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Nottingham
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Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday 24 October 2024

Time: 9:30am

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham,
NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Director for Legal and Governance

Scrutiny and Audit Support Officer: Adrian Mann

Direct Dial: 0115 876 4353

- 1 Apologies for Absence**
- 2 Declarations of Interests**
- 3 Minutes** 3 - 10
Minutes of the meeting held on 19 September 2024, for confirmation
- 4 Nottingham University Hospitals NHS Trust - Inclusion** To Follow
Report of the Statutory Scrutiny Officer
- 5 Adult Social Care Housing Needs** 11 - 18
Report of the Statutory Scrutiny Officer
- 6 Work Programme** 19 - 28
Report of the Statutory Scrutiny Officer

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 19 September 2024 from 9:32am to 12:28pm

Membership

Present

Councillor Georgia Power (Chair)
Councillor Maria Joannou (Vice Chair)
Councillor Michael Edwards
Councillor Kirsty Jones
Councillor Sulcan Mahmood
Councillor Sajid Mohammed
Councillor Eunice Regan
Councillor Matt Shannon

Absent

None

Colleagues, partners and others in attendance:

- | | |
|-----------------|---|
| Alex Ball | - Director of Communications and Engagement, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Sarah Collis | - Chair, Healthwatch Nottingham and Nottinghamshire |
| Richard Groves | - Head of Access and Prevention |
| Diane Hull | - Chief Nurse, Nottinghamshire Healthcare NHS Foundation Trust |
| Ifti Majid | - Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust |
| Adrian Mann | - Scrutiny and Audit Support Officer |
| Maria Principe | - Interim Executive Director of Delivery and Operations, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Jan Sensier | - Executive Director for Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust |
| Damon Stanton | - Scrutiny and Audit Support Officer |
| Amanda Sullivan | - Chief Executive, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Rosa Waddingham | - Chief Nurse, NHS Nottingham and Nottinghamshire Integrated Care Board |

16 Changes to Membership

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

17 Apologies for Absence

None

18 Declarations of Interests

None

19 Minutes

The Minutes of the meeting held on 11 July 2024 were confirmed as a true record and were signed by the Chair.

20 Nottinghamshire Healthcare NHS Foundation Trust - Integrated Improvement Plan

Ifti Majid, Chief Executive, Jan Sensier, Executive Director for Partnerships and Strategy, and Dianne Hull, Chief Nurse at the Nottinghamshire Healthcare NHS Foundation Trust (NHT); and Rosa Waddingham, Chief Nurse at the NHS Nottingham and Nottinghamshire Integrated Care Board, presented a report on the delivery of NHT's Integrated Improvement Plan. The following points were raised:

- a) A rapid 'Section 48' review of mental healthcare services was 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 released on 13 August. Four main areas of focus for improvement emerged from the review, constituting NHT's discharge processes, risk management, care planning and family engagement. Eight specific recommendations were made to NHT as part of the review, and these have now been built into the overall Integrated Improvement Plan. NHT is now in a period of national oversight, and seven transition criteria have been agreed with NHS England that must be met before this period of monitoring can end. The criteria cover key areas such as organisational culture, finance and safety. Currently, work is underway to achieve an exit date of March 2026.
- b) NHT is now using data differently throughout the organisation. A new approach called 'safe now' has been developed, which represents a detailed data dashboard that shows key indicators across inpatient and community services to determine safety. It is used at a service level and concerns can now be raised in a more timely way with the Executive team and the NHT Board. There is a new telephony system in the Crisis Response Team that has improved response times. However, there remains more work to be done in terms of continuing that improvement. There has also been a reduction in waiting times for access to Local Mental Health Teams. Reliance on the use of agency staff has reduced, but this still remains higher than desired, meaning that it can be harder to monitor the quality of care and reduce the length of stay.
- c) There has been a significant change in enhancing the clinical leadership voice and staff engagement. A great deal of work is needed to deliver change sustainably and at pace, without improvement progress plateauing. Many people are staying in inpatient services for longer than is needed, so there is a focus on reducing the length of stay where appropriate. NHT's Crisis Response Team also has further work to do to ensure that people in crisis can be assessed on a 24/7 basis. Over 700 NHT colleagues have been engaged with across a variety of sessions, with patients, carers, and the independent and voluntary sectors also

involved. Nominees have been made for a colleague reference group, which seeks to improve governance arrangements throughout the improvement journey.

- d) Whilst internal assurance is being strengthened, there is also external scrutiny through meetings of the Improvement and Assurance Oversight Group, NHS England's Regional Executive Team and Care Quality Commission inspections. NHT is moving to data-driven assurance rather than narrative assurance processes, which has been welcomed by partners and those holding NHT to account. NHT accepts the findings of the recent reports and that there have been failings for Nottingham's communities, so it is focussed on achieving sustainable change and a genuineness in its improvement journey.

The Committee raised the following points in discussion:

- e) The Committee asked how NHT was reaching out to communities to inform them of the identified failings and the improvement journey being done to bring change. It was explained that NHT is waiting on the outcomes of an Independent Homicide Review before conducting wider media interviews, however, there is an upcoming open annual meeting taking place at which these issues are due to be discussed. Wide-ranging engagement with communities has taken place, which has included the holding of some difficult conversations. NHT will continue to seek to develop its community engagement in a proactive way. The Committee noted that NHT should do as much as possible to ensure that its annual open meetings are as accessible as possible in terms of location, venue and time.
- f) The Committee asked how NHT's annual Quality Accounts would be used to demonstrate the issues and the needed improvements effectively. It was reported that the 2024/25 Quality Accounts will show a very different picture and tone to the 2023/24 document, and there will be active engagement with the Committee as part of the development of its formal written statement. NHT is currently reaching out to communities to gather the full extent of the service impacts so that the upcoming Quality Accounts can be fully reflective of everything that has happened in the organisation.
- g) The Committee asked how more opportunities would be taken to accept reports of poor practice and instigate change. It was explained that many of the issues faced by NHT had arisen from not listening to external feedback, responding defensively to criticism and being internally focussed – which had resulted in missed opportunities to identify failings and make the appropriate improvements. A new Executive team was put in place towards the end of 2022 and has begun to identify the issues and seek to deliver change. The focus has been on achieving rapid improvements to the safety and quality of care, and implementing cultural improvement within NHT.
- h) The Committee asked what mechanisms were in place to ensure that the feedback from the established engagement groups was given proper weight and consideration. It was set out that all comments and issues raised had been recorded and broken down by service area, and had been passed on to programme leads where a formal response had been requested and the appropriate action taken. The work carried out in response to the input given is then reported back to the various groups within six months.

- i) The Committee asked how the outcomes of improvements in patient experience were monitored. It was explained that NHT's improvement journey is closely focussed on developing patient experience, particularly for the most vulnerable – with a shift in culture to be more accountable to the communities that NHT serves. The 'safe now' dashboard is an example of how patient need is now better understood within the organisation, and that leaders know exactly what is happening within NHT and the impacts on service users. A 'waiting well' process is in place as a safeguard for patients waiting for services and it includes a patient tracker, a risk assessment and a safety plan. This process is monitored weekly on the 'safe now' dashboard, with processes in place if a patient is at risk of entering crisis.
- j) The Committee asked how staffing issues were being managed and their current impact on services. It was reported that staff turnover was at its lowest level for several years, but that the staffing situation was complex and NHT is currently carrying out a review into services to ascertain not only if staffing levels are appropriate, but also if they contain the right mix of professionals. NHT is also working closely with the local universities to take on newly qualified nurses, a number of which are now starting work.
- k) The Committee asked how NHT supports people who are homeless or rough sleeping. It was set out that a Street Triage Team engages closely with community partners and the Police, and is working in Nottingham to help support people who are homelessness or rough sleeping with mental health needs.
- l) The Committee queried whether the Turning Point Access Line was operating effectively. It was explained that there is a review of the service planned as a significant part of the Improvement Plan. The timescale has not yet been confirmed, but the expectation is that there will be a new model in place and the implementation plan and timeline is being finalised.
- m) The Committee asked what work was being done to support patients after discharge from an in-patient setting. It was clarified that there had been a policy change at NHT, which has a responsibility to seek to engage as effectively as possible with the follow-up needs of discharged patients. No patients are discharged without a face-to-face, multi-disciplinary meeting, and there is a clear process in place as to what conversations should be taking place. Details of these sessions are recorded and audited, and are also uploaded onto the 'safe now' dashboard.
- n) The Committee considered that it is vital that NHT listens to complaints and learns from them effectively. It was set out that NHT is currently compiling complaints so they are not reviewed in isolation, and is grouping them together by theme so that they can be used to inform service reviews.

Resolved:

- 1) To request that the NHS Nottinghamshire Healthcare NHS Foundation Trust (NHT) feeds back on the outcomes of its staffing establishment reviews,**

when appropriate, to set out how it will ensure that the right resourcing is in place to deliver services and improvement safely and effectively.

- 2) To request that further information is provided on the current performance of the new Turning Point Crisis Line, and the outcomes of its current review as part of the 'Safe Now' process.**
- 3) To request an appropriate stakeholder digest on the outcomes of the 'Safe Now' process is provided on a periodic basis, for the purposes of ongoing assurance as to patient safety.**
- 4) To recommend that NHT implements a clear public voice to patients through accessible communications channels to set out what the failures in services have been and how NHT is now striving to address them.**
- 5) To recommend that all possible activity is carried out to communicate a clear vision of how outcomes for service users will be improved, and how NHT is working hard to embed a strong culture of openness.**
- 6) To recommend that NHT reviews the levels of its mental health street outreach provision, to ensure that there is an effective and sustainable degree of coverage on the basis of the current need.**
- 7) To recommend that NHT considers how information can be shared with communities to demonstrate how services have been improved as a result of information received directly from patients through complaints processes.**

21 Achieving Financial Sustainability in the NHS

Amanda Sullivan, Chief Executive, Maria Principe, Interim Executive Director of Delivery and Operations, Rosa Waddingham, Chief Nurse, and Alex Ball, Director of Communications and Engagement at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on the work underway to achieve financial sustainability in the local NHS. The following points were raised:

- a) The ICB has increased levels of funding this year to sustain the local NHS healthcare system but, due to service pressures, there has been a significant overspend. The ICB has agreed a £100 million overspend with NHS England for 2024/25, but there is a 6% saving in costs that must now be delivered. By the end of 2025/26, the ICB must be in a balanced and sustainable financial position, so a savings programme is being developed that will be phased over a two-year period.
- b) The savings programme is focussed on delivering efficiency savings while minimising the impacts on frontline services wherever possible. The programme will be 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; deferring some investment in services; and concluding pilot activities where clear benefits have not been identified.

- c) There is an established process to assess the impact on quality and equality of saving plans where services are proposed to be changed or ceased. An impact screening process will be completed for all schemes to identify whether a full Equality Impact Assessment is needed, and the ICB and providers must complete the tool for all proposals that are being considered as part of the financial sustainability proposals across the system.

The Committee raised the following points in discussion:

- d) The Committee asked what the timetable for the implementation of the savings proposals was currently projected to be. It was reported that it is expected that there will be a list of initial proposals that would result in frontline service change produced by the end of October. These will be developed throughout the remainder of this financial year, for implementation during 2025/26. Meanwhile, the work to deliver efficiency savings is currently underway.
- e) The Committee asked how the initial 2024/25 cost savings would be achieved. It was explained that work was being done to drive efficiencies, reduce procurement costs, ensure that proper referrals were made and ensure best value from providers to bring costs down. A great deal of work is being done in this area to deliver best value in a way that does not impact on patient services. A focus of achieving financial sustainability is to ensure the full control of finances in a way that has not been possible since the Coronavirus pandemic. The majority of the savings in the first year will come from cost efficiencies, and national benchmarking data is being used to assess how clinical facilities can be used most efficiently to maximise the impact on reducing waiting lists. However, delivering savings in 2025/26 will be more challenging, and this will have more of an impact on certain frontline services.
- f) The Committee asked what work was being done to ensure the quality of care in private settings – particularly as there was currently high levels of expenditure on private mental health in-patient beds. It was reported that overall mental health spend and investment is protected, though individual services could be affected. Work is underway to ensure that there is proper quality assurance for external provision and, although there are no current plans to commission a dedicated Psychiatric Intensive Care Unit for women, the overall in-patient need is being kept under review. Discharge processes are also being monitored closely to develop a greater level of transfer to local community settings to support healthy and independent lives.
- g) The Committee asked how people would be supported in any changes to the provision of medication. It was set out that individual medication reviews will be carried out to ensure that patients receive what they need at best value, and proper account will be taken of exceptional circumstances. A great deal of work is underway to ensure that there is effective supply of the right medication.
- h) The Committee asked what work was being done to ensure that joint care packages were appropriate. It was reported that work is underway to ensure that

care packages are properly benchmarked, in consultation with frontline clinical staff. Engagement is underway with social care partners, including the Council, to ensure appropriate discharge with an effective and proportionate package of care in place.

- i) The Committee asked how the voice of clinical leaders would be used in the development of the proposals. It was explained that many of the savings have been reviewed as part of a wider programme of service transformation and, as part of this process, the experience of clinical leaders has been used to shape the service reviews. Expert clinicians will be involved both in the development of proposals and the following implementation planning.
- j) The Committee asked how the outcomes and impacts of the savings proposals would be monitored, and what learning had been taken from previous service transformation programmes. It was reported that it is vital for the impacts of the proposals to be monitored effectively to assess whether they are achieving the intended outcomes and are not resulting in unintended consequences. An outcomes dashboard is in place and this will be reviewed regularly to actively monitor outcomes and impacts.
- k) The Committee queried how the savings proposals aligned to the aims and objectives of the current Integrated Care Strategy, including the development of prevention activity through the joint Better Care Fund (BCF). It was explained that savings proposed within the BCF would not decrease the current service offer – but would decrease the rate of the BCF’s growth. Currently, the ICB must focus on funding core activity, and will seek to increase investment again in the future once the system’s financial position has stabilised. The ICB will develop its sustainability proposals with regard to the Integrated Care Strategy across a multi-year period, reviewing the position year-on-year.

Resolved:

- 1) To request that, when appropriate, the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) confirms what proposals for service change it will be working to take forward, which proposals it has identified where a full Equality and Quality Impact Assessment will be required, and the target timeline for when these service changes need to be implemented to achieve the required savings.**
- 2) To request that a general indication is provided as to what extent that the 6% in budget savings for both 2024/25 and 2025/26 could be achieved through operational efficiencies, and what proportion will need to be made through service changes that will have a more direct impact on patients.**
- 3) To recommend that the ICB reviews whether the current commissioning need for inpatient beds is being met effectively (particularly in the context of mental health beds and whether a dedicated, in-area Psychiatric Intensive Care Unit for women is required), given the potential challenges in assuring the quality of care in private settings.**

- 4) To recommend that the ICB works as closely as possible with its partners in a clear, collaborative space to ensure that the review of joint care packages results in future packages that are appropriate to the needs of the patient, represent best value and are implemented within a timeframe that is sensitive to the needs and circumstances of the patient.**
- 5) To recommend that the ICB gives full consideration to how the agreed objectives of the Integrated Care Strategy could be delivered within its current timeframe, in the context of the existing financial position, in close engagement with the Nottingham and Nottinghamshire Integrated Care Partnership – particularly in the context of how investment in the Better Care Fund can be both sustained and grown.**

22 Responses to Recommendations

The Chair presented the latest responses received from the Council's Executive to recommendations made to it previously by the Committee.

The Committee noted the responses to its recommendations.

23 Work Programme

The Chair presented the Committee's current Work Programme for the 2024/25 municipal year.

The Committee noted the Work Programme.

Health and Adult Social Care Scrutiny Committee 24 October 2024

Adult Social Care Housing Needs

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To scrutinise how appropriate homes are delivered to support adults with social care needs in living independently, following the outcomes of the Care Quality Commission's (CQC's) pilot Care Act Assessment of the Council's Adult Social Care Service in May 2023, which identified several challenges relating to housing and accommodation for individuals with complex needs.

2 Action required

- 2.1 The Committee is asked:
 - 1) to make any comments or recommendations in response to the report of the Executive Member for Adult Social Care and Health on how the Council is addressing housing and accommodation needs for adults requiring social care; and
 - 2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

- 3.1 The CQC, as an independent regulator, was given new responsibilities to assess how well Local Authorities are performing against their duties under Part 1 of the Care Act 2014. The CQC developed an associated assessment framework through co-production with partners, agencies and people with direct experience of using care and support services, which was piloted at five Local Authorities (including Nottingham City Council) to test its methodology and processes, and to identify any refinements required.
- 3.2 The Council's assessment was carried out from 11 May 2023, reviewing the 2022/23 period. Approximately 5,900 adults in Nottingham were accessing long-term social care support during this time, with around 1,320 using short-term support. The assessment results were published on 17 November 2023, with the CQC's indicative findings being that the Council's Adult Social Care services required improvement. The Committee reviewed the assessment outcomes as a whole at its meeting on 15 February 2024 and, following these discussions, considered that the Council's response to the challenges identified by the CQC relating

specifically to housing and accommodation for individuals with complex needs should be considered further. These challenges included housing shortages impacting care delivery, an over-reliance on residential care and fragmented system pathways.

- 3.3 In response to the CQC's findings in this area, the Council implemented an Action Plan to address the main challenges, with key focuses on expanding supported housing options, developing a new Extra Care framework and creating a multi-disciplinary panel to improve coordination across services. The Action Plan is structured to reflect the CQC Assessment Framework, which comprises nine quality statements across four overall themes:
- working with people;
 - providing support;
 - how the Local Authority ensures safety within the system; and
 - leadership.
- 3.4 The Council is seeking to take steps to address the housing and accommodation needs of adults who require social care through joint work and collaboration to expand supported living options, enhance Extra Care services and improve coordination across Council departments. As a result, the Council is aiming to promote independence and reduce the reliance on residential care. Ongoing improvements, including an All-Age Accommodation Strategy, are intended to ensure that Nottingham's housing options are responsive to the needs of the most vulnerable residents, aligning with the recommendations of the CQC.
- 3.5 This item is directly relevant to the delivery of the 'Living Well in Our Communities', 'Better Housing' and 'Serving People Well' outcomes of the Strategic Council Plan and, in the context of the Council Improvement Plan, has impacts on all three aims to ensure a Council that delivers for Nottingham with a clear direction and purpose, a Council that is financially sustainable and a Council that is well run with effective people, processes and systems.

4 List of attached information

- 4.1 Report: CQC Pilot Assessment Report and Rating

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 [CQC Pilot Care Act Assessment](#)

6.2 Report to, and Minutes of, the Health and Adult Social Care Scrutiny meetings held on [15 February 2024](#)

7 Wards affected

7.1 All

8 Contact information

8.1 Adrian Mann, Scrutiny and Audit Support Officer
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Report to the Health and Adult Social Care Scrutiny Committee

24 October 2024

Item Name: Care Quality Commission Pilot Assessment Report and Rating

Corporate Director: Roz Howie

Lead Officer: Karla Banfield

Contributions from Officers: Claire Labdon-West and Antony Dixon

Executive Member: Cllr Pavlos Kotsonis

1. Purpose

This report responds to the Scrutiny Committee's request for a review of how the Council is addressing housing and accommodation needs for adults requiring social care. The report specifically references the Care Quality Commission's (CQC's) pilot Care Act Assessment findings and outlines the Council's joint working initiatives between Adult Social Care (ASC) Services, Housing Services and the wider Growth and City Development directorate.

2. Background and Context

The CQC conducted a pilot Care Act Assessment of the Council's ASC services in May 2023, publishing the findings in November 2023. This assessment identified several challenges related to housing and accommodation for individuals with complex needs.

Key Findings from the CQC Assessment:

- **Housing Shortages Impacting Care Delivery:** A shortage of appropriate housing for people with complex needs was identified, which delayed care transitions and increased risks for vulnerable individuals: "A shortage of housing, particularly for people with complex needs, was a recurring issue affecting staff's ability to move cases forward effectively. This shortage delays care transitions and increases risks for vulnerable individuals."
- **Over-reliance on Residential Care:** Due to limited supported housing options, there was an overuse of residential care for younger adults with complex needs: "The issues around housing could also lead to the over-use of residential care, particularly for younger adults." Due to limited supported housing options, there was an over-reliance on residential care for younger adults with complex needs.
- **Fragmented System Pathways:** The CQC highlighted a lack of coordination between health, social care and housing services, particularly regarding transitions from hospital care to housing: "Staff identified the lack of coordination between health, social care and housing services as a barrier to smoothly transitioning individuals from hospital to appropriate housing. This fragmentation leads to delays in care pathways and causes difficulties in managing cases."

Response to CQC Findings:

In response to the assessment, the Council implemented a comprehensive Action Plan to address these challenges, which was ratified by the Corporate Leadership Team in January 2024. The Action Plan is governed monthly through presentation and review at the ASC Oversight and Assurance meeting, and is structured to reflect the CQC Assessment framework – which comprises nine quality statements across four overall themes:

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

The Action Plan's key actions include expanding supported housing options, developing a new Extra Care framework and creating a multi-disciplinary panel to improve coordination across services.

3. Actions Undertaken to Date

Action	Lead Officer/Team	Completion Date
Expansion of Supported Living Units by 64 per year	ASC, Housing Services and Developers	Ongoing 2024/25
Creation of a Hospital Discharge Navigator role	ASC	Implemented
Development of an Extra Care Framework	ASC and Procurement	Tender live November 2024
Joint work with NHS England on capital funding bids	Commissioning and Partnerships	Approval pending January 2025
Creation of a multi-disciplinary panel for care pathway improvements	ASC and Housing Services	Implemented
Implementation of the Housing to Health initiative	ASC and Housing Services	Ongoing
Grant-funded Social Worker dedicated to at-risk individuals	ASC and Housing Services	Ongoing 24/25

Review of Independent Living provision	Housing Services	Ongoing 2024/25

These actions aim to increase supported living capacity, improve care transitions and enhance coordination between departments. The ongoing work on supported living and the Shared Lives schemes is crucial in addressing the gaps identified by the CQC.

4. Risks and Mitigations

Risk	Mitigation
Housing Shortages: delays in care delivery due to insufficient housing options	Expanding supported living capacity and implementing the new Extra Care framework to ensure housing stock meets demand.
Over-reliance on Residential Care: continued use of residential care due to lack of alternative housing	Recommissioning Extra Care services and expanding supported living options to offer cost-effective, person-centred alternatives.
Fragmented Care Pathways: delays and confusion due to poor coordination between services	The new Housing and Care Pathway will streamline processes, improve communication and reduce delays in care transitions.

5. Next Steps

The Council has several ongoing initiatives to ensure continuous improvement in meeting housing and accommodation needs for ASC clients:

Next Step	Lead Officer/Team	Timeline
Finalise the All-Age Accommodation Strategy	Strategy Development	Winter 2024/25
Implement a new Extra Care Framework	Procurement and ASC	May 2025

Conduct an options appraisal for Independent Living schemes	Housing Services	2025/26
Collaborate with the Local Government Association on a joint housing and care pathway	Commissioning and Partnerships	Proposal due November 2024
Monitor and align ASC's CQC Action Plan with the broader Housing Strategy	ASC Strategy	Ongoing

These steps will expand housing options, improve care pathways and foster a more coordinated and person-centred approach to care, directly addressing the concerns raised by the CQC.

6. Conclusion

Through joint work and collaboration, the Council is taking significant steps to address the housing and accommodation needs of adults who require social care. By expanding supported living options, enhancing Extra Care services and improving coordination across departments, the Council is reducing reliance on residential care and promoting independence. These ongoing improvements, including the All-Age Accommodation Strategy, ensure that Nottingham's housing solutions are responsive to the needs of its most vulnerable residents, aligning with the recommendations of the CQC.

Health and Adult Social Care Scrutiny Committee 24 October 2024

Work Programme

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To note the Committee's current 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.
- 1.2 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.

2 Action required

- 2.1 The Committee is asked:
 - 1) to note its current work programme for the 2024/25 municipal year and make any needed amendments; and
 - 2) to consider any further priority topics or issues for inclusion on the work programme.

3 Background information

- 3.1 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.
- 3.2 The Committee's formal Terms of Reference are set out under Article 9 of the Council's Constitution, with it 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.

3.3 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.

4 The Strategic Council Plan 2024-27 and the Council Improvement Plan

- 4.1 The vision set out in the Strategic Council Plan (SCP) is that Nottingham will be known as a healthy, aspirational and thriving city, where people feel safe to live and work whatever their age, and an exciting, clean and welcoming place to play, study and visit. Nottingham will be a city that is green and environmentally sustainable, with a strong commitment to fairness, equality and inclusivity. The SCP sets out ten high-level outcomes for Nottingham, and each outcomes has a number of priority activities and interventions to help deliver it within the four-year span of the SCP.
- 4.2 In addition, the Council Improvement Plan (CIP) establishes how the Council will respond to the significant governance and financial challenges that have led to the statutory intervention by Government Commissioners. The CIP represents the overarching framework that holds the Council's improvement activity together and is intended to address the challenges the Council faces while working towards achieving longer-term change to become an organisation that has a clear purpose and direction, is financially sustainable and is well run. Delivering the CIP is intended to provide assurance to citizens, councillors, officers, partners and the Commissioners that the Council is improving the way it operates to deliver, enable and influence better outcomes for Nottingham in the most effective, efficient and economical way. The CIP sets out three overall aims, with eleven Priority Programmes of Action.
- 4.3 As a result, when planning its work programme, the Committee should consider how an item relates to achieving both the Priority Programmes of Action within the CIP and the wider objectives of the SCP. In scrutinising topics at a meeting, the Committee should seek to investigate what Priority Programmes of Action the issue affects and how improvement is being delivered against these, as well as the progress made to date against the associated performance metrics and that there is a full understanding and effective management of risk.

5 List of attached information

- 5.1 Work Programme 2024/25

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

- 6.1 None

7 Published documents referred to in compiling this report

- 7.1 [Nottingham City Council's Constitution](#) (Article 9 and Article 11)
- 7.2 [The Strategic Council Plan 2024-27](#)
- 7.3 [The Council Improvement Plan](#)

8 Wards affected

8.1 All

9 Contact information

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

**Health and Adult Social Care Scrutiny Committee
Work Programme 2024/25**

Meeting	Items
13 June 2024	<ul style="list-style-type: none"> <li data-bbox="517 405 2029 480"> <p>• Appointment of the Vice Chair To appoint the Committee’s Vice Chair for the 2024/25 municipal year</p> <li data-bbox="517 520 2029 627"> <p>• Adult Social Care Single Integrated Delivery Plan 2024-28 To review the development and implementation of a Single Integrated Delivery Plan for the transformation of Adult Social Care services</p> <li data-bbox="517 667 2029 774"> <p>• Quality Accounts 2023-24 To note the Committee’s formal statements on the latest Quality Accounts of the major NHS providers delivering services in Nottingham</p> <li data-bbox="517 813 2029 963"> <p>• Work Programme 2024-25 and Activity Summary 2023-24 To agree the Committee’s work programme for the 2024/25 municipal year, and to note its activity and recommendations to the Council’s Executive (and the responses received), NHS commissioners and providers, and other partners during the 2023/24 municipal year</p> <li data-bbox="517 1003 2029 1078"> <p>• Future Meeting Dates To agree the Committee’s meeting dates for the 2024/25 municipal year</p>
11 July 2024	<ul style="list-style-type: none"> <li data-bbox="517 1155 2029 1262"> <p>• 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</p>

Meeting	Items
	<ul style="list-style-type: none"> • 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
<p>19 September 2024</p>	<ul style="list-style-type: none"> • 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
<p>24 October 2024</p>	<ul style="list-style-type: none"> • Nottingham University Hospitals NHS Trust - Inclusion To review the progress in ensuring that the Trust is a safe, inclusive and open environment for patients and staff as part of bringing about improvements in Maternity Services • Adult Social Care Housing Needs To review how appropriate housing and accommodation is delivered as part of supporting people with adult social care needs in living independently
<p>21 November 2024</p>	<ul style="list-style-type: none"> • Nottingham City Safeguarding Adults Board To consider the Board's latest Annual Report and the key activity being undertaken to protect vulnerable adults • [TBC] General Practice Recovery To review the work being done to ensure effective General Practice provision as part of recovering access to primary care

Meeting	Items
19 December 2024	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • [TBC] Sexual Violence Support Services To review the commissioning and delivery of support services to the victims of sexual violence • [TBC] Nottinghamshire Healthcare NHS Foundation Trust - In-Patient Safety To review how the Trust is ensuring the safety of in-patients as part of delivering its wider Integrated Improvement Plan • [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	<ul style="list-style-type: none"> • [TBC] Adult Social Care Single Integrated Delivery Plan To review the progress of the delivery of transformation within Adult Social Care services •
20 March 2025	<ul style="list-style-type: none"> • [TBC] Nottinghamshire Healthcare NHS Foundation Trust - Patient Involvement To consider how the Trust has engaged with patients as part of the development and delivery of its wider Integrated Improvement Plan •

Meeting	Items
24 April 2025	<ul style="list-style-type: none"> • • • Work Programme and Quality Accounts 2024-25 To take a forward view on the Committee's developing work programme and agree its approach to the consideration of the annual NHS Quality Accounts

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] 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] Nottingham and Nottinghamshire Integrated Care Strategy 2023-27:** To consider how the ICB is delivering against the guiding principles and strategic aims within the time period of the current local Integrated Care Strategy

- **[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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