

INTEGRATED CARE AND WELLBEING SCRUTINY PANEL

Day: Thursday
Date: 13 September 2018
Time: 6.00 pm
Place: Lesser Hall 2 - Dukinfield Town Hall

Item No.	AGENDA	Page No
1.	APOLOGIES FOR ABSENCE	
2.	MINUTES To approve as a correct record, the Minutes of the proceedings of the Integrated Care and Wellbeing Scrutiny Panel held on 26 July 2018.	1 - 4
3.	QUALITY OF TAMESIDE CARE HOMES The Panel to meet Stephanie Butterworth, Director of Adult Services; and Gill Gibson, Director of Quality and Safeguarding, to receive an overview of Tameside care homes and the work undertaken to drive improvement and the quality of care.	5 - 14
4.	ESTABLISHMENT OF WORKING GROUP The Chair to coordinate membership of a working group to further examine the quality of care homes.	
5.	OVER THE COUNTER MEDICINES The Panel to approve a response letter to the consultation for over the counter medicines.	15 - 16
6.	CHAIR'S UPDATE The Chair to provide a verbal update on recent activity and future priorities.	
7.	DATE OF NEXT MEETING To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on Thursday 8 November 2018.	
8.	URGENT ITEMS To consider any additional items the Chair is of the opinion shall be dealt with as a matter of urgency.	

This page is intentionally left blank

Integrated Care and Wellbeing Scrutiny Panel **26 July 2018**

Commenced: 6.00pm

Terminated: 7.30pm

Present: Councillors Peet (Chair), T Smith (Deputy Chair), Affleck, Billington, Bowden, Boyle, Buglass, Cooper, P Fitzpatrick, Gosling, S Homer, Mills, Welsh, Wild.

Apologies for absence: Councillors Cartey, Jackson, Taylor, Whitehead.

10. MINUTES

The minutes of the meeting of the Integrated Care and Wellbeing Scrutiny Panel held on 14 June 2018 were approved as a correct record.

Panel members noted a previous discussion on key performance indicators (KPIs) and future reporting of such data. It was agreed by the Chair at the meeting on 14 June 2018, that given the sheer volume of performance information recorded across the Council and Clinical Commissioning Group, officers will continue to ensure that timely performance updates are provided with regards to specific activity and working groups.

11. OVER THE COUNTER MEDICINES

The Panel welcomed Peter Howarth, Head of Medicines Management, Tameside and Glossop Clinical Commissioning Group (CCG), to receive engagement information on the implementation of NHS England guidance which aims to reduce the prescribing of medicines for minor and short-term health conditions.

In April 2018, following a 12 week consultation, NHS England issued guidance on the conditions for which over the counter items should not routinely be prescribed in primary care. NHS England expect local Clinical Commissioning Groups to take note of the guidance when developing policies at a local level.

Objectives of the guidance are to support decision making for commissioners, to address unwarranted national variations and to make local prescribing practices more effective. In the year prior to June 2017, the NHS spent approximately £569 million on prescriptions for medicines, which could otherwise be purchased over the counter from a pharmacy or supermarket.

Panel members received the outlined guidance, with an extensive discussion taking place with regards to the possible impacts which may arise as a result of the proposals. Members were informed that this work forms part of a national agenda to promote self-care and proficiency in treating minor and self-limiting conditions.

Mr Howarth advised that collective efforts are required across Tameside and Glossop to raise awareness of the new guidance to inform the development of a local policy. It is important to note that the guidance does not remove the clinical discretion of the prescriber in accordance with their professional duties.

A copy of the NHS England guidance was included as part of the meeting papers, with a list of medical conditions and treatments for inclusion. The conditions range from migraines, conjunctivitis, infant colic and indigestion; with a focus for future prescribing restrictions to be

identified.

Discussion points included the potential for disproportionate impacts on residents with low incomes who may currently receive free prescriptions. The impact on single parents was also discussed when seeking the advice and guidance for infant related conditions who may not be able to afford medication sold at pharmacies.

In order to consider the proposals and a local policy, a 12 week period of engagement is being carried out between June and September 2018, with comments and responses from members of the scrutiny panel to be submitted. The Chair thanked all members for their engaged contribution. In addition to the discussions noted members were asked to consider the information in a much wider context and for any further feedback to be included in the panel's response.

Resolved:

(1) That Mr Howarth be thanked for attending the meeting.

(2) That any further feedback and comments regarding the guidance be emailed to the Scrutiny Manager BY 24 August 2018.

(3) That the Panel's formal consultation response and submission be approved at the next meeting on 13 September 2018.

12. SCRUTINY TRAINING AND DEVELOPMENT

Simon Brunet, Policy Manager advised members that a variety of training options have been explored, with confirmation that North West Employers have been invited to provide a suitable training programme for all scrutiny members.

It has been arranged for two sessions to be delivered by Dr Stephanie Snape, who is a leading expert on shaping successful scrutiny. Members were advised that they only need to attend one session which will last approximately 3 hours, with options of the afternoon and evening in order to accommodate work commitments.

The aim will be for the first session to take place towards the end of August, with the second early in September. Once confirmed the dates and times will be circulated to all scrutiny members to book their place.

Resolved: That the dates and times of scrutiny training sessions are circulated by email and as a calendar invitation.

13. SCRUTINY ENGAGEMENT

Simon Brunet, Policy Manager provided members with options for methods to raise the public profile of scrutiny activity, as well as possibilities to increase engagement with services and partners to promote insight and service development.

The Panel heard that finding ways to encourage attendance at meetings and promoting the successful work of scrutiny will be explored. There are opportunities to raise resident awareness through a number of channels, including social media and network forums.

It is important for links to be created with communities and to identify individuals to contribute to some of the in-depth working group meetings, as co-opted and non-panel members.

Resolved: That work is undertaken to raise awareness of scrutiny activity through social media, with future updates on non-panel representatives to be invited to working group meetings.

14. DATE OF NEXT MEETING

To note that the next meeting of the Integrated Care and Wellbeing Scrutiny Panel will take place on 13 September 2018.

15. URGENT ITEMS

The Chair reported that there were no urgent items for consideration at this meeting.

CHAIR

This page is intentionally left blank

Residential and Nursing Care in Tameside

Integrated Care and Wellbeing Scrutiny Panel
13 September 2018

Regulatory Context

- Care Quality Commission register and inspect every care home in England
- Homes are all registered as care homes (with or without nursing)
- Homes are inspected on a “regular basis” although frequency depends on current rating
- Each home carries an overall rating

Regulatory Context (Continued)

- The ratings are Outstanding, Good, Requires Improvement and Inadequate
- The inspection methodology focusses on five key domains:
 - Safe, Effective, Caring, Responsive and Well-led
 - Each of these domains carries its own rating

The Council's role

- The Council has no regulatory powers to inspect a home
- The Council does have a contractual power to ensure people are receiving the care that meets their needs
- The DASS has statutory role in terms of safeguarding
- The Care Act gives the Council a statutory role when there is market failure

Page 8

Commissioning Arrangements

- The Council and the CCG work with individuals and their families to commission placements at homes (usually within the borough)
- We pay the providers £496.00 per week for a residential placement and £673.11 per week for a nursing placement
- Individuals pay a contribution to their fees depending on their financial position

Market in Tameside

- There are currently 38 homes in Tameside (one is currently closed for refurbishment)
- There are 1606 beds
- 27 are residential homes with 1,038 beds
- 11 are nursing with 568 beds
- As of the 21 August 2018 - Nil are rated outstanding, 20 are rated good, 13 are rated requires improvement, 3 are rated inadequate, 2 yet to be inspected

Quality Improvement Team

- Support to independent providers to improve quality of service provision.
- Primary focus homes rated inadequate/requires improvement with the ambition to move ratings to good and outstanding.
- Funded by TMBC, multi-agency team.
- Joint working with providers, not an inspection focus.
- Offer leadership and direct support.

Next Steps

- Quality
- Market sustainability
- Fee levels
- Complexity of Need and local provision
- Living well at home
- Supported housing
- Younger people

Page 12

Key Lines of Enquiry for Inspecting Adult Social Care

The Care Quality Commission (CQC) independently regulates health and social care services across England. The CQC has key lines of enquiry (KLOE), prompts and sources of evidence to help inspectors answer five key questions on whether the provision is:

- Safe
- Effective
- Caring
- Responsive
- Well-led



Is it safe?

Safeguarding and protection from abuse

Managing risks

Suitable staff and staff cover

Medicines management

Infection control

Learning when things go wrong



Is it effective?

Assessing needs and delivering evidence-based treatment

Staff skills and knowledge

Nutrition and hydration

How staff, teams and services work together

Supporting people to live healthier lives

Accessible premises

Consent to care and treatment



Is it caring?

Kindness, respect and compassion

Involving people in decisions about their care

Privacy and dignity



Is it responsive?

Person-centred care

Concerns and complaints

End of life care



Is it well-led?

Vision and strategy

Governance and management

Engagement and involvement

Learning, improvement and innovation

Working in partnership

Rating Characteristics

- ☆ Outstanding
- Good
- Requires improvement
- Inadequate

As part of the CQC inspection process, each of the five key lines of enquiry is rated. These range from Outstanding to Inadequate. To produce an overall judgement for a care home all areas are taken into account.

Mr Peter Howarth
Head of Medicines Management
Tameside & Glossop CCG

**Chair of the Integrated Care and Wellbeing
Scrutiny Panel**

Councillor Gillian Peet

Dukinfield Town Hall, King Street,
SK16 4LA

Email: gillian.peet@tameside.gov.uk
Phone: 01613422199
Ask for: Paul Radcliffe
Date: 13 September 2018

Dear Mr Howarth,

Consultation re Over the Counter Medicines

I write on behalf of Tameside Council's Integrated Care and Wellbeing Scrutiny Panel. Members would like to thank you for attending the meeting of 26 July 2018, at which you provided a detailed overview of the new NHS England guidance relating to over the counter medicines, prescribing practices within primary care and local engagement and consultation activity that is underway.

As discussed at the meeting on 26 July 2018, the Scrutiny Panel seeks to submit a formal response to the consultation, which closes on 14 September 2018. This letter therefore aims to provide a summary of collective discussion points and to express any issues and concerns raised at the meeting.

I would be extremely grateful if on receiving this letter you are able to take the appropriate action to ensure responses of panel members are submitted to the consultation and that dialogue on this matter between the Clinical Commissioning Group and Scrutiny Panel is suitably recorded.

In order to effectively promote self-care within Tameside communities and the responsibility of individuals in treating self-limiting conditions, members highlighted a number of points for consideration when supporting a future decision on how the new NHS England guidance is to be interpreted and adopted at a local level.

It is important that the guidance is considered alongside the broader aims to reduce demand across primary care and urgent care. Panel members also acknowledge the significant progress Tameside, as an area, is making to improve awareness of self-care and system navigation through the Care Together programme.

Concerns were expressed in relation to wider complexities of a primary care prescribing system that supports the most vulnerable, requires the individual discretion of GPs and one that is ineffective in parts.

I have listed some of the main discussion points below, which are to be viewed as individual responses from panel members, under the collective of a main panel.

- This is closely connected with the need to improve triage methods across the local healthcare system and also the behavioural change in the way residents will be able to seek advice and medication for certain conditions, without a need to book GP appointment.
- This is a positive opportunity to educate residents in making a decision to seek health advice or care. For example, alternatives to include local pharmacies.
- The new NHS England guidance is open to self-interpretation of local Clinical Commissioning, with a limited ability to influence GP prescribing.
- What, if any, are the barriers and challenges for GPs to change approach? There is a need to explore this further by practice and demographical insight.
- Wider impact of deprivation on health outcomes. Residents who currently qualify for free prescriptions may not be able to afford medication sold at a pharmacy. This could discourage GP attendance by deprived and vulnerable groups, therefore contributing to less informed health choices and worse outcomes.
- A need to further examine socio-economic factors for Tameside when determining how best to adopt guidance. What may work for other authorities not necessarily suitable for Tameside.
- Risks associated with the possibility of people with a minor condition not attending the GP, which could lead to a major health problem.
- When planning to support the most vulnerable residents – options to reduce or remove costs for over the counter medication?
- This has the ability to improve outcomes for residents who pay for prescriptions, where medication at a pharmacy may be cheaper than the prescription charge and faster to obtain.
- Positive comments that the wider engagement and consultation work undertaken will support informed local decisions and help raise general awareness.
- Concerns were raised about an individual's confidence to seek alternative approaches and to determine whether certain conditions are minor or self-limiting.
- A future decision will require comprehensive understanding and analysis of local social and financial vulnerabilities.
- General feeling that this may be easier for residents who already pay for their prescriptions and more difficult for residents in receipt of free prescriptions.

If any further clarity is needed around any of the above points, please do not hesitate to contact me.

Yours sincerely,

Councillor Gillian Peet

Chair - Integrated Care and Wellbeing Scrutiny Panel