



## **Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date:** Thursday, 14 September 2023

**Time:** 10.00 am (pre-meeting for all Committee members at 9:30am)

**Place:** Ground Floor Committee Room - Loxley House, Station Street, Nottingham,  
NG2 3NG

**Councillors are requested to attend the above meeting to transact the following business**

**Director for Legal and Governance**

**Senior Governance Officer:** Jane Garrard

**Direct Dial:** 0115 876 4315

- 1 Committee Membership Change**  
To note that Councillor Matt Shannon has stood down from the Committee and that Councillor Farzanna Mahmood has been appointed to the vacancy.
- 2 Appointment of Vice Chair**
- 3 Apologies for absence**
- 4 Declarations of interest**
- 5 Minutes** 3 - 14  
To confirm the Minutes of the meeting held on 23 March 2023
- 6 Committee Terms of Reference** 15 - 28  
Report of the Statutory Scrutiny Officer
- 7 Recovering and Sustaining General Practice** 29 - 34  
Report of the Statutory Scrutiny Officer
- 8 Quality Accounts 2022/23** 35 - 44  
Report of the Statutory Scrutiny Officer

## **9 Future Meeting Dates**

To agree to meet on the following Thursdays at 10am:

- 12 October 2023
- 16 November 2023
- 14 December 2023
- 11 January 2024
- 15 February 2024
- 14 March 2024
- 11 April 2024

## **10 Work Programme**

45 - 54

Report of the Statutory Scrutiny Officer

If you need any advice on declaring an interest in any item on the agenda, please contact the Governance Officer shown above, if possible before the day of the meeting.

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## Nottingham City Council

### Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Loxley House, Nottingham on 23 March 2023  
from 10.02 am - 11.40 am

#### Membership

##### Present

Councillor Georgia Power (Chair)  
Councillor Cate Woodward  
Councillor Michael Edwards  
Councillor Maria Joannou (Vice Chair)  
Councillor Anne Peach  
Councillor Dave Trimble

##### Absent

Councillor Kirsty Jones  
Councillor Sam Webster  
Councillor Eunice Campbell-Clark

#### Colleagues, partners and others in attendance:

Lucy Anderson	- Head of Mental Health Commissioning, Contracting and Performance, Integrated Care Board
Maxine Bunn	- System Delivery Director, Mental Health and Children, Integrated Care Board
Mike Carey	- Governance Officer
Kazia Foster	- Deputy Director of Mental Health Services, Nottinghamshire Healthcare Trust
Jane Garrard	- Senior Governance Officer
Becky Sutton	- Executive Director, Mental Health Services, Nottinghamshire Healthcare Trust
Julie Sanderson	- Head of Adult Safeguarding and Quality Assurance
Councillor Linda Woodings	- Portfolio Holder for Adults and Health

#### 62 Apologies for absence

Councillor Eunice Campbell-Clark - personal  
Councillor Kirsty Jones - personal  
Councillor Sam Webster - personal

#### 63 Declarations of interest

None.

#### 64 Minutes

The minutes of the meeting held on 16 February 2023 were confirmed as an accurate record and signed by the Chair.

## **65 Mental Health Service Commissioning**

Maxine Bunn, System Delivery Director, Mental Health and Children for the Integrated Care Board, led the presentation on Mental Health Service Commissioning, and highlighted the following points:

- (a) 2023/24 will be year five of the five-year Mental Health Transformation programme, following the NHS Mental Health Long Term Plan (LTP) published in 2019;
- (b) this has seen £51.7 million of additional funding across Nottinghamshire, plus £18.1 million nationally ring-fenced for specific transformation areas. The total for 2023/24 is £22 million for services across adults and children's mental health services;
- (c) it is recognised that there are issues across all kinds of healthcare in the transition between children's and adult's services, so there is a focus on improvements that help to address gaps in provision in transitions between mental health services;
- (d) improvements have been made in Specialist Community Perinatal Mental Health services, with increased staffing in community teams to make it easier and quicker to access support, an extended period of care to 24 months from 12 months, with care provided to women and their partners, and a Community Engagement Officer post in place to help increase access to support;
- (e) Children and Young People's (CYP) Mental Health services have been expanded and increased. Mental Health Support Teams have been implemented in schools, with three teams in Nottingham City and an additional two teams coming on board in 2023/24, supporting an additional 29 schools and colleges. Eating disorder services have been increased and an Avoidant Restrictive Food Intake Disorder (AFRID) pathway has been put in place. 24/7 mental health crisis provision has also been implemented;
- (f) Adult Severe Mental Illnesses (SMI) Community Care has been improved, with waiting times reduced, new Mental Health Practitioner roles working between primary and secondary care, and services introduced to improve outcomes around personality disorders and adult eating disorders;
- (g) there will be a new provider of NHS talking therapies from the 1<sup>st</sup> April with a specific remit of working with 'place', involving the voluntary sector and citizens, reducing health inequalities and reaching specific population groups;
- (h) there is a 24/7 Mental Health Crisis Care line in place, alongside Crisis sanctuaries and an expansion in the number of Crisis nurses. The team have worked with EMAS to put mental health professionals in the Emergency Operations Centre and given training to frontline emergency services crews;

- (i) a new Acute Mental Health Inpatient Care unit, Sherwood Oaks, opened in December 2022, providing an additional 14 beds. An independent bed review has been undertaken to determine future bed requirements and the team have been working with local authorities around Supported Living placements, to reduce the need for private and out of area placements for acute inpatient care;
- (j) multi-agency suicide prevention plans have been implemented, alongside targeted support for at-risk groups. The programme has also delivered suicide prevention training for staff and bereavement support;
- (k) a number of new roles have been developed as part of the programme to fill gaps in services. This includes:
  - i. Mental Health Practitioners to address the gap between talking therapies and secondary care mental health services. They are placed in primary care networks and work closely with GP practices, with 21 out of 23 primary care networks having roles in place. This service is due to be expanded as part of the transformation plan, including through making links with the voluntary sector;
  - ii. Peer Support Workers are those with lived experience of accessing mental health services. There are a number of roles embedded across services;
  - iii. Transition Workers are in place to help individuals moving from Children's to Adult's services, and are co-producing services for the 18-25 pathway with Mental Health Two Thousand (MH:2K), a youth-led model for engaging in conversations about mental health;
  - iv. a Co-existing Mental Health and Substance Misuse Needs model has been developed to avoid people falling through the gaps. Historically, people have been referred to either mental health services or substance misuse services, while the new approach assists people who need integrated support from both services;
- (l) there are some challenges around recruitment and increasing demand for services, but the ICB are working to adapt the programme to the needs of people in Nottingham and Nottinghamshire.

In the discussion which followed, and in response to questions from the Committee, the following points were made:

- (m) the new provision at Sherwood Oaks is in Mansfield, and has a modern, comfortable Section 136 suite with ensuite rooms. Sherwood Oaks will provide a closer acute inpatient unit for Nottingham City residents than Bassetlaw Hospital or Millbrook Mental Health Unit when Highbury Hospital is at capacity;

- (n) the extra provision, alongside strengthened community rehabilitation, will help to reduce reliance on subcontractors and the use of out of area placements. In December, there were zero out of area placements for a few weeks. There are currently nine out of area placements in mental health intensive care, after an increase in demand in the New Year, but beds have been subcontracted in Keyworth from April to address the increase in demand. The team try to repatriate patients when a bed becomes available, but people do remain in out of area placements if it is the right thing for them therapeutically, decided on a case by case basis;
- (o) the expansion of Mental Health Support Teams will deliver 47.8% coverage of schools by January 2025, compared to a national standard of 35%. This is part of a phased programme, and the ultimate aim is to provide full coverage in the future depending on recruitment and investment. The schools supported so far are local authority schools. The ICB agreed to provide specific information on the schools involved;
- (p) it would be useful for the Committee to hear about how mental health services are reaching young people of school age who are not in education, and may have needs that are not being identified. These needs are chiefly identified through collaboration between health and social care;
- (q) part of the tender process for the new provider of NHS talking therapies tested how they will work at 'place' level with local communities to reduce health inequalities and reach out to communities who find it more difficult to access support currently, which have been identified through broader health inequalities work;
- (r) concern with health inequalities has been integrated into mental health service plans at all levels, and monitoring of factors like deprivation and demographics is now standard practice. The ICB are working with Healthwatch to understand people's experience of accessing services, place-based partnerships have been implemented, and the ICB are engaging with the voluntary sector;
- (s) mental health in student communities has been covered in the news recently. There are specific services targeted for the universities, and all students can access routine services. There is a meeting scheduled with Nottingham Trent University on the week of the 27<sup>th</sup> March 2023 to discuss improving student access to services, and some of the ongoing discussion will be about ensuring continuity of care when students move back and forth between university and home;
- (t) there are specific posts in place to support individuals through the transition from children's to adult's services. The aim is to manage that transition in a proactive way, tailored to the needs of that population through co-producing services with organisations like MH:2K;

- (u) demand will be better managed through changes to the way that people can access services, and the way referrals from GPs will be managed. There is a triage so people can get on the right service pathway more quickly, with signposting early on when another service may be more appropriate rather than individuals having to wait for the full assessment. The ambition is to move to a four week wait after triage;
- (v) it is not clear what additional funding will be available in future years after the end of the five year transformation programme, but the funding for existing services delivered through the programme will remain so that changes can be sustained;
- (w) in terms of evaluating the impact of the transformation programme, there is a large set of data required to be reported back and the ICB are held accountable to NHS England on a monthly basis. Many of these are access targets, such as how quickly an individual is seen after referral, or the number of posts recruited to. Nottingham is doing well by these measures;
- (x) the ICB are also looking at locally developed outcome measures, and are in the process of working with service users and staff to develop these. The aim is to measure the tangible difference to the individual. There are lots of different routes by which staff and service users can give feedback, for example through Healthwatch;
- (y) in preparation for the meeting, the Chair of the Committee asked for feedback from members of the public on social media about experiences accessing mental health services in Nottingham. The Chair gave accounts of numerous individuals, and charities acting on behalf of individuals, who had made contact to report issues with accessing appropriate mental health services;
- (z) it is important to recognise that individuals accessing mental health services may not find it easy to give feedback through normal formal routes. There is a need to be more nuanced and creative in how that feedback is captured. It is also crucial to seek to learn the experiences of those who may not be patients, who sought to get into a service but were not able to access it;
- (aa) it is important to note that the public are not generally aware of distinctions between organisations in the NHS, and do not necessarily know the role of the ICB in delivering services. Those individuals may have attempted to give feedback by one route offered by the NHS, and would not then look to give feedback directly to the ICB if they did not see progress;
- (bb) when people are unable to access appropriate NHS services, often people will turn to the voluntary sector, which leave them being supported by organisations not appropriate for their level of need, puts pressure on the sector, and leaves voluntary workers unsure of how to make appropriate referrals when individuals approach as a last resort after already being declined by mental health services. Attention needs to be paid from a

commissioning point of view to look into this cohort of individuals seeking support;

- (cc) there is a gap in eating disorder services for those diagnosed with mild or moderate 'eating challenges'. The ICB are working with First Steps in Nottingham to look at how their support can be expanded, with referrals done through GPs. At the moment it is unclear from information available online how this can be accessed in Nottingham by non-students;
- (dd) the ICB are currently developing a single website that will consolidate information on mental health services available in Nottingham, and specific roles are being put in place to aid communications around mental health;
- (ee) Shout Notts has been launched recently as a free, confidential text service that individuals can contact by texting Notts to 85258, and which connects individuals to a trained Shout Volunteer who will provide personalised signposting.

**Resolved to:**

- (1) request that Nottinghamshire Healthcare NHS Foundation Trust provide information on the schools covered by Mental Health Support Teams and how it engages with children and young people not in formal education;**
- (2) request that Nottingham and Nottinghamshire Integrated Care Board confirm whether First Steps is available to City residents other than students and, if so, the referral;**
- (3) recommend that if First Steps is available to all City residents then the Nottingham and Nottinghamshire Integrated Care Board work with the provider to ensure that information to that effect and the referral route is included on its website and information about the Service is available to potential patients and referrers in the City;**
- (4) recommend that Nottingham and Nottinghamshire Integrated Care Board look into ways to proactively gain feedback from non-users of services and those residents who have sought support but have not been able to access mental health services;**
- (5) review what has changed for City residents and patient experience following implementation of mental health transformation in the City during 2023/24.**

**66 Adult Social Care Self-Assessment**

Julie Sanderson, Head of Adult Safeguarding and Quality Assurance, delivered the briefing on the Adult Social Care self-assessment, highlighting the following points:

- (a) this briefing aims to share information about the new CQC inspection regime of Local Authority Adult Social Care functions, and to assure the Committee of work undertaken to prepare for the inspection by sharing the self-assessment and explaining the next steps;



- (b) the Health and Care Act 2022 gave the CQC a new duty to independently review and assess how authorities deliver their Care Act functions. This applies not only to Adult Social Care in terms of its assessments and commissioning, but also the commissioning team and provider services, both internal and external, and the Integrated Care System;
- (c) pilot inspections will take place over the summer, and Nottingham City has volunteered to participate. It is not clear which authorities will be chosen at this stage, as the pilot will need to involve a mixture of authorities according to different criteria. Being selected for the pilot would have benefits, giving a more fluid process with inspectors learning from authorities as well. It would mean information would not be made public initially, as the CQC intend to undertake at least 20-40 inspections before being able to indicate how different ratings are standardised;
- (d) the full programme will be launched in Autumn 2023, and is anticipated to be similar to OFSTED, with focus groups, meetings with stakeholders and partner organisations, and an audit of case files;
- (e) the CQC have set out four assessment themes:
  - i. Working with People;
  - ii. Providing Support;
  - iii. Ensuring Safety;
  - iv. Leadership;
- (f) despite resistance to ratings in the sector, following from criticisms of the ratings system used by OFSTED, the CQC are clear that they do intend to provide ratings. They have made it clear however that they are looking for good practice to be celebrated and shared, not just focusing on faults, and they have a good understanding of the pressures affecting local authorities in delivering Care Act functions;
- (g) it is not yet clear what the consequences would be if the CQC identify significant issues, or if commissioners could be appointed for local authorities with serious faults;
- (h) to aid preparations for the new inspection regime, the Association of Directors of Adult Social Services (ADASS) decided to pilot a self-assessment tool across the East Midlands, involving all regional local authorities. Each authorities' self-assessment will be submitted to the CQC when they are inspected;
- (i) a dedicated team have been working on Nottingham City's self-assessment, and Principal Social Workers have been pivotal in gathering evidence. It is intended as an accessible and user-friendly document, within a limit of 20 pages;

- (j) Nottingham's self-assessment was completed and submitted to the region in March 2023, meeting the target timeline. When available, the Corporate Director will review the documents submitted by all East Midlands authorities. The self-assessment will be continually reviewed and used to build an evidence library for when the inspection is announced;
- (k) the objectives of the self-assessment are to demonstrate self-awareness of the service's strengths, risks, challenges, and gaps. It is intended to be useful for the service in its own right, rather than just for the CQC inspection. The exercise has already enabled the team to identify areas for improvement, through improved citizen participation and feedback for instance;
- (l) the self-assessment has allowed the team to identify a number of improvements already delivered. For example:
  - i. there has been a 20% increase in Support Living placements over the last six years, providing an alternative to residential care for people with Whole Life Disability and mental health needs, allowing more independence and delivering savings for the local authority compared with residential care;
  - ii. due to bold decisions in commissioning, the team have been able to reduce waiting lists for Homecare by over 90% between September 2022 and February 2023. This is likely to be a key area of focus for the CQC. From over 200, there are often now under 10 on the waiting list;
  - iii. due to a merger of services, people supported by the Whole Life Disability team can stay in the same service throughout their life, without a gap or transition between children's and adult's services;
  - iv. staff retention has improved, with the turnover of registered Social Workers reduce by over 10% between 2021/22 and 2022/23, and the service is attracting experienced Occupational Therapists;
- (m) the self-assessment tool also identifies key challenges and efforts taken to mitigate their impact. For instance:
  - i. there are particular challenges associated with Severe Multiple Disadvantage (SMD). Changing Futures has been developed as a multi-agency approach to improving support for this cohort;
  - ii. complexity and system pressures have been identified as a challenge. The transformation programme is addressing that, from prevention work and an early intervention strategy to improvements in homecare waiting times;
  - iii. co-production has been identified as an area the authority needs to improve compared to other local authorities, by development of a

- participation strategy. The participation strategy will be discussed at the Adults Leadership Team meeting on the week of the 27<sup>th</sup> March 2023;
- iv. variations in the quality of practice of interventions are being addressed through the development of a quality assurance framework, to ensure citizens receive a consistent service from all professionals;
  - v. performance reporting is currently not adequate, but the team are recruiting a head of service who will lead on that and produce an improved performance management framework;
- (n) the self-assessment tool has allowed the team to identify key strengths of the service:
- i. the commissioning approach is positive, with a small but expanding team who deliver good work in terms of co-production to develop services responding to unmet needs. The Carer's Strategy is a good example of this;
  - ii. there is a strong culture of continuous learning and improvement, with an in-house training and development team, apprenticeship programmes, and other professional development opportunities;
  - iii. workforce planning is a strength, with the workforce strategy starting to deliver positive outcomes in terms of recruitment, retention, and the development of practitioners as specialists;
  - iv. the transformation programme is a key strength, improving the quality of care and improving outcomes while dealing with increased demand;
- (o) it is anticipated that the team will know within 4-6 weeks whether Nottingham has been selected for the pilot scheme or not;
- (p) the self-assessment is now a public document, and will be shared with stakeholders and partners. It is important to get feedback from external stakeholders and partners, and hear whether they agree with the conclusions or if there are gaps that need to be addressed;
- (q) the team are working on a forward plan to address identified areas for improvement. It will be important to learn from the other local authorities' self-assessments and their examples of best practice;
- (r) it is important to continually refresh and review the self-assessment. It may be two years before Nottingham City is inspected, so any new evidence will need to be integrated.

In the discussion which followed, and in response to questions from the Committee, the following points were made:

- (s) the weaknesses and gaps had already been identified through the transformation programme, which is now in its second year. Those priorities have not changed through developing the self-assessment tool, but there is an understanding of the improving trajectory in those areas;
- (t) the finances of care providers in the private sector have never been under more pressure, due to rising energy bills and the cost of living. Interim funding from the government in last October has helped with that.
- (u) it most important to consider the outcome for the individual, and the authority does not set financial targets relating to support for individuals as there is a duty of care. The Council's pricing regime for social care has been put out to consultation, and is due for submission soon. New care packages will be issued to the private sector following that framework;
- (v) there are no targets for moving individuals into Supported Living, it is based on individual circumstances, taking individual preferences and needs into account. However, the creation of more Supported Living placements has created an alternative option to residential care when most appropriate to meet that individual's needs. Living independently in Supported Living with a care package is a better option for a number of individuals and happens to be less expensive, but a target would be the wrong way of looking at how to discharge the authority's duty of care;
- (w) waiting lists for homecare were extremely high a couple of years ago, exacerbated by Covid-19. Social workers were undertaking the assessments alongside other duties with increasing demand. As part of the transformation project, a team has been commissioned to complete the care assessments over the phone, which has enabled the authority to deal with the backlog and reduce waiting times. There are substantial quality checks on these assessments;
- (x) the authority has also taken out block contracts of homecare packages, to get them to people once assessed. The increased hospital discharge funding from October 2022 has helped to deliver improvements in getting people out of hospital with appropriate care packages, and it is hoped there will be a second tranche of funding to continue that work;
- (y) the self-assessment tool was constructed around the four themes identified by the CQC. The CQC will not look at Best Value, but they will look at issues of governance and accountability, and at effective commissioning of services;
- (z) the team commissioned to reduce the waiting list for homecare assessments was not in response to notification of the new CQC inspection regime. It has been in place since January 2022, before the new CQC duty to inspect;
- (aa) there was not sufficient time for frontline worker and service user views to be sought for the self-assessment, as the authority only had four weeks to

prepare it. The transformation programme has allowed feedback given through that process to be used however, and the self-assessment is an iterative document that will be refreshed and refined as feedback is given;

- (bb) it would be useful to increase the focus on educating citizens about what the authority delivers in terms of Adult Social Care, the costs, and the meaningful differences that this support delivers;
- (cc) Healthwatch work closely with the CQC, and have a statutory function to go into care settings and seek feedback from service users to identify improvements. It would be useful to speak to Healthwatch to talk about a strategy of involvement of citizens, in advance of the inspection;
- (dd) nine local authorities participated in the East Midlands region. The team have not seen the self-assessments produced by the other authorities yet, but will once they have been signed off by ADASS;
- (ee) the ADASS Annual Conversation is due to take place around May-June, which will provide a light touch audit around particular lines of enquiry, led by someone nominated by the Local Government Association. The self-assessments will give this some structure;
- (ff) in terms of encouraging feedback and participation from hard to reach groups, like the cohort experiencing Severe Multiple Disadvantage, there are trusted assessors in organisations like Framework and roles with Changing Futures that help with this. There is currently no cohesive plan, however, and this has been identified as a gap that the team need to work to address.

**Resolved to recommend to the Portfolio Holder for Adults and Health that:**

- (1) Adult Social Care take up the offer from Healthwatch Nottingham and Nottinghamshire to support with developing approaches to participation;**
- (2) Adult Social Care create a version of the self-assessment that can be easily understood by service users and their families and carers;**
- (3) She promotes the Council's role in delivering Care Act functions to citizens, what it costs and why it matters.**

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**Health and Adult Social Care Scrutiny Committee  
14 September 2023**

**Committee Terms of Reference**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To ensure that the Committee has clarity regarding its purpose and objectives, and rules of operation so that it can operate efficiently and effectively contributing to good governance of the Council.

**2 Action required**

- 2.1 The Committee is asked to note:
- a) its Terms of Reference for municipal year 2023/24;
  - b) that Article 11 (Overview and Scrutiny) of the Constitution sets out the rules within which it must operate; and
  - c) that its operation, and the approach of scrutiny councillors should be in line with the agreed Overview and Scrutiny Protocol.

**3 Background information**

- 3.1 The Health and Adult Social Care Scrutiny Committee was established by Council as one of the Council's overview and scrutiny committees, specifically to carry out the statutory overview and scrutiny functions in relation to matters relating to adult social care and public health and the statutory role in scrutinising health services commissioned and provided for residents of the City.
- 3.2 The Terms of Reference for the Committee are attached.
- 3.3 Article 11 (Overview and Scrutiny) of the Constitution sets out the rules within which all of the overview and scrutiny committees must operate, including that:
- a) The core purpose of overview and scrutiny is to contribute to policy development and ensure that the Council's Executive is publicly held to account for its decisions and actions.
  - b) Each scrutiny committee is responsible for developing its own work programme to fulfil its terms of reference and this work programme should be focused on issues of importance to the Council, relevant partners or the city as a whole.
  - c) Scrutiny committees cannot make decisions or overturn the decisions of others but aim to support improvement by making evidence based reports or recommendations to the Executive and individual Executive members on any of the functions of the

Executive and on any matters which affect the city or citizens. The committees can also make recommendations to partner organisations.

- d) In order to collect evidence to support their reports and recommendations, scrutiny committees can require any member of the Executive Board, the Chief Executive and/or any Corporate Director or Director to attend a meeting to discuss any decision they have taken, the extent to which the actions taken implement adopted Council policy, or performance within their remit.
- e) Within two months of receiving a report or recommendation(s) from a scrutiny committee, the Executive is required to consider the report or recommendations; respond to the committee on what action, if any, is to be taken in response to the report or recommendations; and if the report is published, to publish the response.
- f) Scrutiny committees can also invite other individuals and organisations to attend meetings to discuss issues of local concern and/or answer questions, and make reports and recommendations to other individuals and organisations. However, these organisations and individuals are under no obligation to attend or respond to recommendations.
- g) The call in process enables scrutiny committees to examine and make recommendations on a decision made by the Executive that has not yet been implemented.

3.4 In addition to the powers held by all overview and scrutiny committees, the Committee can require representatives of commissioners and providers of NHS and public health funded services to provide information to the Committee, to attend meetings and answer questions; make reports and recommendations to the commissioners of NHS and public health funded services on matters within their remit and require them to respond to such recommendations. Commissioners of NHS and public health funded services also have a duty to consult the Committee when there are proposals for substantial developments or variations to services, and the Committee has the ability to make comments on those proposals. In certain circumstances, the Committee has the power to refer decisions about substantial developments or variations in health services to the Secretary of State.

3.5 To support its evidence gathering process, the Committee invites a representative of Healthwatch Nottingham and Nottinghamshire to attend formal meetings of the Committee to provide evidence and insight on matters under the Committee's consideration.

3.6 Article 11 (Overview and Scrutiny) also sets out the following key principles for how overview and scrutiny should be carried out:

- All overview and scrutiny activity should, as far as possible, be politically neutral.
- All overview and scrutiny recommendations should be based upon evidence which councillors should consider with an open mind.



- All overview and scrutiny activity should be constructive and focussed on improvement.
- Overview and Scrutiny activity should be conducted in public wherever possible.
- All reviews should be conducted fairly with all members of the Committee given the opportunity to ask questions and to contribute and speak.
- Those assisting the Committee by giving evidence should be treated with respect and courtesy.
- Reviews should adhere to the agreed scope, purpose and intended time limit.
- Overview and scrutiny committees should endeavour to reach consensus whenever possible.
- The relationship between the Executive and Scrutiny should be based upon mutual respect for the others' role. Any disputes will be escalated to the Chair of the Corporate Scrutiny Committee and the Leader for resolution with support from the Monitoring Officer if necessary.

3.7 In support of these principles an Overview and Scrutiny Protocol has been developed with input from both the overview and scrutiny function and the Executive. This protocol sets out that ensuring good scrutiny is a whole council responsibility and that scrutiny councillors, the Executive and senior officers all have a role to play in working together to create the right culture and conditions for success.

#### **4 List of attached information**

4.1 Health and Adult Social Care Scrutiny Committee Terms of Reference

4.2 Overview and Scrutiny Protocol

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None

#### **6 Published documents referred to in compiling this report**

6.1 Nottingham City Council Constitution

#### **7 Wards affected**

7.1 All

#### **8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)



## **Health and Adult Social Care Scrutiny Committee**

### **Terms of Reference**

#### **Description**

The Health and Adult Social Care Scrutiny Committee (the Committee) is a politically balanced Non-Executive Committee of Council. It is established to discharge functions conferred by the Localism Act 2011 in relation to matters relating to adult social care and health; and the NHS Act 2006, as amended by the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Board and Health Scrutiny) Regulations 2013. The Committee is accountable to Council and will report annually to Council on its activities during the previous year.

The Committee will offer constructive review, feedback and challenge to the Council's Executive and other relevant local decision makers on their decisions, actions, policy, strategy and performance.

#### **Purpose**

The purpose of the Health and Adult Social Care Scrutiny Committee is to;

- (a) hold local decision-makers, including the Council's Executive for matters relating to adult social care and public health and commissioners and providers of local health services, to account for their decisions, actions, performance and management of risk
- (b) review existing policies and strategies of the Council and other local decision-makers where they impact on adult social care and/ or the health of Nottingham citizens
- (c) contribute to the development of new policies and strategies of the Council and other local decision makers where they impact on adult social care and/ or the health of Nottingham citizens
- (d) explore any matters relating to adult social care and/ or health affecting Nottingham and/or its citizens
- (e) make reports and recommendations to relevant local agencies with respect to the delivery of their functions, including the Council and its Executive and commissioners and providers of local health services
- (f) exercise the Council's statutory role in scrutinising health services for Nottingham City, in accordance with the NHS Act 2006, as amended and associated regulations and guidance
- (g) be part of the accountability of the whole health system and engage with commissioners and providers of health services and other relevant partners, such as the Care Quality Commission and Healthwatch.
- (h) review decisions made but not yet implemented by the Council's Executive in accordance with the Call-In Procedure.

#### **Objectives**

The Health and Adult Social Care Scrutiny Committee will:

- (a) develop and manage its work programme to ensure all statutory and other roles and responsibilities are fulfilled in relation to matters relating to adult social care and health to the required standard and which covers review and development of key issues, policies and strategies relevant to Nottingham and its residents,

and which adds value through the examination of those issues of local importance and concern, in accordance with the scope and approach set out in Article 11 – Overview and Scrutiny,

- (b) to work with the other scrutiny committees to support effective delivery of a co-ordinated overview and scrutiny work programme.
- (c) monitor the effectiveness of its work programme and the impact of outcomes from overview and scrutiny activity
- (d) regularly review decisions, actions and performance of the Council’s Executive and other relevant local decision makers, including the commissioners and providers of NHS and public health funded services and the Council’s group of companies
- (e) consider any relevant matter referred to it by any of its members and consider any relevant local government matter referred to it by any Nottingham City Councillor.
- (f) engage with and respond to formal and informal consultations from commissioners and providers of local health services
- (g) hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities
- (h) respond to referrals from, and make referrals to, Healthwatch Nottingham and Nottinghamshire as appropriate

The Health and Adult Social Care Scrutiny Committee has no decision making powers but has power to:

- (a) review any matter relating to the planning, provision and operation of health services in the area
- (b) require members of the Council’s Executive, and representatives of commissioners and providers of NHS and public health funded services, to: provide information to the Committee, to attend meetings and answer questions posed by the Committee
- (c) invite other persons to attend meetings of the Committee to provide information and/ or answer questions
- (d) make recommendations and provide reports to relevant decision makers, including the Council’s Executive and commissioners of NHS and public health funded services, on matters within their remits. The Council’s Executive and commissioners of NHS and public health funded services have a duty to respond in writing to such recommendations
- (e) be consulted by commissioners of NHS and public health funded services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. In certain circumstances, the Committee has the power to refer decisions about substantial developments or variations in health services to the Secretary of State.

Further detail on the rules and procedures relating to Overview and Scrutiny, including the Call-In Procedure, can be found in Article 11 – Overview and Scrutiny.

### **Membership and Chairing**

The Health and Adult Social Care Scrutiny Committee has 8 members.

Members of the Executive and members of the Health and Wellbeing Board are excluded from membership of the Committee.

Executive Assistants responsible for assisting on a Portfolio within the remit of this Committee are excluded from membership of this Committee.

The Chair of the Committee will be appointed by Full Council at its Annual General Meeting. The Chair cannot be a chair of the Board of a company in the Council's Group of companies that relates to matters within the Committee's remit.

The Health and Adult Social Care Scrutiny Committee may choose to appoint co-opted members to the Committee. Voting arrangements for co-optees will be in accordance with the scheme of voting rights for co-opted member of overview and scrutiny committees set out in Article 11 – Overview and Scrutiny.

A representative of Healthwatch Nottingham and Nottinghamshire is invited to attend formal meetings of the Committee to provide evidence and insight on matters under the Committee's consideration.

### **Substitutes**

Substitute members are permitted for this Committee.

### **Quorum**

The standard quorum for Council Committees applies to this Committee.

### **Frequency of Meetings**

The Committee usually meets once a month, with the exception of August.

### **Duration**

There is no limit on the lifespan of the Health and Adult Social Care Scrutiny Committee.

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## Overview and Scrutiny Protocol

### Vision for Overview & Scrutiny in Nottingham

Overview and Scrutiny in Nottingham will ensure effective democratic accountability and support effective scrutiny. This will support and add real value to decision making. This will be achieved by a Councillor-led Overview and Scrutiny function which is held in high regard by its partners and stakeholders and which will add value for the citizens of Nottingham.

This vision recognises that Overview and Scrutiny is a core component of the governance structure of the Council, and that Scrutiny Councillors, the Executive and senior officers will all work to create the right culture and lead the way in making the vision a reality. Ensuring good Scrutiny in Nottingham is a whole council responsibility.

To achieve this Scrutiny will follow the nationally agreed 'Four Principles of Good Scrutiny';

- a. Provides constructive "critical friend" challenge;
- b. Amplify public voice and concerns;
- c. Be led by 'independent minded people' who take responsibility for their role
- d. Drives improvement in public services;

<https://www.cfgs.org.uk/revisiting-the-four-principles-of-good-scrutiny/>

### Conditions for Success

To succeed, the Council recognises that the following conditions need to be present:

#### 1. Parity of Esteem between the Executive and Scrutiny

Scrutiny is a whole Council responsibility. The Council recognises that Overview and Scrutiny Committees have an important role to play in supporting high quality decision-making and policy development. There is collective responsibility to enable Overview and Scrutiny to function effectively.

Parity of Esteem means that the value and benefit of Overview and Scrutiny is recognised and held in high regard. This means creating a strong organisational culture that recognises the critical role of independent Scrutiny in the governance process is essential to adding value and creating efficient and effective services. Without recognition of this, Councillors and officers involved in Scrutiny are not empowered to exercise their duties as they should, resulting in poor accountability.

The Council will strive to encourage and support a mix of more experienced and new Councillors as members of the Overview and Scrutiny committees.

#### 2. Clear Purpose and Focus

Scrutiny activities should be well planned and timely. The focus of items coming before the Overview and Scrutiny Committees should be sufficiently focused so that the Committee are clear what they are looking at and there is an understanding about what they are hoping to achieve. There must be clarity on what Scrutiny wants to do and confidence in it being a good use of the Committees' valuable time, that it can add value, that it can influence outcomes and make an impact.

The Council recognise that good topics for Overview and Scrutiny to consider are those that;

- are critical to the effectiveness of the Council
- are a big priority or concern to their communities
- pose a significant risk or threat to the Council and the community
- present a significant opportunity for Overview and Scrutiny to make a meaningful contribution

The Chair of Overview and Scrutiny, the Statutory Scrutiny Officer and a Senior Governance Officer will meet with the Leader, Deputy Leader and Chief Executive on a monthly basis to identify new and emerging areas where Scrutiny can support Executive decision making in relation to emerging priorities and policy. Where appropriate meetings with Portfolio holders and other relevant stakeholders will be convened to support and inform the development of matters that have come to the attention of the Committee or are on the work programme. This will ensure that the Overview and Scrutiny Committees are focussing their attention on matters where they can add most value and provide valuable support to policy development and executive decision making.

The Statutory Scrutiny Officer will attend CLT on a monthly basis to update Senior Leadership team on the work being undertaken by the Committees and to receive suggestions on future areas that the Overview and Scrutiny committees may wish to factor in to their work programme.

When considering and setting the work programme, including making changes the Committee will have regard to the flow chart attached at appendix 1 to ensure that the Committee's work is prioritised effectively.

Overview and Scrutiny Committees are in charge of its own work programme and there will occasionally be times when Scrutiny and the Executive do not agree on which items the Overview and Scrutiny Committees should consider but with meaningful engagement such occasions will be rare.

Scrutiny Committees must review work programmes to identify a clear order of priority for all topics being considered. It is acknowledged that it is not possible for Scrutiny to look at all items of interest, and it is important that committees do not overreach.

The Chair is responsible for ensuring that that the Committee remains focussed on the items in the work programme and that prioritisation is appropriately apportioned.



Once the work programme is established it must be published and shared with internal and external organisations, so they are clear on upcoming topics and have plenty of time to prepare.

### **3. Evidence Based Questioning, Conclusions and Formulating Recommendations that Add Value**

The Scrutiny process should be impartial and driven by the evidence. Scrutiny should focus on the big issues facing the Council and the Communities they serve. Items before the Overview and Scrutiny Committees should not be politically motivated, parochial, repetitious or used as an opportunity to showcase. At the conclusion of an item the Chair should summarise the representations made and draw together the conclusions of the committee based on the evidence available to it and, where appropriate, set out the recommendations of the committee based on those conclusions and evidence that are clear, feasible, deliverable and provide value for money by securing benefits that outweigh the costs of implementation.

It should be noted that the Scrutiny process is not meant to be an “expert” review. If expert input is required that should be sought by the Committee as part of their evidence gathering process.

When Scrutiny is making recommendations, it must consider the impact that they will have and the resource implications, obtaining advice from relevant Executive Councillors and officers where necessary.

Recommendations will be sent to the relevant decision maker and I

Recommendations made by the Overview and Scrutiny Committees will be recorded to enable it to be reviewed, tracked and assurance sought about what action has been taken as a result. In accordance with the spirit of the legislation when asked the individual or body who the recommendation has been directed to is responsible for responding with reasons for why they have/have not accepted recommendations and if the recommendations are accepted to provide evidence of how the recommendations have been implemented.

Scrutiny must add value and not duplicate the other forms of performance management, review or inspection. Equally, decision-makers must seek to ensure that Scrutiny is involved in a timely manner, at a point where the outcome can be influenced, to ensure and to ensure any involvement is meaningful. Decision makers should give meaningful consideration to recommendations made by Overview and Scrutiny Committees.

### **4. Councillor Leadership and Engagement**

Councillors have a unique perspective to bring to the Overview and Scrutiny process, a different point of view which brings something distinct to both policy development and scrutiny of Executive decisions.

Committee Members set their own work programmes, work on a cross party basis and can look at things from angles that might not be apparent to Executive Councillors or senior officers.

To be successful, Councillors and officers must engage with Scrutiny in a positive way. In order to support this presentations and supporting information should be provided to the Committee at least 48 hours in advance so that committee members can come fully prepared and ready to ask questions/explore issues.

## **5. Reflecting the Concerns of Residents**

When carrying out its work Scrutiny should take into account the concerns of residents, and where they can add value and make an impact. This may include, if appropriate and at the discretion of the Chair, speaking at a formal meeting of a Committee, or by way of an informal meeting, visit, submission of written information etc established for the Committee to gather evidence to inform their thinking and scrutiny.

The views and ideas of citizens, service providers and other agencies with an interest in the subject under review are all valuable in effective Scrutiny. Scrutiny should involve stakeholders and take account of views of service users and the public, with particular efforts to engage groups that are harder to reach. Constructive engagement and clear lines of communication should enable a two-way flow of information between Scrutiny and all those involved, including feedback of results.

Reflecting citizens' concerns will entail Scrutiny taking a wider view than Council policies and services. In particular, Scrutiny has a legitimate interest in scrutinising organisations and projects that receive public funding to deliver goods and services, including Council owned companies. This should be recognised by the Council and, where relevant, consider the need to provide assistance to Scrutiny Councillors to obtain information from organisations the Council has contracted to deliver services.

## **6. Mutual Respect and Good Faith**

While Scrutiny should be constructive and challenging, it will only be successful if all partners work together considerately, within a climate of non-partisan working. To support non-partisan working political groups should respect the independence of Scrutiny and must not seek to influence its work.

Scrutiny must be forensic and challenging but Councillors must also collaborate to support decision-makers to do their work better. Councillors must listen and engage constructively, irrespective of political group, putting the values of Scrutiny into practice.

Decision-makers have to be open to scrutiny and create a culture which enables effective scrutiny to happen.

## **7. Clear Roles, Responsibilities and Relationships**

To facilitate good Scrutiny, the roles of all participants in the scrutiny process must be clear and understood by all.

In summary:

Overview and Scrutiny Chairs are responsible for leading and co-ordinating the work of the Scrutiny Committee so that Scrutiny functions in a positive, constructive and

non-partisan manner which provides a good environment for the constructive challenge of decision-makers.

Overview & Scrutiny Councillors must contribute time and effort to the development of the Scrutiny work programme to ensure that the items selected adequately reflect of the needs of the Citizens of Nottingham, focus on the bigger picture, and are prioritised effectively.

Overview and Scrutiny Committee members are required to attend Committee meetings, come prepared and be ready and willing to contribute to committee meetings by asking meaningful questions; they must be independent minded and not pre-judge issues coming to Scrutiny nor use the meeting to promote narrow or parochial interests. Overview and Scrutiny Committee members are also expected to prioritise associated training, briefing and evidence gathering sessions.

The senior political leadership of the Council set the tone of how successfully Overview and Scrutiny will be able to work. Executive Councillors should act as a champion for the work of the Overview and Scrutiny Committees both within and outside the organisation. They will create a culture which enables effective Scrutiny to happen, and will ensure that any recommendations of an Overview and Scrutiny Committee are responded to and agreed recommendations implemented. In accordance with the legislation Executive members, and executive assistants on sufficient notice will provide requested information and prioritise and make themselves available to attend Overview and Scrutiny Committees and come prepared and willing to answer questions.

Officers should provide impartial and high quality advice and evidence to Scrutiny Committees and may be asked to provide information and/or attend Overview and Scrutiny Committees to explain policies or to answer questions on service delivery. Where officers are asked to appear at Overview and Scrutiny Committees they are there to answer questions and their evidence should, as far as possible, be about questions of fact and explanation relating to policies and decisions.

All Councillors are expected to act in accordance with the highest standards of probity in public life, and in accordance with the Councillor Code of Conduct at all times.

## **8. Transparency of the Scrutiny Process and Access to Information**

Scrutiny should be a transparent process and encourage open and honest discussion. Processes and reports should be clear and accessible to the public. Formal meetings of Overview and Scrutiny Committees are subject to Access to Information Procedure Rules as set out in Article 13 of the Constitution.

All formal Committee agendas published on the Council's website. Work programmes are published on each O&S Committee's agenda.

An annual Scrutiny Report will be presented to Full Council outlining Scrutiny activity in accordance with the Overview and Scrutiny Committee terms of reference, as set out at Article 9 of the Constitution. The Chairs of Overview and Scrutiny Committees

may by exception request additional reports be taken to Council to highlight areas of specific concern or make recommendations about particular issues.

To be effective, a Scrutiny Committee must receive relevant information in a timely manner. This is supported by legislation which gives the Committee rights to access information that relates to Scrutiny work, even where information is exempt from publication. The legislation is attached at Appendix 2 and reference in Article 13 of the Constitution.

## **9. Training and Development**

All Councillors and Senior Officers will be required to attend training in relation to Overview and Scrutiny to ensure that the role of Overview and Scrutiny is understood and the role and value that Overview and Scrutiny plays in supporting good decision making and policy development.

If training for specific matters due to come before the Overview and Scrutiny Committees is required and sufficient notice is provided this will be arranged.

**Health and Adult Social Care Scrutiny Committee  
14 September 2023**

**Recovering and Sustaining General Practice**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To consider work taking place and plans to improve patient experience through recovering and sustaining General Practice in the City.

**2 Action required**

- 2.1 The Committee is asked:

- a) if it wishes to make any comments or recommendations; and
- b) to consider its approach to future scrutiny, including focus and timescales.

**3 Background information**

- 3.1 In May 2023, NHS England published the 'Delivery Plan for Recovering Access to Primary Care', in recognition of the challenges facing primary care and the impact this is having on patient experience. In November 2022, the Committee heard from Nottingham and Nottinghamshire Integrated Care Board about its emerging Primary Care Strategy designed to ensure that there is strong and effective primary care as part of the health and care system addressing issues about the longer term sustainability of primary care. The Committee recommended that the Strategy develops a model of resource allocation that reflects need, population diversity and deprivation; focuses on effectively integrating primary and secondary care and those people who need more specialist care than can be provided in a primary care setting but who do not meet the criteria for a specialist service; focuses on reducing health inequalities and prevention; and encourages citizen participation in development and delivery, including having panels that are representative of the diverse nature of the City population.
- 3.2 Nottingham and Nottinghamshire Integrated Care Board (ICB) have submitted a paper (attached) updating the Committee on actions being progressed locally to support the Delivery Plan and develop a System Level Access Recovery Plan. Representatives of the ICB will be attending the meeting to discuss this work and answer questions from the Committee.

**4 List of attached information**

4.1 'Recovering and Sustaining General Practice' briefing from Nottingham and Nottinghamshire Integrated Care Board

**5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None

**6 Published documents referred to in compiling this report**

6.1 NHSE (May 2023) Delivery Plan for Recovering Access to Primary Care'

6.2 Report to and minutes of the meeting of the Health and Adult Social Care Scrutiny Committee meeting held on 17 November 2022

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

## Recovering and Sustaining General Practice

### Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

September 2023

#### 1 Introduction

This briefing provides an update on the plans to recover and sustain General Practice in Nottingham City. Details of the national and local priorities for delivery, which includes a focus on ensuring patients have an assessment of need or are sign-posted to an appropriate service at first contact, are described, along with the actions being taken to retain and recruit to a sustainable General Practice workforce.

#### 2 Background

NHS England (NHSE) published the “Delivery plan for recovering access to primary care”<sup>1</sup> on 9th May 2023, recognising the capacity challenges being experienced by Primary Care, the impact this has on patient experience and recommending measures to address the challenges.

The Delivery Plan summarises recovery of primary care into four areas:

- a. **Empowering patients** to manage their own health including using the NHS App, self-referral pathways and through more services offered from community pharmacy. This will relieve pressure on General Practice.
- b. **Implementing “Modern General Practice Access”** to tackle the 8am rush, provide rapid assessment and response, and avoid asking patients to ring back another day to book an appointment.
- c. **Build capacity** to deliver more appointments from more staff and add flexibility to the types of staff recruited and how they are deployed.
- d. **Cut bureaucracy** and reduce the workload across the interface between primary and secondary care, and the burden of medical evidence requests so practices have more time to meet the clinical needs of their patients.

Nottingham and Nottinghamshire Integrated Care Board (ICB) has developed a Primary Care Strategy<sup>2</sup> which has an initial focus on General Practice and will be developed over the next 12-18 months to include community pharmacy, dentistry and optometry.

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<sup>1</sup> [Delivery plan for recovering access to primary care \(england.nhs.uk\)](https://www.england.nhs.uk/primary-care-strategy/)

<sup>2</sup> [primary-care-strategy.pdf \(healthandcarenotts.co.uk\)](https://www.healthandcarenotts.co.uk/primary-care-strategy.pdf)

The Primary Care Strategy incorporates all the requirements of the Delivery Plan as well as projects that will support longer term sustainability of Primary Care including recruitment and retention of staff and ensuring the estate is available in communities to provide local services.

### **3 Actions being progressed by General Practice and ICBs to support the Delivery Plan**

Primary Care Networks (PCNs) have developed local improvement plans to improve capacity and access. This is supported by local and national support offers for developing integrated primary care, with the ICB providing support as required. PCNs and individual practices are now working to implementing these plans during 2023/24.

Some of the key actions to improve access are described below.

#### **a) Empowering patients**

- Nottingham and Nottinghamshire is an early adopter of the NHS App with a high level of uptake by our population. It is recognised that the App will not meet the needs of all our citizens due to access to smartphones and for people who do not speak English.
- Seven self-referral pathways will be in place by December 2023 to enable quick access to the right professional. The pathways are community musculoskeletal (MSK), audiology, weight management, community podiatry, wheelchair services, community equipment and falls services.
- Community Pharmacy services are being developed to provide easy access for citizens to a range of services including contraceptive services, common conditions, and blood pressure testing and monitoring.

#### **b) Implementing “Modern General Practice Access”**

- A high number practices have already adopted Cloud Based Telephony systems which can provide live data on the number of calls waiting and offer a call back feature which has been shown to reduce patient complaints relating to waiting times. All practices will move from analogue telephony by the end of 2023/24 with full call functionality rolled out during 2024/25.

#### **c) Building Capacity**

- The PCN Additional Roles and Reimbursement Scheme (ARRS) has achieved an increase of 178 staff (155 WTE) in the City since the contract commenced. The 17 different roles employed through the PCNs support direct patient care and delivery of extended services as part of the contract e.g. Care Navigators, Primary Care Paramedics, First Contact Physiotherapists, Social Prescribers.
- Integrated Neighbourhood working approaches are being further developed across all areas of the City, building on learning from the Community



Transformation Programme in Bulwell and Top Valley PCN. This has demonstrated the benefit of community engagement in identifying areas that are of importance to the local community.

- Primary Care communications campaigns will be undertaken to ensure patients are aware of the role and value of other members of the Primary Care team who can support their needs.

**d) Cut bureaucracy**

- A considerable amount of work has been undertaken to improve the primary / secondary care interface with GPs working with clinicians at Nottingham University Hospitals. This includes ensuring that work is undertaken in the correct place for a pathway to ensure no unnecessary transfer of work as well as GPs working alongside Acute Consultants to reduce inappropriate attendances at A&E.

In addition, Nottingham City Place-Based Partnership (PBP) has supported the development of the 'Thriving City General Practice' (TCGP) Programme led by Dr Hugh Porter and Michelle Tilling (PBP Clinical Director and Locality Director respectively). TCGP has successfully brought City practices together to agree a vision and a programme of transformation to support general practice resilience and sustainability in line with the ICB Primary Care Strategy.

#### **4 Actions to support the recruitment, retention and wellbeing of staff**

The long term sustainability of General Practice requires a sustainable primary care workforce that enables a focus on prevention and community based care. This will require a complex skill mix with new roles and different ways of working. There are a number of programmes available to support staff:

- Flexible and diverse roles are being created to support individual development, continuous service improvement and strong clinical leadership e.g. workforce fellowships are available to all newly-qualified GPs and nurses working in General Practice with a focus on working within and across a PCN; mid-career and senior career fellowships are offered to more experienced GPs providing opportunities to undertake projects and learn quality improvement skills.
- The ICB was a national pilot site for the NHS staff survey for Primary Care staff. The survey had a 30% response rate from all Primary Care staff groups and highlighted issues around staff feeling safe and healthy and morale. Further work is now being undertaken to develop actions plans to support staff.

#### **5 Developing a Recovery Plan**

NHS England requires all ICBs to develop a System Level Access recovery plan which sets out how they will achieve the “Delivery Plan for recovering access to primary care”. This will be presented to the public board meeting of the ICB in November 2023 with an update on progress in March 2024.

This plan will include:

- Actions that PCNs and practices will deliver
- How this aligns to the Fuller Stocktake recommendations
- A focus on immediate needs for digital telephony systems
- Prioritised support for those areas with lowest patient satisfaction scores

This will provide transparency and an on-going focus on Primary Care delivery within Nottingham and Nottinghamshire.

## **6 Recommendation**

The Nottingham Health and Adult Social Care Scrutiny Committee is asked to:

- 1 Consider the actions being taken to support the recovery and sustainability of General Practice.
- 2 Note the development of a System Level Access recovery plan for presentation to the public Board meeting of the ICB in November 2023.

**Health and Adult Social Care Scrutiny Committee  
14 September 2023**

**Quality Accounts 2022/23**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To inform the Committee of the outcomes of its work in relation to provider Quality Accounts 2022/23.

**2 Action required**

- 2.1 The Committee is asked to note the Comments submitted to the following health providers for inclusion in their Quality Account 2022/23: Nottingham University Hospitals NHS Trust; Nottinghamshire Healthcare NHS Foundation Trust; East Midlands Ambulance Service NHS Trust; and Nottingham CityCare Partnership.

**3 Background information**

- 3.1 A Quality Account is a report about the quality of services offered by an NHS healthcare provider. The reports are published annually by each provider, including the independent sector, and are available to the public. They are a mechanism for local NHS services to report on quality and show improvements in the services they deliver. The quality of services is measured by looking at patient safety, the effectiveness of treatments patients receive and patient feedback about care provided.
- 3.2 Providers are required to send their Quality Account to their local overview and scrutiny committee responsible for health scrutiny and that committee has the opportunity to comment, if it chooses to do so, to provide assurance of a provider's Quality Account. Such comments must be included in the final document, which have to be published by the end of June. Assurance is voluntarily provided and, depending on capacity, the committee may prioritise and comment on those providers where councillors and service users they represent have a particular interest.
- 3.5 For 2022/23, the Committee considered the Quality Accounts of the following providers:
- Nottingham University Hospitals NHS Trust
  - Nottinghamshire Healthcare NHS Foundation Trust
  - East Midlands Ambulance Service NHS Trust
  - Nottingham CityCare Partnership
- 3.6 Based on evidence gathered by the Committee through the course of its work, review of written Quality Account documents and, in the case of

Nottingham University Hospitals and Nottinghamshire Healthcare Trust, speaking with representatives of providers, the Committee submitted Comments to those four providers.

3.7 Copies of the submitted Comments are attached to this report.

#### **4 List of attached information**

4.1 Comment submitted to Nottingham University Hospital NHS Trust

4.2 Comment submitted to Nottinghamshire Healthcare NHS Foundation Trust

4.3 Comment submitted to East Midlands Ambulance Service NHS Trust

4.4 Comment submitted to Nottingham CityCare Partnership

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None

#### **6 Published documents referred to in compiling this report**

6.1 None

#### **7 Wards affected**

7.1 All

#### **8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

## **Nottingham University Hospitals Trust Quality Account 2022/23**

### **Comment from Nottingham City Council Health and Adult Social Care Scrutiny Committee**

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomed the opportunity to discuss the Trust's Quality Account 2022/23 with colleagues from Nottingham University Hospitals NHS Trust and is pleased to be able to comment on it. The Committee's comments focus on areas in which it has engaged with the Trust in 2022/23.

The Committee has been concerned about the Care Quality Commission's assessment of how the Trust is led because that impacts on the quality and safety of care provided by the Trust as a whole. Given the importance of credible leadership in leading and embedding the necessary change, the Committee welcomed the changes at senior leadership level during the last 12-18 months and the impact that has appeared to have. During the course of this year, the Committee has sought reassurance about the level and quality of system oversight and support in place for the Trust, and feedback to the Committee has been that the Trust is engaging positively with regulators and oversight organisations. The Ockenden Review in relation to maternity services is ongoing and the Trust will also need to respond to its findings as they emerge. However, it is nevertheless still concerning that it is necessary for the Trust to be subject to such external scrutiny arrangements. In last year's comment on the Trust's Quality Account, the Committee highlighted its particular concern about the CQC's findings in relation to bullying and discrimination, specifically allegations attributed to racial discrimination. The Committee is pleased to note more specific acknowledgement of these issues and work to address them in this year's Quality Account document, which is important for both staff experience and its implications for patient safety and experience. The Committee welcomes the development of an Inclusion Strategy and encourages this to have an explicit focus on practical implementation to ensure that good intentions result in embedded change.

In recent years the Committee has had concern about the pace of change in improvement, but the Committee recognises activity over the last year to strength programme management office support and install appropriate application of a project management approach to improvement. While the Committee feels that the Trust has begun to improve its listening to staff, it is important that a listening culture is truly embedded and information provided to the Committee indicates that there is more to do. The Committee suggests that this should include engaging with staff on the Inclusion Strategy and developing plans to listen to staff at all levels about if, and how they feel it has resulted in change. The Committee also acknowledges the work that has been done to address concerns about incident recognition, reporting and investigation. The Committee believes that a high reporting culture is positive, but the number of Never Events over the last year is a concern. It is important that the Trust not only improves its processes for reporting but is also able to demonstrate to patients that it is learning from incidents and embedding real changes as a result to avoid similar incidents being repeated. The Committee supports the application of Just Culture principles that focus on system improvements. It is positive that the backlog of incident work in maternity services has now been largely completed and that there are plans for a more sustainable approach to incident management. It is also positive to hear from the Trust that its learning from these incidents is consistent with initial feedback from the Ockenden Review.

The Committee welcomes the commitment to improving maternity services and the work streams that the Trust has in place to address issues such as staff recruitment and retention in that service. However, issues across the Trust with workforce recruitment, and the impact

of this on quality and safety remain a concern for the Committee. The Committee recognises that recruitment is a national issue and that more needs to be done to invest in training at a national level. However, there are local challenges with retention, such as workforce experience and culture and the Committee is concerned about the impact of workforce pressures on patient safety with the potential increased risk of unintended mistakes, with people distracted and risk of insufficient attention to detail.

While it is important that providers do all that they can to maximise efficient use of their own resources, many of the challenges facing providers are system-wide issues that require a system-wide response. The Committee supports the Trust's continued approach of engaging with partners across the health and social care system, and beyond to develop solutions to these challenges. The Committee has heard examples of how the system has come together to support each other in response to particular pressures, such as industrial action, and while these one-off collaborations require additional investment, the Committee encourages all partners to review the lessons learnt from this and whether elements of such approaches can be used on a more regular basis if decisions are taken as a system rather than as individual organisations. As an example, when the Committee looked at changes that the Trust made to the triaging of referrals to the neurology service it felt that the Trust could have had stronger engagement with stakeholders, such as GPs, primary care partners and patients, when developing the proposals for change. The Committee suggests that this could be an area for improvement in the future.

The Committee is supportive of a continued focus by the Trust on the same improvement priorities for 2023/24. While the report details the progress that has been made there is clearly opportunity to do more and there will be benefits of maintaining momentum on these issues. However, the Committee feels that it would be preferable for a two year programme to have been set out in plans at the outset, and would like assurance for the future that programmes for improvement are based on a robust understanding of the nature and scale of the issues and are realistic and achievable within available time and resources.

## **Nottinghamshire Healthcare Trust Quality Account 2022/23**

### **Comment from Nottingham City Council Health and Adult Social Care Scrutiny Committee**

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomed the opportunity to discuss the Trust's Quality Account 2022/23 with colleagues from Nottinghamshire Healthcare Trust and is pleased to be able to comment on it. The Committee's comments focus on areas in which it has engaged with the Trust in 2022/23.

During the course of the year the Committee has spoken to the Trust about the delivery of several different services including for those with co-existing substance misuse and mental health conditions, adult eating disorder services and step 4 psychological therapies. The Committee welcomes the transformation taking place in relation to mental health services and associated investment, although this has not yet been implemented for patients in the City which has resulted in an inequity depending on where people live in the county. The Committee will be looking at what has changed for City residents and patient experience at the end of the forthcoming year. However, having heard about the significant recruitment challenges facing the Trust and that recruitment is the most significant risk to delivery of transformation, the Committee is concerned about whether ambitions will be fully realised. The Committee had previously spoken to the Trust about provision of adult eating disorder services following concern about waiting times to assessment and treatment. The Committee also had concern about access for those who have an eating disorder but who are not underweight. While the Committee acknowledges that the Trust says it doesn't have a weight criteria, Committee members have seen anecdotal evidence of this being used to decline access to the service. The Committee welcomed the review of current and expected demand and capacity gaps and the approval of a new staffing model. However, when the Committee reviewed progress on this it was disappointed that waiting times for assessment and treatment had increased. While an increase in posts had been approved, the Trust has faced challenges in filling those posts and advised the Committee that waiting times were unlikely to improve until the service is fully staffed and it was unable to say when that would be. While the Committee acknowledges that recruitment is a national issue, it is nevertheless concerned about the consequent impact on patient experience and safety while waiting. The Committee has encouraged the Trust to ensure that it is supporting people to 'wait well'.

The Committee has received anecdotal feedback from members of the public and professionals about the services that it has looked at and, in many cases, these experiences do not match with what the Committee is told by the Trust. The Committee acknowledges that individuals who contact the Committee about their experiences are often self-selecting and have a particular, often less positive, experience to share, but the Committee would like to see more creative approaches to getting feedback. Patient feedback is useful but not always easy for people, especially those in receipt of some mental health services, to do and other sources of information such as feedback from other healthcare professionals would be useful alongside listening to staff to understand common themes and areas for improvement. In addition, the Committee suggests that, in conjunction with commissioners, it is crucial for the Trust to learn from the experience of those who aren't its patients – non-users and those who have sought access to services but have been unable to access.

While it is important that providers do all that they can to maximise efficient use of their own resources, many of the challenges facing providers are system-wide issues that require a system-wide response. The Committee supports the Trust's continued approach of engaging with partners across the health and social care system, and beyond to develop

solutions to these challenges. The Committee has heard examples of how the system has come together to support each other in response to particular pressures, such as industrial action, and while these one-off collaborations require additional investment, the Committee encourages all partners to review the lessons learnt from this and whether elements of such approaches can be used on a more regular basis if decisions are taken as a system rather than as individual organisations. As an example of opportunities for different parts of the health system to work in a joined up way in the best interests of patients, when the Committee looked at the services for people with co-existing substance misuse and mental health issues it felt that new approaches needed to be extended to primary care to ensure that GPs are equipped to support their patients where appropriate and are able to refer to other services where necessary and that partners work together to ensure common themes from, for example, Prevention of Future Death Notices are addressed. The Committee has been pleased to see the establishment of crisis cafes and a 24/7 mental health helpline in conjunction with the voluntary sector. However, it is still concerned to hear patient, and healthcare professional feedback about access to more formal crisis support and has also been concerned to hear the Trust refer to the crisis service as a 'gatekeeping' service on a number of occasions. The Committee recognises the pressures that services are under but takes the view that early help and early intervention in a crisis is essential.

The Committee is supportive of a continued focus by the Trust on the same improvement priorities for 2023/24 as the previous year. While the report details the progress that has been made there is clearly opportunity to do more and there will be benefits of maintaining momentum on these issues. However, in support of public accountability, the Committee would like to see more openness about why the priorities were not delivered as expected in 2022/23 and assurance that programmes for improvement are based on a robust understanding of the nature and scale of the issues and are realistic and achievable within available time and resources; what is going to be different in 2023/24; or greater clarity at the outset that programmes of improvement will be delivered over multi-year timescales.



## **East Midlands Ambulance Service Quality Account 2022/23**

### **Comment from Nottingham City Council Health and Adult Social Care Scrutiny Committee**

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomes the opportunity to consider East Midlands Ambulance Service Trust's (EMAS) Quality Account 2022/23 and is pleased to be able to comment on it.

No issues relating to the provision of services by EMAS were identified for scrutiny by the Committee during 2022/23.

The Committee notes the increase in Serious Incidents reported during 2022/23 compared with the previous year, which in turn was higher than the year preceding that. While noting that high levels of reporting of patient safety incidents can be reflective of a healthy and mature reporting culture, this rise, and the associated harm, is nevertheless concerning. The Quality Account document includes a significant amount of information about Serious Incidents and the Trust has responded to feedback on this. This open approach is positive. The Committee also welcomes the approach of joint conversations about Serious Incidents and complaints to improve awareness of common themes and ways that they can be addressed. The Committee notes that incidents relating to delayed response constituted the highest proportion, and an increasing proportion of Serious Incidents during 2022/23 and that there was also an increase in complaints about delayed response. The impact of delays in hospital handovers is of continued concern and, from a relatively good position, the Committee is aware that there has been a deteriorating position in terms of delays at Nottingham University Hospitals NHS Trust. The Committee supports the Trust in seeking accountability across the health and care system for this. While it is important that EMAS does all that it can to maximise efficient use of its own resources, the Committee agrees with statements in the Quality Account that delayed response is a system-wide issue that requires a system-wide response. The Committee supports EMAS' continued approach of engaging with partners across the health and social care system, and beyond to develop solutions to these challenges. The Committee has heard examples of how the system has come together to support each other in response to particular pressures, such as industrial action, and while these one-off collaborations require additional investment, the Committee encourages all partners to review the lessons learnt from this and whether elements of such approaches can be used on a more regular basis if decisions are taken as a system rather than as individual organisations. The Committee also supports the Trust's priority to promote safe and appropriate use of alternatives to emergency departments.

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## **CityCare Quality Account 2022/23**

### **Comment from Nottingham City Council Health and Adult Social Care Scrutiny Committee**

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomes the opportunity to consider CityCare's Quality Account 2022/23 and is pleased to be able to comment on it.

No issues relating to the provision of services by CityCare were identified for scrutiny by the Committee during 2022/23. In its comment last year, the Committee noted that the results of the organisation's staff survey in relation to equality and diversity were less than positive and that there appeared to be significant issues to be tackled. The Committee welcomes information in the report about action that has been taken with regards equality, diversity and inclusion but would like to see more transparent reporting on progress, and reported data from the staff survey in 2022 indicates that there is still need for improvement.

The Committee is supportive of the improvement priorities identified and encourages the organisation to provide feedback to its stakeholders, including through written reports such as the Quality Account, on ambitions and evidence of progress made to enable accountability.

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**Health and Adult Social Care Scrutiny Committee  
14 September 2023**

**Work Programme**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To set the Committee's work programme for municipal year 2023/24.

**2 Action required**

- 2.1 The Committee is asked to identify its priorities for its 2023/24 work programme and schedule items accordingly.

**3 Background information**

- 3.1 The Health and Adult Social Care Scrutiny Committee has been established to:
- a) hold local decision-makers, including the Council's Executive for matters relating to adult social care and public health and commissioners and providers of local health services, to account for their decisions, actions, performance and management of risk
  - b) review existing policies and strategies of the Council and other local decision-makers where they impact on adult social care and/ or the health of Nottingham citizens
  - c) contribute to the development of new policies and strategies of the Council and other local decision makers where they impact on adult social care and/ or the health of Nottingham citizens
  - d) explore any matters relating to adult social care and/ or health affecting Nottingham and/or its citizens
  - e) make reports and recommendations to relevant local agencies with respect to the delivery of their functions, including the Council and its Executive and commissioners and providers of local health services
  - f) exercise the Council's statutory role in scrutinising health services for Nottingham City, in accordance with the NHS Act 2006, as amended and associated regulations and guidance
  - g) be part of the accountability of the whole health system and engage with commissioners and providers of health services and other relevant partners, such as the Care Quality Commission and Healthwatch.
  - h) review decisions made but not yet implemented by the Council's Executive in accordance with the Call-In Procedure.
- 3.2 The Committee is responsible for setting and managing its own work programme to fulfil this role. This work programme must have a clear link to its roles and responsibilities and take into account the resources available to deliver it.

- 3.3 In setting a programme for scrutiny activity, the Committee should make sure that each item included on the programme has clear objectives and desired outcomes from its work that add value to the improvement of the Council. To help prioritise items for inclusion, it is suggested that the Committee considers the questions within the Council's Scrutiny Prioritisation Process, which is attached at Appendix A. Once items have been identified, the scheduling of those items should be timely; sufficiently flexible so that issues which arise as the year progresses can be considered appropriately; and reflect the resources available to support the Committee's work. It is recommended that there is a maximum of two substantive items scheduled for each committee meeting.
- 3.4 A proposed work programme for the municipal year 2023/24 is attached at Appendix B. This is based on areas of work identified at previous scrutiny committee meetings, horizon scanning of relevant issues, discussions at an informal meeting of Committee members to scope its work programme and feedback from relevant Portfolio Holders and Directors.
- 3.5 On the work programme, some items have already been scheduled with space for further items to be added to later meetings. This is because some potential issues require further scoping and consideration as to the appropriate timing – once this has been done they will be proposed for scheduling accordingly – and this also allows for flexibility to accommodate issues that arise as the year progresses.
- 3.6 At this meeting the Committee is asked to consider this proposed work programme and any further suggestions raised at this meeting. Any new suggestions should be appropriately scoped prior to their inclusion on the work programme.

#### **4 List of attached information**

4.1 Scrutiny Prioritisation Process

4.2 Health and Adult Social Care Scrutiny Committee Work Programme

#### **5 Background papers, other than published works or those disclosing exempt or confidential information**

5.1 None

#### **6 Published documents referred to in compiling this report**

6.1 Nottingham City Council Constitution

#### **7 Wards affected**

7.1 All

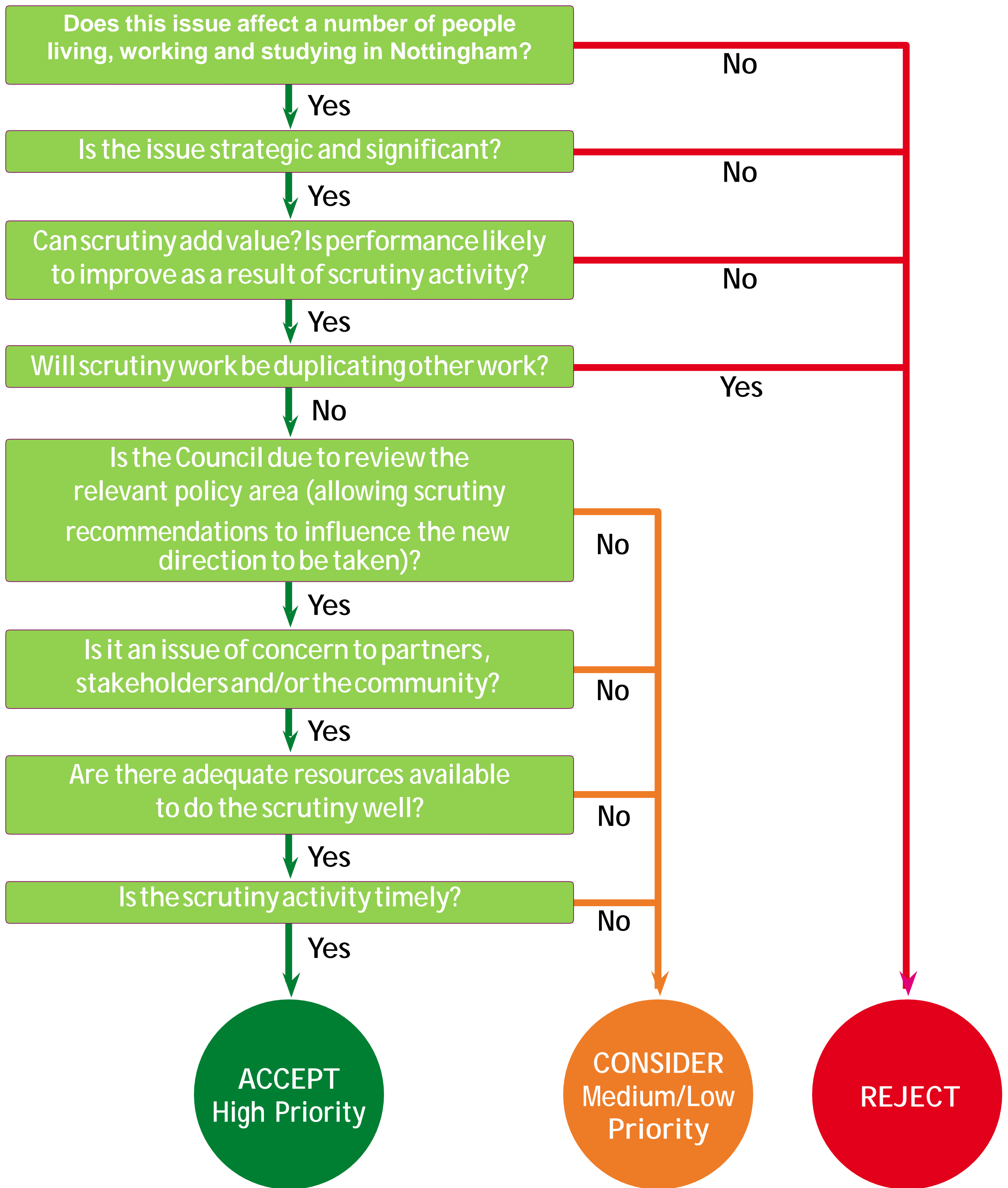
**8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)

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# Nottingham City Council Scrutiny Prioritisation Process



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## Health and Adult Social Care Scrutiny Committee 2023/24 Work Programme

Date	Items
14 September 2023	<ul style="list-style-type: none"> <li>• <b>Appointment of Vice Chair</b></li> <li>• <b>Committee Terms of Reference</b></li> <li>• <b>Recovering and Sustaining General Practice</b> To review local activity to recover access and sustain general practice in the context of the national delivery plan for recovering access to primary care</li> <li>• <b>Quality Account comments</b> To note the comments submitted to Quality Accounts 2022/23</li> <li>• <b>Work Programme 2023/24</b></li> </ul>
12 October 2023	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Transformation Programme</b> To scrutinise progress in delivery of the transformation programme</li> <li>• <b>Adult Social Care - Lessons learnt from winter 2023 and plans for winter 2024</b> To scrutinise how lessons learnt from winter 2023 are being used to inform planning and decision making for managing pressures in winter 2024</li> <li>• <b>Work Programme 2023/24</b></li> </ul>
16 November 2023	<ul style="list-style-type: none"> <li>• <b>Nottingham City Safeguarding Adults Board Annual Report 2022/23</b> To consider the Annual Report</li> <li>• <b>Nottingham University Hospitals NHS Trust – Maternity Services</b> To review: <ul style="list-style-type: none"> <li>▪ progress on addressing issues since last update</li> <li>▪ action taken in response to any interim findings from the Ockenden Review</li> <li>▪ response to findings of most recent CQC inspection</li> </ul> </li> <li>• <b>Work Programme 2023/24</b></li> </ul>

Date	Items
14 December 2023	<ul style="list-style-type: none"> <li>• Response to findings of pilot Care Quality Commission assessment of how the authority is meeting duties under the Care Act (tbc – to be confirmed once findings are received)</li> <li>• Work Programme 2023/24</li> </ul>
11 January 2024	<ul style="list-style-type: none"> <li>• Work Programme 2023/24</li> </ul>
15 February 2024	<ul style="list-style-type: none"> <li>• Work Programme 2023/24</li> </ul>
14 March 2024	<ul style="list-style-type: none"> <li>• Work Programme 2023/24</li> </ul>
11 April 2024	<ul style="list-style-type: none"> <li>• Mental Health Transformation – Implementation of transformation in the City</li> <li>• Work Programme 2024/25</li> </ul>

### Additional Activity

**Quality Accounts** – activity to be carried during April/ May 2024



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