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Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Date: Thursday 19 September 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	**Changes to Membership** To note that Councillor Matt Shannon has replaced Councillor Farzanna Mahmood as a member of the Committee	
2	**Apologies for Absence**	
3	**Declarations of Interests**	
4	**Minutes** Minutes of the meeting held on 11 July 2024, for confirmation	3 - 12
5	**Nottinghamshire Healthcare NHS Foundation Trust - Integrated Improvement Plan** Report of the Statutory Scrutiny Officer	13 - 22
6	**Achieving Financial Sustainability in the NHS** Report of the Statutory Scrutiny Officer	23 - 38
7	**Responses to Recommendations** To note the responses received to the Committee's recommendations to the Council's Executive	39 - 40
8	**Work Programme** Report of the Statutory Scrutiny Officer	41 - 50

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

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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 11 July 2024 from 9:32am to 12:14pm

Membership

Present	**Absent**
Councillor Georgia Power (Chair)	Councillor Maria Joannou
Councillor Michael Edwards	Councillor Farzanna Mahmood
Councillor Kirsty Jones	Councillor Sajid Mohammed
Councillor Sulcan Mahmood	
Councillor Eunice Regan	
Councillor Nick Raine (Substitute for Councillor Maria Joannou)	

Colleagues, partners and others in attendance:

Habib Akhtar	-	Change Grow Live Nottinghamshire
Alex Ball	-	Director of Communications and Engagement, NHS Nottingham and Nottinghamshire Integrated Care Board
Kate Burley	-	Deputy Head of Mental Health Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board
Apollos Clifton-Brown	-	Director of Health and Social Care, Framework Housing Association
Tammy Coles	-	Public Health Principal, Nottingham City Council
Sarah Collis	-	Chair, Healthwatch Nottingham and Nottinghamshire
Lucy Dadge	-	Director of Integration, NHS Nottingham and Nottinghamshire Integrated Care Board
Sarah Fleming	-	Programme Director for System Development, NHS Nottingham and Nottinghamshire Integrated Care Board
Helen Johnston	-	Public Health Registrar, Nottingham City Council
Councillor Pavlos Kotsonis	-	Executive Member for Adult Social Care and Health, Nottingham City Council
Adrian Mann	-	Scrutiny and Audit Support Officer, Nottingham City Council
Kate Morris	-	Scrutiny and Audit Support Officer, Nottingham City Council
Louise Randle	-	Head of Transformation for Mental Health Services, Nottinghamshire Healthcare NHS Foundation Trust
Ruth Squire	-	Change Grow Live Nottinghamshire
SallyAnn Summers	-	Service Manager, Nottinghamshire Healthcare NHS Foundation Trust

10 Apologies for Absence

Councillor Maria Joannou	-	on leave
Councillor Sajid Mohammed	-	unwell

11 Declarations of Interests

None

12 Minutes

The minutes of the meeting held on 16 June 2024 were confirmed as a true record and were signed by the Chair.

13 Co-Existing Substance Use and Mental Health Needs

Councillor Pavlos Kotsonis, Executive Member for Adults Social Care and Health, Helen Johnston, Public Health Registrar, and Tammy Coles, Public Health Principal at Nottingham City Council; Kate Burley, Deputy Head of Mental Health Commissioning at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB); Louise Randle, Head of Transformation for Mental Health Services, and SallyAnn Summers, Service Manager at the Nottinghamshire Healthcare NHS Foundation Trust (NHT); Apollos Clifton-Brown, Director of Health and Social Care at the Framework Housing Association; and Habib Akhtar and Ruth Squire from Change Grow Live Nottinghamshire, presented a report on the progress of the work to improve the co-existing mental health and substance use pathways accessible to Nottingham people. The following points were raised:

a) The work to address co-existing substance use and mental health needs represents a strong example of partnership activity, with several organisations working together for the delivery of a range of complex interlinked services and support. Extensive work has been undertaken to align resources to offer a comprehensive support pathway. Since this partnership provision was last discussed with the Committee in June 2022, there has been a comprehensive assessment to understand population need within Nottingham, looking at three different settings: primary care within GP practices, secondary care within specialist mental health services and substance misuse services.

b) Following the outcome of the needs assessment, four pathways were developed:
   - mental health workers from NHT embedded into community substance use services;
   - substance use workers embedded into community mental health teams;
   - substance use workers embedded into inpatient mental health services; and
   - peer support workers with lived experience of substance use working in substance use and community mental health services.

c) Early evaluation has found that patient and staff experiences were positive, that the pathways developed had filled gaps in services, that the pathways were functioning as effective primary care rather than as conduits to other services, and that patients were connected to the right services. There is a developing parity between substance use and mental health services, with a similar spread of delivery across the services, and there are now links into homelessness support teams as well.

d) There are two sources of funding for the partnership's work – a recurrent stream from the ICB and a non-recurrent fund through the national Supplementary

Substance Misuse Treatment and Recovery Grant, which is a fixed-term grant from the Office of Health Improvement and Disparities that ends in March 2025, with no confirmation of continuation beyond that time. Work to consider services from April 2025 will take place once it is clear what funding will be available.

e) The programme is under constant review and there are a number of workstreams that are being developed further. Activity is underway to embed substance use workers in the Mental Health Crisis team, to improve access to the Talking Therapies service for those with substance use issues, extend the pathway in communities for older adults, develop services alongside Child and Adolescent Mental Health Services to help support young people with complex mental health needs and substance use issues transition into adult services, and work across the partnership to develop training, knowledge-sharing and best practice.

The Committee raised the following points in discussion:

f) The Committee noted that the majority of people accessing services were men in early middle age and asked whether this was an accurate reflection of the full range of need, or whether women or other age groups were not being identified and connected with. It was explained that the development of the pathways has encouraged a widening of reach into the culturally diverse groups within the city, with a focus on targeting support to those living with severe multiple disadvantage (SMD). Prevention services are important and have been recommissioned and brought into the Council's Public Health workstreams, with funding committed to them.

g) The Committee asked how effective the support pathways were in engaging with people who were homeless. It was reported that the services within the partnership are designed to meet the needs of those who are hardest to reach. There are outreach workers who are able to go out into the community and prescribe, and work with people with SMD and start to build relationships with them. For treatment to be most effective, however, a stable place to live is necessary, so work centres on helping people maintain a secure residence. There are strong support services in place around people who are homeless and activity has been effective, but it is a lengthy process and takes time to deliver lasting outcomes, and waiting lists can be long. In terms of the pathways, there are now dedicated mental health workers working alongside substance use workers with people who are homeless. Support now needs to be built around supported living accommodation and ensuring its availability.

h) The partnership has facilitated GP registration for a significant number of people who are homeless, leading to better physical health. There are fewer gaps in services due to the new support pathways, so mental health needs and substance use needs are being addressed in tandem. Work is taking place on the Council's Local Plan to increase the available supported accommodation, in addition to the additional bed spaces becoming available in the near future. Unmet need is a national issue, with a particular impact in Nottingham. However, progress has been made in understanding the needs of the local population and the support pathways are a robust start in addressing the larger challenges.

i) The Committee asked how the partnership worked together in a strategic way and the governance systems that it had in place. It was set out that good governance has been recognised as an important foundation of the partnership to ensure accountability, strength and alignment across services. All partners are independent organisations with their own individual systems in place. Formal governance of the partnership as a whole is delivered through the ICB and its Mental Health Board. The partnership also reports to the Safety Partnership Board, so there are plans in place to fully realise a robust governance structure through the NHS Nottingham and Nottinghamshire Integrated Care System Board.

j) The Committee asked how the Council compared to neighbouring Local Authorities in terms of the number of people in need of and accessing the partnership's services. It was explained that there are currently no comparable models to allow for comparison. The partnership is an innovation developed in Nottingham and other Local Authorities nationally are looking at the model with interest. Members from the partnership have been invited to webinars to share the practice model both regionally and nationally.

k) The Committee asked if there were measurable targets set around delivery and how outcomes were being measured. It was reported that the partnership is in the process of assessing and setting challenging and ambitious targets whilst still remaining mindful of the demand on services, and that the pathways are still in their infancy. In general terms, measures the partnership will be exploring are achieving a greater reach and higher numbers of people completing treatments, and how to identify and address unmet need.

l) The Committee asked what the most significant challenges were that the partnership faced. It was set out that the people the partnership aims to help have very complex multiple needs, alongside SMD. These vulnerable people can often fall between the gaps in traditional services and it is not always easy to identify those in the most need. Their care pathways will often have been complex, and measuring the outcomes of the different services that they have been involved with is difficult. Another issue has been an increase in demand for services across the board, with far more complex cases in recent years than seen previously, and with a wider range of co-existing issues.

m) The Committee asked whether access to the Sure Start programme had mitigated against people needing to access the partnership's services later in life. It was reported that there is published evidence that shows the effectiveness of the Sure Start programme, and how adversity and childhood experiences impact later life. Many adults with complex needs experienced childhood trauma, which is why the preventative services provided for children and young people are so important in reducing need for support later in life.

n) The Committee asked how the partnership engaged with service users and those with lived experience to shape the planning and delivery of services. It was explained that, during the development of the pathways and the services behind them, there was engagement with people who had used services before and had experience of needing and accessing support, including with their families and carers. The commissioning process was supported by peer mentors and co-

designed alongside expert panels, and responses to tenders were developed with input from people who would use the services to ensure that they fit the need effectively. Another listening exercise is due to take place soon now that the pathways have been established. Care will be taken to seek to engage further with those people who cannot currently access the services and how this can be improved.

o) The Committee asked what had been done to improve communications with GPs on what services people with coexisting needs were accessing. It was reported that, through work with the Nottingham Recovery Network (NRN), a more proactive relationships with GPs has been established, leading to better information sharing. There has been a joint training event with GPs and service providers around communication and information sharing, and to inform GPs of the different pathways available for support. One issue often highlighted is access to patient records for GPs where a person presents as homeless. Links into primary care clinics are improving where the most people with SMD are registered or seek treatment. The NRN processes around communication are robust and letters are sent to GPs when assessments take place and treatment plans agreed with the patient. Where services become aware of someone who is not registered with a GP, they are encouraged and supported to register with one of the practices close to the city centre where links with the NRN are strongest. However, there will always be room for improvement and services across the partnership are working to facilitate better communication.

p) The Committee asked what work was being done to develop services for young people transitioning to adult services. It was set out that some transition services have been in place for some time and that the partnership is aiming to build on these, reviewing best practice and using joint training to ensure consistency. Many services now offer support to young people beyond 18 so that the transition is gradual to the age of 25. There is a strong commitment to supporting young people onto the most appreciate pathway for them to adult services to ensure equity of access.

The Chair thanked the wide range of partnership colleagues from the City Council, the ICB, NHT, the Framework Housing Association and Change Grow Live Nottinghamshire for attending the meeting to present the report and answer the Committee's questions.

Resolved:

1) **To recommend that partnership work continues to seek to identify the groups of people and communities that have co-existing care needs that are not currently being met, and that careful consideration is given to how people with unmet care needs could be engaged in the co-production and design of the services to support them.**

2) **To recommend that close partnership work is carried out to ensure that people with co-existing care needs who have entered one service are actively linked to the right provision for needs supported by a different service.**

3) **To recommend that there is a close partnership focus on street outreach to ensure that people who have co-existing substance use and mental health needs and are also homeless or sleeping rough have as much support as possible while waiting for permanent accommodation, and that the urgent need to ensure permanent accommodation for them is advocated by the partnership to Nottingham City Council, to help inform the Council's development of its new Housing Strategy and Local Plan.**

4) **To recommend that the partnership engages with the NHS Nottingham and Nottinghamshire Integrated Care Board to give further consideration to how it can be ensured that people with co-existing substance use and mental health needs without a permanent address have access to a GP, and that their GPs are communicated with effectively on the related treatment that they are receiving.**

5) **To recommend that consideration is given by the partnership as to what key performance indicators could be established to demonstrate the outcomes for Nottingham people as a result of the service improvements being made.**

14 Achieving Financial Sustainability in the NHS

Lucy Dagde, Director of Integration, Alex Ball, Director of Communication and Engagement, and Sarah Fleming, Programme Director for System Development at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on the current financial position in the local NHS and the plans to achieve financial stability over the next two years. The following points were raised:

a) The ICB has a duty to plan to provide services to meet the local healthcare needs, but these must be deliverable within the available financial envelope. To do this, there is ongoing assessment of the effectiveness and efficiency of services, so that interventions can be targeted to best improve outcomes. There are inevitably many pressures within the system but, regardless of these, funding for services has increase year on year, which is reflected in the annual growth of the ICB's budget. However, the local healthcare system is now in a position where significant savings need to be made for it to be sustainable, going forward.

b) To ensure best value, reviews regularly take place to consider the existing pathways and ensure that they represent the most effective and efficient use of funds. The ICB has taken a systematic approach to ensuring that commissioning is effective and offers value for money. These reviews have been done early in the financial year to allow proactive engagement with the public, partner organisation and statutory providers to ensure services fit the need of Nottingham people.

c) Many of the budget savings proposals being put forward represent business as usual processes across services in both Nottingham and Nottinghamshire to ensure good value for money and financial sustainability. No formal decisions on potential service changes have yet been taken. Formal engagement will need to take place around proposed changes prior to final decisions are made. Decisions need to be reached with a shared view from partners, with the proposals outlined

represent opportunities for achieving savings and efficiencies within the local healthcare system.

d) The ICB is considering savings opportunities in services across Nottingham and Nottinghamshire, and the following proposals may have implications for people in the city:
   - a review of historical Discharge Care Packages to ensure the appropriateness of existing care;
   - a review of a variety of prescription and medication management policies;
   - a review of Section 117 aftercare process and policies for appropriateness and need following a mental healthcare intervention;
   - a review to ensure the best use of the Better Care Fund to achieve safe discharge from hospital;
   - formalising a joint funding policy to establish more timely joint assessment by a nurse and a social worker to determine need, with directly commissioned services and a review of existing cases;
   - a review of all cases of one-to-one care both old and new to ensure appropriate levels of care are provided;
   - a review of all adult healthcare packages to ensure they are still in line with policy;
   - a review of all children's care packages to ensure they are tailored to the needs of the child and offer value for money;
   - a review of the structure of fast-track services to provide consistency across the area and reduce inappropriate referrals;
   - carrying out robust case management for high-cost care packages, alongside a review to ensure the continued appropriateness of care and services provided and to consider how they could be delivered more efficiently; and
   - discontinuing a non-statutory transport service for people with Continuing Healthcare needs to day services and respite care as part of care packages.

The Committee raised the following points in discussion:

e) The Committee emphasised that, ultimately, it was vital to ensure equity of outcomes across the healthcare system, with resources targeted effectively to the areas of greatest need – particularly in the context of prevention. It was explained that the ICB will have a clear focus on prevention work and would not close related services – though prevention activity may need to be carried out differently. A great deal of work is being done to reduce the need for high-cost hospital interventions and increase community care, including through GPs. All consideration of delivering cost-effectiveness will be done in the context of achieving equity of outcomes for patients.

f) The Committee noted that it had raised concerns with the ICB around the proposed early closure of the Fracture Liaison Services (FLS), as this would have a significant impact on likely frail and vulnerable patients. It was confirmed that the FLS would now continue to operate for the full period of its current contract whilst a review of the service was undertaken.

g) The Committee raised concerns regarding the discontinuation of certain transport to care services, as this would reduce equity of access. It was reported that the ICB was proposing to stop transport services to day and respite care where these

were not a statutory duty – but transport needs might form an element of individual care packages, and transport services to hospital outpatient appointments will be unaffected.

h) The Committee asked how the ICB was using, or considering using, advances in Artificial Intelligence (AI) technology to improve the delivery of care. It was set out that AI offers a number of opportunities. For example, AI programmes are quicker at reading breast screening scan imagery, which frees up radiographers to do other work. AI can also be used to predict the care needs of changing populations and can be used to make longer-term care plans. However, this is an emerging field and more work needs to be done before AI could be introduced widely across the ICB.

i) The Committee asked what assessment of impact of the proposals on the services provided by partner organisations had been done, including on services provided jointly with the Council. The Committee was concerned that the proposal to delay the further roll-out of virtual wards, for example, might have a significant knock-on impact on hospital and ambulance services. It was explained that the ICB is liaising with leads from across the system around the proposals and how they may impact partner services. In terms of the virtual ward proposal, there will be no reduction in the provision – but the service will not be further rolled out or extended for the time being. A review will take place to ensure that the current provision is properly utilised and that the existing capacity is being used fully before growing the service further.

j) The Committee asked for more details on the considerations given to proposals affecting Pathway One hospital discharges. It was reported that the ICB's proposals do not reduce the amount of support available for discharge, but look at how the additional support needed can be provided more efficiently and in the most cost effective way. The proposals do not seek to reduce care, but to work with the market to be more effective, so options are being worked through with providers to establish a collaborative provision. Care will still be in place, but will be delivered differently, and there is no intention to remove Pathway One care for those that need it, or to pass costs on to social care services.

k) The Committee asked why budgeted pilot schemes were listed in the savings proposals and raised concerns that their appeared to be an appreciable impact on preventative services. It was explained that no pilot schemes are being stopped, but they may be paused or not rolled out further so that a full review can take place on each one to ensure that the funding is being used for the most benefit. The ICB is seeking to focus on getting the core functions right and working efficiently, and will then look to the additional services that can be provided.

l) The Committee asked how consultation with service users would take place and asked for examples of successful consultation that the ICB had undertaken recently. It was reported that consultation around changes to the Newark Hospital Urgent Treatment Centre had included public meetings at various times of the day (including evening), local councillors had been involved and made recommendations around community groups for the ICB to approach and engage with, and written information was provided in a variety of formats and languages.

m) The Committee asked for additional details around the proposals affecting Section 117 aftercare services. It was explained that the review here will focus on the outcomes for patients and consider service redesign to improve these, with targeted future commissioning moving forward. Packages will be reviewed in consultation with patients on a case-by-case basis to stop inappropriate or unneeded care, with a greater focus on effective case management. If, when reviewed, it is clear that care is still needed to prevent crisis, then it will remain in place. There would be an appeals process if patients felt that care had been reduced but was still required.

n) The Committee asked for more details on the proposals around children's care packages. It was set out that children's care packages are often complex and are individually tailored to each child. Each package will be carefully reviewed to ensure that the level of care is provided according to the required need.

o) The Committee sought assurance that appropriate investment in mental health services would continue. It was reported that the Mental Health Investment Standard would be maintained, with work done to assess what is being invested and the outcomes this is achieving, to identify any service re-design needs.

p) The Committee queried what the ICB's timelines for delivering savings were and when they could expect additional information on the likely impact of the proposals on current and future service users, and how staff and patients would be engaged in effective consultation. It was set out that a process is underway to identify which proposals will require full Equality Impact Assessments (EQIA), and this information will be shared when it is available. Clinicians will be involved in the review processes to ensure that service delivery remains appropriate and, if significant service change is required, formal consultation processes will then be carried out as needed.

q) The Committee considered that meaningful consultation with people with lived experience would be fundamental to establishing sustainable services for the future. Healthwatch will be well-placed to broker conversations with patient groups to ensure consultation engages with those most affected, and there must be open and ongoing conversations with clinicians around medicine reviews so that any changes are applied in a properly managed way.

r) The Committee noted that it had met on 16 May 2024 to review the psychological therapy services that could be accessed by Nottingham residents. During those discussions, the Committee became concerned regarding information that the Centre for Trauma, Resilience and Growth (CTRG) service had been discontinued as of 8 May 2023 – and, although related services were now being delivered through the wider Secondary Care Psychological Therapies Pathway via Step 4, this provision did not appear to be substantively the same as that which had been available through the CTRG.

s) The Committee had neither been informed of nor consulted on this change of service by either the Nottinghamshire Healthcare NHS Foundation Trust (NHT) as the provider or by the ICB as the commissioner, so was of the opinion that, fundamentally, the closure of the CTRG represented a tangible change to the NHS services delivered to Nottingham people – rather than a simple streamlining

of pathways to deliver substantively the same services in a more efficient way. As a result, the Committee considered that it should refer this matter to the Secretary of State, subject to any further action by the ICB to seek to address this issue locally.

The Chair thanked the Director of Integration, the Director of Communication and Engagement, and the Programme Director for System Development at the ICB for attending the meeting to present the report and answer the Committee's questions.

Resolved:

1) **To request further detail on:**
   a) **the NHS Nottingham and Nottinghamshire Integrated Care Board's (ICB's) assessment of the likely impacts of its current proposals on Nottingham people;**
   b) **the ICB's view as to the relative severity of these impacts;**
   c) **the evidence base that the ICB has used to form these conclusions; and**
   d) **whether the ICB considers that it needs do any further evidence gathering or engagement to ensure that its proposals for the delivery of a sustainable local healthcare system are fully informed and have the lowest possible negative impact on service users.**

2) **To request the results of the ICB's current Equality Impact Assessment screening exercise, once it has been completed.**

3) **To request further information on how investment for prevention in relation to both mental and physical healthcare services will be sustained going forward, in the context of the ICB's proposals.**

4) **To request confirmation of the general parameters to be applied by the ICB against which care packages will be reviewed in order to identify savings opportunities.**

5) **To refer the closure of the Centre for Trauma, Resilience and Growth to the Secretary of State on the grounds that a significant change to a NHS-commissioned service had been carried out without proper consultation, subject to any new action by the ICB to seek to address this issue locally.**

6) **To recommend that the ICB engages closely with partner organisations, including the Council, on the potential cost impacts of the proposed changes to the funding of joint care packages.**

15 Work Programme

The Chair presented the Committee's current Work Programme.

The Committee noted the Work Programme.

Health and Adult Social Care Scrutiny Committee
19 September 2024

Nottinghamshire Healthcare NHS Foundation Trust - Integrated Improvement Plan

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To scrutinise the delivery of the Nottinghamshire Healthcare NHS Foundation Trust's (NHT's) Integrated Improvement Plan for achieving vital transformation across its mental healthcare services.

2 Action required

2.1 The Committee is asked:

1) to make any comments or recommendations in response to the report from NHT on the ongoing delivery of its Integrated Improvement Plan; 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 The Care Quality Commission (CQC) carried out a series of unannounced, focused inspections of NHT's mental healthcare service provision across the second half of 2023, as it had received information that raised serious concerns about the safety and quality of these services. The CQC published its reports on 17 January and 1 March 2024, with its overall ratings going down from the 'requires improvement' assessment given previously in 2022 to 'inadequate'.

3.2 A rapid 'Section 48' review of mental healthcare services was also commissioned by the Secretary of State in January 2024 and the initial outcomes of this were published on 26 March, with a second part to the report published on 13 August. As a result of the CQC reports and the Section 48 review, NHT has been placed within Segment 4 of the NHS National Oversight Framework, which is for NHS Trusts where there are very serious and complex issues in relation to service quality and/or finance concerns that require intensive support.

3.3 NHT provided the Committee with an initial briefing on the outcomes of the CQC assessments at its meeting on 11 April 2024 and returned to the next meeting on 16 May to give an update on the development of a full Integrated Improvement Plan in response. The Committee has engaged with NHT on a number of previous occasions in relation to both overall service delivery and individual provision. NHT representatives attended the Committee meeting on

13 May 2021 to review its strategic and transformation work in the context of the Coronavirus pandemic, and future mental health service commissioning was discussed at the meeting on 23 March 2023. The Committee has also reviewed specific provision with NHT and its partners, including psychological services, eating disorder services, the support available to people with co-existing substance use and mental health needs, and the support offer to people in mental health crisis. A number of the themes that the Committee has discussed with NHT previously are relevant to the findings of the CQC reports.

3.4 NHT is implementing its Integrated Improvement Plan to address the actions and recommendations arising from the CQC reports, and also from the associated Prevention of Future Death notices issued by the Coroner and other external reviews, with support from the national NHS England Recovery Support Team. Following discussions with NHT's regulators, the Plan has been phased to ensure that it can deliver targeted, timely and sustainable improvements. The Plan focuses on five significant programmes of work:

- Quality and Patient Safety
- Leading for the Future
- Finance and Productivity
- People and Culture
- Governance

3.5 The Plan programmes are now in the process of moving forward to address the underlying root causes of the most fundamental issues by reviewing priority clinical pathways through working with patients and carers to understand how NHT can improve its clinical models and patient experience; considering how NHT can recruit, train and support its staff to provide consistent levels of patient care and service; and improving the clinical voice and listening to and working with patients in everything that NHT does.

4 List of attached information

4.1 Report: NHT Integrated Improvement Plan Update

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 Care Quality Commission Inspections – Nottinghamshire Healthcare NHS Foundation Trust

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

- 13 May 2021
- 23 March 2023
- 11 April 2024
- 16 May 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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Nottinghamshire Healthcare
NHS Foundation Trust

Nottinghamshire Healthcare NHS FT: Integrated Improvement Plan Update Briefing for Nottingham Health and Adult Social Care Scrutiny Committee 19 September 2024

Introduction

This briefing provides an update on the progress taking place in Nottinghamshire Healthcare NHS FT on their Integrated Improvement Plan (IIP) which has been developed to address the issues identified in the recent Care Quality Commission (CQC) reports including the reports on Rampton, Adult Inpatient Services and Older Adult Inpatient Services as well as the Section 48 review commissioned by the Secretary of State for Health and Social Care.

Background

Following the recommendations from the Section 48 report, the CQC reports and the financial situation within the Trust an Integrated Improvement Plan has been phased to ensure the Trust can deliver targeted, timely and sustainable improvements. The IIP consists of five significant programmes of work:

- Patient Safety & Quality Improvement
- Leading for the Future
- Finance & Productivity
- People & Culture
- Governance

In August part 2 of the Section 48 report was published focussing specifically on the Valdo Calocane case. This report produced additional recommendations for the Trust on risk assessment and record keeping, care planning and engagement, medicines management and optimisation and discharge planning.

Updates

- The Trust accepted entry into NOF4 and recognising the unusual high-profile circumstances we are in. To support the ongoing delivery of the IIP buddying arrangements have been put in place with the high secure hospitals Broadmoor and Ashworth as well as with Northamptonshire Trusts. Support is also in place from the national and regional Recovery Support Programme (RSP) teams, regional and national provider groups and other specialist expertise.
- Part 2 of the Section 48 report has been received and the recommendations from this have been included as part of the reporting through the Patient Safety & Quality Improvement Programme.
- The IIP has an established governance process with each of the five programmes having a Programme Board that reports into the monthly Integrated Improvement Portfolio Board. This reports into a Board level committee and externally to the regional Integrated Oversight and Assurance Group which is chaired by Dr Jess Sokolov and Amanda Sullivan from the ICB.

- Support to the IIP is being received externally from the NHSE regional and national Recovery Support Programme (RSP) Teams across the Programmes, in particular Finance & Productivity, Patient Safety & Quality Improvement and People & Culture. The RSP are also providing some targeted support to the Local Mental Health Teams.
- Transition Criteria for exit from NOF 4 have been produced and agreed by the IIP Board and have been aligned to each of the five Programmes under the IIP. Progress and pace against the transition criteria will be monitored internally at the IIP Board and at the Trust Board and externally at the regional and national NRST meetings with the first quarterly monitoring report produced in October.
- An Evidence and Assurance Group is being set up and will be responsible for signing off completed recommendations and transition criteria for the IIP once they are satisfied they have been actioned and there is clear evidence of achievement and sustainability. This group will be chaired externally by the Improvement Director at Northamptonshire NHS FT.

Key achievements

- A Safe Now dashboard has been developed, with the ICB supporting clinical and operational engagement, to monitor and measure safety and improvement. Weekly meetings between the ICB and the Trust review Safe Now data
- The CQC Assurance Group has closed a number of actions for Rampton Hospital as evidence of continued and sustained improvement:
    - Hospital Life Support Training
    - Physical Health checks following rapid tranquilisation
    - Completion of seclusion care plans
    - Clinical/managerial supervision
    - Recording patient observations (caveat – performance dropped in July for late observations)
    - Safe staffing levels
- Waiting lists for each Adult Community Mental Health Team have been validated including numbers and duration, wait for assessment and Wait for Treatment
- The target of 85% completion of the Oliver McGowan e-Learning by 31st July was met by Trust staff.
- There has been a significant increase in closed IR2s due to patient safety systems that identify areas for concerns, from 64.4% to 84.93%.
- Good progress has been made to reduce the number of patients waiting over 18 weeks for assessments in Community Mental Health across localities.
- Clinical Lead role has commenced in Adult Mental Health to support Flow with a focus on transition plans for Out of Area patient and purposeful admission.
- Care Group Nurse Directors have been recruited and will take a lead on areas of improvement across the Trust ensuring our care pathways have a strong clinical voice and will be part of the triumvirate leadership team at Care Group level.
- Through an organisational change process all Psychological Therapists have been brought together into one team to enable deployment in a way that reduces variation.

- Additional funding has been secured to increase the recruitment of new Psychological Therapist posts in the Integrated Team.
- "Big Conversation" events have taken place across the Trust sites since June with our Executives taking the lead and sharing the details of the IIP with colleagues in order to have open discussions on how people can become more involved, sharing ideas on how improvements can be taken forward. The feedback from these conversations has been aligned to the five IIP programmes and will be addressed through the Phase 3 process.

Key challenges and risks

- Both male and female Length of Stay in Adult Mental Health are below the required target which is to be at mean of 39 days by the end of December 2024, a pilot will be in place over September and October to flex ward capacity to respond to male/female demand.
- The Crisis Line performance is currently off track however a short and medium term recovery plan is being progressed to improve this through a working group.
- Progress against reducing OOA beds is off target and reductions in private beds has plateaued, purposeful admission reviews were started in August via the Medical Optimal Care Leads with a target of 100% OOA patients to have transition plans in place and admission prevention actions are being worked up with the Crisis Team to support timely and appropriate access to beds.

Recent CQC inspection outcomes

Following the S48 review, the CQC notified the Trust that it would be adopting a different approach to inspecting Trust services. Rather than large, comprehensive inspections taking place over a defined period, the Commission will carry out smaller scale rolling inspections into Trust services focusing on one or two specific Quality Statements. A number of these inspections have taken place over the past few months, with several outcomes published, and more in draft and awaiting finalisation. Of the published outcomes (full inspection reports not yet publicly available), the table below sets out the CQC findings:

CQC Domain	CAHMS In-patient 14/8	Mother and Baby Unit 13/8	Orion Learning Disability Unit 9/8	Adult Eating Disorder Unit 9/8	Rampton Hospital 17/6
Safe	Good	Good	Good* (Breach also identified re risk assessments following incidents which is being actioned)	Good	Inadequate
Effective	Requires Improvement	n/a	n/a	n/a	n/a
Caring	Good	n/a	Good	Good	Requires Improvement
Responsive	Good	n/a	n/a	n/a	n/a
Well-led	n/a	n/a	n/a	n/a	Requires Improvement

Whilst it is pleasing to see the progress particularly in the Quality Statement regarding Safe, the Trust is fully aware that there is much more to do and will continue to work with the CQC to make improvements.

Next Steps

- The IIP Programmes are in the process of transitioning to Phase 3 of the plan to look at tackling the underlying root causes by reviewing some fundamental issues such as:
  - Reviewing priority clinical pathways, working with patients and carers to understand how we can improve our clinical models and therefore patient experience;
  - How we recruit, train and support our staff to provide consistent levels of patient care and service;
  - Improving the clinical voice and listening to and working with patients in everything we do.
- A Patient and Carer Reference Group and a Colleague Reference Group are to be implemented to ensure the patient voice is at the centre of any improvement work going forward.
- "Big Conversation" events will continue to take place at Trust sites, led by the Executive Team and these will also be held for patients and carers.
- Staff Engagement events have been set up at various sites across the Trust to share what support services are in place for our staff.

Patient and Carer Reference Group

- A Patient and Carer Reference Group is being set up and the Trust is working with Healthwatch Nottingham/Nottinghamshire to take the group forward and embed the patient voice in every part of the IIP Programmes.
- The aim of this group is to give advice, ideas and insight on the Trust's plans, challenges and opportunities to improve the safety, quality and value for money of its services from a patient, carer and community perspective. It will also provide oversight with a check and challenge process on the progress of plans developed for the IIP to ensure they are based on what matters to patients and carers.
- This group will build on the feedback the Trust has received to carry out some rapid pathway redesign work with patients at the centre.
- Two initial co-production sessions have been held with patients, carers and voluntary sector and community groups – their feedback is being used to shape how we take this and the wider plan forward.

Colleague Reference Group

- A Colleague Reference Group has been set up with more than 25 staff members initially expressing an interest in being part of it. This group will work with colleagues across the Trust to help shape and design the improvements outlined in the IIP.

- The group will provide insight from a colleague point of view on the work the Trust is doing to improve the safety, quality and value for money of its services, identify areas of improvement that should be focussed on, advise how the Trust can strengthen the colleague voice in all its services and develop a culture of listening and co-production with colleagues.
- Colleagues will also be asked to identify specific areas or projects they can contribute to as part of the IIP.

Appendix 1
Safe Now Metrics:

Inpatient Care	
Code	**Metric**
1.1	Number of patients waiting for a bed
1.2	Number of patients in a 136 Suite Step Up for over 24 hours
1.3	Number of readmissions within 28 days
1.4	Wards with staffing under 85%
1.5	Wards with staffing over 125%
1.6	Patient risk assessments up to date (%)
1.7	Compliance with physical health assessment on admission process
1.8	Compliance with NEWS2 escalation policy
1.9	Number and proportion of NottsHC patients requiring enhanced observations (1:1 or greater)
1.10	Number and proportion of observations where no issues were found
1.11	IR1s submitted on falsified observations
1.12	Number of patients secluded
1.13	Episodes of seclusion
1.14	Compliance with seclusion Code of Practice (developmental)
1.15	Number of patients prone restrained for anything other than intramuscular tranquilisation
1.16	Number of patients prone restrained for more than 10 mins
1.17	Episodes of rapid tranquilisation
1.18	Number of incidents where patients went AWOL and come to harm
1.20	Number of total incidents of moderate harm and above
1.21	Number of patients clinically ready for discharge
1.22	Quality of discharge
1.23	Deaths within 30 days post discharge
Community Services (Local Mental Health Teams – LMHT, EIP & MHSOP CMHT)	
2.1	Compliance with 72 hour follow up standard
2.2	Compliance with 18 weeks wait standard for assessment
2.3	Compliance with Waiting Well Policy
2.4	Compliance with 18 weeks wait standard for treatment
2.5	Number of patients awaiting CCO allocation not on the active caseload of another NHT team
2.6	Disengaged patients
2.7	Patients declined for service and death within 6 months
2.8	Patient risk assessments up to date
2.8a	CCO patient risk assessments up to date (Community, developmental)
2.9	Clinical Vacancy Rate in Community Teams
AMH & MHSOP – Crisis & Home Treatment Team	
3.1	Clinical vacancy rate in Crisis Response Service
3.2	Patient risk assessments up to date
3.3	Proportion of very urgent patients seen within 4 hours
3.4	Proportion of very urgent patients see within 4 hours face to face
3.5	Proportion of urgent patients sees within 24 hours
3.6	Proportion of urgent patients seen within 24 hours face to face

Health and Adult Social Care Scrutiny Committee
19 September 2024

Achieving Financial Sustainability in the NHS

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To scrutinise the NHS Nottingham and Nottinghamshire Integrated Care Board's (ICB's) proposals for changes to commissioned services to achieve a balanced budget position within the local NHS healthcare system by the end of March 2026.

2 Action required

2.1 The Committee is asked:

1) to make any comments or recommendations in response to the report from the ICB on the current financial position within the local NHS and the plans to achieve financial stability by the end of the 2025/26 financial year; 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 The ICB has increased levels of funding this year to sustain the local NHS healthcare system, but service pressures have also increased, meaning that there is an overall requirement for a 6% saving in costs to be delivered. The ICB has agreed a £100 million deficit with NHS England for 2024/25, but there is a regulatory requirement for the ICB to be in a balanced financial position by the end of 2025/26, so a savings programme will be phased over a two-year period. The ICB is seeking to meet its financial duties in a way that minimises the need for front-line service change by maximising efficiency, productivity and financial governance and control to achieve best value for money in NHS services, and this is intended to constitute the majority of the cost-saving proposals.

3.2 For the ICB to work within its resources while minimising negative impacts on service users, the following approach is being taken:

- prioritising schemes that enhance efficiency and productivity, as well as reviewing contractual arrangements and value for money in the services that are currently provided;
- maximising efficiencies in non-patient-facing areas and enhancing financial controls across the system;
- ensuring compliance with existing NHS funding policies, particularly where thresholds are not being applied in line with policy;

- deferring some investments in services, so that operating costs are not increased and existing services can be kept within affordable levels; and
- concluding pilot activities where clear benefits have not been demonstrated.

3.3 The ICB has established process in place to assess the impact on quality and equality of savings plans where services will be changed or ceased. In order to ensure consistency, the ICB will complete an Equality and Quality Impact Assessment (EQIA) screening tool for all schemes to identify whether a full EQIA is required to ensure that the impacts on service users are understood and acknowledged in decision-making. The ICB and other organisation must complete the tool for all savings proposals that are being considered. The consideration of equity impact is a statutory duty, and the addition of quality and population health considerations is intended to provide a wider view of the impact to inform decision-making. The ICB's risk matrix approach also considers whether there is alternative service provision and seeks to identify any risk of unfair or unavoidable differences in health across different groups in society, or poor or worsening health outcomes for individuals or populations.

3.4 The ICB has sought to identify which of its current proposals will not have a service impact on Nottingham citizens, which will maintain existing services with minimal impacts on how people access care, and which may result in material service change. Currently, further work is required to fully identify and establish the potential impacts of the more significant service changes proposed.

3.5 The ICB initially intended to bring a report on required savings within the local healthcare system to the Committee meeting on 13 June 2024, but this was deferred to the meeting on 11 July at the request of the ICB due to the June meeting falling within the period of sensitivity ahead of the General Election on 4 July. The Chair wrote to the ICB on 10 June (published with the Committee's 11 July meeting papers, along with the ICB's response of 13 June) to seek assurance that the delay to the report coming to the Committee would result in an appropriate pause to the decision-making process before any changes were decided upon and implemented. Following the Committee meeting on 11 July, the Chair also wrote to the ICB on 15 August to set out the current key issues for the Committee, and this letter is appended.

4 List of attached information

4.1 Report: Achieving Financial Sustainability in the NHS

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

5.1 Letter from the Chair of the Health and Adult Social Care Scrutiny Committee to the Chief Executive of the ICB (15 August 2024) regarding Achieving Financial Sustainability in the NHS

6 Published documents referred to in compiling this report

6.1 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny Committee meeting held on 11 July 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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NHS
Nottingham and Nottinghamshire

Achieving Financial Sustainability in the NHS

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

19 September 2024

1. Introduction

In July 2024, Nottingham and Nottinghamshire Integrated Care Board (ICB) briefed the Nottingham Health and Adult Social Care Scrutiny Committee on the current financial position of the NHS in Nottingham and Nottinghamshire and initial ICB plans to achieve financial stability over the next two years. The main goal is to make the best use of the NHS funding available to us, operating within the level of national funding that has been allocated.

We have increased levels of funding this year for our local NHS, but our cost pressures have also increased, meaning that we have a 6% savings requirement across our local NHS. We have an agreed £100m deficit with NHS England for 2024/25, so we still have a considerable planned overspend for this financial year. We have a regulatory requirement to be in a balanced financial position by the end of 2025/26, so our savings programme will be phased over a two year period.

We are committed to meeting our financial duties in a manner that minimises (but cannot entirely rule out) the need for front line service changes and maximises efficiency, productivity, strong financial governance and control. This initial phase of work is primarily focused on achieving best value for money in our services and comprises the majority of the schemes presented to the Committee to date.

Previously, a number of high-level scheme descriptors were shared to give the committee visibility of the scope of our work and for transparency purposes. This paper builds on previous discussions and provides more information about the nature and likely levels of impact for our population, benefiting from additional work done on the schemes over the summer. We will do as much as we can to improve value for money in our services, without materially changing the service offer and therefore most of the presented schemes are not considered to meet significant service change thresholds. We will continue to monitor overall impacts of efficiencies, with a view to enhancing and spreading best practice, as well as mitigating unforeseen negative impacts as far as possible within our available resources. This oversight will include the impact on organisations, or particular cohorts of our population.

Additional areas of focus are being explored with system partners to support our ambition to provide the best possible health and wellbeing for our communities, creating a health and care system that is fit for the future. These may be more transformative in nature than this first phase and may be areas that require longer-term work for engagement and potential consultation in the future. It is too early in our work to be able to predict this with a level of certainty.

The purpose of this paper, therefore, is to:

- Provide information on the nature and scale of likely impact in relation to the proposal descriptors that the Committee received in July.
- Indicate some further areas of focus for the ICB and system partners, about which we will bring more detail on in the future.
- Describe the process being used by Nottingham and Nottinghamshire ICB to assess the likely impacts of proposals on Nottingham citizens.

2. Our approach

Our approach is focussed on working within our resources to minimise any negative impact on patients and therefore takes the following approach:

- Prioritising schemes that enhance efficiency and productivity, as well as reviewing contractual arrangements and value for money in the services that are currently provided.
- Maximising efficiencies in non-patient-facing areas and enhancing financial controls across the system.
- Ensuring compliance with existing NHS funding policies, particularly where thresholds are not being applied in line with policy. This may include clinical procedures or situations where clinical intervention has limited proven benefit. It may also include the application of eligibility criteria for NHS funding, in line with national funding frameworks for the NHS.
- Deferring some investments in services, so that we don't increase operating costs and can therefore protect existing services within affordable levels.
- Conclude pilot activities where clear benefits have not been demonstrated.

3. Assessing impact

There is an established process to assess the impact on quality and equality of our savings plans where services are proposed to be changed or ceased. In order to ensure consistency across all proposals we will complete an Equality and Quality Impact Assessment (EQIA) screening tool for all schemes to identify whether a full EQIA is required. It is acknowledged that proposals will have both positive and negative impacts, depending on individual circumstances, and these assessments will ensure that the impacts are understood and acknowledged in decision making. Consideration of these impacts supports our process for efficient decision-making (see process map at Appendix 1).

The ICB and other organisation must complete the tool for all proposals that are being considered as part of achieving financial sustainability across in the NHS in Nottingham and Nottinghamshire. Whilst the consideration of equity impact is a statutory duty the addition of quality and population health considerations give a far greater oversight of the impact of decision making. This risk matrix approach to determine impact also considers:

1. Whether there is alternative service provision.
2. Risks that may result in in unfair or unavoidable differences in health across different groups in society.
3. Risks that may result in poor or worsening health outcomes for individuals or populations.

Proposals that are identified as having a high or medium impact are reviewed at two internal ICB Panels:

1. EQIA Consultation Panel
2. EQIA Endorsement Panel

To date no decisions have been made through our process that demonstrate an overall negative impact on health, noting that most decisions have a variety of mixed impacts. We recognise that there is the potential for this to change and ICB Board members are currently considering how we develop a formal approach to such decisions.

We have also implemented a system review group so that the impacts of decision making are also considered collectively to ensure that interdependencies are identified and managed, and in particular to consider if any population group will be impacted by the collective changes made by NHS providers and commissioners. The ICB, along with Public Health colleagues from both Local Authorities, have supported the development of this approach, and the first meeting took place in August. This System Impact Panel does not take away from the statutory responsibilities of organisations to consider impact, but adds an addition lens to view the impacts of our collective decision making.

At this stage it is too early to provide any emerging themes or trends regarding the potential system-wide impact of NHS, local authority and wider proposals but we are committed to sharing these with the Committee in due course.

4. Update on proposals

In July 2024, a number of scheme descriptors were shared with the Committee, and they have been categorised into three groups to facilitate easier identification of areas where ongoing scrutiny may be most applicable. The categorisation of schemes has evolved since July 2024, benefiting from the additional work conducted over the summer.

a) Group 1

Group 1 includes proposals that do not affect Nottingham citizens, including:

- Review of ICB corporate administration costs and estates.
- Those that may impact on Nottinghamshire citizens only.

b) Group 2

Group 2 includes proposals that maintain existing services with minimal impacts on how people access care. A summary can be found in the table below:

Activity Type	Service Areas
Business As Usual Efficiencies This is routine ICB activity and tasks that is performed on a daily basis to maintain its standard functioning. It includes efficiency, productivity, and value for money improvements within services.	• Prescribing (e.g. switching from expensive branded medication to cheaper generic alternatives) • Savings on the administrative services provided to GPs by the ICB including IT updates, SMS software and training support • Ending of pilot activity where the activity transitioned into regular operation
Contract Consolidation and Administration This includes:	• Primary Care

Combining multiple smaller contracts into a single, larger contract to reduce administrative costs. Ongoing management and oversight of contracts. Review of contracts across service lines – enhancing value for money without changing services.	• Planned Care including musculoskeletal and gynaecology referral pathways. • Mental Health to ensure spread of growth funding across hospital and community services and to ensure no duplication from prior year investments. • Urgent and emergency care, including Pathway 1 funding to be reviewed in line with historical activity, funding to be reduced where activity has under-delivered and ensuring all eligible patients included in provision (including non-weightbearing) • Independent Sector Providers • Urgent Community Response (consolidate different service models to provide one consistent offer, reducing management and administrative overheads and duplication)
Deferred Investment This represents a savings opportunity to not provide additional investment or where funding has been received for activity not yet delivered. It is not a reduction in business as usual spend. The services that patients will be used to receiving will remain the same. Service Development Funding (SDF) is annual non-recurrent funding received by the ICB to support specific transformation areas.	• Community Diagnostic Centres • Better Care Fund (review of growth application and existing funding to remove duplication in funding areas) • Prevention and long-term conditions • Service Development Funding (SDF)
Adherence to Eligibility Policies Compliance with the existing ICB Value Based Commissioning Policy (including restricted procedures and eligibility criteria) and other policies which set out thresholds for receiving care. Patients will be able to access the care and treatment that they are eligible for, but not over and above those levels.	• Planned care • Continuing Health Care (joint care package funding and eligibility reviews of health needs in joint packages and in line with national policy frameworks, NHS requirement to meet health needs and health tasks still met). Some individuals may have changes to their care packages and these will be assessed in relation to specific individual needs. Regular reviews of health needs and changes to care packages are business as usual and best practice. Financial processes regarding funding splits between the NHS and councils for jointly funded

	packages are being jointly developed through refining operational processes and financial mechanisms. The NHS funding element of joint packages is now based on individual health needs assessments rather than pre-determined % splits between the NHS and councils. This work is in parallel to ongoing assessment of health and care needs for individuals, which remains in line with national requirements.
Maximising National Income Ensuring national income is received for all applicable planned care procedures.	• Reporting of planned care activity to ensure we are paid for all services delivered.

c) Group 3

Group 3 includes proposals that may change services, and this is likely to require ongoing information and monitoring by the Committee.

In some circumstances, NHS commissioners pay providers for healthcare services determined locally rather than nationally. In Nottingham and Nottinghamshire, the arrangements in place are historic and may now be out of date or be duplicating services. It is proposed that a local price service review is undertaken.

When we have more details of proposals which will require statutory scrutiny by the Committee and may require public consultation then we will highlight those in the usual way.

5. Further areas of focus

Since July 2024, work has continued with system partners to identify further areas/services that can support the ICB to operate within the level of national funding that has been allocated. These include:

- Community crisis response services, developing an integrated community offer alongside Urgent Community response coordination and navigation services
- Other Community services including hospice services, podiatry and dietetics and other service areas.
- Interpretation and Translation Services, in line with other NHS services
- Informatics system support

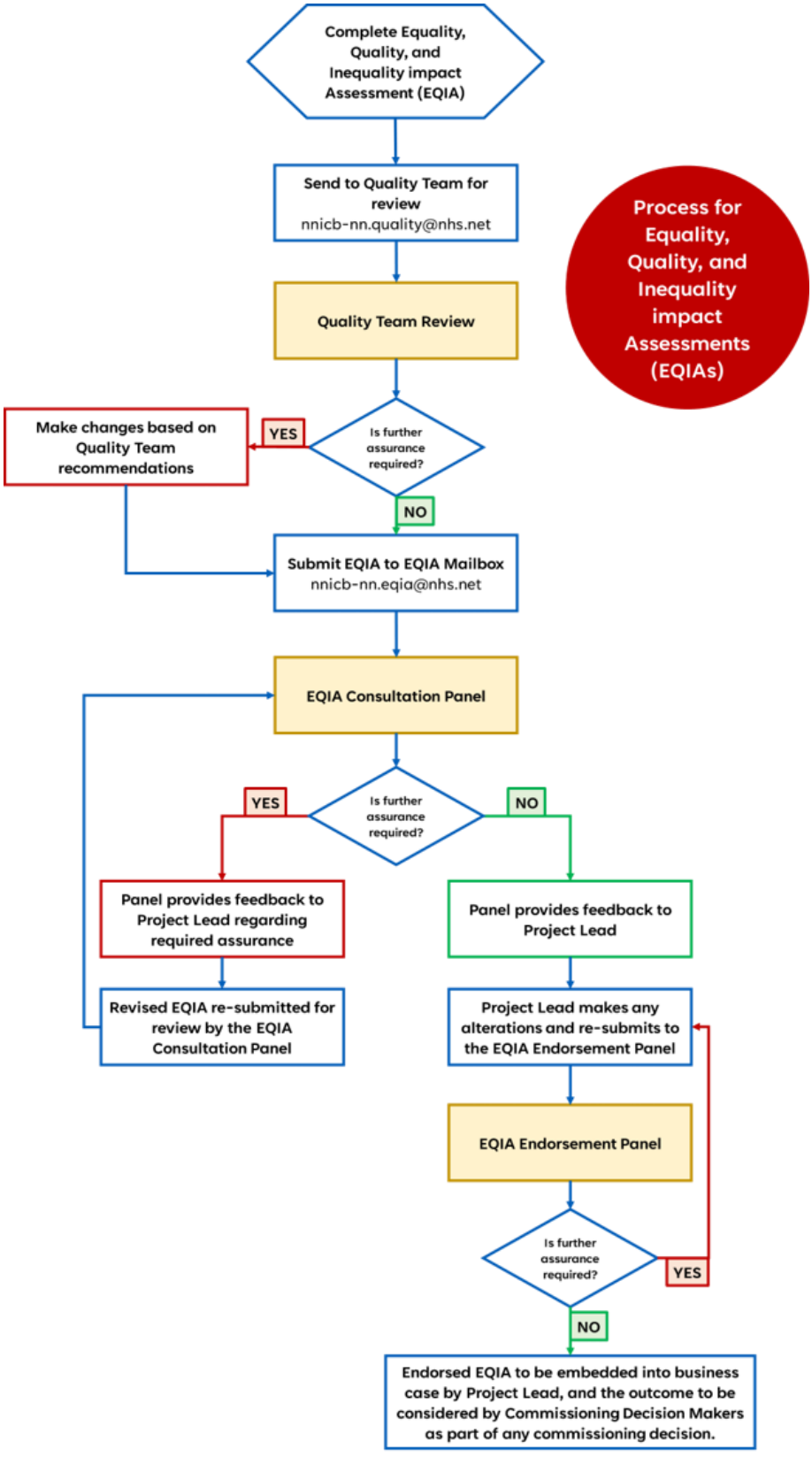
These services will be reviewed over the coming months and proposals brought forward for scrutiny as appropriate. Since our programme extends over two years, additional schemes will be identified and developed on an ongoing basis. NHS providers are also considering potential areas for service change and the ICB will work with them to undertake service reviews and impact assessments where appropriate and again will share with the committee for scrutiny and discussion at the appropriate time.

6. Recommendations

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

- Note the contents of this report.
- Discuss how the Committee would like to receive further updates.

Appendix 1 – ICB process for EQIA



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15 August 2024

Dear Amanda,

Achieving Financial Sustainability in the NHS

I write to you ahead of our planned meeting on Wednesday 28 August. As you will be aware, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) colleagues attended the Nottingham City Health and Adult Social Care Scrutiny Committee meeting on 11 July to present a report on the current financial position of the local NHS and the ICB's plans to achieve financial stability over the next two years. There has been some further correspondence between ICB colleagues and the Committee since, so I think that it would be helpful to seek to set out the Committee's current position ahead of our meeting on 28 August and the Committee's next public meeting on 19 September.

The Committee was grateful for being sighted on the full list of the ICB's proposals for bringing financial sustainability to the local system as a whole at its meeting on 11 July, for overall context. To seek to help support discussions going forward, ICB colleagues then collated the proposals into three groups – with Group 1 representing proposals that should not affect Nottingham residents. As such, the Committee is satisfied to defer the consideration of the proposals as set out within Group 1 to its Health Scrutiny colleagues at Nottinghamshire County Council.

Fundamentally, the Committee accepts that the ICB must make savings now to ensure a sustainable local healthcare system in the future. The Committee's ultimate concern, however, is to understand what the impacts of the ICB's proposed savings will be on Nottingham people – and to seek assurance that the ICB's final decisions on the savings to be implemented have been made with due understanding of and regard for the nature and severity of those impacts. As such, for its meeting on 19 September, the Committee would request the detail on:

1) what the ICB has assessed the likely impacts of the currently proposed savings on Nottingham people to be;
2) the ICB's view as to the relative severity of those impacts;
3) the evidence base that has been used to form these conclusions (clinical opinions, previous research, results of engagement, etc.) and the methodology used to ensure effective engagement; and
4) whether the ICB considers that it should do any further evidence gathering or engagement (up to and including formal public consultation) to achieve a full and complete understanding of the impact of its proposals.

Ultimately, the Committee would seek to be in a position where it can be assured by the ICB that, when taken on balance in the context of the financial situation, the ICB is confident that the proposals put forward deliver sustainability within the local healthcare system whilst having the lowest impact possible on service users – and that those impacts are

justifiable in the context of the local Integrated Care Strategy for addressing health inequalities.

From the Committee's perspective, having sight of the outcomes of the Equality Impact Assessment (EQIA) screening exercise will form an important first step in establishing a clear understanding of the likely impact. The Committee's current assumption is that, going forward, the 'Group 3' proposals should be all those where the ICB considers that the carrying out of a full EQIA and/or a formal public consultation will be necessary. As a result, the Committee would seek the following details:

1) a brief, executive summary of what a given 'Group 3' proposal constitutes;
2) the estimated number of people who would be impacted by the proposal;
3) what the methodology to be used for developing the EQIA will be; and
4) what the timeline and methodology for conducting any anticipated formal public consultations will be.

Nevertheless, the Committee must also seek to derive assurance that the ICB's process for identifying 'Group 2' proposals not requiring an EQIA has also been robust. As such, the Committee would similarly request:

1) a brief, executive summary of what a given 'Group 2' proposal constitutes;
2) the estimated number of people who would be impacted by the proposal; and
3) the rationale for why the impact of the proposal is assessed to be low and so does not require an EQIA.

Currently, the Committee understands that the ICB is working to ensure that all NHS organisations across Nottingham and Nottinghamshire operate within their budgets by the end of March 2026. However, it would be helpful if the ICB could give a general indication of which of the proposals are intended to achieve in-year savings in both 2024/25 and 2025/26, which are intended to come into effect as full-year savings for the start of 2025/26, and which are intended to be delivered only at the conclusion of 2025/26.

On specific proposals, the Committee set out at its meeting on 11 July that it had significant concerns about the impacts of changes to the funding of the healthcare element in joint care packages. ICB colleagues indicated that they would continue to discuss the implications with Adult Social Care colleagues at the Council across the summer. The Committee understands that a locally-agreed policy for supporting joint care packages was in place, but that the ICB has already taken a decision independently to change its approach to funding these – and is now carrying out a full review of the packages that it funds. As such, the Committee would welcome clarity from the ICB on the general principles that are being used for the assessment of care packages to identify savings opportunities, and what this means for the people receiving those packages.

The Committee is particularly concerned as to what degree changes to care packages could result in individuals having to be moved from one care setting to another (particularly if they have been within a given setting for some time), whether there will be any knock-on effects for effective hospital discharge into care, and

whether people will now be at risk of being charged more for their care. The Committee would also seek to understand what impact proposed savings within the Better Care Fund (BCF) Discharge Fund, and the BCF funding for discharge support (including housing adaptations and assistive technology), will have in this area.

The Committee is also concerned as to how funding for the prevention of the major drivers of ill health will be sustained going forward, in the context of the proposals for savings relating to Mental Health Investment Standard and Service Development Fund investment – given the importance of these for the delivery of the local Integrated Care Strategy for addressing health inequalities.

Finally, the Committee would seek clarification as to the savings attributed to slippage, and on how and when projects affected by slippage (such as the Community Diagnostic Centre) will be delivered in the future.

I must note that the Committee has previously been assured by the ICB on a number of occasions that the information being shared with it represented proposals only and that firm decisions had not yet been made. However, the ICB does appear to be engaging with both the City and County Councils regarding areas of current joint funding in a way that suggests that it has already decided that it will implement the savings proposals as set out in these areas. The Committee's role in this process remains as working to scrutinise the impact of change on the people affected. As such, if joint funding is a very live issue that the ICB is seeking to resolve rapidly, I would be glad to meet with you at a point before 28 August to discuss the ICB's current activity and intentions, and what this might mean for local people.

Yours sincerely,

Councillor Georgia Power
Chair of the Nottingham City Council Health and Adult Social Care Scrutiny Committee

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Health and Adult Social Care Scrutiny Committee: 13 June 2024 (item 6/6)

Response to Recommendations: Adult Social Care Single Integrated Delivery Plan 2024-28

Portfolio: Adult Social Care and Health

Recommendation	Response
1) That the Single Integrated Delivery Plan (SDIP) clearly expresses how it is being driven by the need to achieve good Adult Social Care outcomes for the Nottingham residents.	There are clearly defined Specific, Measurable, Achievable, Relevant and Time-Bound objectives for each project within the SIDP. These will be a combination of finance, savings and broader outcomes. For example, improvements in Occupational Therapist assessments and adaptations are being done to achieve the outcome of a reduction in the waiting times for citizens in having their needed adaptations completed.
2) That it is ensured that Nottingham residents have access to sustainable independent living support through private provision where this was previously delivered directly by the Council, with up-to-date risk assessments in place to mitigate the risk of them being moved into residential care settings if this is not required.	Each individual has a person-centred assessment and a bespoke package created for them. Every individual will subsequently be reviewed to assess risk, and a new Accommodation Panel has been set up from 1 July 2024 to add into discussions about suitable alternatives to residential care.
3) That strengths-based practices are developed as much as possible as part of the transformation process to ensure fully integrated working across Adult Social Care services, including the effective training and development of Occupational Therapists and Social Workers from the entry level.	A clear Action Plan is in place to assess the rolling out of strengths-based practices. A full stocktake of projects to date has been undertaken by the Local Government Association and its recommendations relating to this area have been incorporated into the Action Plan.
4) That the experience of frontline workers is harnessed wherever possible to ensure effective co-production in the development of strategy and the delivery of services.	Co-production is definitely an ambition and staff will be engaged in any activities associated with transformation, strategy and delivery of services.

5) That the Executive Member for Adult Social Care and Health engages with the full Executive on how and where the Adult Social Care service requires support from the wider Council to ensure the effective delivery of the SDIP.	The work to achieve Adults Transformation and the SIDP will rest on ensuring resourcing is in place and that the programme remains a key priority for the Council's Strategic Leadership Team and the rest of the Council. This will involve the Executive Member in ensuring that matters of risk to delivery on transformation are raised appropriately at senior councillor and officer meetings and it will involve close working with the Executive Member for Finance and Resources, Children's Services and the rest of the Council Leadership. The Executive Member intends to work closely with Scrutiny to ensure that issues are picked up and that the Scrutiny function continues to add value.

Health and Adult Social Care Scrutiny Committee
19 September 2024

Work Programme

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To note the Committee's 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 work programme for the 2024/25 municipal year and make any amendments required; and

2) 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 note its work programme for the 2024/25 municipal year and make any amendments to its business that are needed. 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

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	• **Appointment of the Vice Chair** To appoint the Committee's Vice Chair for the 2024/25 municipal year • **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 • **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 • **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 • **Future Meeting Dates** To agree the Committee's meeting dates for the 2024/25 municipal year
11 July 2024	• **Co-Existing Substance Use and Mental Health Needs** To review the services available to people with co-existing support needs in relation to both substance use and mental health

Meeting	Items
	• **Achieving Financial Sustainability in the NHS** To consider proposals for changes to commissioned services to achieve a balanced budget within NHS organisations by the end of March 2026
19 September 2024	• **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 • **Achieving Financial Sustainability in the NHS** To consider proposals for changes to commissioned services to achieve a balanced budget within NHS organisations by the end of March 2026
24 October 2024	• **Adult Social Care Housing Needs** To review how appropriate homes are delivered to support people with Adult Social Care needs in living independently • **[Nottingham University Hospitals NHS Trust - Maternity Services]** [To review the progress on addressing service issues since the last update and in response to the latest feedback from the Ockenden Maternity Review]
21 November 2024	• **Nottingham City Safeguarding Adults Board** To consider the Safeguarding Adults Board's latest Annual Report and the key activity being undertaken to protect vulnerable adults •

Meeting	Items
19 December 2024	• **Impacts of the Council Budget 2025-26** To consider the potential impacts of the Council's 2025/26 budget on services delivered within Adult Social Care
23 January 2025	• **[TBC] General Practice Recovery** To review the work being done to ensure effective General Practice provision as part of recovering access to primary care • **[TBC] Impacts of the Council Budget 2025-26** To consider the potential impacts of the Council's 2025/26 budget on services delivered within Adult Social Care
20 February 2025	• **[TBC] Mental Health Trauma Services** To review the delivery of trauma care services, including the support offer available to victims of crime •
20 March 2025	• •
24 April 2025	•

Meeting	Items
	•

Potential items for scheduling

- **[ASC] Council Budget 2024/25 - Delivery Impacts:** To review the ongoing delivery and impacts of the Council's 2024/25 budget for services within Adult Social Care
- **[ASC] Adult Social Care Single Integrated Delivery Plan:** To review the progress of the delivery of transformation within Adult Social Care services
- **[ASC] Homecare and Residential Respite Care Provision:** To review how the Council ensures the delivery of effective homecare and residential respite care provision
- **[ASC] Mental Health Reablement Service:** To review the implementation of the new Service in June 2024 and the mental health support available to people without a Care Act Assessment
- **[ASC/PH/ICB] The Better Care Fund:** To review how the Council and the Integrated Care Board are using the Better Care Fund to deliver health and social care services in an integrated way
- **[PH] Sexual Health Services:** To review how learning arising from previous Sexual Health Services provision has been used to inform the commissioning of a new provider contract
- **[PH] Suicide and Self-Harm Prevention** To review the wider underlying causes behind suicide and self-harm and the prevention approaches being taken
- **[PH] Joint Health and Wellbeing Strategy:** To review the outcomes of the current 2022-25 Strategy and how these have been used to inform the development and priorities of the next version of the Strategy
- **[PH] Integrated Wellbeing Service:** To review the establishment of the new integrate Service in April 2024 and its approach to delivering a range of wellbeing and behaviour change support
- **[ICB] NHS Dental Services - Commissioning Planning and Priorities:** To review how effective dental services are being planned and commissioned following the completion of the Oral Health Needs Assessment for Nottinghamshire in March 2024
- **[ICB] System Approaches to Addressing Health Inequalities:** To review the outcomes of the Integrated Care System's Health Inequalities Strategy 2020-24 and the future strategic approach

- **[NHT] Nottinghamshire Eating Disorder Service:** To review the accessibility and delivery of services for adults in Nottingham with support needs in relation to eating disorders
- **[EMAS/NUH] Ambulance Waiting Times and Hospital Handover:** To review the progress made in reducing ambulance waiting times, including ensuring effective handover processes on arrival at hospitals

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