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**Nottingham  
City Council**

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

**Date:** Thursday, 12 October 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 Apologies for Absence**
- 2 Declarations of Interests**
- 3 Minutes** 3 - 10  
To confirm the Minutes of the meeting held on 14 September 2023
- 4 Adult Social Care Winter 2023/24 Preparedness** 11 - 16  
Report of the Statutory Scrutiny Officer
- 5 Adult Social Care Transformation Programme** 17 - 40  
Report of the Statutory Scrutiny Officer
- 6 'Tomorrows NUH' Programme** 41 - 48  
Report of the Statutory Scrutiny Officer
- 7 Work Programme** 49 - 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 Ground Floor Committee Room, Loxley House, Station Street, Nottingham, NG2 3NG on 14 September 2023 from 10.00 am - 11.30 am

#### Membership

##### Present

Councillor Georgia Power (Chair)  
Councillor Michael Edwards  
Councillor Maria Joannou  
Councillor Kirsty Jones  
Councillor Saj Ahmad  
Councillor Eunice Regan

##### Absent

Councillor Sarita-Marie Rehman-Wall  
Councillor Farzanna Mahmood

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

Sarah Collis	- Healthwatch Nottingham and Nottinghamshire
Dr Manik Arora	- Deputy Medical Director, Nottingham and Nottinghamshire Place Based Partnership
Sara Fleming	- Programme Director for System Development, Nottingham and Nottinghamshire Integrated Care Board
Dr Hugh Porter	- Clinical Director, Nottingham and Nottinghamshire Place Based Partnership
Councillor Linda Wooding	- Portfolio Holder for Health and Adult Social Care
Jane Garrard	- Senior Governance Officer

#### 1 Committee Membership Change

The Committee noted that Councillor Farzanna Mahmood had replaced Councillor Matt Shannon as a member of the Committee.

#### 2 Appointment of Vice Chair

**Resolved to appoint Councillor Saj Ahmad and Councillor Maria Joannou as joint vice chairs for the municipal year 2023/24.**

#### 3 Apologies for absence

Councillor Farzanna Mahmood - personal

#### 4 Declarations of interest

In the interests of transparency Councillor Saj Ahmad stated that she is employed by NHS England/ Department for Health and Social Care.

## **5 Minutes**

The minutes of the meeting held on 23 March 2023 were confirmed as an accurate record and signed by the Chair.

## **6 Committee Terms of Reference**

**Resolved to note:**

- (1) the Committee's Terms of Reference for municipal year 2023/24;**
- (2) that Article 11 (Overview and Scrutiny) of the Constitution sets out the rules within which the Committee must operate; and**
- (3) that the Committee's operation, and the approach of scrutiny councillors should be in line with the agreed Overview and Scrutiny Protocol**

## **7 Recovering and Sustaining General Practice**

Sara Fleming, Programme Director for System Development, Nottingham and Nottinghamshire Integrated Care Board, Dr Hugh Porter, Clinical Director, Nottingham City Place Based Partnership and Dr Manik Arora, Deputy Medical Director, Nottingham and Nottinghamshire Place Based Partnership attended the meeting to discuss work taking place to recover and sustain General Practice in Nottingham City. They highlighted the following information:

- a) There is recognition nationally of the challenges facing General Practice and in May 2023 NHS England published the 'Delivery Plan for Recovering Access to Primary Care'. This Plan focuses on four main areas: empowering patients to manage their own health; implementing modern general practice access to provide rapid assessment and response and tackle the '8am rush'; building capacity and tackling workforce challenges; and cutting bureaucracy particularly across the interface between primary and secondary care.
- b) The Nottingham and Nottinghamshire Integrated Care Board (ICB) has developed its own Primary Care Strategy to support primary care in addressing the challenges and tackle workforce pressures. This Strategy will initially focus on General Practice and then broaden out to other areas of primary care. A new public facing document will be published by the end of 2023.
- a) The Strategy Delivery Group is chaired by the ICB's Chief Executive, who provides senior focus and leadership on this important issue. The Group involves two clinical directors from the City, leads from each workforce area and involves the Local Medical Committee. The Group has met twice and is still evolving, but has given a focus to this work and is actively developing implementation plans and performance metrics.
- b) There is a national requirement for all ICBs to develop a system level access recovery plan which sets out how the ICB will deliver on the national Delivery

Plan. The proposed plan will be going to the ICB Board meeting on 9 November 2023 for approval.

- c) 90% of patient contacts with primary care are with General Practice so it is a really important area. To give a sense of scale, there were 166,000 GP appointments in the City in July 2023, which was approximately 20,000 higher than the same period in the previous year. 47% of these were same day appointments and 77% were held face to face.
- d) A range of ICB-wide actions are taking place and, while lots is happening, it will take time for change to embed.
- e) In relation to empowering patients, the national Delivery Plan has a focus on patients using the NHS App to manage their own health. Locally work is taking place on how to support those with digital exclusion. If the majority of patients use the App this will release capacity to support those unable to do so. In many cases, individuals with long term conditions know what they need and they need to be supported to access that, which in many cases does not require the involvement of a GP. If they can be effectively supported to access care without unnecessary involvement of a GP, GP capacity can be released to see patients who do require their direct involvement in a more timely way. This might be through community pharmacies who can support individuals in accessing, for example, contraceptive services.
- f) In relation to implementing modern access and tackling the '8am rush', the aim is to support practices to support patients in getting to the right place. The traditional receptionist role will change, with individuals trained so that they can become clinical navigators that help patients get appointments with the most appropriate service rather than defaulting to seeing a GP, which may not be the most appropriate. There will also be a focus on basic telephony issues to support practices to get to a good standard of response.
- g) The number of GPs has remained stagnant and numbers are not increasing at the rate desired. One focus in relation to building capacity is diversifying roles so there are a range of skilled and specialist roles within a GP practice that patients can be triaged to for appropriate support. Often patients think that anything less than seeing a GP is sub-standard and this is not the case, and in fact other specialists are often better able to meet a particular need than a GP. This perception needs to be addressed to make better use of the whole workforce. The ICB is also supporting practices to retain staff, particularly GPs and practice nurses, which has been a big challenge particularly post-pandemic. A primary care staff survey was carried out recently and, while the response rate was relatively low, it gave a good indication of what needs to be done.
- h) The aim of cutting bureaucracy is to maximise the amount of time that GPs are using their clinical skills rather than completing administrative tasks, for example it may not necessary for a GP to give permission for a patient to access specialist care but requiring this to be route to access takes time for GPs and is frustrating for patients.

- i) In addition to top-down change, the ICB is also encouraging a bottom-up approach. The 46 practices in the City are being brought together to help solve common challenges collectively and ensure that they are able to respond cohesively to top-down requirements and changes. For example, last year the Clinical Director led sessions on empowering practices to provide the best service that they can. They have had sight of the draft Primary Care Strategy and have been consulted on what is important to them. Areas that practices want to do work on include workforce, clinical delivery models, IT and digital issues and communications and engagement with citizens to help them navigate services. They are being worked on now, for example the creation of an interface programme between General Practice and Nottingham University Hospitals NHS Trust to, for example, stop the default always being referral back to the GP. There is also co-production work with citizens taking place on how GPs can work in their local communities and neighbourhoods to be more proactive and preventative. The aim is to produce a consistent and sensible approach across all 46 practices.
- j) Integrated neighbourhood teams and integrated models of care are being trialled in the Bulwell and Top Valley Primary Care Network (PCN). The intention is to roll out learning from this approach to all PCNs over the next 12 months.
- k) Feedback from frontline staff is that the approaches being taken are the right thing for citizens, empower staff and are supportive of well-being and retention of staff.
- l) The findings of the Fuller Stocktake sit alongside the Delivery Plan and are feeding into work to recover and sustain General Practice.

During discussion and in response to questions from the Committee the following points were made:

- m) It is recognised that, while consultation did take place with frontline staff on the development of the Primary Care Strategy, this is not sufficient and the ICB is not doing as well as it could on this. Work is taking place to understand reasons for the relatively low response rate to the staff survey, and one of the factors is time and capacity to engage. Work is taking place with the Communications and Engagement Team to make improvements in staff engagement.
- n) It is accepted that, in addition to health inequalities in the provision of, and access to services, there are inequalities in trust of health systems. Work is taking place to, for example, hear about the lived experience of people with severe multiple disadvantage and things are moving to a better place on this but it is not yet sufficient.
- o) While issuing prescriptions for a relatively short period and requiring repeat prescriptions to be requested and signed by GPs rather than issuing a single prescription for a longer period can create work for GPs and be frustrating for patients, there has to be a balance with reducing wastage that can result from prescriptions for a longer duration.

- p) While empowerment of patients is positive, it is important to recognise that some patients are better able to do this than others and there are differences in the extent, and way in which patients can access services. Assurance was sought on the impact assessments carried out in relation to the changes being introduced. The ICB confirmed that this is part of the strategy finalisation.
- q) Across the country, there is a mismatch between capacity to deliver and patient expectations about access. In improving access, consideration needs to be given to whether proposals are addressing need or patient preference for who they want to see at an appointment. In many cases, patients could be seen more appropriately by another professional following direction from a receptionist, but that is not currently what many patients expect. A Committee member suggested that it would be helpful if there was a clearly articulated set of standards about what patients can expect in terms of access to care and by when. They suggested that these standards should be consistent across all City PCNs so that patients can have the same expectations regardless of where they live.
- r) While some patients are happy to see any professional, patients with long term conditions often prioritise continuity of care with a specific care professional. While practices can be encouraged to deliver continuity of care, this is not incentivised within the national contract and the national metric on the number of appointments within 2 weeks penalises practices who schedule appointments beyond that timeframe as a way of ensuring continuity of professional.
- s) In response to examples highlighted by Committee of a lack of communication and engagement between primary and secondary care when changes are made to, for example, thresholds for access and in supporting people to wait well, ICB colleagues explained that there are now interface groups with Nottingham University Hospitals NHS Trust to facilitate clinician to clinician discussion about significant changes. An interface group with Nottinghamshire Healthcare Trust is being refreshed. The Committee was assured that there has been learning from the changes made to the neurology service to ensure that both sides are aware of changes, and ideally no change should be implemented without robust discussion.

Sarah Collis, Healthwatch Nottingham and Nottinghamshire, added that based on research carried out by Healthwatch in 2022 it had recommended that practices consider ways of improving booking systems, including telephony services; increase public awareness of the range of healthcare professionals and services that practices provide and how they are accessed; and increase choice over the type of appointment they want. She commented that there is good practice in some practices and suggested that the ICB should be supporting PCNs to enable practices in change and innovate together. In response to a question about sustainability of funding to address the issues, ICB colleagues responded that funding is available for transformation and system development and work is taking place with PCN Clinical Directors to identify the most important areas for them e.g. improving the experience of frontline workers and retaining staff. Consideration is also being given to how

other providers can support primary care, for example through provision of HR support.

**Resolved to:**

**(1) recommend that Nottingham and Nottinghamshire Integrated Care Board:**

- a. consider how it can influence the priority that General Practices place on continuity of care and care professional when scheduling and booking appointments to increase the proportion of patients able to book subsequent appointments with the same care professional where they wish to do so;
- b. facilitate joint working between secondary care providers and General Practices to ensure patients on waiting lists for specialist care 'wait well'

**(2) request that Nottingham and Nottinghamshire Integrated Care Board provide:**

- a. a copy of impact assessment(s) carried out in relation to the Primary Care Strategy and System Level Access Recovery Plan to demonstrate the consideration given to these issues in development of new approaches;
- b. data on when City General Practice practices book appointments;
- c. a written briefing that can be circulated to all City Councillors about the pilot taking place in Bulwell and Top Valley Primary Care Network so that they understand the direction of travel in the City

## **8 Quality Accounts 2022/23**

**Resolved to note the Comments submitted by the Committee 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.**

## **9 Future Meeting Dates**

**Resolved 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**

The Chair, Councillor Georgia Power, reported that, in addition to the items listed on the work programme circulated with the agenda, the Nottingham and Nottinghamshire Integrated Care Board has asked to bring items about changes to



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the operation of the Urgent Treatment Centre on London Road and a new Community Diagnostics Centre to future meetings (dates to be confirmed).

**Resolved to add items on the Urgent Treatment Centre and a Community Diagnostics Centre to the Committee's current work programme.**

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**Health and Adult Social Care Scrutiny Committee  
12 October 2023**

**Adult Social Care Winter 2023/24 Preparedness**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To review the Council's preparedness for responding to and managing pressures on the provision of adult social care services during the winter 2023/24 period.

**2 Action required**

- 2.1 The Committee is asked:
- a) if it wishes to make any comments or recommendations; and
  - b) whether any further scrutiny is required and if so to identify the focus and timescales.

**3 Background information**

- 3.1 Each year the Council puts in place a winter plan to ensure that adult social care services are able to respond to need during this period of particularly high pressure.
- 3.2 In January 2023 the Committee reviewed the delivery of the winter plan for adult social care in the context of the wider health and care system. The Committee welcomed the positive working between the local authority and NHS and that, despite the significant challenges, the local position at that time was relatively good. The Committee was concerned that the non-recurrent funding made available to local authorities doesn't support a sustainable health and social care system and encouraged the Portfolio Holder to lobby the Government on this matter and the need for a strategic national approach to recruitment and retention of care workers. The Committee decided to review the lessons learnt from management of pressures during winter 2022/23 and how that was being used to inform decision making about winter planning 2023/24.
- 3.3 The Portfolio Holder for Adult Social Care and Health and Director of Adult Health and Care have submitted a report about the Adult Social Care Winter Plan 2023/24, and the Portfolio Holder and Head of Access and Prevention will be attending the meeting to discuss this with the Committee. The System Delivery Director from Nottingham and Nottinghamshire Integrated Care Board will be attending the meeting to provide a wider health and care perspective.

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

- 4.1 Briefing on Adult Social Care Winter Plan 2023/24 from the Portfolio Holder for Adult Social Care and Health and Director of Adult Health and Care

#### **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 Report to and minutes of the meeting of the Health and Adult Social Care Scrutiny Committee held on 12 January 2023

#### **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)

# **Adult Social Care Winter Plan 23/24 - Mid Winter Position Report**

**Author: Richard Groves, Head Of Service for Access and Prevention**

**Director: Sara Storey**

**Portfolio Holder: Cllr Linda Woodings**

## **Introduction**

The Council puts plans in place each winter to ensure that Adult Social Care needs are responded to effectively during the winter period when demand is usually higher.

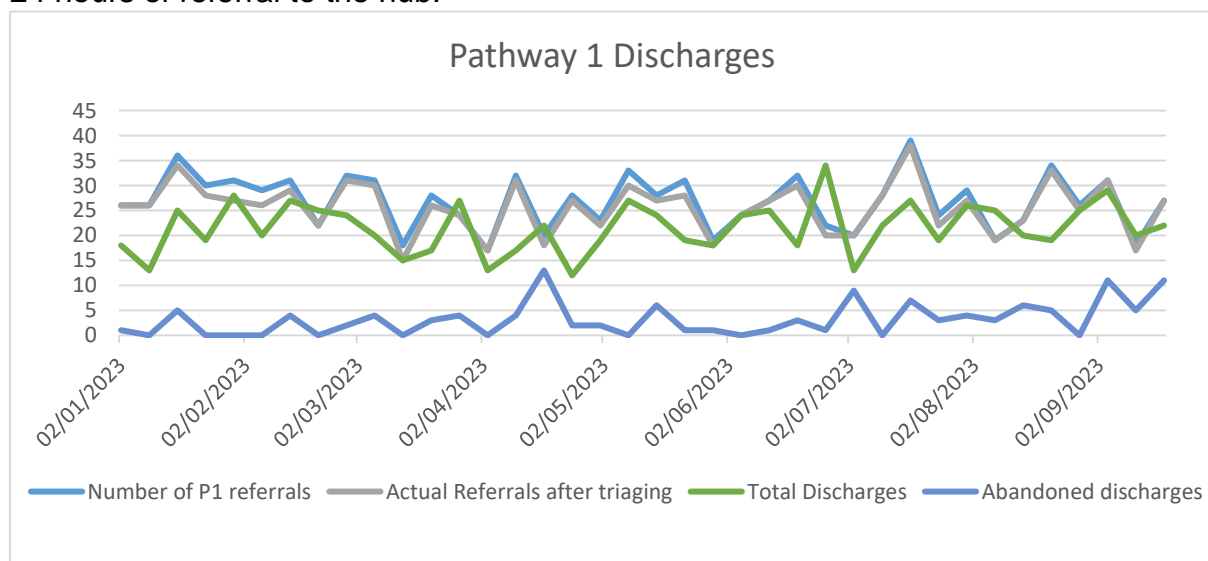
## **Planning**

The Council has followed the guidance set out by the Department of Health and Social care in 2021 when devising the plan which sets out the key actions that have or will be taken to ensure citizens continue to receive the care and support they need.

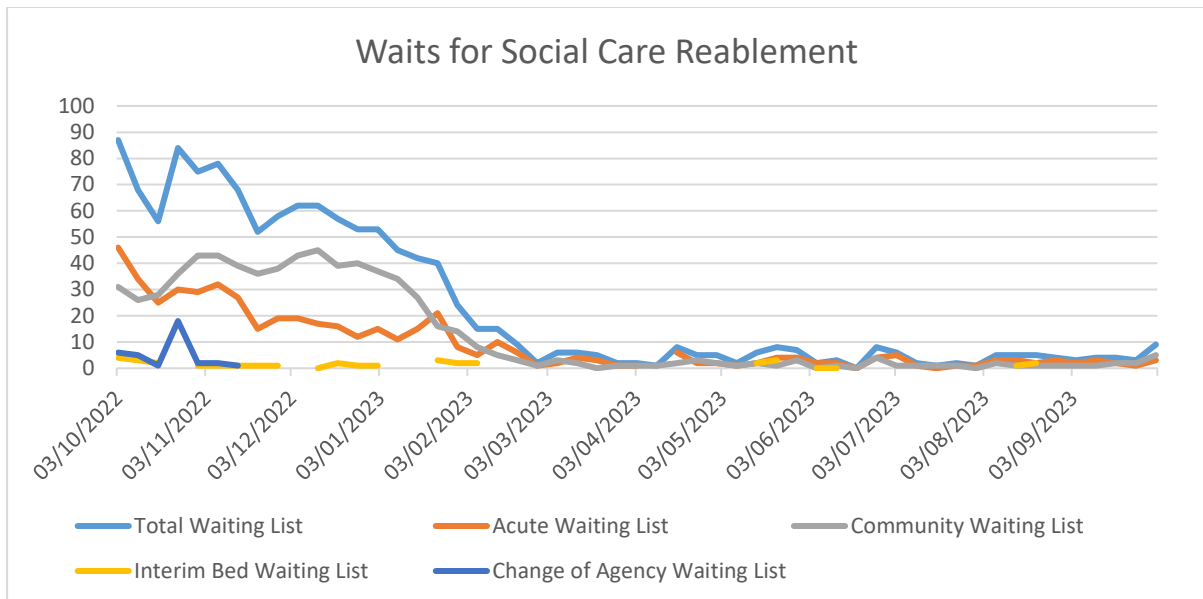
Those key actions, the City Council will be taking in collaboration with the NHS, care providers, citizens with care and support needs and their families and carers. Working together will ensure that high-quality, safe and timely care is provided to everyone who needs it, whilst protecting people who need care, their carers and the social care workforce.

## **Position going into winter**

- Overall Management of discharge flow remains good. Transfer of care Hub fully embedded in operational practice with most supported discharges achieved in 24 hours of referral to the hub.



- Waits for Social Care Reablement have remained in single figures since March 23.



- Use of interim beds has reduced to just the 2 internal Nottingham City Homes and a total of 10 beds.
- Further revision of the thresholds for the Operational Pressures Escalation levels to capture new ways of working (Opel). Consistently reporting Opel 2 (amber) from March 23 where previously reporting Opel 4 the highest level of operational pressure.
- Significant pressure across social care in terms of waiting times for assessment, reflective of the national landscape.
- Transfer of care Hub has begun piloting referrals from Pathway 2 settings (Discharges requiring a period of rehabilitation or assessment in a community bed) that step down into Pathway 1 (supported discharge).

## **Delivery of Adult Social Care Winter Plan**

- Engagement with partners through existing system calls, Discharge cells, Market Management Cell and the greater Nottingham/shire joint bulletin.
- Reablement from Hospital continues to be the preferred option for supporting people on pathway 1 (supported discharge) to promote independence.
- Additional capacity created within homecare through block contracts, brokerage and spot contracting with providers, continues to feature, ensuring resilience in the homecare market to support discharge.
- There is a strong working relationship with system partners across all strategic and operational levels of the Council.
- Supporting the resilience, health and well-being of our workforce through regular and meaningful engagement with Managers and senior leadership.

## **Impact of winter pressure planning**

- Significant reduction in citizens waiting for Reablement through optimization of additional capacity and brokerage within the Care Bureau.
- Discharge Fund has ensured continuation of additional homecare capacity.
- Reduced use of block interim bed capacity.

## **Impact of Winter Pressures: Workforce**

- Workforce position has improved as result of the implementation of the pay and progression model, with turnover rate for Social Workers improving from 22.73% in 21/22 to 10.91% in 22/23.
- Use of the Market Sustainability and Improvement Fund creating additional resource for the Adults Transformation Programme to support reduction in waiting times for assessment.

## **Demand pressures**

- Hospitals continue to see significant pressures through unplanned admissions, ongoing strike action, combined with a backlog in elective care.
- Demand for Social Care continues to increase in both number and complexity impacting the ability to intervene early/apply prevention.
- Anticipated winter pressures from October - however pressures maintained consistently throughout the year.
- All health and care organisations are impacted – the ambulance service, primary care, etc. as well as acute care.

## **Achievements**

- Waits for Social Care Reablement have remained in single figures since March 23. A significant achievement given the position in September 22 of 177 people waiting.
- Use of interim beds has reduced to just the 2 internal homes and a total of 10 beds. A reduction from 6 homes and 40 beds since March 23.
- Adult Social Care has supported NUH to maintain good flow into the community from Hospital and demonstrated resilience and responsiveness at times of critical need.
- Work through the Adult Social Care Transformation Programme continues to address the number of outstanding reviews.

## **Next steps**

- Utilisation of the Government granted, Market Sustainability and Improvement Fund to increase temporary assessment staff to:

- Support the reduction of waiting lists in Adult Assessment
- Fund uplifts in the external market.
- Extend Brokerage function.
- Urgent and Emergency care transformation programme commencement
  - Reducing Residential placements.
  - Promoting more independent living.
  - Reducing admissions, ambulance delays, delayed discharges and wait time in A&E.
- NHS Digital bid to secure activity monitoring and wrap around care to support hospital discharge in progress.
- The Adult Social Care transformation programme continues to be a feature of service improvements with new projects commencing around the use of assistive technology, supporting community interventions and developing strength based approaches.
- Develop the role of trusted assessors in Social Care Reablement to reduce the number of contacts a citizen receives whilst being assessed for their care and support needs.
- Expand referrals into the Transfer of Care Hub from Pathway 2 setting, Lings Bar, to included City Care.
- ICB preparing winter mitigation plans with system partners.



**Health and Adult Social Care Scrutiny Committee  
12 October 2023**

**Adult Social Care Transformation Programme**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To scrutinise progress in delivery of the Adult Social Care Transformation Programme.

**2 Action required**

- 2.1 The Committee is asked:

- a) if it wishes to make any comments or recommendations;
- b) if there are any issues relevant to cross-cutting scrutiny of delivery of Council-wide transformation and its contribution to the Medium Term Financial Plan that it wishes to refer to the Corporate Scrutiny Committee;
- c) to consider its approach to future scrutiny of this issue.

**3 Background information**

- 3.1 The Adult Social Care Transformation Programme was established to address challenges of increasing demand, workforce retention and financial pressures with the aim to improve service quality, provide better outcomes and deliver financial savings, which are integral to the Council's Medium Term Financial Plan (MTFP).
- 3.2 As a significant programme of change integral to the Council's recovery and improvement activity and key priority for the Council, the Committee prioritised delivery of transformation as a focus for its work programme for the duration of the Programme. The Committee has previously reviewed progress in relation to the Workforce and Organisational Development Strategy, Strengths Based Reviews and Occupational Therapy prevention led project and Independent Living project, and in January 2023 the Committee considered proposals for the expansion of existing projects and new projects to be included in the MTFP 2023/24 – 2026/27.
- 3.3 Based on the evidence available to it, the Committee has been generally supportive of the projects included in the Programme as a way of increasing independence of citizens, enabling them to live in their own homes with appropriate support and improving outcomes for them while being more financially efficient. The Committee has encouraged an

approach of co-production with citizens and staff and welcomed the work that has taken place in this regard.

- 3.4 At this meeting the Portfolio Holder for Adult Social Care and Health and Head of Mental Health and Whole Life Disability will be updating the Committee on delivery of the Programme as a whole, with a specific focus on the Mental Health Reablement project and the Assessment Support Planning project. A written update and copies of two short presentations about the two projects which this meeting is focusing on are attached.

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

- 4.1 Update on the Adult Social Care Transformation Programme from the Portfolio Holder for Adult Social Care and Health and Director for Adult Health and Social Care
- 4.2 Presentation on the Mental Health Reablement Project
- 4.3 Presentation on the Assessment and Support Planning Project

#### **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 Reports to, and minutes of meetings of the Health and Adult Social Care Scrutiny Committee held on 16 December 2021, 13 January 2022, 23 June 2022 and 12 January 2023.

#### **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)

# Report to the Health and Adult Social Care Scrutiny Committee

Thursday 12 October 2023

**Item Name:** Adult Social Care Transformation Programme

**Lead Officer:** Sara Storey, Director for Adult Health and Social Care

**Lead Portfolio Holder:** Councillor Linda Woodings

## 1. Purpose:

- I. The purpose of the report is to provide an update on and progress of the Adult Social Care Transformation Programme.

## 2. Actions and Recommendations

Following the previous presentation on the Transformation Programme to the Overview and Scrutiny Committee:

- I. The Health and Adult Social Care Scrutiny Committee is provided with the programme overview, and the ambition, expected outcomes and scope of the Transformation Programme, and
- II. Is asked to note the progress and delivery, challenges and mitigation across the programme.

## 3. Programme Overview

- I. Adults Health and Social Care is delivering transformation to address challenges of increasing demand, workforce retention and financial pressures. In response, the programme of change is focusing on improving service quality, providing better outcomes for citizens and delivering financial savings for the Council.
- II. The programme is designed to work towards delivering the outcomes from the Social Care Futures enquiry: *"We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us"*.

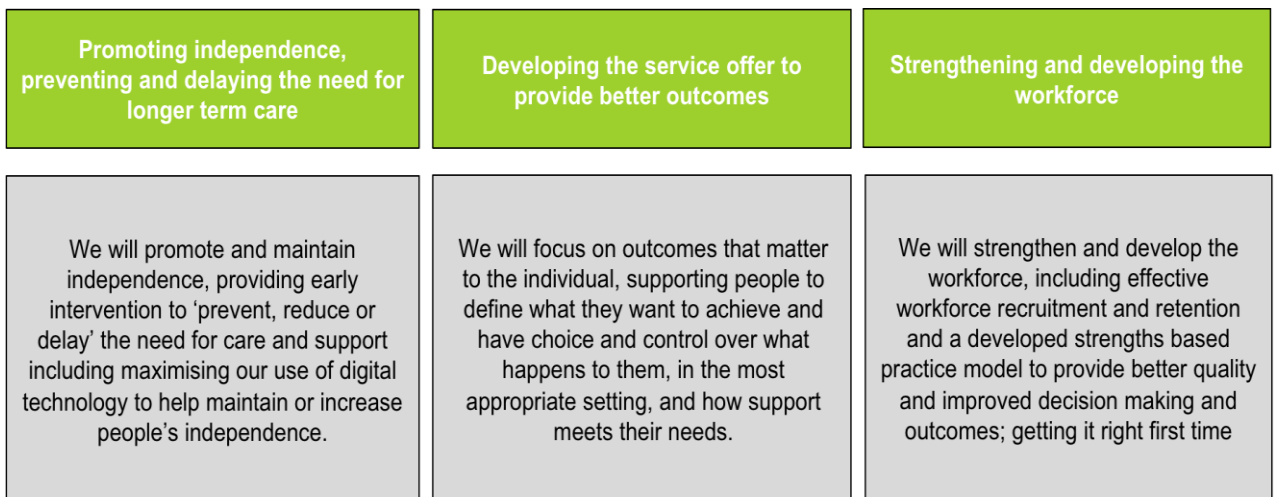
The 5 key changes that the programme is working towards are:

- Communities where everyone belongs
- Living in the place we call home
- Leading the lives we want to live
- More resources, better used
- Sharing power as equals

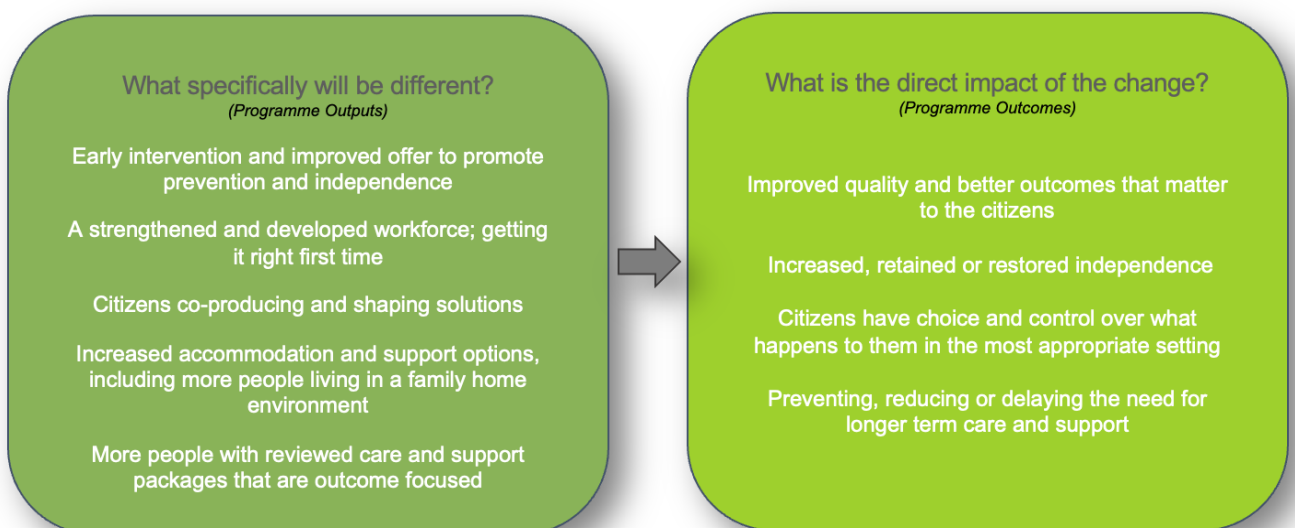
- III. The programme is delivering to the Better Lives Better Outcomes Strategy:



IV. The programme ambition incorporates three areas of transformation:



V. The programme is expected to deliver the following outcomes for citizens:



#### 4. Programme Financial Benefits

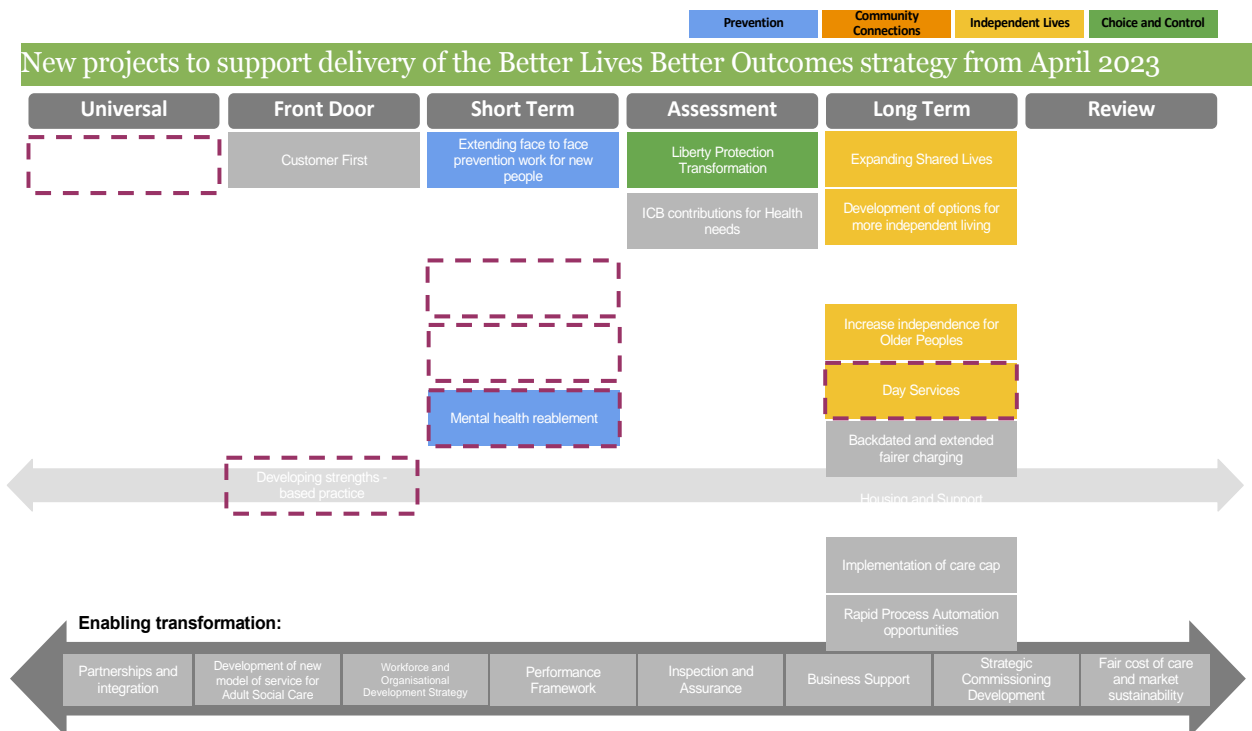
- I. The programme delivers and reports against the projects within its scope. For 2022/23, the programme delivered savings of £2.790 million, over-delivering by £136,000.
- II. During the 2023/24 budget process further savings were approved. This increased the overall programme (five-year programme, 2022/23 to 2026/27) gross savings target to £67.05 million.

#### 5. Governance

- I. The Adult’s Programme Board continues to meet monthly, providing effective decision-making, steering and direction to support the delivery of the programme. Presentations on the progress of the projects are supported by robust project performance reporting against the expected outcomes and financial benefits.
- II. To further support governance, updates are provided to the People Leadership Team and the newly-established Transformation Oversight Board and Transformation Executive Panel.

#### 6. Scope of Programme

- I. There is significant change and improvement activity underway within Adult Social Care. The diagram below shows all projects being delivered and how they support the Better Lives Better Outcomes strategy, as well as the new prevention projects introduced from April 2023 (highlighted with a dotted border).

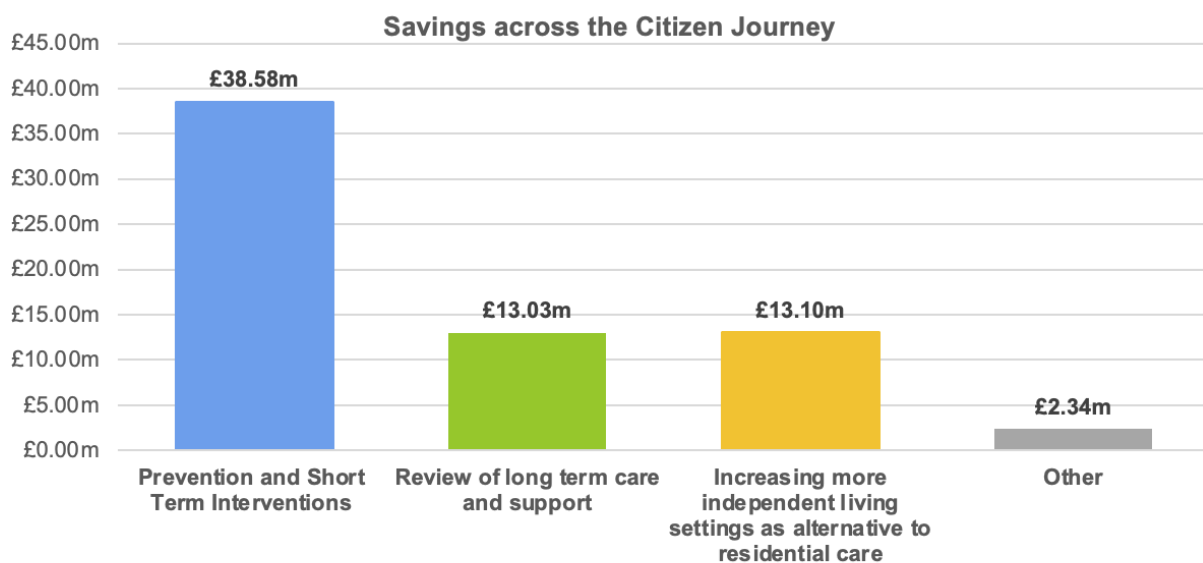


- II. To ensure effective use of resource and focus the projects have been prioritised in line with the strategic direction of the Council, the expected improved outcomes for citizens and the level of financial savings. The projects, shown in the diagram below, have been confirmed as projects within the scope of the Adult’s programme and are managed with additional project management rigour and control.
- III. The individual projects within the programme are varied in their aims, delivery plan timescales, costs and expected benefits. Collectively, the overall programme will

improve outcomes for citizens through the provision of services in a more cost-effective way.

<p><b>1</b>      <b>Developing Strengths Based Practice</b></p> <p><i>Transform adult social care through organisational and cultural change to deliver a strengths-based approach to service delivery and outcome focused services for citizens that maintain their independence, preventing and delaying the need for longer term care</i></p>	<p><b>2</b>      <b>Strengths Based and Occupational Therapy Prevention Led Reviews</b></p> <p><i>Increase strengths-based reviews of care and support packages to maximise independence and prevent or delay the need for longer term care</i></p>	<p><b>3</b>      <b>Development of options for more Independent Living</b></p> <p><i>To promote independence and increase the number of citizens in supported living arrangements</i></p>
<p><b>4</b>      <b>Technology Enabled Care</b></p> <p><i>To provide increased, effective and creative use of technology and equipment to support people to be independent, preventing, reducing and delaying the need for longer term care and support</i></p>	<p><b>5</b>      <b>Increase Independence for Older People</b></p> <p><i>Improve the offer for older people, have strengths-based conversations and promote independence to prevent and reduce stays in residential and nursing care</i></p>	<p><b>6</b>      <b>Assessment and Support Planning</b></p> <p><i>The aim of the project is to develop a strengths-based care and support assessment and to manage demand effectively by bringing care and support and financial assessments online</i></p>
<p><b>7</b>      <b>Community Interventions</b></p> <p><i>Support citizens to become more resilient by accessing community assets, remaining independent for longer, preventing, reducing and delaying the need for longer term care and support</i></p>	<p><b>8</b>      <b>Expanding Shared Lives</b></p> <p><i>Expansion of the Shared Lives service to make more placements available for people to live in a family home environment with personalised care provided from within the family unit</i></p>	<p><b>9</b>      <b>Face to Face Prevention</b></p> <p><i>Provide preventative interventions for citizens accessing council services such as through Nottingham Health and Care Point, to help reduce the demand on Adult Social Care</i></p>
<p><b>10</b>      <b>Mental Health Reablement</b></p> <p><i>Develop and implement a new mental health reablement service in order to maximise independence and provide more short-term mental health interventions</i></p>	<p><b>11</b>      <b>Occupational Therapy and Adaptations</b></p> <p><i>Improve access and provisions of occupational therapy, equipment and adaptations enhancing preventative opportunities and promoting independence</i></p>	

III. Many local authorities are facing similar challenges as demand for Adult Social Care services increase. To deliver improved outcomes for citizens and financial savings for the Council, good practice and experience from other local authorities shows the focus of change activity to sit within three categories: prevention and short-term interventions, review of longer-term care and support, and increasing independent living settings as an alternative to residential care. The overall cumulative savings target for the projects has been assessed against these three categories and the expected level of savings is shown in the chart below.



IV. The projects that have launched are demonstrating delivery of the programme outcomes. As the projects continue to develop and mature the service offer continues to improve:

Projects starting to deliver to the programme outcomes.....									
	Early intervention and offer to promote prevention	A strengthened and developed workforce	Citizens co-producing and shaping solutions	Increased accommodation and support options	More people with reviewed packages that are outcome focused	Improved quality and better outcomes that matter to citizens	Increased, retained or restored independence	Citizens have choice and control over what happens to them	Preventing, reducing or delaying longer term care and support
Strengths-based and OT prevention led reviews		Yes	2,398 citizens have had a strengths-based review of their care and support package		Yes	Yes	Yes	Yes	Yes
Development of more Independent Living		Yes	Yes	Yes		Yes	Yes	Yes	Yes
Increase Independence for Older People					79 moves have taken place from residential care and other settings into high quality supported living accommodation				
Expanding Shared Lives			Yes	Yes		Yes	Yes	Yes	Yes
Assessment and Support Planning							10 shared lives placements have been made for individuals to live within a family home environment with personalised care		
Developing Strengths-based Practice									
Technology Enabled Care									
Community Interventions									
Mental Health Reablement									
Extending Face to Face Prevention									
Occupational Therapy and Adaptations									

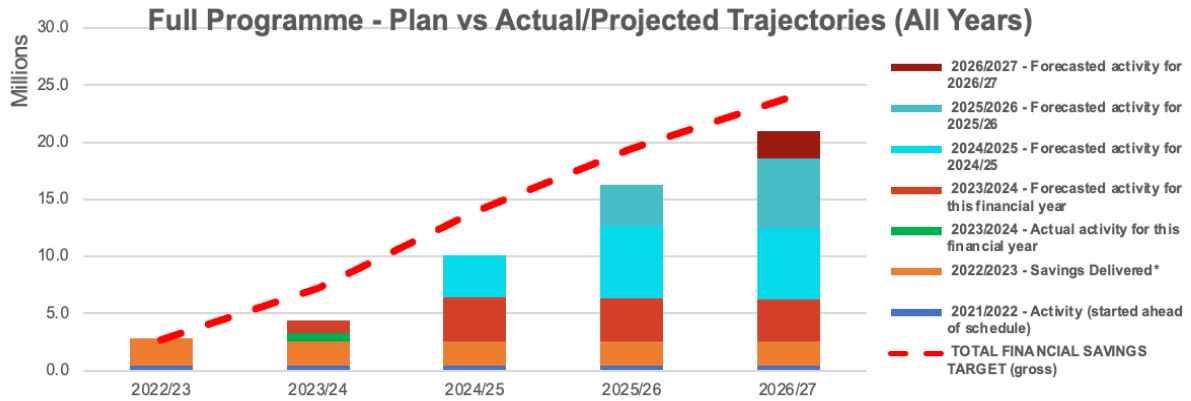
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## 7. Delivery against Financial Benefits, Challenges and Mitigation

- I. The Adult Social Care Transformation Programme is delivering against the financial savings target:
  - I. The total five-year gross savings target for the Adult Social Care Transformation Programme for 2022/23 to 2026/27 is £67.05 million.
  - II. Based on actual savings delivered in this financial year, early delivery in the last financial year and the forecasted savings, as of mid-August 2023 the programme is set to deliver £54.43 million against this target, with an overall shortfall of £12.62 million, as presented in the charts below.
  - III. Corrective action to address the shortfall in savings is underway and the programme is closely monitoring delivery.
  - IV. Quality assurance is a key element within each of the projects to ensure the interventions are providing increased, retained or restored independence - outcomes that matter to the citizen.
  - V. For 2023/24 capacity and resources have had a significant impact on the shortfall of delivery of financial savings for 2023/24. The savings are still expected to be delivered, albeit delayed.
  - VI. Programme resources have been reviewed and continue to be reviewed with a new programme structure in place from September 2023. There is now a mechanism in place through the Transformation Delivery Group to escalate wider corporate resource issues/blockages for resolution.
  - VII. Further, the Market Sustainability and Improvement Fund will be used to fund key resource to support programme delivery.

VIII. In addition to the three projects underway delivering improved outcomes and financial savings, a fourth project started its pilot in September 2023. Four of the new projects now have clear agreed plans with project teams established and activity underway. The remaining two projects are being scoped and plans expected to be agreed in October 2023. Project teams have started to mobilise.

IX. Month-on-month as the programme and projects mature and progress, this position is expected to change.



	Year 1 2022/23 £m	Year 2 2023/24 £m	Year 3 2024/25 £m	Year 4 2025/26 £m	Year 5 2026/27 £m	TOTAL over 5 years
2021/2022 - Activity (started ahead of schedule)	(0.405)	(0.405)	(0.405)	(0.405)	(0.405)	(2.024)
2022/2023 - Savings Delivered*	(2.385)	(2.121)	(2.091)	(2.091)	(2.091)	(10.780)
2023/2024 - Actual activity for this financial year	-	(0.753)	-	-	-	(0.753)
2023/2024 - Forecasted activity for this financial year	-	(1.060)	(3.904)	(3.823)	(3.771)	(12.558)
2024/2025 - Forecasted activity for 2024/25	-	-	(3.652)	(6.322)	(6.226)	(16.201)
2025/2026 - Forecasted activity for 2025/26	-	-	-	(3.593)	(6.063)	(9.656)
2026/2027 - Forecasted activity for 2026/27	-	-	-	-	(2.459)	(2.459)
<b>TOTAL EXPECTED FINANCIAL SAVINGS (Gross)</b>	<b>(2.790)</b>	<b>(4.338)</b>	<b>(10.052)</b>	<b>(16.234)</b>	<b>(21.016)</b>	<b>(54.431)</b>
<b>TOTAL FINANCIAL SAVINGS TARGET (Gross)</b>	<b>(2.654)</b>	<b>(7.162)</b>	<b>(13.916)</b>	<b>(19.480)</b>	<b>(23.843)</b>	<b>(67.055)</b>
<b>TOTAL VARIANCE (Gross)</b>	<b>(0.136)</b>	<b>2.824</b>	<b>3.863</b>	<b>3.245</b>	<b>2.828</b>	<b>12.624</b>

## 8. Progress on the Projects to date

- I. Strengths-based reviews and Occupational Therapy prevention-led Project:
  - a. The allocation of cases to review existing care and support packages to external providers continues. Citizens are having strengths-based conversations and Occupational Therapy prevention-led reviews, and as a result financial savings are being delivered.
  - b. The August 2023 project report showed over 2,300 citizens have had their care and support reviewed through the project, a significant increase from 750 citizens as last reported to Overview and Scrutiny Committee in January 2023.
  - c. Project performance reporting has aided the development of a financial model that enables the project to take corrective action and revise its strategy to meet the expected targets.
  - d. Learning from the project has been applied to develop a robust specification for the introduction of Occupational Therapy prevention-led reviews, initiate improved ways of working across Adult Social Care and provide key insight to the new dependent projects across the programme to support wider delivery.



- II. Development of options for more independent living Project:
  - a. Project increasing supported living options: promoting the shift from residential care to supported living arrangements and enabling people to live as independently as possible in the least restrictive settings.
  - b. A total of 79 moves have taken place through the project as of August 2023, for both people with mental health support needs and people with learning disabilities, from residential care into high quality supported living accommodation. This is more than twice the number of citizens moves into supported living (38) reported in January 2023.
- III. Increase independence for older people Project:
  - a. Project underway to improve the offer for older people: to have strengths-based conversations and promote independence, preventing and reducing stays in residential and nursing care.
  - b. Following workshops with practitioners and the collation of insight, a pilot started in September 2023. Citizens placed in short-term residential care within the Adult Duty Team are now being reviewed 'early' with the introduction of a strengths-based and quality assurance approach. The aim of the pilot is to support these citizens into a more independent setting, such as a return to home.
- IV. Expanding Shared Lives Project:
  - a. Project developing the Shared Lives service and increasing placements for people to live within a family home environment with personalised care provision started.
  - b. From the opportunities identified through engagement and co-production with Shared Lives, citizens, carers and social work teams, the project has been successful in delivering 10 Shared Lives placements for individuals within a family setting.
  - c. The project continues to deliver more effective ways of working and is confident of a sustained increase in placements.
- V. Assessment and support planning Project:
  - a. This is a significant enabling project, aiming to introduce strengths-based forms for practitioners and outcome-focused support plans, online care assessments and online financial assessments for citizens.
  - b. The design of the Adult's citizen's landing page on the website has been agreed and the online financial assessment and processes are being finalised for user testing. The design of the strengths-based forms for practitioners are being prepared for approval.
- VI. Mental Health reablement Project:
  - a. Project in development to implement a new mental health reablement service to maximise independence and provide more short-term mental health interventions.
  - b. Service model and provider specification developed. Tender process started and decision on provider expected at the end of the year, with service expected to commence in April 2024.
- VII. Technology enabled care Project:

- a. Project under development to provide increased, effective and creative use of technology and equipment to support people to be independent - preventing, reducing and delaying the need for longer-term care and support.
  - b. Activity and analysis is underway to identify and highlight current best practice for implementation this financial year with further pilots to be launched from April 2024.
- VIII. Community interventions Project:
- a. Project preparing to support citizens to become more resilient and remain independent by accessing community assets, preventing the need for longer-term care and support.
  - b. Recruitment to three community coordinators starting in September 2023 with three demographic areas, with the highest contacts for adult social care, agreed for the pilot.
- IX. Face-to-face prevention Project:
- a. Project in design to provide preventative interventions for citizens accessing council services such as through Nottingham Health and Care Point, to help reduce the demand on adult social care.
  - b. Prevention officer roles being evaluated in preparation for recruitment to start the pilot.
- X. Developing Strengths-Based Practice Project:
- a. Project to transform Adult Social Care through organisational and cultural change to deliver a strengths-based approach to service delivery and outcome-focused services for citizens to maintain their independence, preventing and delaying the need for longer-term care.
  - b. Project plan in development for approval. Pilot activity expected to deliver effective demand management at the front door and robust quality assurance in the approval of care and support plans. The aim is for the pilots to be launched this financial year.
- XI. Occupational Therapy and Adaptations Project:
- a. Project in early stages of design to improve access and provisions of occupational therapy, equipment and adaptations enhancing preventative opportunities and promoting independence.
- XII. Backdated and extended Fairer Charging for care services Project:
- a. Following the launch of the Charging for Care and Support Policy, along with practice guidance and supporting documentation, the project has been transitioned back to the service and the financial savings are being delivered and captured.

**Sara Storey**  
**Director for Adult Health and Social Care**

# Nottingham City Council

## Assessments and Support Planning Project

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Lead Officer: Oliver Bolam



Nottingham

City Council



# Welcome to the Adult Social Care Portal

Home > Information for Residents > Health and Social Care > Adult Social Care > Portal Home



## Accessing my community

Information and advice, discover local Nottingham groups and activities available within the community



## Safeguarding

Tell us if you or someone else is at risk of abuse, harm or neglect



## Your care and support needs

Tell us about yourself and what matters to you



## Professionals and providers

For professionals and providers supporting Nottingham City residents



## Your needs as a carer

How we can support you in your role as a carer



## My finances

Calculate what you may be asked to contribute towards your care or view your financial information



## Portal help

Access user guides, How to videos, frequently asked questions and tell us about your experience

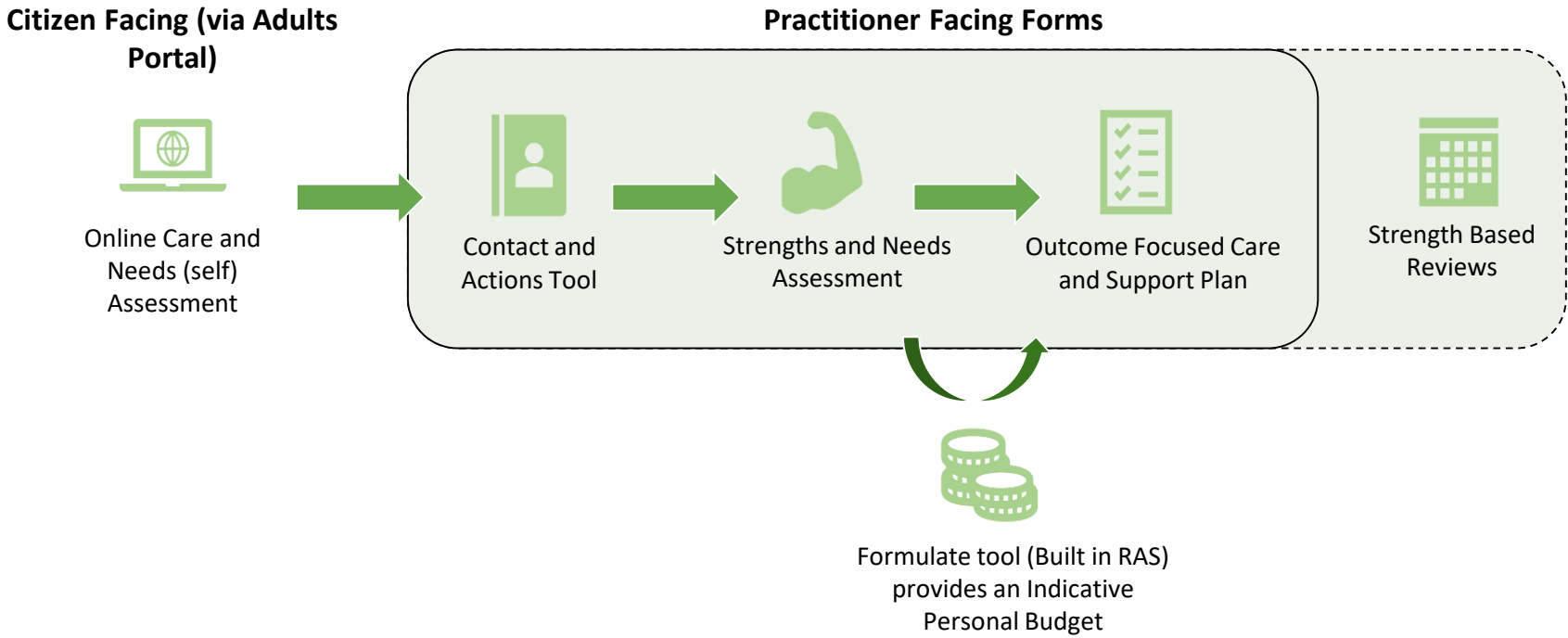
*This tile will be introduced only once the Imosphere online self-assessment is live, and therefore will not be present within the first iteration of the portal*



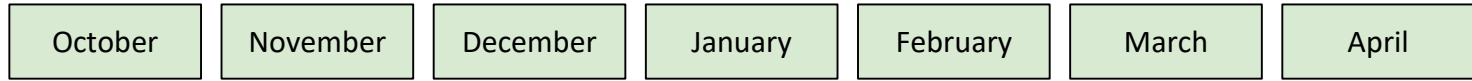
A decision has been made on how NCC would like to phase their implementation of Imosphere - the preferred option is:

- 1. Practitioner facing forms go live, with the online self-assessment going live at a later date. The Formulate (RAS) model will be developed concurrently, but the 'launch' dependency between this and the practitioner forms and self assessment will be broken, meaning it can be launched at a different time, if required.

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# Project Plan - Online Financial Assessment, Adults Portal and Practitioner Forms (Imosphere)



- Adults Portal (Citizen Landing Page)**
- Online Financial Assessment**
- Page 30
- Imosphere (Practitioner Forms)**
- Imosphere (RAS)**
- Imosphere (Online Self-Assessment)**
- Adults Portal (Colleague Functionality)**

A web page where citizens will find information and advice regarding Adult Social Care at Nottingham. Links to online Care and Financial Assessments will be within this portal

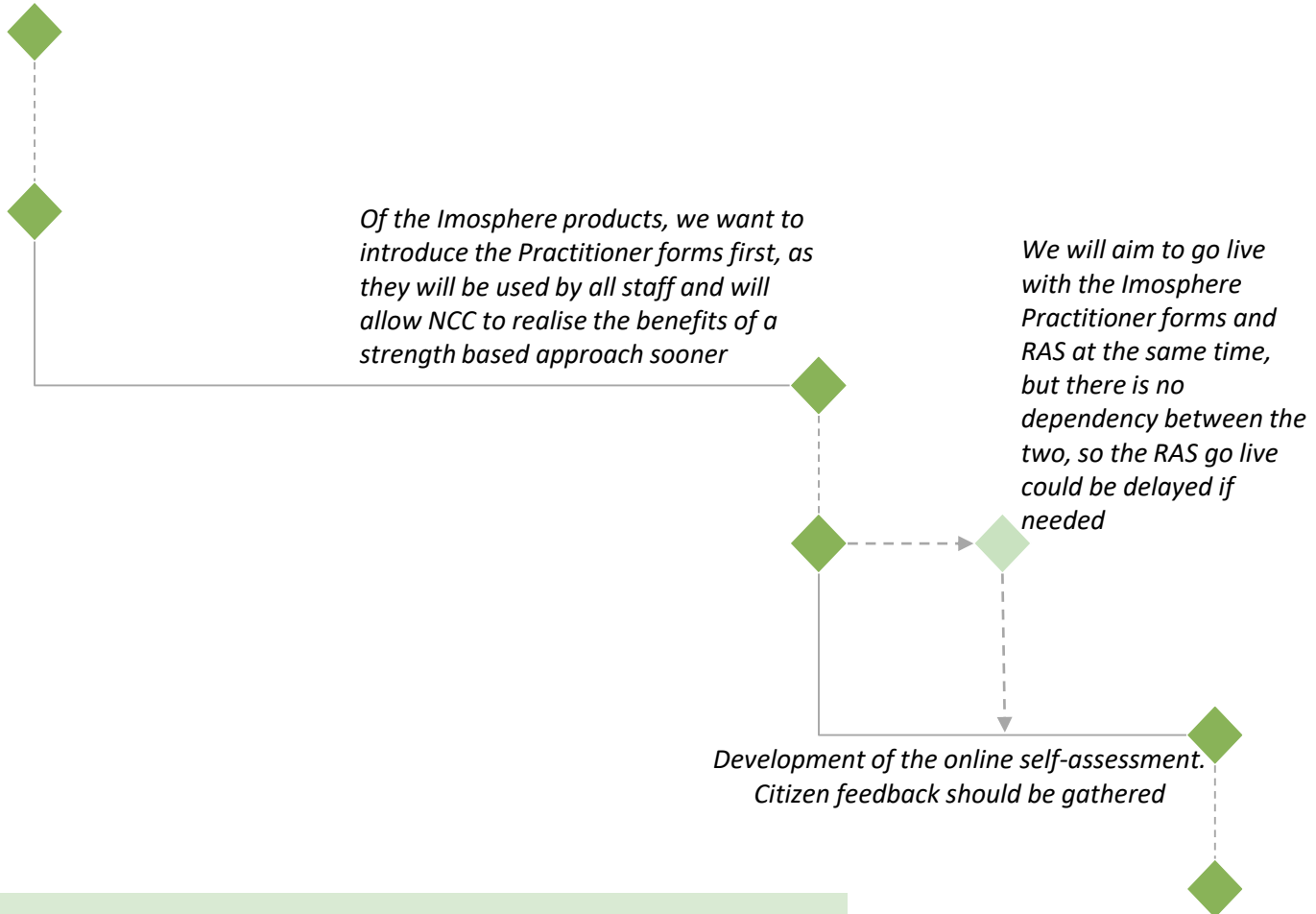
An online assessment for citizens to obtain an estimate of their financial contribution to care. Assessments can be submitted which will pull data through to the Charging Teams for follow up

The internal forms colleagues will use; replacing the current Contact Record, Care Assessment and Review forms. Designed in a way that will promote a strengths based approach to assessments

The calculator that will sit behind the Imosphere Care assessment which will provide indicative personal budgets

An online self-assessment for care that will determine a citizen's eligibility for care. Assessments can be submitted which will pull data through to the Imosphere Practitioner forms

Upon submissions of the online care self-assessments, colleagues will be able to request further information (if required) from citizens / carers using the Adults Portal



**Adult Social Care Programme Board to approve the high-level project plan showing the implementation dates of various deliverables. This is subject to any further feedback from ALT following presentation on the implementation of the Practitioner forms through Imosphere**

*Colleague functionality of the Adults Portal will only be used once the online self-assessment is live*



# Nottingham City Council

## Mental Health Reablement

Lead Officer: Oliver Bolam

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Nottingham

City Council

# Project Aim and Objectives

## Project aim

Develop and implement a new mental health reablement service in order to maximise independence and provide more short term mental health interventions

## Project objectives

More citizens with mental health support needs engaged and supported with outcome focussed interventions and as a result deliver financial efficiencies

More citizens with mental health support needs having strength based conversations, that place the person at the centre of the service, increasing choice and control and promoting independence

375 citizens per year with mental health support needs engaged and supported

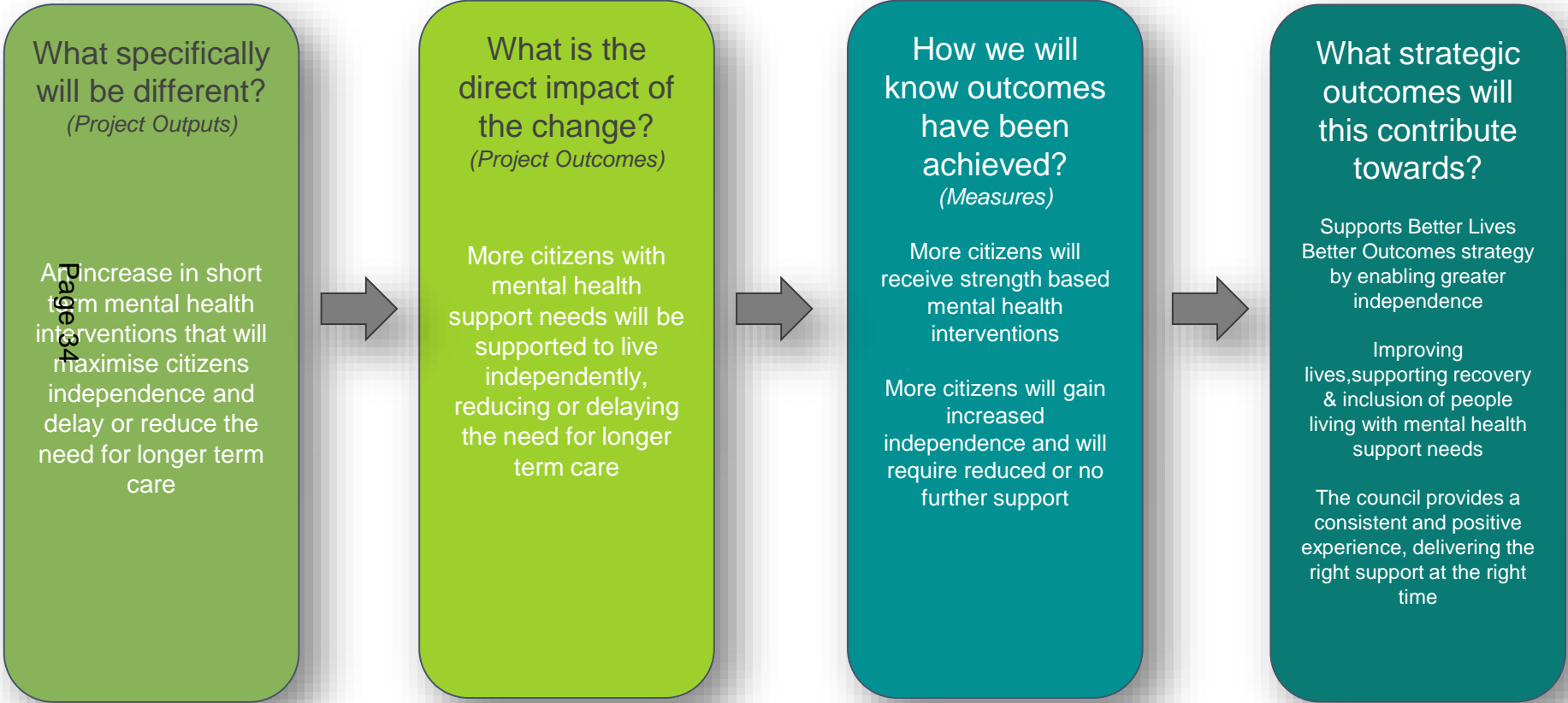


Scope	Description
Develop and implement a Mental Health Reablement Service	Develop and implement a Mental Health Reablement Service to maximise independence and reduce or delay the need for longer social care service

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Scope exclusion	Description
Not Applicable	Not Applicable

# Project Outcomes



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# Project Financial Benefits

Project Name	Published Narrative	Year 1 – 23/24 £m	Year 2 – 24/25 £m	Year 3 – 25/26 £m	Year 4 – 26/27 £m	Total for ROI
Mental Health Reablement	Implementation and development of a new Mental Health Reablement Service to provide short term mental health interventions. The service will maximise independence and reduce or delay the need for longer term social care services	-0.350	-0.741	-0.909	-1.076	-3.076

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Savings Position: Ass_Del Apr 2024	MTFP Included				MTFP Exluded		
	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30
2023/24	-	-	-	-			
2024/25		205,690.88	496,104.66	496,104.66	496,104.66	496,104.66	496,104.66
2025/26			357,316.17	661,472.88	661,472.88	661,472.88	661,472.88
2026/27				357,316.17	661,472.88	661,472.88	661,472.88
2027/28					357,316.17	661,472.88	661,472.88
2028/29						151,625.29	165,368.22
<b>GROSS TOTAL (Cumulative)</b>	-	205,690.88	853,420.83	1,514,893.71	2,176,366.59	2,632,148.59	2,645,891.52
<b>GROSS TOTAL (Incremental)</b>	-	205,690.88	647,729.95	661,472.88	661,472.88	455,782.00	13,742.93
Gross Contract Cost	£0.00	-£505,440.00	-£505,440.00	-£505,440.00	-£505,440.00	-£505,440.00	-£505,440.00
PHE Contribution	£0.00	£505,440.00	£505,440.00	£100,000.00	£100,000.00	£0.00	£0.00
Net Contract Cost	£0.00	£0.00	£0.00	-£405,440.00	-£405,440.00	-£505,440.00	-£505,440.00
<b>NET TOTAL (Cumulative)</b>	-	205,690.88	853,420.83	1,109,453.71	1,770,926.59	2,126,708.59	2,140,451.52

# Project Milestones

Strategic Milestones	Completion Date
High Level implementation plan developed	Oct 2022 (Complete)
Financial savings (cost avoidance) confirmed for prevention projects	Oct 2022 (Complete)
Financial savings for project reviewed	Nov 2022 (Complete)
Business case reviewed updated and approved	Dec 2022 (Complete)
Market development activity complete	Jan 2023 (Complete)
Approval gained to proceed with tender and delegated authority requested to award to successful provider	Feb 2023 (Complete)
Tender specification and service model prepared and finalised	Feb 2023 (Complete)
Tender documents finalised	Mar 2023 (Complete)
Invitation to tender advertised	Apr 2023 (Complete)

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# Project Milestones

Strategic Milestones	Completion Date
Project PID and Plan developed and approved	May - Aug 2023
Tender paused awaiting new financial model review and needs analysis	Jun 2023 (Complete)
New financial savings model (cost avoidance) reviewed and approved	Jul - Oct 2023
Preparation of new service completed including development of performance outcomes, cost avoidance reporting, quality assurance, service referral and exit criteria	Jul - Oct 2023
Commissioning Delegated Decision Form – Completed (uplifted contracted value)	Aug 2023
Commissioning Delegated Decision Form – approved by Public Health Programme Board	Sep 2023
Specification updated on procurement portal	Sep 2023
Tender re-opens	Sep 2023
Decision made and successful provider appointed	Nov - Dec 2023

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# Project Milestones

Strategic Milestones	Completion Date
First provider implementation meeting held. Mobilisation plan initiated. Performance monitoring and wider service issues discussed	Dec 2023
Second provider implementation meeting held. Mobilisation plan discussed. Performance monitoring and wider service issues discussed, and resolutions sought	Jan 2024
Third provider implementation meeting held. Mobilisation plan discussed. Performance monitoring and wider service issues discussed, and resolutions sought	Feb 2024
Fourth provider implementation meeting held. Mobilisation plan finalised. Performance monitoring and wider service issues discussed, and resolutions finalised. Assurances for provider service readiness sought	Mar 2024
New service commences	Apr 2024
First performance report completed	May 2024
First provider service performance meeting. Discussion and resolution of service issues. To include referral rates, forecasting and delivery against expected performance targets/outcomes	May 2024

# Project Milestones

Strategic Milestones	Completion Date
Second provider performance report completed	Jun 2024
Second provider service performance meeting. Discussion and resolution of service issues. To include referral rates, forecasting and delivery against expected targets/outcomes	Jun 2024
Third provider performance report completed	Jul 2024
Third provider service performance meeting. Discussion and resolution of service issues. To include referral rates, forecasting, and delivery against expected targets/outcomes	Jul 2024
Quarterly monitoring performance report completed	Jul 2024
Fourth provider performance report completed	Aug 2024
Fourth provider service performance meeting. Discussion and resolution of service issues. To include referral rates, forecasting, and delivery against expected targets/outcomes	Aug 2024
Evaluation and lessons learned	Aug 2024

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# Project Milestones

Strategic Milestones	Completion Date
Implement plan for next steps developed and agreed	Sep 2024



**Health and Adult Social Care Scrutiny Committee  
12 October 2023**

**'Tomorrow's NUH' Programme**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To consider the next stages in the 'Tomorrow's NUH' programme in line with the Committee's role in relation to substantial variations and developments of services.

**2 Action required**

- 2.1 The Committee is asked to:

- 1) consider the request from Nottingham and Nottinghamshire Integrated Care Board to:
  - a. approve the principle of proceeding to public consultation, with exact timings to be agreed, with an intention to conclude before the Pre-Election Period in March 2024;
  - b. note that the significant elements of the proposed clinical service configuration are fixed;
  - c. note that the new estate opportunities (the University Medical School and the Bell Fruit land) are not considered to be material by NUH and will not impact on the proposed clinical model by the time of implementation beyond 2030; and
  - d. consider how it wishes to receive the Pre-Consultation Business Case, Consultation Document and Consultation Plan in due course before the commencement of consultation.
- 2) consider its approach to future scrutiny of this issue.

**3 Background information**

- 3.1 Proposals for services under the 'Tomorrow's NUH' programme are likely to involve substantial variations or developments of service, and therefore there is a statutory duty for this Committee to be consulted, in addition to conducting full public consultation.
- 3.2 Colleagues from the then Nottingham and Nottinghamshire Clinical Commissioning Group and now Integrated Care Board (ICB) have attended Committee meetings on six previous occasions to inform and seek feedback from the Committee on the 'Tomorrow's NUH' programme, including details of the public and clinical consultation and engagement carried out and how this has informed development of the proposals. In addition, informal briefing sessions have been held for Committee members in relation to specific aspects of the programme.

- 3.3 The ICB has now completed the Pre-Consultation Business Case and it has received assurance from NHS England, who have confirmed the funding and given support to proceed to full public consultation.
- 3.4 The ICB has submitted a written paper (attached) updating the Committee on the current position and setting out the approach taken to arrive at the preferred option for consultation and the proposed clinical configuration. The report also summarises the findings from the latest round of engagement activity and initial thinking on moving to public consultation. The ICB is asking the Committee to:
- a) approve the principle of proceeding to public consultation, with exact timings to be agreed, with an intention to conclude before the Pre-Election Period in March 2024;
  - b) note that the significant elements of the proposed clinical service configuration are fixed;
  - c) note that the new estate opportunities (the University Medical School and the Bell Fruit land) are not considered to be material by NUH and will not impact on the proposed clinical model by the time of implementation beyond 2030; and
  - d) consider how it wishes to receive the Pre-Consultation Business Case, Consultation Document and Consultation Plan in due course before the commencement of consultation.

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

- 4.1 'Request for Health Scrutiny Committee endorsement of the proposal to publicly consult on the investment plans for Nottingham University Hospitals' 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 Reports to and minutes of meetings of the Health and Adult Social Care Scrutiny Committee held on 17 September 2020, 12 November 2020, 14 January 2021, 15 July 2021, 17 March 2022 and 19 May 2022 and as detailed in the attached report

#### **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 and Nottinghamshire ICB**

**Request for Health Scrutiny Committee endorsement of the proposal to publicly  
consult on the investment plans for Nottingham University Hospitals.**

**Introduction:**

1. Nottingham and Nottinghamshire ICS has a number of ambitious plans for service and system change to improve the health and wellbeing of our local people through the provision of high quality health care delivered in a sustainable way. Tomorrow's NUH (TNUH) is a key component part of this programme of change. The Health Scrutiny Committee have previously been briefed on the progress of TNUH in November 2020, January 2021, July 2021 and March 2022.
2. TNUH is a capital and service change scheme sponsored by the NHS New Hospital Programme (NHP), which was tasked by the Department of Health and Social Care with the delivery of the Government's 2019 General Election manifesto pledge to build 40 new hospitals by 2030. This is a once in a lifetime opportunity to take forward plans to improve our hospitals and the services we deliver in and around them. The investment available through NHP is considerable, and must be spent on the NUH estate, although there are potential benefits for the way that the health and care system work as a whole.
3. The Integrated Care Board (ICB) has a statutory duty to develop a Pre-Consultation Business Case (PCBC) which describes the proposed major changes to clinical services that will be enabled by the capital investment, and to ensure that the public are engaged with and can meaningfully influence the development of the proposals. A successful PCBC must demonstrate that it meets the 5 key tests for service reconfiguration, and the best practice checks as per '*Planning, assuring and delivering service change for patients (NHS England 2018 and 2022)*'.<sup>1</sup>
4. That PCBC has now been completed and assured by NHS England, who have confirmed the funding and have given support for the scheme to proceed to full public consultation. This has been developed over several years, with significant clinical engagement and public engagement on broad proposals as they emerged.

**Recent Context:**

5. The Secretary of State, (SoS) for Health and Social Care announced in May 2023 that the government remains committed to delivering all schemes currently identified within the NHP as soon as possible and will ensure all schemes have adequate funding.
6. The SoS also announced that a total of £20bn would be made available to cover the period up to 2030. However, given the much publicised, critical infrastructure risks faced by the hospitals constructed using reinforced autoclaved aerated concrete (RAAC) the NHS has asked the government to prioritise the rebuilding of these hospitals by 2030 which has resulted in an additional five hospitals being included in the NHP. It has also been agreed that the NHP

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<sup>1</sup> [NHS England » Planning, assuring and delivering service change for patients](#)

becomes a rolling programme of investment in new healthcare infrastructure to deliver new hospitals beyond 2030.

7. The impact of including the additional RAAC hospitals means that eight schemes originally due to be constructed towards the end of this decade will now be completed after 2030. The Tomorrow's NUH Programme falls into this group of schemes.
8. Over the summer of 2023 the ICB, working with NUH, have progressed the PCBC and have now received confirmation of capital availability from the NHP and NHSE support for the scheme to proceed to public consultation.
9. It is a requirement in legislation that the Integrated Care Board seeks the views of local Health Overview and Scrutiny Committees in advance of making a decision to proceed to public consultation. The remainder of this paper sets out the approach that the ICB and NUH have taken to arrive at a preferred option for consultation.

### **Clinical Design Principles:**

10. The TNUH programme is underpinned by a set of 6 Clinical Design Principles developed by clinicians when the programme commenced in 2020; these were subsequently tested with the public and stakeholders. The principles are:
  - All care pathways should focus on integrated working with system partners to deliver appropriate out of hospital care including self-care and prevention
  - All Emergency secondary care services should be consolidated on one site where necessary dependencies are available 24/7
  - All Women's and Children's acute services should be consolidated and co-located with adult emergency care
  - Elective Care inpatient facilities and day case surgery should be delivered separate from Emergency Care in order to protect elective capacity, maintaining access to critical care
  - Cancer Care acute services should have access to critical care and all associated medical specialties.
  - Ambulatory Care pathways (outpatients and day cases) should be redesigned to minimise disruption to patient's lives, providing care in accessible locations whilst maximising the potential of new and emerging technologies.

The clinical design principles were then used to create and test all possible options for configuration of the NUH clinical estate during an options appraisal process.

### **Tomorrow's NUH Option Appraisal Process:**

11. An options appraisal process took place during 2020-21 with a set of criteria known as the 'Critical Success Factors' (CSFs) developed and agreed between the ICB and NUH. The CSFs were designed to ensure that the options considered would support the ICB to exercise its statutory duties in relation to service reconfiguration, and to ensure that all options considered were deliverable, strategically viable, flexible, enhanced quality and patient experience and were affordable within both the capital envelope and the system finances.

A long list of 58 options was agreed and then evaluated against the CSFs to arrive at an options short list. This process ultimately generated a single viable option (known as option 13) as the Preferred Way Forward (PWF) for the programme. This was presented to NHS Nottingham and Nottinghamshire CCG Governing Body in April 2021.

During 2021 more became known about the requirements of the New Hospital Programme (NHP) and it became clear that the PWF could not be fully delivered within the capital envelope available. This necessitated some revisions to the PWF to determine what could be delivered within the scope of this programme. This work was undertaken by the Clinical Advisory Group for the programme, working to the established Clinical Design Principles and they recommended a revised option, 13a, as the new PWF. (Essentially, the difference between the two options is that in the original (13) *all* emergency services were located at the QMC, whereas in the revised option, (13a), *most* emergency services are located at QMC with some remaining at the City Hospital site).

This change was based on the relative affordability of the two options, with the rationale that the revised option would be affordable now, whilst the original option would remain as the ultimate strategic objective, subject to other capital becoming available in the longer term.

### **The proposed clinical configuration:**

12. The process described above has resulted in the following proposals for investment in NUH clinical facilities:
  - **A new hospital for women, children and families at the Queen’s Medical Centre.** At the moment, we operate maternity units at both the Queen’s Medical Centre and City Hospital, which means that sometimes we need to transfer women and their families between sites when they need access to more specialist care or to services which are only available on one site. Currently our children’s hospital is within the main hospital building at the Queen’s Medical Centre, alongside adult services. In creating a purpose-built hospital for women, children and families, we will work with families to create a facility that is welcoming and child friendly, where all the specialist and supporting services they need are readily accessible. Having a new hospital for women, children and families would not only allow us to deliver services more efficiently, but it would support us to retain existing staff and attract new, talented professionals to come and work as a single team.
  - **Increasing the range of emergency care provided at the Queen’s Medical Centre.** Emergency care is currently split across both City and QMC sites, which means that patients can arrive at the emergency department at Queen’s, but then need to be quickly transferred by ambulance to the City Hospital, to access the appropriate specialist care. We want to eliminate this as far as possible, by bringing more of our emergency services together at the Queen’s Medical Centre. The priorities are respiratory, burns and emergency plastics.
  - **Develop best in class cancer services across both our hospital sites and in the community.** In future, most cancer patients would go to the City Hospital for diagnosis, surgery and outpatient treatments, including chemotherapy and radiotherapy. They would also continue to benefit from other services currently based at the City Hospital, including the Maggie’s Centre. However, our cancer inpatient beds would be based at the Queen’s Medical Centre. This would mean moving oncology and haematology from the City Hospital, and ensuring radiotherapy and chemotherapy services would be available at the Queen’s Medical Centre. Non-surgical cancer inpatients are some of the most unwell patients. Locating oncology and haematology inpatient services at the Queen’s Medical Centre would ensure quick access to the emergency specialist and medical services they may require.
  - **Creating a centre of excellence at the City Hospital for elective (planned) care.** We are proposing the creation of a centre of excellence for planned operations and treatments at the City Hospital, physically separate –as far as possible – from emergency care. Dedicated beds, theatres and critical care facilities at the City Hospital would ensure that planned operations would no longer be affected by emergency pressures and delivered in the most efficient way.
  - **Transforming outpatient services to provide patients with high quality care at the right time in the right place.** We propose to fundamentally change the experience of outpatient care for our patients. We propose to develop more ‘one-stop-shop’ approaches that will

minimise the number of visits patients have to make, and to provide choice around whether appointments are face-to-face or virtual (where appropriate). We are also keen to provide more routine outpatient clinics and care in community settings so that patients can access specialist advice closer to home.

### **Other considerations**

13. Recently, two separate but linked opportunities have emerged related to the land available for development associated with NUH
14. First, in August 2023, the Trust was informed by the University of Nottingham that they were considering vacating the Medical School building on the QMC site and relocating to a development at the north end of the Jubilee Campus<sup>2</sup>. These plans are in the very early stages and the University has not yet made a final decision. The NUH team, supported by architects and quantity surveyors, have assessed whether the potential future availability of the Medical School Building opens up opportunities to better configure clinical services within the main QMC block. Based on previous work undertaken, modelling assumptions and initial insights, NUH have confirmed that they don't believe this would present an affordable opportunity to revert back to option 13 (full split of elective and emergency care across sites). As such, the clinical configuration that is proposed for public consultation remains extant.
15. It is important to note that the wider question of whether it would be possible to achieve option 13 within the cost envelope by a step back and review of potential options within the overall (larger available) masterplan has not been undertaken. Such a review would have potential knock-on implications for the business case development process and is not supported by the trust.
16. Secondly, the Trust has also recently purchased a small parcel of land, previously known as the Bell Fruits site, it is proposed that this land is used in the short term to alleviate some of the parking pressures at QMC and in the longer term to create a contractor compound separate to the main QMC site, to reduce traffic and congestion when the reconfiguration build begins.
17. NUH have been clear that whilst these estate opportunities may, at first glance, suggest there may be an opportunity to pause and consider a revised approach to the overall masterplan for Tomorrow's NUH, based on the analysis to date, there is no value in undertaking this more detailed work. It is therefore acknowledged that in progressing to public consultation, this will mean that the clinical model for Tomorrow's NUH is fixed early in the development process and around seven years before building commences. Should further analysis and investigation subsequently indicate that there would be benefits in reconsidering the clinical model then this would mean the public consultation would need to be re-run in the light of this new information and proposals.

### **Stakeholder engagement:**

18. Effective service change involves full and consistent engagement with all stakeholders, and strong patient and public engagement is one the government's four tests for assurance that must be met.

Three rounds of engagement with the public have informed the development of the clinical models, the first in December 2020 to test the clinical design principles, and the second in March/April 2022 to discuss the proposed clinical configuration described above.

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<sup>2</sup> <https://exchange.nottingham.ac.uk/blog/faculty-of-medicine-and-health-sciences-new-location-explored/>

19. Overall, the engagement has indicated broad support for the proposed model with 78% of respondents strongly/somewhat supportive of the plans.

In terms of the specific clinical areas the headline feedback is those people who were 'strongly / somewhat supportive':

Emergency Care 72%

Family Care 64%

Elective Care 80%

Cancer Care 75%

Outpatient Care 69%

The detailed feedback on both rounds of engagement have been reported back to the Health Scrutiny Committee previously.

20. Whilst the overall feedback indicated broad support, the engagement highlighted some areas of concern from respondents and identified areas where more dialogue was required with patients and the public to fully inform the developing model. As a consequence, a further round of engagement took place during February and March 2023 in order to strengthen our understanding or address gaps in our knowledge. These are:

1. Services at Ropewalk House (Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants).
2. The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.
3. The proposed facility for women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and some gynaecology).

In total, just under 1,250 individuals were reached by completing an online survey, attending engagement meetings or events in the community, or engaging with the promotion of the engagement on social media. This builds on the 650 responses in total from the first phase of pre-consultation engagement and the 1,948 responses from the second phase of pre-consultation engagement, meaning almost 3,850 people have so far had input into the Tomorrow's NUH plans.

21. The findings from this latest round of involvement can be summarised as follows;
- 46% told us that travelling to Ropewalk House was extremely/somewhat easy and 35% found it extremely/somewhat difficult.
  - Some stated that parking can at times be an issue, in terms of finding a space to park and cost. The disabled parking spaces directly outside Ropewalk House were found to be helpful.
  - If services were to move from Ropewalk House to another setting, 34% would prefer to be seen at a location closer to where they live, 32% would prefer to be seen at the City Hospital and 18% would prefer to be seen at the Queen's Medical Centre (QMC).
  - Only 20% of residents of Basford, Bestwood and Sherwood strongly/somewhat support the proposed relocation of services, reflecting their attachment to the very local nature of the City campus to their homes. If services were to move from City Hospital, the majority would prefer to access these at the QMC rather than King's Mill Hospital. Reasons for this included good public transport links, familiarity with the site and the positive reputation for patient care
  - There continued to be no consensus on the naming of the proposed facility for women and children and further work will need to be done on this.

## Consultation:

20. It is proposed, subject to the comments of the HSC, that public consultation commences in due course, intending to conclude before the start of the Pre-Election Period for the Mayoral election in late March 2024.

The public consultation will be delivered in line with the ICB's statutory duties and with the Gunning Principles which are:

- That engagement and consultation must be a time when proposals are still at a formative stage.
- That the proposer must give enough reasons for any proposal to permit intelligent consideration and response.
- That adequate time is given for consideration and response.
- That the product of engagement and consultation is conscientiously taken into account when finalising the decision.

21. The PCBC will become a public document upon the start of formal consultation. However, as the PCBC is a technical document intended for regulators, a consultation document has been drafted which is designed to be accessible to the public. The consultation document details what is in and out of scope in the public consultation and includes an update on the engagement completed to date. The consultation document also comprises a detailed look at the proposed clinical model of care and the impacts the proposals have on e.g. travel arrangements.

At the next HSC meeting the ICB would want to share the draft consultation document and the supporting consultation plan with members for their comments.

### **Summary and recommendations**

22. The HSC is asked to;
- a. Approve the principle of proceeding to Public Consultation, with exact timings to be agreed, with an intention to conclude before the Pre-Election Period in March 2024
  - b. Note that the significant elements of the proposed clinical service configuration are fixed
  - c. Note that the new estate opportunities (the University Medical School and the Bell Fruit land) are not considered to be material by NUH and will not impact on the proposed clinical model by the time of implementation beyond 2030
  - d. Consider how they wish to receive the PCBC, Consultation Document and Consultation Plan in due course before the commencement of Consultation.



**Health and Adult Social Care Scrutiny Committee  
12 October 2023**

**Work Programme**

**Report of the Statutory Scrutiny Officer**

**1 Purpose**

- 1.1 To consider the Committee's work programme for 2023/24 based on areas of work identified by the Committee at previous committee meetings and any further suggestions raised at this meeting.

**2 Action required**

- 2.1 The Committee is asked to note the work that is currently planned for the remainder of the municipal year 2023/24 and make amendments to this programme as appropriate.

**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 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:
- to review any matter relating to the planning, provision and operation of health services in the area;
  - to require information from certain health bodies<sup>1</sup> about the planning, provision and operation of health services in the area;
  - to require attendance at meetings from members and employees working in certain health bodies<sup>1</sup>;
  - to make reports and recommendations to Integrated Care Boards, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);
  - to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
  - in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.
- 3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:
- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
  - whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and

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<sup>1</sup> This applies to the Integrated Care Board; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

- 3.4 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.
- 3.5 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. 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.
- 3.6 The current work programme for the municipal year 2023/24 is attached. There is 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.
- 3.7 At this meeting the Committee is asked to review its work programme and make amendments to this programme as appropriate.

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

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

#### **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 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>Tomorrows NUH</b> To receive an update on the progress, including plans for public consultation.</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> </ul> </li> </ul>

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

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