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Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Date: Thursday 15 February 2024

Time: 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

Scrutiny and Audit Support Officer: Adrian Mann **Direct Dial:** 0115 876 4353

1	**Apologies for Absence**	
2	**Declarations of Interests**	
3	**Minutes** Minutes of the meeting held on 30 January 2024, for confirmation	To Follow
4	**Nottingham University Hospitals NHS Trust - Workforce Inclusion Strategy** Report of the Statutory Scrutiny Officer	3 - 30
5	**Care Quality Commission Pilot Care Act Assessment** Report of the Statutory Scrutiny Officer	31 - 94
6	**Work Programme** Report of the Statutory Scrutiny Officer	95 - 102

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

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Health and Adult Social Care Scrutiny Committee
15 February 2024

Nottingham University Hospitals NHS Trust – Workforce Inclusion Strategy

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To consider the intended outcomes and timelines of the Nottingham University Hospitals NHS Trust's (NUH's) new Workforce Inclusion Strategy, as part of the overall activity taking place to bring about improvements in its organisational leadership and the effective delivery of maternity services.

2 Action required

2.1 The Committee is asked:

1) to make any comments or recommendations in response to the report on NUH's new Workforce Inclusion Strategy; and

2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

3.1 In December 2020, the CQC published a report that re-rated the maternity services provided by NUH from 'Requires Improvement' to 'Inadequate'. NUH representatives attended the Committee's meetings on 14 January and 15 July 2021 to discuss the CQC findings and the actions being planned and taken to address them.

3.2 In September 2021, the CQC published a further inspection report giving an overall position of 'Requires Improvement', but with an 'Inadequate' rating for whether services were well-led. NUH representatives attended the Committee's meetings on 11 November 2021 and 13 January 2022 to outline the action being taken in response to these findings. The Committee also heard from the NHS Nottingham and Nottinghamshire Clinical Commissioning Group (as the then local commissioner) and, separately, gathered additional evidence from NHS England and the Trade Unions representing NUH employees.

3.3 On 17 February 2022, NUH representatives attended the Committee's meeting to present the progress being made in improving maternity services. The CQC then carried out a further inspection of these services in March 2022 and NUH representatives attended the Committee meeting on 19 May 2022 to explain the action that had been taken since this visit. The NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) also submitted a report to the Committee meeting on 15 September 2022 to set out the details of the

assurance and oversight arrangements that it had put in place in relation to NUH, as the new local commissioner.

3.4 On 15 December 2022, NUH representatives spoke to the Committee on the progress being made in addressing the issues identified by the CQC and subsequent improvement work. The NHS Nottingham and Nottinghamshire Integrated Care System (ICS) also provided its overarching perspective. As a result of concerns raised at this meeting in relation to the CQC's identification of a culture of bullying and potential racial discrimination, NUH representatives attended the Committee meeting on 16 February 2023 to discuss the steps being taken to ensure a safe and inclusive workplace.

3.5 The CQC's latest inspection of maternity services took place on 25 and 26 April 2023, with a 'Well-Led' inspection carried out on 6 and 7 June 2023. NUH representatives attended the Committee's meeting on 16 November 2023 to present the key findings of these inspections, the action being taken and the future next steps. This included information on the development of a new Workforce Inclusion Strategy that was due to be finalised in January 2024. The Committee requested that a report on the upcoming Workforce Inclusion Strategy was brought to a future meeting, following its adoption, so that assurance could be sought on its intended outcomes and timelines, and this has now been provided.

4 List of attached information

4.1 Report: Developing and Implementing the NUH Workforce Inclusion Strategy
Appendix 1: NUH Workforce Inclusion Strategy 2024-27

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 University Hospitals NHS Trust CQC Inspection Reports

6.2 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny meetings held on:

- 14 January 2021
- 15 July 2021
- 11 November 2021
- 13 January 2022
- 17 February 2022
- 17 March 2022
- 19 May 2022
- 15 September 2022
- 15 December 2022
- 16 February 2023

- 16 November 2023

7 Wards affected

7.1 All

8 Contact information

8.1 Adrian Mann, Scrutiny and Audit Support Officer
adrian.mann@nottinghamcity.gov.uk

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Title: Developing and implementing our Workforce Inclusion Strategy

Report for: Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday 15 February 2024

Report prepared by: Clive Clarke, Director of Inclusion and Elizabeth Calderbank, Senior PMO & WRES Expert at Nottingham University Hospitals NHS Trust

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1. Introduction

In January 2023, the People First report was published, following extensive engagement with staff across NUH, led by the Chief Executive. This highlighted the three main barriers to success for the organisation to deliver on its vision to become *'Outstanding in health outcomes and patient and staff experience'.*

- Flow
- Leadership and culture
- Recruitment and retention

An action for 2023-24 was to develop a series of interlocking clinically-led and enabling strategies, which are designed to help NUH work towards overcoming the three barriers.

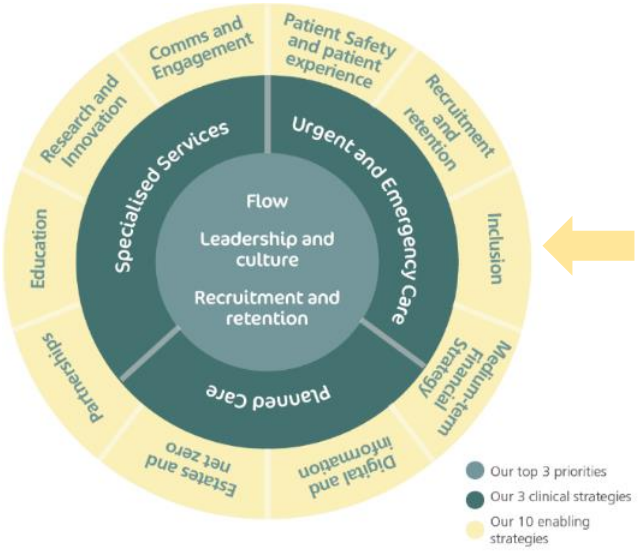

Figure 1: People First interlocking strategies

2. Our response to People First

An initial review of the Equality, Diversity and Inclusion (EDI) function and work streams was undertaken by the People Inclusion Team (PINC) team in early 2023.

As a result of the review, the EDI Oversight and Assurance Committee (EDI Committee), chaired by a Non-Executive Director, was launched soon after with the aim to streamline the processes and reduce the number of meetings and duplication of work.

The NUH Workforce Inclusion Strategy (WIS) was commissioned in April 2023 by the EDI Committee, with work starting the following month with the appointment of the Director of Inclusion.

3. The 2024-27 Workforce Inclusion Strategy (WIS)

The WIS enabling strategy demonstrates NUH's commitment to ensure that inclusion is integrated at the core of its business, creating a safe and inclusive culture where every voice is heard, valued and actioned to improve patient care and support the organisation to deliver our Trust People promise to build on our position as employer of choice.

This is the framework to ensure success in supporting improvements in how inclusion will be embedded across NUH.

Figure 2: 2024-27 NUH Workforce Inclusion Strategy (WIS)

The WIS recognises the work undertaken in previous years to create a safe and inclusive workplace and the content of this strategy has been informed by extensive engagement with our staff and leaders at all levels.

The WIS incorporates proposals for four strategic objectives along with 23 high impact actions for identifying and addressing NUH key barriers for inclusion in line with local, regional and national priorities such as:

- the Care Quality Commission (CQC) well-led plan
- the Midlands Workforce, Race, Equality and Inclusion (WREI) strategy
- the NHSE Long term workforce plan
- the NHSE EDI Improvement Plan (6HIAs)
- the Integrated Care Strategy
- the People Promise

In September 2023, the EDI Committee agreed to undertake a further review of the governance process within the EDI function, with the view to develop an integrated governance model for the EDI agenda and Culture and Leadership workstreams. As a result of this review, in October 2023, a new Integrated Governance Model (IGM) and Principles were agreed by the EDI oversight committee.

In January 2024, the WIS was endorsed by the Trust Board, as the overarching strategy for inclusion across NUH alongside the proposed seven Board priorities for 2024/25.

4. How we will implement the WIS – The Inclusion Maturity Matrix Self-Assessment Tool (IMM)

The IMM is a continuous improvement self-assessment tool that will be used to assess the maturity level of the organisation, divisions and services responsiveness in creating and embedding an inclusive workplace to meet the delivery of the WIS objectives at NUH. By completing the IMM, this will initially give divisions a maturity rating against the four objectives identified in the WIS. It's currently being piloted across all divisions until the end of April 2024.

5. How we will measure change and our performance – WIS work programme and key metrics

The following metrics will be used to monitor progress across the entire WIS programme of work. Data is triangulated to help identify areas that might require more targeted support/interventions:

- National Staff Survey outcomes – with particular reference to staff engagement (derived from motivation, advocacy, involvement) and Bullying, Harassment, Racism and Discrimination (BHRD)
- Workforce Race Equality Standard (WRES)
- Medical Workforce Race Equality Standard (MWRES)

- Workforce Disability Equality Standard (WDES)
- Casework figures
- Anonymous concerns reporting feedback
- National quarterly pulse survey
- Starters' and leavers' survey
- Feedback from advocates including Freedom to Speak Up Guardians, Inclusion ambassadors and the staff network group (BAME, LGBTQ+, Women, Neurodiversity and Staffability networks)
- Armed Forces, Patient and Community Engagement, Widening Participation
- Inclusive Maternity etc.

6. The Seven Board Priorities

In addition to the WIS priorities areas, there are also the seven Board priorities. This was a direct ask from the Chief Executive, to set up the initial focus for the Board in addressing inclusion during 2024-25 in alignment with the People First priorities and ahead of the launch of the WIS in May 2024. Examples of the seven Board priorities includes circulation of interview questions in advance and developing a shadow board program.

7. Progress to date

NUH hopes to drive strategic and demonstrable equality improvements by reference to the nine protected characteristics in the Equality Act 2010 for our people, our patients and the communities we serve and in the exercise of our broader activities and functions as showcased in our 2024-27 WIS.

2023/24 was the year of major paradigm shift for inclusion at NUH in which the following was achieved:

- Launch of the EDI Oversight and Assurance Committee (chaired by a Non-Executive Director) in January 2023
- Launch of the NUH Inclusion Conference in March 2023
- Appointment of the Executive Director for Corporate Governance
- Appointment of the Director for Inclusion
- Executive sponsorship and funding (40k) for all Staff Networks, including the newly formed Neurodiversity and Women's networks
- Initiative to appoint a WRES Expert to equip NUH with in-house expertise to improve workforce race equality.
- WIS signed off by Trust Board in January 2024 (including the new Integrated Governance Model and principles)
- Approval of Seven Board Priorities in January 2024 to expedite the inclusion agenda key areas for delivery
- Launch of the WIS Delivery Group in January 2024
- Launch of the new WIS Operational and Implementation group in February 2024

This performance overview provides a brief summary of NUH statutory reports such as the National Staff Survey, WRES and WDES, its performance, impact and a comparative analysis in regards to previous year.

- **WRES:** Our 2023 report shows an overall improvement in all indicators, apart from indicator 2, compared to 2022. NUH performs in the best 10% of Trusts nationally for indicator 3 (Likelihood of entering formal disciplinary proceedings). This achievement is due to the work undertaken from the BAME Strategy and the cultural ambassador programme.
- **WDES:** Our 2023 report shows an overall improvement in all metrics compared with 2022, apart from three metrics.
- **CQC inspection report:** In their latest inspection report, the CQC recognised significant improvements in the Trust's leadership and culture, and how it is managed, increasing the well-led rating from inadequate to requires improvement. They found a reduction in staff reporting bullying with 'significant progress in improving the culture' and an executive team that 'consistently led with integrity and were open and honest in their approach.'
- **National Staff Survey**: Our 2023 survey results are currently being evaluated and are still under national embargo until March, however early indications are showing improvements in the associated measures compared to 2022 (which were improved from 2021).

National Staff Survey **Nottingham University Hospitals**	**%age of staff saying they experienced *at least* one incident of bullying, harassment or abuse**		
Q14: In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from…?	**2021**	**2022**	**2023**
a) Patients/Service Users/Relatives/Public	28.9%	27.8%	*
b) Managers	13.9%	10.4%	*
c) Other Colleagues	22.4%	20.7%	*

* *Results under national embargo until March 2024*

8. Stopping Bullying, Harassment, Racism and Discrimination Charter

We launched our Charter at the NUH Inclusion Event in March 2023 with a Trust wide campaign. The Charter is aimed to clarify the position of the trust, what staff can expect from the organisation and what we expect from staff. The campaign has included an initial programme of awareness raising sessions and development of associated resources to support staff. This has reached thousands of staff through time out days and bespoke presentations to teams, covering staff working at all levels across the organisation. Resources include posters and digital resources including emails, screensavers, updating wallpapers on all trust devices and an intranet page of resources to support elements around civility and respect.

The resources provide information about specific topics that can be used to educate and to use as part of bespoke interventions for teams where specific concerns have been flagged. The topics include: how to raise concerns; differences between incivility and bullying; challenging banter; dangers of gossip, psychological safety, etc.

We have noted an increase in staff feeling able to report concerns to their managers, human resources and our Freedom To Speak Up champions allowing issues to be dealt with sooner and at a more informal level. We expect this to happen within the first year of a campaign because it opens conversations across the trust and helps staff feel more empowered to speak up and raise their concerns.

Work continues through our Safe and Inclusive Delivery Group and the WIS to ensure that Stop Bullying, Harassment, Racism and Discrimination remains on the agenda for all divisions within the trust.

9. WIS Programme Impact – what does success will look like?

Our WIS work programme will ensure a sustainable pathway for inclusion across the entire organisation that will result in the following for our staff, our patients and the communities we serve:

- An embedded culture of kindness, where diversity and inclusion is promoted and staff feels engage, empowered and valued.
- All staff networks are a powerful voice and a source for positive change, embedded across the whole organisation and system and they currently formally constituted as part of the Trust governance structure.
- Embedded the "Becoming Anti-racist model", the Allyship programme and the introduction of staff voice (lived Experiences) at Board level.
- NUH staffing reflect the diversity of the community we serve so the Trust becomes an employer of choice.
- An embedded culture of inclusion and compassion for all, within which our patients experience compassionate care and staff experience compassionate workplaces and teams; where there are positive experiences of care for all whether they are delivering or receiving care will improve patient and staff experience outcomes.
- All leaders have the right skills to lead a health care service that is inclusive and compassionate for patients and staff and therefore embed inclusive practices.
- Robust inclusion that will ensure senior leadership establish strong collaboration between partners as an organisation. The voice of staff with protected characteristics are heard at key forums across the organisation and at a system level to improve access to services, patient care and outcomes and eliminate health inequalities.

10. Conclusion

As demonstrated by the data, NUH has made improvements over the past two years to create a more inclusive working culture. The WIS is a new paradigm shift for inclusion to ensure NUH becomes a truly inclusive workplace. NUH is committed to integrating inclusion into its core business and responding to the needs of the people we work with, the patients we care for and the communities we serve by ensuring equal opportunities and inclusion for all.

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NHS
Nottingham
University Hospitals
NHS Trust

NUH Workforce Inclusion Strategy (WIS) 2024-2027

'Outstanding Health Outcomes and Patient and Staff experience'

Strategic Aim: Putting people first to feel safe, supported and included

Inclusion for all

Final Version

Contents

Version control log

Version	Author	Summary of changes	
V1.0	EC	WIS0-170823	First Draft completed
V1.1	EC/SIT	WIS1-200823	Table with detailed changes available on request.
V1.2	EC/SIT	WIS2-480823	
V1.3	EC/SIT	WIS3-140823	
V1.4	EC/SIT	WIS4-180823	
V1.5	EC/SIT	WIS5-290823	
V1.6	EC/GM	WIS6-050923	
V1.7	EC/GM	WIS7-041023	
V1.8	EC/SIT	WIS8-121023	
V1.9	EC/SIT	WIS9-171023	
V2	GM	WIS10-191023	
V2.1	EC/JM/NG	WIS11-271023	
V2.2	EC/SIT	WIS12-301023	
V2.3	EC/SIT	WIS13-231123	
Final Version 11/12/2023			

1. Leadership Message

Nick Carver – Trust Board Chair

Anthony May – CEO

George Gilbert – Executive Director of Corporate Governance

Insert Team Photo here

On behalf of the senior inclusion team

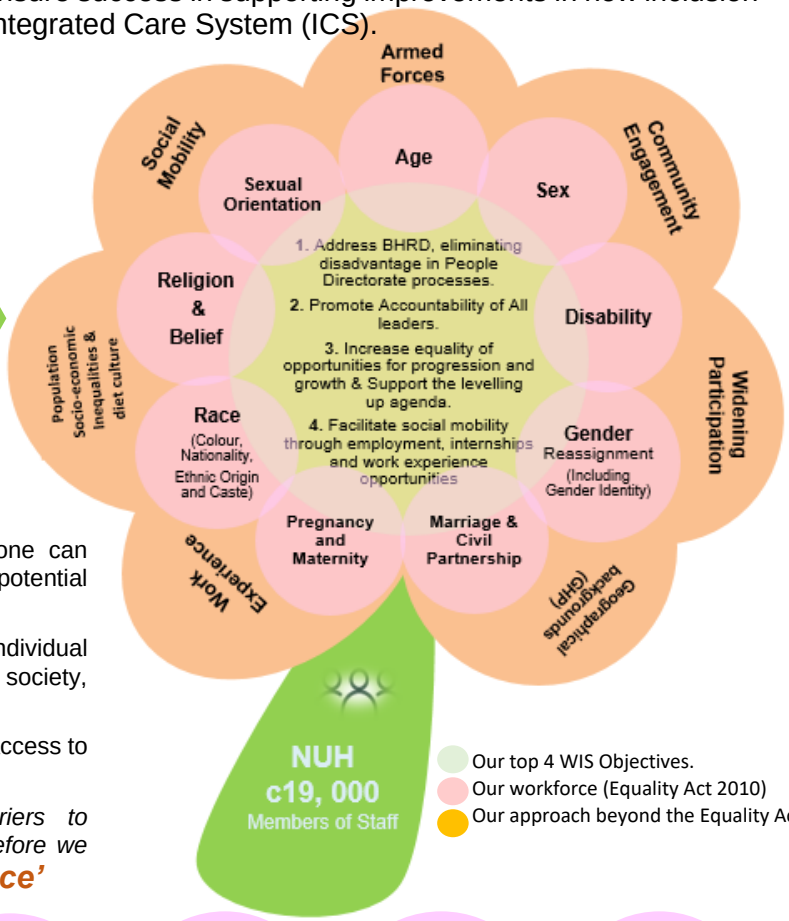
2. Executive Summary

The Nottingham University Hospitals (NUH) NHS Trust Workforce Inclusion strategy (WIS) is the overarching strategy to address all matters related to Inclusion across our local, regional and national Equality Diversity and Inclusion (EDI) priorities (See **figure 2** below). This strategy has three interlocking provisions reflected in **figure 1** below: strategic objectives, our approach to the Equality Act 2010 (nine protected characteristics) plus our approach to inclusion beyond the Equality Act 2010 This is the inclusion framework to ensure success in supporting improvements in how inclusion will be embedded across NUH and the Integrated Care System (ICS).

Figure 1. Interlocking provisions

Inclusion

is the culture in which the mix of people can come to work, feel comfortable and confident to be themselves and work in a way that suits them and delivers our business or service needs. Inclusion will ensure that everyone feels they ***belong, are safe, respected and valued.***



Equality promotes a fair society where everyone can participate and have the opportunity to fulfil their potential and is often linked to the Equality Act 2010.

Diversity creates a culture that values individual differences and variety for the benefit of society, individuals and organisations.

Equity ensures fairness and gives people equal access to the same opportunities.

Sometimes our differences can create barriers to participation, so we must first address equity before we can have true ***'inclusion in the workplace'***

5.12% of our workforce declared that they have a **disability**

35.5% of our workforce identify as **Christians**

27.1% of our workforce identify as **BAME**

47.5Yrs Median Age Band **10.53%**

75.1% of our workforce **are** ***Female**

3.3% of staff **identify as** ***LGB**

At NUH, we employ a diverse workforce of almost 19,000 people. Please see figure 1 above for a breakdown of the protected charactеristics and ***Appendix C for a glossary of EDI acreditations**. Our Trust workforce represents various age groups, socio-economic backgrounds, faiths, and beliefs, enriching our collective perspectives. To leverage this diversity for the benefits of innovative ideas, skills, and energy, we are committed to fostering an inclusive culture that promotes a sense of belonging and inclusion for all.

Our internationally trained staff bring crucial cultural awareness, which is vital in a multicultural society where patients have diverse backgrounds, beliefs, and experiences with healthcare. Valuing their expertise in bridging cultural differences enhances patient care, community engagement, and advances Global Health Partnerships. We are dedicated to creating a workplace culture that promotes fairness, respect, kindness, civility, and authenticity. An inclusive culture drives employee engagement, productivity, and public outcomes, reducing turnover and sickness rates. Every individual, regardless of their background, plays a role in shaping a more inclusive NUH, making it an excellent place to work.

** Please note that due to Data Protection Act 2018 (GDPR) we are unable to record and therefore showcase data for each abbreviation under the LGBTQ+ umbrella.*

NUH is committed to integrating inclusion into its core business and responding to the needs of the people we work with and serve by ensuring equal opportunities for all. To achieve this we have developed a set of metrics for success aligned with our key 4 WIS strategic objectives. The Inclusion Maturity Matrix is the continuous improvement self-assessment tool that will be used to assess the maturity level of the organisation, divisions and services responsiveness in creating and embedding an inclusive workplace to meet the delivery of the Workforce Inclusion Strategy (WIS) objectives at NUH accompanied by an inclusion dashboard to measure outcomes and impact. See appendixes A,B&C for more information.

Everyone in our workforce (clinical and non-clinical staff, bank workers, volunteers, students, apprentices, scientists, armed forces) represents different age groups, socio-economic backgrounds, faith and beliefs and therefore brings their own unique perspectives. To gain the benefits of this wide range of ideas, skills, resources and energy and be an employer of choice, we must embed an inclusive culture where everyone feels they belong.

NUH has a commitment to ensure that inclusion is integrated at the core of its business and respond to the needs of our staff, stakeholders, service users, armed forces and carers and foster a level playing field for all our inclusion staff networks.

2.1 Living our values

Our organisational culture defines our interactions, both internally and externally. It unites us, shaping our norms from daily engagement to ambitious future partnerships. The WIS outlines our aspirational yet present-day cultural goals.

2.2 What inclusion will look like in practice (expected behaviours)

- Treat everyone with dignity and respect.
- Uphold NUH commitments to fairness, diversity, gender equality, anti-racism, and multilingualism for inclusive environments.
- Address biases, stereotypes, and assumptions about others in any decision-making forum.
- Embrace diverse perspectives in decision-making.
- Take accountability for fostering an inclusive environment where everyone can thrive.
- Work effectively with individuals irrespective of backgrounds.
- Demonstrate sensitivity to cross-cultural differences and awareness of how actions and behaviour may be perceived in other cultures.

3. Why do we need a Workforce Inclusion Strategy (WIS)?

Recent years have brought unprecedented challenges, from the Covid-19 pandemic to issues related to health inequalities in Black Asian Minority Ethnics (BAME) communities and BAME staff in the NHS, the Care Quality Commission (CQC) inspection results in 2021, and global events like the death of George Floyd. To address these, NUH is committed to prioritising its diverse staff and communities, aiming for a positive and inclusive work environment.

We are actively working to improve the warning notice under section 29a of the Health and Social Care Act following CQC's 'require improvement' status, fostering a culture where every voice is heard and valued, enhancing patient care, and promoting equity.

Our alignment with the Nottingham and Nottinghamshire Integrated Care Board and Integrated Care System priorities ensures inclusive decision-making and co-designed service changes to meet the needs of our diverse staff and communities we serve.

4. Consultation and Engagement

The WIS is built on existing and past Equality, Diversity and Inclusion (EDI) initiatives. We followed an extensive engagement with a wide range of stakeholders including our staff, local people and

communities so that the strategy is influenced by their voices and lived experiences. We have done this to ensure our priorities, targets and actions are aligned to the needs and expectations of service users and the NUH workforce. This engagement has involved scrutiny of our key four objectives, success metrics, the new governance structure and assurance process and the impact of the strategy on the 6 High Impact actions (6HIAs). It has been co-produced through engagement with staff networks and senior leaders across the whole organisation

5. Current context

NUH's Trust vision is to be 'outstanding in health outcomes and patient and staff experience'. The National Staff Survey (NSS) offers staff the opportunity to tell us how they see and feel about working in NUH. It gives us a true view of where the Trust stands compared to the other organisations and the way forward. NUH is a big and complicated organisation and is committed to being an inclusive great place to work. We are also pleased to share that the NSS 2022 results show overall satisfaction has improved and progress has been made in some areas.

The 2022 WRES report shows that the overall percentage of staff at NUH has increased by 5.6%, the Trust's BAME representation across the workforce is at 26.6%, an increase of 4.7% from 2023. NUH is above the national average of 24.2% BAME staff in NHS Trusts as shown in the 2022 WRES report. The 2021 Census shows 42.7% of the Nottingham population are from a BAME group; an increase from 35% in 2011, however, this only reflects the population from Nottingham city. A collaborative project led by the Director of Performance, Digital and Information is currently under way. The purpose of this project is to provide options for how NUH will determine the baseline catchment population and agree a standard approach. NUH has achieved 149% of the total Model Employer targets established in 2022. As a result, we are on target and/or above target for BAME representation at AfC bands 8a to 8d and VSM roles. At the end of October 2022, NUH submitted to NHS England and Improvement our WRES plan and were awarded a 2.7 out of 2.9 (max = Good.)

Our WIS incorporates Disability equality related objectives. This is vital to consider as the 2022 Workforce Disability Equality Standard (WDES) report shows that there has been a continuing disproportionate impact on Disabled people in employment following the COVID-19 pandemic, resulting in the disability employment gap rising to 28.8%. The top priority for NUH is to focus on engagement and grow all staff networks, with a plan to celebrate the national day of staff networks every year, and the opportunity to promote the networks at the forthcoming meetings and events as part of the NUH workforce inclusion strategy engagement work.

The last Gender Pay gap report shows that for all staff, the average hourly rate gap has reduced by 0.84%, and the median hourly rate gap has increased by 1.2% to 7.25% from 6.05% of the previous year. The average hourly pay gap is 23.32%. There has been a decrease in the average hourly pay gap on the previous year by 0.84%.The median hourly rate gap is 7.25%. The median hourly rate gap has increased compared to the previous year by 1.2%. There is no definitive answer for the variation against the previous year, although the Agenda for Change pay deal where some staff moved into a higher pay band might explain the changes.

For more data from our regulatory reports use the following links WRES/WDES/Gender Pay Gap. ***(reports also available on request)***

6. Drivers for improvement

This strategy, part of a larger suite of interlocking strategies, aligns with the following core Trust priorities: enhancing flow, recruitment, retention, and culture. Our main focus is ensuring safe, efficient services while fostering inclusivity for engaged, empowered, and belonging individuals.

See **table 1 and figure 2** below:

Table 1. Key drivers

Key drivers	Description	Impact
• NHSE People Promise • People First recommendations • NHSE EDI Improvement Plan (6HIAs) • Integrated Care Strategy • NHS Long Term Workforce Plan	• Our WIS strategy takes into account local, regional and national strategies, plans and partnerships as drivers to set out how we will create a highly inclusive culture that meets the needs of all our colleagues, patients, service users and the communities we serve at NUH.	• Continuous improvement on our culture journey to achieve inclusion for all in the workplace to ensure NUH becomes an employer of choice and achieve its missions **'Outstanding Health Outcomes and Patient and Staff experience'.** • Increase productivity

Figure 2: Summary of key drivers

7. Aim and Objectives

Our goal is **"*Put people first to feel safe, supported and included*"** This strategy commits to inclusivity, addressing workplace barriers or challenges, fostering individual growth, and promoting diversity and social inclusion through co-creating initiatives that act as tools that empower and support everyone in our working environment. Table 2 below outlines how this will be achieved:

Table 2: Trust Wide Workforce Inclusion Strategy on-a-page

Trust Vision	Outstanding in Health Outcomes and Patient and Staff Experience
Aim	Putting people first to feel safe, supported and included
WIS Objectives	• **Objective 1.** Address bullying, harassment, racism and discrimination. • **Objective 2.** Promote accountability of all leaders. • **Objective 3.** **(Internal and system focus)** Increase equality of opportunity for progression and growth at NUH. Support the levelling up agenda locally by improving 'Inclusion for all' within the NUH and wider ICS workforce to enhance NUH's reputation as a modern employer of choice as well as an ICS anchor institution, thereby attracting diverse talent to our workforce. • **Objective 4.** **(Community focus)** Facilitating social mobility in the communities we serve through employment, internships and work experience opportunities, reaching out to engage with communities.
What we will achieve	• Eliminate disadvantage in People Directorate processes, so that staff can use their full range of skills and experience to deliver the best possible patient care. • Embed inclusive leadership and promote equal opportunities and fairness of outcomes (in line with the *NHS Constitution*, the *Equality Act 2010*, the *Messenger Review* and the *Our NHS Leadership way*.) • Improve 'Inclusion for All', within the NUH and wider ICS workforce to enhance NUH's reputation as a modern employer of choice as well as an ICS anchor institution, thereby attracting diverse talent to our workforce. • Facilitate social mobility in the communities we serve through employment, internships and work experience opportunities, reaching out to engage with communities.
For our patients *(What does success look like)*	• Embedded a culture of compassion for all, within which patients experience compassionate care and staff experience compassionate workplaces and teams; where there are positive experiences of care for all whether they are delivering or receiving care will improve patient and staff experience outcomes. • All leaders will have the right skills to lead a health care service that is inclusive and compassionate for patients and staff and therefore embed inclusive practices. • Robust inclusion will ensure senior leadership to establish strong collaboration between partners as an organisation. The voice of staff with protected characteristics will be heard at key forums across the organisation and at a system level to improve access to services, patient care and outcomes and eliminate health inequalities.
For our staff *(What does success look like)*	• An engaged and empowered workforce that is encourage to speak up without fear of repercussions. A workforce that feels empowered, safe and they belong. • Rewarding and recognising civil and good behaviours will embed a culture of kindness, where diversity and inclusion is promoted and staff feels empowered and valued. • Staff networks will have a powerful voice and a source for positive change, embedded across the whole organisation and system and will be formally constituted as part of the Trust governance structure. They will be financially supported and each one will have an executive sponsorship. • Strengthening a cultural awareness and compassionate and inclusive leadership model will ensure leaders can demonstrate that they hold others to account by challenging behaviours that are not compassionate and inclusive. • Embedding the "Becoming Anti-racist model", the Allyship programme and the introduction of staff voice (Lived Experiences) at Board level will ensure NUH tackle racism, bullying, harassment and other types of discrimination effectively and eliminate racism and bias in all parts of the employee life cycle. • NUH staffing will reflect the diversity of the community we serve and will become an employer of choice.
Measures of success *(How do we know that change is an improvement)*	• Improvement will be measured by the result shows in the NSS survey and our internal NUH surveys, WRES, Medical Workforce Race Equality Standard (MWRES) and WDES data. Progress will be measured via the divisional inclusion maturity matrix self-assessment tool. NUH will be compliant with the People Strategy metrics, the NHSE Model Employer Aspirational targets and the NHSE EDI Improvement Plan (6 HIAs) • Its expected the results show significant improvements in all statutory reports and 6 HIAs. • We will use our improvement methodology to drive sustainable change.
People First	• The WIS as an overarching strategy is the golden thread that will support effective NUH practices and connects with each of the 10 People First enabling strategies to achieve the Trusts core priorities of improving flow, recruitment and retention, and leadership and culture which ultimately will increase productivity.

8. Implementation, Governance and Assurance

The Corporate Governance and Inclusion teams has joined forces with the People Directorate to develop an Integrated Governance Model (IGM) as appear on figure 3&4 below. The IGM outlines the new model by which the NUH Workforce Inclusion Strategy (WIS) and the People Strategy implementation plans will be governed under the newly developed integrated governance principles.

The integrated model will provide assurance to Trust Board in line with the People First priorities during the next 18 months. The IGM reflects the new process for reporting, monitoring and escalation of the key strategic objectives, milestones and risks for both the WIS and People Strategy.

Integrated Governance Principles

1. Effective Governance will ensure:
   - ✓ NUH has a clear strategic direction for its inclusion and culture and leadership journey.
   - ✓ the objectives of the Workforce Inclusion Strategy (WIS) and the People Strategy remains aligned to deliver on People First.
   - ✓ reporting is transparent and provides clarity on progress, the decisions required and next steps.
   - ✓ compliance with legislation. i.e. Equality Act 2010.

2. Facilitates a two-way dialogue between Board and staff members and supports an exchange of information, ideas and diverse view-points.

3. Ensures patient care, our staff and the communities we serve, are positioned at the heart of all that we do and the commissioning and oversight of the development of the WIS.

4. Establishes an effective decision making process which reduces the need for meetings and limits the risk of duplication.

5. Ensures individual and team objectives are aligned to support national, regional, system and local level priorities for inclusion and culture and leadership.

Business Case for Change: current position

1. EDI Oversight and Assurance Group launched in November 2022.

2. Non Executive Chair demonstrates primacy and prioritisation of EDI.

3. Aims achieved:
   - ✓ establish EDI as a strategic programme of work
   - ✓ Board buy-in
   - ✓ create a psychologically safe space for debate and discussion
   - ✓ listen and understand the lived experience of staff i.e. prevalence of BHRD

4. Culture and Leadership Groups paused (from April 2023).

5. People First sets a clear direction for cultural and leadership change and improvement
   - address prevalence of bullying, harassment, racism and discrimination.
   - foster coaching style of leadership
   - reconnect staff to NUH values and vision i.e. re - engaging ‘hearts and minds’

6. Pending ‘soft’/’hard’ launch of Workforce Inclusion Strategy (WIS)* and People Strategy respectively engenders Long Term Workforce Plan, statutory obligations, race and disability workforce standards and pilot for NHSEI High Impact Actions (HIAS).

Figure 3. Integrated Governance Model (IGM)

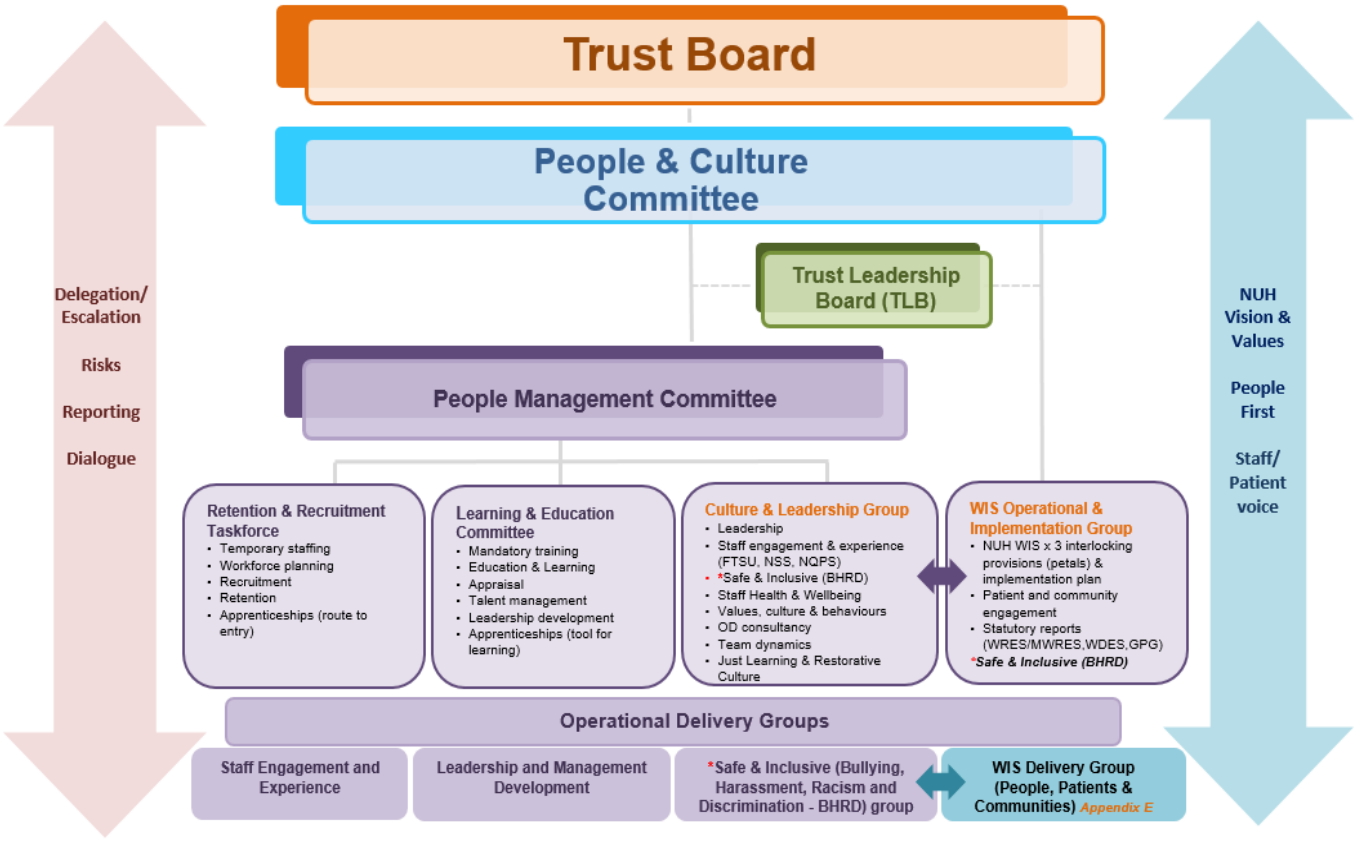


Figure 4. Reporting, Monitoring and Assurance process

Led by Trust Chair - Trust Board will:

- Receive regular update reports from the People and Culture Committee as well as a formal performance report every 6 months.
- Ensure accountability for performance i.e. delivery and measurement of relevant and tangible inclusion, culture and leadership outcomes.
- Recognise and acknowledge achievements.

People and Culture Committee will:

- Be accountable to the Board for all matters relating to inclusion and culture and leadership.
- Provide regular progress reports to Board (assurance) and a formal performance report twice a year.
- Build clarity and visibility (oversight) around decisions and plans for improving NUH culture.
- Provide a strategic steer on all matters relating to inclusion and culture and leadership.
- Monitor the implementation and delivery of the Trust's Workforce Inclusion Strategy (WIS) and People Strategy.
- Ensure all risks and issues are mitigated in order to support the implementation of NUH cultural ambitions.

People Management Committee / WIS Operational and Implementation Group will:

- Work with divisions to see real tangible and sustained improvements in both EDI/Inclusion matrices and individual, staff/patient experience and community engagement at NUH.
- Make and evolve decisions to guide the delivery groups towards achieving our WIS and People strategic objectives.
- Provide assurance by reporting regularly to relevant committees in order to provide a detailed update of progress, risks and issues.
- Meet on a regular basis to plan, review and discuss progress to date and next steps.
- Submit on a regular basis formal and highlight reports which summarises progress to date and items for escalation.
- Apply the results of the NHS staff survey and other key and statutory data sources in order to build an understanding of staff experience and the areas of work requiring attention.
- Aid the Trust in creating a clear strategic narrative about inclusion and the cultural changes now underway.
- Apply relevant metrics to track progress, demonstrate the impact of activities and evidence change and improvement.
- Horizon scan the national, regional and local landscape in order to develop effective interventions for addressing NUH inclusion and cultural challenges.
- Engage and meet with Divisional Leadership Teams and ambassadors in order to understand the local cultural context i.e. challenges and opportunities.
- Work alongside staff networks/staff and patient representatives as well as other stakeholders in order to build cultural interventions which are sustainable, effective and relevant.
- Listen, involve and engage with patients, members of the public and system partners to shape NUH cultural and inclusion goals and to enable lessons to be learnt.
- Enhance patient-centred care, strengthen our engagement with diverse communities and develop our capacity for research and innovation through a Global Health Partnerships (GHP) lens.

Appendix A. Our key priorities 18 months' metrics for success.

The workforce inclusion strategic (WIS) objectives have been developed as part of an ongoing engagement with staff, patients and service users. They are aligned to all key national, regional, system and local EDI priorities, including the 6 HIAs and the People Directorate work streams related to BHRD. Each will be aligned to the inclusion maturity matrix (IMM) to ensure the strategic outputs are delivered.

NUH Workforce Inclusion Strategic Objectives	NUH Workforce Inclusion Strategy Outputs	Metrics for Success
Objective 1: Address bullying, harassment, racism and discrimination, eliminating disadvantage in People Directorate processes, so that staff can use their full range of skills and experience to deliver the best possible patient care.	**1a.** Develop an NUH Workforce Inclusion Strategy (WIS).	**1a.** Launch the NUH Workforce Inclusion strategy.
	1b. Support the creation of a safe and inclusive workplace, confirming NUH position as an Anti-Racist organisation and zero tolerance stance towards all forms of discrimination.	**1b.** Year on year significant improvement for NSS questions related to creating a safe and inclusive workplace and from triangulation from QPulse, New starters, Internal transfer and leavers surveys feedback.
	1c. Close the equality gap for protected groups while improving the experience for all staff at the same time.	**1c.** Year on year significant improvement on WRES/WDES indicators (NSS survey linked)
	1d. Demonstrate best practices in Inclusion; an exemplar for other organisations regionally, nationally and globally.	**1d.** Improvement on Care Quality Commission (CQC) score for Well-Led (Inclusion) **1d(i).** NUH a pilot site for the 6HIAs **1d(ii).** Improvement in the 6HIAs scores **1d(iii).** Support the development of NUH Global Health Partnership (GHP)
	1e. Communicating externally about inclusion.	**1e.** Developing an external communication plan including an inclusion newsletter. **1e(i)**. Improvement in patient and public confidence by the Family and Friend Test (FFT).
	1f. Building a strong relationship with our system partners.	**1f.** Improvement Work to identify areas of common interest that will better suited to be addressed at system level.
	1g. Build on the positive work done so far by empowering everyone to relentlessly challenge inappropriate (BHRD) behaviours in a respectful and civil manner.	**1g.** A clear, well understood embedded roadmap of People practice, policy, and procedure for staff complaints related to BHRD.

NUH Workforce Inclusion Strategic Objectives	NUH Workforce Inclusion Strategy Outputs	Metrics for Success
Objective 2: Accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes (in line with the NHS Constitution, the Equality Act 2010, the Messenger Review, Our NHS Leadership way (Leaders objectives to link into the 6HIAs and for NUH Inclusion objectives)	**2a.** Develop an accountability framework to support our Board and leadership teams across the organisation to be accountable and active champions to Inclusion.	**2a.** Inclusion embedded into appraisal in line with 6 HIAs and/or NUH workforce inclusion strategic objectives via Board Assurance Framework (BAF) for Chair/CEO and all Board members, from March 2024 to April 2025 this will apply to all direct reports of Board members 2025/26 and all managers 2026/27.
	2b. Championing Inclusion.	**2b.** Year on year improvement with data measures (to be monitored via the Inclusion dashboard). This will include but not limited to: • WRES, MWRES, WDES, Gender Pay Gap, Model Employer targets, NSS, Freedom to Speak Up Guardians (FTSU)
	2c. Provide visible, dedicated support and structure with authority and budget to effectively implement the Workforce Inclusion Strategy.	**2c.** Secure dedicated budget for inclusion team and networks and both staffing and non-staffing budgets.
	2d. Strengthen current Governance structure and Assurance process for Inclusion.	**2d.** Revised inclusion governance structure.
	2e. Partnering with staff networks	**2e.** Incorporate inclusion staff networks into the governance structure. **2e(i).** Each network to develop its own work plan.

NUH Workforce Inclusion Strategic Objectives	NUH Workforce Inclusion Strategy Outputs	Metrics for Success
Objective 3: **(Internal and system focus)** Increase equality of opportunity for progression and growth at NUH Support the levelling up agenda locally by improving 'Inclusion for all' within the NUH and wider ICS workforce to enhance NUH's reputation as a modern employer of choice as well as an ICS anchor institution, thereby attracting diverse talent to our workforce.	**3a.** Review our demographic data and identify gaps.	**3a.** Year on year significant improvement with data measures. This will include but not limited to: • WRES, MWRES • WDES
	3b. Implementation of new action plan in line with the Widening Participation team to enhance existing and develop new pathways into employment at NUH's from disadvantage communities.	**3b.** Increase in the number of apprenticeships, work experience, internships, and supported employment programmes such as 'Project Search' and volunteering from socio-economic disadvantaged and protected characteristics groups. **3b(i).** Increase in diversity of mentoring, apprenticeships, training, work experience and volunteering opportunities from disadvantaged communities.
	3c. Scope, advise on and support the organisation and system approach to inclusive talent management.	**3c.** Implement an Inclusive Talent Management pipeline **3c(i).** National Staff Survey year on year increase in: Percentage of staff believing that the Trust provides equal opportunity for career progression and promotion with better understanding of the reasons.
	3d. Target positive action at interview stage from band 8b and above and secondment roles that has been developed from secondment to substantive posts	**3d.** Year on year improvement **on** WRES/WDES indicators.
	3e. Promote the use of good quality appraisals to develop and embed talent management processes.	**3e.** Year on year improvement intake of career promotion and development opportunity from disadvantaged groups. **3e(i).** Band 9s to offer mentoring & coaching opportunities for career progression.
	3f. Include secondment status on ESR	**3f.** Measure on ESR

NUH Workforce Inclusion Strategic Objectives	NUH Workforce Inclusion Strategy Outputs	Metrics for Success
Objective 4: **(Community focus)** Facilitating social mobility in the communities we serve through employment, internships and work experience opportunities, reaching out to engage with communities.	**4a.** Review Workforce data, identify gaps and launch a bespoke Inclusion Dashboard	**4a.** Mature inclusion dashboard developed in phases by the end of 24/25 that encompasses both national and NUH outcomes.
	4b. Work within the guidance of the Model Employer 2028 which includes targets for increased leadership representation within protected groups.	**4b**. Year on year improvement on all workforce indicators for WRES/WDES
	4c. Increase in community development and engagement working within under reached neighbourhood and communities to reduce population health/Socio-economic inequalities.	**4c.** Year on year increase of employment opportunities into permanent roles from under reached neighbourhood and communities.
	4d. Develop the 2023-24 WRES plan and other plans as required covering other protected characteristics linked to objective 2, action 2d.	**4d**. 2023-24 WRES plan published in the Trust Internet by 31st October.
	4e. Support the NUH Global Health Partnerships programme of work.	**4e.** Implementation of a Global Health Partnerships programme.

Appendix B. Inclusion Maturity Matrix (IMM)

NUH Inclusion Maturity Matrix Acti

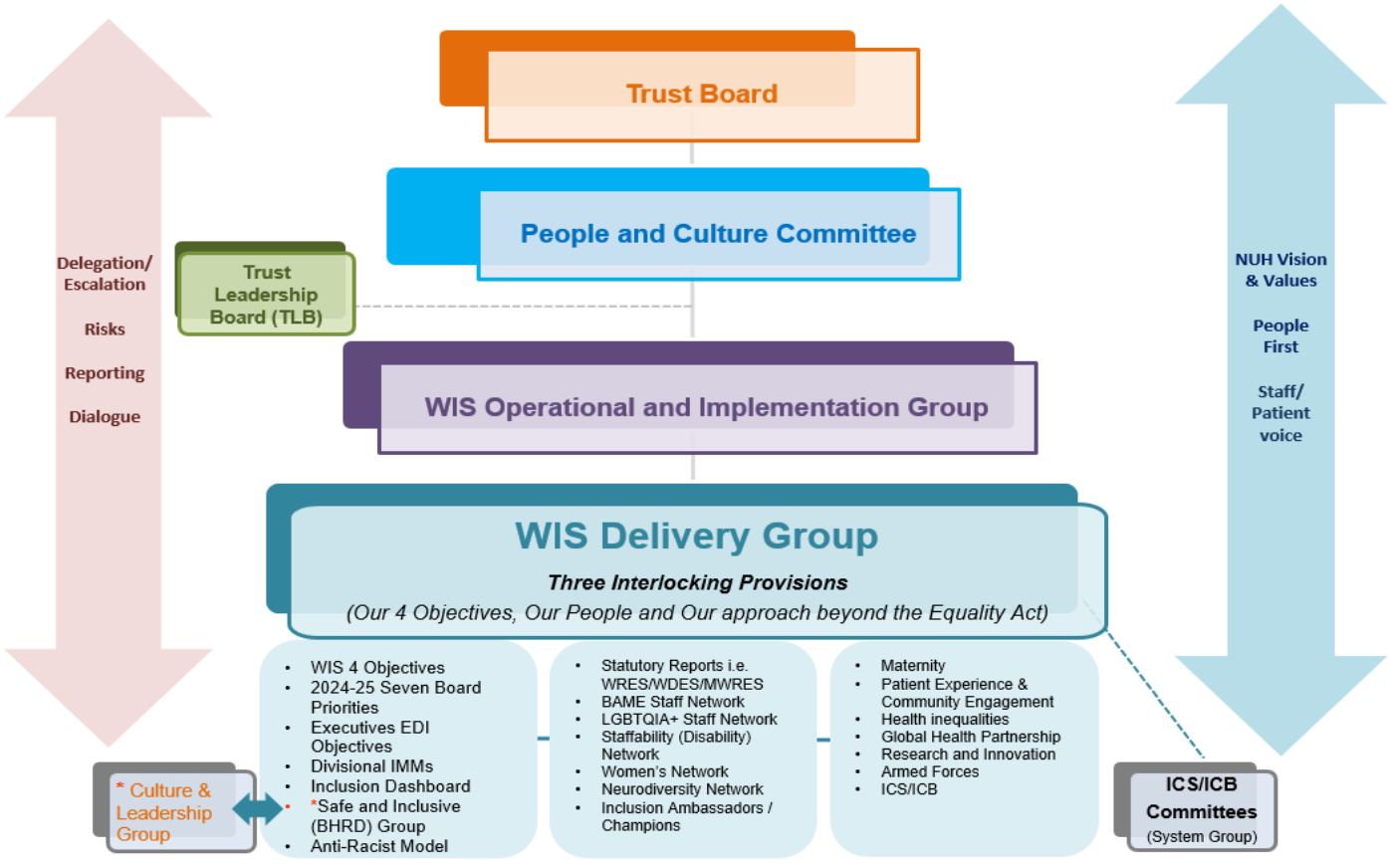
Appendix C. Inclusion Dashboard (ID)

EDI - Inclusion Dashboard 1st Mock

Appendix D. Glossary of EDI Acreditations and Status at NUH

1. Menopause Friendly Award - We are the first NHS Trust in the country to be awarded this and we could not have done it without Nottingham Hospitals Charity who funded the processes to help us achieve the accreditation.
2. Disability Confident - **Employer Status**.
3. Business Disability Forum - **Member**.
4. AccessAble - **Accredited**
5. NHS Rainbow Badge - **Phase 2 Bronze Award**
6. Mindful Employer - **Accredited**
7. Armed Forces Covenant - **Gold Award**
8. DFN Project Search

Appendix E. WIS Delivery Group Governance Structure & Portfolios (Led by Director of Inclusion)



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Health and Adult Social Care Scrutiny Committee
15 February 2024

Care Quality Commission Pilot Care Act Assessment

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To consider the results of the Care Quality Commission's (CQC's) pilot assessment of how the Council is meeting its duties under Part 1 of the Care Act 2014.

2 Action required

2.1 The Committee is asked:

1) to review the content and indicative ratings of the CQC's assessment report, consider the Council's response and proposed actions, and return any comments and feedback; and

2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

3.1 This issue falls within the remit of the Portfolio Holder for Adult Social Care and Health.

3.2 The CQC, as the independent regulator, now has responsibilities to assess how well Local Authorities are performing against their duties under Part 1 of the Care Act 2014. The CQC has developed a new assessment framework through co-production with partners, agencies and people with direct experience of using care and support services. This framework was piloted at five Local Authorities (Birmingham City Council, Lincolnshire County Council, North Lincolnshire Council, Nottingham City Council and Suffolk County Council) to test its methodology and processes, and to identify any refinements required.

3.3 The pilot assessment framework used a subset of the quality statements from the overall single assessment framework, as Local Authorities are being assessed against a different set of statutory duties to registered providers. The framework comprises nine quality statements mapped across the four overall themes of:

a) Working with people
b) Providing support
c) How the Local Authority ensures safety within the system
d) Leadership

3.4 The Council's assessment was carried out from 11 May 2023, reviewing the 2022/23 period. Approximately 5,900 people in Nottingham were accessing long-term adult social care support during this time, with around 1,320 people accessing short-term support. The assessment results were published on 17 November 2023. The indicative rating set out in the CQC's report is that the Council's services require improvement, as the evidence gathered shows some shortfalls in performance.

3.5 The report identifies both the Council's strengths and its areas for development, acknowledging that the Council is going through a period of transition with a transformation process in place for adult social care services. The CQC found that senior staff showed a good awareness of areas that required improvement, and that there was evidence both of progress made to date and plans to achieve further development. However, the CQC considered that there is still work to be done, with this being demonstrated in the mixed feedback from staff and the number of areas identified where transformation work was starting.

3.6 The CQC's overall indicative ratings for the five Local Authorities that participated in the pilot assessment were:

- Birmingham City Council – Good
- Lincolnshire County Council – Good
- North Lincolnshire Council – Good
- Nottingham City Council – Requires improvement
- Suffolk County Council – Good

3.7 A copy of the CQC's assessment report, and a report and briefing on the Council's response and proposed actions to the indicative ratings, are attached.

4 List of attached information

4.1 Report: CQC Pilot Care Act Assessment
Appendix 1: CQC Local Authority Assessment Pilot Report Publication – Briefing
Appendix 2: Nottingham City Council CQC Assessment

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 Local Authority CQC Pilot Assessments (8 December 2023)

7 Wards affected

7.1 All

8 Contact information

8.1 Adrian Mann, Scrutiny and Audit Support Officer
adrian.mann@nottinghamcity.gov.uk

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Health and Adult Social Care Scrutiny Committee
15 February 2024

Care Quality Commission Pilot Care Act Assessment

1. Background

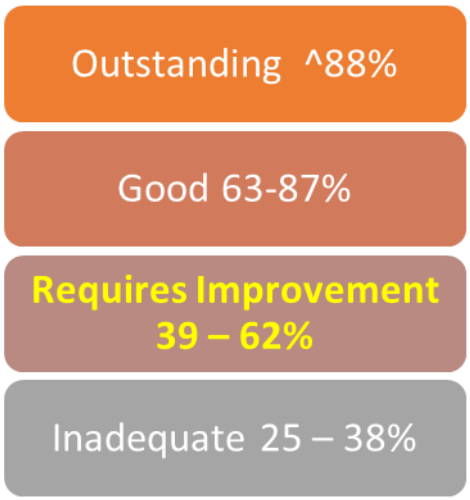
1.1 The Care Quality Commission (CQC) was given a new responsibility under the Care Act 2022 to assess how Local Authorities are meeting their duties under Part 1 of the Care Act 2014. The Council volunteered to participate in a CQC pilot assessment over the summer of 2023, along with four other Local Authorities.

1.2 The Council's CQC Report and Rating was published on 17 November 2023. The CQC set out that the Council needed to **make improvements** to ensure that people have access to a good standard of adult social care and support. The purpose of this report is to share the findings of the CQC's report and review the next steps.

2. Outcomes

2.1 The CQC looked at nine areas to assess how well the Council is meeting its responsibilities, in order to create the indicative **'Requires Improvement'** rating. The Council's overall score was **59%**, falling withing the banding range of 39-62%.

3. CQC Scoring



3.1 CQC has given each of the nine areas an indicative scoring out of four, with one being that evidence shows significant shortfalls and four showing an exceptional standard.

Quality Statement	Indicative Score	Percentage	
How the Local Authority works with people	**2**	60%	Requires Improvement
Supporting people to lead healthier lives	**2**	60%	Requires Improvement
Equity in experience and outcomes	**2**	57%	Requires Improvement
Providing support (care provision, integration and continuity)	**3**	70%	Good
Partnership and communities	**2**	57%	Requires Improvement
How the Local Authority ensures safety in the system	**2**	57%	Requires Improvement
Safeguarding	**3**	69%	Good
Leadership	**2**	57%	Requires Improvement
Learning, improvement and innovation	**3**	75%	Good

4. Next Steps

4.1 Following the CQC assessment activity, the next steps are to:

- review the existing Self-Assessment Action Plan submitted as part of the CQC Information Return against the areas identified as requiring improvement in the CQC Assessment Report;
- identify any gaps and areas to strengthen in the Action Plan; and
- review and ratify the CQC Assessment Action Plan and timescales with the lead officers and produce a final Action Plan.

CQC Local Authority Assessment Pilot Report Publication

Briefing

Nottingham City Council

CQC Pilot Assessment

New duty in the Care Act 2022 for CQC to independently review and assess how Local Authorities are delivering their Care Act functions

Pilot Inspections of Nottingham, Lincolnshire, Birmingham, Suffolk and North Lincolnshire were completed over the summer of 2023.

CQC will be incorporating any learning from the pilots and evaluation into the formal assessment approach.

Full programme to be launched in the Autumn of 2023

Key Lines of Enquiry (Focus on Themes 1 & 2)

Nottingham City Council Indicative Rating

"Requires Improvement"

Overall Score 59%

Evidence shows "some shortfalls"

CQC Scoring System

Outstanding ^88%

Good 63-87%

Requires Improvement 39 – 62%

Inadequate 25 – 38%

No Surprises…

Our Self Assessment was an accurate portrayal of our strengths, challenges and transformation journey

The CQC report demonstrates our Self Awareness

Of course we need to improve, that is our Transformation journey

Summary of Strengths

'Staff are committed and passionate to providing the best care & support for people in Nottingham'

'Support for staff training, development & career progression was positive'

'Work underway to reduce Waiting List'

'Senior Staff reported to be accessible and visible'

Effective support through Supported Living, Reablement and Hospital Discharge

Positive examples of prevention and promoting independence through day services, assistive technology and staff practice

Transformation of Commissioning

Areas for Development

- Some teams feeling pressure of high caseloads and waiting lists
- Systems and pathways between some teams and partners
- Accessible information
- Sourcing ‘suitable accommodation’ causing caseload delays
- Support for our diverse population requires further work
- Co production & Participation
- Strategic relationships with Health
- Use of Advocacy, especially Carers

CQC acknowledge:

We are in a period of transition and transformation;

Senior Staff demonstrate awareness of areas requiring improvement;

Evidence of good plans and progress;

Work still to do.

Summary of People's Experience

'Overall positive feedback about front line colleagues approach'

Delays in contacting and assessment by ASC

'Flexibility in how colleagues devised Care and Support to citizens'

Gaps in accessible information

Positive feedback from the Customer Survey '22 about Reablement & Day Services

Theme 1: How we work with people Assessing Needs; Requires Improvement 60%

'People gave positive feedback about relationships responsiveness of front line staff'

'Care records showed a coordinated approach and good risk overview'

Positive feedback from staff about applying a Strengths based approach

Delays at NHCP but a positive triage system of prioritisation

Team 'silo' working affecting positive citizen outcomes

Delays in Assessments, but waiting lists reducing, and no hospital delays

Theme 1: How we work with people Supporting people to live healthier lives; Requires Improvement 60%

Success of Supported Living and Day Services in promoting independence

Positive Reablement and Pathways services

Imosphere improving choice and control

Low Advocacy referral rates

Housing shortage & resources to support complex needs

Theme 1: How we work with people Equity in Experience & Outcomes; Requires Improvement 57%

- Creative use of Direct Payments
- SMD Social Worker & Changing Futures a positive
- Need to develop engagement with Carers from diverse communities
- Improve Accessibility Barriers for our diverse population
- Digital Poverty Impact on accessibility
- Strengthen Cultural Competence in workforce

Theme 2: Providing Support
Care Provision, integration and continuity; Good 70%

Reduction in Homecare waits

Mental Health reablement

Prevention focus

Supported Living

Brokerage

Development of Care Market

Theme 2: Providing Support Partnerships and Communities; Requires Improvement 57%

Timely & safe hospital discharges

Participation & Engagement Strategy

QUIF meetings

Issue with Access to Secondary Mental Health

Strengthen Links with Voluntary sector

Health Strategic links requird development

Theme 3: How the LA ensures safety within the system
Safe pathways, systems and transitions;
Requires Improvement 57%

WLD Transition period could be extended

Criteria for access to ASC 'Specialist' Teams

NHCP transfer to Customer First

Nottingham 'On Call'

Development of Specialist Lead Roles addressing skills & knowledge gaps

Contracts team Quality Monitoring Framework

Theme 3: How the LA ensures safety within the system; Safeguarding; Good 69%

- Passionate approach to Safeguarding despite complexity
- New Safeguarding Policy & Procedure
- Positive partnership feedback
- Positive feedback re Training
- Hoarding Panel
- Triage and oversight of DoLS Waiting List

Theme 4: Leadership
Governance, Management & Sustainability;
Requires Improvement 57%

Better Lives, Better Outcomes Preventative approach

Good line management support & visible, experienced Senior leadership

Workforce and Organisational Development Strategy

Committed, passionate staff

OT Apprenticeship

Theme 4: Leadership
Governance, Management & Sustainability; Requires Improvement 57%

Co-production and participation	Appropriate accommodation	Some low morale
Complaints theme – Delays	Customer First Transformation	Housing demand and hotel accommodation

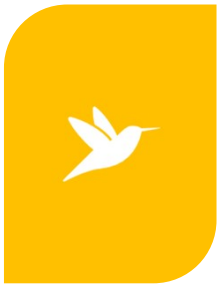
Theme 4: Leadership
Learning, improvement and innovation; Good 75%

- ASC Training & Development Plan
- Enthusiastic involvement of PSWs and T&D team in Transformation
- Extensive knowledge base in frontline teams
- Support for NQSWs is *"excellent"*
- New mobile phones!!!!
- Co-production and feedback in its infancy
- Time constraints biggest challenge for training & development

Next Steps

PUBLICATION OF REPORT

COMMS STRATEGY



SHARE WITH TEAMS AND PARTNERS

GOVERNANCE PROCESSES

REVIEW OF EXISTING ACTION PLANS – IDENTIFY GAPS

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Nottingham City Council assessment

How we assess local authorities

Assessment start date: 11 May 2023

Assessment published: 17 November 2023

Assessing how local authorities meet their duties under Part 1 of the Care Act (2014) is a new responsibility for CQC. We have been piloting our approach to these new assessments in 5 local authorities that volunteered to participate. Our assessment of Nottingham City Council was part of the pilots. We will be incorporating any learning from the pilots and evaluation into our formal assessment approach.

About Nottingham City Council

Demographics

Nottingham is a diverse and vibrant city. The city has a young population; 11.6% of people are aged 65 and older compared with the national average of 18.6%. The population of Nottingham is projected to have increased to 344,300 by 2027, which is a 2% increase from the mid-year estimates of 2020. In the short to medium term, the city is unlikely to follow the national trend of seeing large increases in the number of people over retirement age, although the number aged 85 plus is projected to increase.

Nottingham has high levels of people arriving and leaving the city, with 25% of the population born outside of the UK. Nottingham ranks as the 11th most deprived area in the country, resulting in a high demand for care and support. Labour currently has control of the local authority with 51 councillors out of 55.

Financial facts

- The local authority estimated that in 2022/23, its total budget would be £522,707,000. Its actual spend for that year was £560,303,000 which was £37,596,000 more than estimated.
- The local authority estimated that it would spend £114,794,000 of its total budget on adult social care in 2022/23. Its actual spend was £123,296,000, which is £8,502,000 more than estimated.
- In 2022/2023, 22% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2022/23 and 2023/24. Please note that the amount raised through adult social care precept varies from local authority to local authority.
- Approximately 5,900 people were accessing long-term adult social care support, and approximately 1,320 people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority indicative rating

Requires improvement = Evidence shows some shortfalls.

Summary of strengths, areas for development and next steps

Staff were clearly passionate and committed to providing the best care and support possible for people in Nottingham City. There had previously been several staff vacancies at the local authority and following a focus on staff recruitment and retention, this had improved. Support for staff training, development and career progression was positive. Work was underway in relation to reducing waiting lists for assessment and reviews. Positive feedback was received about culture and leadership. Senior staff were reported to be accessible and visible. Some areas such as the Supported Living Team, reablement and hospital discharge were working well in providing effective support to people, and there were plans to develop a new mental health reablement service.

Prevention was a key focus of the local authority Better Lives Better Outcomes Strategy. We heard of some good examples in practice such as day services in promoting independence, use of some assistive technology and development of staff practice in relation to wellbeing, when working with people. A transformation of the commissioning service was underway, and staff and partners told us improvements had been made in how they worked together.

Some teams reported feeling well supported but other teams less so, with high caseloads and low morale. Systems and pathways between teams was an area that had some challenges, and improvements were needed in how teams worked together and with partners.

There were gaps identified in the provision of accessible information for people in terms of languages, cultural needs, sensory needs, and easy read formats. The local authority had already identified this as an area where more work was needed. Improvements to the local authority's website were part of the planned transformation work.

Difficulties in relation to people finding suitable accommodation was a theme that came through from staff and partners, affecting staff managing caseloads and providing good support for people. There was some work in supporting people from different cultural and diverse backgrounds, however further co-ordinated work was needed to support people more effectively in these areas.

Areas such as co-production were identified by the local authority as needing to improve, along with better collection and use of data. Working with partners such as in health on an individual level was positive, but more structural relationships could be developed to improve this. Use of advocacy services could be improved, especially support for carers.

Nottingham is an organisation going through a period of transition with a transformation of adult social care. Senior staff showed a good awareness in relation to the areas that required improvement and we found evidence of progress made and further plans of how this would be achieved. However, there was work still to do and this was reflected in the mixed feedback staff gave us at this time and areas where we identified work was beginning.

Summary of people's experiences

People overall were positive about the approach of frontline local authority staff with good relationships. However, they told us they experienced delays when contacting the local authority and again when being assessed, which had a negative impact on them.

Staff worked to provide services to people that were flexible to their needs. For example, using direct payments to source care that was personalised.

There were gaps identified in the provision of accessible information for languages, cultural needs, sensory needs, and easy read formats for people.

Positive feedback was received from people in the Customer Survey Report 2022 in relation to the reablement service and day services, such as the 'Open Door' service. For example, people said Open Door felt like a safe space where they enjoyed the activity sessions offered.

Data about support for carers in Nottingham showed overall positive responses. However, other data, for example for people remaining at home after being in hospital, was lower than the national average.

Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

“I have care and support that is coordinated, and everyone works well together and with me.”

“I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.”

The local authority commitment:

“We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.”

Key findings for this quality statement

People gave overall positive feedback about the approach of frontline staff, who they said were responsive and they had good relationships. However, a common theme emerged that related to delays in care assessments. For example, one person told us this delayed them being able to progress a housing application, as the occupational therapy assessment was needed first.

We reviewed a small number of care records for some people receiving services. Feedback from the local authority from its own review of these was that improvement was needed in some cases. For example, the local authority found the mental capacity assessment for one person required further improvement and the carers assessment for another person had not been undertaken correctly. The local authority confirmed these cases would now be reviewed. Overall, care records showed a co-ordinated approach was provided to people with a good overview of risks documented.

Staff took a ‘strengths based’ approach to social work practice where they focused on what people could do and their abilities, knowledge, and strengths. Staff told us they felt confident in using a strength-based approach in their practice.

Staff gave a range of feedback in relation to how people's needs were assessed. Some staff told us there were significant delays at times in people getting through to the local authority contact centre, for example some people could wait up to 1.5 hours. However, once people did access the contact centre, a triage system ensured they were seen according to their needs and prioritised where needed. This triage system was overseen by senior staff and staff told us they felt supported in this process. Written information was provided for people to tell them about services available to them, such as adaptations, grants, charging and financial assessments. These were available in some different languages and formats.

Other teams were positive about recent improvements in waiting times and told us some previously high waiting lists were now reducing. A strengths-based review team had been employed, which had assisted with reviews of people's care, thereby reducing delays.

The local authority had a data dashboard that provided oversight of waiting lists for teams. Data from August 2023 showed high numbers of people waiting for assessments for Deprivation of Liberty Safeguards (DoLS) and occupational therapy assessments. Some managers said that there were some difficulties in easily obtaining an overview of waiting lists and that the monitoring and review of these tended to occur more at team manager level.

Waiting lists for people coming out of hospital were very low following the introduction of a discharge to assess approach, where a trusted health assessor assessed someone in hospital, then they were reviewed by the local authority once home. Homecare waiting lists were very low as the local authority had made changes in commissioning additional care providers. This resulted in reduced delays for people waiting for care. Staff told us they were proud of this outcome for people.

The local authority's long-term plans included increasing occupational therapy capacity, as the demand for services had grown, in part due to a longer life expectancy of people and people developing long-term conditions at a younger age. Waiting times were overseen by senior staff and were between 4 to 6 months for standard referrals, then ranging from around 5 days to 12 weeks for higher priority cases.

An equipment loan service supported people to remain independent, but staff told us about delays with equipment at times. The impact of these delays could be that a person stayed in a care setting for longer than needed, which reduced their ability to become independent, or they waited so long that their care needs increased.

A duty team assessed people whose needs were urgent. However, we were told at times this team could feel like a 'catch all' team, for example if the person did not fit into another team's criteria. Some teams were reported to be working in silos and staff felt these barriers prevented people getting the support they needed at times, for example some people with mental health needs or people with a learning disability.

The use of direct payments was better than average for people in Nottingham, with 31.51% of people receiving a direct payment compared with 26.73% nationally. However, staff told us that, due to current capacity, monitoring of the use of these was not being carried out sufficiently.

A partner agency undertook carers assessments on behalf of the local authority and were involved in co-producing the recent carers strategy with them. They told us they felt frontline staff could use them more, but they had good relationships with the local authority which acted on any feedback given.

We received mixed views about local authority care assessments from care providers, with some saying these were not always up-to-date or of good quality. However, in contrast others felt care assessments were thorough.

Supporting people to live healthier lives

Indicative score:

What people expect:

"I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally."

"I am supported to plan ahead for important changes in my life that I can anticipate."

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Nottingham is the 11th most deprived area in the country. Senior staff told us they felt it was important not to be defined by this deprivation but to know about this, have plans to address it, and not let it stop them making improvements. Therefore, health inequalities were one of their priorities.

Outcomes were significantly poorer in Nottingham than in some other areas of the country with a lower life expectancy. Data reflected this, with much lower rates in Nottingham at 68.97% of people aged 65 and over still at home 91 days after discharge from hospital into reablement or rehabilitation (against 81.71% nationally). There were also much lower rates (50.68%) of people who had received short-term care support and who no longer required this (against 77.60% nationally).

Part of the Care Act 2014 is the suitability of accommodation in meeting the at home care and support needs of older and vulnerable people. People's social care needs cannot be met if they do not have somewhere suitable to live. A shortage of housing was a theme that came through from staff and partners, and a lack of resources to support people living with complex needs. Feedback from some social work teams was that this created some of their demand and meant it was harder to move people's cases on, because people continued to be at risk due to their accommodation situation. One partner agency told us they felt the issues around housing could also lead to the over-use of residential care and another partner said there was a lack of provision for younger adults particularly. Staff told us delays in placement reviews meant that people could also be waiting in care homes when they were ready to leave. Housing was not identified within Nottingham City's self-assessment as an area for improvement, but this was a theme through many of the social care challenges reported.

A supported living project for people with a learning disability and for people receiving some mental health services had been successful in reducing admissions into long-term residential or hospital settings, and maintaining people's independence. As of August 2023, 79 people had been supported who might otherwise have gone into or stayed in, a residential care setting. This approach maximised people's independence and staff told us they felt very proud of what they had achieved for people. Ongoing work in relation to this was being carried out with landlords to help people keep pets, so further supporting wellbeing.

Relationships between the local authority and health partners were positive overall. For example, the local authority was involved in an active Ageing Well programme with health partners, which focused on prevention and hospital avoidance. Public health data was used to support this ambition to focus on prevention, rather than respond to crisis. The local authority worked closely with health in providing a reablement service to help people reach their full potential after illness or injury. Positive feedback was received from people in the Customer Survey Report 2022 in relation to this service. A reablement service supporting people with a learning disability to increase their level of independence over a 12 week period was also available. Outcomes for people could include improved social inclusion, improved health and wellbeing, independent travel and access to work or voluntary opportunities.

The local authority was involved in several other projects to support people to live healthier lives, promote independence and increase choice and control. For example, a project called Imosphere was planned, bringing care, support, and financial assessments online with the aim of giving people more independence and control. Day centre services worked with people to promote independence, for example by encouraging skills around cooking and practical skills. A Wellbeing at Home volunteer service supported people to remain independent in their own home either following a period in hospital or through the avoidance of a deterioration in health and wellbeing that could lead to a hospital admission.

An integrated wellbeing service had been commissioned as a single hub for the delivery of all of wellbeing services. From this were plans to upskill the adult social care workforce to better enable them to have healthy lifestyle conversations with people as part of their roles.

Advocacy services were available to support people in Nottingham. Advocacy is used to help people gain a sense of control over their circumstances. They had strong links with the local authority. However, feedback was that referrals could be low from teams and were not always made at an early enough stage. Sometimes assessments had already been completed when advocacy services were contacted, and they had few referrals that related to support for carers.

The Census 2021 indicated that there were 24,346 carers within Nottingham City. From co-production with the local authority, carers, and partners, 5 themes were identified for focus. These included accessing the right support for the cared for, access to relevant advice and information, and access to short breaks or replacement care to get a break from caring. These formed the new Nottingham Carers Strategy, laying out intentions which would be provided to better support carers over the next 5 years.

Equity in experience and outcomes

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

“I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals”

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Nottingham is a city with 42% ethnic diversity. Staff told us how they supported people to access services that were suitable for their individual needs. For example, one person used a direct payment to purchase their own care with carers who spoke Punjabi. Services were provided to people who self-funded their care and some people employed personal assistants to do the things that were important to them, such as taking them to church or the mosque.

Some staff told us they felt there were inequalities in terms of access to services for some people. For example, the Whole Life Disability team's criteria were that people needed to have a diagnosis of a learning disability since childhood. However, people coming from another country may not be able to show evidence of this easily. Feedback from the local authority's senior staff was that people were able to be referred to the same internal and external services equally, and if they were not able to provide evidence of a diagnosis, then a pragmatic decision would be taken based on their needs.

There was a lack of availability of interpreters as there was such a diverse range of languages spoken. Staff gave examples of families that could be applying for accommodation where English was not their first language, and it would be very difficult for them to fill in application forms, which disadvantaged them. Feedback from the local authority's senior staff was that drop-in sessions were offered for people to receive support to complete application forms. For some older people who could not access online services, it could also be difficult to get paper versions of forms. Senior staff acknowledged there was an amount of digital poverty where not everyone can make digital referrals and steps were being taken to improve this.

Where gaps were identified in the provision of accessible information for languages, cultural needs, sensory needs and easy read formats, some staff told us they had found or developed their own resources to fill these gaps themselves. For example, there had been an issue when supporting one person in relation to a forced marriage, and staff had to change the resources available themselves to be culturally appropriate.

One community group had worked closely with the local authority in relation to supporting people with disabilities. However, they felt engagement with the local authority could be improved and accessibility of services for people was currently lacking, for example for people with sensory needs. Feedback from some staff also confirmed this.

Another community group told us they felt there was a gap in the cultural competency and consistency of social workers and more training in this area would be beneficial. They were aware of some training that had taken place, but felt this could be wider. They told us they felt there had been inequality in commissioning for organisations supporting people from ethnic minority groups in the past. However, they acknowledged there had been changes in commissioning and they were now able to have open conversations, where they could not before.

Senior staff told us about the improvements planned or underway including an Equality Diversity and Inclusion Strategy 2020-2023, which documented the local authority's vision and commitment to tackle discrimination and promote diversity. They told us they were approaching the national issue of racial health equality in several ways, for example using tools to better help them identify racial health inequalities. The local authority commissioning strategy included plans of how to improve getting people's voice in planning of services to have a focus on equality and equity behind every commissioning decision.

Planned improvements included a sign language contract to encompass a broader range of languages starting in December 2023. Video conferencing and video signing were due to be available from the end of the year. The Nottingham 'Ask Lion' health and social care community directory website was being improved and they were in discussion with a neighbouring local authority about working together to bring information onto this related to the whole local system.

Staff told us about some specialist posts within teams with staff working with Women's aid, street outreach and prostitution outreach workers. Health and wellbeing community champions who were volunteers from local communities were employed to share health information and look at barriers/differences in communities and to feed back the findings.

A new specialist SMD (severe multiple disadvantage) social worker role was now based within the duty team as part of the 'Changing Futures' wider programme. SMD is when a person experiences 3 or more sources of disadvantage, for example mental health issues, homelessness or contact with the criminal justice system. This role had a specialist knowledge about the specific support these vulnerable people required. Staff gave us positive feedback about this role giving them better links with the homelessness team and someone they could go to for advice.

Day services provided by the local authority supported people within different communities in Nottingham. For example, at the Indian centre, staff told us about how, at times, they could help people to talk about their experiences at home, how things might be changing within their own families, and support them to adapt. Working with people in this way could then prevent issues arising in the future. One staff member told us food was the link to breaking down barriers in communities and by selling food at the Indian Centre to the local community, it enabled people to mix. Another day service, 'Open Door' was a mental health drop-in service, which meant people could get help straight away from staff, such as with assessments or advice. Positive feedback was received from people about this service.

Further work was needed to engage unpaid carers from different communities. Voluntary sector partners told us in some cultures people did not always see themselves as 'carers' and therefore did not get support or engage with services.

The local authority had carried out some staff training in relation to Healthwatch's national report on Health and Social Care Experiences of the LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning)) Community 2022, to ensure staff were aware of these findings and recommendations. Healthwatch is the consumer champion for health and care and exists to ensure the voices of people who use services are listened and responded to, leading to improvements in service provision and commissioning.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Indicative score:

3 - Evidence shows a good standard

What people expect:

“I have care and support that is co-ordinated, and everyone works well together and with me.”

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

As part of the local authority’s transformation plans, the focus was on care market recovery following the pandemic and the quality and development of services. Staff told us about a new operational model for commissioning and contracting where the aim was to support providers through understanding what they (providers) needed and what made a difference for people who use services.

There were plans to work more effectively with health partners to support people with more complex needs. There was limited provision in Nottingham for the complexity of the people they were working with. This included a lack of resources for people in their 50s to 60s as well as young people with mental health needs, as well as a lack of accommodation options for people overall, resulting in people being referred to adult social care.

Some good quality work was happening to address some of these issues, such as in the supported living team. Previous improvements in the availability of homecare had made a difference for people, reducing delays in waits for care, and there were positive outcomes for carers in accessing support services allowing them to take a break from caring. A new mental health reablement scheme was being introduced to help prevent isolation and help prevent admission to mental health services. There were plans for expansion of the shared lives service to make more placements available for people to live in a family home environment with care provided from within a family unit.

To relieve some pressure from frontline staff, a new brokerage function was currently being developed to source placements and care packages. The purpose of this service was to effectively manage all requests from adult social care, ensuring better value for money and consideration of market pressures, which had been identified as an issue.

It had previously been a challenge for the commissioning team to deliver a high level of service due to a large number of staff vacancies. However, the team had now expanded and told us they had more time for care reviews, conversations around appropriate commissioning, and working with teams to improve how they find out about people's needs.

Senior staff explained the long-term strategy was to stop people going into the wrong care settings, change the more traditional care settings and focus on prevention. Residential placements were seen as a last resort. Plans included reducing the volume of residential care services, developing more independent living options such as extra care and supported living, increasing the use of direct payments, and addressing workforce recruitment and retention challenges.

A large commissioning review of the current homecare provision was starting as it had been identified that the current framework and model was not always appropriate for people's needs. Nottingham has a large older adult care home market with an over-supply of residential beds leading to lower occupancy levels in some homes. However there was an under-supply of residential beds with nursing and/or complex care provision, leading to placements being sourced out of the city to meet people's needs.

Care providers reported staff recruitment and retention pressures in their sector and an increase in demand alongside an increase in the complexity of people's needs. Some providers told us they felt the local authority could have worked more closely with them at an earlier stage, in terms of the accommodation they had available. They told us there was a lack of specialist accommodation for people with complex needs, but also felt there could be a lack of an awareness by some staff as to the costs associated with services. There had been no provider forums since COVID-19, but they understood the local authority was planning to address this now. Provider forums were opportunities for local care providers to meet up together along with the local authority and share concerns, ideas, and good practice.

One care provider told us it had collaborated with the local authority in relation to the new supported living model. Another provider gave positive feedback, which included the local authority having a clear process to establish fee rates for the following year, which helped them with their own planning. Some joint working had taken place with providers including a co-production exercise in December 2022 to March 2023 in relation to cost of care and market sustainability.

Partnerships and communities

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

"I have care and support that is co-ordinated, and everyone works well together and with me."

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Staff told us they had good personal links with partners in health services but did not feel these links were always structural ones. Some health partners told us they felt joint working was very good with local authority leaders, with a strong focus on communities and hearing people's voices. They told us staff currently worked together but this could be better, and they were working on improving this. They told us passion from the local authority leadership team meant they felt confident and open to do things together, but they needed to be more collaborative and creative. It was felt there was an awareness of the issues, and there was a will to address them, but resources were not always there for the local authority to be able to do this. Health partners told us they jointly needed to consider the collective spend of monies, to work together in a more mature way and involve wider stakeholders such as employment and accommodation for people.

There were several examples of working well together including the discharge of people from hospital. This was staffed by health and social care to ensure discharges were timely and safe. Joint reviews of care services were carried out with the contract monitoring team and a monthly information sharing meeting was held with safeguarding, commissioning, health, and the Care Quality Commission (CQC) where joint working was effective. Some other joint working was taking place, for example in relation to the process for continuing healthcare funding. An external consultant had been commissioned to undertake some work including reviewing the policies and procedures between health and social care. Senior local authority staff already attended funding panels alongside health partners.

The Changing Futures programme was a much larger, national system-wide programme running over a 2-year period. As part of this programme, housing and public health had embedded workers across a range of areas to try to improve outcomes for people facing severe and multiple disadvantages. Staff told us it was in its infancy, and there were lots of opportunities to develop the ways of working. For example, they had started to work with Nottingham Housing, to try and reclassify some of independent living schemes to see if these could be used more flexibly for people.

Staff told us they did not feel working with partner mental health services was always good. The threshold for people to access secondary services was high, so staff referred, but as people were unwell then it could be difficult for them to engage in discussions. The lack of a joined-up system between health and social care was harder for people to manage with different professionals involved and could cause confusion. Staff also confirmed it could be difficult to negotiate with health about the split of funding for people and this needed to improve so local authority staff could do this better.

Staff told us about some difficulties in working with housing, for example in relation to hoarding, which could be seen primarily as a social issue rather than a housing one. However, the housing team had now moved back into the local authority, and it was hoped this would improve working relationships in these areas further and so outcomes for people.

Partners in the voluntary sector told us that some improvements were required in relation to them working more closely with the local authority. However, they felt the local authority was aware it needed to make these changes and was on a pathway to doing that. Other feedback from partners was that relationships were currently under-used, having not been fully re-established following the pandemic and relationships were now building. Partners told us co-production could be improved so they could get more involved in areas such as inputting into strategies as they had a good understanding of the diverse areas of the local community and connections with groups. Senior staff confirmed relationships had not been as positive as they could be and they had ‘not got things right’. However, they hoped their new Participation and Engagement Strategy would address this.

There was some evidence of co-production between the local authority, health and people using services, for example with the Autism Strategy. This identified gaps and included 12 priorities, including improving transitions into adulthood, meeting the needs of autistic people from ethnic minority groups, and supporting people in the community to avoid inpatient care.

Feedback from partners was that the local authority had some good passionate staff who wanted to make a difference for people. However, they struggled to free up staff to be involved in a meaningful way in co-production. They told us there was a will to do this and ambition, and they understood the issues, but needed to have capacity to do this and be more future focused.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- Safe systems, pathways and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe systems, pathways and transitions

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

“When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.”

“I feel safe and am supported to understand and manage any risks.”

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

The contracts team used a quality monitoring framework to ensure commissioned services were delivered safely and in line with their contracts. They assessed quality under 5 key areas: assessment and care/support provisions, staffing, safeguarding, equality and diversity, involvement, and empowerment. Staff told us that visits were prioritised on a risk-based system. Clear guidance was available for staff to follow in the event of a care provider failure or closure to ensure the safety of people.

The ‘Nottingham On Call’ website, provided advice and support for people over 24 hours following falls, accidents or if people felt unwell. A personal care alarm system was offered with staff able to respond to concerns in person if required.

The entrance to local authority services was through its contact centre. This team had recently moved into the corporate directorate called 'Customer First' from adult social care and feedback from staff was they felt somewhat adrift following this. Senior staff confirmed that there continued to be professional adult social care oversight of this area for staff to be supported, but there was further work to do to clarify and ensure professional lines were embedded.

Staff told us about some challenges in terms of the system and pathways in Nottingham between teams, with some teams having complex criteria and stronger gatekeeping in terms of whether they accepted referrals or not. Some teams felt they did not necessarily have the skills or knowledge to work with people, yet some referrals were not taken by other teams, which meant that people "fell between the gaps". However, staff told us they generally worked well together individually, with good working relationships. Feedback from the local authority's senior staff was that the development of specialist lead roles was intended to address gaps in skills and knowledge across staff teams.

The Whole Life Disability team worked primarily with children to transition at the age of 17 to adult services. As a young person turned 17, an adult's worker buddied up with a children's worker to arrange an assessment, care plan and services, so that this was ready at age 18. Senior staff told us feedback received was that this worked well. However, we received some mixed feedback about this where some staff told us they felt the work needed to be commenced sooner to give enough time to plan and make the transition smooth. For example, direct payments were not always able to continue in the same way when people reached adult services as they had received as children. For one young person's case we reviewed, we found there was evidence of some good practice in areas such as working with health partners, but their assessment of mental capacity was insufficiently detailed.

Staff told us that, at times, competing models of health and social care prevented holistic work from being carried out. For example, one barrier identified was that the services provided at night through the discharge to assess service were lacking, which could affect maximising people's independence. Also, the resources for younger people who needed short-term rehabilitation were either unavailable or unsuitable.

Young people with mental health needs were not always supported in the same way as adults, as funding differed. Staff explained that it could be challenging to manage expectations as this was not always made clear before young people came across to adult's teams, and that improvements could be made to prepare them. It was felt health services also needed to take some responsibility in doing this. Staff told us the majority of those in transition were also 'looked after' children so the trauma they may have experienced in childhood, with less support as an adult, could be particularly difficult for staff to manage.

Data sharing between health and social care was one area that still needed to improve, to prevent the need for people to repeat their stories to professionals and provide continuity between services.

Safeguarding

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I feel safe and am supported to understand and manage any risks."

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Hoarding was a key emerging issue that had been identified by senior staff, and a decision had been taken to refer for a Safeguarding Adults Review so a co-ordinated approach could be taken. Staff talked positively about the hoarding panel that had been set up, which meant the development of a multi-agency approach to this alongside housing, police, fire, health, and mental health. The purpose of the panel was to share information about vulnerable adults and present solutions with a focus on prevention and using a strengths-based approach. Since July 2021, 25 cases had been discussed, with hoarding reduced in 40% of cases and risk reduced in 44%.

Deprivation of Liberty Safeguards (DoLs) assessment waiting lists were triaged and managed by teams, with higher risk cases being seen straight away. Oversight of the people waiting was reviewed and prioritised by senior staff along with any impact on the person from any delays. Staff vacancies in this team affected this work further.

Staff had been surveyed to assess their confidence with 'Making Safeguarding Personal', which is an approach to safeguarding that aims to ensure the person and/or their advocate are fully engaged and consulted with throughout with their views and wishes remaining central. Responses were positive overall with staff being aware of training available and the majority being confident in identifying indicators of abuse and asking people about their preferred outcomes. Staff mostly felt the training met their learning needs and this covered case examples, case law, risk management and positive risk taking. However, it was identified that a high percentage of staff had not had any safeguarding training within the last 3 years so an action from this was a safeguarding training plan was implemented.

Staff who told us about safeguarding were very passionate about the work despite having some higher caseloads, which could mean at times prioritising the more serious safeguarding cases over others. Positive risk taking was felt to be a strength of the team. They told us team management was fantastic with good opportunities to reflect and learn, and the skills of their colleagues helped them develop. Feedback was that training and supervision was very good and a debrief was offered when they had worked on difficult cases. However, issues with accommodation could affect the ability to move people's cases on, for example people fleeing domestic abuse when they could not always find a place of safety for them.

Preventative work in relation to transitional safeguarding was being developed and this was described as the need for "an approach to safeguarding adolescents and young adults fluidly across development stages." This was in conjunction with the Safeguarding Children's Partnership and the Safeguarding Adults Board.

The Safeguarding Adult's Board annual action plan 2022 to 2023 focused on 3 main areas: prevention, assurance, and engagement. Prevention was to increase public and professional awareness of safeguarding, reducing abuse in specific risk areas and sharing and embedding learning from case reviews. Assurance was to receive assurances from partner agencies on the effectiveness of their safeguarding adult arrangements, and a plan to develop additional assurance by improving the range and quality of data available to the board by developing a data dashboard. The chair of the board told us they would like to see an improvement of qualitative data to better incorporate people's views. Engagement was to ensure there remained a strong commitment to 'Making Safeguarding Personal' across the partnership and in local safeguarding practice. Also, that referrals to local advocacy services continued to be promoted.

The Safeguarding Adults Board provided oversight of care providers and health partners investigations, when they were asked to carry out delegated section 42 safeguarding investigations. Local authority policies and procedures had been reviewed to include senior responsibilities and better oversight including audits of cases and supervision of staff. The aim was to get more consistency across other teams that carried out safeguarding work, using the safeguarding team to support with this.

Partners told us about good preventative work happening, that they had good links with safeguarding teams and an open relationship with the local authority leadership team, who they described as being open, transparent, and willing to discuss issues. They described good learning from regional and national Safeguarding Adults Reviews. Where there were delays in publishing these, actions were checked to ensure staff had implemented them, and families were kept up-to-date with progress. Care providers told us they felt safeguarding investigations were thorough, but sometimes there could be delays in referrals or triage of these.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Indicative score:

2 - Evidence shows some shortfalls

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

The local authority was on an improvement journey, which was being overseen by an improvement and assurance board appointed by the Secretary of State. The improvement plan included a stronger focus on their statutory responsibilities under the Care Act 2014. A transformation plan had been developed to implement and deliver the changes and further investment in the adult social care workforce and commissioning was underway.

Transformation engagement workshops had been held to inform staff about this, but some staff told us they did not have time to attend sessions. Some teams told us about poor communication relating to the transformation process moves where they did not always get questions answered. Some staff told us there had been a lot of 'firefighting' to manage work, which affected stress levels, and they felt moving to a model of prevention, which was the goal of the local authority, was costly. Feedback from the local authority senior staff was that there were other communication methods about transformation including a newsletter and monthly director engagement sessions.

Deprivation was one of Nottingham City's biggest challenges and was seen across health, income, education, and skills. Nottingham had a low yield of council tax and a large amount of money had been spent on housing, including temporary hotel placements for people in need of support. Senior staff told us housing figures were double that of surrounding districts and some of these areas referred into the local authority area. Senior staff acknowledged the difficulties with housing and the impact of the lack of options for people currently.

Senior staff told us financial planning remained challenging, but this was progressing. Governance and performance risk frameworks were stronger, and data was starting to improve. There had been investment in adult social care to improve staff pay and this had made a difference to staff numbers. Culture had been an important focus too and they felt morale of staff had significantly improved.

The focus of the local authority adult social care strategy 'Better lives, better outcomes', was to promote independence, prevent, and delay the need for long-term care, to develop services to offer better outcomes and implement a strength-based practice model. Aligned with this, an Adult Social Care Workforce Strategy had been developed. Over the 4 years since the local authority signed up to the strategy, the leadership team had been moving this forward.

Staff told us the support they received overall from line managers was good and the majority were stable and experienced. We heard about strong and visible senior leadership and staff felt efforts had been made to listen to them. The senior leadership team were experienced in social care and committed to an improvement journey. There were some signs of effective improvements, for example recruitment and retention, work with the NHS, improvements in supported living opportunities and prevention. However, other improvements were at the start of the journey such as improvements in co-production and some other areas such as accommodation for people, required more focus.

Across teams, staff gave us mixed feedback about working at the local authority. Some staff told us morale was low due to a combination of vacancies, the ongoing internal restructure, and an increase in demand. However, some very positive feedback was received from other staff about the working culture in Nottingham as whole. They told us that people were given autonomy, got creative energy from working with others, the culture was not hierarchal, and senior staff were approachable. Values of staff were clear, and they were committed to providing good care and support to people. Senior staff confirmed the commitment from staff was good, especially when they could see the difference it made for people.

Improvements had been made in terms of staff vacancies and recruitment in many areas. Some vacancies had occurred due to internal secondments. Staff told us recruitment systems could still hinder this further at times, causing delays where they could lose new starters coming through the system.

Senior staff explained it was difficult to recruit occupational therapists as there was a shortage. Also, they felt the training offer was not always as good or as suitable for them. Some staff had reported feeling less valued. Plans were in place to employ a Principal Occupational Therapist (OT) to oversee this and have a system-wide role. Feedback from the local authority's senior staff was to mitigate the shortage of OTs on a long-term basis, and they had introduced an Occupational Therapist Apprenticeship Programme in 2020, which had proved successful in recruiting more staff.

Staff turnover had been 23% previously. However, a career progression strategy was implemented last year to address this, and it was now 10.91%. A social work apprenticeship programme and specialist roles had been developed. Some staff had returned from other local authorities and agencies to work for the local authority again. The proportion of experienced staff had increased, with 50% of social workers being newly qualified in 2022/23 from 77.8% the previous year.

Waiting lists were still growing in some teams, in part due to the complexity of people's needs. Staff felt they could improve how they look at the quality of their work further if these reduced. Managers worked together to address lists, with numbers varying across teams. There was a plan to use recent additional government funding to strengthen capacity in some teams to reduce waiting lists.

Senior staff had oversight of waiting lists and were in the process of completing further work as part of the local authority's transformation process, where prevention was a core part of the strategy. This included looking at a better use of support services, workforce development, better use of IT and a more holistic way of managing work.

Quality assurance processes were embedded across operational teams. Reviews of case file audits took place, and supervision of staff and clear escalation processes were included as part of this. A new quality assurance framework was also planned.

Staff survey results of adult social care for Nottingham in 2022 identified positive themes in areas such as ability to use skills, flexibility of job, feeling their contribution was important, providing a good service and managers. Negative themes were identified as pay, not being satisfied with collaboration between teams and not being satisfied with steps taken to strengthen governance and financial stability.

Complaints from people showed the key areas identified were delays in getting through to the local authority and delays when waiting for an assessment. Senior staff had oversight of these, alongside a complaints learning action plan, and a session for managers was planned in autumn 2023, in relation to learning from complaints.

We received mixed feedback about systems and engagement from care providers. Some told us payment systems could be improved and they were not always able to engage with senior staff if they encountered problems. They felt communication between teams could also be improved, for example contract changes were agreed with commissioners, but social work teams were not aware of these.

Some providers did not feel well supported in terms of recruitment and retention of care staff. Another voluntary partner told us they felt there had been poor engagement with local authority leaders and people using services were being affected by cuts. However, other partners were more positive about the approach of the local authority and gave us positive feedback particularly in relation to support when people were coming out of hospital.

Learning, improvement and innovation

Indicative score:

3 - Evidence shows a good standard

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Plans were being implemented to improve the training offer and take-up for staff. The Adult Social Care Training Plan 2022-25 comprised 2 areas: adult assessment, and provision. The current focus was on assessment and to support induction and establish a mandatory programme of training. Staff could access training using a 'Core and Mantel' approach with core and specialist training. Additional training available comprised practitioner forums, workshops, information from community partners and 7-minute briefings. Seven-minute briefings were used effectively to provide updates for staff on subject areas, for example there had been one on 'homelessness and the duty to refer'. Reflective practice forums were starting up for managers and staff.

An annual training analysis was completed for teams to determine if any consistent standards needed to be set and to identify bespoke learning needs. There was an aim to develop continuing professional development for community care officers. Apprenticeship programmes were available with future aspirations for inclusive training, involving engagement and feedback from people, staff, and consultation with experts by experience. Internal leadership courses were being designed to support progression, as well as new specialist lead roles, to support specialist knowledge and promote practice excellence across adult social care.

The local authority had identified that assessments of people with severe and multiple disadvantages, such as homeless people, people with mental health needs or problematic substance use, were being carried out by staff who had not received enough specialist training in this, so an analysis of staff training needs in relation to this was taking place.

The Principal Social Workers and workforce development team were very involved in the transformation project and enthusiastic about staff training and development. There was a 'grow your own' approach to training and development. Some training was being redesigned with support from safeguarding colleagues, for example self-neglect, and some staff told us they felt they might benefit from more training in relation to hoarding.

Teams told us about the extensive knowledge they shared within teams. Career development was positive, training was generally good, but time was their biggest challenge. One staff team felt there was a lack of specialised training, so they had sourced this themselves.

Support for newly qualified social workers was described as 'excellent'. Workloads were good, they gave positive accounts of their induction training and of a good learning environment.

The Workforce and Organisational Development Strategy and Action Plan 2022-25 detailed plans to address recruitment and retention issues, including promoting the rotation policy to allow staff to broaden their experience, and collaborating with partner agencies such as the Department for Work and Pensions and Nottingham Jobs. Also, to develop the workforce and improve consistency in practice.

A project was underway with Skills for Care, Nottinghamshire County Council, and health to enhance the understanding of the social care workforce within voluntary and independent sectors. It was hoped that this would deliver better insight into the sector to support better development of the market and establish a basis for long term planning. This included the workforce supporting people with learning disabilities and autistic people with more complex needs.

Senior staff told us they identified that they needed to improve ways for getting feedback from people receiving services more systematically, as the local authority was not currently doing this proactively. The occupational therapy team did have an online feedback form, but this was not used across teams and services.

Co-production was identified as an area that needed to improve, to inform what the local authority does, and that it needs to start getting better at it. One senior staff member told us they were coming from a 'low base' in relation to this and while they had improved in terms of engagement with some groups, there was still a lot of work to do. A strategic co-production group was being set up and the local authority now had some experts by experience on several executive boards. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services. However, work was still in its infancy. Nottingham Citizen's Panel was a group of people who also volunteered to get involved and share their views. They were contacted to be involved with focus group discussions, and updated on current consultation work or engagement projects. A Communications and Engagement Officer was being employed with a role of developing this activity. There had been some positive co-production work with health partners, for example the mental health reablement service was being funded through public health for the first 2 years.

Feedback from one team was that improvements were needed in how the local authority dealt with abuse towards staff from the public – particularly racism. They told us the response depended on managers and there was a lack of consistency. In response to this a workshop was held and a policy was being developed.

The ACE (Action, change, equality) network had carried out a review of internal procedures for staff from ethnic minority groups. Feedback was that staff were being heard more and there was progress, but still some way to go. Senior roles were not necessarily diverse enough yet to drive the changes needed, but training and opportunities were available.

Staff told us about the benefits of remote working and some recent changes had made a real difference for them, including new mobile phones, which meant they could speak with people more easily.

Senior staff acknowledged that the adult social care external website was difficult to find and it was part of the planned transformation process to make it more accessible. Ambitions were for updated policies and procedures to be easily accessible on the intranet for staff, and that they would be able to sign these when reviewed. Clearer communication strategies, for example through an adult assessment newsletter, were underway to better share information such as lessons learned from coroner's cases or safeguarding reviews.

There was an increased use of assistive technology to support people. There had been some work with the digital team in relation to an activity monitoring system in people's homes, which helped to support assessment and build a picture of a person's movements. This technology helped staff to arrange care that better reflected a person's needs by enabling round-the-clock monitoring. This monitoring observed and analysed a person's habits and behaviours during their daily life, then alerted relatives or care providers if there were indications of a change in this. This linked into the local authority preventative model, where the aim was for people to be able to live in their homes for longer.

Health and Adult Social Care Scrutiny Committee
15 February 2024

Work Programme

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To consider the Committee's work programme for 2023/24, based on the issues identified by Committee members at previous meetings and any further suggestions arising from this meeting, and to take a forward view on the Committee's 2024/25 work programme.

2 Action required

2.1 The Committee is asked:

1) to note the work that is planned for the remainder of the 2023/24 municipal year and to make any amendments, as required; and

2) to consider any priority topics or issues for inclusion on the work programme for the upcoming 2024/25 municipal year.

3 Background information

3.1 The Committee has been established to:

- hold local decision-makers (including the Council's Executive for matters relating to Adult Social Care and Public Health, and the commissioners and providers of local health services) to account for their decisions, actions, performance and management of risk;
- review the 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;
- 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;
- explore any matters relating to Adult Social Care and/or health affecting Nottingham and/or its citizens;
- make reports and recommendations to the relevant local agencies with respect to the delivery of their functions (including the Council and its Executive, and the commissioners and providers of local health services);
- exercise the Council's statutory role in scrutinising health services for Nottingham in accordance with the NHS Act 2006 (as amended) and associated regulations and guidance;
- 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); and

- 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 of the Council's Overview and Scrutiny bodies, the Committee holds the following additional powers and rights as part of its remit for health:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require members of the Council's Executive and representatives of commissioners and providers of NHS and Public Health-funded services to provide information to the Committee, attend its meetings and answer questions posed;
- to invite other persons to attend meetings of the Committee to provide information and/or answer questions;
- to make recommendations and provide reports to relevant decision-makers, including the Council's Executive and commissioners of NHS and Public Health-funded services, on matters within their remits. The Council's Executive and commissioners of NHS and Public Health-funded services have a duty to respond in writing to such recommendations; and
- to be consulted by commissioners of NHS and Public Health-funded services when there are proposals for substantial developments or variations to services, and to make comment on those proposals.

3.3 The Committee sets and manages its own work programme for its Scrutiny activity. Business on the work programme must have a clear link to the Committee's roles and responsibilities, and it should be ensured that each item has set objectives and desired outcomes to achieve added value. Once business has been identified, the scheduling of items should be timely, sufficiently flexible so that issues that 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 are a maximum of two substantive items scheduled for each Committee meeting, so that enough time can be given to consider them thoroughly.

3.4 The current work programme for the 2023/24 municipal year is attached, and the Committee is asked to review the business and make any amendments that are needed. Potential issues raised by Committee members to date are regularly scoped for scheduling in consultation with the Chair, the relevant senior officers and partners, and the Portfolio Holders with the appropriate remit.

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's Constitution, Article 9 and Article 11

7 Wards affected

7.1 All

8 Contact information

8.1 Adrian Mann, Scrutiny and Audit Support Officer
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Health and Adult Social Care Scrutiny Committee
Work Programme 2023/24

Meeting	Items
14 September 2023	• **Appointment of the Vice Chair** To appoint the Committee's Vice Chair for the 2023/24 municipal year • **Committee Terms of Reference** To note the Committee's Terms of Reference • **Recovering and Sustaining General Practice** To review the local activity to recover access and sustain General Practice in the context of the national delivery plan for recovering access to primary care • **Quality Accounts 2022/23** To note the comments submitted to the Quality Accounts 2022/23
12 October 2023	• **Adult Social Care Winter 2023/24 Preparedness** To scrutinise how lessons learnt from winter 2023 are being used to inform planning and decision-making for managing pressures in winter 2024 • **Adult Social Care Transformation Programme** To scrutinise progress in the delivery of Adult Social Care transformation • **Tomorrow's Nottingham University Hospitals NHS Trust Programme** To receive an update on the progress of the Tomorrow's NUH programme, including plans for public consultation

Meeting	Items
16 November 2023	• **Nottingham City Safeguarding Adults Board Annual Report 2022/23** To consider the Safeguarding Adults Board's latest Annual Report • **Nottingham University Hospitals NHS Trust – Maternity Services and Well-Led** To review the progress on addressing service issues since the last update and the response to the findings of the most recent Care Quality Commission inspections
14 December 2023	• **Tomorrow's Nottingham University Hospitals NHS Trust – Proposed Public Consultation** To review the development of the upcoming public consultation on the Tomorrow's NUH programme
18 January 2024	• **New Health Scrutiny Regulations and Statutory Guidance** To note the changes to the powers of referral to the Secretary of State in relation to the substantial variation of NHS services • **Impact of the Proposed 2024/25 Budget on Adult Social Care** To review the 2024/25 Budget proposals and consider their potential impact on the Council's delivery of Adult Social Care services
15 February 2024	• **Nottingham University Hospitals NHS Trust – Workforce Inclusion Strategy** To consider the intended outcomes and timelines of NUH's new workforce strategy • **Care Quality Commission Pilot Care Act Assessment** To review the findings of and response to the CQC's pilot assessment of how the Council is meeting its Adult Social Care duties

Meeting	Items
14 March 2024	• **Access to Dentistry** To consider the ICB's proposed approaches to improving access to dentistry as part of its new remit, and the partnership work in place to develop oral public health • **Mental Health Crisis Services Provision** To review the current service and support offer to Nottingham residents in mental health crisis
11 April 2024	• **Talking Therapies and the Step 4 Psychology Service – Health Inequalities Approach** To review the outcomes of the Talking Therapies service in addressing health inequalities, and the effectiveness of onward referrals • **Ambulance Waiting Times** To review the local performance issues regarding waiting times for an ambulance and the system-wide approach to addressing these

Potential Items to be Scheduled for 2023/24

- Co-Existing Substance Misuse and Mental Health Needs Support [PH]
- Nottinghamshire Sexual Violence Support Services [CS/OPCC]
- Public Health Grant and Co-Production with Citizens [PH]
- Joint Health and Wellbeing Strategy Impacts [PH]
- Adult Social Care Transformation Programme – Organisational Development and Workforce Strategy [ASC]
- Improving Uptake of Childhood Vaccinations – Joint Funding Activity [PH]
- Mental Health Transformation Programme [ICB]

Other Activity

- Discussion with the Care Quality Commission on its inspection of hospital maternity services (**6 December 2023**)
- Consideration of the Council's 2024/25 Budget proposals in relation to Adult Social Care (**12 January 2024**)
- Discussion with the Nottinghamshire Healthcare NHS Foundation Trust on the improvement of patient outcomes within mental health settings (**30 January 2024**)
- Discussion with Healthwatch on the implementation of its new strategy (**February 2024**)
- Reflections on the 2023/24 Work Programme (from **15 February 2024**)
- Agreement of the approach to the 2023/24 Quality Accounts (**11 April 2024**)
- Nottingham City Safeguarding Adults Board – Annual Report (**November 2024**)