

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 3 June 2024 (commencing at 10.30am)

Membership**COUNCILLORS**

John Ogle (Chairman)
David Martin (Vice Chairman)

Reg Adair	Paul Henshaw
Callum Bailey	Eric Kerry
Steve Carr	Philip Owen
Dr John Doddy	Mike Pringle
Sybil Fielding	

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Cllr Anne Callaghan BEM
Cllr Scott Carlton, Cabinet Member for Communities and Public Health
Cllr Roger Jackson
Cllr Tom Smith, Deputy Cabinet Member for Adult Social Care
Cllr Tracey Taylor, Cabinet Member for Children and Young People
Cllr Jonathan Wheeler, Cabinet Member for Adult Social Care

OFFICERS IN ATTENDANCE

Safia Ahmed	- Specialty Registrar, Public Health
Katy Ball	- Service Director, Commissioning and Integration
Martin Elliott	- Senior Scrutiny Officer
Dan Godley	- Senior Commissioning Officer, Adult Social Care
Katherine Harclerode	- Democratic Services Officer
Lucy Jones	Senior Public Health and Commissioning Manager
Ainsley MacDonnell	- Service Director, Living Well
Rachel Miller	- Service Director, Commissioning and Resources
Helen Neville	- Service Improvement Development Manager
Anna Oliver	- Commissioning Manager, Adult Social Care
Catherine Pritchard	- Consultant in Public Health
Vivienne Robbins	- Interim Director of Public Health
Melanie Williams	- Corporate Director, Adult Social Care and Public Health

OTHERS IN ATTENDANCE

Sarah Fleming	- Programme Director for System Development, ICB
Pam Hill	- Our Voice
Dean Thomas	- Making it Real Forum
Marion Wardill	Making it Real Forum

The Chairman noted his thanks to Councillor Roger Jackson as the previous Chairman of the Committee.

1. MINUTES OF THE LAST MEETING HELD ON 4 March 2024

The minutes of the last meeting of the Adult Social Care and Public Health Select Committee held on 4 March 2024, having been previously circulated, were confirmed and signed by the Chairman.

2. APOLOGIES FOR ABSENCE

Apologies were received from Cllr Carr for other reasons and from Cllr Kerry due to Other County Council Business, with Cllr Roger Jackson substituting.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

There were no declarations of interest.

4. ALL AGE CARERS STRATEGY

Consideration was given to a presentation in respect of the All Age Carer Strategy of the Council. The presentation was introduced by the Cabinet Member for Adult Social Care, who highlighted the contributions of unpaid carers to the development of the strategy. Particular acknowledgement was given to the contributions of longstanding partner and Carer, Pam Hill of Our Voice which had helped to shape the strategy. The involvement in co-production from the beginning phase of the strategy was emphasised and had been part of the development of services that carers themselves wanted and needed. This dispelled assumptions around the needs of carers prior to putting together the service specification and tendering process. Continued involvement ensured these services stayed on track. The Carers Strategy was regarded as a living document that must be at the heart of every service going forward.

The Strategy included the needs of all ages. A video was also presented to highlight a few of the considerations affecting young carers daily. The activities, support and skills gained through the Young Carers Programme were also described. The Cabinet member mentioned that the support allows young carers to be able to continue caring for their loved ones.

The Chairman thanked the Cabinet Members and officers for bringing this Strategy for discussion. In the discussion that followed, Members raised the following points:

- Additional information was requested around how the Strategy was improving access to technology and aids that make caring easier, especially for carers of multiple people.

- Further assurances were sought regarding support provided to male carers and female carers.
- Greater understanding was sought around more around coordinated efforts with partners, such as the British Red Cross.
- Members sought to know how the number of carers at large had changed over time.
- Members also requested more details around how the data had informed the Strategy.
- Gratitude was expressed to Pam Hill for sharing with the committee valuable insights as a Carer.
- Additional clarification was sought around the numbers of young carer referrals.
- Further information was requested around how the Service was reaching carers from diverse backgrounds and communities.
- Interest was expressed in knowing more about how complexity is managed and supported through the Strategy.
- Further evidence was requested that the Council is a carer friendly organisation.

In response to the points raised in discussion, the Cabinet Members for Adult Social Care and Children and Young People; Service Director, Commissioning and Integration (Adult Social Care); Service Director Commissioning and Resources (Children and Family Services) and ICB Programme Director for System Development advised:

- Everyone around a Carer had a part to play in ensuring that the principles of the strategy were being implemented and that there was growing understanding of who the carers are and what their needs are. The responsibility was not down only to attention of the health care professionals such as GPs, physios, reception, etc. There was work to do together as a team to bring everyone on board with the culture of identifying and supporting carers. This included working with Pam and other colleagues to understand and co-produce the support needed.
- Awareness work was ongoing to helping individuals become aware that they were carers, which led to access to assessments and grants for equipment. Linking with others to enable this was part of the support offer.
- The Carers Hub was designed to connect carers to further strength based support beyond the Council. Increased support was available for carers who came for an assessment who were supported with technology to help avoid carer breakdown. Further examples included support with medicine management or short respite.
- Some carers did not think of themselves as being carers. Therefore, the Service was engaging with colleges and primary care surgeries to help these individuals know that there was help available if they want it.
- A person's GP would log on the system that they were a carer so they could be signposted to the Carers Hub. This was because it was understood that they will have additional needs.
- The Integrated Care Network and all parts of the system recognised that within the workforce there were carers whose needs were considered.

- The Cabinet Member for Adult Social Care reaffirmed that if any particular circumstances became known to councillors, these could be referred to the service for additional information and signposting.
- There was a partnership approach hosted by the British Red Cross to share equipment.
- There were more female identified carers. The Services did not discriminate on the basis of sex. The support offer was extended to both male and female carers. Carers could also identify as a couple and both get the care assessment. The offer was not by household. There could be multiple carers in a home. Carers groups met outside working hours to ensure everyone who was a carer could attend, no matter their age or gender.
- It was understood that some individuals had gotten new caring duties since the pandemic. The programme relied on people self-identifying.
- The service had raised the profile of young people with caring responsibilities, with between thirty and forty new young carers coming forward each month. This was helping the service achieve the goal of reaching all young carers. Outreach work was being done with schools. 110 schools had already taken up this outreach, and work was ongoing to target the 16-24 age bracket.
- There was a deaf community carers group, a Black carers group, and a group supporting people with carers. These groups helped ensure conversations with doctors and other groups were effective. This was a co-produced priority that continued into next year.
- Between thirty and forty referrals were being received each month for young people previously not known to services, who were being identified as carers.
- The Cabinet Member for Adult Social Care described scenarios where carers could be involved and how support would be managed. It was felt to be important to ensure that the Service continued to work in flexible ways to support the work.
- The Cabinet Member for Children and Young People noted that the Service was cognizant that there were a lot more young carers out there. The goal was improving the recognition and support to help them come to understand that they are carers.
- Across Adult Social Care and Children's Social Care, there were Young Carer Champions. When an adult came into contact with Adult Social Care, the staff working with the family looked to see if the children were young carers. Social workers and family support staff knew what to do when a young carer was identified.
- The Council had some carers among its workforce and the Service was working closely with Human Resources have good supportive practices in place. This involved working closely with personnel to ensure that managers in their one to one conversations with direct reports have this culture of understanding and support.
- There was more to do to ensure the Strategy principles were implemented internally and externally. This required understanding the experience of the workforce. The Council was actively putting policies in place to support this. There was a need to understand through the staff survey who were carers and what needs this entailed.

RESOLVED: 2024/05

- 1) That the progress made in implementing the Nottingham and Nottinghamshire All-Age Carers Strategy be noted.
- 2) That the following issues raised by the Committee in its consideration of the report on Nottingham and Nottinghamshire All-Age Carers Strategy be progressed:
 - a) That the Nottinghamshire Joint Strategic Needs Assessment on Carers be circulated to the members of the Adult Social Care and Public Health Select Committee.

5. NOTTINGHAM AND NOTTINGHAMSHIRE SELF HARM AND SUICIDE PREVENTION STRATEGY

Consideration was given to a summary presentation by the Cabinet Member for Communities and Public Health and the Public Health Specialty Registrar which described the development of the Nottingham and Nottinghamshire Suicide Prevention and Self Harm Strategy.

In the discussion that followed, the following points were raised:

- Members sought additional information regarding the support to councillors around mental health first aid in a crisis.
- Homelessness due to relationship breakdown had been an issue. More assurances were sought that the support networks were able to help a person in crisis.
- It was felt that the groups and support available were of great help where these were available, and to actively engage more with schools was vital to expanding the reach of the prevention agenda.
- Further elaboration was desired around how the Joint Strategic Needs Assessment (JSNA) data had informed the development of the Strategy.
- Further support was expressed that suicide prevention training be mandatory.

The Chairman acknowledged the good work that had been done and the strong support for this to continue and for the training to be taken up. In response to these points, the Cabinet Member for Communities and Public Health and the Senior Public Health and Commissioning Manager, Public Health advised:

- The Cabinet Member affirmed support for all Councillors to consider taking up the training offer, and a cross party motion on this subject was felt to be appropriate.
- When individuals were in crisis, sometimes more impactful than the relevant websites, text messaging services, and posters, was having an authority figure checking in. Universal coverage within schools was desired, and the commitment was to continue these conversations.
- Serving communities well required being prepared and ensuring that district and borough colleagues were engaged also. Mandatory participation to establish a baseline knowledge across the whole system was being explored within public health commissioning. Suicide prevention and mental health training was open to the whole system. Colleagues in local authorities did take up some of the training as well. Work was also progressing around Making Every Contact Count.
- Support for community leadership on this agenda was noted, with councillors encouraged to prioritise the training.
- The Strategy had come from the Joint Strategic Needs Assessment for Nottingham and Nottinghamshire, including the increased risk factors amplified by the pandemic. People who took part in the strategy workshops were asked what they will bring back to implement

in the work. It was noted that online content had been directly related to 8 percent of instances. Additionally, many people were not known to services.

- Online harm was an issue and advice was needed for schools, parents and for children themselves. Teams were tackling threats to children by training young people and children in online harms. There was a lot of interest in this training.
- It was acknowledged that language around mental health issues varied between generations.
- A single pathway for mental health and substance abuse had been created. There continued to be challenges within the system currently, yet the Change Grow Live programme had achieved progress, and the Health and Wellbeing Board had an opportunity to continue work in this area.

RESOLVED: 2024/06

- 1) That the Council's approach to suicide and self-harm prevention be noted.
- 2) That the feedback provided by members on the draft Nottingham and Nottinghamshire Suicide Prevention and Self-harm Strategy be noted.
- 3) That members of the Adult Social Care and Public Health Select Committee be encouraged to promote the mental health awareness, self-harm awareness, suicide prevention and suicide bereavement training within their communities, to staff and volunteers working with people across Nottinghamshire.
- 4) That the Adult Social Care and Public Health Select Committee note their support for the completion of suicide awareness training by councillors becoming mandatory.

6. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 4 2023/24

Consideration was given to a report presented by the Cabinet Member for Adult Social Care and the Cabinet Member for Communities and Public Health and the Corporate Director for Adult Social Care and Health. The report provided an update on the financial position of Adult Social Care and Public Health Services up to quarter four of the 2023/24 municipal year. The Local Account had been shaped through the process of co-production. The Co-Chairs of the co-production group were introduced and thanked for the significant contribution of the co-production group in shaping the Local Account and ensuring the aims were developed in conversation with residents who receive social care support and carers about their needs. The Local Account described the priorities of focus for the year.

The Making it Real Forum also played a part in holding the Council to account for delivery of the priorities selected in the Account. The Co-Chairs of Making it Real spoke on the co-production of the Local Account, ensuring that people who interact with the services understand what services are available and how these are delivered.

Making it Real Co-Chair Marion Wardill noted that the Local Account was designed to be a live, ongoing document and resource that enables people to be more aware of what work was going

on, and how individuals who needed adult social care could contribute to this work. The Co-chairs had been instrumental in bringing lived experience to the issues raised by the people in conversations around their daily lives. The accountability comes with producing this report. The priorities that had been selected included rapid solutions when there was a problem around equipment use. This required the physios and occupational therapists to work together with the person who required the solution. The work with Carers was also a priority and the importance of conducting reviews with people who are in receipt of support through the services to ensure the goals of wellbeing, independence and quality of life. Working with social workers under the auspices of the principal social worker required significant training, and listening was a vital part of this. Raising the profile of co-production of policy and practice was the purpose of the Making it Real Board, which ensured the ambitions of the local account were being acted upon. 'You said, we did' examples were an effective way to show that the services were meeting the needs.

Making it Real Co-Chair Dean Thomas noted that the Local Account was reviewed every year to provide an opportunity to chart progress and move to address other issues that come up as time goes by. Priorities were Improving two-way communication with between the authority and the people they serve, including in the areas of financial reviews. Direct payments were a way to improve this and make life better for the people who need the service and for staff alike.

The report identified some successes of the Making it Real Forum. The quality of the service was captured in the stories of difference. There had also been strong interest in appointments for training and social engagement. Through these, many people had been supported into employment and skills. For those who wanted this opportunity, this had been done.

In discussion, members raised the following points:

- Gratitude was expressed for the contributions of Co-Chairs Marion and Dean and the Making it Real Forum.
- It was noted that the charts could be designed for viewing in grayscale.
- It was felt to be important that capacity for appointments continued to be assured.

The Chairman noted that a comparison in a year's time would be of interest to members and thanked the Cabinet Members, officers and guests for their contributions.

RESOLVED: 2023/07

1. That the report be noted.
2. That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the September 2024 meeting of the Adult Social Care and Public Health Select Committee.

7. WORK PROGRAMME

Consideration was given to an outline programme of scrutiny work for the municipal year 2023/24. Further areas of focus that would be examined from September onwards would be developed in the work programming session which would be scheduled in July.

Members expressed support for the work programme to include the areas that had been discussed today in this meeting.

RESOLVED: 2023/08

1. That the work programme be noted.
2. That the recommissioned Integrated Sexual Health Service be considered for inclusion in the 2024/25 Work Programme.
3. 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 12.57 pm.

CHAIRMAN