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Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Date: Thursday 20 March 2025

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

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 20 February 2025 from 9:30am to 11:59am

Membership

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

Colleagues, partners and others in attendance:

Dr Dave Briggs	-	Medical Director, NHS Nottingham and Nottinghamshire Integrated Care Board
Philip Broxholme	-	Strategic Lead for Community Safety
Caroline Goulding	-	Director of Primary Care, NHS Nottingham and Nottinghamshire Integrated Care Board
Councillor Corall Jenkins	-	Executive Member for Communities, Waste and Equality
Councillor Angela Kandola	-	Deputy Nottinghamshire Police and Crime Commissioner
Jane Lewis	-	Strategy and Commissioning Manager
Adrian Mann	-	Scrutiny and Audit Support Officer
Kate Morris	-	Scrutiny and Audit Support Officer
Colin Parr	-	Corporate Director for Community, Environment and Resident Services
Naomi Robinson	-	Deputy Head of Joint Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board
Sabrina Taylor	-	Chief Executive, Healthwatch Nottingham and Nottinghamshire
Nicola Wade	-	Commissioning Manager, Office of the Nottinghamshire Police and Crime Commissioner

47 Apologies for Absence

Councillor Sulcan Mahmood	-	personal reasons
Sarah Collis	-	Chair, Healthwatch Nottingham and Nottinghamshire

48 Declarations of Interests

None

49 Minutes

The Committee confirmed the Minutes of the meeting held on 23 January 2025 as a correct record and they were signed by the Chair.

50 Access to General Practice

Dr Dave Briggs and Caroline Goulding, Medical Director and Primary Care Director at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on access to primary care services across the city. The following points were raised:

a) There are 44 GP practices within the city, covering nine Primary Care Networks (PCNs). Since September 2023, one GP practice has closed and one has been re-procured, and one PCN has split into two new PCNs. There are a range of services that GPs deliver: a national contract for the core services; Enhanced Access, which provides a more cohesive service to patients across PCNs; and Local Enhanced Services, which provide an extended range of services that GPs can choose to deliver. There has been good sign-up to the Local Enhanced Services by GPs, which has allowed practices to provide care closer to home and targets care across the city. Services provided include taking blood, micro-surgery, heart tracing and anti-coagulation services, reducing the need for people to attend hospitals. There has also been increased enhanced safeguarding training in recognition that many areas of the city experience severe multiple disadvantage and deprivation.

b) There have been some challenges around primary care contract negotiations at a national level. Locally, the ICB has a responsibility to ensure that there is adequate access to primary care services, working with local stakeholders around the commissioning of additional Local Enhanced Services. The ICB also engages closely with the Council and Public Health colleagues to understand needs and demand, and consider how best to provide care taking account of infrastructure, the provider market and intended outcomes.

c) Performance and quality monitoring is overseen by the Performance Delivery Group, the Quality Group and the Support and Assurance Group, all focusing on slightly different metrics in order to triangulate information on performance. GP practices are assessed on a wide array of performance and quality indicators, but the ICB cannot have direct access to GPs' clinical records systems, due to patient confidentiality. The ICB visits GPs to learn what works well and how this can be adapted and adopted by other practices where additional support is needed, and has been working to improve engagement with all GPs to offer support where needed.

d) In May 2023, the Primary Care Access Recovery Plan was published by NHS England, recognising capacity challenges across the country. The ICB produced a local recovery plan including actions to increase self-referral routes, expand community pharmacy services (where Nottingham was part of a national pilot scheme), improve telephony services by moving over to digital telephony and technology and enhance training to provide better advice on care navigation.

e) However, there have been a number of challenges in recovering access to primary care. National collective action by GPs has impacted how practices engage with the ICB, with some practices stepping back from the Local Enhanced Services to focus on the delivery of the core contract. The relationship between GPs and the ICB has been different to that between the GPs and the previous Clinical Commissioning Groups, and this structural transition is still being embedded. Resilience continues to be a challenge, with impacts on the health and wellbeing of staff across the system. However, despite this, the metrics indicate that there are 5% more appointments available than the target set by the ICB, with improved access in place. Nevertheless, more work is still needed at a rapid pace to further improve access to primary care across the city.

The Committee raised the following points in discussion:

f) The Committee queried whether 10% of GPs not being signed up to the enhanced safeguarding training represented a concern to the ICB. It was explained that the national core contract ensures that a significant level of safeguarding training and practice is in place. This contractual responsibility on GPs is robust and requires practices to have clear levels of safeguarding processes in place. Where a practice choses not to engage in the further enhanced training, it will still meet all of the nationally required levels for safeguarding and is considered a safe practice.

g) The Committee queried whether the time required for GPs to submit detailed data for monitoring might impact on the time available to spend with patients. It was set out that monitoring the performance and quality of primary care services is fundamentally important, though the ICB has been working with GPs to ensure that the time commitment is not unnecessarily onerous – while still ensuring that patients are receiving good quality services. Much of the monitoring has been worked into GPs' day-to-day activities and is computer-generated, wherever possible.

h) The Committee asked whether Community Pharmacies were able to prescribe oral contraception without any input from a GP, and what percentage of people accessing oral contraception through the Community Pharmacy had to be referred through to GPs. It was explained that there are a number of brands of oral contraception the Community Pharmacies are able to prescribe without the need for the patient to see a GP, where the risks are low and there is no prior medical history. If there is any doubt about the suitability of prescribing a medication, the pharmacy is able to request access to the patient's medical records and, if necessary, refer the patient to see the GP. During the pilot of this programme, the rate of referrals to a GP was low. Going forward, all new pharmacists will be qualified as independent prescribers as part of their formal training, ensuring that qualified individuals are able to prescribe through the Community Pharmacy service.

i) The Committee asked what was being done to ensure that the physical space within Community Pharmacies was appropriate for prescribing conversations, and that the ICB had the right level of oversight in place. It was set out that all Community Pharmacies are required to provide a private consultation room. Many pharmacies have had to reengineer the space within their premises to achieve

this requirement, which has presented some challenges. This is a national issue and more support for the Community Pharmacy model is being explored at the national level. All Community Pharmacies are registered and are subject to the same level of oversight as GP practices, being required to work within a national framework that has clear boundaries, and they must report to the ICB on any issues in delivering their contracted opening hours.

j) The Committee asked how Physician Associates were used within primary care, and how their role was communicated to patients. It was reported that the role of Physician Associates is to work alongside GPs to treat a wide range of conditions. This role sits alongside a set of other clinical roles in practices designed to support the timely and safe delivery of primary care. Generally, Physician Associates can treat patients with acute and self-limiting conditions, and help to support on-the-day access to primary care services. Where there are elements of greater complexity, cases are referred to GPs. This relatively new role has been introduced nationally and it is essential that there is the right support to integrate them into GP practices effectively. There is an expectation that there will be senior oversight within the practice, with the the Physician Associates referring cases on to GPs where necessary. Monitoring and oversight is carried out by the individual GP practice, which communicate with patients about the different clinical roles provided and how they work together to offer a wide range of services.

k) The Committee asked how the ICB engaged with the Council around emerging need for primary care and supporting the expanding population. It was set out that the ICB has a good working relationship with the Council's Planning team and actively engages with them. Where a Planning application for a new housing development is approved, a Section 106 contribution will be set for the developer to grow capacity to ensure that GPs can manage the increase in the population for their area.

The Chair thanked the representatives from the ICB 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 results of the pilot for the prescription of oral contraception by Community Pharmacies in terms of how many people reported that the medication prescribed in the first instance was unsuitable for them, and how this compares to prescriptions made by GPs.**

2) **To request that further information is provided on how the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) monitors the level of prescription of antibiotics made by Community Pharmacies, and how this compares to the numbers prescribed by GPs.**

3) **To request that a written update is provided on whether Community Pharmacies in Nottingham are achieving their contracted opening hours, and the current challenges being faced in ensuring that the required opening hours are delivered.**

4) **To request that further information is provided on how the ICB engages with the Council on planning the additional Primary Care infrastructure needed to meet the demand arising from new housing developments, and how the requirements for the increase in associated staffing are addressed.**

5) **To recommend that the ICB engages with GPs on the importance of information being easily available to explain the role that Physician Associates (and other medical staff who are not GPs) are carrying out at an individual Practice, so that patients can have confidence that the right services are being provided by the right people.**

6) **To recommend that the ICB considers how it can engage most effectively with patients around what their particular local needs are for the availability and flexibility of GP appointments.**

51 Sexual Violence Support Services

Angela Kandola and Nicola Wade, Deputy Police and Crime Commissioner and Head of Commissioning and Partnerships at the Office of the Nottinghamshire Police and Crime Commissioner (OPCC); Councillor Corall Jenkins, Colin Parr, Philip Broxholme and Jane Lewis, Executive Member for Communities, Waste and Equalites, Corporate Director for Community, Environment and Resident Services, Strategic Lead for Community Safety, and Strategy and Commissioning Manager at Nottingham City Council; and Naomi Robinson, Deputy Head of Joint Commissioning at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), presented a report on how partnership work was being carried out through the Joint Sexual Violence Commissioning Group to recommission the Sexual Violence Support Service (SVSS). The following points were raised:

a) The key driver for the development of the SVSS arose from the findings of the Independent Inquiry into Child Sexual Abuse (IICSA) in Nottingham and Nottinghamshire, as a need arose for a specialist and non-medicalised service for survivors impacted by trauma. The OPCC became the lead commissioner in a partnership that also includes Nottingham City Council, Nottinghamshire County Council and the ICB. The SVSS model was developed with the input of survivors to create a single point of contact to eliminate the need for those accessing the services to retell their story multiple times, providing access to therapy and non-clinical support, with delivery commencing from 1 January 2021 to the end of December 2025. In June 2024, a needs assessment was undertaken around sexual violence service provision.

b) There are two main elements to SVSS – a single support hub and the specialist therapy provision. The hub is where referrals are received, and assessment and safeguarding actions are carried out. Survivors can access regular drop-in sessions and telephone support, and a seconded clinical Mental Health specialist offers stabilisation services. The specialist therapy provided is tiered and needs-led, including a number of different recognised methods over three stages: stabilisation, therapeutic processing and reintegration. Outcomes are measured through a Clinical Outcomes Routine Evaluation. Mental distress and anxiety are considered as part of a therapy service that aims to provide support and build resilience.

c) There has been a waiting list since the SVSS was launched, and this has grown throughout the life of the contract. In 2022, the SVSS received funding for additional support for those on the waiting list, including regular check-ins, group therapy sessions and mindfulness groups. From April 2025, there will also be recovery coaching sessions available alongside the stabilisation services. Increasing the availability of the stabilisation service at the early stage of engagement will reduce the need for as much intensive therapeutic input later in the process.

d) In terms of funding the SVSS, the OPCC element has come via the Ministry of Justice as part of a pilot scheme, with Nottingham being just one of five areas that co-commissions SVSS in this way. Additional money came in 2023 through the 'Pathfinder' funding from NHS England, which has enabled a specialist Mental Health worker to be embedded within the SVSS and the provision of the new recovery coaches. The commissioning partners have been meeting with other services accessing the Pathfinder funding to establish best practice.

e) To inform the future procurement of the SVSS to ensure efficient waiting list management, the latest needs assessment indicates that the three-tiered service methodology currently in use is effective, embedded Mental Health workers focusing on stabilisation early on reduces the need for extended therapeutic intervention, and that developing trust in services enables survivors to better benefit from therapeutic intervention. Looking forward, there is still a clear need for the SVSS and the current structure aligns well with established best practice, although work needs to be done to tackle the extended waiting lists as part of the recommissioning process.

The Committee raised the following points in discussion:

f) The Committee asked whether the limited funding available contributed to the current extended waiting times. It was explained that the need for the SVSS is significant and mostly hidden. Additional funding would always be beneficial, but the service has to be delivered within the wider context of a challenging financial landscape for all partners. There are actions both in place and planned to reduce the time people spend on waiting lists, including the implementation of additional stabilisation services, and the introduction recovery coaching posts. Nottingham City Council partners confirmed that they were committed to maintaining their current level of funding for the SVSS moving forward, acknowledging the incredibly impactful work done by the SVSS up to this point. There remains a strong partnership delivery approach to the SVSS, particularly in terms of tackling the waiting times for survivors.

g) The Committee asked if the SVSS had taken learning on specialist therapy models from other similar services, such as the Amara provision for children and young people or the National Society for the Prevention of Cruelty to Children's 'IICSA Changemakers' group. It was set out that although there were different recognised therapeutic techniques for children and adults, the SVSS is continually reviewing examples of best practice from across the country in order to offer the very best service to survivors. The SVSS is still relatively new, so part of the recommissioning process is to consider what worked well and work to improve the

service based on current best practice. The partnership can seek to engage with the 'IICSA Changemakers' group on developing the voice of survivors in service commissioning processes.

h) The Committee asked how survivors had been consulted when considering the structure of the SVSS. It was reported that, as part of the needs assessment, survivors were engaged with closely through focus groups. A reoccurring theme was how responses from some agencies had caused them to relive trauma, particularly the requirement to retell their story multiple times. Evidence-based clinical interventions have been developed in the context of the needs assessment, which highlighted the need for the stabilisation process prior to therapy to make it more effective and efficient. The introduction of the stabilisation process also benefited those people who did not need or want clinical intervention. Outside of the needs assessment, there is a continuous conversation with support groups, with a permanent Survivor's Voice role developed to attend groups and work with commissioners.

i) The Committee asked whether there were any specific bottlenecks in service assessment or delivery contributing to the significant time on waiting lists. It was explained that when the SVSS first started it inherited an existing waiting list, and referral rates have since increased. There is also an increased complexity of cases being referred and so therapy is required for longer periods of time, impacting on the waiting list. The introduction of the stabilisation service will help to reduce the overall time survivors need for therapy, which will positively impact on the waiting list, although the impact is likely to take around 6 months to a year to be visible.

j) The Committee asked how the transition from children's to adults' services was handled and whether young people making that transition would be placed on the adults' waiting lists. It was set out that young people's and adults' services work together to ensure that the transition from child-centred services to adult ones if effective and properly survivor-led, with a focus on ensuring continuity of service – so that over 18s can continue with Amara-based services if needed.

k) The Committee asked whether survivors across all Nottingham communities were properly represented within the SVSS, and how the service engaged with under-represented groups effectively. It was explained that, in 2024, the SVSS reviewed the ethnicity of people accessing the service, with the figures showing that Asian women were slightly underrepresented within it, but not significantly so from other city demographics. The representation of communities was in line with the current Census information. Engagement work has been undertaken with community groups and resources are available in a number of different languages commonly used across the city. The OPCC is also looking at why some people are less likely to report being a victim of sexual violence, and is working to improve trust and confidence amongst survivors to come forward.

The Chair thanked the representatives from the OPCC, the City Council and the ICB for attending the meeting to present the report and answer the Committee's questions.

Resolved:

1) **To request that further information is provided on how the commissioners have engaged directly with survivors of sexual violence and abuse (particularly those who are under-represented in the current service) and other partners, and how the arising learning has been used to plan the re-commissioning of a responsive service.**

2) **To recommend that the specialist sexual violence support service is re-commissioned (in close co-production with survivors), and to encourage all of the commissioning partners to confirm their commitment to continue to work together in its delivery and funding in the long term.**

3) **To recommend that consideration is given to what learning opportunities could be taken from the National Society for the Prevention of Cruelty to Children's 'IICSA Changemakers' group, and whether a similar group could be established locally.**

4) **To recommend that consideration is given to how further information could be made available online around how survivors can get involved in shaping the support service that is delivered.**

5) **To recommend that consideration is given to whether further mental health care provision could be provided within the sexual violence support service, to ensure as much continuity of care as possible for service users who also have clinical mental health needs.**

52 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 of the Executive to its recommendations.

53 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
20 March 2025

Nottinghamshire Healthcare NHS Foundation Trust - Patient Involvement

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To scrutinise how the Nottinghamshire Healthcare NHS Foundation Trust (NHT) is engaging directly with patients, carers and families to listen to their experiences and involve them appropriately in shaping and developing the services and care pathways across NHT, as part of the delivery of the wider Integrated Improvement Plan (IIP).

2 Action required

2.1 The Committee is asked:

1) to make any comments or recommendations in response to NHT's report on patient, carer and family engagement and involvement; 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 reports on 17 January and 1 March 2024, with the overall grading going down from the 'requires improvement' assessment given previously in 2022 to 'inadequate'. A rapid 'Section 48' review of mental healthcare services was also commissioned by the Secretary of State in January 2024 and the initial outcomes of this were published on 26 March 2024, with a second part to the report published on 13 August 2024.

3.2 NHT briefed the Committee on the outcomes of the CQC inspections at its meeting on 11 April 2024 and returned to the following meetings on 16 May and 19 September 2024 to provide further updates on the development and delivery of a full IIP in response. The IIP is intended to address the actions and recommendations arising from the CQC's reports, associated Prevention of Future Death notices issued by the Coroner and other external reviews. The IIP programmes are 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.

3.3 Following the meeting on 19 September 2024, NHT agreed with the Committee to bring forward three focused 'deep dive' items in early 2025 so that the delivery of improvements in these areas could be considered in greater detail:

- In-Patient Safety (January 2025)
- Patient Involvement (March 2025)
- Community Mental Health and Crisis Services (May/June 2025)

3.4 In the context of Patient Involvement, NHT has updated its Involvement and Experience Policy to reflect the national best practice guidance and set out the approach for the re-development of the Participation and Engagement Strategy for December 2025, including the piloting of paid involvement opportunities from March 2025 onwards. NHT has engaged with other providers to review approaches to involvement and has explored opportunities to participate in national and regional initiatives to build internal confidence and competency.

3.5 NHT is working to develop changes through the involvement and engagement of patients, carers and families, but recognises there is still significant development needed to grow the organisational culture, internal systems and processes to ensure that patients and those that care for them can consistently and actively participate in the planning and shaping of services; monitor the outcomes and impacts of activities and interventions; and review how the diversities of communities are fully embraced, involved and understood. NHT aims to collaborate more with people, stakeholders and local partners to take advantage of all the available insight from local communities as part of effective service design and quality improvement work.

3.6 As part of changes to NHT's senior leadership structure, the accountability for participation and involvement is now a core function of each Care Group, led by a Care Group Nurse Director. An Associate Director for Co-production and Patient and Carer Experience has also been established, with responsibility for ensuring that NHT drives its organisational culture to ensure participation across all areas, and the investment in and development of approaches to co-design and patient-leadership initiatives.

3.7 Although the Committee is not directly scrutinising the activity of the Council, this item relates to the wider system delivery of the 'Healthy and Safe Residents' Priority of Our Council Plan 2025-29.

4 List of attached information

4.1 Report: NHT - Patient Involvement

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 - Inspection Reports for NHT

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

- 11 April 2024 (NHT - Care Quality Commission Assessment Outcomes)
- 16 May 2024 (NHT - Integrated Improvement Plan)
- 19 September 2024 (NHT - Integrated Improvement Plan)
- 23 January 2025 (NHT - In-Patient Safety)

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: Patient Involvement

Briefing for the Nottingham City Health and Adult Social Care Scrutiny Committee
20 March 2025

1. Introduction

1.1 This briefing provides an overview of how Nottinghamshire Healthcare Foundation Trust has a range of engagement approaches with patients, their carers, and families to ensure we are listening to their experiences, and how we involve people in shaping and developing our services and care pathways across all the Trust's services and activities to drive quality and safety. The paper has been split into three sections

- **Section One** – Background to our approach
- **Section Two** - Methodologies deployed to listen and involve patients, service users, their families and carers and highlights several examples of recent and ongoing activity that demonstrate changes we have made because of patient and family involvement
- **Section Three** - As a learning organisation, where we are investing and changing our approaches to what we do through employing peer support workers, evolving our complaints handling and developing a compelling volunteering offer and priorities for the future
- **Section Four -** Highlighting our ambition to accelerate more activity to enable and nudge our organisational culture of participation, co production and inclusion.

2. Background

2.1 Within the last 6 months the Trust has updated its Involvement and Experience policy to ensure it reflects national best practice guidance and sets out the approach for the re-development of our Participation & Engagement Strategy for December 2025 and for piloting paid Involvement opportunities from March 2025 onwards. As part of this development, we reached out to other Trusts to review their approaches and have taken opportunities to get involved in national and regional initiatives to build our internal confidence and competency. This includes, as holders of the Triangle of Care accreditation, liaison with the Carers Trust and other NHS mental Health Trusts on best practice for the involvement of carers and families in our work.

2.2 The Involvement, Experience and Volunteering work is led by a team within Nursing, AHP's & Quality Team, reporting to the Chief Nurse. The team's main function is to run several feedback mechanisms and to support all the Trust's workforce to listen and respond to feedback and to deliver meaningful involvement activities through supporting patients and family's participation. The team have a resource bank of over 400 regular Volunteers and Involvement Partners, with lived experience, who support a wide range of activities across the Trust.

2.3 Externally to the Trust the team works collaboratively across the health system in Nottinghamshire engaging in activities with Place Based Partnerships and ICB on involvement and co-production activity. The team worked with Notts County Council on the co-production, with carers and families, on the Joint Carers Strategy Joint Carers Strategy 2023-28 | Nottinghamshire County Council and connects into a range of carer support groups across the county.

2.4 Additionally, to hear from racialised and marginalised communities the team is working directly with the City-based Race Health Inequalities group and is specifically supporting the commissioning of work on young black men's experience of mental health services to inform the development of the Trust Psychosis Care pathway.

2.5 The team chairs of the Tacking Loneliness Collaborative bring together people and communities impacted by loneliness across the Nottinghamshire County and the team is working closely with Healthwatch to support the development of several initiatives to build a more inclusive and transparent involvement and engagement process in a range of initiatives connected to the Trust improvement approaches & pathways.

2.6 For Notts Healthcare patient, carer & family involvement is an integral part of the business & service planning activity across the Trust. This is demonstrated by the establishment of a dedicated programme in our Integrated Improvement Plan to promote patient voices as well as advise other projects on how to engage and involve patients, carers and their families. Included within this are the Rapid Improvement Boards, driving forwards changes and improvements, with an emerging range of patient and carer focus groups, co-development and co-production approaches being deployed to transform what we do based on what's important to patients and families.

2.7 Within the Trusts Quality Oversight structures, data and insight are scrutinised from Care Unit/ Care Group level up to Board level on patient and carer experience and involvement with patient stories presented regularly at Trust Board meetings, ensuring senior leaders have a clear line of sight of positive and negative feedback and actions taken.

3. Methods to listen and to involve

3.1 Patient and Carer Experience Surveys

The Trust has a standard survey where patients and carers can rate the services they use and add comments about their experience. The survey is available in a hardcopy format, electronically online or via SMS text. It is available in easy read, with versions for young people and for carers/families.

The survey is undertaken at specific transition points within peoples care or in some of our forensic settings on a biannual basis and we have over 20 volunteers trained to collect survey responses face to face and via telephone contact.
We read all the feedback we receive. We share the positives with colleagues, so that they know how important their work is, and we use the negatives to learn and to make services better.

All the surveys can be viewed on our website and are searchable via services down to ward level Survey summary. This provides valuable insight for specific services and teams to consider how they deliver improvements to quality and patient experience.

Between August 2024 and January 2025, we received 2,619 responses:

- 762 highlighted "What could be do better"
- 1,407 highlighted "What did we do well"

During this time the Friends and Family Test Score was 88% and this is the proportion of patients who are extremely likely or likely to recommend a service. The service quality rating was 90%, see **Appendix one**:

- The most common comment category within "What could we do better?" was 'Provision of Services', with the second most common comment category being 'Communication'.
- The most common comment category within "What did we do well?" was 'Attitude of Staff', with the second most common comment category being 'Staff – General'

3.2 Care Opinion

The Trust subscribes to Care Opinion, an independent NHS feedback website where patients and families can share their story of their care with the Trust via an online form or a hardcopy version. The Trust has gained the most reviews on this website than any other Mental Health Trust in the country and have a transparent process for raising concerns at Board level.

The Trust has enabled patients at Rampton high secure hospital via their patient's online portal, Made Purple, with the capability to post their stories and experience. No other High Secure hospital in the country has provided this facility to give their patients access to Care Opinion in this way.

All feedback posted has a staff members response detailing what they will do with the feedback received. All Trust stories can be viewed here Your stories | Care Opinion

For the period August 24 – Feb 2025 we had 393 stories posted, with 377 staff responses made and 8 stories leading to changes being made. The stories were viewed 29,930 times on the Care Opinion website:

- 83% were not critical stories (325 stories), with 17% rated between minimally - moderately critical (65 stories) and 1% (3 stories) being strongly critical.
- What was good – Staff, helpful & support

- What could be improved – Communications, medication and Staff attitudes
- **See Appendix 2** and online The constant change of staff was difficult | Care Opinion for an example of a recent patient sharing their experiences and staff responses

3.3 Changes made because of feedback from surveys

"You said we did" boards on inpatient wards and buildings where services operate highlighting feedback received from surveys and what happened / changed because of the feedback which staff and patients keep up to date with local actions.

Some examples:

Highbury Hospital –
Activity timetables are now shared weekly rather than monthly as patients found the monthly timetable difficult to read as they contained too much information.
'Highbury Hacks' document is being created for patients to share their top tips about life on the ward with future patients, particularly those being on an inpatient ward for the first time, following patient feedback about their experience of being on the ward for the first time
Patients on female wards requested more **female staff on night shifts** both in patients feedback and through community meetings, the nighttime rota has been changed to prioritise female staff who are known to patients to be on shift overnight.
Patients asked for **more varied food options** to be available, as a response Highbury has a new set of menus, with increased choices and special dietary options available. The hospital also has a food group that is attended by staff and patients, that work with the catering supplier to address any issues.

3.4 Patient and Carer Forums

Across all Trust settings and sites, especially in our inpatient settings, there are ward community patient forums, where staff and patients get together to discuss what's happening within the service or on the ward and what improvements or thanks need to be made. These forums feed into the Quality Oversight monitoring process and representatives attend wider forum meetings such as hospital wide forums or Care Group wide meetings.

Within Forensic Care Group Patient representatives meet every month to share key issues from their Care Units and to work on topics such as the new Patient Safety Response framework and share their ideas with the Chief Executive on what should be included within the Integrated Improvement Plan.

Patients make changes happen through the forums, for example:

Highbury Hospital
Patient raised their frustration that they couldn't have a phone charger, this was a blanket restriction on all the wards for patient safety. Following discussions with patients, clinicians and nursing staff, wards have purchased short cable phone chargers and patients have individual risk assessments for the use of these, removing this blanket restriction
Discussions in patient's forum and from survey feedback at Highbury Hospital on observations that staff need to undertake, led to patients asking if redlight torches could be used at nighttime, as there is evidence that this disturbs sleep less. These are now being trailed as part of a Quality Improvement project
Forensic Services: patients raised their concerns about a decision made to not buy newspapers as a cost saving initiative, but their views and experiences were listened too, and the decision was reversed.

The Forums are additionally utilised to involve patients in setting up and supporting ward-based Quality Improvement projects with recent approaches on changes to Therapeutic Observations and developing ward-based information packs.

3.5 Patient/carer stories at Trust Board

At every Trust Board meeting a patient or carer story about their experience of our services is shared, in person. At the January Board of Directors meeting a carer shared her experience when her mother received care from the Planned and Proactive Care Community Nursing team in North Nottinghamshire. Following a stay in hospital and being discharged with a pressure ulcer concerns were raised by the carer and family on the care received, including a delay in receiving the appropriate mattress to support the patient's condition, which resulted in a readmission to hospital. The main points the carer highlighted to the Board were:

- Staff need to communicate clearly in a kind, empathetic manner
- Staff need to listen to families and carers
- Staff need to use the feedback from the patient safety review to take forward learning for the future and this should be cascaded and embedded across all relevant services.

Further detail on patient stories, themes/issues raised, and actions taken can be found in a copy of the most recent board summary at **Appendix 3.**

3.6 Regular involvement & Focus Groups

We hold a weekly Patient Information Group which involves service user and carers, volunteers and staff reviewing and producing new information, policies, survey and websites. In the last 6 months the group has:

- Worked with Mid Notts Community Neurological Rehabilitation Team in the development of therapy-based workbooks on Mood and Activity for those a neurological condition
- Reviewed and proposed amendments to leaflets for Waiting Well within our Local Mental Health Teams
- Carers Plan priorities for the Trust to be working on alongside Triangle of Care accreditation

Young people with lived experience of our services across MH and Community Health Care groups have come together to form a Youth Impact Board (YIB). The young people have designed and created all aspects of how YIB will operate and presented to the Executive Team about the work they had been doing and once fully established will report directly to them.

We have now recruited a Youth Impact Board Administrator from the team of young people to help us get the Board fully up and running to enable them to begin supporting and challenging our services to become more 'youth friendly' and are already contributing to the business case for paid involvement opportunities at the Trust and priorities they want to see included in the Integrated Improvement Plan.

In the last 6 months the Trust has hosted several focus groups and co-developed with patients and carers some resources to be utilised within the Trust on a range of topics from Accessing Crisis Services, Care Planning and DIALOG+ template for Adult Mental Health.

The Education Mental Health team working with young people Involvement Champions have co created a new youth mental health booklet for all Nottinghamshire secondary schools. Focusing on open conversations about mental health, encouraging empathy and fostering supportive environments where individuals can share their experiences. The resource will support students to have those conversations with each other and feel able to ask for help and support if they need to.
https://www.nottinghamshirehealthcare.nhs.uk/latest-news/trust-launches-new-mental-health-resource-in-notts-secondary-schools-7886

The Families of children referred to our **Children's Speech and Language Therapy Service** benefit from a waiting well programme, designed with feedback from local parents. The service held several focus groups to design a package of support for families who are waiting for an appointment with the service which has a high level of demand. In their initial referral letter, parents are provided with a dedicated telephone advice number as well as clear information about waiting times and where they can get further help. The service also proactively contacts any families who have had to wait longer than 9 months. Families waiting between 3 and 6 months for the **Autism Pathway** are similarly offered a drop-in advice session, introduced following feedback from parents.

3.7 Integrated Improvement Plan – patient and carer involvement

Engagement and Involvement is one of the key elements of our Trust-wide Integrated Improvement Plan, and we have gained valuable insight from local people about their priorities for immediate and longer-term changes to our services.

In late summer and early autumn 2024 we hosted 3 online engagement events (called Big Conversations) aimed at involving patients and carers in the ongoing development, monitoring, and oversight of our improvement plans.

The events resulted in over 50 patients and carers providing feedback on improvement plans and more than 60 questions raised. **Appendix 4** provides examples of some of the topics that have most frequently come up in conversations, along with our published responses.

We subsequently held an 'in-person' event in Mansfield, where leaders co-delivered presentations on healthcare issues alongside people with lived experience.

A Patient and Carer Reference Group has been established to provide oversight and input into the improvements and transformation taking place across the Trust. Members have been asked to sit on individual Programme Boards to ensure the patient and carer voice is heard in key decisions.

4. Employed Peer Support

Across our Mental Health & Forensic services, peer support work encompasses a range of approaches through which people with lived experience of distress and recovery support each other. This support might be social, emotional or practical.

We currently have 80 patient / carer peer support workers in services across the Trust who work in multi-disciplinary teams alongside doctors, nurses, psychologists etc. They provide a different type of engagement and connection by establishing a supportive and respectful relationship and demonstrating a 'lived example' of

progression and growth. Case studies of some of our peer support workers are included in **Appendix 5**.

5. Developing our Complaints Process

We have taken robust action to strengthen our complaints process in recent months following engagement with all relevant stakeholders.

We are also carrying out a Trust-wide review of complaints as part of our Integrated Improvement Plan. Actions include:

- Promotion of complaints training through our internal communications channels
- Sharing of best-practice complaint written responses with Care Unit and Care Group leaders responsible for complaint oversight/management
  The Care Group Nurse Directors will be requested to review all written complaint responses following full investigations.

The Trust-wide quality review will benchmark our complaint model and performance against 'outstanding' NHS organisations. We will also refer to statutory regulations, to identify any further possible areas of learning and improvement.

These actions aim to achieve the maximum benefit from the insight complaints offer. We also want to give patients, families and carers more confidence that their complaints, concerns and feedback will contribute to improvements, with better feedback following each contact.

We publish an annual complaints report, which gives evidence of changes we have made following complaints and is also regularly updated

5.1 A focus on Autism Informed Care

There has been an increased focus by the Trust on complaints received from autistic patients as part of our work to improve autism-informed care.

The Trust has an implementation plan focussing on aspects of a system-wide autism strategy and aims to address the varied experience of autistic patients and complainants who have shared their stories. The plan also reflects key insights from the charity Autistic Nottingham, the University of Nottingham and other partners.

Other individual services have drawn on complainants' experiences and ideas to change their practice and have further plans to address remaining challenges.

Complaints have identified the need for staff to undertake specific training:

- Triage workers on the clinical access line attended suicide awareness and prevention training and training on handling crisis calls.
- We have achieved compliance with the Oliver McGowan e-learning programme on Autism awareness with 90% of Trust staff having undertaken it, and it is now included as part of the mandatory training package for all Trust staff.

- We are making progress on both the Tier 1 and Tier 2 Oliver McGowan training. This training has a 3-yearly refresher period so this training will be delivered over a 3-year period with 33% of staff compliant at the end of Year 1 and 66% compliant at the end of Year 2, we are currently on course to exceed this.
- In January 200 staff completed Tier 2 face to face training with a further 202 staff completing it in February with the anticipation that over 50% of current staff will have been trained by the end of 2025.
- Complaints about interruptions to patients' community care have led teams to firm up their processes for providing cover. The Early Intervention Psychosis service undertook a full review and revised their internal working instructions to better manage unexpected absences.

6. Areas for Development

The wealth of information we have from patients & families through feedback, involvement activity highlighted and shared above, alongside the insight & analysing of peoples experience through our complaints, indicates we still have more to do. We have identified themes and areas for development based on analysing this data and have formulated core areas of action that are most important for patients and families that we collaborate and work on together to drive improvements – these are:

1. **Crisis Services -** Crisis Support with more regular check-ins for those in crisis and addressing concerns of the Crisis Helpline.
2. Autism & ADHD – with a focus on staff training to build a competent workforce for people with autism and ADHD, ensuring a Mental Health Crisis Service is in place and that service gaps and care coordination is trauma and autism informed.
3. Safety and Risk – for Patient and Carer Safety, both patients and carers at home and concerns that risk assessments and care plans are inconsistent currently. There is limited support upon discharge, leading to risks for patients and families.
4. Staffing – better staffing levels and less resilience on Bank staff. The need for upskilling, more emotional support, and career development for all staff with a focus on improving staff morale. Build on how staff feel valued at Notts Healthcare and concerns on the management and senior manager levels.
5. Services - make improvements to access Community Psychiatric Nurses (CPNs) and community support. Lack of adequate inpatient accommodation and care coordination posts and the need to have joined-up services across the whole system but especially in processes across mental health, housing, and community services.
6. Listening to and Involving Patients, Carers & families – involve a more diverse range of patients and carers, offering paid involvement to acknowledge their expertise. Build skills knowledge and expertise for participation, coproduction and patient leaders.

7. Appointments - wait times for appointments are too long, with a need for better systems to provide timely assessments and follow-ups with improved signposting to support resources to help patients "wait well" while waiting for appointments.
8. Resources - more community-based resources, especially upon discharge, to prevent relapses. Better access to inpatient care, reducing reliance on crisis services and out-of-area hospitals. More resources to help people access benefits and wrap around services.
9. Communication - Patients want to be better informed about their health status, test results, and follow-up procedures. Improved translation services, including for British Sign Language (BSL), with better booking systems for interpreters. Better sharing of medical records between GPs, community services, and social care to improve communication and patient safety. Less use of acronyms and clearer communication across all levels of care.
10. Carers & Families - faster response and improved communication with families and carers, along with culturally sensitive care. More training and resources for families and carers to better support patients at home.
11. Reputation - negative press coverage has created anxiety among patients and carers about the quality of care being provided. Better learning from inquests to prevent avoidable deaths and improve accountability. Addressing staff who display negative, neglectful, or prejudiced behaviour towards patients.

7. Next Steps

Throughout this report we have identified current activity and changes that have occurred through feedback and the involvement and engagement of patients, carers and families and the variety of methods currently deployed. However, we recognise there is significant development needed to grow our organisational culture, internal systems and processes where patients and those that care for them consistently and actively participate in the planning and shaping services, monitoring outcomes and impacts of activities and interventions and where the diversity of our communities are fully embraced, involved and understood. Looking to the future, we aim to collaborate more with people, our stakeholders and local partners as well as ensure our Care Groups take advantage of all the available insight from our communities, in their service designs and quality improvement work.

As part of changes to our senior leadership structure, the accountability for participation and involvement is now a core function of each Care Group led by our Care Group Nurse Directors. We have invested in a new senior leader role, Associate Director, Co-production and Patient & Carer Experience, responsible for ensuring that we drive forwards our organisational culture to embrace participation across all that we do and to invest and develop our approach to Co design and patient leadership initiatives. The postholder will lead a programme of activity to grow the confidence and competencies of our workforce and introduce new approaches to support patient / family participation. We are committed to be at the forefront of innovation and using best practice models to drive forward change and development including:

- Participating in the NHS England Culture of Care programme, which is operational in our 4 adult mental health wards at Highbury Hospital, with a second phase planned for 2 older people wards.

- Setting out plans for the Patient Carer Race Equality Framework (PCREF), launched at our most recent Carers and Families event last month attended by 130 local people, who committed to work with us on these developments.

We recognise too we cannot do this in isolation and are actively working within the Nottingham(shire) health and care system to grow our collaboration and shared approaches, building consistency and shared outputs.

Appendix 1: Patient and Carer Experience Survey - summary of results between August 2024 and January 2025

Appendix 2: Care Opinion posting from Mid Februrary 2025

The constant change of staff was difficult

About: Highbury Hospital / Redwood Ward 2 (Female), Adult Mental Health Crisis Services / Crisis Team City

Posted by telescopiumgn45 *(as a service user)* at

I just want to say how good the care has been in Redwood2, Highbury Hospital. I was a short stay section 2 and the staff have been very kind, giving the right kind of space and time to talk.

Food and cleanliness are excellent.

If I ask for something eg from chaplain visit to toilet roll, nothing is too much trouble from nurse/OT/HCA to domestic.

I have felt the stay to be more like a retreat where there is embroidery, art work, etc on offer.

The consultant has been empathetic and keen to get me on my feet again, back out in the outside word with the support from Local Mental Health Team (Gelding). I was surprised to be sectioned but I am very touched that it has been a pleasant stay despite my difficulties.

How did it make me feel?

I found the constant change of staff at the Crisis Team, Highbury Hospital very difficult when they came into my home. I have an ASD and so the constant change of staff (up to 8-10 new faces, new names over the fortnight) hard to take and be congenial over.

My slight agitation of dealing with new faces in my home (I am single) then put me on the back foot. My home is private and I am a private person that when you open your home to constant strangers then you begin to get suspicious that these people are not who they say they are.

This suspicion and feeling like you are on the back foot (disadvantaged) kind of then offsets the Crisis Team and you could see that they were more concerned than they needed to be, which ended up with me being sectioned (2).

I felt that the Crisis Team became more assertive and confident in this decision due to me being slightly agitated with the constant new staff. In hindsight I should have over emphasised this but was so preoccupied with hearing voices.

Next time I am ill can Crisis Team be mindful of this due to my ASD (autistic diagnosis) and make appointments over the phone rather than just turning up so I can be prepared with the new named member of staff.

Responses

Posted by Charlotte Gater, Modern Matron, Adult Mental Health, Highbury Hospital, Nottinghamshire Healthcare NHS Foundation Trust at

I would like to thank you so much for sharing your feedback about the positive experience you recently had on Redwood 2. I will share this with all of the team, including catering and facilities department. I am glad to hear that you were able to take part in activities during your stay and that you found the whole the team to be helpful in your recovery.

Posted by Ben Clements, Advanced Clinical Practitioner, City and County South Crisis and Home Treatment Teams, Nottinghamshire Healthcare NHS Foundation Trust at *(We are preparing to make a change)*

Thank you very much for your feedback. I'm very sorry to hear you experienced this lack of consistency, and quite understand how this must have made you feel.

We are trying to do better at this. All Crisis and Home Treatment Team patients now have a named 'lead professional' who is responsible for overseeing their care, and should be seeing them regularly. There will of course need to be other professionals involved too as the team needs to provide 24/7 cover, meaning staff have to rotate shifts and so on. But we know how important it is that people see the same staff and build trusting relationships with them.

We know this doesn't happen as consistently as it should. We have just completed a benchmarking exercise which included looking at this issue, and are about to undertake some work looking at ways of improving this.

Your feedback is valuable and supports us in making these changes.

It is very nice to hear your positive comments about the care you received on the ward! Yes, they seem to be doing a great job at present.

Appendix 3: Patient Stories at the Trust Board of Directors

Service	Date	Themes/Issues Raised	Update/action taken
Wathwood	May 2023	• Staff attitude makes a real difference to life in secure settings • The range of activities at Wathwood is positive • It is good that patients were being listened to at Wathwood and that things changed • He felt seclusion at Rampton was sometimes used as a punishment	• Staff still receive monthly clinical supervision (despite Trust procedure going to 3 monthly) to support wellbeing and development at work to enhance patient care. • We now have a healthy lifestyles co-ordinator whose role is to support physical health as well as mental wellbeing, providing additional individual and group activity. • The OT programme review has just been held which occurs 6 monthly, all patients are offered to complete an evaluation to share their thoughts on the on and off-ward activity programme, in order to make patient led changes to activities (70% of the patients recently completed an evaluation). • Maintaining patients forum which happens fortnightly, with minutes and an action log, to support patients to raise their thoughts and ideas and the action log to ensure the appropriate person can action changes. • We have 2 part-time peer support workers who have been in post since last summer. They use their lived experience to support patients in their recovery, providing individual support and drop-ins on all wards. They also support with patient involvement and recovery college.
Adult Mental Health Services	July 2023	• Listen to families and carers • Involve families and carers wherever possible	• We have been working with teams across the organisation to improve how we work with carers and families through the Triangle of Care process. We reviewed the Triangle of Care (ToC) process with carers and set two clear

		• Share what's going on and check in and see how the carers/family are • When people are transferred their notes and information should be transferred instantly with them • Advanced Statements should be offered to enable people to get the care and support they need when unwell	expectations, moved the process online and sent out regular communications to staff including video with two carers for teams (https://youtu.be/xaTEAF3m58c). The two expectations will frame all our work with carers. ○ **"We will** always work in partnership with carers/families in all the clinical care we deliver. ○ **We will** always listen to, communicate with, involve and offer support to carers/families, unless there is a very good reason not to" This work resulted in 151 teams returning self-assessments, a 100% increase on last year. We have built peer review, with carers and staff, into the process so all self-assessments get feedback, and developed an action planning tool to support every team agreeing the core areas to develop to deliver change based on their assessment. There are Carer Peer Support Workers embedded within the ward teams. The Multidisciplinary Team (MDT) process is being reviewed to ensure it meets the needs to patients and carers. • Transfer of Notes: Out of Area – a week's worth of notes is sent with referral information (this includes information about next of kin) as well as care plan and the risk assessment and core assessment. This is sent along

			with a referral form that will detail Next of Kin details and medication currently on along with details of the community team and Care Coordinator if allocated. Spot purchase beds – these are subcontracted beds and they have read-only access to the patient's electronic record. Internal transfer – the new team will have access to the patient's electronic record there is also a handover form. We have recently identified a link for Carers for out of area and subcontracted beds, this is one of our out of area in reach co-ordinators. This will be documented in the information we are developing for carers of service users placed out of area. For service users with a care co-ordinator, they will also provide a link for carers and their families with support from the out of area in reach co-ordinators as required. • Advanced Statements: After discussions with a group of AMH staff, and the Trust Improving Care Planning Together group, it was agreed that we should incorporate advanced statements into the core elements of what should be in a care plan. This will help advanced statements to become part how we plan care with people and to be recorded as part of the care plan. The Improving Care Planning Together Group is finalising the vision, principles, expectations and core elements of a care plan

Urgent Care and Therapy	Sept 2023	• Co-ordination of care is key as his care is so complex • Decisions on equipment or changes in service are very slow • His care works for him as staff work collaboratively with him and are solution-focused • Continued healthcare funding is slow and unresponsive	• Equipment provision sits under ICELS (Integrated Community Equip Loan Service) and we follow the process set out by them. We follow the same pathway with all our patients when specialist high-cost equipment is needed. The panel made up of a number of clinicians and ICELS staff sit every two weeks to look at these requests. The team are not part of the decision making and the process remains the same as it was in Sept 2023. • If a patient requires equipment urgently e.g. end of life or fast track then ICELS do look at these requests outside of the panel. However, this has not been the case for Sam. • Getting the process started often relies on availability of reps in the area (they cover regions so not local) and coordinating dates with patient, carers and clinicians take time. Nothing has changed here. • When Anna left the team she completed a full handover to continue Occupational Therapy intervention. • The care is funded through Continuing Healthcare funding and as Therapy are Notts Healthcare team we do not have input into decisions/changes.
Offender Healthcare	Jan 2024	• CBT support worked and was better than medication • The joint working with Care after Combat meant a more holistic service • The attitudes of some prison officers and probation officers were	• As part of the Veteran Care through Custody (VCTC) service all veterans are offered a full assessment, participation into peer group forums, individual Veteran Signature sessions, and opportunity for individual complex trauma interventions.

		poor and blocked his progression • The attitude of some healthcare workers was poor • Lack of collaboration between prison/probation and healthcare • More support for veterans	• The co-development of the Veterans Signature, a self-help and treatment workbook that supports veterans to safely identify and share their traumatic experiences, has helped them to understand and cope with their psychological symptoms. • The combination of group psychoeducation and improved communication skills makes talking therapies such as CBT more accessible. • The VCTC service was set up, in partnership with Care after Combat, as a holistic service to meet the practical, transitional, emotional and health needs of each veteran. • The VCTC service supports each veteran from a healthcare perspective enabling access to mental as well as physical healthcare that otherwise would not have been sought. • VCTC Awareness Training has been developed with veterans in prison and is available to all professional organisations working within the prison system. Where possible this has been co-delivered with veterans in prison. • In addition to offering training VCTC attend: • Staff Wellbeing/Information days and events • Resident Wellbeing days • Present at local, national and international conferences • Peer group forums are delivered monthly at each prison. Prison staff are invited to attend group forums.

			• VCTC staff make themselves available and present on the wings as often as is possible to maintain a presence and approachability from residents as well as prison staff. • Care after Combat mentors work closely with Prison Officer key workers and Probation Officers enabling clearer more concise communication between services. • Raising awareness has since the start of the VCTC service resulted in much improved communications between prison staff, probation, and the veterans. • Lack of confidence working with veterans was expressed by healthcare staff. • VCTC Awareness Training including case study presentation and care planning workshop aims to address confidence issues and raise understanding pertaining to military specific issues. The development of the Veterans Signature coupled with training for engagement with the Veterans Signature has equally contributed to understanding. Having the specialist VCTC psychological aspect of the service offering intense psychotherapeutic input for veterans has given significant support to healthcare staff. • VCTC Awareness Training has contributed significantly to understanding. Having a dedicated healthcare professional as well as an assigned Care after Combat mentor has much improved

			communication between relevant services. The VCTC service is now embedded in practice working across five prisons for Nottingham Offender Healthcare • The VCTC service became operational in 2017. It is the only service of its kind in the UK. The comment was base on a view that all prisons should have a VCTC service.
Mental Health Services for Older People	March 2024	• Staff should take positive risks and work with the family in the patient's best interests • Care is often not personalised and focused around the individual • Staff should work with the family so the family can support the patient • Communication with and listening to families and carers needs to improve • Some staff were great – caring, approachable and flexible	• We have a Quality Improvement project that is progressing well which focusses on the named nurse role in devising care plans that actively involve the patient (and family) at the point of admission, this starts with a conversation on admission whereby the named nurse introduces their role to the patient and asks them to help write the care plans to ensure that preferences and personal details are included in the care plans. This helps us to address Helen's concerns about working with families to inform the care we deliver. • We have the Rapid Improvement work ongoing that will implement a refreshed model of care for our dementia wards – this has a particular focus on involvement/engagement and personalising the way we care for people across the range of dementia services but will provide a structure for a strengths-based approach so we ensure we are optimising opportunities for functional independence and

			wellbeing through meaningful activity. • Each ward has a regular Community meeting which involves patients and/or family carers and focusses on patient experience and creates a space for feedback and collaboration • Ward managers are leading initiatives with their teams to reflect and learn – on Silver Birch ward Gary leads a “Fix it Friday” conversation with his team where they review any incidents and/or feedback and consider immediate learning and improvements. Ward managers are also sharing feedback with their team around achievements and compliments. • The Rapid Improvement plan has a key focus on improving the way that we involve and engage with people about their experience and the care we deliver – this is reviewed and integrated via the Rapid Improvement Group

Appendix 4: Big Conversation – Questions and Responses

Question shared	Reponses
In view of the lack of funding for mental health services, how do you propose to implement any outcomes from these conversations to safeguard service users, better involve Carers and recruit, train and retain staff who will deliver services? Is the government putting any more money into Nottinghamshire mental health services? I can see it makes sense to make savings where possible & streamline certain services, but clearly more posts need funding to deliver adequate services?	Although we can't expect any national injection of funding to dramatically improve services, Our Big Plan is already helping us save money to reinvest in some priority areas. • Since mid-April, our mental health optimal care project has cut the amount of costly out-of-area placements by half, providing care closer to home, while resulting in a better experience for families and visitors. • We have likewise reduced annual spending on agency staff by more than a £1million since May last year. And we are working to save more money by organising rosters better, which will ensure staff are not burnt out by working excessive overtime. But we know that poor care is the most expensive care. That's why we will always prioritise changes that deliver service improvements.
Why do you think that 3/4 of people having done mandatory training at a level below what the guidance recommends is something to brag about on a poster?	The Oliver McGowan Mandatory Training on Learning Disability and Autism is the Government's preferred and recommended training for health and social care staff to undertake. Hospitals and other NHS providers in Nottinghamshire aim for three in every ten staff to undertake the training. But we set a higher target of 85% which I am proud to say that we achieved this month. But we want to go further still and have now included this training into the induction learning for all staff and are asking existing staff to complete the training as a priority.
Are all the meetings (BIG Conversation etc..) going to be via teams? Or hopefully there will be face to face meetings	We will be offering a range of ways for people to get involved – online and face to face. We are already planning a face-to-face session with young people involved in the Youth Impact Board and an online meeting for our patients who are living in our forensic hospitals.

	We anticipate we will hold a series of face-to-face meeting to share more with you about the specific programs and areas we need your involvement and engagement in with one of the first being around paid involvement with the Trust.
How will you ensure that patients and carers are listened to and co-produce the Big Plan beyond tokenistic involvement (including being offered payment for the work they do)? What specific steps will the Trust take to ensure that feedback from service users, carers, and local organizations is effectively incorporated into the plans for improving mental health and community services? Update on Involvement Partners/Volunteers receiving pay for their contribution to the Trust	We are just starting out on building our approach to how patients and carers can advise on and oversee both our improvements and how people are involved in working with us to improve our services. This group will really help us get the basics right. And I think it's extremely helpful to have your experience of involvement work, so that you can agree terms of reference and decide how you want to hold the plan (and us) to account. The first stage of Our Big Improvement Plan really focussed on actions to ensure our services are safe now. But now that we have made a lot of progress with this work, we can tap into the wealth of ideas and feedback from our service users, patients, and colleagues – to deliver the changes they want to see. We want to involve you to support us monitoring progress and there are opportunities now to coproduce service specific activities like therapeutic observations through our Quality Improvement programs, work around Care Planning … as we move on and make the improvements we must, there will be more opportunities to work together on co designing and developing our shared plans. Paid for involvement isn't something the Trust has offered recently, however alongside refreshing our Involvement Policy we will be discussing paid involvement in the late Autumn.
Crisis mental health care is just not fit for purpose right now - how are you going to address this? When are you going to stop "planning" and start doing?	You are right we have lots to do to make the improvements we all want to see for people in a mental health crisis to be able to ensure there is a consistent, quality response for all people impacted in our communities across Nottinghamshire – but we are starting to make some improvements. • Breaking down barriers between NHS services to improve transition when patients are referred in or discharged back to primary care

What are you currently doing to improve the Local Mental Health Teams and CRHT services for Adult Mental Health, as it currently isn't working and leaving people at risk…	• Making sure patients can access crisis services out of hours including access to telephone support whenever it's needed as well as home visits. • Setting one single high standard of care for patients wherever they live to avoid postcode lotteries. • Developing a carer/service user reference group to embed experience at the heat of service transformation and design services that allow us to meet national expectations in a way the best serves the local population. • Our local mental health teams have significantly increased contact with people waiting to be seen in the community, to agree crisis plans and ensure they have an up-to-date risk assessment even when they are struggling to engage with our services or primary care. • We are also working to improve alignment between our teams, primary care and talking therapies, helping to reduce waiting times as well as communicate more effectively when patients move between services or disengage from treatment. • Our community teams now give greater priority to risk management at every stage of the patient pathway. They ask more questions about whether families have been involved in decisions; whether GPs have been informed; and if risks have been referred to appropriate agencies. • Colleagues also benefit from advice on medicines management from our new specialist pharmacist prescribers, who can prescribe medicines faster and review treatment as well as ease pressure in areas such as acute and emergency care and primary care, including out of hours services. • In the last month we have achieved our target for the Oliver McGowan E-Learning. This is vital because of the higher proportion of our patients living with a learning disability or autism as well as mental health issues. • There is a lot more work needed to deliver all the improvements we want for our patients, carers, and their families.

	Once we have addressed all immediate safety concerns, we aim to support colleagues to embed improvements over the long term.
I understand that three areas currently highlighted by the Trust for improvement are: a. Collaborative working with patients and their families/carers. b. Risk-assessment c. Safety planning Does the Patient Safety section of the Big Plan address these areas and how will improvements be implemented?	Yes, these three areas are all in the Big Plan and activities are being developed to address these issues. We would welcome people to be involved in working with us on these and will be monitored by the Patient and Carer Group we are setting up and the Big Plan Board.
Over recent years, the Trust will have collected many Action Plans arising out of Serious Incident Reports, inquests, and Prevention of Future Deaths reports. Some of these will no doubt have influenced the formation of the Big Plan. Could you please outline how the trust responds to these reports and how this is monitored over time.	There have been local action plans put in place for these, and they have been monitored through our governance systems. I think it is fair to say that these have not always brought about the changes required. However, with the plans we are developing now we are looking to address some of the issues that have frequently been raised such as family and carer involvement.
As an Improvement Partner, I am currently part of a project on the development and strengthening of Personalised Care Planning. The continued good progress achieved through 2024 so far, now appears to be under threat due to lack of resourcing. Is personalised care planning a key aspect of the current Trust developments? If the answer is yes, can you guarantee support for this project?	I am glad that you think good progress has been made around personalised care planning. It is an important area for us to improve. We are looking at additional support for this project work and piloting and testing new ways of undertaking care Planning and support our staff to deliver the best experience through training and development.
How long will the survey last?	We plan to keep the survey open for the next few months and we may add new surveys or questions on

	specific and individual topics – do keep having a look at the website and we will be regualry corresponding with you to stay involved
What training is there for Family Carers who can't be away from home to attend meetings	There is a range of support and help including training on a range of topics for Family cares and it's offered through the Care Hub her are the contact details. Carers Hub | Nottingham City and Nottinghamshire County (carersfederation.co.uk) Tel: 0808 802 1777 Email: carershubinfo@carersfederation.co.uk WhatsApp or Text: 07814678460
Patients need to report to a separate NHS body when not happy with their journey in hospital. They are afraid to report directly to staff that may be involved	There are already several options for patient to take if they aren't happy with the care or treatment offered or received. • You can provide feedback on the service provided Notts Healthcare https://www.nottinghamshirehealthcare.nhs.uk/iev-share-your-feedback • You can share your story on Care opinion an independent organisation Write Story | Care Opinion • Notts Healthcare has a patient Advice and liaison service which can support individuals to raise concerns and find the best resolution. PALS and Complaints | Nottinghamshire Healthcare NHS Foundation Trust • POhWER provide a free, independent, and confidential advocacy service to support people with their NHS complaint. Nottingham City - Your Voice, Your Choice | Home | POhWER • Health Watch in Nottingham who are independent public and patient champions - Home - Healthwatch Nottingham & Nottinghamshire (hwnn.co.uk)
Couldn't the voluntary sector be key in helping to gather feedback and support NHS services more effectively? What can we do to help the NHS with its financial challenges?	Yes, we completely agree. We have been working with other voluntary sector organisations and will continue to do so. We are always looking for better ways to work together to save money and improve outcomes. We welcome your offer of assistance.

There is a huge problem with lack of communication between different departments and between secondary and primary care.	There are initiatives like the Nottinghamshire Care Record coming soon that will allow us to better share information across organisations. Also, there are improvements needed in liaising with GPs to ensure better follow-up, and we're working on that.
What's being done to address bed blocking and the availability of NHS beds versus private beds? How are we holding private hospitals accountable?	We are working to reduce the length of hospital stays by collaborating with local authorities and improving alternatives to admission. We are also reviewing crisis teams and mental health teams to prioritise people more effectively. Regarding private hospitals, we have quality teams overseeing the care in these facilities and coordinators who monitor the care of patients admitted to private beds.
People with Emotionally Unstable Personality Disorder (EUPD) are not getting access to treatment. What's being done about this? And are there plans for more specialist training on topics like EUPD or psychosis?	We are reviewing how we use specialist skills earlier in individuals' care journeys. We are also working on ensuring that people with specific needs, such as those with EUPD, receive the right support earlier. We are exploring how to better use skills locally to provide early interventions.

Appendix 5: Peer Support Worker case studies

Beverly Gregory
Peer support worker in our Assertive Transition Service

Our Assertive Transition Service is dedicated to providing intensive support to individuals transitioning from secure or inpatient mental health settings back into the community. This service focuses on bridging the gap between inpatient care and community living, ensuring continuity of care and reducing risk of readmission.

Reflections on the post:

"I have been in the role for 4 years and have found that each day is very different. I hold a case of clients with various needs, such as those within low secure units and the community after being in-patients. My role is based on having lived experiences of mental health, where I began my journey training in the Recovery College and then undertook my Peer Support Training. This training allowed me to use my lived experience in a professional, compassionate nature. My role includes working in a non-directive manner to create steps for the patient to build a positive future. When you connect with your patient, it's an amazing feeling which not only benefits your patient but also allows for your own growth and healing."

Rachel Monk:

Peer support worker in our **Liasion and Diversion Community service**

The Liaison and Diversion service within the Trust identifies and supports individuals with mental health issues, learning disabilities, or substance misuse difficulties who encounter the criminal justice system. Operating in police stations and courts, the service provides timely assessments and diverts individuals to appropriate health or social care service.

Experience of the post:

This service supports those who are not yet convicted but are on bail awaiting their charges. With this, as a Peer Support worker, Rachel predominantly offers 1-1 emotional support to those who are experiencing this waiting process. Additionally, Rachel supported patients at Magistrates and Crown court, where many of her referrals are 'alleged sex offenders' or those who have been previously convicted. Rachel was nominated for a staff award for the amazing work she has produced as a Peer Support worker. Many patients reported that her support gave them hope, allowed them to cope and thanked her for her time.

Health and Adult Social Care Scrutiny Committee
20 March 2025

Work Programme and NHS Provider Quality Accounts 2024-25

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To review 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. 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.

1.2 To consider the Committee's approach to its engagement with the Nottingham University Hospitals NHS Trust (NUH), the Nottinghamshire Healthcare NHS Foundation Trust (NHT), the East Midlands Ambulance Service NHS Trust (EMAS) and the Nottingham CityCare Partnership (CityCare) on the completion of their Quality Accounts for 2024/25.

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;

2) to consider any further priority topics or issues for inclusion on the work programme; and

3) to agree the approach to the engagement with the NHS Provider Quality Accounts process for 2023/24.

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 Our Council Plan 2025-29 and the Council Improvement Plan

4.1 The vision set out in Our Council Plan (OCP) is that Nottingham deserves a Council that delivers good local services for a city where people want to live, work and study. Areas of focus are to revitalise the economy, celebrate Nottingham's cultural heritage and improve infrastructure and connectivity, with priorities to develop joined-up partnership working to pool efforts and expertise, and engage more deeply with residents to deliver common goals. The OCP has three Core Missions covering eleven Priorities for their successful delivery.

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 Priorities of the OCP. 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 NHS Provider Quality Accounts 2024/25

5.1 The Quality Accounts are an annual report by local NHS healthcare providers on the quality of the services that they have delivered over the last year. The Quality Accounts are published, so they represent an important opportunity for NHS services to be able to demonstrate the quality of their provision and show the improvements being carried out to the services that they deliver to local communities. The quality of the services is assessed by measuring patient safety, the effectiveness of the treatment that patients receives and the feedback from patients on their experiences of care.

5.2 Healthcare providers have a legal duty to submit their Quality Accounts to the local Health Scrutiny Committee for their area, and request comments on the document prior to its publication. This gives the Committee an opportunity to review the draft information and provide a formal statement, which will be

published as part of the final Quality Accounts. In Nottingham, the Committee generally receives draft Quality Accounts from NUH, NHT, EMAS and CityCare.

5.3 The Department of Health and Social Care requires providers to submit their final Quality Accounts to the Secretary of State by the end of June each year, so they often aim to produce draft Quality Accounts during April to receive the relevant statements back by the end of May. Generally, it is impractical for the Committee to consider draft Quality Accounts at its formal meetings either in April or May due to its other business demands, the fact that this represents the transition period from one municipal year to another, and the potential for formal elections to be taking place during early May. As a result, draft Quality Accounts are normally considered between meetings by working groups of Committee members, who then agree the statements to be returned to the providers. These statements are then submitted to the next appropriate meeting of the full Committee, to be noted.

6 List of attached information

6.1 Work Programme 2024/25

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

7.1 None

8 Published documents referred to in compiling this report

8.1 The Council's Constitution (Article 9 and Article 11)

8.2 Our Council Plan 2025-29

8.3 The Council Improvement Plan

8.4 NHS England - About Quality Accounts

8.5 Report to, and Minutes of, the Heath and Adult Social Care Scrutiny Committee meeting held on 13 June 2024 (Quality Accounts 2023-24)

9 Wards affected

9.1 All

10 Contact information

10.1 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	• **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 **Executive Member: Adult Social Care and Health** • **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 **Key Partner: Substance Use and Mental Health Pathway Development Group** **Executive Member: Adult Social Care and 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 **Key Partner: NHS Nottingham and Nottinghamshire Integrated Care Board**
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 **Key Partner: Nottinghamshire Healthcare NHS Foundation Trust** • **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 **Key Partner: NHS Nottingham and Nottinghamshire Integrated Care Board**
24 October 2024	• **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 **Key Partner: Nottingham University Hospitals NHS Trust** • **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 **Executive Members: Adult Social Care and Health** **Housing and Planning**

Meeting	Items
21 November 2024	• **Nottingham City Safeguarding Adults Board** To consider the Board's latest Annual Report and the key activity being undertaken to protect vulnerable adults **Key Partner: Nottingham City Safeguarding Adults Board** **Executive Member: Adult Social Care and Health** • **Adult Social Care Housing Delivery** To review the strategic approach to delivering appropriate housing and accommodation to support people with adult social care needs **Executive Members: Adult Social Care and Health** **Housing and Planning**
19 December 2024	• **Adult Social Care Budget Proposals 2025-26** To consider the potential impacts of the Council's 2025/26 budget on services delivered within Adult Social Care and the learning arising from the delivery progress of the 2024/25 budget **Executive Member: Adult Social Care and Health**
23 January 2025	• **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 **Key Partner: Nottinghamshire Healthcare NHS Foundation Trust** • **Coordinating Adult Social Care and Housing Services** To consider the development of an effective strategic approach to enable Adult Social Care and Housing services to operate together in a coordinated way **Executive Members: Adult Social Care and Health** **Housing and Planning**

Meeting	Items
20 February 2025	• **Access to General Practice** To review the work being done to ensure effective General Practice provision as part of recovering access to primary care **Key Partner: NHS Nottingham and Nottinghamshire Integrated Care Board** • **Sexual Violence Support Services** To review the commissioning and delivery of support services to the victims of sexual violence and abuse **Key Partners: Nottinghamshire Police and Crime Commissioner** **NHS Nottingham and Nottinghamshire Integrated Care Board** **Executive Members: Communities, Waste and Equalities**
20 March 2025	• **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 **Key Partner: Nottinghamshire Healthcare NHS Foundation Trust** • **NHS Provider Quality Accounts 2024-25** To consider the approach to the consideration of the annual NHS Quality Accounts
24 April 2025	• **[TBC] Bone Health and Frailty** To consider the delivery of bone health support services in Nottingham from 2025/26 **Key Partner: NHS Nottingham and Nottinghamshire Integrated Care Board** • **[TBC] Community Diagnostics** To review the proposals to open a new healthcare centre in the city to support GPs in accessing diagnostics services and addressing the backlog in diagnostic testing **Key Partner: NHS Nottingham and Nottinghamshire Integrated Care Board**

Meeting	Items
	• **[TBC] Supported Living** To consider the current level and types of need for Supported Living in Nottingham, and the work being done to ensure that people receive the right support in the right setting **Executive Member: Adult Social Care and Health** • **Work Programme 2025-26 Priorities** To take a forward view on the Committee's developing work programme for the new municipal year

Potential items for scheduling:

- **[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] Reablement Service:** To review the implementation of the Reablement Service and the mental health support available to people without a Care Act Assessment
- **[ASC] Early Intervention and Prevention:** To review how social care support is provided at an early stage at the community level to prevent the unnecessary escalation of need
- **[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
- **[SAB/ASC] Nottingham City Safeguarding Adults Board - Strategic Plan:** To consider the development and priorities of the Boards' next Strategic Plan
- **[CIS/ICB] Children in Mental Health Crisis:** To review the support available to children in mental health crisis, particularly in the context of the Autism service
- **[OPCC/ICB] Sexual Violence Support Services:** To review the work being carried out to reduce the therapeutic service waiting times for survivors of sexual violence

- **[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 2022-25 Joint Strategy and how these have been used to inform the development and priorities of the next version
- **[PH] Sexual Health Services:** To review the implementation of Sexual Health Services and how the learning arising from the previous provision has been used to inform commissioning
- **[PH] Integrated Wellbeing Service:** To review the establishment of the Integrated Wellbeing Service and its approach to delivering a range of wellbeing and behaviour change support
- **[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
- **[ICB] Future Structure of the Integrated Care Board:** To consider how the establishment of the East Midlands Combined County Authority and the planned restructuring of Local Government could affect the future shape of the ICB
- **[ICB] NHS Dental Services - Commissioning Planning and Priorities:** To review how effective dental services have been planned and commissioned following the completion of the Oral Health Needs Assessment for Nottinghamshire
- **[ICB/ASC/PH] Nottingham and Nottinghamshire Integrated Care Strategy 2023-27** To consider how the guiding principles and strategic aims are being delivered within the time period of the current local Integrated Care Strategy
- **[ICB/NHT] Eating Disorders:** To review the availability and accessibility of community-based services for adults, children and young people in Nottingham with support needs in relation to eating disorders
- **[ICB/NUH] Change NHS:** To consider how the local healthcare system is engaging in the development of the new 10-Year Health Plan for England and the 'three shifts' to deliver a modern health service
- **[NUH] Tomorrow's NUH:** To consider the future resourcing and investment in the local NHS hospital estate
- **[NUH] Ockenden Maternity Review:** To review the outcomes of the Ockenden Review into Maternity Services at the Nottingham University Hospitals NHS Trust
- **[NUH/EMAS] Ambulance Waiting Times and Hospital Handover:** To review the progress made in reducing ambulance waiting times at Nottingham hospitals, including ensuring effective handover processes on arrival