

Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 14 April 2022 from 10.00 am - 11.30 am

Membership

Present

Councillor Georgia Power (Chair)
Councillor Michael Edwards
Councillor Maria Joannou
Councillor Kirsty Jones
Councillor Anne Peach
Councillor Nayab Patel

Absent

Councillor Cate Woodward
Councillor Samuel Gardiner
Councillor Angela Kandola

Colleagues, partners and others in attendance:

Oliver Bolam - Head of Mental Health and Whole Life Disability
Councillor Adele Williams - Portfolio Holder for Adults and Health
Jane Garrard - Senior Governance Officer

70 Apologies for absence

Councillor Sam Gardiner – personal
Councillor Angela Kandola – Other Council business
Councillor Cate Woodward – leave

Sarah Collis, Nottingham and Nottinghamshire Healthwatch

71 Declarations of interest

None

72 Minutes

The minutes of the meeting held on 17 March 2022 were agreed as an accurate record and signed by the Chair.

73 Adult Social Care Supported Living Transformation Project

Oliver Bolam, Head of Mental Health and Whole Life Disability, gave a presentation about the transformation of supported living arrangements in the City including showing a film of citizens currently living in supported living accommodation talking about their experiences. He highlighted the following points:

- a) The aim of the transformation project is to promote independence and increase the number of citizens living in supported living accommodation.

- b) The objectives are to promote the shift from residential care to supported living; increase the number of citizens living in supported living by 60 each year from 2022/23; and to place adults into supported living rather than residential care in the first instance, where appropriate. This will contribute to the strategic outcome of citizens being able to stay safe, well and live as independently as possible in a way that maximises independence and provides better value for money.
- c) In addition to improving outcomes, the approach is better for money. It is anticipated that there will be savings of over £700,000 over four years.
- d) Progress is being made against the key milestones of the project: people are currently moving into Hunger Hill and Palm Street but the moves to St Andrews Hall have slipped to April; new colleagues are supporting the project as it grows; and a pipeline of future projects is being developed.
- e) There are a number of risks associated with the project including challenges for providers in recruiting sufficient staff (which is a challenge across social care); having sufficient capacity to transform the service while delivering statutory duties, but this has been addressed and additional capacity recruited; a lack of suitable properties could be a significant problem, but it has not been an issue so far; increasing construction costs impacting on the ability of all partners to deliver against their own business model; and not achieving anticipated savings, which is being closely monitored.
- f) Between 2017 and 2021 there has been a 45.3% increase in the number of citizens living in supported living to 40% of all those in residential care or supported living. Taking into account the recent/ current moves this will soon be over 50%.
- g) Hunger Hill is a 9 bed unit of individual flats, which is particularly appropriate for citizens with mental health needs. 3 moves have been completed and there are plans in place for a further 5 moves.
- h) 7 of the 13 planned moves to Palm Street have been completed.
- i) Individuals have been identified to move into St Andrews Hall.
- j) While it is important to have plans for a regular steady flow of moves in the future, the logistical arrangements of moving individuals are too complex to have lots of projects running at the same time.
- k) The level of support provided can vary from 10-50 hours a week. It is easier for providers if citizens with similar levels of need live in the same accommodation block.
- l) Feedback from citizens who have moved into supported living is generally positive.
- m) A Quality Assurance Plan is in place to provide assurances on quality and safety as accommodation is set up and citizens move in. Part of this is ensuring that citizens receive the care needed at the right time to prevent safeguarding risks. There are named workers for each unit to provide an easy route for problem solving and escalating issues as appropriate.

During subsequent discussion and in response to questions from the Committee, the following points were made:

- n) The Service would like to develop more co-production and involve families at an earlier stage.
- o) It is acknowledged that there is negative feedback as well as positive. Until recently there has been limited resource to gather feedback.

- p) There is engagement with health colleagues, including Nottinghamshire Healthcare Trust, who are supportive of supported living arrangements for citizens with learning disabilities.
- q) Providers tendering for work have to demonstrate that they have staff with appropriate skills to deliver direct care and be able to provide assurance on this.
- r) Turning Point and Framework are two of the main providers for citizens with mental health needs and there are other providers who specialise in mental health.
- s) The majority of people who leave supported living are those who had mental health needs that have improved sufficiently. They are then able to decide if they wish to move on and this is often to their own tenancy with a small package of care. There are less moves out of supported living by citizens with learning disabilities but if they say that they wish to move this will be responded to.
- t) Places are allocated by the Supported Living Team balancing factors such as those most in need and who is likely to be a good fit for the place available. A degree of matching people has to take place.
- u) Supported living is not a new concept but historically in the City there have been too many people in residential care that do not need to be there. In order to make the scale of change required, it has been necessary to bring in additional resource, such as introducing a Supported Living Team to facilitate the work necessary.
- v) If a provider fails then another provider has to be brought in but, as they have their own tenancy, residents would stay in their home. This is a significant difference compared with residential care.
- w) It is recognised that supported living doesn't suit everyone and some people may be reluctant to move.
- x) The ambition is to have supported living accommodation across the whole city.

The Committee was supportive of the project to support more citizens to live in supported living where appropriate and welcomed the ambitious targets for the number of people to move into that form of accommodation. The Chair asked Oliver Bolam to thank staff for their work in delivering the project, and the citizens who appeared in the film.

Resolved to recommend that the Council maintains a continued commitment to co-production of supported living arrangements and the involvement of citizens in decisions about their care.

74 Work Programme

The Committee discussed proposals for its work programme for 2022/23.

Resolved to:

- (1) review the provision of maternity services by Nottingham University Hospitals NHS Trust at its meeting in May, including a review of progress in improvement in since the previous update; details of the findings of the recent Care Quality Commission impact and how the Trust is responding to those findings; and interim recommendations of the**

Thematic Review of Maternity Services and how the Trust is responding to those recommendations.

- (2) finalise the Committee's work programme for municipal year 2022/23 at the meeting in May, based on the issues listed at Appendix 2 to the report.**