

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 20 June 2022 (commencing at 10.30am)

Membership**COUNCILLORS**

Mike Quigley MBE (Chair)
David Martin (Vice Chair)

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

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Scott Carlton
Glynn Gilfoyle

OFFICERS IN ATTENDANCE

Kash Ahmed	Service Director, Adult Social Care & Public Health
Sara Allmond	Advanced Democratic Services Officer
Pete Barker	Democratic Services Officer
Melanie Brooks	Corporate Director, Adult Social Care & Public Health (via Teams)
Sue Batty	Service Director, Adult Social Care & Public Health
Martin Elliott	Senior Scrutiny Officer
Jonathan Gribbin	Director of Public Health
Jennie Kennington	Senior Executive Officer, Adult Social Care & Public Health
Ainsley McDonnell	Service Director, Adult Social Care & Public Health

1. APOLOGIES FOR ABSENCE

There were no apologies.

2. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

There were no declarations of interest.

3. MEMBERSHIP AND TERMS OF REFERENCE

RESOLVED: 2022/001

That the contents of the report be noted.

4. WORK PROGRAMME – PRESENTATION AND DISCUSSION ITEM

The Director of Public Health and the Service Director, Adult Social Care & Public Health delivered a presentation to Members on the work of the Adult Social Care and Health Department. Members were sent copies of the slides used and a **summary** of the presentation is below:

- The purpose of the Department was to promote and improve health and wellbeing, reduce inequalities and support people to achieve their aspirations.
- This would be achieved by providing care and support; working with communities and partners; creating environments which produce good health and wellbeing; commissioning the right services.
- The work of the Department was underpinned by the Care Act 2014 with Public Health work being underpinned by the Health and Social Care Act 2012.
- As little as 10% of a population's health and wellbeing was linked to access to health care. Other factors related to a person's health and wellbeing included: good work; surroundings; money and resources; housing; education and skills; food; transport; family, friends and communities.
- Health outcomes were strongly shaped by environment; the outcomes worsened across the social gradient; exposure to positive/negative effects accumulated over a whole lifetime. Improving health and wellbeing required action over the life course, on multiple factors, at the level of person/community/ societal in proportion to need.
- In 2019 Nottinghamshire residents lost 108,917 quality life years through disability or dying young.
- The Department promoted independence and wellbeing in Adult Social Care by helping people to help themselves, helping people when they need it and maximising people's independence and reviewing progress.
- The outlook for 2022 and beyond would be shaped by many factors including the Joint Health & Wellbeing Strategy; ICS Health Inequalities Strategy; National reviews to tackle health inequalities; Resilience against future Covid 19 outbreaks; Adult Social Care Reforms; Health & Care Act 2022; Mental Health Act Reforms; Autism Strategy; Disabled Persons Strategy; Liberty Protection Safeguards; Adult Social Care Strategy refresh; Prevention Strategy and Carers' Strategy.
- The gross departmental budget in 2022/23 to achieve the desired outcomes was £434.98m with a budgeted income of £203.52m

- Departmental Priorities were:
 - The Implementation of the Adult Social Care Reform
 - Implementing the Adults and Health Transformation Programme 2022-2024
 - All Ages Approach Programme
 - Day Opportunities Strategy 2022-2027
 - Embedding cultural priorities
 - Ensure Local Authority leadership within the Integrated Care System
 - Implementation of Joint Health & Wellbeing Strategy
 - Maintaining resilience to manage future Covid outbreaks
 - Respond to national work to tackle health inequalities
 - Recommissioning (Sexual Health, Single Person Supported Accommodation, Healthy Families Programme)

The Senior Scrutiny Officer then delivered a presentation on Overview and Scrutiny. Members were sent copies of the slides and a **summary** of the presentation is below:

- The role of the Adult Social Care and Public Health Select Committee was scrutiny and review – it was not a decision-making body.
- Scrutiny was a positive, constructive, critical friend role that provided an opportunity for the Committee to examine services; identify potential improvements; ask questions about how decisions are made; champion issues of public concern; participate in the development of policies and strategies.
- The process of work programming involved identifying of issues; prioritising topics; planning work; doing the work; reviewing and evaluating.
- The guiding principles of effective scrutiny were:
 - Scrutiny topics should be of high local importance to local residents
 - The issue should be something the Committee can realistically influence
 - Potential scrutiny outcomes should have impact and add value
 - The issue could relate to an area of work where there are concerns about performance
 - The issue could relate to the whole or large areas of the County
 - The review would be in the Council's interest
 - The issue has not been recently reviewed, or recently undergone a substantial change.
 - Avoiding duplication of work elsewhere.
 - Sufficient resources were in place to carry out a meaningful review.
 - The remit of the review was well defined with clear outcomes and recommendations.
- The Scrutiny Review process included: scoping the review; gathering evidence; evaluating evidence; reporting and making recommendations; implementation; monitoring.

Following the presentation, Members were shown a slide detailing suggested future topics for the Committee to consider:

- Overview of public health outcomes in Nottinghamshire
- Adult Social Care Reform
- Discharge to assess (from hospital) – impact of government policy and new model of service on outcomes for people
- Implementation of Day Opportunities Strategy 2022-027
- Implementation of Carers' Strategy
- Progress and implementation of Prevention Strategy
- Nottinghamshire Adults Safeguarding Board (NSABB) – annual plan and report
- Social care market – capacity, quality and sustainability of social care services
- Integrated Care Strategy (November 2022)
- Implementation of Government White Paper on health disparities

The Chair stated that he had written to all members of the Committee asking for suggestions for future topics for the Committee to investigate. Topics suggested were:

- The problems frontline staff are experiencing with IT, especially with Mosaic
- The problem of staff retention
- Crosscutting subjects in the Integrated Care System such as bed blocking and care pathways

The Corporate Director, Adult Social Care & Public Health informed members that a large piece of work was already underway looking at simplifying IT processes and that members would be sent a briefing. Sue Batty is the lead for this project.

In discussion Members suggested the following topics for Committee to investigate:

- Mental Health
- Eating disorders
- Delays in the issuing of blue badges
- Travel costs for peripatetic staff
- The process of transitioning between receiving children's services and adult's services
- Implications of the Social Care Reform Act for the authority

Officers responded by stating that mental health issues were also covered by two other Committees, the Health Scrutiny Committee and the Health & Wellbeing Board, but that it would be appropriate for the Select Committee to look at the mental health services being provided by the Department and that a report could be brought to Committee looking at how best these services could be scrutinised.

It was noted that Blue Badges were issued by the Customer Services Centre and as such were not the remit of the Adult Social Care and Public Health Select Committee with any concerns in this area needing to be considered by the Overview Committee.

It was noted that the next meeting of the Select Committee was not due until September, but that an earlier meeting could be convened if necessary.

The meeting closed at 11.15am

CHAIRMAN