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Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday 13 June 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 Appointment of the Vice Chair**
To appoint the Committee's Vice Chair for the 2024/25 municipal year
- 4 Minutes** 3 - 12
Minutes of the meeting held on 16 May 2024, for confirmation
- 5 Committee Terms of Reference** 13 - 26
Report of the Statutory Scrutiny Officer
- 6 Adult Social Care Single Integrated Delivery Plan 2024-28** 27 - 40
Report of the Statutory Scrutiny Officer
- 7 Quality Accounts 2023-24** 41 - 52
Report of the Statutory Scrutiny Officer
- 8 Work Programme 2024-25 and Activity Summary 2023-24** 53 - 80
Report of the Statutory Scrutiny Officer

9 Future Meeting Dates

To agree to meet on the following Thursdays at 9:30am:

- 11 July 2024
- 12 September 2024
- 17 October 2024
- 14 November 2024
- 12 December 2024
- 16 January 2025
- 13 February 2025
- 13 March 2025
- 17 April 2025

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.

Citizens are advised that this meeting may be recorded by members of the public. Any recording or reporting on this meeting should take place in accordance with the Council's policy on recording and reporting on public meetings, which is available at <https://www.nottinghamcity.gov.uk/your-council/about-the-council/council-meetings-decisions/recording-reporting-on-public-meetings>. Individuals intending to record the meeting are asked to notify the Scrutiny and Audit Support Officer shown above in advance.

Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 16 May 2024 from 9:31am to 11:56am

Membership

Present

Councillor Georgia Power (Chair)
Councillor Maria Joannou (Vice Chair)
Councillor Michael Edwards
Councillor Eunice Regan

Absent

Councillor Saj Ahmad
Councillor Kirsty Jones
Councillor Farzanna Mahmood
Councillor Sarita-Marie Rehman-Wall

Colleagues, partners and others in attendance:

- | | | |
|-----------------|---|--|
| Lucy Anderson | - | Head of Mental Health Commissioning, Contracting and Performance, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Kate Burley | - | Deputy Head of Mental Health Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Sarah Collis | - | Chair, Healthwatch Nottingham and Nottinghamshire |
| Melissa Edwards | - | Principal Clinical Lead, Vita Health Group |
| Dr Susan Elcock | - | Executive Medical Director and Deputy Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust |
| Adrian Mann | - | Scrutiny and Audit Support Officer |
| Kate Morris | - | Scrutiny and Audit Support Officer |
| Claire Pearson | - | Associate Director for Psychological Professions, Nottinghamshire Healthcare NHS Foundation Trust |
| Jan Sensier | - | Executive Director for Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust |
| Andy Sirrs | - | Clinical and Strategic Lead for Serious Mental Illness, Nottinghamshire Healthcare NHS Foundation Trust |

54 Apologies for Absence

- | | | |
|-------------------------------------|---|------------------|
| Councillor Kirsty Jones | - | unwell |
| Councillor Farzanna Mahmood | - | work commitments |
| Councillor Sarita-Marie Rehman-Wall | - | personal reasons |

55 Declarations of Interests

None

56 Minutes

The Committee confirmed the minutes of the meeting held on 11 April 2024 as a correct record and they were signed by the Chair.

57 Nottinghamshire Healthcare NHS Foundation Trust - Integrated Improvement Plan

Dr Susan Elcock and Jan Sensier, Executive Medical Director and Deputy Chief Executive and Executive Director for Partnerships and Strategy at the Nottinghamshire Healthcare NHS Foundation Trust (NHT), presented a report on the development of an Integrated Improvement Plan to address the significant issues highlighted in the recent assessments carried out by the Care Quality Commission (CQC). Ifiti Majid, Chief Executive of NHT, sent his apologies as he had been called away on an urgent family matter at short notice. The following points were raised:

- a) Following the outcomes of the CQC's reports, NHT acted immediately to create improvements for patients in waiting well, with support available whilst waiting to access services and processes in place for NHT to better keep in touch with patients through this period. Work has also been done to ensure that needs assessments are carried out more quickly, to also help reducing waiting times.
- b) The development of an Integrated Improvement Plan is now underway but, following an initial review by colleagues from NHS England, the Plan (although mostly developed) is now in the process of being phased to enable its more effective implementation over a period of time. As a result, the Plan remains in a draft form and has not yet been completed for adoption. Nevertheless, action to address the issues raised in the CQC report will continue to take place whilst the Plan is being finalised.
- c) There are five key areas to the Plan, with the first phase to focus on addressing the Section 48 review recommendations. The Plan can also be categorised into three themes: community mental health services, Rampton Hospital and NHT as an organisation. The first key area is Patient Safety and Quality Improvement. This stream has a number of different projects including waiting well, crisis service delivery and proactive risk management. This stream's initial focus will be on the immediate action needed to address the Section 48 review recommendations.
- d) The second key area of the Plan is Leading for the Future, looking at the capability and capacity of leadership across NHT. The Plan highlights the need for a strong clinical voice in leadership and at every level to ensure a balance between operational and clinical requirements. There is also a need to standardise operational processes across the organisation. The third key area looks at Finance and Productivity, and a work programme has been designed to tackle an underlying operational deficit that has been mitigated by one-off funding for a number of years. Work planned includes optimising the estate and improving financial management and controls. The Finance Recovery Plan also sits within this area.
- e) The fourth key area of the Plan is People and Culture, with a focus on investing in people within NHT, improving engagement with staff, retention of staff and the workplace culture of NHT. An emphasis of this area is around listening to patients and staff and acting on the feedback. The final key area is Governance, and describes how NHT will be held to account for improvement, the development of systematic processes for monitoring and delivering change, and listening – particularly to external partners and external organisations working with NHT. This

area also includes the development of the existing electronic patient records system, using systems in a better way to allow clinicians more time to provide care and enable improved information sharing with Primary Care settings.

- f) The internal governance structure for monitoring and reporting progress has been agreed and established. Individual programme boards covering each area of the Plan feed into the newly established Integrated Improvement Portfolio Board, which then reports into the higher leadership structure with the Board of Directors getting regular updates on progress. The Executive Leadership Team includes members from the NHS Nottingham and Nottinghamshire Integrated Care Board and NHS England, as well as executive and non-executive directors. Programme boards also include representation from the Staff Reference Group and the Patient/Carer Reference Group, and work is being done to develop these groups so that they reach more staff, patients and carers, and a more diverse range of people. NHT has also liaised with Healthwatch around the development of these groups, and an Evidence and Assurance Board has been established to ensure that the correct metrics are in place to reflect performance and improvement.
- g) Additional staff have been recruited to improve the capacity available to receive and process feedback from patients and carers, as well as from staff. NHT recognises that changing the culture in such a large and fragmented organisation is a significant challenge. An external review of the Local Mental Health and Crisis teams has been undertaken to provide insight into ways to drive improvements. There has been a 30% reduction in the use of 'out of area' beds, and more robust communications are in place for those still placed in out of area beds. Work has been done to improve the carrying out of risk assessments, with additional training now in place. Further resources rolled out include co-produced training around interaction with patients with learning difficulties. This training is delivered by both patients and trainers and is mandatory for staff, with 66% of staff now having completed it.
- h) The new telephone line for the Crisis team went live on 29 April 2024. Unlike the old telephone line, the new service offers the option to connect to NHS 111 and addresses issues such as dropped calls, messages and other features where the previous system was less effective. NHT is working on a new suite of publicity for the new telephone system.

The Committee raised the following points in discussion:

- i) The Committee noted that NHT sometimes had to make in-area placements for people in mental health crisis within private mental health settings such as the Priory Hospital, Arnold that had itself been rated as 'inadequate' by the CQC, and asked what checks are done by NHT to ensure its patients' safety in these settings. It was reported that NHT recognises that there are serious issues at the Priory Hospital, but that there is a robust regime of checks by a dedicated team that is in place for all private sector beds. However, the Priory Hospital offers specific specialist care and support, so a balance needs to be struck between the risk of placing someone here, or at an alternative potentially a significant distance out of area.

- j) The Committee asked how effective NHT was at gathering feedback from patients, and whether people in its care had the proper freedom to speak out about their experiences. It was explained that the current systems to collect feedback from patients and carers could be significantly improved, as they do not fully enable NHT to identify patterns in complaints or concerns in a holistic way. In the past, responses to individual complaints have not been used to address wider issues, and have not always been expressed well or offered proper apology. Going forward, all letters in response to complaints are being reviewed by senior staff to ensure a proper focus on care. A large section of the Integrated Improvement Plan is focused on developing how feedback is gathered and then used.
- k) The Committee asked how much the Integrated Improvement Plan had changed recently following the feedback from NHS England. It was set out that the content of the draft Plan has not changed substantially, but a phased approach is now being introduced following external advice, so the overall structure of the Plan needs to be changed significantly. Full timelines for the anticipated improvement journey will be included within the finalised Plan, which is aimed to be completed during June.
- l) The Committee asked how many other similar mental healthcare providers were in a comparable position, and whether NHT was in touch with those that had been through a transformation process successfully. It was explained that there are other providers currently working within a transformation framework, at different stages of their improvement journeys. NHT has taken steps to liaise with these providers with a view to taking as much learning as possible.
- m) The Committee questioned why it has taken such a long time for NHT to be able to recognise there were significant issues within the organisation, and what elements of the organisational culture had enabled problems to continue for so long. It was explained that, previously, NHT had operated a top-down approach, so more engagement is needed from staff and patients for it to be more effective as an organisation. Embedded ways of doing things are challenging to alter, particularly in the context of NHT's fragmented structure due to the use of different operating models across different services. The Integrated Improvement Plan aims to introduce more standardised operating models across all services, returning to a focus on getting the very basics right to help achieve a shift in culture. It is aimed to empower staff to improve the culture of the organisation, within a framework to support that change.
- n) The Committee sought assurance that resourcing the delivery of improvement at the national Rampton Hospital was not being done at the expense of improving local mental health services in Nottingham. It was stated that local mental health services were not being given a lesser priority to Rampton Hospital. The Integrated Improvement Plan has specific actions designed for improving the situation at Rampton, but also for improving the local services for Nottingham – many of which are similar and cross-cutting. Separate capacity has been engaged for implementation of the parts of the Plan concerning Rampton so that an equal focus can be given to all areas.

- o) The Committee asked whether senior staff regularly reviewed individual patient case files to ensure that proper processes were embedded and working well to drive improvements in quality. It was reported that clinical managers still also work shifts and review patient files. A newly implemented quality assurance audit is taking random samples of case files every month to understand where issues with quality may be. There has not been sufficient senior clinic oversight in the past, so steps are being implemented to rectify this.
- p) The Committee asked what work NHT was doing to ensure that the key performance indicators and metrics that had been developed were the correct measures to give an accurate picture of the work towards improvement and its outcomes. It was set out that NHT has been in touch with other similar providers across the country to establish what effective key indicators look like. The priority is to find the right balance between qualitative and quantitative metrics to get an accurate measure of improvement across a large range of services, and there is a process in place to regularly review measures to ensure that they remain appropriate, effective and relevant. There is also a focus on more patient-measured outcomes and the triangulation of feedback, metrics and performance indicators.
- q) The Committee asked for more information around performance in relation to service waiting times. It was reported that both referrals to and acceptance rates for services have remained fairly stable and work has taken place to better understand where patients already access other services or no longer wish to be on the waiting list. The rejections of referrals has not increased, so the decrease in waiting lists does represent a reduction in the time that people have to wait for the assessment and access. Work continues to ensure that the waiting well policy is implemented to support patients on waiting lists.
- r) The Committee queried how an equity of access to services would be ensured across all Local Mental Health Teams, particularly in terms of the specialist staff available. It was explained that work has begun to understand from clinical staff the issues that NHT experiences with recruitment and retention, particularly in the context of psychologists. Issues around the professional development offer have been identified, so work is taking place to address these and make a career in NHT more appealing. However, further work is needed to recruit more psychologists, as the standardisation of the offer provided by all teams is dependant on growing capacity.
- s) The Committee asked how the report commissioned from Healthwatch on patient experience had supported the drafting of the Integrated Improvement Plan. It was set out that the Healthwatch report had been fundamental to the production of the Plan. The recommendations that the Healthwatch report made have been woven through the Plan and feature in all areas. NHT has been working with Healthwatch to develop strategies for listening to the patient voice and increasing the reach of communications with patients.

The Chair thanked the representatives of NHT for attending the meeting to present the report and answer the Committee's questions.

Resolved:

- 1) To request that the finalised Integrated Improvement Plan and its associated timetable are shared with the Committee as soon as they are available.**
- 2) To request that further details are provided on the current referral and rejection rates for Local Mental Health Teams and how this has impacted on the waiting list for assessment, and the wait times for service access following assessment.**
- 3) To recommend that the Nottinghamshire Healthcare NHS Foundation Trust considers the provision of a local women-only ward for acute mental health emergency care with the NHS Nottingham and Nottinghamshire Integrated Care Board, as the current provision options are either private or out of area.**
- 4) To recommend that effective key performance indicators are developed, fed into by both quantitative data and direct input from patients on their experiences of care, to ensure that the planned improvement outcomes are specific, relevant and measurable.**
- 5) To recommend that feedback from patients on their experiences of care is fully publicised to demonstrate how it has informed improvement planning and delivery.**

58 Talking Therapies and Step 4 Psychotherapy Services

Lucy Anderson and Kate Burley, Head of Mental Health Commissioning, Contracting and Performance and Deputy Head of Mental Health Commissioning at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB); Claire Pearson and Andy Sirrs, Associate Director for Psychological Professions and Clinical and Strategic Lead for Serious Mental Illness at the Nottinghamshire Healthcare NHS Foundation Trust (NHT); and Melissa Edwards, Principal Clinical Lead at the Vita Health Group, presented a report on the mental healthcare support available through the Talking Therapies and Step 4 services. The following points were raised:

- a) Talking Therapies was commissioned in 2023 and is delivered by the Vita Health Group. The service specifically aims to work towards reducing health inequalities, so provision has been increased with additional roles in place, increasing mental health practitioners and psychologists in community mental health teams and integrating community mental health practitioners into Step 4 services. Integrated working with Primary Care has increased, with community mental health workers based within Primary Care settings offering short-term interventions and onward referral for more specialist services where required.
- b) Talking Therapies provides Step 2 and Step 3 mental health services, working mostly with patients who have self-referred. Referrals can be made directly from Talking Therapies to Step 4 for more complex cases requiring additional support, rather than referring back to Primary Care or signposting on. These referrals to Step 4 include prior consultation with clinical staff to ensure the suitability of

onward referral, and regular multi-disciplinary team discussions take place around referrals. Each referral to Step 4 is triaged by senior clinical staff, who have access to full records for each patient. Where Step 4 services are not appropriate, alternative provision is developed. Rejection rates from Step 4 services are low, due to the multi-disciplinary approach to referral and the collaborative working. Step 4 waiting times for assessment and treatment can vary, with currently waits for treatment being around 9 months. Work is being undertaken to ensure that waiting lists are reduced and, in the interim, people on the waiting list are contacted and helped to 'wait well'.

- c) The Talking Therapies Community Engagement team operate across the city to work to understand the needs of the local population. There are a number of different programmes targeting specific audiences: in particular, under-represented communities, those with long-term health conditions, students and the wide-ranging, ethnically diverse populations – with clinical leads assigned to each programme. Targeted advertising of services is produced to reach a wide range of audiences within their communities. Moving forward, a focus for the ongoing community engagement work will be on increasing opportunities for the co-production of services.

The Committee raised the following points in discussion:

- d) The Committee asked what steps were being taken to ensure equality of access to services – particularly for those people with limited experience or access to technology, as face-to-face provision was limited. It was explained that referrals into Talking Therapies can be made through a number of routes including online, telephone and by post. There is also a programme that enables referrals through advocacy. Services have been mostly online, particularly through the Coronavirus pandemic – however, face-to-face sessions are available alongside the remote delivery. Services can be provided with interpreters, including British Sign Language. However, specialist interpretation services are required due to the complex nature of some of the discussion, so this can cause a longer waiting time for some patients. All materials are available in a variety of different languages, in large print and in easy-read formats. The Community Engagement team works hard to gather feedback that is used to make improvements to each programme and improve access for all communities.
- e) The Committee observed that there was detailed information online about Talking Therapies, but that details concerning Step 4 services were much more limited. It was acknowledged that there less information online from NHT around Step 4 services and that this could be improved. However, Step 4 services are tailored to the individual and are formulated with the patient, so it is not possible to publish a specific protocol for the care and services provided as they are unique to each patient. However, work will be done on the website to improve the information available.
- f) The Committee asked what was being done to help improve the capacity and resilience of services. It was reported that work is being done to upskill workers within Step 2 and Step 3 to offer a broader range of therapy-based services. There is investment being made in more psychologists, and in upskilling community practitioners and the wider workforce (such as social workers) to

deliver some of the more standard psychological interventions. The aim is to create a network of support to reduce the need for further intervention and to alleviate some pressure on waiting times.

- g) The Committee asked what care a patient could expect to receive from Step 4, and how they would be involved in the development of their care and in deciding when treatment would end. It was reported that Step 4 services offer a range of therapy for the most serious and complex cases. Psychologists are each trained in a range of therapies and offer support for patients over a longer period of time than Steps 2 and 3, using a broader range of therapies to tackle the more complex nature of each case and to personalise treatment. The length of each programme varies for each individual, but can go up to thirty sessions. At the end of the programme of treatment, each patient is invited to give feedback. Outcomes are measured using patient satisfaction and whether the patient feels that they can progress with their day-to-day lives more confidently. There is a challenge to balancing the demand for services with the continued benefit of therapy beyond a certain point. If patients have not fully recovered within the programme time, work is done on what additional services may be able to offer further support and help. Recovery rates are around the same levels as for Steps 2 and 3 which, for addressing complex trauma, are considered to be good by national measures.
- h) The Committee asked what happened to patients who did not feel recovered or able to manage daily life at the end of a Step 4 programme, and raised concerns that some patients would have to be re-referred – and so re-enter a lengthy waiting period and have to establish a relationship with a different therapist. It was explained that it is possible to re-refer patients back into Step 4 to explore other forms of therapy. Currently, a longer-term therapy offer is not commissioned within the NHS mental healthcare provision, and there are challenges in balancing demand for services with delivery capacity.
- i) The Committee considered that, as such, there is a clear service gap for people who are in need of long-term therapy. The Committee noted that the Centre for Trauma, Resilience and Growth had offered therapies for a period of two years before it was closed in May 2023 on the grounds that the services it provided could be moved into the wider Secondary Care Psychological Therapies Pathway for delivery in substantively the same way. The Committee raised a substantial concern that the longer-term therapeutic support that had been delivered by the Trauma Centre was now not replicated via the thirty sessions available through Step 4. The Committee was also deeply concerned that, if services had been reduced to a significant degree (or even decommissioned), it did not appear to have been consulted by the ICB on this service change, as is required.
- j) The Committee considered that it is of serious concern that the national recovery rate expectation for patients with mental health needs is as low as 50%, as this appears to demonstrate a clear lack of parity of esteem between mental and physical health services in what is considered a good outcome for patients.

The Chair thanked the representatives of the ICB, NHT and the Vita Health Group for attending the meeting to present the report and answer the Committee's questions.

Resolved:

- 1) To request that further information is provided on the closure of the Centre for Trauma, Resilience and Growth and the extent to which the services provided by the Centre are now delivered through Step 4 services.**
- 2) To recommend that more information is published on the Step 4 service offer and the pathways to it, particularly on the Nottinghamshire Healthcare NHS Foundation Trust's website.**
- 3) To recommend that the service need for longer-term psychological therapy beyond the current Step 4 offer is assessed and considered for further support provision within existing services where possible, or through additional services commissioned by the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).**
- 4) To recommend that the ICB gives very careful consideration to how a parity of esteem between the resourcing of physical and mental healthcare needs can be achieved, and that it pursues this issue further at the national level.**

59 Work Programme

The Chair presented the Committee's completed work programme for the 2023/24 municipal year.

The Committee noted the completed work programme.

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Health and Adult Social Care Scrutiny Committee 13 June 2024

Committee Terms of Reference

Report of the Statutory Scrutiny Officer

1 Purpose

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

2 Action required

- 2.1 The Committee is asked:

- 1) to note its Terms of Reference, as set out in Article 9 of the Council's Constitution (Non-Executive Functions and Committees);
- 2) to note the rules within which it must operate, as set out in Article 11 of the Council's Constitution (Overview and Scrutiny); and
- 3) to note that its operation, and the approach of Scrutiny Committee members, should be in line with the agreed Overview and Scrutiny Protocol.

3 Background information

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

city or citizens. The Scrutiny Committees can also make recommendations to partner organisations.

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

3.3 In addition to the powers held by all Overview and Scrutiny Committees, the Committee can also require representatives of commissioners and providers of NHS and Public Health-funded services to provide information to it and to attend its meetings and answer questions. The Committee can make reports and recommendations to the commissioners of NHS and Public Health-funded services on matters within their remit, which are required to return a response to those recommendations. The commissioners of NHS and Public Health-funded services also have a duty to consult with the Committee when proposing substantial changes or variations to service provision.

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

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

- All Scrutiny Committee activity should, as far as possible, be politically neutral.
- All Scrutiny Committee recommendations should be based upon evidence that Councillors should consider with an open mind.
- All Scrutiny Committee activity should be constructive and focussed on improvement.
- Scrutiny Committee activity should be conducted in public, wherever possible.
- All reviews should be conducted fairly with all members of the Scrutiny Committee given the opportunity to ask questions and to contribute and speak.

- Those assisting the Scrutiny Committee by giving evidence should be treated with respect and courtesy.
- Reviews should adhere to the agreed scope, purpose and intended time limit.
- Scrutiny Committees should endeavour to reach consensus, whenever possible.
- The relationship between the Executive and Scrutiny Committees should be based upon mutual respect for the others' role. Any disputes will be escalated to the Chair of the Corporate Scrutiny Committee and the Leader of the Council for resolution, with support from the Monitoring Officer if necessary.

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

4 List of attached information

4.1 Committee Terms of Reference

4.2 Overview and Scrutiny Protocol

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

5.1 None

6 Published documents referred to in compiling this report

6.1 [Nottingham City Council - Constitution](#) (Article 9 and Article 11)

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 Scrutiny Committee 13 June 2024

Committee Terms of Reference

Description

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

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

Purpose

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

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

Objectives

The Health and Adult Social Care Scrutiny Committee will:

- (a) develop and manage a work programme to ensure all statutory and other roles and responsibilities are fulfilled for matters relating to housing and city development to the required standard and which covers review and development of key strategic issues, policies and strategies relevant to Nottingham and its residents, and which adds value through the examination of issues of local importance and concern, in accordance with the scope and approach set out in Article 11 – Overview and Scrutiny;
- (b) work with the other scrutiny committees to support effective delivery of a co-ordinated overview and scrutiny work programme;
- (c) monitor the effectiveness of its work programme and the impact of outcomes from overview and scrutiny activity;
- (d) regularly review the decisions, actions and performance of the Council's Executive and other relevant local decision-makers, including the commissioners and providers of NHS and Public Health-funded services, and the Council's group of companies;
- (e) consider any relevant matter referred to it by any of its members and consider any relevant local government matter referred to it by any Nottingham City Councillor;
- (f) engage with and respond to formal and informal consultations from commissioners and providers of local NHS health services;
- (g) hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham and to reduce health inequalities; and
- (h) respond to referrals from, and make referrals to, Healthwatch Nottingham and Nottinghamshire as appropriate.

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

- (a) review any matter relating to the planning, provision and operation of health services in the area;
- (b) require members of the Council's Executive, and representatives of commissioners and providers of NHS and Public Health-funded services, to provide information to the Committee, to attend meetings and to answer questions posed by the Committee;
- (c) invite other persons to attend meetings of the Committee to provide information and/or answer questions;
- (d) make recommendations and provide reports to relevant decision-makers, including the Council's Executive and commissioners of NHS and Public Health-funded services, on matters within their remits. The Council's Executive and commissioners of NHS and Public Health-funded services have a duty to respond in writing to such recommendations;
- (e) be consulted by commissioners of NHS and Public Health-funded services when there are proposals for substantial developments or variations to services, and to make comment on those proposals; and
- (f) request that the Secretary of State uses their powers to 'call in' proposals for health service reconfiguration if there are significant concerns about the proposals that cannot be resolved locally, and be formally consulted (alongside the local Healthwatch group) by the Secretary of State on how their powers of

'call in' might be implemented in relation to a given proposal if the Secretary of State is minded to use these powers.

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

Membership and Chairing

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

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

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

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

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

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

Substitutes

Substitute members are permitted for this Committee.

Quorum

The standard quorum for Council Committees applies to this Committee.

Frequency of Meetings

The Committee will usually meet once each month, with the exception of August.

Duration

There is no limit on the lifespan of the Committee.

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Overview and Scrutiny Protocol

Vision for Overview & Scrutiny in Nottingham

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

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

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

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

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

Conditions for Success

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

1. Parity of Esteem between the Executive and Scrutiny

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

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

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

2. Clear Purpose and Focus

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Recommendations will be sent to the relevant decision maker and I

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

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

4. Councillor Leadership and Engagement

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

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

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

5. Reflecting the Concerns of Residents

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

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

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

6. Mutual Respect and Good Faith

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

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

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

7. Clear Roles, Responsibilities and Relationships

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

In summary:

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

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

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

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

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

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

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

8. Transparency of the Scrutiny Process and Access to Information

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

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

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

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

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

9. Training and Development

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

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

Health and Adult Social Care Scrutiny Committee 13 June 2024

Adult Social Care Single Integrated Delivery Plan 2024-28

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To scrutinise the development and implementation of the Single Integrated Delivery Plan (SIDP) 2024-28 for the transformation of Adult Social Care services, and the delivery progress to date.

2 Action required

- 2.1 The Committee is asked:

- 1) to make any comments or recommendations in response to the report from the Executive Member for Adult Social Care and Health on the development and implementation of the SIDP for Adult Social Care; 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 Previously, the Adult Social Care service had five extensive plans of work in place to deliver a wide range of improvements, with a total of 53 individual projects within them (not including enabling projects). Each plan had been developed separately to the others, though many of the projects had interdependencies with each other. As a result, to create a more manageable programme of work, all of the projects have been brought together into the 'Better Lives, Better Outcomes – Next Steps to Sustainability' SIDP. The original five plans now forming the SIDP were:
- The Adults Transformation Programme
 - The Care Quality Commission (CQC) Action Plan
 - The Financial Improvement Plan
 - The Commissioning and Partnerships Improvement Programme
 - The Medium-Term Financial Plan (MTFP) Savings Programme
- 3.2 The SIDP has been developed with the support of the Local Government Association and colleagues from within the Council's Transformation team, and now focuses on four main themes (plus a smaller and separate fifth theme, relating to Customers). These themes are intended to bring together the various projects to deliver one single, integrated transformation plan for Adult Social Care to ensure better outcomes for citizens, improved ways of working for staff, and that the Adult Social Care contribution to the financial sustainability of the wider Council is met. The new SIDP seeks to illustrate what success will look

like in terms of individual projects and will further develop work to ensure that links with other projects within the programme are clear. The four main themes are:

- Prevention and Independence
- Social Care Practice
- Care Placement
- Enabling Functions

- 3.3 A new Programme Board is responsible for ensuring the delivery of the SIDP and is intended to provide a gateway for key information updates, actions and decisions on delivery, and supporting the 'Better Lives, Better Outcomes' and Commissioning strategies. For the 4-year MTFP (2024/25 to 2027/28), the combined gross total of incremental savings to be delivered within Adult Social Care is £24.9 million. The existing transformation programme has been in progress since 2022 and, on a gross cumulative basis, a forecast financial position of £4.1 million actual savings is shown for 2023/24 against a savings target of £7.16 million, meaning an under-delivery of £3.06 million. On a gross incremental basis, the programme has delivered £1.315 million savings against a target of £4.509 million, resulting in a current under-delivery of £3.194 million.
- 3.4 In the context of transformation work within Adult Social Care, the Committee considered the progress of the previous Transformation Programme at its meetings on 23 June 2022 and 12 October 2023. It scrutinised the impacts of the Council's proposed 2024/25 budget on Adult Social Care in details at its meeting on 30 January 2024, and reviewed the findings of and response to the CQC's pilot assessment of how the Council is delivering its Adult Social Care duties at its meeting on 15 February 2024.

4 List of attached information

- 4.1 Report: Adult Social Care Single Integrated Delivery Plan 2024-28

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

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny Committee meetings held on:
- [23 June 2022](#)
 - [12 October 2023](#)
 - [30 January 2024](#)
 - [15 February 2024](#)

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

13 June 2024

Adult Social Care Single Integrated Delivery Plan 2024-28

Lead Executive Member: Councillor Pavlos Kotsonis, Executive Member for Adult Social Care and Health

Lead Officer: Roz Howie, Interim Director of Adult Health, Social Care and Commissioning

1. Purpose

- 1.1 The purpose of the report is to provide an update on the development and implementation of the Adult Social Care Single Integrated Delivery Plan (SIDP) 2024-28, and the delivery progress to date.

2. Background Information

- 2.1 The strategic context for the Council is complex due to events in its recent history. A number of separate plans had been created with different aims and objectives, some from a strategic point of view, some with the aim of improving practice, and others specifically relating to balancing the Council's budget and making savings. In addition to financial sustainability, the Council must meet its statutory duty to provide social care services for people who have been assessed as needing them. The principle of fulfilling these statutory duties in the most cost-effective way and ensuring value for money of the services provided underpins the development of this SIDP and enables a greater understanding of the volume of work currently being undertaken and support prioritisation and sequencing of work.
- 2.2 Adult Social Care in Nottingham had five extensive plans of work in place, delivering a wide range of outcomes, with 53 individual projects within them (excluding enabling projects). Each plan had been developed in isolation of the others, some corporately, though many of the projects have interdependencies with each other. To create a manageable programme of work, all the projects have been brought together into one programme of work – the 'Better Lives Better Outcomes – Next Steps to Sustainability' SIDP.
- 2.3 By consolidating all projects together into this single integrated delivery plan and building on the success of achievements to date, it is anticipated that Adult Social Care can more clearly evidence the difference being made, and go further and faster to deliver and demonstrate sustainability for the future. The plans pulled together are detailed below:
- Existing Adults Transformation Activity (Adults Transformation Programme)
 - Care Quality Commission (CQC) Action Plan
 - The Financial Improvement Plan
 - The Commissioning and Partnerships Improvement Programme

- Medium-Term Financial Plan Savings (MTFP) (review of the Council's Duties and Powers)

Adults Transformation Programme

- 2.4 The Transformation Programme was developed following a Non-Statutory Review published in November 2020. The review set out the improvements required to deliver significant savings targets. A Transformation Team was created to lead on the project management aspects of delivery and hold identified lead officers to account for delivery.
- 2.5 The Transformation approach has achieved considerable success in delivering change for Adult Social Care, but needs to continue at pace to achieve its full benefits in respect of financial savings. All projects and all financial targets for Adult Social Care identified as part of the action plan for Transformation have been integrated into the SIDP.

CQC Action Plan

- 2.6 The Government set out a 10-year vision and its requirements to deliver social care reform in the 'People at the Heart of Care' White Paper, published in December 2021. One of the key changes in the White Paper was the requirement for the CQC to assess local systems and provide independent assurance to the public in respect of quality of care in their area.
- 2.7 In May 2023, Nottingham was identified as one of the pilot sites for a CQC Assurance visit, to test out the local authority assessment approach, and the findings were published in November 2023. Whilst an overall rating of 'Requires Improvement' was given, a number of key strengths were identified, including that senior staff showed a good awareness in relation to the areas that required improvement and that there was evidence of progress made and further plans of how this would be achieved, but with more work to do.
- 2.8 The areas for development include:
- mixed feedback from some teams around caseloads, systems, and pathways between teams, and how teams work with partners;
 - some gaps identified in the provision of accessible information for people;
 - difficulties in relation to people finding suitable accommodation, linked to the broader challenges in housing capacity in Nottingham;
 - a need for further co-ordinated work to support people more effectively from different cultural and diverse backgrounds;
 - 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 health on an individual level was positive, however, more structural relationships could be developed to improve this; and
 - use of advocacy services could be improved, especially support for carers.

- 2.9 These areas for development have been worked up into an action plan, signed off in January 2024. The workstreams identified within the action plan have been integrated into the SIDP.

The Financial Improvement Plan

- 2.10 A plan of work has been developed to improve the business processes around financial management within the Council for budget holders. The accuracy of budget management, budget monitoring and financial forecasting was perceived as lacking during the financial year 2022/23, with significant unexpected variances reported at the year-end for Adult Social Care.
- 2.11 This work is considered important to improve both the accuracy and the ownership of budget monitoring and forecasting by budget holders. In November 2023, it was proposed to progress the work on a pilot basis – with Adult Social Care being used as the pilot due to its high level of spending on care packages and the fact that it represents a considerable proportion of the overall Council budget. The feedback from the pilot would support decision-making in respect of how this can be progressed across the wider Council. The workstreams identified within the action plan have been integrated into the SIDP as key enablers to embed good financial stewardship.

The Commissioning and Partnerships Improvement Programme

- 2.12 Commissioning and Partnerships governed their improvement work through a Programme Oversight Board. The savings from this programme of work amounts to £2.466 million for 2024/25 and £4.51 million for 2025/26 in respect of Adult Social Care, with cost mitigation and avoidance of £1.925 million and £2.647 million for the same years, respectively. These savings and associated projects to deliver have been integrated into the SIDP, ensuring that double-counting is avoided.

MTFP Savings

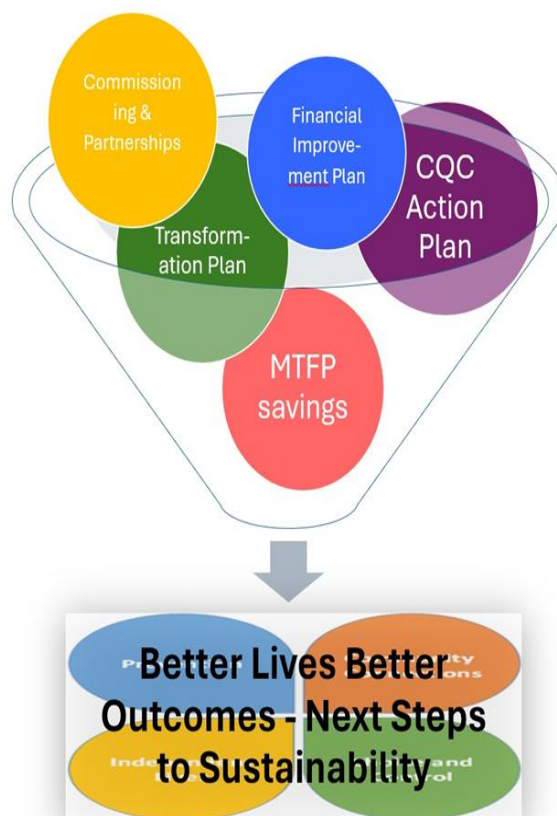
- 2.13 The Council's Budget Strategy and MTFP 2024/25 to 2027/28 was presented to the Council's Executive Board on 19 December 2023. It sets out the Council's continuing budget planning process and the savings proposals developed by officers using the Duties and Powers framework, led by the Section 151 Officer. The aim of the approach is to allow the Council to re-size to a scale that matches its financial envelope. This methodology identified an additional £7.717 million in savings for Adult Social Care to be delivered between 2024/25 and 2027/28. These savings and associated projects to deliver have been integrated into the SIDP.

3. SIDP

- 3.1 At a workshop in late March, and with the support of the Local Government Association and colleagues within the Transformation Office, 53 active items of change and transformation activity were grouped coherently and holistically into a new programme of work – 'Better Lives, Better Outcomes – Next Steps to

Sustainability' - with the following four themes (additionally, a small amount of activity sits within a separate Customer Theme):

- Prevention and Independence
- Social Care Practice
- Care Placement
- Enabling Functions



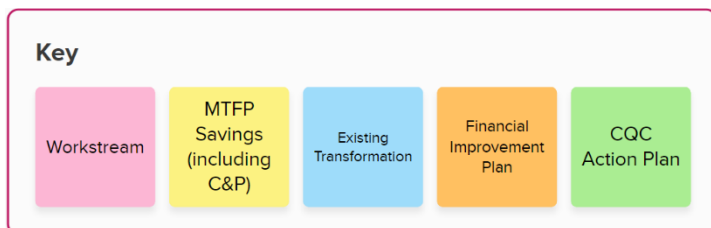
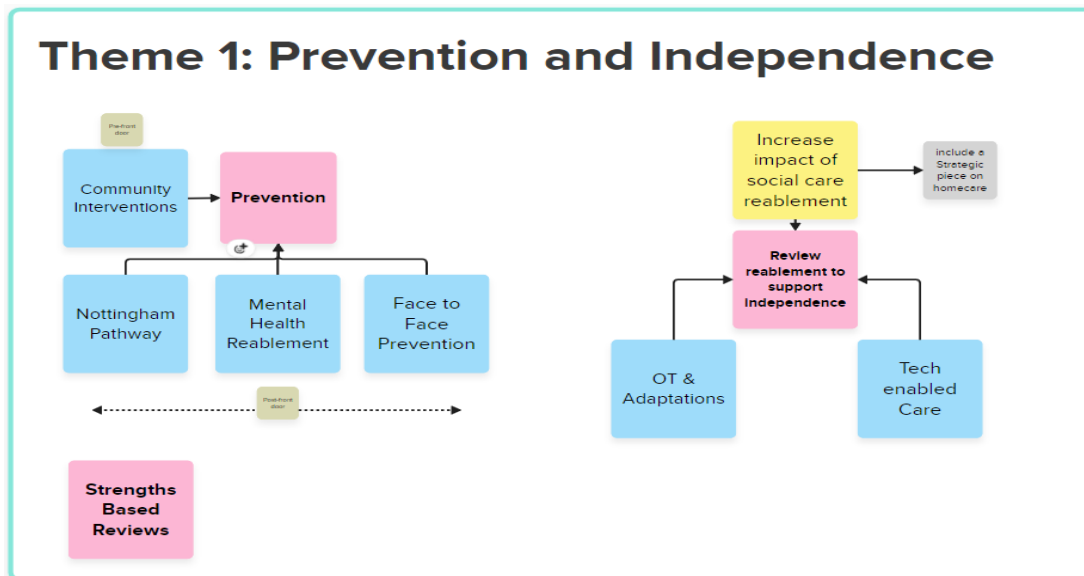
3.2 These themes bring together the projects and deliverables to create one single integrated plan for Adult Social Care, with a focus on delivery of better outcomes for citizens, improved ways of working for staff and ensuring that the Adult Social Care contribution to the financial sustainability of the wider Council is met.

3.3 An integrated programme approach to delivery, under the umbrella of 'Better Lives, Better Outcomes', will illustrate what success will look like in terms of individual projects and will further develop work to ensure that links with other projects within the programme are clear. It is therefore an ambitious and wide-reaching delivery plan – prioritisation and sequencing of both projects and enabling workstreams will be key to success.

Theme 1: Prevention and Independence

3.4 The Prevention workstream aims to enhance the well-being of citizens and reduce the demand on Adult Social Care through a variety of initiatives at access points like the Nottingham Health and Care Point, and within the community (pre-front door) through community co-ordinators. Through these initiatives, the

Council will support its residents in becoming more resilient and independent, helping to prevent, reduce and delay the need for long-term care as well as reducing demand on assessment teams.

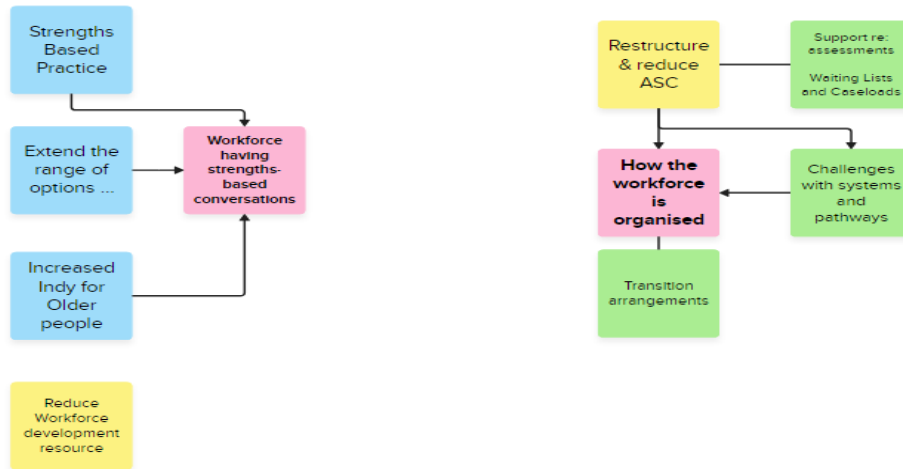


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Theme 2: Social Work Practice

3.5 The 'Workforce having strengths-based conversations' workstream brings together three related Transformation projects that use strengths-based working to bring about outcome-focused services for citizens that maintain their independence, preventing and delaying the need for longer term care. Through the 'How the workforce is organised workstream', several challenges identified at the CQC inspection will combine with a two-year MTFP savings project to restructure Adult Assessment, using this opportunity to reshape the operating model for Adult Social Care and address long-standing issues with waiting lists, caseloads, and delays.

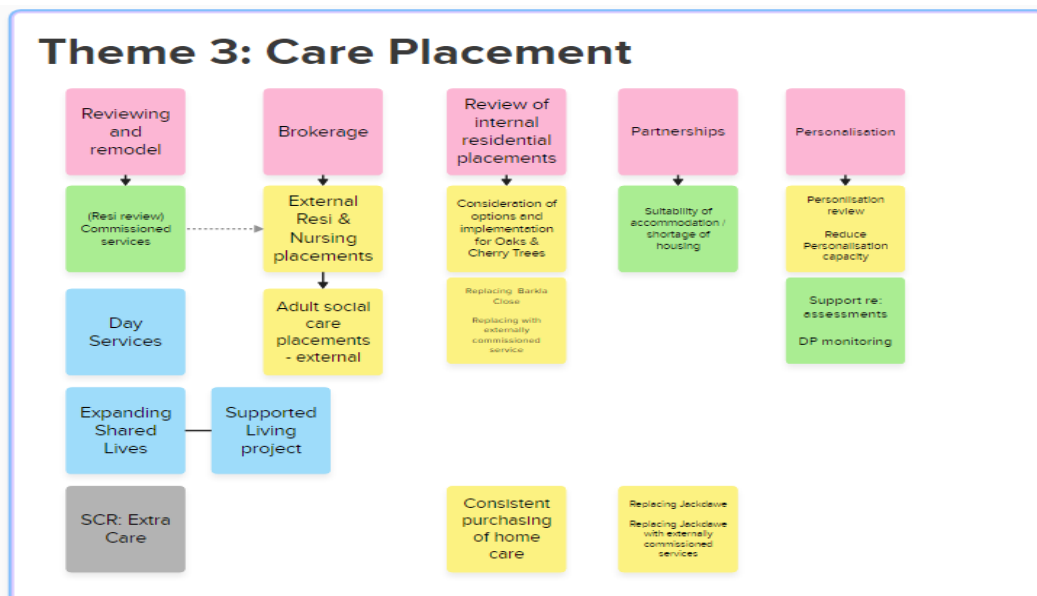
Theme 2: Social Work Practice



Theme 3: Care Placement

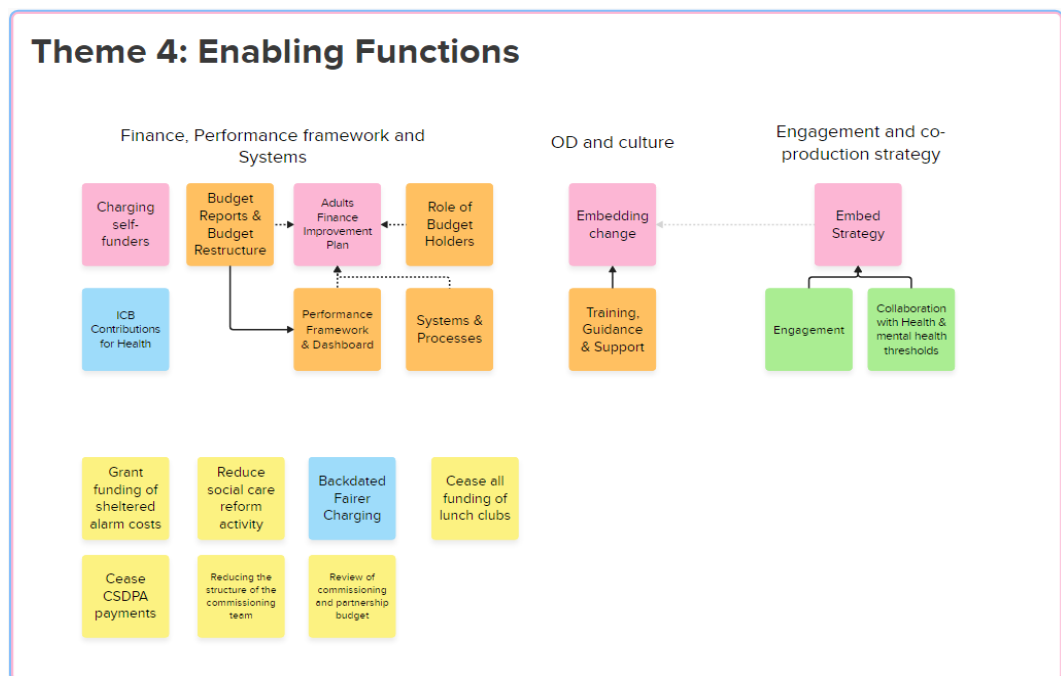
3.6 These five workstreams are largely Commissioning-led. They include Best Value reviews of internal provision for Day Care, Older People’s residential care and respite care for working-age citizens with learning disabilities. Some external services will be reviewed, such as Extra Care. Shared Lives will work more closely with the Supported Living project to ensure better outcomes for citizens in the Whole Life Disability service. Through the creation of a Brokerage service, existing residential and nursing placements will be reviewed to ensure they are achieving Best Value for citizens and new placements will be brokered by the service. This combines with a related MTFP saving proposal to address financial sustainability by meeting needs in the most appropriate way.

Theme 3: Care Placement



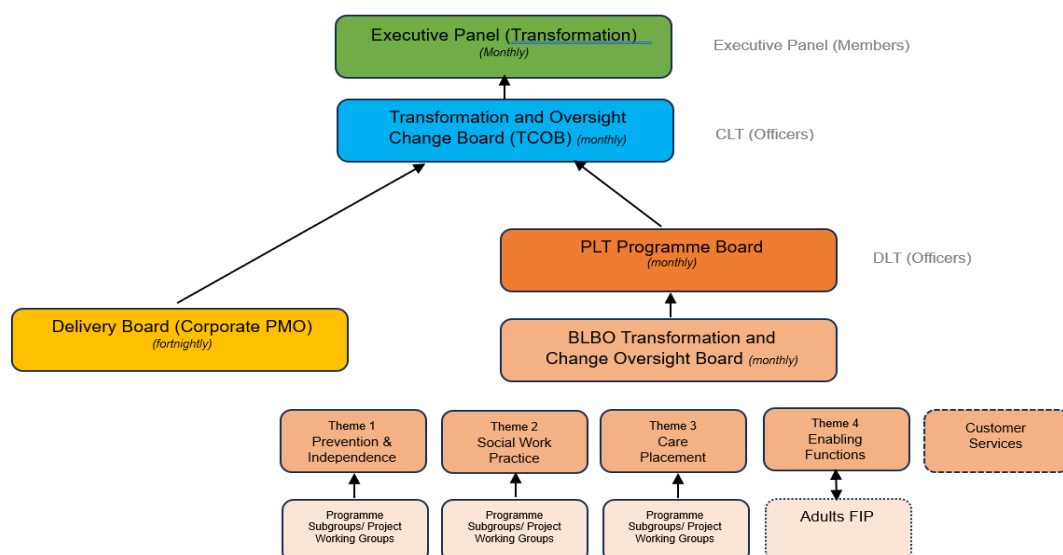
Theme 4: Enabling Functions

- 3.7 Through the Adults Financial Improvement plan, Adult Social Care will improve its budget management, monitoring and forecasting to ensure future financial sustainability in line with the requirements of the overall corporate plan. The project will in turn revise its budget structure, refocus on the accountability of budget holders, review and revise systems and processes, and create a performance framework and dashboards.
- 3.8 The Embed Strategy workstream will develop an Engagement Strategy and Delivery plan to create co-production opportunities for citizens, local partners and the voluntary sector with Adult Social Care and Commissioning and Partnerships. It will also seek to improve structural relationships with Health partners. Lastly, the Embedding Change workstream will tie 'Training, Guidance and Support' needs for the Adults Financial Improvement Plan into the rest of workforce development requirements.



4. Governance

- 4.1 The 'Better Lives, Better Outcomes' Programme Board is responsible for the delivery of the SIDP for the Adult Health and Social Care and the Commissioning (Adults' and Children's) Transformation Programme, and replaced the Adults' Programme Board in April 2024. The Board will provide a gateway for key information updates, actions and decisions on programme/project delivery, supporting the 'Better Lives, Better Outcomes' and Commissioning Strategies, keeping the citizen at the heart of the services that the Council provides.



5. Financial Benefits

5.1 For the 4-year MTFP 2024/25 to 2027/28, the combined gross total of incremental savings to be delivered is £24.9 million:

| | MTFP 2024/25 £m | MTFP 2025/26 £m | MTFP 2026/27 £m | MTFP 2027/28 £m | Cumulative 4-year MTFP Impact £m |
|--------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| MTFP Savings (Duties & Powers) | (2.298) | (4.983) | (0.061) | (0.374) | (7.717) |
| Existing Transformation | (6.181) | (5.331) | (4.364) | 0.000 | (15.876) |
| Service Led Savings | (1.073) | (0.233) | 0.000 | 0.000 | (1.305) |
| CQC Action Plan | 0.000 | 0.000 | 0.000 | 0.000 | 0.000 |
| | (9.551) | (10.548) | (4.425) | (0.374) | (24.898) |

5.2 By Programme Theme, gross incremental savings are as follows:

| | MTFP 2024/25 £m | MTFP 2025/26 £m | MTFP 2026/27 £m | MTFP 2027/28 £m | Cumulative 4-year MTFP Impact £m |
|------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Customer Services | 0.000 | (0.300) | 0.000 | 0.000 | (0.300) |
| Theme 1: Prevention & Independence | (1.516) | (0.787) | (0.168) | 0.000 | (2.470) |
| Theme 2: Social Work Practice | (4.768) | (5.525) | (3.296) | 0.000 | (13.589) |
| Theme 3: Care Placement | (2.177) | (3.630) | (0.961) | (0.374) | (7.143) |
| Theme 4: Enabling Functions | (1.089) | (0.306) | 0.000 | 0.000 | (1.395) |
| | (9.551) | (10.548) | (4.425) | (0.374) | (24.898) |

5.3 The existing Transformation programme has been in delivery since 2022. On a gross cumulative basis, for 2023/24 a forecast financial position of £4.1 million

actual savings is shown against a savings target of £7.16 million, meaning an under-delivery of £3.06 million. This includes some projects designated as 'service-led'. On a gross incremental basis, the programme delivered £1.315 million savings against a target of £4.509 million, meaning an under-delivery of £3.194 million.

5.4 The overall savings in Adult Social Care approved by full Council are detailed below:

| Adult Social Care Savings | 2024/25 | 2025/26 | 2026/27 | 2027/28 |
|--|--------------------|---------------------|--------------------|------------------|
| | £ | £ | £ | £ |
| Existing Programme Savings | | | | |
| Proactive reviews and timely assessments | (840,000) | 0 | 0 | 0 |
| Shared Lives - Expansion of service | (232,638) | (232,638) | 0 | 0 |
| Adults Complex Redesign - Occupational Therapy and Adaptations | (16,739) | 0 | 0 | 0 |
| Adults Complex Redesign - Developing Strength Based Practice/Workforce | (3,984,233) | (3,676,939) | (3,211,971) | 0 |
| Adults Complex Redesign - MH Reablement | (391,407) | (167,628) | (167,628) | 0 |
| Adults Transformation - Supported Living | (634,899) | (732,160) | (900,160) | 0 |
| Adults Transformation - Supported Older People to live more independently | (122,247) | (97,664) | (84,046) | 0 |
| Adults Transformation - Prevention Offer | (268,000) | (319,000) | 0 | 0 |
| Adults Transformation - Supported Living U65s | (263,000) | (168,000) | 0 | 0 |
| Adults Transformation - OP supporting people to live more independently | | (170,000) | 0 | 0 |
| Existing Programme Total | (6,753,163) | (5,564,029) | (4,363,805) | 0 |
| New Duties & Powers Savings | | | | |
| Restructure and reduce Adult Social Care Assessment function | (636,000) | (1,567,000) | 0 | 0 |
| Close Jackdawe in-house homecare and source from external market | (189,333) | (94,667) | 0 | 0 |
| Closure of Barkla Close and purchase of Residential Respite Care from the external market. | 0 | 0 | (61,289) | (61,289) |
| Cease all grant funding of Lunch Clubs | (36,500) | (36,500) | 0 | 0 |
| Close The Oaks and Cherry Trees Residential Care Homes for Adults | 0 | 0 | 0 | (313,000) |
| Cease Chronically Sick and Disabled Persons Telephone Service | (10,000) | (5,000) | 0 | 0 |
| Grant funding of Sheltered Alarm costs | (177,000) | 0 | 0 | 0 |
| Expand Deputyship Service leading to increased fee revenue | 0 | (300,000) | 0 | 0 |
| Consistent purchasing of Adult Social Care home care packages | (210,000) | 0 | 0 | 0 |
| Reduce Learning and Development Team resource | (26,000) | (13,000) | 0 | 0 |
| Increase impact of social care reablement to reduce need for long-term care | 0 | (300,000) | 0 | 0 |
| Reduce the Personalisation Hub capacity | (147,500) | (147,500) | 0 | 0 |
| Adult Social Care Placements - External | 0 | (1,184,000) | 0 | 0 |
| External Residential and Nursing Care Placements | 0 | (1,070,892) | 0 | 0 |
| Reduce Social Care Reform Activity | (510,750) | (170,250) | 0 | 0 |
| Duties & Powers Total | (1,943,083) | (4,888,809) | (61,289) | (374,289) |
| Overall Adults Programme Total | (8,696,246) | (10,452,838) | (4,425,094) | (374,289) |

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Health and Adult Social Care Scrutiny Committee 13 June 2024

Quality Accounts 2023-24

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To note the Committee's responses to the 2023/24 Quality Accounts of the Nottingham University Hospitals NHS Trust (NUH), the Nottinghamshire Healthcare NHS Foundation Trust (NHT), the East Midlands Ambulance Service NHS Trust (EMAS) and the Nottingham CityCare Partnership Community Interest Company (CityCare).

2 Action required

- 2.1 The Committee is asked:

- 1) to note the formal statements returned in relation to the 2023/24 Quality Accounts of NUH, NHT, EMAS and CityCare, as the four major providers delivering NHS healthcare services in Nottingham.

3 Background information

- 3.1 A Quality Account represents an annual report by an NHS healthcare provider on the quality of the services that it has provided over the last year. Quality Accounts are published, so they represent an important way for local NHS services to show publicly the quality of their provision and demonstrate the improvements being carried out to the services that they deliver to local communities and stakeholders. The quality of the services is assessed by measuring patient safety, the effectiveness of treatments that patients receive and the feedback from patients on their experiences of care.
- 3.2 Healthcare providers have a legal duty to send their Quality Account to the relevant Health Overview and Scrutiny Committee of the Local Authority area in which the provider has its registered office, to invite comments on the report before it is published. This gives the Scrutiny Committee an opportunity to review the report and provide a formal statement, which will be published as part of the Quality Account. In Nottingham, the Committee receives Quality Accounts from NUH, NHT, EMAS and CityCare.
- 3.3 The Department of Health and Social Care requires healthcare providers to submit their final Quality Account to the Secretary of State by the end of June each year, so they often aim to produce a draft Quality Account during April to receive a statement back from the Committee by the end of May. Generally, it is impractical for the Committee to consider draft Quality Accounts at its formal meetings either in April or May due to its other business demands, the fact that

this represents the transition period from the old municipal year to the new, and the potential for public elections to be taking place at the start of May.

- 3.4 As a result, the Quality Accounts have been considered by working groups of Committee members between meetings, which met with representatives of NHT on 9 May and of NUH on 10 May to discuss their draft documents. To meet providers' timetables, a formal statement was returned to EMAS on 16 May, and to NUH, NHT and CityCare on 28 May.

4 List of attached information

- 4.1 Quality Account 2023/24 Statements returned to NUH, NHT, EMAS and CityCare

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 [NHS England - About Quality Accounts](#)

7 Wards affected

- 7.1 All

8 Contact information

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

1. Nottingham University Hospitals NHS Trust – Quality Account 2023/24

Statement from the Nottingham City Council Health and Adult Social Care Scrutiny Committee

The Health and Adult Social Care Scrutiny Committee welcomed the opportunity to meet with representatives of the Nottingham University Hospitals NHS Trust (NUH) to discuss the draft Quality Account for 2023/24 and is pleased to be able to comment.

The Committee has engaged regularly with NUH since the start of 2021, when published assessments by the Care Quality Commission (CQC) identified serious shortcomings in the provision of NUH's maternity services. Additional work by the CQC identified further problems in relation to NUH not being well-led, and also raised concerns of a workplace culture of bullying and racial discrimination.

During the 2023/24 period of the current Quality Account, the Committee has met with NUH representatives to discuss the improvement delivered to date in relation to maternity services, organisational leadership and workplace culture, and the improvement activity still to be done, and it is hoped that this positive engagement will continue going forward (ahead of the publication of the findings of the independent Ockenden Maternity Review in September 2025).

Given the Committee's serious concerns in previous years about the quality and safety of the care provided by NUH, the improvement planning and progress set out during 2024/24 has been much more positive. The Committee is keen to see the learning and improvement achieved within maternity services in terms of the approach to the duty of candour, addressing complaints, workplace culture, and equality, diversity and inclusion applied effectively to all other services provided by NUH, as appropriate. In addition, the cultural improvements made in engaging internally with staff must also be replicated in the engagement carried out with patients, to ensure that they feel safe and able to speak out if needed – with further support provided to staff to ensure that they have the skills and capacity to communicate effectively with patients in writing in relation to any problems or complaints following discharge from hospital.

The Committee welcomed the launch of NUH's Workforce Inclusion Strategy in early 2024. It considers that it is important that NUH has a clear view to addressing intersectionality and the particular communities from which NUH staff are drawn, and how overcoming barriers to full inclusivity and belonging can be approached on an appropriately individualised basis – particularly in terms of gender identity. It also hopes that appropriate positive action will continue to be developed with disadvantaged communities within Nottingham to show that NUH is an accessible and inclusive local employer, with employment opportunities available across a wide range of areas.

The Committee is glad to see that the current Quality Account acknowledges the challenges that NUH is facing and sets out the action being taken in response, and that a range of outcomes and patient experiences are expressed – with more proactive work now being done by NUH to engage with patients and communities.

The Committee is also pleased to see NUH has reacted positively to its feedback on the 2022/23 Quality Account by including a section about the steps taken to respond to and learn from the reports in the period from the Coroner on the Prevention of Future Death.

The Committee considers that there have been significant system-level pressures on Emergency Departments recently, particularly across the winter, so it is vital that NUH continues to work with its partners across the local Integrated Care System to ensure that there are effective pathways in place for emergency care. That NUH continues to scope and develop appropriate methods for the effective, safe and informed transfer of patients between wards is also important, particularly in the context of people with complex needs. It is also vital that waiting lists continue to be managed actively and efficiently to ensure that patients do not experience avoidable harm while waiting for services, with a particular focus on improving equity of access and addressing health inequalities in the population.

Ultimately, in reflecting on its comments made in relation to NUH's previous Quality Account, the Committee is pleased to be able to reply positively this year as it now feels reassured that the 2023/24 Quality Account represent a fair reflection of the position faced currently by NUH. The Committee notes that there are still significant challenges, but it considers that NUH has moved forward towards a culture of honesty, so it is now able to work constructively with NUH without the barriers that it faced in previous years. NUH will need to continue the work that has been done over the last year to address the longstanding challenges that remain and implement the improvement activity still required, and the Committee will continue to engage with NUH as this transformation journey continues to ensure good, safe and accessible services for Nottingham people.

2. Nottinghamshire Healthcare NHS Foundation Trust – Quality Account 2023/24

Statement from the Nottingham City Council Health and Adult Social Care Scrutiny Committee

The Health and Adult Social Care Scrutiny Committee welcomed the opportunity to meet with representatives of the Nottinghamshire Healthcare NHS Foundation Trust (NHT) to discuss the draft Quality Account for 2023/24 and is pleased to be able to comment.

The Committee has engaged regularly with NHT to focus on the mental healthcare services that it provides for Nottingham people, including psychological therapies, eating disorder services, support for people with co-existing substance misuse and mental healthcare needs, and support for people in mental health crisis.

During the 2023/24 period of the current Quality Accounts, the Committee reviewed the transformation work taking place within NHT's mental health crisis support provision. The Committee welcomed certain developments made in this area, but considered that a whole-system approach to the provision of joined-up mental health services should be established to ensure that a person presenting at any point within the wider system is supported in accessing the help that they need through the most appropriate pathway. An overall approach should also be created to ensure that someone presenting to one service in the system is not directed to another to then be directed on again (which could result in a person in crisis being inadvertently excluded from the system as a whole), and that there is connectivity between different services in delivering the right support centred around the specific needs of the individual.

The Committee notes that, between June and December 2023, the Care Quality Commission (CQC) carried out a series of inspections of NHT's mental healthcare service provision because it had received information that raised concerns about the safety and quality of these services. The resulting reports reduced the rating level for services from the 'requires improvement' assessment given previously by the CQC in 2022 to 'inadequate'. A rapid 'Section 48' review of mental healthcare services was also commissioned by the Secretary of State in January 2024 and, ultimately, NHT was placed within the NHS National Oversight Framework.

The Committee anticipates a great deal of engagement with NHT on the planning and delivery of an integrated improvement process throughout the 2024/25 period and beyond. Ultimately, it is vital that NHT works as closely as possible with partners both regionally and nationally to generate and apply learning in a systematic and planned way to improve the delivery of effective mental healthcare services for people in Nottingham and improve their care outcomes, with clear benchmarking against comparable peers.

The Committee, as it has done for many years, continues to raise concerns around potential 'gatekeeping' in crisis services, which can deny access to crisis care to some patients who are in a mental health crisis, and the standard of care received by some patients. It also still has concerns about capacity within the City Crisis Team

and the difficulty some people experience in reaching them on the telephone. As such, the Committee is pleased to hear that a new telephony system has recently gone live and looks forward to hearing updates over the next year.

However, fundamentally, the Committee considers that access issues will not be resolved until NHT a) invests in and improves the quality of care in Early Help and Prevention services, and b) implements funding for more staff within the Crisis Team to meet the growing need for the service. Most significantly, the Committee remains concerned about the standard of care provided by the Turning Point access line and notes that it has received similar feedback to that reflected in Healthwatch's Specialist Mental Health Services report as commissioned by NHT, and the CQC's Section 48 review.

The Committee must emphasise that a number of issues that it has discussed with NHT in the past (and that have also been raised by the Coroner) were prominent in the findings of the CQC, including families not being properly involved in a patient's care; a lack of information sharing, particularly with GPs; people having to wait too long for or being unable to access crisis and secondary services; a lack of an effective 'waiting well' policy, which put patients at risk of further harm while waiting for services (including self-harm and suicide); the effectiveness of the Turning Point access line; an inequity of access to services in the Nottingham area; the Crisis Team potentially operating as a 'gatekeeper' to inpatient care; and a lack of learning being taken from past events (including patient complaints, Serious Incidents and Prevention of Future Death reports from the Coroner).

The Committee is, therefore, frustrated that over many years of it and, more importantly, patients raising concerns about the standard and availability of care, it appears that NHT did not listen or act on that feedback in an effective way. Whilst the Committee notes that NHT now acknowledges these failings, it must reflect on the missed opportunities and the harm caused as a result.

The Committee considers that it is important for NHT to fully acknowledge the fact that patients have had poor experiences of care and, in some cases, have suffered harm (including abuse) – and that this is set out clearly in the Quality Account. The Quality Account should establish a clear, overall view of the challenges faced by NHT and the reasons behind the CQC's 'inadequate' ratings, balancing achievements and progress in the improvement work being implemented currently against the outstanding challenges and further activity that still needs to be done. It should be clear throughout on how input from the CQC and the Coroner has been used to develop the improvement work being carried out. It is the Committee's view that, at the time of providing this statement and having had the opportunity to meet with NHT and read the draft Quality Account, the document did not reflect the full reality and gravity of the situation that NHT needs to address.

The Committee notes that NHT is now two years into the delivery of a five-year Trust Strategy – but how the outcomes for 2022 to 2024 have been benchmarked and assessed should be reviewed in the context of the CQC's latest findings, and the overall Strategy updated as appropriate considering the developing Integrated Improvement Plan. Tackling health inequalities is a key part of the Strategy, so it is important for there to be full information on the progress, resourcing and outcomes of

this at the locality level, particularly in the context of the most deprived areas of the city. Whilst the Committee notes that NHT has stated an ambition to tackle health inequalities, it questions how effective this will be given the disparities in care offered to city residents. The Committee notes that the city appears to often be the last beneficiary of transformation activity and, in many cases, this work has not yet begun in the city. It also notes the CQC now reflects concerns that it has raised for many years about the sufficiency of staff (notably psychologists) in two city Local Mental Health Teams (LMHTs) and the City Crisis Team. Given the levels of deprivation and multiple disadvantage faced in many parts of the city, the Committee is concerned that NHT will not truly tackle health inequalities if city patients repeatedly face disadvantage.

The Committee considers that NHT must ensure that it seeks feedback (both positive and negative) from representative cohorts of service users and shows clearly how it listens to complaints and implements the arising learning. Very careful consideration must also be given to how people who might be fearful of speaking up are engaged with. Given the issues patients have faced in accessing services, often experiencing being passed around multiple different services, the Committee would like to see how NHT will seek feedback from these patients, who may be at a particular risk of deterioration in their health and wellbeing due to their inability to access healthcare. In addition, it is right that both the range of experiences of staff are reflected, particularly if it is the case that certain staff groups can be subject to racist or misogynistic abuse from patients.

The Committee considers that the further work planned to develop the more effective co-production of care plans is vital, and that they are shared appropriately with other relevant providers of care, including GPs. In terms of effective safeguarding, promises to both patients and their families should be in place, and strong co-production should be employed for the prevention of self-harm and suicide. The Committee notes that delayed (or a lack of) communication with GPs and families has been a theme of the Coroner's Prevention of Future Death reports, and one that the Committee has been raising for many years following feedback from GPs. There must be clear assurance that Duty of Candour processes are working properly in identifying issues and addressing them, both individually and across NHT. Patients should also be involved directly in the work in ensuring an open culture and the 'freedom to speak up'.

The Committee encourages NHT to establish effective key performance indicators and a robust monitoring system that can be used to clearly demonstrate how real improvement has been made to achieve better outcomes for Nottingham people. As a priority, NHT must set out how it intends to effectively hear the views of patients and ensure that concerns are responded to appropriately. The Committee recognises that NHT directors are now taking an oversight role in all complaints via the Patient Advice and Liaison Service, which it welcomes – though this must be done alongside mapping complaints as a whole and not considering at them in isolation.

Fundamentally, the Committee is not reassured that the Quality Account yet represent a full and balanced reflection of the challenges currently faced by NHT, or that the complete range of patient experience is reflected. Whilst the Committee recognises there will have been examples of excellent care provided by NHT, and

these should be celebrated, it is also now widely acknowledged that this is not the universal experience for all patients. It is the Committee's view that for NHT to learn from past mistakes and for patients to begin to rebuild trust, NHT must be honest and transparent about patient experience. It does not consider that this balance is currently reflected.

Nevertheless, the Committee hopes to be able to continue to engage with NHT as it establishes and develops its transformation journey to ensure the delivery of good, safe and accessible mental healthcare services. The Committee notes that, in this context, NHT's Quality Accounts have a particular focus on nationally commissioned services such as Rampton Hospital – but could have a much stronger emphasis on the community and local inpatient mental healthcare services that the majority of Nottingham people use, and whether the extent of local need is fully and effectively resourced in an equitable way. Though there have clearly been very longstanding issues at NHT, the Committee has considered for some time that the rapid decline of services began around the time of the 'inadequate' CQC rating for Rampton Hospital. NHT has assured the Committee that it believes that it has the capacity for rapid improvement of national services, including Rampton Hospital, alongside local services – so the Committee will be keen to maintain a focus on the progress of improvement and will need to be assured that local Nottingham services are not suffering at the cost of higher-profile national services.

Ultimately, going forward, the Committee would like to work with NHT in its improvement journey. It will be a critical friend and will speak out when it feels necessary but it hopes that, unlike previously, NHT will take constructive feedback onboard. The Committee recognises this is the beginning of NHT's improvement journey and hopes that, next year, it will be able to provide a more positive statement to the Quality Account.

3. East Midlands Ambulance Service NHS Trust – Quality Account 2023/24

Statement from the Nottingham City Council Health and Adult Social Care Scrutiny Committee

The Health and Adult Social Care Scrutiny Committee welcomed the opportunity to review the East Midlands Ambulance Service NHS Trust's (EMAS') Quality Account for 2023/24 and is pleased to be able to comments on it. However, the Committee notes that, on this occasion, EMAS asked stakeholders to return their comments within one calendar week – which represented an extremely challenging deadline for the Committee to be able to return a fully considered response.

The Committee has discussed the local performance challenges that affected ambulance waiting times during the 2023/24 winter period and the system-wide approaches being taken to address these with EMAS, the NHS Nottingham and Nottinghamshire Integrated Care Board and the Nottingham University Hospitals NHS Trust (NUH). The Committee was reassured to see that improvements in performance had been achieved, but queried when it would be possible for a projected timeline to be set for when and average wait time for an ambulance of under 30 minutes could again be achieved.

The Committee considers that all possible partnership action should be taken to ensure that patients can be handed over from ambulances to hospital Accident and Emergency Departments as quickly and as safely as possible, and that all appropriate methods are developed in partnership to ensure that people who call for an ambulance gain access to the right pathway for the appropriate urgent and emergency care for their needs from the triage stage – particularly in the context of someone experiencing mental health crisis.

The Committee is aware that there have been some instances reported in Nottingham where EMAS call handlers have reach capacity, so calls have then been diverted to another region. As such, it is important to ensure that there is the right call handling capacity in place to meet the local demand.

The Committee notes that the data on Serious Incidents as set out in the Quality Account is broken down by County area. However, Nottingham and Nottinghamshire are covered by different NHS hospital trusts, so it is difficult to draw conclusions from the data on how the experience of patients taken to Accident and Emergency within the Sherwood Forest Hospitals NHS Foundation Trust in Nottinghamshire may differ from those who are taken for emergency care to NUH in the city – particularly in the context of the Serious Incidents that involved a delay. The Committee is aware that information available elsewhere has shown an appreciable difference in ambulance handover times at NUH and Sherwood Forest hospitals, so a breakdown of data to this level in future Quality Accounts would help the Committee to identify any system performance issues relevant to the city area more easily.

The Committee takes assurance from the fact that EMAS is developing learning from other ambulance services in relation to the Prevention of Future Death reports issued by Coroners. However, the Committee would also encourage EMAS to set out how it has implemented its Duty of Candour and what lessons have arisen that

can be used to improve the patient experience. The Committee would also encourage EMAS to continue to develop its work on the reporting of any breaches of the Minimum Care Safety Standards and consider how clear conclusions can be drawn from the data – for example, does a low level of reporting necessarily mean that the number of breaches is low, or simply that they are not being reported?

Ultimately, the Committee is supportive of the work being carried out by EMAS as established in the current Quality Account, but notes that as the data is set out to reflect performance across Nottingham and Nottinghamshire as a whole, it is difficult to be able to comment directly on the specific service experience of city residents.

4. Nottingham CityCare Partnership Community Interest Company – Quality Account 2023/24

Statement from the Nottingham City Council Health and Adult Social Care Scrutiny Committee

The Health and Adult Social Care Scrutiny Committee welcomed the opportunity to review the Nottingham CityCare Partnership's Quality Account for 2023/24 and is pleased to be able to comment.

The Committee has not met with CityCare directly to discuss its service provision during the 2023/24 period. However, it is supportive of the work being carried out by CityCare as established in the latest Quality Account and takes the following assurance:

- The inclusion of a 'learning from complaints' section is welcome and it is a positive step to see these details set out.
- Setting out the reflections on last year's priorities is positive, as is the highlighting of learning that has been taken from other providers.
- The focus on what is being done to address health inequalities is very welcome.
- It is extremely important that there is a strong focus on 'learning from deaths' – though the assurance given in this area could be enhanced by setting out what learning has arisen from the review of all unexpected deaths by the Holistic Incident Review Panel and the changes made as a result.

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Health and Adult Social Care Scrutiny Committee
13 June 2024

Work Programme 2024-25 and Activity Summary 2023-24

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To agree the Committee's proposed work programme for the 2024/25 municipal year, based on the issues identified by Committee members previously and any further suggestions arising from this meeting.

2 Action required

- 2.1 The Committee is asked:

- 1) to note its activity and recommendations to the Council's Executive (and the responses received to date), NHS commissioners and providers, and other partners during the 2023/24 municipal year;
- 2) to agree its proposed work programme for the 2024/25 municipal year and make any required amendments; and
- 3) to consider any further priority topics or issues for inclusion on the work programme.

3 Background information

- 3.1 The Committee's formal Terms of Reference are set out under Article 9 of the Council's Constitution, with Committee being 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 NHS 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 NHS 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 NHS 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 In addition to the powers held by all of the Council's Overview and Scrutiny bodies, the Committee also holds further powers and rights as part of its remit concerning health:

- to review any matter relating to the planning, provision and operation of NHS 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);
- 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; and
- to request that the Secretary of State uses their powers to 'call in' proposals for health service reconfiguration if there are significant concerns about them that cannot be resolved locally, and to be consulted formally (alongside the local Healthwatch group) by the Secretary of State on how the powers of 'call in' might be implemented in relation to a given proposal if the Secretary of State is minded to use those powers.

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 Committee is asked to review the proposed work programme for the 2024/25 municipal year and make any amendments to its business that are needed. The Committee's activity and recommendations to the Council's Executive, NHS commissioners and providers, and other partners during the

2023/24 municipal year are included, for reference. Potential issues raised by Committee members are regularly scoped for scheduling in consultation with the Chair, the relevant senior officers and partners, and the Executive Members with the appropriate remit.

4 List of attached information

- 4.1 Work Programme 2024/25
- 4.2 Action and Recommendation Tracker 2023/24
- 4.3 Responses to Recommendations 2023/24

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

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 [Nottingham City Council - Constitution](#) (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 2024/25**

| Meeting | Items |
|--------------|--|
| 13 June 2024 | <ul style="list-style-type: none"> <li data-bbox="517 405 1554 475"> <p>• Appointment of the Vice Chair To appoint the Committee’s Vice Chair for the 2024/25 municipal year</p> <li data-bbox="517 517 1850 619"> <p>• Adult Social Care Single Integrated Delivery Plan 2024-28 To review the development and implementation of a Single Integrated Delivery Plan for the transformation of Adult Social Care services</p> <li data-bbox="517 660 1863 772"> <p>• Quality Accounts 2023-24 To note the Committee’s formal statements on the latest Quality Accounts of the major NHS providers delivering services in Nottingham</p> <li data-bbox="517 813 1872 963"> <p>• Work Programme 2024-25 and Activity Summary 2023-24 To agree the Committee’s work programme for the 2024/25 municipal year, and to note its activity and recommendations to the Council’s Executive (and the responses received), NHS commissioners and providers, and other partners during the 2023/24 municipal year</p> <li data-bbox="517 1005 1585 1075"> <p>• Future Meeting Dates To agree the Committee’s meeting dates for the 2024/25 municipal year</p> |
| 11 July 2024 | <ul style="list-style-type: none"> <li data-bbox="517 1155 1881 1257"> <p>• Co-Existing Substance Misuse and Mental Health Needs To consider the services available to people with co-existing support needs in relation to both substance misuse and mental health</p> |

| Meeting | Items |
|---------------------------------|--|
| | <ul style="list-style-type: none"> <li data-bbox="517 237 1883 384"> <p>• NHS Nottingham and Nottinghamshire Integrated Care Board – Commissioned Service Impacts To consider proposals for changes to commissioned NHS services as a result of the Integrated Care Board’s latest annual budget</p> |
| <p>12 September 2024</p> | <ul style="list-style-type: none"> <li data-bbox="517 464 1883 571"> <p>• Nottinghamshire Healthcare NHS Foundation Trust – Integrated Improvement Plan To review the Trust’s developing action plan for the delivery of improvement across its Mental Health services</p> <li data-bbox="517 616 1832 722"> <p>• Sexual Health Services To consider how learning arising from Sexual Health Services provision has been used to inform the establishment of a new provider contract</p> |
| <p>17 October 2024</p> | <ul style="list-style-type: none"> <li data-bbox="517 804 1883 951"> <p>• Nottingham University Hospitals NHS Trust – Maternity Services, Well-Led and Inclusion To review the progress on addressing service issues since the last update and in response to the latest feedback from the Ockenden Maternity Review</p> <li data-bbox="517 995 1832 1102"> <p>• Suicide and Self-Harm Prevention To consider the wider underlying causes behind suicide and self-harm and the prevention approaches being taken</p> |
| <p>14 November 2024</p> | <ul style="list-style-type: none"> <li data-bbox="517 1179 1760 1286"> <p>• Nottingham City Safeguarding Adults Board To consider the Safeguarding Adults Board’s latest Annual Report and the activity undertaken in response to the Committee’s recommendations on the previous report</p> <li data-bbox="517 1331 539 1355"> <p>•</p> |

| Meeting | Items |
|------------------|---|
| 12 December 2024 | <ul style="list-style-type: none">•• |
| 16 January 2025 | <ul style="list-style-type: none">•• |
| 13 February 2025 | <ul style="list-style-type: none">•• |
| 13 March 2025 | <ul style="list-style-type: none">•• |
| 17 April 2025 | <ul style="list-style-type: none">• |

| Meeting | Items |
|---------|---|
| | <ul style="list-style-type: none"> <li data-bbox="517 316 533 336">• |

Potential items for scheduling

- Adult Social Care Budget 2024/25 Delivery Impacts [ASC]
- Adult Social Care Budget 2025/26 Planning and Development [ASC]
- Homecare and Residential Respite Care Provision [ASC]
- Adult Social Care Housing Needs [ASC/GCD]
- Development of the Next Joint Health and Wellbeing Strategy [PH]
- Integrated Wellbeing Service [PH]
- The Better Care Fund [PH/ICB]
- NHS Dental Services – Commissioning Planning and Priorities [ICB]
- Recovery and Sustaining of General Practice [ICB]
- System Approaches to Addressing Health Inequalities [ICB]
- Nottinghamshire Eating Disorder Service [NHT]

**Health and Adult Social Care Scrutiny Committee
Action and Recommendation Tracker 2023/24**

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|---|-------------------|-------------|
| 14 September 2023 Item 7/7 ICB | A | To request that the ICB provides: a) a copy of the impact assessment(s) carried out in relation to the Primary Care Strategy and System Level Access Recovery Plan to demonstrate the consideration given to these issues in development of new approaches; b) data on when City General Practice practices book appointments; and c) a written briefing that can be circulated to all City Councillors about the pilot taking place in Bulwell and Top Valley Primary Care Network so that they understand the direction of travel in the City. | Awaiting response | In progress |
| | R | To recommend that the ICB: a) considers how it can influence the priority that General Practices place on continuity of care and of the care professional when scheduling and booking appointments to increase the proportion of patients able to book subsequent appointments with the same care professional where they wish to do so; and b) facilitates joint working between secondary care providers and General Practices to ensure patients on waiting lists for specialist care are able to 'wait well'. | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---|-----|--|---|-------------|
| 12 October 2023 Item 4/14 ASC | A | To request that the Committee is informed if an upward trend begins to develop in 'Change of Agency' requests. | No response required unless an upwards trend develops | Closed |
| | A | To request the detail of the current vacancy rate of social workers within the Council. | 10/11/23: response provided and forwarded to members | Closed |
| | A | To request a monitoring update in relation to service user feedback on their outcomes following the service changes in the transfer of care. | 10/11/23: response provided and forwarded to members | Closed |
| 12 October 2023 Item 5/15 ASC | A | To request that, following March 2024, a monitoring update is provided to the Committee to give assurance that the proposed 12-week mental health reablement process does not result in unnecessary delays for people with clear, long-term needs from receiving an appropriate Care Act Assessment in a timely way. | Awaiting response | In progress |
| | A | To request details of the intended plan of action to reduce the current waiting times to reach the Nottingham Health and Care Point in the meantime, including the call handling performance data over the last two years. | Awaiting response | In progress |
| 12 October 2023 Item 6/16 ICB | A | To approve the principle of proceeding to Public Consultation on the Tomorrow's NUH project. | No response required | Closed |
| | A | To request that the details of the proposed consultation plan, including who will be engaged with | 14/12/23: response brought to Committee meeting | Closed |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|---|---|-------------|
| | | and how, are brought to a future meeting of the Committee, before the consultation takes place. | | |
| | A | To request that, once the consultation is underway, a monitoring update is provided to the Committee on how engagement with hard-to-reach communities is progressing. | 14/12/23: response brought to Committee meeting | Closed |
| 16 November 2023 Item 4/21 SAB | A | To request sight of the SAB's new resources for partners to support them in raising safeguarding concerns. | Awaiting response | In progress |
| | A | To request to be kept informed of the SAB's oversight of People in Positions of Trust reporting. | Awaiting response | In progress |
| | A | To request a future progress update on: a) how engagement has been increased with under-represented communities and how their feedback on services has been used to improve outcomes; and b) the impact that strengthening the involvement of service users in safeguarding arrangements is having. | Awaiting response | In progress |
| | R | To recommend that close partnership working across the system is vital so that victims of domestic abuse do not fall between services, and it should be ensured that: a) the service pathways for support are fully clear to the people who need them; and | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|--|--|-------------|
| | | b) all partners are able to signpost people to the right service pathway from wherever in the system they first make contact. | | |
| | R | To recommend that partners across the system should be as consistent and clear as possible in the ways in which they define categories of vulnerability and abuse, so that communities are supported in identifying potential victims and vulnerable people at risk effectively. | Awaiting response | In progress |
| 16 November 2023 Item 5/22 NUH | A | To request that a report on the upcoming Workforce Inclusion Strategy is brought to a Committee meeting following its adoption, to consider its intended outcomes and timelines. | 15/02/24: response brought to Committee meeting | Closed |
| | A | To request confirmation as to when the 'must-do' action set by the CQC for NUH to achieve full compliance with its statutory duty of candour responsibilities will be completed, and that NUH confirms to the Committee that the CQC is satisfied that this 'must-do' action has been met effectively within the agreed timescale. | 20/02/24: response provided and forwarded to members | Closed |
| | A | To request that an appropriate timetable for monitoring and updates is agreed with NUH to provide assurance on: a) the progress made towards achieving an overall 'Good' rating for maternity services from the CQC within the next 3 years; | 20/02/24: response provided and forwarded to members | Closed |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---------|-----|---|-------------------|-------------|
| | | <p>b) the outcomes of the planned further improvements to patient experience within maternity services over the next 12 months; and</p> <p>c) the development of the current Maternity Improvement Plan into a live system of continuous improvement over the next 12 months.</p> | | |
| | R | To recommend that further support is provided to staff to ensure that they have the skills and capacity to engage effectively with patients in writing in relation to any problems or complaints, following their discharge from hospital. | Awaiting response | In progress |
| | R | To recommend that the learning and improvement within maternity services in terms of the duty of candour, addressing complaints, workplace culture, and equality, diversity and inclusion are applied effectively to all other services provided by NUH, as appropriate. | Awaiting response | In progress |
| | R | To recommend that ensuring the effectiveness of standard operating processes (such as regular equipment testing and the proper storage of expressed breast milk and medication) should not be overlooked as part of the wider improvement journey. | Awaiting response | In progress |
| | R | To recommend that the cultural improvements achieved in engaging internally with staff must also be replicated in the engagement with patients, to | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|---|--|-------------|
| | | ensure that they feel safe and able to speak out if needed. | | |
| 14 December 2023 Item 4/28 ICB | A | To confirm that it had no objections to the ICB proceeding to a public consultation on the Tomorrow's NUH programme at such time as the ICB Board resolves to be appropriate. | No response required | Closed |
| | A | To request that, following the ICB Board meeting on 11 January 2024, it is informed when it is planned for the public consultation to start and, on the basis of this, what the anticipated timetable for the commencement and delivery of the Tomorrow's NUH project will be. | 01/02/24: response provided and forwarded to members | Closed |
| | A | To request that, in relation to the public consultation: a) further information is shared on the stakeholder mapping process that has formed part of delivery planning; b) it is updated on the proposed volume of consultation activity once this has been planned fully; c) it is updated on how engagement with hard-to-reach communities is progressing, once the consultation is underway; and d) care is taken to ensure that women are a properly targeted group in relation to their specific health needs, along with users of mental health services, young people (particularly children in care and care leavers) and working-age adults. | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---------|-----|---|--|-------------|
| | A | To request further information on the Equality Impact Assessment work carried out to date, and to be kept informed as to the development of the final documents. | 08/01/24: response provided and forwarded to members | Closed |
| | R | To recommend that: a) a clear travel plan is developed to show how people will be able to access the hospital sites easily (particularly for communities that live locally to one hospital, but would now need to travel to another to access certain services); b) people who are primarily public transport users, with limited or no access to a car, are represented on the Travel Group; and c) active engagement is carried out with Nottingham City Transport and the Council's Portfolio Holder for Transport as part of planning an integrated transport system for the hospital sites. | Awaiting response | In progress |
| | R | To recommend that it is vital that there is a clear 'green' theme to the Tomorrow's NUH project, with opportunities to work towards achieving carbon neutrality taken wherever possible. | Awaiting response | In progress |
| | R | To recommend that proactive engagement with the University of Nottingham is carried out where appropriate regarding its potential proposals to relocate its Medical School from the QMC campus, at this could have an impact on the final Tomorrow's NUH proposals. | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---|-----|--|--|-------------|
| | R | To recommend that proactive engagement is carried out to ensure that NUH staff and their unions are kept fully informed in relation to the development of the Tomorrow's NUH project. | Awaiting response | In progress |
| 30 January 2024 Item 5/34 ASC | A | To request that all Equality Impact Assessments relevant to the 2024/25 budget proposals are reviewed and published as soon as possible. | Awaiting response | In progress |
| | A | To request that further information is provided on the capacity requirements being scoped within Adult Social Care to deliver the savings proposals effectively, particularly in the context of ensuring properly supported transitions of care. | Awaiting response | In progress |
| | A | To request that the overall value of the proposed savings as a percentage of the current Adult Social Care budget is confirmed. | Awaiting response | In progress |
| | A | To request that the Committee is kept updated on the monitoring of waiting lists in the context of the proposed restructure of the Adult Social Care Assessment function. | Awaiting response | In progress |
| | R | To recommend that full consideration is given to how the Council's relationships with external providers can be maximised to ensure that the most vulnerable people are supported to the required level of care. | 17/05/24: response provided and forwarded to members | Closed |
| | R | To recommend that full consideration is given to how the current residential respite care, homecare and | 17/05/24: response provided and forwarded to members | Closed |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|---|--|-------------|
| | | residential care home services could be maintained and continued on an in-house basis (such as through utilising any commercialisation opportunities), given the potentially high risk relative to the value of the projected savings, and the possibility that it may not be achievable to source an external provider to an equivalent service standard at a viable cost. | | |
| 15 February 2024 Item 4/39 NUH | A | To request that the Workforce Inclusion Strategy's Inclusion Maturity Matrix is circulated to Committee members, for information. | 20/02/24: response provided and forwarded to members | Closed |
| | A | To request that case studies and representative individual feedback are used as part of future reporting on the Strategy, to illustrate how it is progressing and being delivered. | Awaiting response | In progress |
| | R | To recommend that the Strategy makes clearer reference to the importance of intersectionality and the detail of the particular communities from which NUH staff are drawn, and how overcoming barriers to full inclusivity and belonging will be approached on an appropriately individualised basis. | Awaiting response | In progress |
| | R | To recommend that the Strategy further draws out what inclusivity and belonging means to NUH in terms of gender identity. | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|--|---|-------------|
| | R | To recommend that the NUH Board is able to review the metrics and feedback from staff on how the Strategy is being implemented and delivered on a proportionately regular basis. | Awaiting response | In progress |
| | R | To recommend that appropriate positive action continues to be developed with disadvantaged communities within Nottingham to show that NUH is an accessible and inclusive local employer, with employment opportunities available across a wide range of areas. | Awaiting response | In progress |
| 15 February 2024 Item 5/40 ASC | A | To request that the Committee is briefed on the development and implementation of the Adult Social Care Transformation Single Integrated Plan 2024-28. | 13/06/24: response brought to Committee meeting | Closed |
| | R | To recommend that full consideration is given to how the work with partners across the system can be developed and expanded to ensure that 'every contact counts' for the delivery of social care support to vulnerable adults at the community level. | Awaiting response | In progress |
| 14 March 2024 Item 4/45 ICB | A | To request that information is provided, when available, on the conclusions of the Oral Health Needs Assessment for Nottinghamshire following its completion during March 2024, in the context of the specific local needs for access to dentistry identified within Nottingham that will be used to inform the commissioning and procurement planning to improve patient outcomes, going forward. | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---|-----|--|-------------------|-------------|
| | A | To request that information is provided, when available, on the outcomes of the review into the opportunities for flexible commissioning within primary care dentistry once it has been completed towards the end of 2024, to explore how additional dental access could be commissioned in this way. | Awaiting response | In progress |
| | R | To recommend that an indicative timeline is established for the planned recovery of access to NHS dental services, with indicators to show what progress towards recovery looks like and how it has been measured, and what current recovery initiatives have achieved to date. | Awaiting response | In progress |
| | R | To recommend that the ICB engages with the Council in its role as a Local Planning Authority to consider where new housing is being developed in Nottingham, as part of informing dental service commissioning and procurement planning in the context of where future population growth within the city is projected to be. | Awaiting response | In progress |
| | R | To recommend that consideration is given to whether there is the potential or capacity for more dentists to be trained in the local area. | Awaiting response | In progress |
| 14 March 2024 Item 5/46 NHT | A | To request that information is provided, when available, on the performance of the new combined Mental Health Clinical Access Line once it has been launched during March 2024, particularly in terms of whether it has improved ease of access, reduced | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---------|-----|--|-------------------|-------------|
| | | waiting times for assessment and care, and achieved better outcomes for people presenting for support. | | |
| | A | To request that that assurance is provided that there is equity in mental health service provision and resourcing for residents of both Nottingham and Nottinghamshire, relative to their respective levels of population and service demand. | Awaiting response | In progress |
| | A | To request that that information is provided on how provision within Family Hubs (Sure Start) has affected the levels of demand for adult mental health services. | Awaiting response | In progress |
| | R | To recommend that full consideration is given to developing a whole-system approach to the provision of joined-up mental health services, to ensure that a person presenting at any point within the wider system is supported in accessing the help that they need through the most appropriate pathway. | Awaiting response | In progress |
| | R | To recommend that full consideration is given to how to achieve an overall approach that ensures that a person presenting to one service in the system is not directed to another service simply to then be directed on again (which could result in a person in crisis being inadvertently excluded from the system as a whole), and that there is connectivity between | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|---|-------------------|-------------|
| | | different services in delivering the right support centred around the specific needs of the individual. | | |
| | R | To recommend that NHT works as closely as possible with other partners both regionally and nationally to generate and apply learning in a systematic and planned way to improve the delivery of effective mental health crisis services for people in Nottingham and improve their care outcomes. | Awaiting response | In progress |
| 11 April 2024 Item 4/51 ICB/EMAS/NUH | A | To request that information is provided, when available, on the plans to be put in place to deliver an average wait time for an ambulance of under 30 minutes, and the projected timeline for when this is intended to be achieved. | Awaiting response | In progress |
| | R | To recommend that a local terminology is developed for services to put a greater emphasis on the care being delivered. | Awaiting response | In progress |
| | R | To recommend that all possible action is taken in partnership to ensure that patients can be handed over from ambulances to hospital Accident and Emergency Departments as quickly and safely as possible, and then transferred on to the right department within the hospital swiftly and effectively. | Awaiting response | In progress |
| | R | To recommend that all appropriate methods are developed in partnership to ensure that people who call for an ambulance gain access to the right pathway for the appropriate urgent and emergency | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---|-----|--|---|-------------|
| | | care for their needs from the triage stage – particularly in the context of someone experiencing mental health crisis. | | |
| | R | To recommend that consideration is given to how ‘care in your own home’ services can also be supported by local communities themselves, particularly in the context of Social Prescribing. | Awaiting response | In progress |
| 11 April 2024 Item 5/52 NHT | A | To request that the Committee is briefed on NHT’s completed Integrated Improvement Plan for addressing the full scope of the challenges faced by the organisation, including in the areas of patient safety, quality, people and culture, finances and leadership. | 16/05/24: response brought to Committee meeting | Closed |
| | R | To recommend that everything possible is done to ensure that a diverse and representative range of voices of both patients and frontline staff are heard, amplified and listened to as a vital component in improving services through effective co-production, and that past complaints from patients are fully reviewed as part of this process. | Awaiting response | In progress |
| | R | To recommend that an effective communications strategy is developed and delivered in partnership to ensure that people are aware of what is being done by NHT as part of its improvement process, to seek to rebuild trust with both current and past patients, and with future service users – particularly in the context of reaching past patients who may be | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|---|-----|--|-------------------|-------------|
| | | reluctant to re-engage with NHT due to their past experiences. | | |
| 16 May 2024 Item 4/57 NHT | A | To request that the finalised Integrated Improvement Plan and its associated timetable are shared with the Committee as soon as they are available. | Awaiting response | In progress |
| | A | To request that further details are provided on the current referral and rejection rates for Local Mental Health Teams and how this has impacted on the waiting list for assessment, and the wait times for service access following assessment. | Awaiting response | In progress |
| | R | To recommend that NHT considers the provision of a local women-only ward for acute mental health emergency care with the ICB, as the current provision options are either private or out of area. | Awaiting response | In progress |
| | R | To recommend that effective key performance indicators are developed, fed into by both quantitative data and direct input from patients on their experiences of care, to ensure that the planned improvement outcomes are specific, relevant and measurable. | Awaiting response | In progress |
| | R | To recommend that feedback from patients on their experiences of care is fully publicised to demonstrate how it has informed improvement planning and delivery. | Awaiting response | In progress |

| Meeting | A/R | Action / Recommendation | Progress / Notes | Status |
|--|-----|--|--|-------------|
| 16 May 2024 Item 5/58 ICB/NHT/Vita | A | To request that further information is provided on the closure of the Centre for Trauma, Resilience and Growth and the extent to which the services provided by the Centre are now delivered through Step 4 services. | 04/06/24: response provided and forwarded to members | Closed |
| | R | To recommend that more information is published on the Step 4 service offer and the pathways to it, particularly on NHT's website. | Awaiting response | In progress |
| | R | To recommend that the service need for longer-term psychological therapy beyond the current Step 4 offer is assessed and considered for further support provision within existing services where possible, or through additional services commissioned by the ICB. | Awaiting response | In progress |
| | R | To recommend that the ICB gives very careful consideration to how a parity of esteem between the resourcing of physical and mental healthcare needs can be achieved, and that it pursues this issue further at the national level. | Awaiting response | In progress |

**Health and Adult Social Care Scrutiny Committee
Responses to Recommendations 2023/24**

Health and Adult Social Care Scrutiny Committee: 30 January 2024

**Response to Recommendations: Impact of the Proposed 2024-25 Budget on Adult Social Care
Portfolio: Adult Social Care and Health**

| Recommendation | Response |
|---|---|
| <p>1) That full consideration is given to how the Council’s relationships with external providers can be maximised to ensure that the most vulnerable people are supported to the required level of care.</p> | <p>There are plans underway to increase and improve engagement with external providers, which will be outlined in an updated Engagement Strategy. As part of any commissioning exercise, engagement and feedback from the market is crucial to ensure that commissioned services are fit for purpose and consider the constraints that providers are working within. Specifications for these services will include requirements for providers to actively seek feedback from individuals accessing the service to monitor how the service is meeting their needs, but to also inform the providers’ improvement plans.</p> <p>Regular provider forums are in the process of being arranged with the NHS Nottingham and Nottinghamshire Integrated Care Board and Nottinghamshire County Council, and work has commenced with the Nottingham Care Association to encourage local providers to sign up and provide collective and co-ordinated responses from the market to the Council.</p> <p>Monitoring meetings and site visits are also undertaken as part of the contractual oversight and further development of the quality monitoring processes, to include gathering feedback from individuals accessing the service, is underway.</p> |

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| <p>2) That full consideration is given to how the current residential respite care, homecare and residential care home services could be maintained and continued on an in-house basis (such as through utilising any commercialisation opportunities), given the potentially high risk relative to the value of the projected savings, and the possibility that it may not be achievable to source an external provider to an equivalent service standard at a viable cost.</p> | <p>The Council's internal reablement services are designed to provide people discharged from hospital with the necessary support to reduce their long-term care needs. In case someone requires long-term support, the Council sources a suitable package from the external market. A mixed model of lead providers and accredited providers for procuring homecare has proved to be highly successful in meeting the demand and delivering the best value for the Council. This translates to low wait times in hospitals and internal reablement services. The Council is confident that the external market can meet the needs of people currently being supported by JackDawe, and Adult Social Care team has identified that the assessed need can be met by the external market. Therefore, the current contracting arrangements will be utilised to meet the needs of these people.</p> <p>The Council is currently reviewing its internal respite and residential care options in partnership with the Local Government Associated and is exploring the potential for future involvement from the private sector, with a focus on identifying the most suitable options for each setting on an individual basis. The aim is to ensure that the Council is considering all viable options, listed below (tough please note that this is not an exhaustive list):</p> <ul style="list-style-type: none"> • sell the home as a going concern; • sell the site on which the care home sits; • commission an external provider to operate the care; • continue with Council to operate the home; or • consider closure as the most viable option. <p>The review will consider:</p> <ul style="list-style-type: none"> • Financial viability – the cost to operate the homes, income from these homes, the cost to the Council of external placements, income that could be derived from an arrangement with a private provider, etc. |
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- **Capacity** – the need to ensure the right type and level of provision exists for people to maintain choice and affordability.
- **Current and future market situation** – the need to review the current situation and arrangements, and also what may happen in the future (such as changing demand) or may need to happen (such as a change in available provision).
- **Suitability** – the ability of the accommodation to meet planned current and future needs, such as the size of rooms, ensuite or not, the viability of the number of available beds, the general operating costs and the upkeep of buildings.
- **Local competition** – the impact on recruitment and retention in the service.

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