff is required to ensure its success;
- (xiv) During the past 6 months, very few children and young people across the City and County have been the subject of a Section 136 detention order. Further inpatient treatment is rarely required and it is very unusual for these young people to receive any further Section 136 detentions;

- (xv) With regard to the under representation of BME children and young people accessing the service, the Committee were assured that the team did speak to BME families to understand their experience of the services and identify any reasons that may deter further contact. It is noted that stigma and the resistance to acknowledging mental health issues is embedded in some communities and cultures. This is why a variety of contact points are available, including drop-in sessions at local community venues and schools, so all children can access the service. Further targeted work in some communities is required;
- (xvi) Mental Health UK facilitates workshops with young people peers and aims to reach 500 young people by the New Year.
- (xvii) Nottinghamshire Healthcare Trust has a CQUIN (Commissioning for Quality and Innovation) in place for transitions between child and adult mental health services.

Members of the Committee expressed concern that having undertaken a web-based search for eating disorder services in the north of Nottingham, found that information was not easily accessible with the nearest treatment information presented as being a charity operating in Derby. Lucy Peel assured the Committee that services are in place, available and successful for those accessing them, but acknowledged that further work is required to in relation to undiagnosed young people and young people whose conditions do not fit the most common diagnoses and pathways.

A representative of Healthwatch Nottingham highlighted that the initial access pathway of needing to register with a GP is inappropriate for some young people who, being particularly vulnerable and potentially suicidal, needed immediate mental health support and the ability to be in contact with specialist services.

RESOLVED to review progress in implementation of the Child and Adolescent Mental Health Transformation Plan, including the impact on waiting times and performance on the CQUIN for transitions between child and adult mental health services, in one year.

44 NEW MODEL FOR HEALTHWATCH IN NOTTINGHAM

Christine Oliver, Head of Commissioning, Nottingham City Council, Rasool Gore, Commissioning Lead for Healthwatch, Nottingham City Council, Martin Gawith, Healthwatch Nottingham, and Michelle Simpson, Healthwatch Nottinghamshire, were in attendance to inform the Committee of the proposals to merge City and County Healthwatch.

The report details the reasoning which has led to the proposed new City and County model, the additional benefits it will provide (including financial savings and increased efficiency) and how the transition will take place.

The Committee's questions were responded to as follows:

- (a) There is a need for the new Healthwatch organisation to generate income and it is proposed to do this by being commissioned to carry out engagement with specific communities on behalf of other organisations;
- (b) The same or similar issues are raised in the City and the County so establishing this new model will provide greater efficiency;

- (c) Both commissioners and representatives of Healthwatch are clear that the new Healthwatch organisation must retain a clear City focus, with City representation on the Healthwatch Board.
- (d) It is anticipated that the two organisations will be fully merged by April 2018 and that there will be no significant impact on how Healthwatch interacts with the Health Scrutiny Committee, although there will be more stability regarding staffing and support which may facilitate greater engagement with the Committee's work.

The Committee supported the clear retention of a City focus within the new organisation, and the Chair invited representatives of Healthwatch to continue to engage with the work of the Committee.

RESOLVED to engage with Healthwatch as the new model is established to ensure good working relationships between health scrutiny and Healthwatch going forward.

45 FUTURE PROVISION OF CONGENITAL HEART DISEASE SERVICES

The report informed the Committee that, following public consultation, NHS England has decided to continue to commission University Hospitals of Leicester NHS Trust to provide Level 1 congenital heart disease services, conditional on achieving full compliance with the standards in line with their own plan to do so and demonstrating convincing progress along the way.

RESOLVED, to ensure efficiency and prevent duplication in scrutiny activity, for the Chair to write to the chairs of the other health scrutiny committees in the region to suggest that a co-ordinated approach is taken in relation to future scrutiny of University Hospitals of Leicester NHS Trust's provision of Level 1 congenital heart disease services and their compliance with the standards.

46 COMMISSIONING OF HOMECARE SERVICES

Christine Oliver, Head of Commissioning (NCC), Clare Gilbert, Commissioning Lead – Adults (NCC), and Linda Sellars, Director of Adult Social Care Improvement (NCC), were in attendance to present the report updating the Committee on the commissioning of a new framework for homecare for vulnerable adults, which will be in place as of 1 April 2018.

The following points were highlighted and responses given to members' questions:

- (i) Several changes have been made to improve the provision of homecare, including the development of the 'Provider Alliance' and 'passport to care' arrangements;
- (ii) Care plans will have a universal structure which will enable a comparison of quality of care;
- (iii) Due to the rising older population the service there will be increasing pressures on the service. It is intended that there will be a budget increase over the next five years to reflect this but there are risks that this may not fully meet demand and increasing complexity levels;

- (iv) By jointly commissioning homecare services with the Clinical Commissioning Group, continuity of home care services should improve;
- (v) There is an additional emphasis on staff retention to help improve continuity of care for citizens, particularly those with dementia where it is particularly important that there is a good understanding of the individual's needs. Checks have been undertaken to ensure organisations tendering pay above the minimum wage and providers will be required to pay care workers for travel time. Providers will be encouraged to minimise the use of zero hours contracts but it has not be possible to stipulate that they cannot be used;
- (vi) Robust performance monitoring of the new contracts will take place and sanctions will be applied where performance targets are not met;
- (vii) Citizens and service user consultations were undertaken to determine what the care quality aspects of the service specification would be;
- (viii) A large number of organisations have submitted tender applications, the outcome of which is anticipated by the end of December 2017;
- (ix) To qualify for the Passport to Care, care workers must undertake and pass a week's training which covers a variety of topics including safeguarding. Top-up training sessions may be required where specialist caring is to be undertaken. Yearly training is undertaken with regard to medication.

The Committee welcomed the update and decided to review provision of homecare services under the new framework six months after the start of the new contracts with providers.

RESOLVED to review provision of homecare services, including waiting times, quality of care and service user experience in summer/ autumn 2018.

47 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Jane Garrard, Senior Governance Officer, presented the work programme schedule and requested the Committee's comments and suggestions.

It was noted that there is a large number of items scheduled for the Committee's meeting in January and it was suggested that this be reviewed to allow sufficient time for thorough scrutiny of each item.

RESOLVED to note the Committee's work programme for the remainder of 2017/18.