

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 24 October 2024 from 9:33am to 12:12pm

Membership

Present

Councillor Georgia Power (Chair)
Councillor Maria Joannou (Vice Chair)
Councillor Michael Edwards
Councillor Kirsty Jones
Councillor Sajid Mohammed

Absent

Councillor Sulcan Mahmood
Councillor Eunice Regan
Councillor Matt Shannon

Colleagues, partners and others in attendance:

Dr Elizabeth Calderbank - Senior Project Management Officer and NHS Workforce Race Equality Standard Expert, Nottingham University Hospitals NHS Trust

Clive Clarke - Director of Inclusion, Nottingham University Hospitals NHS Trust

Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire

Sharon Guest - Interim Director of Housing

Roz Howie - Interim Corporate Director for Adult Social Care and Health

Councillor Pavlos Kotsonis - Executive Member for Adult Social Care and Health

Adrian Mann - Scrutiny and Audit Support Officer

Anthony May - Chief Executive, Nottingham University Hospitals NHS Trust

Kate Morris - Scrutiny and Audit Support Officer

Councillor Sarita-Marie Rehman-Wall - Chair of the Housing and City Development Scrutiny Committee

Robin Smith - Deputy Director of Communications and Engagement, Nottingham University Hospitals NHS Trust

Sharon Wallis - Director of Midwifery, Nottingham University Hospitals NHS Trust

24 Apologies for Absence

Councillor Sulcan Mahmood - leave
Councillor Eunice Regan - unwell
Councillor Matt Shannon - work commitments

25 Declarations of Interests

None

26 Minutes

The Minutes of the meeting held on 19 September 2024 were confirmed as a true record and were signed by the Chair.

The Committee noted that it was a longstanding issue that the acoustics in the Ground Floor Committee Room were poor – so it was particularly concerned that the room’s hearing loop system was currently broken and yet to be repaired, as this represented a significant accessibility barrier to the Council’s public meetings. The Committee requested that the meeting room’s hearing loop was brought back into service as a matter of priority.

27 Nottingham University Hospitals NHS Trust - Inclusion

Anthony May, Chief Executive, Clive Clarke, Director of Inclusion, Dr Elizabeth Calderbank, Senior Project Management Officer and NHS Workforce Race Equality Standard Expert, Sharon Wallis, Director of Midwifery, and Robin Smith, Deputy Director of Communications and Engagement at the Nottingham University Hospitals NHS Trust (NUH), presented a report on the ongoing activity being undertaken to create a safe and inclusive workplace across the organisation. The following points were raised:

- a) Following the discussions at the Committee’s meeting in February 2024, additional work has been done to develop the understanding of intersectionality within the overall Workforce Inclusion Strategy. Two additional staff network groups have been created (the Women’s Network and the Neurodiversity Network), with regular meetings taking place with the Chairs of all networks to discuss the existing and emerging themes. All network groups have seen a rise in their numbers and their members have reported feeling empowered and that their voice is being heard.
- b) Since the launch of the Inclusion Strategy in January 2024, five aims have been completed, sixteen are in progress and two have been delayed to allow for maturity within the rest of the programme to develop. All directorates across NUH have worked to embed the Inclusion Strategy, with each one completing a self-assessment using the Inclusion Matrix and identifying a focused number of priorities to concentrate on. A new role of Inclusion Ambassador has been introduced and 84 ambassadors are now in place across the whole of NUH. This role enables better interaction with staff at all levels and has been worked into the overall governance structure, with regular reporting to director-level meetings and information fed into Executive sub-groups.
- c) There are a number of metrics used to measure the outcomes of inclusion work at a NUH-wide level, including the Workforce Race Equality Standard, the Gender Pay Gap report and an annual survey, which are national measures that are submitted to NHS England. The data does indicate a positive direction of travel and, over the last three years, there has been an increase in complaints made by staff in relation to workplace bullying, which is a sign that affected staff are more confident in speaking up and believe that their issues will be addressed properly. Overall, in the short time since the Inclusion Strategy was launched, the early indications are that there is cultural improvement developing within NUH – though

there is still some way to go over a number of years to achieve full cultural changes.

- d) NUH's Maternity Services continue to make improvements as required by the Care Quality Commission. Sickness and turnover of staff has reduced, and a number of new midwives have started. The overall skill mix does need to be developed as the majority of the new midwives are recently qualified. However, there has been an increase of experienced midwives coming into NUH from elsewhere as they hear more positive things about the support staff receive as part of the improvement process, with NUH now being recognised nationally as a place of best practice.
- e) Work around developing a positive culture within Maternity Services continues to ensure that improvements are embedded, with the continuation of regular meetings with staff unions and ambassadors. There are now more midwives and other staff within Maternity Services and there has been additional work done around inclusivity with patients – with translation service improvements, work being done to have a better understanding by all staff around birth practices of the communities that NUH serves, and how to manage expectations effectively. Additional clinics within the community have also been introduced, including a clinic to support victims of Female Genital Mutilation, and literature for all services is produced in six different languages.

The Committee raised the following points in discussion:

- f) The Committee asked how NUH was dealing with the most challenging areas where bullying behaviour could still exist. It was explained that the number of formal complaints processes have reduced significantly over the last two years, with frontline staff reporting that there is now more of an openness to conversations around problematic behaviour that they may encounter. The 'Safe and Inclusive' forum has been launched and data is considered more regularly to identify hotspots and put the right interventions in place at a much earlier stage. A role of the Essential Leadership training is ongoing support for managers at all levels to embed inclusive practices. These sessions are attended by a member of the Executive team to speak about the commitment at the highest levels of NUH to the effective delivery of the Inclusion Strategy.
- g) The Committee asked what NUH was doing to embed the Inclusion Strategy at all levels. It was set out that the Inclusion team is now permanently funded as part of the general budget and is fully staffed, demonstrating NUH's ongoing commitment to the work in this area. The Executive team now better reflects the diversity of NUH's staff and the communities that it serves. Inclusion is not delivered as a bolt-on exercise, but as a core principle within the organisation. Each senior leadership team has an Inclusion Partner working with them, with regular reports going back to the Executive sub-committee and an annual report being made to the full NUH Board. The maturity of the Inclusion Matrix is being mapped across the organisation to highlight the outcomes of the good work underway, but also to show where additional focus and input is needed. The Matrix is included as a standing item on the agenda of management meetings and progress on the selected priorities is closely monitored.

- h) The Committee asked what was being done to support Black, Asian and Minority Ethnic (BAME) staff in feeling safe in the workplace and what impact this was having on recruitment and retention. It was reported that, following the recent unrest in some communities across the country, NUH launched the 'Everyone is Welcome Here' campaign, rapidly developed and designed to show support to all staff members and help them feel safe attending work. The campaign has been nationally recognised and has had endorsement from staff across the organisation. In terms of recruitment and retention, there has been a rise in the number of BAME staff within NUH. A number of initiatives have been introduced around recruitment, including pre-interview support for those whose first language is not English or are neurodiverse, diversifying interview panels at all levels and fast-tracking some applicants through to interviews.
- i) The Committee asked whether it was only the statutory Gender Pay Gap report that NUH completed, or whether there was additional data on other potential pay gaps in the context of ethnicity or disability. It was confirmed that the only formal report produced is on the statutory Gender Pay Gap, but work has started to look at how best to report internally on the other potential pay gaps that might affect staff. There is greater support for staff with a disability within the workforce, and new recruitment continues to focus on reaching the full range of communities that NUH serves. There has been a range of measures brought in to ensure that both BAME applicants and applicants with a disability have access to equal opportunities and that they are better represented within senior roles. NUH has recently received Government accreditation for its work on disability inclusivity.
- j) The Committee asked how the staff networks fed into the NUH Board and senior leadership forums. It was set out that each of the networks has an Executive sponsor who meets regularly with the individual Chairs and maintains an ongoing dialogue. Twice a year, all of the Chairs meet with the Chief Executive and there are regular reports back to Executive sub-committees and an annual report to the NUH Board meeting.
- k) The Committee asked how NUH was responding to the periodic recommendations made by the ongoing independent review of its Maternity Services. It was reported that the Ockenden Review has been active for some time and a number of recommendations have been made do date. The Review gives feedback and learning points on a regular basis and NUH publishes responses to these and the improvement actions that it will take. This approach has ensured that change does not need to wait until the final findings of the Review are published, and offers assurance that change and transformation is already well underway within NUH, and this approach will continue through the rest of the Review period and beyond. Since the start of the Review, there has been a reduction of cases referred to the Maternity and Newborn Safety Investigations programme, which is currently looking at just four cases at NUH compared to the seventeen that it was investigating three years ago.
- l) The Committee asked what ongoing support and development newly qualified midwives received when in post. It was explained that the newly qualified midwives have individualised support, including mentors. The induction of the recently appointed newly qualified midwives has been staggered to ensure that the skill mix on each shift is as balanced as possible. It has been over 15 months

since a Band 5 midwife has left and progress up to Band 6 is consistently achieved. There are always senior staff on shift to provide support.

- m) The Committee asked what scope of work was undertaken by the Maternity and Neonatal Independent Senior Advocate role. It was explained that the independent advocate is a post supported by the NHS Nottingham and Nottinghamshire Integrated Care Board, with the funding and criteria for the role set by NHS England. The aim of the advocate is to streamline input from multiple services across NUH, working with families who have had distressing experiences and adverse outcomes during maternity and neonatal care. Work is underway to establish Family Liaison roles to seek to address issues while a patient is still in hospital, and midwifery advocates are also being established.
- n) The Committee asked how NUH demonstrated that it had listened to the feedback it was receiving from patients, families and staff. It was reported that, previously, responses to complaints from patients were not satisfactory, so work has been undertaken to ensure that responses are now person-centred, less formal and more meaningful. Historically, there was too much focus on a review of the given incident in isolation, so the focus of reviews has now shifted to be more thematic and learn from incidents and actions to prevent repetition.

The Chair thanked the representatives from NUH 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 areas where enhancing inclusivity and embedding cultural change is currently proving the most challenging, and how leadership development opportunities could be made fully accessible to everyone across the whole organisation.**
- 2) To request that further information is provided on how the process of listening to staff, patients and families has resulted in a clear difference being made to the outcomes that they now experience.**
- 3) To request that a written update is provided in 12 months' time on the Nottingham University Hospitals NHS Trust's (NUH's) performance against the NHS Workforce Race Equality Standard.**
- 4) To recommend that all possible work is done to ensure that frontline workers are properly involved and engaged with in developing and embedding effective culture change at all levels.**
- 5) To recommend that, as part of growing inclusion, consideration is given to other pay gaps that might exist within the organisation beyond the Gender Pay Gap (such as in the context of ethnicity) and how they could be mitigated.**
- 6) To recommend that, through the Widening Participation team, consideration is given to how NUH could engage effectively with children in care and care leavers in considering a career within the organisation.**

7) To recommend that consideration is given to how the developing staff inclusion networks could effectively feed into the reporting to the NUH Board on the delivery progress and outcomes of the Workforce Inclusion Strategy.

28 Adult Social Care Housing Needs

Councillor Pavlos Kotsonis, Executive Member for Adult Social Care and Health, Roz Howie, Interim Corporate Director for Adult Social Care and Health, and Sharon Guest, Interim Director of Housing, presented a report on how the Council is addressing housing and accommodation needs for adults requiring social care. Councillor Sarita-Marie Rehman-Wall, Chair of the Housing and City Development Scrutiny Committee, also attended due to the cross-cutting nature of the item. The following points were raised:

- a) In May 2023, the Care Quality Commission (CQC) carried out a pilot Care Act Assessment of Adult Social Care Services. The main challenges identified by the assessment report centred around housing adults with complex needs, a shortage of appropriate housing for less intensive provision, an over-reliance on residential care, fragmented pathways and a lack of coordination between social care, housing services and health care.
- b) Following the publication of the CQC's findings, an Action Plan was developed to address the challenges highlighted. The Action Plan was signed off in January 2024 and has been progressing since, with regular oversight by the Adult Social Care Oversight and Assurance Board. There have been a number of actions undertaken to date, with an additional 64 Supported Living placements brought online to start to address the rising demand and provide an alternative to residential care for individuals with complex needs. Additional properties are being developed at pace to ensure that the full demand can be met, in particular for younger adults needing additional support. There is a live tender underway to develop an Extra Care framework, which is intended to shift care away from a residential settings to more person-centred approach. This aims to maximise independence for individuals alongside providing the support that they require. This framework will help to address gaps in existing provision and also work to develop the market.
- c) A newly developed Quality and Risk Forum has replaced the Adult Daily Panel, to ensure that all social care support plans are quality assessed through a check and challenge environment. A Multi-Disciplinary Team attends this forum to target early intervention and prevention work, and to identify the best housing options. Adult Social Care and Housing Services are working more closely together to establish what provision is needed and to ensure that the appropriate accommodation is made available. This also extends to better collaboration with wider housing providers to increase the options for housing adults at risk of becoming homeless or rough sleeping.
- d) Rough sleeping prevention funding has enabled the establishment of a social care post dedicated to ensuring that Care Act assessments for adults who are either homeless or rough sleeping are carried out in a timely way, to establish what care

and support may be required alongside the housing need. This new role also supports timely discharge from acute care and mental health care settings. As a new role, the initial evaluation of its effectiveness is still underway.

- e) The Housing to Health initiative is working to improve integration between housing and health teams so that home adaptations can be provided quickly and more efficiently to ensure hospital discharges can take place and transfer delays reduced. Various options are being considered, including further prevention work, to help meet more needs at an earlier stage. There is still work to be done to finalise the All-Age Accommodation Strategy to address long-term prevention. Additional accommodation still needs to be brought online and further work is being done to develop, implement and mature the framework offering a wider range of accommodation options. The Homeless Prevention Strategy is also being developed to further support people with complex needs.
- f) The waiting list for Occupational Therapy has been reduced, falling from 595 in June 2024 to 345 in September 2024. This reduction has been as a result of streamlined operation, transformation and performance management, with smarter and more efficient ways of working introduced. The aim is to see wait times drop to just 28 days in the future.
- g) Work continues to take place to assess the impact of the potential budget cuts being considered by the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) in 2024/25 and 2025/26 and how this could impact the services provided by the Council. This is under discussion at the Nottingham City Health and Wellbeing Board as part of the process to refresh its main priorities, with additional details and more clarity expected from the ICB in the upcoming months.

The Committee raised the following points in discussion:

- h) The Committee asked what strategies were in place for housing the most vulnerable people in Council-provided housing. It was set out that support has had to become more reactive in challenging financial situations, which has put pressure on communities and has increased the workload for Council housing Patch Managers. Support to maintain a tenancy is not just focused on the physical housing need, but should also include wrap-around care and support, so the Patch Managers work hard to ensure that tenancies are supported and maintained.
- i) The Committee asked how the Council was working with Housing Associations to increase the accommodation available to those with complex needs. It was reported that Housing Associations are able to provide accommodation to supplement the Council's current offer. The Council works closely with its partners and is in negotiation to bring further services online through partnership approaches. However, this work in the wider market does take time to mature and requires a strategic approach. The Social Housing Forum brings together providers to enable conversations around effective service provision, and the Housing First scheme is an example of a highly managed tenancy to provide support to give the citizen the best chance at maintaining their tenancy.

- j) The Committee asked what mechanisms were in place to ensure that the care packages commissioned from providers were being delivered to the expected standard. It was explained that robust contract management processes are in place for all commissioned services within Adult Social Care, and these have been strengthened over the last twelve months. There are a number of mechanisms for identifying any instances where care is falling short of that agreed, through the CQC, the Council and Ward Councillors. Work is underway to update the Council's website to ensure that all pathways for reporting problems with a provider are clear and easily accessible.
- k) The Committee asked what numbers of additional Supported Living units needed to be brought online to meet the growing levels of need. It was reported that, on top of the 64 Supported Living placements already created, an additional 100 are required in order to meet current demand. The Council is working with developers as a number of properties need to be adapted, but there are additional properties in the pipeline. The commissioning platform needs to be changed to engage effectively with the growing demand, including through growing the right provision in the wider market. It is also vital to develop early intervention, to help provide support at a much earlier stage.
- l) The Committee asked what risks faced the current Action Plan. It was set out that the biggest risk is the complexity of need and developing a wider market that can cater to that level of need. Historically, there has been a high level of in-house provision, so the challenge now is to develop the wider market, support growth and upskilling, and to do it at pace – as placing adults in a residential care environment simply because that is what is available is not always best for them, or best value.
- m) The Committee asked what support was currently available to those facing homelessness and what prevention services were in place, and how the voice of service users was taken into account when planning service delivery. It was explained that funding for homelessness support has been significantly reduced in recent years, so the new Homelessness Strategy prioritises a focus on prevention. The Strategy is currently out for consultation, and there has been increased collaboration between Adult Social Care and Housing Services in its development. New staff are being recruited, and support and training is in place to ensure that they are brought up to full operating capacity quickly. Once the renewed Strategy is signed off, staff will be working with a focus on a holistic approach to homelessness prevention.
- n) The Committee asked what was being done to make sure that Council strategies and policies were properly focused on achieving person-centred outcomes, and how strategic leadership was being carried out to ensure delivery. It was reported that the All-Ages Accommodation Strategy and the Homeless Prevention Strategy are being developed to be person-focused and give a better articulation of the needs over a number of years. Important work is needed to ensure that pathways are streamlined and simplified, removing unnecessary steps to reduce waiting time. The strategic approach seeks to address the importance of joint working, both internally within the Council and with external partners, and also links into the work of the Health and Wellbeing Board.

- o) The Committee asked how effective delivery was being achieved in the currently challenging financial circumstances. It was set out that the Government has indicated that, moving forward, there will now be multi-year settlements for Local Authorities that will allow better planning and commissioning of services to achieve greater value for money, and enable further development of the external provider market. This in turn will help the Council to better understand how the market works moving forward, what services can be available and where development is required. This will allow for stronger delivery planning over a long period of time, which will help to develop efficient and effective pathways and cross-directorate working within the Council.
- p) The Committee noted that the Executive Member for Housing and Planning had not been able to attend the current meeting as he was on leave. The Committee considered that, to achieve full scrutiny of this issue, it should also review the strategic approach taken by Housing Services in terms of how the Council invests in and develops properties and the wider market for meeting the current and future social care needs of adults in the city – particularly in the context of the new ‘Homes fit for the Future’ Housing Strategy and the development of a new Homelessness Prevention Strategy. As a result, the Committee requested that the Executive Member for Housing and Planning attended its next meeting on Thursday 21 November as a follow-up to the current item to set out the Council’s strategic approach to investing in and delivering housing in the city that is suitable for meeting the growing care needs for adults, with a particular focus on delivering Supported Living accommodation and supporting people who are homeless and rough sleeping.

The Chair thanked the Executive Member for Adult Social Care and Health, the Interim Corporate Director for Adult Social Care and Health and the Interim Director of Housing for attending the meeting to present the report and answer the Committee’s questions, and also the Chair of the Housing and City Development Scrutiny Committee for joining to support the discussions.

Resolved:

- 1) To request that further information is provided on the Equality Impact Assessment produced in response to the potential proposals of the NHS Nottingham and Nottinghamshire Integrated Care Board to reduce its contributions to the Better Care Fund in the context of funding prevention activity.**
- 2) To request that the Executive Member for Housing and Planning attends a future meeting of the Committee to discuss what work is being done to plan for meeting Supported Accommodation needs through the delivery of the Council’s new Housing Strategy and the development of a revised Homelessness Prevention Strategy.**
- 3) To recommend that the Council maximises its engagement with Supported Accommodation providers and Registered Providers of Social Housing to ensure the development of a sustainable accommodation base for people with additional support requirements that is sensitive to their needs and where the appropriate wrap-around care can be delivered.**

- 4) To recommend that all possible engagement and communications are carried out to ensure that residents and families are aware of how they can escalate any issues that they are experiencing with a Supported Accommodation provider to the appropriate contact within the Adult Social Care Service, so that supportive action can be taken in a timely way.**
- 5) To recommend that the Council maximises its engagement with its partners and the wider market on seeking to grow the equitable provision of Supported Accommodation across the city for people with more complex needs, as part of developing early intervention in the context of increasing demand.**
- 6) To recommend that a strategic way forward is taken with partners to streamline pathways and reduce waiting lists for access to suitable Supported Accommodation, as part of a person-centred approach to developing an effective All-Age Accommodation Strategy.**

29 Work Programme

The Chair presented the Committee's current Work Programme for the 2024/25 municipal year. The following points were discussed:

- a) The Nottingham City Safeguarding Adults Board will be joining the Committee's November meeting to discuss the partnership approach being taken to ensuring effective adult safeguarding across the city, and the December meeting will be dedicated to considering the potential impacts of the proposed 2025/26 Council Budget on the delivery of Adult Social Care services.

The Committee noted the Work Programme.