Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE
Date	11 September 2023 (commencing at 10.30am)

Membership

COUNCILLORS

Roger Jackson (Chairman)
David Martin (Vice Chairman)

Reg Adair
Steve Carr - **apologies**
Dr John Doddy
Sybil Fielding
Paul Henshaw
Eric Kerry
Philip Owen
Mike Pringle
Tom Smith

SUBSTITUTE MEMBERS

Councillor Francis Purdue-Horan

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Councillor Matt Barney
Councillor Scott Carlton

OFFICERS IN ATTENDANCE

Sue Batty	-	Service Director for Community Services and Aging Well
Bridget Cameron	-	Interim Service Director for Strategic Commissioning and Integration
Martin Elliott	-	Senior Scrutiny Officer
Jonathan Gribbin	-	Director of Public Health
Geoff Hamilton	-	Senior Public Health & Commissioning Manager
Ainsley Macdonnell	-	Service Director for Community Services and Living Well
Kate Morris	-	Democratic Services Officer
Siana Reddish	-	Team Manager - Joint Market Sustainability
Vivienne Robbins	-	Deputy Director of Public Health
Gemma Shelton	-	Integrated Group Manager Quality and Market Management
Melanie Williams	-	Corporate Director Adult Social Care and Public Health

OTHERS IN ATTENDANCE

Volt Sacco	-	Co-Chair of the Nottinghamshire Care Association

1. MINUTES OF THE LAST MEETING HELD ON 12 JUNE 2023

The minutes of the last meeting of the Adult Social Care and Public Health Select Committee held on 12 June 2023, having been previously circulated, were confirmed and signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Councillor Steve Carr – Medical Reasons – Councillor Francis Purdue-Horan substituting.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. SOCIAL CARE MARKET

Bridget Cameron, Interim Service Director for Strategic Commissioning and Integration gave a presentation summarising the progress on work around the Social Care Market since a report had been brought to this committee in October 2022. A **summary** of the presentation is below:

- Since the investment by the Council of £5.3million into the Social Care Market there had been more timely hospital discharges, reduced waiting times and reduced use of interim care home beds. Commissioned home care hours had increased by 3,200 hours, an increase of 13.5% and a more stable market had emerged.

- Alongside this investment and to drive up the quality of residential care, the band one classification for care homes had been removed. The number of beds impacted had been minimal, and capacity for residential care for over 65's remained sufficient. Some areas in the County had more capacity than others, but county wide there were 15.9% of beds available. Particular improvement in capacity had been seen in capacity for over 65's with mental health needs.

- Since its introduction in September 2022, the number of packages for Personal Assistants had increased from 12 per month to 23 per month (July 2023). Staff within the Direct Payments team reported being more able to source and identify Personal Assistants and support individual commissioning Personal assistants more effectively.

- There had been two Social Care Career events, in September and October 2022. 17 providers supported the event in Retford and 24 in Mansfield. Vacancy rates stood at 9.5% vacancy rate, but work continued with Care providers to support the recruitment of staff.

- Work had continued on the External Social Care Strategy to improve understanding of the workforce in both the independent and voluntary and community sectors. The work aimed to establish long term priorities, strategic planning and standard market commissioning. A particular focus on the sustainable workforce was highlighted, looking to ensure that people with the right skills and right motivations were in place moving into the future. This work was linked into the Integrated Care System Workforce Steering Group.

- Several pilots and projects had been running throughout the year aiming to increase capacity and further stabilise the market. These included:

    - The Surge Service – to support capacity and improve flow from hospital to the community – this had delivered 8118 hours of care between January and June 2023
    - Provider led reviews – 47 reviews had been completed in the Mansfield area, with a further 150 planned. Delivered cost and resource effective reviews.
    - Tech enabled care – to support people to remain independent whilst being minimally invasive. This had shown success with those people less willing to engage with traditional care services.
    - Falls acoustic monitoring systems – successful grant funding. 14 providers had received payments with a further 65 expressions of interest being processed.
    - Homebased Care Pathway – reviewing brokerage pathways for Homebased care services.
    - Rural Brokerage – creation of a network to support hard to service packages.

- The annual Big Conversation had focused on carers and caring. There were many examples of good support and positive outcomes highlighted but there were also some examples where support was lacking, particularly around evenings and weekends or inflexibility of support. Some carers reported feeling isolated and bewildered as they stepped into the role of carer.

- Moving forward, work was continuing with the Nottinghamshire Care Association to expand into all types of care. This work was in early stages but was looking promising. Another focus was on rurality related care delivery and what the care model for rural care should look like.

- Work also continued with the Integrated Care Board regarding uplift consistency and development of more complex care. A consistent and similar response across the system was needed to ensure the market was supported and sustainable.

In the discussion that followed, Committee members raised the following points and questions:

- Members asked what data was available regarding the improvements around waiting times for care following hospital discharge. They also asked what could be done moving forward to further reduce the waiting time.

- Members wanted to know who “carers” were as referred to in the report, questioning whether they were family, friends or paid care professional, and what improvements could be made for those feeling unsupported and isolated.

- Members commented that the issue around recruitment and retention had been raised again and ran through the report despite the efforts to improve the situation.

- Members asked what plans were in place to mitigate the winter pressures and whether the 14.9% capacity was current or could be used for winter pressures. Members sought assurance that an action plan was in place both within hospitals and the care sector.

- Members highlighted that with the increased use of assistive and care technology also came rolling maintenance costs and contracts. Members wanted to know what the approach to this maintenance cost was, whether it was coordinated across partners or whether it fell to one organisation.

- Members wanted to know what actions were being taken to address the comments from the Big Conversation from some carers who expressed feelings of abandonment and bewilderment and what support was being put in place.

- Members asked about extending the tech enabled care unit pilot from the limited pilot area to the rest of the county.

In relation to the points raised by the Committee, Officers provided the following responses:

- The data around discharge performance was recorded in the Dashboard that recorded demand as it arose. In some areas capacity was good, yet in others it was still difficult to ensure the right care was available in the right area. The biggest challenge was rural care, where waiting times were not improving as much as in other areas.

- “Carers” as referred to in report included any one with care responsibility, paid or not paid. There was a focus on the unpaid carers at present, usually family members, of all ages including children. As part of the Big Conversation the support for these unpaid carers was a key topic. Moving forward a significant effort would be made to improve the experience of carers jointly with partners and with those with direct experience.

- From a provider perspective the additional funds spent on the market was a positive step and had helped to stabilise the market for many providers in terms of recruitment and retention. Feedback from the workforce had highlighted that the uplift made them felt valued and had ensured continuity of care, which increased positive outcomes.

- The Dashboard allowed capacity to be tracked, and the 14.9% was current capacity. On some occasions capacity and availability were different due to unit staffing.

- Use of virtual wards was due to continue this winter, some of the other models, such as care hotels were not planned. Virtual visit technology would also continue to be used. Specialist technology would be used when needed, however there was work being carried out to investigate the potential use of care receivers’ own technology via an app. Where specialist technology was required the ongoing cost of maintenance was factored into the overall cost. Colleagues in Health were also investigating these issues and joint work was underway.

- Work to address anticipated winter pressures had started in August. Work was underway across the health and care system to determine the likely demand based on current flow and previous year’s figures. The response was system wide, supported by responsive lead providers. A careful balance was needed between ensuring there was enough care over the usual busiest periods of around Christmas and New Year. The Care Association was working closely with the Council looking at ways to build capacity and resilience for the winter months.

- The Making It Real Forum was working with partners to focus on improving support for carers. The forum included several people with lived experience and work to develop a plan that would increase support to carers was underway.

- A full evaluation of the tech enabled care units had started. This involved working alongside providers to establish which cohorts of people it worked most effectively for and how the service could be rolled out to a wider area.

The Chairman thanks the Cabinet Member for Adult Social Care and Public Health, the Service Director for Strategic Commissioning and Integration, the Service Director for Community Services and Aging Well, and the Co-Chair of Nottingham Care Association for attending and answering questions.

RESOLVED: 2023/008

1. That the report be noted.

2. That the following issues raised by the Committee in its consideration of the report on the Social Care Market be progressed:

    a) That information on the outcomes of "The Big Conversation" be circulated to members of the committee.

    b) That further information on the development and use of technological care solutions be circulated to members of the committee.

    c) That a further progress report on the Social Care Market be brought to a future meeting of the Adult Social Care and Public Health Select Committee, with a focus and at a date to be agreed by the Chairman.

    d) That a report on the Council's work to support carers be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.

5. NHS HEALTH CHECK PROGRAMME

Vivienne Robbins, Deputy Director of Public Health introduced a report that provided a summary of the progress on the delivery of the nationally mandated NHS Health Checks and their delivery in Nottinghamshire. Geoff Hamilton, Senior Public Health and Commissioning Manager gave a presentation, the detail of which is **summarised** below:

- The NHS Health Checks programme was a mandated service paid for from the Public Health Grant and were available to adults between the age of 40 and 74. Their aim was the early identification of risk factors for cardiovascular disease with a focus on prevention and early intervention.

- Early identification and treatment of cardiovascular disease led to better health outcomes for people and reduced impact on Health and the Social Care systems.

- In Nottinghamshire the delivery of the NHS Health Check programme was mainly through GP practices. Pre-pandemic the delivery of the programme had been successful. However throughout the pandemic and immediately after there were more pressures in primary care that had impacted on the capacity within primary care to deliver the programme.

- Tests within the NHS Health Checks programme included blood tests for diabetes, pulse and body mass index, and a review of lifestyle risk factors such as alcohol intake, smoking status, exercise habits, family history, age and gender all of which were used to calculate a risk score. These risk scores were used to target specific interventions aimed at reducing and managing risk.

- The Integrated Care Board had developed a sophisticated piece of software that allowed GP practices to identify those with likely higher risk scores to individually target and invite for the health checks.

- A small outreach service was run by pharmacies that targeted workplaces with a higher risk demographic with a view to increasing uptake of health checks within specific higher risk demographic groups.

- Over the last 10 years performance had been steady at 5,000 to 6,000 checks per quarter. During the pandemic the numbers dropped dramatically, and although the numbers had not yet reached pre-pandemic levels they were recovering.

- Compared to the national average, Nottinghamshire sent fewer invites than the rest of the country, however the uptake rate was higher than the national average as those invites sent were very specifically targeted at higher risk individuals.

- Across Nottinghamshire more invites were issued across the Mansfield and Ashfield areas, however uptake rates were highest in Rushcliffe.

- There was a focus on the quality of the Health Checks carried out. Through specialist software it was possible to check how well each practice was completing the templates provided for the Health Checks, allowing for targeted training when needed. Over the last four years that this software had been in use performance had improved significantly.

- Various alternative options to provide Health Checks existed, including through pharmacies, private health care providers and digital provision. There were pros and cons to each option, however the main issue around alternative providers were access to clinical records to target invites.

- A Health Equity Audit had recently been completed to assist in the planning of services, particularly in those areas of higher deprivation where uptake had traditionally been lower. The Audit had also helped to focus activity towards vulnerable groups.

In the discussion that followed, members raised the following points and questions:

- Members asked about the availability of Health Checks for people aged 75 and over who fell out of the remit of these checks.

- Members questioned why only half of the eligible people were invited to Health Checks, and asked what could be done to increase the number of invitations sent.

- Members asked for more information around the possibility of a digital offer or an offer that relied on self-testing, a model that had been shown to be successful with Covid testing through the pandemic.

- Members asked whether factors such employment status were taken into account when targeting invites, in particular where employment sector may impact health, such as heavy engineering, and whether mental health issues, in particular anxiety issues were also a factor for targeting invites.

- Members were positive about screening programmes in general but acknowledged that encouraging people in the more deprived area to participate in the NHS Health

Checks programme was a challenge. They highlighted that encouraging uptake and tackling deprivation were key factors to improved outcomes.

- Members asked if there was data available that demonstrated more positive health outcomes for people who had taken up the invite for the NHS Health Checks.

- Members commented that the uptake rate had been around the same level for the duration of the programme and questioned whether a different approach should be considered. They were generally supportive of a variety of approaches such as self-testing, digital testing and varied providers.

In relation to the points raised by the Committee, Officers provided the following responses:

- The limit in age of 74 was a nationally set age limit for this particular programme and was not something that could be varied locally. The aim of this programme of Health Checks was early detection and intervention for cardiovascular disease, which would normally have been detected by the age of 75. Those aged 75 and over were offered health checks under a different, statutory NHS programme through GP practices.

- National uptake of the NHS Health Checks was low. Invites were targeted through the use of specialist software to ensure that those most at risk were seen and to avoid overwhelming the primary care network.

- Employment status was not part of the national template used for Heath Checks, so it was not a factor taken into account when calculating the risk score. A separate programme of annual health checks for those people with serious mental illness was carried out but there was a question within the checks for 40-74 year olds that addressed mental health, though not specifically anxiety. It did not contribute to the risk score.

- Although direct information about individual patients who had attended the Health Checks was not available, it was possible to see that the early diagnosis of conditions diagnosed through the programme that had previously been asymptomatic had led to earlier treatment and intervention than if someone had not attended a Health Checks. In general this would normally lead to better overall health outcomes.

- Alongside the NHS Health Checks programme there were several other targeted screening programmes and pilots all working towards tackling the contributory factors to cardiovascular disease. These pilots were looking at innovative approaches tailored to different communities and their needs. The learning from these pilots could then be applied to other programmes such as the NHS Health Checks.

The Chairman thanked Deputy Director of Public Health, the Senior Public Health and Commissioning Manager, and the Director of Public Health for attending the meeting and answering Members questions.

RESOLVED: 2023/009

1. That the report be noted.

2. That the following issues raised by the Committee in its consideration of the report on the NHS Health Check Programme be progressed:

a) That further consideration should be given on how the uptake of invitations to the NHS Health Check Programme could be increased, especially in areas of Nottinghamshire that are more deprived.

b) That further work should be carried out to investigate digital opportunities for the delivery of the NHS Health Check Programme.

c) That a further report on the delivery of the NHS Health Check Programme that covers the issues as detailed at a) and (b above, be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman

6. **PERFORMANCE RISKS AND FINANCIAL POSITION QUARTER 1 2023-24**

Melanie Williams, Corporate Director Adult Social Care and Public Health introduced a report and made a presentation that summarised the performance, risks and financial position of the Department in Quarter 1 of 2023/24 and gave a presentation. A **summary** of presentation is below:

- Around 87% of budget spent in Adult Social Care was for the packages of support and care people received. Costs of providing that support had increased, particularly in care for working aged adults and for older adults leaving hospital who typically needed more care than pre pandemic. Underspend in other areas, such as commissioning activity had been used to offset some of the increased costs.

- The Public Health grant was around £45million and was ringfenced specifically for Public Heath activities. There were some uncommitted reserves from previous years underspend. Work was underway to establish the best use for these reserves to address areas of pressure and to improve public health outcomes.

- Investment in service improvements had been made across a number of key areas including:

    - the relationship with Urgent care and supporting people home with increased reablement support.
    - Working to independence for working age adults
    - Preparing for adulthood and links with education.

- Performance improvement work was underway across a range of services to further increase performance and improve outcomes for people including:
    - Recording the reasons that particular outcomes were not achieved in safeguarding plans (currently at 71% against an aspirational target of 100%)
    - Long Term reviews (currently at around 80% of a statutory target of 100%), however it was highlighted that Nottinghamshire was performing well against the national average.
    - Better support for carers to improve access to relevant information and guidance, and access to short breaks. Work was ongoing with the carers co-production group through the Carers Strategy
    - Workforce plan - a focus on equality, diversity and inclusion, and mental health social work recruitment and more streamlined recruitment process for frontline staff.

- Positive performance was highlighted in several areas, in particular around practice quality assurance, Integrated sexual health services recommissioning, Domestic

Abuse and All Age substance misuse services. The 0-19 Healthy Families Programme performed well in Quarter 1 of 2023/24 with a high level of face to face visits (around 97.8%)

- Key risk areas were identified and included:

    - Waiting times for some services, despite some good progress at reducing these recently. Those waiting were prioritised using a robust risk framework.
    - Adult Social Care reform, which had been paused nationally but some elements were still progressing locally. This pause from central government had caused some uncertainty around future expectations.
    - Data quality as part of the CQC quality assurance for client level data required by the Department of Health and Social Care. Work was underway with colleagues to update systems to meet requirements. Improvement plans were in place.

In the discussion that followed, Committee members raised the following points and questions:

- Member asked for additional detail on the work being undertaken on smoking and vaping prevention in schools, as well as costs of these services. Members felt that this would be a good subject for further in-depth scrutiny looking at their value for money.

- Members asked for further information on the figures around discharge, and what the issues may be that could be preventing higher performance in that area.

- Members queried what actions were in place or planned to ensure that performance around Deprivation of Liberty was improved.

- Members highlighted that there were 341 vacancies within the department in March 2023. They asked if the department had projected figures for overspend if all vacancies were filled, and asked whether the delivery of any particular service was impacted more than others because of the vacancies.

- Members asked what was being done to address the forecast overspend in adult social care.

- Members asked if the issues with recruitment and retention were focused on one type of role, or whether they were across a range of services, roles and positions.

In relation to the points raised by the Committee, Officers provided the following responses:

- Prior to the pandemic Nottinghamshire was one of the top performing Local Authorities for the Deprivation of Liberty. During the pandemic, as colleagues were unable to access accommodation settings, a back log of assessments had developed. Post pandemic a recovery plan had been developed and put in place with elements contracted out to different providers.

- In many vacant roles agency staff were being used, so the associated costs would be higher than for someone employed by the authority. If the department was fully staffed this would even out at about the same cost. Some posts were currently being held vacant to offset the pressure of using agency staff. No particular service was more pressured than others due to these vacancies, but an overall impact on the workforce, in particular the social care workforce could be seen.

- There had been a number of short-term government grants to Public Health and to the Council. Without these grants, programmes like the workforce sustainability programme could not have been as successful as they had been. These grants did cover up some of the budget pressures as the money received through grants was not necessarily annual and ongoing in all cases. Mitigations were in place to address the overspend.

- Work due to take place with Public Health over Autumn 2023 had been designed to ensure that forecasting was reviewed thoroughly. Work was also underway to identify the best use of reserves by investment into services to improve the health of the population. Public Health Grant reserves had the same ringfenced conditions as the grant and could not be used to mitigate overspend in Adult Social Care.

- The vacancies highlighted within the department were seen across the services with no reoccurring pattern in terms of teams affected. The workforce was aging and that contributed to the retention issue as colleagues retired. There were some issues around recruitment of qualified and multi skilled workers such as Best Interest Assessors, and of staff in more rural areas. Strategies were however in place to manage these issues. Although the number of vacancies had remained roughly the same for a number of years there had been an increase in overall posts due to the initiative, so a smaller percentage of the posts were vacant. It was not the same posts remaining unfilled for a number of years.

The Chairman thanked the Corporate Director Adult Social Care and Public Health, the Director of Public Health and the Service Director for Community Services and Aging Well, and the Deputy Director of Public Health for attending the meeting and answering Members' questions.

RESOLVED: 2023/010

1. That the report be noted.

2. That the following issues raised by the Committee in its consideration of the report on the Adult Social Care and Public Health Performance, Risks and Financial Position – Quarter 1 2023-4 be progressed:

    a) That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the December 2023 meeting of the Adult Social Care and Public Health Select Committee.

    b) That a task and finish review takes place to investigate the impact and effectiveness of the preventative work that takes place with schools around smoking and vaping

7. WORK PROGRAMME

The Senior Scrutiny Officer presented the Committee's current work programme.

RESOLVED: 2023/0011

1) That the work programme be noted.

2) That committee members make any further suggestions for consideration by the Chairman and Vice-Chairman for inclusion on the work programme in consultation with the relevant Cabinet Member(s) and senior officers, subject to the required approval by the Chairman of Overview Committee.

The meeting closed at 1.09pm.

CHAIRMAN