

Public Document Pack



**Nottingham
City Council**

Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday 11 July 2024

Time: 9:30am

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

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

Director for Legal and Governance

Scrutiny and Audit Support Officer: Adrian Mann

Direct Dial: 0115 876 4353

- 1 Apologies for Absence**
- 2 Declarations of Interests**
- 3 Minutes** 3 - 8
Minutes of the meeting held on 13 June 2024, for confirmation
- 4 Co-Existing Substance Use and Mental Health Needs** 9 - 20
Report of the Statutory Scrutiny Officer
- 5 Achieving Financial Sustainability in the NHS** To Follow
Report of the Statutory Scrutiny Officer
- 6 Work Programme** 21 - 28
Report of the Statutory Scrutiny Officer

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

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

Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 June 2024 from 9:32am to 10:52am

Membership

Present

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

Absent

Councillor Michael Edwards
Councillor Farzanna Mahmood

Colleagues, partners and others in attendance:

Roz Howie - Interim Director of Adult Health, Social Care and Commissioning
Councillor Pavlos Kotsonis - Executive Member for Adult Social Care and Health
Adrian Mann - Scrutiny and Audit Support Officer
Kate Morris - Scrutiny and Audit Support Officer
Catherine Underwood - Corporate Director for People

1 Apologies for Absence

Councillor Mike Edwards - personal reasons
Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire

2 Declarations of Interests

None

3 Appointment of the Vice Chair

Resolved to appoint Councillor Maria Joannou as the Vice Chair of the Committee for the 2023/24 municipal year.

4 Minutes

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

5 Committee Terms of Reference

The Chair presented a report on the Committee's Terms of Reference, the Council's structure for the Overview and Scrutiny function and the Overview and Scrutiny Protocol to provide clarity on the Committee's purpose, objectives and terms of operation so that it can work efficiently and contribute effectively to the good governance of the Council.

The Committee noted the report.

6 Adult Social Care Single Integrated Delivery Plan 2024-28

Councillor Pavlos Kotsonis, Executive Member for Adult Social Care and Health; Catherine Underwood, Corporate Director for People; and Roz Howie, Interim Director for Adults, Social Care and Commissioning presented a report on the development and implementation of the Adult Social Care Single Integrated Delivery Plan (SDIP) 2024-28. The following points were raised:

- a) There is significant transformation work taking place across Adult Social Care and the SDIP has been developed to bring the full range of projects together in one strategic document. The improvement activity within the service focuses on the delivery of better value, while work is underway to build upon a strength-based approach whereby services enhance lives and maximise independence. There is a close focus on prevention, with the aim of enabling Nottingham people to live as independent a life as possible.
- b) The SDIP has been created within the context of the 'Better Lives Better Outcomes' strategy and has been informed by a public consultation that took place as part of the development process. The SDIP has had positive feedback both from peer reviews and from the Local Government Association, and has been labelled as an example of good practice.
- c) The Care Quality Commission (CQC) is launching a new national regulatory regime for social care. The CQC assessed the Council's service provision as part of a pilot exercise, and the improvements identified have been integrated into the SDIP. The CQC is likely to carry out a full inspection and formal grading within the next two years. Another element feeding into the SDIP is the Financial Improvement Plan, which focuses on the management and processes within Adult Social care. It has been necessary to deliver significant savings within the service for a number of years. As these savings have been increasingly difficult to achieve in the current economic climate, services must be more imaginative about ways to create savings whilst still maintaining good outcomes for citizens. The aim is to ensure systems are in place that allow the effective management and understanding of the market, and that strengthen the service's financial processes and controls.

The Committee raised the following points in discussion:

- d) The Committee asked how the SDIP focused on bringing about benefits for residents, as the service impact for Nottingham people should always be a key part of any Council strategy. It was explained that the primary theme of

transformation within Adult Social Care is to promote independence for residents and maximise their choices around their care requirements. More regular reviews are taking place to ensure that services accessed are still appropriate for people's needs, and work is being done to maximise the networks of support without the need for formal care. The SDIP sits alongside the 'Better Lives Better Outcomes', which is clearly focused on the needed outcomes for residents.

- e) The Committee questioned how a balance could be found between offering choice to residents while the service also had to find significant savings – particularly when there were savings being made within the Personalisation Hub, which supports choice and independence. It was reported that the SDIP spans a number of years, with the savings to be made across the full period rather than all at once. As a result, there is time for full consultation work to take place with service users and their families so that suitable alternative options can be found. The Personalisation Hub has undergone a restructuring process to become more efficient, rather than experiencing a reduction of staff.
- f) The Committee asked how users of the Council's in-house home and respite care services would be supported going forward. It was explained that the Jackdawe homecare provision was initially set up as an in-house Council service to fill a clear gap in the care market. However, the market has since developed and evolved, and work on market sufficiency has taken place to ensure that services are available to those people who use Jackdawe – who are being consulted on proposed changes to ensure that they would not need to enter residential care unnecessarily to be supported effectively. The review of market sufficiency continues to ensure that homecare and respite support for Nottingham people is in place moving into the future, and a great deal of work is being done to ensure that the Council is an effective commissioner of social care services within the private care market.
- g) The Committee queried how specialist expertise would be maintained within the Adult Social Care service, particularly within the context of the most complex needs (including dementia). It was set out that a great deal of care can be provided in the private market, so the Council works closely with providers to develop services in line with demand, both current and predicted. By working closely with the private sector, the Council can seek to ensure that the market becomes appropriately skilled as providers develop staff of their own. This development of the private market helps to increase choice, which benefits residents and improve outcomes. It is more cost effective for the Council to commission these services as and when they are needed, rather than to develop and maintain services in-house.
- h) The Committee asked how social workers and occupational therapists can work together effectively to assess need, and how the Council is working to establish more occupational therapist roles. It was reported that social workers and occupational therapists have different skillsets so, by maximising skill sharing through training and joint working, better consistency will be achieved in the development of care packages, which will offer service users the right care most suited to supporting independence. Work is being developed to ensure that strengths-based working practise is used across the whole service. There is a national shortage of occupational therapists, so activity is underway to understand

how the workforce can be supported and adapted to meet local need. A review of vacancies is being undertaken and more proactive action is being taken to fill hours with existing staff where an interest has been expressed.

- i) The Committee asked what transformation in Adult Social Care means for Nottingham people, and how it was being delivered. It was explained that the transformation of Adult Social Care is a complex and extensive programme that has been underway for a number of years. It is an ongoing process that has developed over time, and is intended to promote independence for citizens with services that better suit their needs. The SDIP brings all of the existing improvement programmes together into one place to better understand the work as a whole. The focus of transformation is a shift to prevention, to ensure that people can remain independent for as long as possible and that services they access promote independence.
- j) It was set out that officers have been liaising with other Local Authorities to explore examples of best practice. Work is also taking place to understand from frontline workers what improvements can be made to services to ensure better outcomes for citizens and best value for the Council. Transformation to make savings does not automatically mean cutting services, as it is about looking at better ways to provide services to residents at the time of need, focusing on meeting need and better outcomes within a reduced financial envelope.
- k) The Committee asked how Adult Social Care will deliver the needed savings in the required timeframe, given the problems in achieving previous savings targets in prior years. It was reported that there are three key areas for delivering savings to target, constituting the resourcing of the transformation work, governance and the robustness of savings proposals. The situation does develop and change over time, and often savings targets are forecast on the basis of certain assumptions that can then shift. Actual demand and delivery needs can vary and so impact on the savings forecast. The SDIP aims to bring all elements together in a strategic way to ensure better governance and more effective oversight of all the transformation work, which will drive efficiencies and help achieve the savings across the services.
- l) The Committee asked how risk was managed in the SDIP, and how it was ensured that the SDIP represented a proactive approach to achieving effective transformation – rather than a reactive means of delivering required savings. It was explained that the SDIP represents a strategic summary of the planned transformation workstreams, bringing them all together for the purposes of better oversight. There are detailed action plans behind each workstream and associated risk registers are held by teams across the services with full oversight at the senior level. There has been careful consideration of the impact of work that is proposed and the range of potential outcomes.
- m) The Committee asked how transformation within Adult Social Care was being supported by the wider Council, and how other Council functions were linking into the delivery of the programmes. It was set out that the Council there has been improvement in a ‘One Council’ approach, with better cross-Directorate planning and communication in place that is driving improvements. Adult Social Care needs support from both Public Health and Housing colleagues to meet certain

social care needs, and support from Finance and Human Resources colleagues is vital for the effective delivery of service restructuring. However, there is still work to be done and further changes that could be made to improve working across the Council for the delivery of vital services.

The Chair thanked the Executive Member for Adult Social Care and Health, the Corporate Director for People and the Interim Director of Adult Health, Social Care and Commissioning for attending the meeting to present the report and answer the Committee's questions. The Chair also thanked the outgoing Corporate Director for People for her hard work and dedication to the role during her time at the City Council and wished her well for the future.

Resolved:

- 1) To request that further detail is provided on the intended outcomes for residents and the overall deliverability of the Single Integrated Delivery Plan (SDIP), and its approach to the management of identified risks.**
- 2) To recommend that the SDIP clearly expresses how it is being driven by the need to achieve good Adult Social Care outcomes for the Nottingham residents.**
- 3) To recommend that it is ensured that Nottingham residents have access to sustainable independent living support through private provision where this was previously delivered directly by the Council, with up-to-date risk assessments in place to mitigate the risk of them being moved into residential care settings if this is not required.**
- 4) To recommend that strengths-based practices are developed as much as possible as part of the transformation process to ensure fully integrated working across Adult Social Care services, including the effective training and development of Occupational Therapists and Social Workers from the entry level.**
- 5) To recommend that the experience of frontline workers is harnessed wherever possible to ensure effective co-production in the development of strategy and the delivery of services.**
- 6) To recommend that the Executive Member for Adult Social Care and Health engages with the full Executive on how and where the Adult Social Care service requires support from the wider Council to ensure the effective delivery of the SDIP.**

7 Quality Accounts 2023-24

The Chair presented a report on the Committee's formal responses to the 2023/24 Quality Accounts of the Nottingham University Hospitals NHS Trust, the Nottinghamshire Healthcare NHS Foundation Trust, the East Midlands Ambulance Service NHS Trust and the Nottingham CityCare Partnership Community Interest Company, which had each been considered by working groups of the Committee.

The Committee noted the report.

8 Work Programme 2024-25 and Activity Summary 2023-24

The Chair presented the Committee's proposed Work Programme for the 2024/25 municipal year and a summary of the work that it had undertaken during 2023/24.

Resolved to agree the proposed Work Programme for the 2024/25 municipal year.

9 Future Meeting Dates

The Chair explained that there had been an emerging issue that the Committee's 2024/25 meeting dates as initially proposed often clashed with the regular Board meetings of the NHS Nottingham and Nottinghamshire Integrated Care Board and the Nottingham University Hospitals NHS Trust. Given that these organisations are often asked to attend Committee meetings, the Chair proposed that the effective conduct of the Committee's business would be better served if it meet in a later slot during the month from September onwards (though still at 9:30am on a Thursday).

Resolved to meet on the following Thursdays at 9:30am:

- **11 July 2024**
- **19 September 2024**
- **24 October 2024**
- **21 November 2024**
- **19 December 2024**
- **23 January 2025**
- **20 February 2025**
- **20 March 2025**
- **24 April 2025**

Health and Adult Social Care Scrutiny Committee 11 July 2024

Co-Existing Substance Use and Mental Health Needs

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To scrutinise the services available to people with co-existing support needs in relation to both substance use and mental health.

2 Action required

- 2.1 The Committee is asked:

- 1) to make any comments or recommendations in response to the report from the Substance Use and Mental Health Pathway Development Group on the progress of work to improve co-existing mental health and substance use pathways; 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 Substance Use and Mental Health Pathway Development Group represents a partnership of providers and commissioners focussed on ensuring that city services are meeting the needs of people who have co-existing (or co-occurring) mental health and substance use needs.
- 3.2 A health needs assessment was carried out in November 2023 to understand the prevalence of coexisting mental health and substance use conditions in Nottingham and Nottinghamshire. The estimated local prevalence of co-existing conditions is lowest in the primary care patient population, more substantial in mental health services and highest in substance use services. People with co-existing mental health and substance use needs are disproportionately male, (younger) middle-aged and white, experiencing a higher level of deprivation than the wider population.
- 3.3 A baseline model of support for people with co-existing needs was developed in 2021 and implemented across Nottingham and Nottinghamshire. It consists of three pathways: mental health workers from the Nottinghamshire Healthcare NHS Foundation Trust embedded into substance use services; substance use workers from the Nottingham Recovery Network and Change Grow Live embedded into inpatient mental health services; and peer support workers with lived experience of substance use working in substance use and community mental health services from Double Impact.

- 3.4 Initial evaluation monitoring as shown that 353 patients were assessed by the mental health workers in substance use services and substance use workers in inpatient mental health services. The average wait time from referral to assessment was an average of three weeks. The ethnicity of the cohort was 77% identifying as white, 63% identifying as male and 27% identifying as female. Those over 35 years old made up the largest group of patients, at 73%. Data shows that 33% of patients were discharged to another service, while 31% were discharged as 'treatment complete'.
- 3.5 The delivery teams are seeing an increase in the proportion of patients with a successful outcome as the pathway embeds, which represents an improvement on the initial evaluation findings. However, there is still an average of 29% of patients who are unable to engage for various reasons, so activity is taking place to develop how peer support can help to increase this engagement. The number of peer support workers has increased since April 2024 and this will be subject to ongoing review.
- 3.6 Services are financed through the Mental Health Transformation funding via the NHS Nottingham and Nottinghamshire Integrated Care Board, except for the substance use workers in inpatient settings – which were funded through non-recurrent Mental Health Discharge funding until March 2024 and since April 2024 through the Supplementary Substance Misuse Treatment and Recovery Grant. This grant is provided via the Office of Health Improvement and Disparities to support the delivery of the national drug strategy. However, the grant funding is time-limited with an end date of 31 March 2025, with no confirmation of continuation beyond that point. This is recognised as a risk not only for these posts, but across the wider substance use system as there is a significant upcoming cliff-edge in funding with a number of substance use-related grants ending in March 2025.
- 3.7 The Committee reviewed service provision in this area previously on 23 June 2022. As a result of this scrutiny, the Committee's recommendations focused on developing the outreach work being undertaken to support rough sleepers, ensuring effective links and transition between the associated children's and adults' support service, and engaging GPs effectively to ensure appropriate referrals.

4 List of attached information

- 4.1 Report: Co-existing mental health and substance use – update on progress and plans for further development

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

- 5.1 None

6 Published documents referred to in compiling this report

- 6.1 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny Committee meeting held on [23 June 2022](#)

7 Wards affected

- 7.1 All

8 Contact information

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

This page is intentionally left blank

Health and Adult Social Care Scrutiny Committee

11 July 2024

Co-existing mental health and substance use: update on progress and plans for further development

Report Authors:

Helen Johnston – Consultant in Public Health, Nottingham City Council

Tammy Coles – Public Health Principal, Nottingham City Council

Kate Burley – Deputy Head of Mental Health Commissioning, NHS Nottingham and Nottinghamshire Integrated Care Board

SallyAnn Summers – Service Manager, Nottinghamshire Healthcare NHS Foundation Trust

1. Background and purpose of the paper

This paper provides an update on the progress of work to improve co-existing mental health and substance use pathways since the presentation to Scrutiny Committee on 23 June 2022. This paper includes an update on:

- the outcomes of the health needs assessment to understand the prevalence of co-existing mental health and substance use conditions in Nottingham and Nottinghamshire;
- the implementation, initial evaluation and progress to date of a baseline model of support for people with co-existing needs; and
- the plans for further developing as a partnership to fully meet the needs of this vulnerable group.

Co-existing conditions occur when individuals require support for both their mental health and their use of legal and illicit substances. Historically this population has been referred to as having a 'dual diagnosis'. Other terms for this group include comorbid or co-occurring mental health and substance use.

The National Institute for Clinical Excellence (NICE) definition of co-existing conditions is both of: (i) a severe mental illness, but not common mental health problems and (ii) the use of legal or illicit drugs in a way that causes mental and/or physical harmⁱ. Due to the types of data available in different settings (see Methods section) three definitions of co-existing conditions are used in this report. These all include high levels of substance use but vary in their classification of mental health problems. Depending on the setting, the classification of co-existing conditions includes (i) severe mental illness (psychosis, bipolar, severe depression), (ii) any mental health problem warranting secondary care support, or (iii) any self-reported mental health problem, including common mental health problems.

There is no single organisation that is solely responsible for meeting the needs of people co-existing mental health and substance use needs. A partnership approach by commissioners and service providers is key to improving access to services which can reduce harm, improve health, and enhance recovery, enabling services to respond effectively and flexibly to presenting needs and prevent exclusion. The

Substance Use/Mental Health Pathway Development Group, is a partnership of providers and commissionersⁱⁱ from across Nottingham and Nottinghamshire who are working together to understand the population need, design, implement, and review a 'baseline model', and improve outcomes.

2. Guidance and policy

The 2016 NICE clinical guidelinesⁱⁱⁱ set out how services for people with co-existing mental health and substance use should be organised and delivered. Some key points include:

- Jointly agreed care pathways should be in place, as should joint strategic working between service providers and commissioners.
- Staff should have good support and development opportunities to provide the right treatment and care.
- Services should be non-judgemental, inclusive and be able to engage with people from diverse cultural and ethnic backgrounds.
- Services should be non-judgemental, inclusive and be able to engage with people from diverse cultural and ethnic backgrounds.
- People experiencing co-existing substance misuse and mental health issues should have a clear care plan in place.

The Public Health England guide 'Better care for people with co-occurring mental health and alcohol/drug use conditions' 2017^{iv}, highlights good practice for commissioners and providers of mental health and alcohol and drug treatment services, to inform the commissioning and provision of effective care for people with co-occurring mental health and alcohol/drug use conditions.

In December 2021 the Government published a 10-year drugs strategy^v. The Nottingham City Substance Use Strategic Partnership was established in April 2022 as the local partnership to implement the national drugs strategy and support local priorities including alcohol related harm. The Partnership is led by Lucy Hubber, Director of Public Health, as the Senior Responsible Officer, with oversight through Nottingham City Community Safety Partnership Board. Membership consists of key stakeholders^{vi} including representation from several Lived Experience Recovery Organisations. A delivery plan has been developed collectively around the three themes of: prevention, treatment and recovery and community safety and enforcement. Actions around co-occurring conditions and joined up care are identified within that plan.

3. Update and progress

a. Local assessment of need

An epidemiological assessment was undertaken in November 2023^{vii} to understand the prevalence of co-existing mental health and substance use and conditions in Nottingham and Nottinghamshire. This was important work as there is not a simple measure of the number of people living with co-existing substance use and mental health needs, and the assessment was undertaken to inform future service planning.

Prevalence was assessed from service data for 2021-22 period in three contexts: primary care, secondary care (mental health) and substance use services. Co-existing conditions were assessed using different criteria and measurement tools in each setting. Care should therefore be taken in comparing prevalence across settings.

Across Nottingham and Nottinghamshire, the estimated prevalence of co-existing conditions was lowest in the primary care patient population than in the other datasets. Of the 1,054,990 patients registered within a local primary care practice, 8395 (0.8%) had a Serious Mental Illness and 705 (0.07%) had a co-existing condition. In mental health services approximately 20,000 patients (nearly 45%) had missing data and could not be included in the analysis. Of the 24,117 patients with sufficient data, a total of 4610 patients (19.1%) had a co-existing condition.

Prevalence estimates were calculated for the Nottingham City population from the data that was available. For the population of Nottingham City of the 397,620 patients registered within a local primary care practice, 305 (0.07%) had co-existing conditions. For those in a mental health setting 1475 (32.5%) has a co-existing substance use need recorded. Within the adult substance use services there were 3573 open clients in 2022-23, of which 1822 (51%) had a self-identified a mental health problem. 385 (21%) of substance use service users were engaged with a community mental health team.

The observed geographical differences in prevalence were consistent with place-based differences in deprivation, with Nottingham City having the highest prevalence. It was not possible to make a reliable estimate of unmet treatment need amongst patients accessing services due to poor recording. Nonetheless, the data from this assessment for 2021-22 suggested that approximately 80% of co-existing condition patients within secondary care for mental health were not receiving support from substance use services. Meanwhile, 20-30% of co-existing condition clients within substance use services were not receiving any form of mental health support.

b. Implementation and evaluation of baseline model of support to meet local need

A baseline model of support for people with co-existing needs was developed in 2021 and implemented across Nottingham and Nottinghamshire. The model has been developed to be compliant with NICE and PHE guidance, and informed by engagement work with service users, service providers and commissioners to get a good understanding of what 'better' and 'best' will look like. We are currently looking at best practice nationally to identify any areas where we might have opportunities to accelerate progress. We have also shared our approach at several national events as a model of good practice. Our model has four pathways:

- Mental health workers from Nottinghamshire Healthcare NHS Foundation Trust embedded in community substance use services (Nottingham Recovery Network and Change Grow Live (Nottinghamshire)).
- Substance use workers from Nottingham Recovery Network and Change Grow Live embedded in community mental health teams (known locally as LMHTs).

- Substance use workers from Nottingham Recovery Network and Change Grow Live embedded in inpatient mental health services (Highbury Hospital and Sherwood Oaks inpatient unit).
- Peer support workers with lived experience of substance use working in substance use and community mental health services from Double Impact.

Early evaluation (November 2023)^{viii} of the community-based provision (mental health workers in substance use services and vice versa) was undertaken with the intention to continuously improve the pathways within the baseline model. It concluded that patient and staff experiences were very positive, with the pathways filling an important gap in services. The evaluation indicated the pathways were functioning primarily as a care provider for patients rather than a conduit to other services.

The evaluation found that patients in the pathway were typically middle-aged, white males living in a relatively deprived neighbourhood. There were differences between the city and county patient populations which reflect the wider respective populations, including a wider variety of ethnicities and greater deprivation within the city. There was also a larger number of patients without settled accommodation, or of no fixed abode, within the city.

Since the initial evaluation, there has been ongoing monitoring of the pathway. Service data from June 2024 of the mental health workers in substance use services and substance use workers in inpatient mental health services has shown that in total 353 patients were assessed. The average wait from referral to assessment is three weeks. The demographic data indicates that 77% of the cohort identified as having White ethnicity, with 63% identifying as male and 27% as female. Those aged over 35 years old form the largest group of patients (73% of the total).

Discharge data shows that 33% are discharged to another service and 31% of patients are discharged as 'treatment complete'. The delivery teams report an increase in the proportion of patients with a successful outcome as the pathway embeds, which is an improvement on the initial evaluation findings. 29% of patients are unable to engage with the support offer, which is consistent with the evidence base of poor levels of engagement among this service user group, and we are looking at ways peer support can help to increase engagement. The number of peer support workers has increased since April 2024, and this will be subject to ongoing review (see finance section).

Overall, in June 2024 there are currently 72 service users open to the mental health workers, and 74 with the substance use practitioners so the spread of delivery across services is very similar in mental health services and substance use settings.

The close working relationships with the homeless mental health team in the city has meant we have been able to support housing issues more successfully, as an example of this pathway supporting people with complex needs.

The substance use and mental health peer support offer was evaluated in June 2023^{ix} and concluded it was working well, being valued by patients and the teams they are working with. Patient and staff experiences were very positive indicating that

peer support workers, with their lived experience, are offering patients something valuable and distinctive that is not provided by other professionals.

Services report that demand is high, with limited capacity within the teams. The model is under regular review by Integrated Care Board, Nottingham City Council and Nottinghamshire County Council commissioners to ensure it is addressing unmet need and testing new ways of working during 2024/25. These are further described in Section 4 – Future Developments.

c. Finance

The baseline model of support described has been funded recurrently through Mental Health Transformation funding to the Integrated Care Board, except for the substance use workers in inpatient settings.

The Substance Use roles were funded through non-recurrent mental health discharge funding until March 2024, and since April 2024 through the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) from Nottingham City.

An opportunity was identified to build upon the baseline model, address unmet need and test new ways of working during 2024/25 through creating additional substance use posts in Community Mental Health Teams and Crisis Team. These posts are also funded by the SSMTRG and are being recruited to on a fixed term basis.

The SSMTRG is a grant provided to local authorities via Office of Health Improvement and Disparities to support the delivery of the national drug strategy. The Grant funding is time limited with an end date of 31st March 2025, with no confirmation of the continuation of beyond then. This is recognised as a risk not only for these posts, but across our wider system as there is a significant cliff-edge in funding for several substance use related grants ending in March 2025. This work will be considered as part of our overall review of the system needs and requirements once we know what funding will be available from 1st April 2025.

4. Further developments

Several workstreams have been developed to further enhance the baseline model. The workstreams have representatives from all partners.

- **The mental health crisis services workstream**

This workstream is looking at developing a new substance use practitioner role in reaching into the Crisis resolution and Home Treatment Team. The aim of this role will be to identify unmet substance use needs and bring more people into substance use treatment, as well as addressing gaps in knowledge within the crisis services.

- **Talking Therapies response to co-existing conditions**

This workstream will be looking at how we can help improve the access to Talking Therapies for people who use substances. We shall be looking at criteria for referrals and training needs for staff within Talking Therapies services. We shall then extend

this work to look at the psychological offer in the trust, as well as the offer through the Nottingham Recovery Network.

- **Co-existing substance use and mental health needs for older people**

The co-existing pathway workforce is currently embedded within Community Adult Mental Health and we would like to extend it into community services for older adults. We shall look at setting up consultation slots to discuss complex cases which involve substance use. We shall be identifying training needs and how we can improve the identification and management of substance use.

- **Training workstream**

We have an overarching training workstream to work across partner agencies and services to improve the knowledge and skills of all staff working with people with complex needs. Key partners include the Nottingham Practice Development Unit and the Severe and Multiple Disadvantage Partnership alongside mental health and substance services in creating opportunities to share learning, create training and share best practice.

- **Child and Adolescent Mental Health Services**

Nottingham City Council commissioned Change, Grow, Live: The Place in October 2023 to provide community substance use services to young people and young adults up to 25 years old. This service was specifically designed to better meet the transitional needs of young adults. The service has developed pathways with Child and Adolescent Mental Health Services (CAMHS). Where young adults are presenting with complex mental health needs joint multi-disciplinary meetings are held with Nottingham Recovery Network to support the transition to adult mental health services. Information sharing, training and sharing learning across organisations is a priority.

References

- ⁱ [Quality statement 1: Initial identification of co-existing substance misuse | Co-existing severe mental illness and substance misuse | Quality standards | NICE](#)
- ⁱⁱ Membership consists of: Nottinghamshire Healthcare NHS Foundation Trust; Nottingham and Nottinghamshire ICB; Nottingham City Council; Nottinghamshire County Council; Nottingham Recovery Network; Change Grow Live; Double Impact and Primary Care
- ⁱⁱⁱ [Overview | Co-existing severe mental illness and substance misuse: community health and social care services | Guidance | NICE](#)
- ^{iv} [Better care for people with co-occurring mental health, and alcohol and drug use conditions \(publishing.service.gov.uk\)](#)
- ^v [From harm to hope: A 10-year drugs plan to cut crime and save lives - GOV.UK \(www.gov.uk\)](#)
- ^{vi} Al-Hurrayya; Bac-In; Change Grow Live; Department for Work & Pensions; Double Impact; Framework Housing Association; His Majesty's Prison and Probation Service; HMP Nottingham; Office of the Nottinghamshire Police and Crime Commissioner; New Hope Rehab; Nottingham City Council; Nottinghamshire County Council; Nottinghamshire Healthcare NHS Foundation Trust' Nottingham & Nottinghamshire Integrated Care Board and Nottinghamshire Police
- ^{vii} Epidemiological Assessment – Prevalence of co-existing substance use and mental health conditions in Nottingham and Nottinghamshire <https://www.nottinghamshireinsight.org.uk/d/acqJc5bq>
- ^{viii} Evaluation of Nottingham and Nottinghamshire substance use mental health pathway <https://www.nottinghamshireinsight.org.uk/d/acqJdKzE>
- ^{ix} Evaluation of the pilot for dual substance use and mental health peer support workers in Nottinghamshire Healthcare Foundation Trust <https://www.nottinghamshireinsight.org.uk/d/acqJdtgA>

This page is intentionally left blank

**Health and Adult Social Care Scrutiny Committee
11 July 2024**

Work Programme

Report of the Statutory Scrutiny Officer

1 Purpose

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

2 Action required

- 2.1 The Committee is asked:

- 1) to note its work programme for the 2024/25 municipal year and make any amendments required; and
- 2) to consider any further priority topics or issues for inclusion on the work programme.

3 Background information

- 3.1 The Committee's formal Terms of Reference are set out under Article 9 of the Council's Constitution, with Committee being established to:
- hold local decision-makers (including the Council's Executive for matters relating to Adult Social Care and Public Health, and the commissioners and providers of local NHS health services) to account for their decisions, actions, performance and management of risk;
 - review the existing policies and strategies of the Council and other local decision-makers where they impact on Adult Social Care and/or the health of Nottingham citizens;
 - contribute to the development of new policies and strategies of the Council and other local decision-makers where they impact on Adult Social Care and/or the health of Nottingham citizens;
 - explore any matters relating to Adult Social Care and/or health affecting Nottingham and/or its citizens;
 - make reports and recommendations to the relevant local agencies with respect to the delivery of their functions (including the Council and its Executive, and the commissioners and providers of local NHS health services);
 - exercise the Council's statutory role in scrutinising health services for Nottingham in accordance with the NHS Act 2006 (as amended) and associated regulations and guidance;

- be part of the accountability of the whole health system and engage with commissioners and providers of NHS health services and other relevant partners (such as the Care Quality Commission and Healthwatch); and
 - review decisions made, but not yet implemented, by the Council's Executive, in accordance with the Call-In Procedure.
- 3.2 In addition to the powers held by all of the Council's Overview and Scrutiny bodies, the Committee also holds further powers and rights as part of its remit concerning health:
- to review any matter relating to the planning, provision and operation of NHS health services in the area;
 - to require members of the Council's Executive and representatives of commissioners and providers of NHS and Public Health-funded services to provide information to the Committee, attend its meetings and answer questions posed;
 - to invite other persons to attend meetings of the Committee to provide information and/or answer questions;
 - to make recommendations and provide reports to relevant decision-makers, including the Council's Executive and commissioners of NHS and Public Health-funded services, on matters within their remits (the Council's Executive and commissioners of NHS and Public Health-funded services have a duty to respond in writing to such recommendations);
 - to be consulted by commissioners of NHS and Public Health-funded services when there are proposals for substantial developments or variations to services, and to make comment on those proposals; and
 - to request that the Secretary of State uses their powers to 'call in' proposals for health service reconfiguration if there are significant concerns about them that cannot be resolved locally, and to be consulted formally (alongside the local Healthwatch group) by the Secretary of State on how the powers of 'call in' might be implemented in relation to a given proposal if the Secretary of State is minded to use those powers.
- 3.3 The Committee sets and manages its own work programme for its Scrutiny activity. Business on the work programme must have a clear link to the Committee's roles and responsibilities, and it should be ensured that each item has set objectives and desired outcomes to achieve added value. Once business has been identified, the scheduling of items should be timely, sufficiently flexible so that issues that arise as the year progresses can be considered appropriately, and reflect the resources available to support the Committee's work. It is recommended that there are a maximum of two substantive items scheduled for each Committee meeting, so that enough time can be given to consider them thoroughly.
- 3.4 The Committee is asked to note its work programme for the 2024/25 municipal year and make any amendments to its business that are needed. Potential issues raised by Committee members are regularly scoped for scheduling in consultation with the Chair, the relevant senior officers and partners, and the Executive Members with the appropriate remit.

4 List of attached information

4.1 Work Programme 2024/25

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

5.1 None

6 Published documents referred to in compiling this report

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

7 Wards affected

7.1 All

8 Contact information

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

This page is intentionally left blank

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

Meeting	Items
13 June 2024	<ul style="list-style-type: none"> <li data-bbox="517 405 1877 480"> <p>• Appointment of the Vice Chair To appoint the Committee’s Vice Chair for the 2024/25 municipal year</p> <li data-bbox="517 520 1877 627"> <p>• Adult Social Care Single Integrated Delivery Plan 2024-28 To review the development and implementation of a Single Integrated Delivery Plan for the transformation of Adult Social Care services</p> <li data-bbox="517 667 1877 774"> <p>• Quality Accounts 2023-24 To note the Committee’s formal statements on the latest Quality Accounts of the major NHS providers delivering services in Nottingham</p> <li data-bbox="517 813 1877 963"> <p>• Work Programme 2024-25 and Activity Summary 2023-24 To agree the Committee’s work programme for the 2024/25 municipal year, and to note its activity and recommendations to the Council’s Executive (and the responses received), NHS commissioners and providers, and other partners during the 2023/24 municipal year</p> <li data-bbox="517 1003 1877 1078"> <p>• Future Meeting Dates To agree the Committee’s meeting dates for the 2024/25 municipal year</p>
11 July 2024	<ul style="list-style-type: none"> <li data-bbox="517 1155 1877 1262"> <p>• Co-Existing Substance Use and Mental Health Needs To consider the services available to people with co-existing support needs in relation to both substance use and mental health</p>

Meeting	Items
	<ul style="list-style-type: none"> <li data-bbox="517 272 1861 379"> • Achieving Financial Sustainability in the NHS To consider proposals for changes to commissioned services to achieve a balanced budget within NHS organisations by the end of March 2026
19 September 2024	<ul style="list-style-type: none"> <li data-bbox="517 459 1883 566"> • 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 <li data-bbox="517 606 1827 713"> • Sexual Health Services To consider how learning arising from Sexual Health Services provision has been used to inform the establishment of a new provider contract
24 October 2024	<ul style="list-style-type: none"> <li data-bbox="517 799 1883 938"> • Nottingham University Hospitals NHS Trust – Maternity Services, Well-Led and Inclusion To review the progress on addressing service issues since the last update and in response to the latest feedback from the Ockenden Maternity Review <li data-bbox="517 978 1827 1085"> • Suicide and Self-Harm Prevention To consider the wider underlying causes behind suicide and self-harm and the prevention approaches being taken
21 November 2024	<ul style="list-style-type: none"> <li data-bbox="517 1171 1760 1278"> • Nottingham City Safeguarding Adults Board To consider the Safeguarding Adults Board’s latest Annual Report and the activity undertaken in response to the Committee’s recommendations on the previous report <li data-bbox="517 1326 539 1350"> •

Meeting	Items
19 December 2024	<ul style="list-style-type: none">••
23 January 2025	<ul style="list-style-type: none">••
20 February 2025	<ul style="list-style-type: none">••
20 March 2025	<ul style="list-style-type: none">••
24 April 2025	<ul style="list-style-type: none">••

Potential items for scheduling

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