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**Nottingham  
City Council**

## **Nottingham City Council Health and Adult Social Care Scrutiny Committee**

**Date:** Thursday, 23 June 2022

**Time:** 10.00 am (pre-meeting for all Committee members at 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**

**Senior Governance Officer:** Jane Garrard

**Direct Dial:** 0115 876 4315

- |          |   |           |
|----------|---|-----------|
| <b>1</b> | <b>Apologies for absence</b>  |           |
| <b>2</b> | <b>Declarations of interest</b>   |           |
| <b>3</b> | <b>Minutes</b>  | 3 - 10    |
|          | To confirm the minutes of the meeting held on 19 May 2022                             |           |
| <b>4</b> | <b>Adult Social Care Transformation Programme</b>                                     | 11 - 66   |
| <b>5</b> | <b>Services for people with co-existing substance misuse and mental health issues</b> | 67 - 76   |
| <b>6</b> | <b>Nottingham University Hospitals NHS Trust Maternity Services</b>                   | To follow |
| <b>7</b> | <b>Quality Accounts 2021/22</b>   | 77 - 82   |
| <b>8</b> | <b>Work Programme</b>   | 83 - 88   |

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

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## 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 19 May 2022 from 10.00 am - 12.01 pm

#### Membership

##### Present

Councillor Georgia Power (Chair)  
Councillor Michael Edwards  
Councillor Maria Joannou  
Councillor Kirsty Jones  
Councillor Anne Peach  
Councillor Dave Trimble  
Councillor Sam Webster

##### Absent

Councillor Cate Woodward  
Councillor Nayab Patel

#### Colleagues, partners and others in attendance:

- |                 |  |
|-----------------|--|
| Alex Ball       | - Director of Communications and Engagement, Nottingham and Nottinghamshire Clinical Commissioning Group |
| Nick Carver     | - Chair of Nottingham University Hospitals NHS Trust Board   |
| Rupert Egginton | - Acting Chief Executive, Nottingham University Hospitals NHS Trust                                      |
| Keith Girling   | - Medical Director, Nottingham University Hospitals NHS Trust  |
| Debbie Graham   | - Lead Midwife, Independent Thematic Review of Nottingham University Hospitals Maternity Services        |
| Tiffany Jones   | - Director of Communications and Engagement, Nottingham University Hospitals NHS Trust                   |
| Jane Laughton   | - Chief Executive, Healthwatch Nottingham and Nottinghamshire  |
| Sharon Wallis   | - Director of Midwifery, Nottingham University Hospitals NHS Trust                                       |
| Mark Wightman   | - Director of Strategy and Reconfiguration, Nottingham and Nottinghamshire Clinical Commissioning Group  |
| Jane Garrard    | - Senior Governance Officer  |
| Phil Wye        | - Governance Officer   |

#### 1 Apologies for absence

Councillor Nayab Patel  
Councillor Cate Woodward

#### 2 Appointment of Vice Chair

**Resolved to appoint Councillor Maria Joannou as Vice-Chair of this Committee for this municipal year (May 2022 to April 2023)**

### **3 Declarations of interest**

None.

### **4 Minutes**

The Committee confirmed the minutes of the meeting held on 14 April 2022 as a correct record and they were signed by the Chair.

### **5 Nottingham University Hospitals NHS Trust Maternity Services**

Nick Carver, Chair of Nottingham University Hospitals NHS Trust (NUH) Board, introduced himself and outlined the role of the Board in driving improvement, including in relation to maternity services, which includes development and delivery of the long-term vision for NUH, holding the Chief Executive to account, and making sure that Nolan Principles are followed, particularly in terms of openness. He stated that while the Trust is improving its maternity services, he acknowledges that more needs to be done and at greater pace.

Sharon Wallis, Director of Midwifery at NUH, then delivered a presentation to the Committee about the action that has been taken to improve maternity services since the last update to the Committee and how the Trust is responding to verbal feedback from the most recent Care Quality Commission (CQC) inspection of maternity services. She highlighted the following information:

- (a) The majority of women are happy with the maternity service that they receive at NUH but it is acknowledged that some have not received appropriate care. Recent improvements include estates work at the City Hospital and a new 24 hour maternity advice line which has received 100% positive feedback.
- (b) There is a national shortage of midwives that also affects NUH, which has significant numbers of vacancies. Notwithstanding this national shortage, the Trust is working to address issues with staffing shortages. Ten new midwives have been appointed since January, and sixteen maternity support workers have been supported to begin foundation degrees. An interim deputy director has been appointed as well as full time midwifery advocates. Staffing will also be improved with 15 overseas midwives joining in July through an external recruitment agency. Including these there are currently 43 additional midwives in the recruitment pipeline. A recruitment event is organised for 21 May. A full Birthrate plus assessment will be carried out in the summer. It is important that staffing levels also provide sufficient 'headroom' to allow time for staff to undertake training.
- (c) Feedback meetings are held with women who feel that they received a poor service, and some of these will be appointed as Safety Champions. The Director Midwifery holds a monthly question and answer session on Facebook.
- (d) The Service is working with the Maternity Voices Partnership on collaboration and co-design of improvements.

- (e) Following the CQC inspection of maternity services in February, a Section 29A Warning Notice was issued relating to issues with staffing of the triage section, which was being used for both emergencies and women with appointments. This has now been separated, staffing improved, and oversight made stronger with quicker escalation as appropriate. No issues have been reported of women not being seen quickly enough.
- (f) The Warning Notice also related to appropriate monitoring and safety procedures for the triage service. Alerts for escalation have been strengthened so that both the midwife and flow co-ordinator receive alerts to any issues.
- (g) The final report of the inspection has not yet been published by the CQC, but the Trust published the initial feedback letter as part of the papers for its Trust Board meeting in March and has been open about the initial verbal feedback received and how the Trust is responding.
- (h) It is acknowledged that the pace of improvement needs to increase. Additional capacity has been brought in to assist with this.
- (i) The NUH Board is committed to openness, and has offered to hold pre-Board briefings with the Committee Chair and visits to the Service. It will share the CQC report when available.

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

- (j) Representatives of NUH agreed with the importance of having a systematic approach to delivering improvements and confirmed that a project plan for service improvement is in place but it is complex and constantly evolving, and therefore difficult to share. It could potentially be discussed as part of a visit by Committee members.
- (k) A new end-to-end clinical IT system will soon be introduced which will reduce the use of paper records, include alerts to prompt action and allow for translation of all information. This will improve accessibility for all who are seeking information and advice.
- (l) Committee members questioned the report of 100% positive feedback in relation to the new advice line as universal approval for a service is unusual, and asked about feedback from those who have not accessed the advice line. Representatives of NUH agreed that the level of positive feedback was surprising.
- (m) Challenges in increasing staffing levels are complex. There is a lot of interest but limited university places, which NUH is hoping to work with local universities to increase. It is important to offer opportunities for development and flexible working arrangements, and to sell Nottingham as a great place to work. Flexible working is available for all front-line staff. This can impact on service delivery but is essential for staff morale and retention. 'Golden hellos' are also offered as an incentive.

- (n) The Chair commented that the Section 29A Warning Notice issued related to the period when the Trust last attended a meeting of the Committee to discuss maternity services, but the Trust did not raise any of the issues referred to in the Warning Notice at that Committee meeting. Representatives of NUH responded that, at that time, the Trust believed that it was meeting targets but was unable to provide sufficient assurance to the CQC of the robustness of oversight. The Trust advised that there are no national standards for maternity triage and therefore the Trust is assessed against its own locally set high targets. Since that time administration systems have been strengthened to better record the data. There has been no evidence of harm caused to women.
- (o) Representatives of the Trust stated that the Trust has done its best to address the issues raised in the Warning Notice in the time available and has provided evidence to the CQC by the deadline about this. It is awaiting the assessment of that evidence by the CQC.
- (p) Representatives of the Trust confirmed that, having had sight of the draft CQC report, there are no significant issues contained within the report that it has not made the Committee aware of. It is anticipated that the rating will remain the same as currently.
- (q) The Chair commented that the response rate to the Families and Friends Test is relatively low. NUH commented that in addition, it has commissioned a local survey of women that wish to provide feedback.
- (r) The Director of Midwifery receives Safety Every Day reports every day. The rating can vary throughout the day. If it is not rated as 'green', then flow-coordinators will take action to mitigate risks for example by moving staff to areas of greater need, pausing elective activity, or looking for support from neighbouring trusts. The Chair expressed surprised that, when asked, the Director of Midwifery could not recall the safety level for previous days in the current week.

The Chair welcomed the offer of briefings prior to each Trust Board meeting.

**Resolved to:**

**(1) request that Nottingham University Hospitals NHS Trust:**

- i) provide information about when safety levels in maternity services were rated 'red' and 'green' over the previous month;**
- i) provide an update on key indicators to the Committee every month. Indicators to be agreed with the Nottingham and Nottinghamshire Clinical Commissioning Group Quality Assurance Group;**
- ii) provide an update on progress against the issues raised in the Section 29A Warning Notice;**
- iii) provide a more detailed breakdown of feedback about the maternity advice line; and**
- iv) provide a briefing on how the Trust is responding to the Care Quality Commission report, when it is published.**

- (1) arrange a visit to see Nottingham University Hospitals Maternity Services, if the Trust agrees to allow a Trade Union representative to be present for any**

**discussions with frontline staff;**

Debbie Graham updated the Committee on the work of the Independent Thematic Review into Nottingham University Hospitals Maternity Services, highlighting the following information:

- (a) A Thematic Review is different from a Public Inquiry, being considerably shorter and therefore able to make recommendations for improvement in a more timely way.
- (b) The review team has spoken with service users and staff in order to gather their experiences and feedback, to identify themes and issues. The Review covers the period April 2006 – October 2021.
- (c) Benchmarking has been undertaken against five other Trusts with similar profiles of deprivation, ethnicity, age complexity and size.
- (d) A detailed report on the delivery phase of the maternity pathway was drafted at the end of April and this will be followed by the neonatal phase by the end of May 2022.
- (e) To ensure that feedback to the Review is as representative as possible of the local community, the Review Team is going out to more under-represented groups, voluntary groups, radio stations, the Romanian community, the Traveller community, and those with mental health problems.
- (f) Listening sessions have been held to share experiences, including with service users from under-represented groups including refugee/asylum seeking women; Urdu and Arabic speaking women in community settings. Further sessions are planned.
- (g) The Review has a public facing website in multiple languages, a family hotline and a dedicated email address.
- (h) Dedicated and bespoke psychological support is also offered to families engaged with the Review.
- (i) To date 590 families have engaged with the Thematic Review. 81 families have completed listening sessions and 81 families have written about their experiences. 30 women and families from under-represented groups have been actively sought and spoken to.
- (j) 59 listening sessions with staff have been held, and 3 written submissions received.
- (k) The Thematic Review is awaiting an update from the national team in relation to a new Chair, following the resignation of Julie Dent CBE.
- (l) Once the assurance process associated with the Interim Report has been finalised, it will first be shared with families and then with wider stakeholders.

The Committee welcomed the work of the Review Team to try and reach out to families from the range of diverse communities in Nottingham to ensure that evidence to the Review is as representative of local communities as possible; and encouraged this to continue. The Committee commented that there are a number of issues affecting the progress of the review which are outside of the direct control of the Review Team, for example a lack of national leadership in appointing a new Review Chair. Given the importance of the Review for families now and in the future, the Committee agreed to write to the Secretary of State for Health and Social Care and NHS England about the impact that the lack of a Chair is having on the progress of the review and the need for the Secretary of State to work with families to appoint a new Chair as soon as possible.

**Resolved to:**

- 1) request that the Independent Review's Interim Report is shared with the Committee when it is available;**
- 2) ask the Review Team to clarify how implementation of recommendations contained within the Interim Report will be monitored and reported on;**
- 3) write letters to the Secretary of State for Health and Social Care and NHS England to express the Committee's concerns about the impact of a lack of a Chair on the progress of the review and the need to urgently address this issue.**

## **6 Tomorrow's NUH**

Mark Wightman, Director of Strategy and Reconfiguration, and Alex Ball, Director of Communications, Nottingham and Nottinghamshire Clinical Commissioning Group, introduced the report on findings of the pre-consultation engagement that had been carried out in relation to the development of proposals under the Tomorrow's NUH programme, highlighting the following:

- (a) Phase 2 of pre-consultation engagement has taken place on the proposals through briefings, telephone and online surveys, and public engagements events. Overall, there was 78% support for the broad proposals.
- (b) When looking at each of the proposals in turn, the level of support varied. There were lower levels of support for the proposals for Family Care and Outpatients.
- (c) Feedback on each of the proposals included concerns and common themes relate to a potentially negative impact on patient choice and the co-location of specific services, car parking, public transport and travel times.
- (d) The findings of this phase of engagement will be shared with all key stakeholders for the Programme and directly to those groups and communities that took part in the engagement. It will also be used to further shape development of the proposals. As a result, there may be further pre-consultation engagement before the full public consultation in spring 2023.

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

- (e) The CCG acknowledged that the Stakeholder Reference Group, which helps provide quality assurance, has not met for some time, and the Group has been unable to look at this activity. The CCG stated that it hopes to restart the Group soon, and the input of Healthwatch Nottingham and Nottinghamshire will be very welcome. This will enable Healthwatch to provide assurance to the Committee in the future.
- (f) The CCG acknowledged that men are under-represented in the engagement response, which is typical for most health consultations, and more needs to be done to address this.
- (g) Recruitment and retention of staff is just as important for service provision, quality and safety as the capital infrastructure.
- (h) In response to recommendations from the Committee in March the survey was made available in the 10 most commonly used languages in the local area and circulated to groups with particular connections to communities leading to engagement sessions being held with groups such as the St Anns and Meadows Advice Centre and the Arabic Women's Group. The intention is to consider enhancing this further for the full public consultation. Proposals are also being developed for mental health provision within Emergency Care.

As the areas with the lowest levels of public support, the Committee decided to look at proposals for Family Care and Outpatients in more detail to help it determine whether the proposals reflect the patient and public interest and are in the best interests of local health services.

**Resolved to recommend that the Nottingham and Nottinghamshire Clinical Commissioning Group:**

- 1) continue to work on implementing the recommendations made by the Committee at its meeting on 17 March 2022;**
- 2) proactively engage with Nottingham University Hospitals NHS Trust staff and trade unions about the proposed changes to seek views and input on the development of proposals and the impact of change;**
- 3) continue to provide regular briefings to the Committee on development of the Programme; and**
- 4) share specific detailed proposals for Family Care and Outpatients with the Committee.**

**7 Work Programme**

**Resolved to:**

- (1) note the Terms of Reference for the Committee;**
- (2) note the work that is currently planned for municipal year 2022/23;**
- (3) note that meetings are being arranged with providers to discuss their Quality Accounts 2021/22 and that Committee members are encouraged to attend if possible; and**
- (4) postpone the next Committee meeting until 23 June 2022 to enable attendance by all relevant contributors to the item on support for people with co-existing substance misuse and mental health issues.**

**Health and Adult Social Care Scrutiny Committee  
23 June 2022**

**Adult Social Care Transformation Programme**

**Report of the Head of Legal and Governance**

**1 Purpose**

- 1.1 To consider the development of the Adult Social Care Transformation Programme and the progress made to date.

**2 Action required**

- 2.1 The Committee is asked to:
- a) consider whether it wishes to make any comments or recommendations about the Adult Social Care Transformation Programme; and
  - b) decide its approach to future scrutiny of transformation.

**3 Background information**

- 3.1 Transformation is a key part of the Council's recovery and improvement activity and a theme of the Together for Nottingham Plan. It is the process of changing the Council's approach to focus on the outcomes that it is seeking to achieve and undertaking service redesign to achieve those outcomes in a more effective and efficient way and at lower cost. The Committee has previously heard that one of the first transformation programmes approved relates to adult health and social care, to address challenges including increasing demand, financial pressures and workforce challenges. Savings from transformation have been built into the Council's Medium Term Financial Plan.
- 3.2 As a key priority for the Council, the Committee agreed that this should be a focus for its work programme over the current municipal year and beyond. At this meeting, the Portfolio Holder for Adults and Health and the Director for Adult Health and Social Care will be presenting an overview of the whole programme, including what it is aiming to achieve, how it intends to do that and risks to the programme. The programme includes a number of different projects. In January the Committee considered early development of a Workforce and Organisational Development Strategy and in March the Committee looked in more detail at the strand of the programme related to supporting living. The Committee may wish to identify other specific areas that it wishes to focus on and it is proposed the progress on delivery of the overall programme is regularly reported to the Committee.

**4 List of attached information**

4.1 Briefing paper from the Director for Adult Health and Social Care

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

5.1 All

**6 Published documents referred to in compiling this report**

6.1 Reports to, and minutes of the meetings of the Health and Adult Social Care Scrutiny Committee on 13 January and 17 March 2022.

6.2 Together for Nottingham Plan

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
01158764315

# Report to Overview and Scrutiny Committee

Thursday, 23<sup>rd</sup> June 2022

**Item Name:** Adult Social Care Transformation Programme

**Lead Officer:** Sara Storey, Director for Adult Health and Social Care

**Lead Portfolio Holder:** Councillor Linda Woodings

## 1. Purpose:

- I. The purpose of the report is to provide an overview of the Adult Social Care Transformation Programme and progress to date.

## 2. Actions and Recommendations

The Committee is asked to:

- I. Note the ambition, expected outcomes, scope and risks associated with the Adult Social Care Transformation Programme
- II. Consider the development of the programme, projects and progress to date.
- III. Identify any potential projects for a deep dive at the next update to Overview and Scrutiny on the Adult Social Care Transformation Programme

## 3. Programme Overview

- I. Adults Health and Social Care are embarking on a transformation to address challenges of increasing demand, workforce retention and financial pressures. To address this a programme of change has been developed to improve service quality, provide better outcomes for citizens and deliver financial savings for the Council.
- II. The programme is designed to work towards delivering the outcomes from the Social Care Futures enquiry: ***“We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing things that matter to us”***.

The 5 key changes that the programme is working towards are:

- Communities where everyone belongs
  - Living in the place we call home
  - Leading the lives we want to live
  - More resources, better used
  - Sharing power as equals
- III. The Adults Social Care Programme covers three key areas of transformation - the programme ambition:

<p>Promoting independence, preventing and delaying the need for longer term care</p>	<p>Developing the service offer to provide better outcomes</p>	<p>Strengthening and developing the workforce</p>
<p>We will promote and maintain independence, providing early intervention to 'prevent, reduce or delay' the need for care and support including maximising our use of digital technology to help maintain or increase people's independence.</p>	<p>We will focus on outcomes that matter to the individual, supporting people to define what they want to achieve and have choice and control over what happens to them, in the most appropriate setting, and how support meets their needs.</p>	<p>We will strengthen and develop the workforce, including effective workforce recruitment and retention and a developed strengths based practice model to provide better quality and improved decision making and outcomes; getting it right first time</p>

IV. The objectives the programme aims to achieve for citizens:

- **Help people to stay safe and well**; support prevention, promote healthy lifestyles and intervene early when people's wellbeing is at risk to avoid crisis and loss of independence
- **Support personal and community resilience and strengths**, ensuring citizens are connected to the resources and support in their local neighbourhoods
- **Increase, retain or restore independence** and reduce the dependence on council funded care and support where possible to benefit the individual
- **View the citizen in the driving seat**, as the expert in their own life; co-producing

V. The expected impact of the change and outcomes for citizens as a result of programme:



4. Programme Financial Benefits

- I. The total financial impact of the transformation programme as stated in the Medium Term Financial Plan is £16.914m which were approved in separate reports.

- II. The one off dedicated resources supporting development and implementation of the programme total £0.783m commencing in 2020/21 and spanning the 4 year Medium Term Financial Plan period.

This yields a forecast return on investment of 4.45:1 which is higher than the investment principle of a 3:1.

	Year 1 2022/23 £m	Year 2 2023/24 £m	Year 3 2024/25 £m	Year 4 2025/26 £m	TOTAL over 4 years
Financial savings approved in November 2021	(2.428)	(2.875)	(3.947)	(4.180)	(13.109)
Gross financial savings February 2022	(0.226)	(0.885)	(1.416)	(2.073)	(4.650)
On going resources (staffing requirement)		0.372	0.372	0.372	1.116
Financial savings approved in February 2022 (net)	(0.226)	(0.513)	(1.044)	(1.701)	(3.534)
<b>TOTAL TO BE DELIVERED</b>	<b>(2.654)</b>	<b>(3.388)</b>	<b>(4.991)</b>	<b>(5.881)</b>	<b>(16.914)</b>

## 5. Governance

- I. The Adults Programme Board meets monthly, providing effective decision-making, steer and direction to support delivery of the programme. Presentations on progress of the projects are supported by robust project performance reporting against the expected outcomes and financial benefits.
- II. To further support governance, progress and updates against the ambition of the programme and expected benefits are provided to People Leadership Team and the Transformation Board.

## 6. Programme Risks

The key programme risks are explained below:

- I. Insufficient homecare capacity.  
Mitigation includes: The prioritisation of demand. Commissioning working to increase capacity in the external market. Alternatives being identified where appropriate. Escalated to People Leadership Team and Corporate Leadership Team. Work with the Integrated Care System and voluntary sector to seek alternatives to support citizens.
- II. There is a risk of significant challenge for external providers to recruit, which may result in providers not having enough resources to deliver commissioned services. This in turn could lead to inappropriate provision/placement of services for citizens.  
Mitigation includes: A corporate recruitment campaign as well as a targeted approach in partnership with the Jobs Hub, to recruit for the external market to help support with the recruitment challenges. The Integrated Care System have a work-stream focused on the mid-term challenges to address perception, terms and conditions and career opportunities.
- III. There is a risk that there will be insufficient capacity to carry out the transformation programme as well as all statutory duties.  
Mitigation includes: Workforce and Organisational development strategy in development. This will address issues of pay and grading as well as career progression. External company commissioned and carrying out reviews and

assessments to reduce backlog. Plan to be developed for gradual return to office bases and resuming face to face assessments.

- III. There is a risk that the number of citizens and the length of stay within residential care will continue to increase.

Mitigation includes: National benchmarking shows that Nottingham has some of the highest numbers in residential care. This often means that citizens are placed in this inappropriate, high cost setting and not supported to live independent lives. The aim of the Increase Independence for Older People project is to reduce the number and length of stay in residential care. Further the Development of more options for Independent Living project is underway and promoting the shift from residential care to supported living for people with whole life disability and mental health.

- IV. Inability to engage appropriately with significant stakeholders, including Health colleagues, citizens and their families could impact the programme.

Mitigation includes strategic involvement in ICS programmes; active engagement scheduled as required in each work programme; and a commitment to principles of co-production, co-design and engagement from all programme leads.

- V. There is a risk that the change initiatives may not effectively manage demand across Adult Social Care resulting in insufficient or inappropriate outcomes for citizens and increased cost of the service.

Mitigation includes: The programme is delivering the Better Lives, Better Outcomes strategy. The programme includes strengthening and developing the workforce and a developed strength-based practice model to provide better quality and improved outcomes. Systems and processes will be developed while delivering service improvements, including the monitoring of outcomes and financial impact. SLT developed practice and culture plan based on national strength based approach guidance and staff engagement events taking place.

## **7. Scope of Programme**

- I. The projects within the Adults Social Care programme are varied in their scope, timelines, costs and benefits. Collectively, the overall programme will improve outcomes for residents through the provision of services in a more cost-effective way.
- II. The projects will be underpinned by moving to a more strengths based practice model across Adults Health and Social Care with the supporting training, development procedures, protocols and case management across all areas of the service.
- III. The projects within scope of the programme and the aim of each project and the level of financial savings expected over the four-year period:

<p><b>1</b> Housing and Support Strategy Action Plan</p> <p><i>Create a strategy and plan to develop accommodation and support options that promote independence, provide choice and are less restrictive</i></p>	<p><b>2</b> Strengths Based and Occupational Therapy Prevention Led Reviews</p> <p><i>Increase strengths based reviews of care and support packages to maximise independence and prevent or delay the need for longer term care</i></p>	<p><b>3</b> Development of options for more Independent Living</p> <p><i>To promote independence and increase the number of citizens in supported living arrangements</i></p>
<p><b>4</b> Workforce and Organisational Development Strategy</p> <p><i>Create and deliver a workforce development plan, including a new recruitment and retention strategy; career progression pathways; as well as training and development approaches that provide better quality and improved outcomes for our citizens</i></p>	<p><b>5</b> Increase Independence for Older People</p> <p><i>Improve the offer for older people, have strength based conversations and promote independence to prevent and reduce stays in residential and nursing care</i></p>	<p><b>6</b> Performance Framework</p> <p><i>Develop a performance framework to enable benchmarking and evaluation of the delivery of improved outcomes and realization of benefits</i></p>
<p><b>7</b> Development of new model of service for Adult Social Care</p> <p><i>Implement a new model of service that maximises quality and outcomes for citizens</i></p>	<p><b>8</b> Expanding Shared Lives</p> <p><i>Expansion of the Shared Lives service to make more placements available for people to live in a family home environment with personalised care provided from within the family unit</i></p>	<p><b>9</b> Extending face to face prevention work for new people</p> <p><i>Supports the prevention agenda to tackle the root causes of issues and not just the symptoms through taking a strength based approach</i></p>
<p><b>10</b> Liberty Protection Transformation</p> <p><i>Preparation and implementation of new Liberty Protection Safeguards legislation</i></p>	<p><b>11</b> Extend the range of options and approaches to facilitate how needs are met</p> <p><i>Increased range of options and choice for people to buy and manage support that is safe and assured</i></p>	<p><b>12</b> Information, Advice and Access</p> <p><i>People can find the information and advice they need easily and through the channels they prefer to make informed choices early on and reduce the risk of crisis and escalation.</i></p> <p><small>*Delivered through the Customer First Programme</small></p>

Financial savings over £1m	
Financial savings £500k to £999k	
Financial savings under £249k	
No Financial savings	

III. To ensure appropriate oversight, risk management and robust delivery against the proposed implementation dates, the existing programme scope has been reviewed in light of the adult social care reform proposals for legislative change and now includes the following projects:

<p><b>1. Implementation of Care Cap</b></p> <p>Aim to start project development June 2022 Implementation October 2023</p>	<p><b>2. Fair Cost of Care and Market Sustainability</b></p> <p>Aim to start project development June 2022 Market sustainability plan finalised February 2023</p>	<p><b>3. Inspection and Assurance</b></p> <p>Project start May 2022 Implementation of CQC Quality Assurance Framework April 2023</p>
<p><b>4. On-line Assessments</b></p>	<p><b>5. Partnership and Integration</b></p>	

## 8. Progress to date

### I. The Workforce and Organisational Development Strategy

- a. Workforce and Organisational Development Strategy developed to support workforce development, to provide better quality and improved outcomes for our citizens. Draft strategy has been supported by Peoples Leadership Team and is expected to be ratified in June 2022.
- b. The strategy includes pay and progression and career progression pathways. The pay and progression objective of the strategy has proceeded at pace and

agreed by Corporate Leadership Team. Engagement with colleagues on pay and progression has been extensive, and Unions have been involved at an early stage with consultation planned.

- c. A governance board is to be established in July 2022 to oversee delivery of action plans.

## II. Strengths based reviews and Occupational Therapy prevention led Project

- a. The allocation of social care assessments to an external provider has resulted in reduced waiting times for citizens to be contacted and is preventing care and support needs escalating and the unnecessary provision of longer term care and support. This has decreased the backlogs in Duty and the Integrated Enablement Team (hospital) and has had a positive impact on the Adult Social Care workforce, appreciating that citizens have been contacted and their strengths-based conversations underway.
- b. The allocation of cases to review existing care and support packages is also in progress; citizens are having strengths-based conversations to maximise independence and as a result financial efficiencies are being delivered.
- c. Lessons learned from delivery of the project to date have formed the next stages of the plan; to collect accurate performance information to ensure the project is focusing its attention on the priority areas for improvement, review and revise key business processes to ensure more streamlined and efficient service delivery and to gain a better understanding of the cases and the citizens journey to improve the quality of service delivery.

## IV. Development of options for more independent living Project:

- a. Project in delivery to further increase supported living options; promoting the shift from residential care to supported living arrangements, enabling people to live as independently as possible and in the least restrictive settings.
- b. Workforce capacity has increased to support delivery of this initiative.
- c. Of the initial 30 moves planned into high quality supported living accommodation, 11 have already taken place resulting in better value for money with the financial savings target for this financial year being met.

## V. Increase independence for older people Project:

- a. Project and plan developed to improve the offer for older people; to have strengths-based conversations and promote independence, preventing and reducing stays in residential and nursing care.
- b. To better understand the issues of high number of placements of citizens in residential care and prioritise activity to provide an improved offer, data analysis conducted showing numbers in residential care in comparison to other local authorities and identifying trends and analysing placements in residential care by team.

## VI. Expanding Shared Lives

- a. Project initiated to develop the Shared Lives service and increase placements for people to live within a family home environment with personalised care provision.

**Sara Storey**  
**Director for Adult Health and Social Care**

# Nottingham City Council Project Initiation Document

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Development of options for more independent living (Supported Living)

Lead Officer : Oliver Bolam



Nottingham

City Council

## Project aim

To promote independence and increase the number of citizens in supported living arrangements

## Project objectives

Promoting the shift for citizens from residential care to supported living arrangements

Increasing the total of citizens in supported living arrangements in cohorts of 60 each year from 2022/23

Placing adults into supported living opposed to residential care in the first instance where appropriate



# Project outcomes

What specifically will be different?  
*(Project Outputs)*

Provision of the right interventions to maintain independence and promotion of the right for citizens from residential care to supported living arrangements



What is the direct impact of the change?  
*(Project Outcomes)*

More citizens having a home of their own to live independently



How we will know outcomes have been achieved?  
*(Measures)*

An increased number of citizens in supported living

Reduced proportion of citizens in residential care (for citizens with learning disabilities or mental ill health)



What strategic outcomes will this contribute towards?

Citizens are able to stay safe, well and live as independently as possible (the core aim of supported living is to restore and retain an individual's independence through supported living arrangements opposed to residential care)

Maximises independence and provides better value for money



# Project financial benefits

Detail of individual transformation savings					
Preferred Option Name	Narrative	Year 1 - 22/23	Year 2 - 23/24	Year 3 - 24/25	Year 4 - 25/26
Page 22 development of options for more independent living (Supported living)	Continue to move citizens out of existing residential and nursing placements and into supported living - u65's.	144,543	220,839	533,921	702,219

60 moves per year in 2022/23 to 2024/25 with no further moves captured in the saving for 2025/26. The saving shown in 2025/26 is the cumulative full year impact of the savings made between 2022/23 and 2024/25.



# Project plan (Project development and next 42 supported living moves)

Strategic Milestones	Completion Date
OBC approved and approval to recruit resources	December 2021 - Complete
Project Initiation Document developed and approved	January 2022 - Complete
Project Performance Reporting developed and approved	February 2022 - Complete
Quality assurance and safeguarding approach developed and approved	February 2022 - In Progress
Hunger Hill moves completed	February 2022 - In Progress
Palm Street moves completed	February 2022 - In Progress
St Andrew's Hall moves completed	March 2022
Co-production opportunities explored	March 2022
Newly recruited practitioners allocated work	March 2022
Date of next moves confirmed	April 2022



# Project risks and issues

Ref	Description	Date Logged	Resolution Date	Owner	RAG	Mitigating Actions
<b>SL001</b> Page 24	There is a risk of significant challenge for external providers to recruit, which may result in providers not having enough resources to deliver commissioned services. This in turn could lead to inappropriate provision/placement of services for citizens.	January 2022	Ongoing	Karla Banfield	A	Commissioning are exploring recruitment and rotation opportunities
<b>SL002</b>	There is insufficient capacity to carry out the transformation programme as well as all statutory duties.	January 2022	March 2022	Oliver Bolam	G	Resources identified within the OBC and approved for recruitment Additional resource recruited to support the programme and further recruitment underway



# Project risks and issues

Ref	Description	Date Logged	Resolution Date	Owner	RAG	Mitigating Actions
<b>SL003</b>	A lack of suitable properties to develop into supported living	January 2022	Ongoing monitoring	Claire Labdon-West	G	Plan in place with sufficient properties identified at this stage  Ongoing monitoring of suitable provision in place
Page 25 <b>SL004</b>	Challenges in the building construction industry (cost of construction has increased by approximately 30%). The model is dependent on developers receiving a return on their investment from Enhanced Housing Benefit (if EHB doesn't provide that return the model will fall over)	January 2022	Ongoing monitoring	Claire Labdon-West	G	Explore options for return on investment if Enhanced Housing  Benefit no longer provides the level of return



# Project dependencies

The project is dependent on / has a dependency to	Impact of this dependency	Dependency management approach
Savings being achieved in the O/T reviews project in the BAU book that will be used in order to negate a loss for year 2 (staffing costs of £0.237m)	If this target is not met, the project will face a loss of £0.237m for year 2	Close monitoring of the savings targets and projections in the OT reviews project



# Nottingham City Council

## Adult Social Care Transformation Programme

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Strengths-based reviews project - lessons learned April 2022

Lead Officer: Richard Groves

Author: Niall O'Neill



Nottingham

City Council

# Strengths Based Reviews – Lessons Learned Report

## Update to ASC Programme Board

To provide ASC Programme Board with the first lessons learned report for the Strengths based reviews Project:

Workshops were conducted with the project team to capture the lessons learned in project delivery to date. This report outlines the feedback from the lessons learned workshops:

- What did we set out to achieve? (slide 4)
- What has made us feel proud in project delivery to date? (slide 6)
- What have we achieved? (slide 8)
- What could we have done differently? (slide 9)
- As a result what do we agree to do next? (slide 11)

To confirm next steps

- Programme Board to endorse the next stage project plan (slide 12)
- The learning from this project to be shared across the projects within the transformation programme
- To continue to capture lessons learned each quarter and plan next steps accordingly



**What Did We Set  
Out To Achieve?**

# 1. What Did We Set Out To Achieve?

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- 01 Clear the Backlog**  
The initial scope was clear, there was a backlog of assessments within Duty and Hospital teams that required attention. The main aim of the project is to complete outstanding strengths-based reviews.
- 02 Achieve Outcomes**  
Using the strengths-based approach to review care and support to enable and maximise independence for citizens.
- 03 Care**  
Ensure that citizens have appropriate care and support as a result of the strengths-based reviews.
- 04 Financial Savings**  
As a result of improving citizen outcomes deliver financial savings for Nottingham City Council.
- 05 Feedback**  
To obtain and use regular citizen feedback throughout the process and at the end, to improve service provision.



# What Has Made Us Feel Proud?

## 2. What Has Made Us Feel Proud?

*"The ability to challenge ourselves. We bucked the trend with this work, not just doing things how we always did."*

*"We have been unwavering in our ethical and moral obligations to citizens."*

*"Good working relationships with the agencies, which leads to transparent conversations and the ability to fix problems quickly."*

*"Developing processes, capturing detailed pieces of work that can be shared with the wider workforce. This helps to challenge current processes."*

*"The commitment from the project team in doing the right thing."*

*"Good feedback from the agency workers on our expertise and that they enjoy working with Nottingham City council."*

*"Passion and pride in the job. Wanting to make a change for our citizens and feeling care/responsibility to the citizen."*

*"There's a positive impact being made, even at this early stage of the project."*

*"As Nottingham City Council staff are skilled in undertaking strength based reviews, there's more ability to define strength based practices"*



# Lessons Learned



# 3a. What Have We Achieved?

Theme	What Have We Achieved?
<b>Project Delivery</b>	<ul style="list-style-type: none"> <li>• Sponsor had a clear vision of the project objectives and resources for the project from the outset.</li> <li>• Mobilised the project in a short space of time.</li> <li>• Training/Onboarding was flexible. People were open to changing how they worked.</li> <li>• The project team have gelled well together.</li> <li>• Direct Payments team and Seniors from other teams have contributed to the Transformation Programme.</li> <li>• Support across the programme has been good. We are challenging the ways of working and providing capacity releases for senior members of the team.</li> <li>• Waiting lists reduced.</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>• Quality assurance processes have been key since the outset, they've been well enforced by senior practitioners; the agency has challenged the quality assurance stage, but it has provided the programme with assurance that work is being completed to our own standards.</li> </ul>
<b>Performance Monitoring / Data</b>	<ul style="list-style-type: none"> <li>• Being in the office has been helpful, being able to engage with other members/practitioners and use their expertise to solve problems/queries.</li> <li>• The manual performance recording system in place has helped us to understand the impact of the data.</li> <li>• The small data analysis team has been able to help. There are some capacity issues, but it has been productive.</li> <li>• Reviewing each case has acted as an informal quality assurance stage, it helps to check where everything is at.</li> <li>• Checking in with team members about the status' after reviewing the manual data has enabled us to pick out themes with each of the practitioners.</li> </ul>
<b>Ways of Working</b>	<ul style="list-style-type: none"> <li>• The manual performance reporting process has reinforced senior practitioner quality assurance process and acted as a further audit of cases.</li> <li>• Knowledge sharing opportunities.</li> </ul>
<b>Processes</b>	<ul style="list-style-type: none"> <li>• Capturing the initial process maps in detail to provide a clear understanding and opportunity to review and share with the wider service at a later stage.</li> <li>• Panel process, senior practitioners now being able to authorise "No Changes" outcome; this was quickly implemented.</li> </ul>
<b>Citizens</b>	<ul style="list-style-type: none"> <li>• Highlighted positive outcomes from the Social Care Reablement service provision.</li> </ul>



## 3b. What Could We Have Done Differently?

Theme	What Could We Have Done Differently?
<b>Project Delivery</b>	<ul style="list-style-type: none"> <li>• Having an automated report from the outset of the project.</li> <li>• At the Tender stage there could have been more in depth conversations on expectations, payment, quality control, supervision of worker cases loads and worker policy.</li> <li>• Have a clear plan outlined from the start of the project; have a “Planning” stage before “Delivery” stage, rather than going straight into delivery as this caused resourcing issues.</li> <li>• Consider the impact on resources to other teams, e.g Panel and Direct Payments team.</li> <li>• When we make process changes we could proactively make recommendations to roll these out to the wider Adult Social Care workforce.</li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>• The manual performance recording process has highlighted that the Adult Social Care service would benefit from senior practitioners having capacity to routinely quality assure work.</li> <li>• Managing external quality expectations, such as the assumed levels of expertise from the outset.</li> </ul>
<b>Performance Monitoring / Data</b>	<ul style="list-style-type: none"> <li>• Improve the performance monitoring process, the manual processes have enabled the team to think of ways to improve.</li> <li>• Agency practitioners were completing reviews however not prioritising the full completion of cases. It would have been beneficial to set clear expectations on full case completion from the outset.</li> </ul>
<b>Ways of Working</b>	<ul style="list-style-type: none"> <li>• Have a business support resource attached to the project from the outset to help to manage capacity.</li> <li>• Liquid Logic can be a blocker, we may require dedicated support to use it more effectively.</li> <li>• Outline from the outset people’s working days/availability to make planning more manageable.</li> </ul>
<b>Processes</b>	<ul style="list-style-type: none"> <li>• Put processes in place prior to the the project delivery stage.</li> <li>• Review and streamline processes prior to project delivery, identifying opportunities to reduce inefficiencies.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Senior Practitioners had to do a lot of explanatory work with team managers about the work to be carried out; effective communications and guidance from a project perspective at Programme Board prior to project delivery starting.</li> <li>• The contract/plan could have been circulated to team members to ensure visibility and understanding for everyone.</li> <li>• Outline the roles and responsibilities clearly from the offset, at times there were conflicts in role expectation.</li> </ul>



# Next Steps

# 4a. As A Result What Do We Agree To Do Next?

Project Delivery



- **Impact Assessment on which services/teams we will have an impact on in terms of resources and time (conduct now and revisit in 6 months time).**
- **Better understanding of the cases that have resulted in an outcome of prevention.**
- **Is there anything we (Adult Social Care service) can do in the process to ensure we are focussing on the priority cases?**
- Make more effective use of Programme Board time, in seeking decisions on recommendations and to extend change initiatives across Adult Social Care.

Performance Monitoring / Data



- **Prioritise the need for accurate performance data as it is fundamental to project success. This will unlock senior practitioners time to add more value to the citizen experience.**
- **Have a dedicated resource from the Analysis & Insight team to support the project.**

Days of Working



- Contract management to be scrutinised in more detail after learnings from experience on this programme.
- Have Liquid Logic support from the offset to use the tool more effectively.

Processes



- **Review and assess the current business processes and revise the processes to increase efficiency (e.g Pre Panel and Direct Payments).**
- Have a library of standardised templates and reports for the team to run.
- Improve the review form from a practitioner perspective.

Communication



- Engage and manage expectations with the Adult Social Care teams on the project objectives, plan and remit.
- Have roles and responsibilities clearly outlined from the offset.

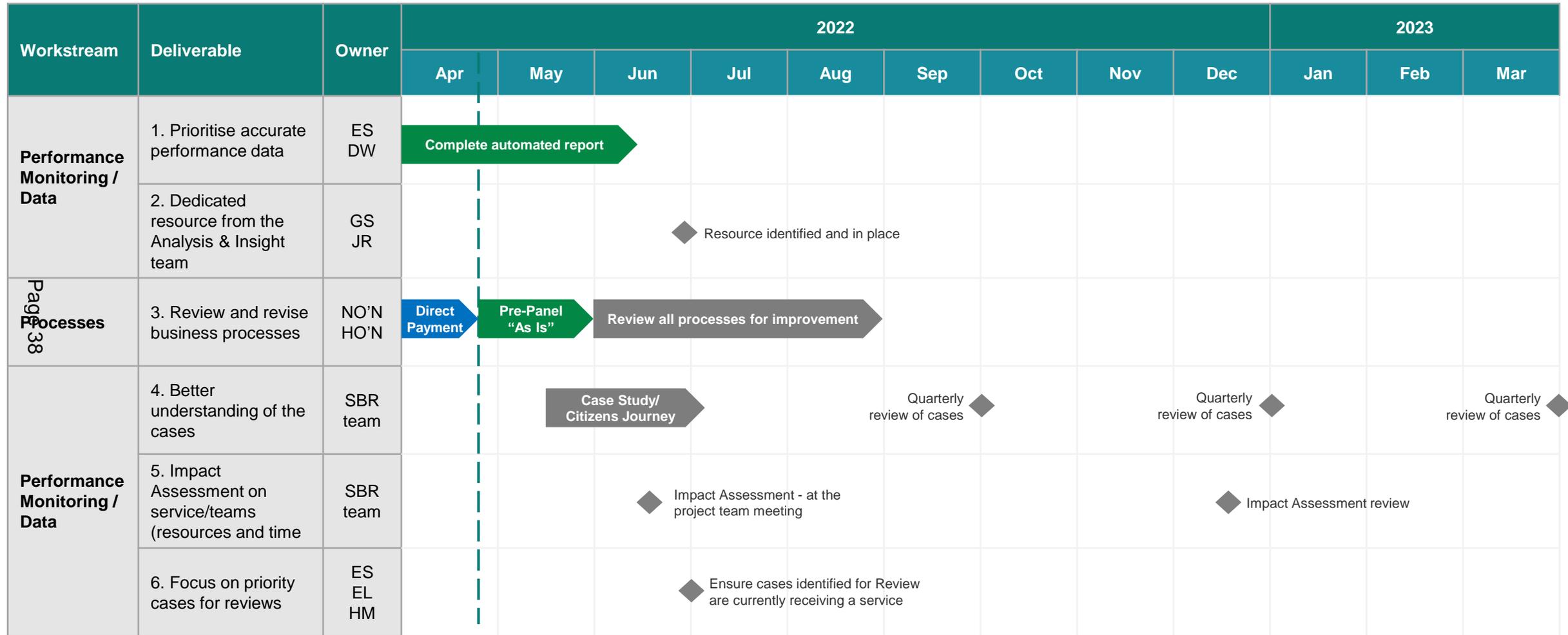
Quality



- Include business support for citizen feedback (prepaid processes) as this may result in more authentic feedback.
- Have a dedicated business support member on the project to help manage capacity.



# 4b. Project Plan



Not Started
  On track
  Not on track - recovery plan in place
  Not on track - recovery plan being developed
  Complete

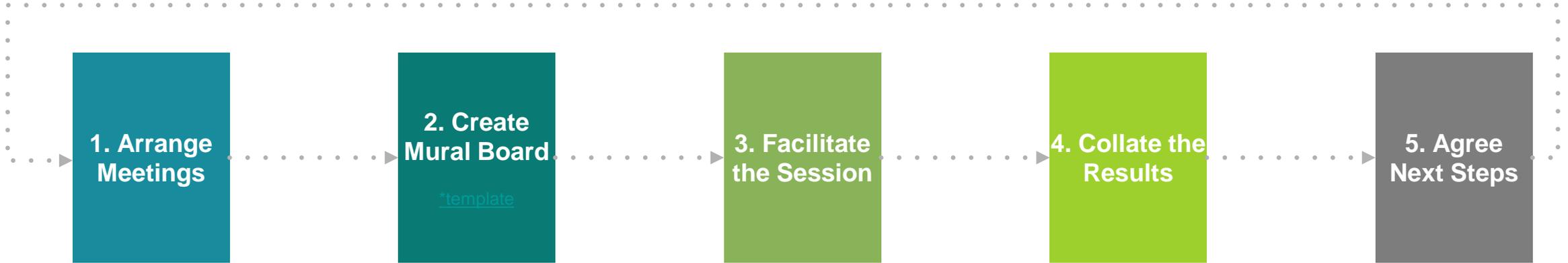


# Lessons Learned Process



# 5. Steps Taken – to be repeated each quarter

Repeat Quarterly



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Reach out to the Service Leads to agree who should be in attendance.

- Contact the Transformation Office to send out the invites.
- Reach out to Service Leads to gauge whether there are any particular areas they'd like the team to focus on.

- Create the Mural Board.
- Outline the sections to the covered:
  - Ice breaker
  - What did we set out to achieve?
  - What has made you feel proud?
  - What have we achieved?
  - What could we have done differently?
  - As a result what do we expect to do next?
- Assign timeframes for each section.

- Send out the link to the Mural Board 2 days in advance, to ensure participants have an account/access.
- Run through the agreed sections, using the timer functionality to keep the meeting running smoothly.
- Encourage the team to speak openly and together, while they fill in their sticky notes.
- Prompt participants to give more detail and explanations.

- When the session is over explain that the Mural Board is a live document.
- Distribute the link via email and ask for people to add any further thoughts.
- Add the feedback and thoughts into a formalised slide deck and distribute to participants when reviewed internally.
- Emphasise the next steps section.

- Arrange a time to follow up and agree a plan for the next steps.
- Apply the Lessons Learned to future workstreams, projects, engagements and programmes.
- Review the previous Lessons Learned outcomes against the next session to identify consistent pain points or improvements.



# Strength Based Reviews Project

Performance Report – 18 May 2022

Lead Officer : Sue Taylor | Richard Groves

Author: Niall O'Neill | Heather O'Neill



## Update to ASC Programme Board

To provide ASC Programme Board performance report for the Strengths based reviews Project for this period:

This report shows the current status of cases allocated to Imperium:

- An update on the status of assessments, including outcomes and financial savings
- An update on the status of reviews, including outcomes and financial savings

Page 4  
To confirm next steps:

- This months report has again been developed following manual updates from the Senior Practitioners allocated to the project. This continues to be resource intensive. The importance of collating the performance information monthly is understood and the emphasis continues to be to work with the Data and Insight Team whilst they develop the automated performance report.
- Continue to work with Imperium to ensure quality and the efficient delivery to improve citizen outcomes
- Align the financial savings with the corporate monthly financial benefits monitoring and reporting
- Review and learn from the citizen feedback and make appropriate adjustments accordingly



# Strengths-Based Reviews Programme Level Report – as at 22<sup>nd</sup> April 2022

Sponsor: Sara Storey | Lead Officer: Sue Taylor/Richard Groves | Transformation  
Delivery Lead: Gurdish Sandhu

	Care Act Assessments	
	Adult Duty Team	Integrated Enablement Team
<b>Number of cases Underway</b>	36*	29*
<b>Number of cases Fully Completed</b>	17	7
<b>Outcome of case</b>		
• Preventative or Non-Funded Service	12	6
• Statutory/funded service	5	1
<b>Financial Impact</b>		
• Increase	4	-
• No Change	13	7
• Decrease	-	-
<b>Net In Year Savings (weekly)</b>	- £1,107.26	-
<b>Subtotal number of cases</b>	<b>53</b>	<b>36</b>
	Reported Last Period	Current Period
<b>Total number of cases allocated</b>	<b>89</b>	<b>89</b>
<b>Total number of cases Fully Completed</b>	<b>22</b>	<b>24</b>
<b>In Year Savings</b>	<b>- £9,210.13</b>	<b>- £7,083.61</b>
<b>Full Year Savings</b>	<b>- £44,895.87</b>	<b>- £50,705.03</b>

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Of the **89 total assessments** allocated as at 25 March 2022:

- **24 assessments** are showing as **fully complete**
- Of these, **18** out of the 24 assessments (**75%**) have resulted in **preventative/non-funded services**
- **6** of the **24** assessments (**25%**) have resulted in a **statutory/funded service** with an **in-year cost of £7,083.61**

Of the **65 assessments** showing as **underway**:

- **27** assessments have been reassigned to an additional agency worker who's role is to complete unplanned work
- 2 cases are waiting for a **care provider**, 3 waiting on **Day Centre**, 3 waiting on **Direct Payment**
- **5** cases are at **Panel (final)** and **3** assessments are at **Pre-panel** stage
- **18** cases have been **Returned** to the teams and **4** others are currently still **Underway**

*\*since the time of the data collection a number of care and support plans have since been completed*



# Strengths-Based Reviews Programme Level Report - as at 22<sup>nd</sup> April 2022

Sponsor: Sara Storey | Lead Officer: Sue Taylor/Richard Groves |  
Transformation Delivery Lead: Gurdish Sandhu

	Reviews and Reassessments		
	Community Review Team	Integrated Enablement Team	Adult Duty Team
<b>Number of cases Underway</b>	331	9	1
<b>Number of cases Fully Completed</b>	82	2	0
<b>Outcome of case</b>			
• Preventative or Non-Funded Service	15	1	-
• Statutory/funded service	67	1	-
<b>Financial Impact</b>			
• Increase	1	-	-
• No Change	66	1	-
• Decrease	8	1	-
<b>In Year Savings (weekly)</b>	<b>£545.59</b>	<b>£578.50</b>	-
Total number of cases	413	11	1

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	Reported Last Period	Current Period
<b>Total number of cases allocated</b>	<b>332</b>	<b>425</b>
<b>Total number of cases Fully Completed</b>	<b>10</b>	<b>84</b>
<b>Net In Year Savings</b>	<b>£4,297.43</b>	<b>£16,486.36</b>
<b>Net Full Year Savings</b>	<b>£25,784.57</b>	<b>£29,007.92</b>

Of the **425 total reviews/reassessments allocated** as of 22 April 2022:

- **84** are showing as **fully completed**
- **16** of the **84** reviews/reassessments (**19%**) produced an outcome of **preventative/ non-funded service**
- **9** of the **84 cases (11%)** have resulted in a **financial in-year saving of £16,486.36.**
- **67** of the **84 cases (80%)** have resulted in **no financial change.**
- **7** citizens (of the 84) have **deceased** before their review date, and therefore **no financial savings can be attributed.**

Of the **341 total reviews/reassessments underway**:

- **7** cases at **Panel (final)**
- **29** have been **Reassigned**, **18** have been **Returned** and **287** are **Underway**
- A number of cases have had the reviews completed **however the care and support plan is still being finalised**



*The allocated worker was lovely. I have struggled with understanding the processes and what happens next, everything is very slow. I didn't think when I asked for help in January that I'd still be waiting for support. Nothing is explained in detail to help with understanding the processes and what happens next.*

*Overall citizen is satisfied with the care package however was disappointed that the assessing social worker had not followed up on the concerns raised.*

*"Social worker didn't explain everything." "The assessment was ok, she was ok." "I've never had to work with social workers before so have nothing to go on but it was ok."*

*"Very happy and I understood everything, happy with the social worker."*

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*"Seems friendly and nice but haven't heard from her in a while. I was asked if I wanted to go to the day centre but I don't want to go to a day centre, I want to go out to the local shops as I can't go out on my own and can't walk unaided, I need someone to push me in my wheelchair."*

*The worker was friendly and provided a lot of useful advice on information we weren't aware of. The social worker was lovely and my mother's views were taken into account.*

*Citizen stated that the carers were ok. He was unable to remember the assessment with the practitioner. Brother stated 'he had no problems with the assessment and 'it was fine.*

*"We thought the social worker was supposed to help us, we are trying to move another house as this flat isn't working for us and my partner isn't able to have a proper Bath. Occupational Therapy and Stroke Team are very good. Haven't heard anything else we thought that the social worker was going to help us with the housing. Advised that if citizen and herself are able to then they can call housing to register for a change in property."*

*"I had useful conversation with the worker, she was able to obtain my voice and my mother's voice. Practitioner was friendly and engaging. I haven't had an update since the assessment and have tried to call but have had no response."*



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# Nottingham City Council Project Initiation Document

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Strengths Based Reviews

Lead Officer: Sue Taylor/Richard Groves



Nottingham

City Council

# Version Control

Version	Date	Description of changes since last version	Owner
0.0	06/01/2022	First draft of PID	Ruairi Meyler
0.1	11/02/2022	Review by Transformation Delivery Lead	Ruairi Meyler
0.2	16/02/2022	Updates made based on feedback	Ruairi Meyler
0.3	22/02/2022	Review and update by Project Leads	Ruairi Meyler
0.4	22/02/2022	Update by Transformation Delivery Lead	Gurdish Sandhu
0.5	28/02/2022	Review and update by Project Leads	Ruairi Meyler
1.0	16/03/2022	Amendments from Programme Board	Ruairi Meyler

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**Note:**

*Further changes will be required to include benefits tracking, in line with the overall benefits management framework and to include project governance arrangements. An updated version of the PID template will then be developed.*

# Project Aim and Objectives

## Project aim

Increase strengths based reviews of care and support packages to maximise independence and prevent or delay the need for longer term care

## Project objectives

More people with reviewed care and support packages and an increase in occupation therapy prevention led assessments that are outcome focused, and as a result deliver financial efficiencies

More people having strength based conversations, that place the person at the centre of the service, increasing choice and control and promoting independence

2,050 citizens with reviewed care and support packages by January 2023

# Project Scope

Scope	Description
To provide timely care act assessments and reduce waiting lists (Allocated from December 2021)	Delivering timely assessments, through an external supplier, and reducing waiting times for citizens. To prevent care and support needs escalating and the unnecessary provision of longer term care and support.
<p>proactive programme reviewing care and support packages (Allocated from February 2022)</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 6 of 10</p>	Increase the review of care and support packages by having strength based conversations with citizens and carers, and provide outcome focused support plans. Further increase occupational therapy assessments to maximise independence and as a result deliver financial efficiencies.

Scope exclusion	Description
Safeguarding investigations	Safeguarding investigations arising from the review of care and support packages

# Project Outcomes

What specifically will be different?  
*(Project Outputs)*

More frequent and regular strength based and prevention led reviews of care and support packages

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What is the direct impact of the change?  
*(Project Outcomes)*

More citizens having strength based conversations and occupational therapy assessments to promote independence and prevent or delay the need for longer term care and support



How we will know outcomes have been achieved?  
*(Measures)*

An increase in the number of citizens with an outcome focused support plan following a review

2,050 citizens with a review of their care and support package

An increase in the percentage of citizens whose care and support needs are reviewed within 12 months



What strategic outcomes will this contribute towards?

Focuses on delivering good quality services to maintain and maximise independence to better meet outcomes for citizens

Supports the prevention agenda to tackle the root causes of issues and not just the symptoms through taking a strength based approach

# Project financial benefits

Project Name	Year 1 - 22/23	Year 2 - 23/24	Year 3 - 24/25	Year 4 - 25/26
Proactive reviews and timely assessments - OT/prevention led reviews for existing people	1,274,944	1,879,200	1,879,200	1,879,200
Proactive reviews and timely assessments - OT/prevention led reviews for existing people		430,000	1,270,000	1,270,000
<b>Total Transformational Projects approved</b>	<b>1,274,944</b>	<b>2,309,200</b>	<b>3,149,000</b>	<b>3,149,000</b>
<b>Total delivered over 4 years</b>	<b>9,882,144</b>			

- Line 1 – 2,050 reviews delivering on annual savings of £786, per person, per review.
- Line 2 – Further c.2,000 reviews for new citizens and opportunity to reduce initial packages.
- No further costs have been factored in on the assumption that good practice from the review of cohort 1 continues within existing resources.
- Assumes savings made are recurrent however at some point in the future the citizens package could increase with complexity changes.
- Costs of the supplier to clear the backlog of reviews is included as part of these figures and have been funded from the 2021/22 underspends within Adults.
- Assess if technology and equipment required would be funded from the existing DFG and equipment budgets.

# Strengths based reviews and Occupational Therapy led prevention Project Plan

Project Plan - Phase 1		
Milestones	Date	Action Lead
- Proposal to increase capacity and procure external provider for Adult Social Care reviews/reassessment	August 2021 - complete	Sara Storey
- Delegated decision approved to procure external provider	September 2021 - complete	Sara Storey
- Tender complete and contract awarded	November 2021 - complete	Sara Storey/ Procurement
- Operational teams started engagement and 'set up' with Imperium (external provider)	December 2021 - complete	Sue Taylor
- Phase 1 delivery started – allocation of priority cases (Care Act assessment) to Imperium	December 2021 - complete	Sue Taylor
- OBC approved	January 2022 - complete	Transformation Board
- Data capture reporting template, including outcomes, financial savings and customer feedback, developed and approved	February 2022 - complete	Sue Taylor/ Project Team
- Processes for Urgent, Safeguarding and Reviews and Reassessment, including quality assurance developed and approved	February 2022 - complete	Sue Taylor/ Project Team
- First performance report presented to ASC Transformation Programme Board	February 2022 - complete	Sue Taylor
- Project PID developed including, evaluation of Phase 1, lessons learnt, next steps and Phase 2 delivery	March 2022	Richard Groves

# Strengths based reviews and Occupational Therapy led prevention Project Plan

Project Plan - Phase 2		
Milestones	Date	Action Lead
- Resolve OT resource issue	March 2022	Richard Groves
- Phase 2 delivery started - Identified 150 cases for Strength Based Reviews from the Community Review Team	February 2022	Richard Groves
- Allocate the reviews	February to April 2022	Emma Lissett
- Develop processes and evaluate	April 2022	Richard Groves
- Develop a plan for the next stage of allocation	May 2022	Richard Groves

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# Project Milestones

Strategic Milestones	Completion Date
Delegated decision approved to procure external provider	September 2021
Phase 1 delivery started – allocation of priority cases (Care Act assessment) to Imperium	December 2021
First performance report presented to ASC Transformation Programme Board	February 2022
Project PID developed including, evaluation of Phase 1, lessons learned, next steps and Phase 2 delivery	March 2022
Phase 2 delivery started	February 2022

# Project Tasks and Resourcing

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Resources supporting the project	Officer
Business Lead	Sue Taylor
Business Lead	Richard Groves
Transformation Delivery Lead	Gurdish Sandhu
Team Manager for strength based review team	Emma Lisset
Senior Practitioner	Jane Kirk
Senior Practitioner	Serena Saletti
Finance Lead	Hayley Mason
Performance Lead	Emma Stow
Programme Manager	Helen Carlin
Senior PMO Analyst	Amy Hurl
PMO Analyst	Ruairi Meyler
Business Analyst	Heather O'Neill
Business Analyst	Niall O'Neill

# Project Stakeholders

Name	Role	Interest in Project	Stakeholder management approach
Sara Storey	Director of Adult Health and Social Care	Sponsor	N/A
Councillor Williams	Portfolio holder for Adults and Health	Portfolio Lead	ASC Programme Board
Imperium	Supplier	Supplier	TBC

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# Project Risks and Issues

Ref	Description	Date Logged	Resolution Date	Owner	RAG	Mitigating Actions
<b>SBR001</b>	The reviewing activity may not yield the level of financial savings expected	February 2022	Ongoing monitoring	Richard Groves/Emma Stow	A	Establish performance monitoring systems
<b>SBR002</b>	The external supplier may not deliver the expected quality, outcomes or volume	February 2022	Ongoing monitoring	Richard Groves	G	Ongoing quality assurance incorporated within the review and reassessment process and being delivered
<b>SBR003</b>	There is insufficient capacity to carry out the transformation programme as well as all statutory duties.	February 2022	Ongoing monitoring	Richard Groves	A	The external supplier is supporting project delivery. OT resource capacity being resolved
<b>SBR004</b>	Workforce might not have required skills	February 2022	Ongoing monitoring	Sara Storey	G	Review skill mix and staff responsibilities across teams
<b>SBR005</b>	Insufficient homecare capacity	February 2022	Ongoing monitoring	Sara Storey	R	Work with ICS and voluntary sector to seek alternatives to support citizens Recruitment and retention to support care workforce

# Project Dependencies

The project is dependent on / has a dependency to	The impact of this dependency is	The approach to managing this dependency is
Homecare provision	Sufficient home care is required to support independence and less reliant on more costly long term provision	NCC working alongside integrated care system partners to resolve provision issues
Imperium's ability to resource agency workers	Suitable and sufficient workers required to carry out strength based reviews and OT led assessments	Frequent meetings with Imperium to resolve capacity issues

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# Development of Options for More Independent Living (Supported Living)

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Lead Officer : Oliver Bolam

Author: Heather O'Neill | Niall O'Neill

18 May 2022



**Nottingham**

**City Council**

## Update to ASC Programme Board

### **To provide ASC Programme Board with the project performance report, showing**

- An update on the moves to supported living against the plan; the number of moves that have taken place and the associated financial savings, the forecasted supported living moves and citizen feedback
- Delivery of in-year savings for Year 1 of £207k against the financial savings target of £144k. Therefore, the Year 1 financial savings target has been met and the project is on track to deliver against future years targets.

### **To confirm next steps:**

- As the project continues to deliver provide monthly reports to ASC Programme Board showing moves into supported living:
- The number of citizens that have moved to supported living, increasing their independence
- The associated financial savings (as agreed by Finance)



# Development of Options for More Independent Living (Supported Living)

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Citizen Moves to Supported Living



**Nottingham**

**City Council**

# Completed Moves into Supported Living

## Planned and Completed Moves into Supported Living



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### Mental Health and Whole Life Disability

Citizen Moves	Reported Last Period	Current Period
Number of citizens moved to supported living - increasing independence	10	11
Financial Savings	22/23 (£mil)	22/23 (£mil)
Part Year Impact of Savings (£mil)	0.202	0.207
Full Year Impact of Savings (£mil)	0.288	0.354
Cumulative Financial Savings (£mil)	0.288	0.354



### Planned and Completed Moves

Of the 9 planned moves into **Hungerhill**, **4 have been completed**, with **2 more at the panel application stage**. Plans are in place to facilitate the remaining moves.

Of the 13 planned moves from **Palm Street**, **7 have now been completed**, **2 more at the panel application stage**, with individuals identified for the remaining placements.

The **total of 11 moves** to Supported Living to date have resulted in part year savings of **£0.207m**

A further 10 moves have been planned for St Andrews Hall, with moves expected to commence after further discussions.

In Year Savings for Year 1 are showing as £207k against a target for Year 1 of £144k. Therefore, the Year 1 target has been met and the project is on track to deliver against future years targets.

# Forecasted Moves from both Workstreams into Supported Living

**May 2022**

**St Andrew's Hall**  
10 tenancies planned  
for Mental Health

**November 2022**

**Hall Street**  
13 tenancies planned  
for Mental Health

**March 2023**

**Sneinton Hermitage**  
14 tenancies planned  
for Mental Health

April 2022

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July 2023

**July 2022**

**Carlton Cornhill Rd**  
10 tenancies planned  
for Mental Health

**Ebury Road**

6 tenancies planned for  
Whole Life Disability

**January 2023**

**Netherfield**  
11-13 tenancies  
planned for Mental  
Health

**July 2023**

**The Spire**  
14 tenancies planned  
for Mental Health



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**Health and Adult Social Care Scrutiny Committee  
22 June 2022**

**Services for people with co-existing substance misuse and mental health issues**

**Report of the Head of Legal and Governance**

**1 Purpose**

- 1.1 To explore the care and support for people with co-existing substance misuse and mental health issues in the City.

**2 Action required**

- 2.1 The Committee is asked to consider:
- a) whether it wishes to make any comments or recommendations about the commissioning or delivery of support for people in the City with co-existing substance misuse and mental health issues; and
  - b) if any further scrutiny is required, and if so the focus and timescales for that.

**3 Background information**

- 3.1 As part of its work programme for 2022/23, the Committee agreed to look at support for people in the City with co-existing substance misuse and mental health issues, and specifically whether the issues raised in the Prevention of Future Death Reports published in recent years relating to care for people with co-existing substance misuse and mental health issues in Nottingham(shire) have been addressed and to seek assurance that appropriate support has been commissioned and is being provided.
- 3.2 Commissioners and providers of support have submitted a written paper (attached) and will be attending the meeting to give an overview of the local context and need in the City, the services and support available and plans for future developments.

**4 List of attached information**

- 4.1 Paper prepared by Dr Jane Bethea, Consultant in Public Health Nottinghamshire NHS Foundation Trust on behalf on the pathway development group comprising of Nottinghamshire Healthcare NHS Foundation Trust, Nottingham and Nottinghamshire Clinical Commissioning Group, Nottingham City Council, Nottinghamshire County Council, Nottingham Recovery Network, Change Grow Live, Double Impact and Primary Care (represented by Dr Stephen Willott)

**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 Prevention of Future Death Reports

**7 Wards affected**

7.1 All

**8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 8764315

# Co-existing substance misuse and mental health: update on progress and plans for further development.

Report to Nottingham City Health Scrutiny Committee for the meeting being held 23<sup>rd</sup> June 2022.

Report Author: Dr Jane Bethea. Consultant in Public Health. Nottinghamshire Healthcare NHS Foundation Trust on behalf of the pathway development group comprising of:

- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham and Nottinghamshire CCGs
- Nottingham City Council
- Nottinghamshire County Council
- Nottingham Recovery Network
- Change Grow Live
- Double Impact
- Primary Care (represented by Dr Stephen Willott)

## 1. Purpose of this paper

Co-existing mental health and substance misuse refers to people with a severe mental illness (including schizophrenia, bipolar disorder and severe depression) combined with misuse of substances (the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage).<sup>1</sup> Co-existing mental health and substance misuse has historically been known as *dual-diagnosis*.

This paper will lay out the issues relating to the care and support for people that experience co-existing substance misuse and mental health issues. It will outline how the system has worked together to develop what we are calling a '*baseline model*' and how we intend to develop that model as a partnership to fully meet the needs of this vulnerable group.

It is important to note that whilst we appreciate this is a Nottingham City health scrutiny meeting, the work we will be sharing covers the city and the county as we are working to develop a simple and single population focussed approach. This means we will refer to work that is underway in the county but has relevance to people that are living in Nottingham City. This work is also supported through Nottinghamshire's mental health transformation programme, and this means some aspects of the pathway are initially being piloted in the county and will then be rolled out to the city based on evaluation findings.

## 2. Background and local context

Recent studies have estimated that 20-37% of people in secondary mental health services and 6-15% of people in substance misuse settings have co-existing mental health and substance misuse issues.<sup>2</sup> However, this is an estimate it is difficult to know with real certainty how many people in the UK are experiencing severe mental illness alongside substance misuse problems. There is though, an

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<sup>1</sup> National Collaborating Centre for Mental Health (2016). Coexisting severe mental illness and substance misuse: community health and social care services - Review 1

<sup>2</sup> Carrà G, Johnson S. Variations in rates of comorbid substance use in psychosis between mental health settings and geographical areas in the UK. *Social psychiatry and psychiatric epidemiology*. 2009;44:429-47.

increasing awareness that individuals with these issues experience some of the worst health, wellbeing and social outcomes, and are among the most vulnerable in society.

The Dame Carol Black report outlines how for many people, mental health problems and trauma lie at the heart of their drug and alcohol dependence. However, this group can sometimes be excluded from mental health services until they resolve their drug problem and may be excluded from drug services until their mental health problems have been addressed.<sup>3</sup> For this reason, the report urges commissioners of substance misuse services and NHS mental health services, to work together to ensure that individuals do not fall between the cracks.

From a local perspective, there have been Regulation 28 Coroner Reports to Prevent Future Death that highlight issues in relation to care for people with co-existing substance misuse and mental health. Two Preventing Future Deaths reports have been issued to date, one in 2016 and one in 2021. The key areas of concern raised included:

- A need to ensure continuity of care for people who have both a substance misuse problem and a mental health problem
- A need to share information between organisations where this is relevant to patient care
- Knowledge and understanding of services by staff working in primary care
- Commissioning arrangements for substance misuse/mental health services and how these need to be more co-ordinated

### 3. Guidance and policy

There are existing National Institute for Clinical Excellence (NICE) clinical guidelines for how services for people with co-existing mental health and substance misuse should be organised and delivered, and these are summarised in Appendix 1. 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
- People experiencing co-existing substance misuse and mental health issues should have a clear care plan in place

We are currently awaiting further guidance for local systems following the publication of the new drugs strategy 'From Harm to Hope'. This makes explicit reference to supporting local areas to have a more integrated approach to support and care.<sup>3</sup>

### 4. Development of the local model

Prior to 2018 there was a team working across Nottingham and Nottinghamshire that specifically focussed on providing support for people who were at that point, described as experiencing dual-diagnosis. The team provided in-reach support to mental health wards and provided training and support to mental health and substance misuse staff. They worked jointly with LMHTs and substance misuse treatment services and employed 6 whole time equivalent workers, a Team

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<sup>3</sup> Home Office (2020). Independent report: Review of drugs phase two report. Available at Review of drugs part two: prevention, treatment, and recovery - GOV.UK ([www.gov.uk](http://www.gov.uk))

Leader, and a full-time administrator. The service also had 2 sessions of medical staff time per week. The new model builds on this approach, taking learning from our local system and ensuring we are compliant with NICE guidance.

We recognise that responding to the needs of people with co-existing mental health and substance misuse requires a system response. It requires organisations to work together to make sure people receive care in a timely way and it also requires skills to be shared across sectors, so that staff feel well equipped to work effectively with this client group.

Work to develop the model started prior to the Covid-19 pandemic but was stalled because of partners needing to respond to that crisis. The work restarted in 2021 and we have now developed a model that is working to address the following important issues:

- We have substance misuse services and mental health services that are commissioned differently. This means it has not always been easy for mental health and substance services to work in a truly joined up way.
- We have substance misuse services that often provide very quick access to assessment and treatment. However, if a client has mental health issues that need addressing to support recovery, then this support may not be available as quickly.
- We have very skilled mental health staff and very skilled substance misuse staff. We need staff to have a good understanding of both mental health and substance misuse across both settings.
- We have people within in-patient mental health settings that require support for their substance misuse, including support once they are in a community setting.
- People sometimes need support to help them engage with services, people can be fearful or sometimes mistrustful of services that are available to them.

With this in mind, we have developed a model that does the following:

- Provides people in inpatient mental health settings access to support around substance misuse and provides support into treatment services when they leave the inpatient setting.
- Provides support so that if someone accesses the main substance misuse provider and a mental health issue comes to light, then that provider has the right specialist mental health expertise available to support that person and the staff working with that person. This specialist support will undertake a comprehensive assessment and then act as a trusted assessor for secondary mental health services creating a seamless pathway into services.
- Provides support so that if a person accesses Local Mental Health Team (LMHT) services for support and care for their mental health but then it comes to light they have a substance misuse issue, then that team has a substance misuse specialist they can call on for support for them as a staff member and for the patient themselves. This includes the ability to undertake joint assessments and care planning with LMHT staff.
- If someone is received support from a LMHT and has a substance misuse issue, then there is peer-support available to that person. The peer-support worker understands their situation and perhaps their fears about accessing support for their substance misuse treatment and helps them engage with local substance misuse services.
- Supports staff working in mental health settings to have a better understanding of substance misuse and how to support people with that issue. We will also support staff working in substance misuse settings to support people with mental health issues.
- We will also ensure staff have access to appropriate training packages and support.

This has meant that to date we have utilised mental health transformation funds to invest in the following:

- Three mental health specialists working with substance misuse providers - one in each Place Based Partnership, including Nottingham City.
- Three substance misuse workers working in LMHTs – one in each Place Based Partnership, including Nottingham City.
- Two substance misuse workers supporting inpatient wards.
- Five whole time equivalent peer-support workers working in LMHTs – two in each Placed Based Partnership.
- Evaluation of the model and a specific evaluation of the role of peer-support.
- Resources to further develop the model to get to what we hope can be a sustainable ‘gold standard’ approach.

It should also be noted that Nottinghamshire Healthcare NHS Foundation Trust also employ 3 mental health practitioners working directly with people experiencing homelessness in Nottingham City. This team supports and works with the mental health/substance misuse staff that are working in the city services. In addition, Nottinghamshire Healthcare NHS Foundation Trust hosts a ‘Changing Futures’ post that also supports the work of the team<sup>4</sup>.

## 5. Plans for further development

We are investing in evaluation and service improvement work to make sure we get the model right for our population. This includes making sure we have a service that meets the needs of diverse communities, women and people with a range of protected characteristics.

In terms of service improvement work, we are currently looking at best practice nationally to identify any areas where we might have opportunities to accelerate progress. We are also embarking on a programme of engagement work with service users, service providers and commissioners to get a good understanding of what ‘better’ and ‘best’ will look like.

We will engage with our primary care colleagues to look at how we ensure that primary care staff have a good knowledge of the services and support available to their patients experiencing co-existing substance misuse and mental health issues. We also want to make sure that the mental health practitioners now working within primary care teams, have the right knowledge and support in relation to working with this patient group.

This work will be concluded in November 2022 and will feed directly into plans for ongoing development.

The evaluation will look at a number of outcomes, both clinical outcomes around treatment and recovery and also outcomes that are important to the people that are receiving the care and support provided. As part of the evaluation, we will also consider equalities and will do some focussed work on the outcomes for people that report protected characteristics.

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<sup>4</sup> Changing Futures is a DLUHC funded initiative that supports people in Nottingham City that are experiencing Severe and Multiple Disadvantage. For more information:  
<https://www.gov.uk/government/collections/changing-futures>

We have also invested in a separate evaluation of the peer-support element of this programme. The model is unusual as it involves seconding people with lived-experience that are employed as peer-mentors by Double Impact, into LMHTs. These workers have a clear programme of training, supervision and support that is provided both by Double Impact and by Nottinghamshire Healthcare NHS Foundation Trust. We hope the evidence from this evaluation will help us make important decisions around further roll out and adoption of this way of working.

## 6. Oversight and governance of this work

This work has been developed by a partnership of providers and commissioners. The work of the partnership is reported to the Integrated Care System Mental Health Partnership Board. This Board provides oversight and governance for areas of work that form part of the ICS Mental Health Strategy.

This work is also supported by a multi-agency clinical network based at Nottinghamshire Healthcare NHS Foundation Trust that has a specific remit to improve outcomes for people experiencing co-existing substance misuse and mental health issues.

## 7. Issues and risks

We have made good progress in relation to co-existing substance misuse and mental health treatment and support, but we still have work to do.

Some key risks include:

- We hope that our robust approach to evaluation will help us secure long-term funding for all aspects of this developing pathway, but this has not yet been formally agreed. Permanent funding has been identified for the six practitioner roles, but funding for the peer-support roles is currently time limited.
- Recruitment to posts is proving very challenging and it has taken several months to get to a point where we have a fully staffed model.
- We are not sure as a system how the new national drugs strategy will affect this work. We hope that associated funding as well as commissioning guidance will be produced that will help us develop and sustain our work.

Dr Jane Bethea

31<sup>st</sup> May 2022.

## Coexisting severe mental illness and substance misuse: community health and social care services

NICE guideline [NG58] Published: 30 November 2016

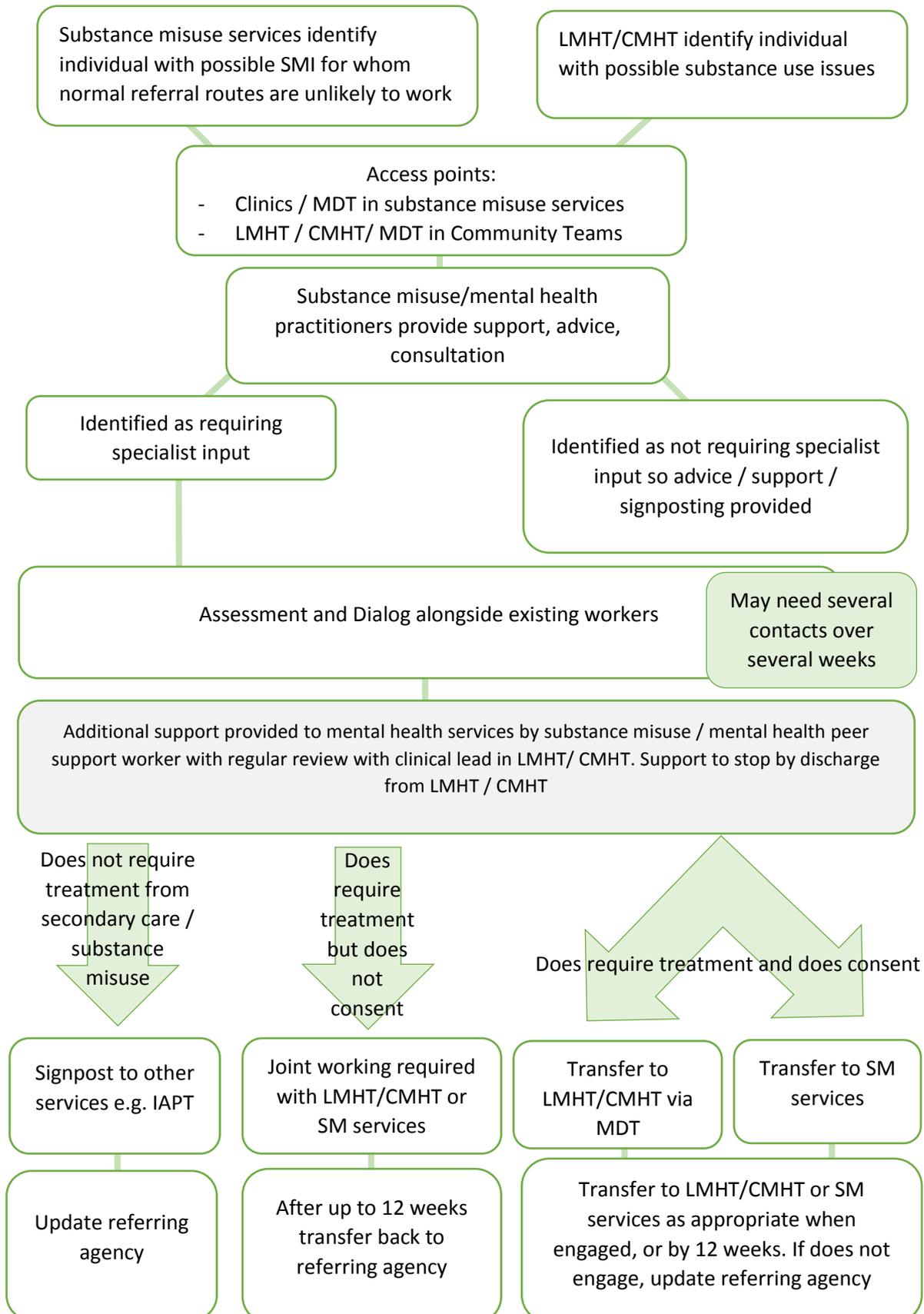
Subsection	Considerations
<b>1<sup>st</sup> Contact with Services</b>	<ul style="list-style-type: none"> <li>-Identify both immediate needs (physical health problems, homelessness/ unstable housing) and chronic health problems</li> <li>-Address safeguarding needs</li> </ul>
<b>Referral to Secondary Care MH Services</b>	<ul style="list-style-type: none"> <li>-Provide a care coordinator</li> <li>-Involve people, including family and carers, in developing care plan</li> <li>-Ensure carers have assessment of own needs</li> </ul>
<b>The Care Plan</b>	<ul style="list-style-type: none"> <li>-Ensure assessment of physical health, social care and support needs</li> <li>-Aim to create a sense of belonging/purpose (i.e gym, educational opportunities)</li> <li>-Hold multi agency case review meetings annually</li> <li>-Discharge with inclusion of practitioners invited to multidisciplinary and discharge meetings; ensure contingency plans and support for housing needs</li> </ul>
<b>Partnership working b/w specialist services, health, social care</b>	<ul style="list-style-type: none"> <li>-Agree joint care pathways (direct pathway referrals, GP access); ensure joint strategic working arrangements based on local needs assessment</li> <li>-Agree on an information sharing protocol between different services</li> </ul>
<b>Improving Service Delivery</b>	<ul style="list-style-type: none"> <li>-Improve service inclusiveness (services should be easily accessible, safe and discreet; consider opening times and drop-in sessions to ensure reach)</li> <li>-Adapt existing secondary care MH services; offer face-to-face or phone appointments to service users</li> <li>-Support for staff in terms of both professional development and supervision</li> </ul>
<b>Maintaining Contact between services and people with SMI and Substance Misuses</b>	<ul style="list-style-type: none"> <li>-Explore potential reasons for non-engagements</li> <li>-Emphasize issues with loss of contact; take follow-up steps</li> </ul>

# Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings

Clinical guideline [CG120] Published: 23 March 2011

Subsection	Considerations
<b>Principles of Care</b>	<ul style="list-style-type: none"> <li>-Work to achieve a respectful, trusting and non-judgmental relationship</li> <li>-Ensure ability to engage with service users from diverse cultural and ethnic backgrounds</li> <li>-Provide written and verbal information appropriate to level of patient understanding</li> <li>-Ensuring necessary safeguarding procedures are followed</li> <li>-Provide support for healthcare professionals through supervision and support groups</li> <li>-Adhere to appropriate consent and capacity principles in treatment provision</li> </ul>
<b>Recognition of Psychosis with coexisting substance misuse</b>	<ul style="list-style-type: none"> <li>-Inquire about use of alcohol and /or prescribed and non prescribed drugs in those with psychosis.</li> <li>-Conduct an assessment of dependency</li> </ul>
<b>Primary Care</b>	Refer those with/suspected psychosis, including with suspected substance misuse to secondary MH or CAMHS
<b>Secondary Care MH Services</b>	<ul style="list-style-type: none"> <li>-Ensure competence of healthcare professionals</li> <li>- Appropriate pathways for entry</li> <li>-Seek specialist advice or joint working arrangements with specialist misuse services</li> <li>-Evidence based treatment is offered for both psychosis (NICE CG 38, 82) and co-existing substance misuse (NICE CG 100, 115, 51, 52)</li> </ul>
<b>Substance Misuse Services</b>	<ul style="list-style-type: none"> <li>-Endure competence of healthcare professionals</li> <li>- Provide comprehensive, multidisciplinary mental health and Substance misuse assessment</li> <li>-Health care professionals to be present at Care Programme Approach Meetings</li> </ul>
<b>Inpatient Mental Health Services</b>	<ul style="list-style-type: none"> <li>-Policies and procedures for promoting therapeutic environment free of drugs and alcohol</li> <li>-Assess for current substance misuse and evidence of withdrawal symptoms at admission</li> <li>- Ensure planned detoxification only undertaken in the right settings</li> <li>-Appropriate discharge</li> </ul>
<b>Staffed Accommodation</b>	-Ensure inclusion of people with psychosis and coexisting substance misuse
<b>Specific Issues for young people with psychosis and coexisting Substance Misuse</b>	-Ensure competence of staff and specialist advice and referrals as per local protocols

## Substance use and mental health pathway



**Health and Adult Social Care Scrutiny Committee  
23 June 2022**

**Quality Accounts 2021/22**

**Report of the Head of Legal and Governance**

**1 Purpose**

- 1.1 To note the comments submitted to provider trusts on behalf of the Health and Adult Social Care Scrutiny Committee for inclusion in their published Quality Accounts 2021/22.

**2 Action required**

- 2.1 The Committee is asked to note the comments submitted to provider trusts on behalf of the Committee for inclusion in their Quality Account 2021/22.

**3 Background information**

- 3.1 Quality Accounts are reports about the quality of services offered by NHS care providers (including the independent sector) and are published annually.
- 3.2 The quality account should include:
- what an organisation is doing well;
  - where improvements in service quality are required;
  - what an organisation's priorities for improvement are for the coming year;
  - what actions an organisation intends to take to secure these improvements; and
  - how the organisation has involved people who use their services, staff and others with an interest in their organisation in determining their priorities for improvement.
- 3.3 It is a requirement that providers send their Quality Accounts to their local overview and scrutiny committee responsible for health scrutiny and that the relevant committee has an opportunity to comment, if it chooses to do so, on the Quality Account, with these comments to be included in the final document.
- 3.4 The Committee agreed to consider the Quality Accounts of the following providers:
- Nottingham University Hospitals Trust
  - Nottinghamshire Healthcare Foundation Trust
  - East Midlands Ambulance Service
  - Nottingham CityCare Partnership

3.5 The Committee agreed to scrutinise these provider Quality Accounts 2021/22 by establishing small groups of Committee members for discussion with each individual provider. These meetings were held during May and June.

3.6 The comments submitted to each individual provider are attached.

#### **4 List of attached information**

4.1 Health and Adult Social Care Scrutiny Committee comments submitted to be included in provider trusts' Quality Accounts 2021/22:

- a) Nottingham University Hospitals Trust
- b) East Midlands Ambulance Services
- c) Nottinghamshire Healthcare Trust (to follow)
- d) Nottingham CityCare Partnership (to follow)

#### **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 None

#### **7 Wards affected**

7.1 All

#### **8 Contact information**

8.1 Jane Garrard, Senior Governance Officer  
[jane.garrard@nottinghamcity.gov.uk](mailto:jane.garrard@nottinghamcity.gov.uk)  
0115 8764315

## **Nottingham University Hospitals Trust Quality Account 2021/22**

### **Comment from Nottingham City Council Health and Adult Social Care Scrutiny Committee**

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomed the opportunity to discuss the Trust's Quality Account 2021/22 with colleagues from Nottingham University Hospitals NHS Trust and is pleased to be able to comment on it. The Committee's comments focus on areas in which it has engaged with the Trust in 2021/22.

Maternity services have remained a key concern of the Committee. While the focus and attention of the Trust on this issue is acknowledged, the Committee has been concerned about the pace of change and improvement, and took the step of escalating these concerns to the Secretary of State for Health and Social Care and the Care Quality Commission. Such concern is reflected in the need for an independent review of maternity services provided by the Trust to have been commissioned by NHS England and Nottingham and Nottinghamshire Clinical Commissioning Group. Given the focus of the Trust on maternity services, it is concerning that there were still not sufficient governance and oversight processes in place to prevent issues occurring which necessitated the Care Quality Commission issuing a further Section 29A Warning Notice in relation to maternity triage in March. The Committee welcomes the recruitment that is taking place in maternity services and the increase in time allocated for staff training, but it is concerning that significant workforce gaps remain due to absence, vacancies and issues with retention which, the Committee understands, is a significant challenge for the service. While some of this will relate to local, organisational factors (which are commented on below) the Committee acknowledges the workforce challenges nationally.

A number of the failings identified by the Care Quality Commission in relation to maternity services in 2020 were also reflected in its findings of how well the Trust as a whole is led. These findings were particularly concerning to the Committee because leadership and governance impact on the quality and safety of care provided by the Trust as a whole. The Committee is of the view that high quality, credible leadership is crucial for driving improvement in the Trust and is pleased with the appointment of a new Trust Board Chair and, more recently, recruitment of a new Chief Executive. The Committee was particularly concerned by findings of the Care Quality Commission in relation to bullying and discrimination, specifically allegations of bullying attributable to racial discrimination, in the workforce. Given the nature and scale of the issues identified by the Care Quality Commission and in staff surveys, the Committee was surprised that reference to these challenges and the need for cultural change did not feature in the draft version of the Quality Account document seen by the Committee. The Committee notes the changes made to improve processes for escalating issues from ward to board, but would like to highlight the importance of having clear processes for escalating issues within the ward to ensure that front line staff are properly listened to.

It is also important that the Trust listens to its patients. The Committee commends the generally positive feedback from Friends and Family Tests but considers that the response rate is too low to give confidence that it is reflective of the full range of experience. It is good that work is taking place to train more staff in relation to the test, and the Committee would encourage efforts to be made to increase take up of this survey and other methods of hearing patient and carer feedback, including amongst those for whom it can be more difficult to give feedback in traditional ways, for example people with low literacy levels or low levels of English.

The Committee has also written to Trust regarding its concerns on cancelled routine cancer operations, and the accessibility of the neurology service. The Chair and Vice Chair of the Committee met with Trust to discuss the reasons behind the cancellation of some routine cancer operations and believes it is imperative that the Trust continues to work with system partners to mitigate these risks as far as possible – particularly timely and efficient discharge. The Committee remains concerned at the increasing number of referrals declined by the neurology service. Whilst it understands the pressures the Department is facing, it believes it must be a priority for the Trust to ensure access to the neurology service for citizens who need it.

During 2021/22, the Committee has taken a range of steps to try and understand the circumstances, encourage and support improvement and hold the Trust to account for the quality and safety of services. To support it in undertaking this role, and to enable citizens to have the necessary assurance and confidence in the services they are receiving, the Committee encourages the Trust to take an open and honest approach when things haven't gone well and in relation to areas for improvement. It welcomes the commitment in the Quality Account to openness and honesty about patient safety incidents but was surprised that in the draft Quality Account document it saw there was no mention of the Prevention of Future Death Notices relevant to the Trust that had been issued over the last year. The Committee notes the significant increase in Serious Incidents reported and will be interested to review this data benchmarked against other similar Trusts to see whether this is reflective of an improving safety culture, which it hopes is the case.

Finally, the Committee would like to thank all staff at the Trust who have worked on the frontline throughout an incredibly difficult year. Despite the areas of concern raised in the Care Quality Commission's report on maternity services in 2020, the Committee recognises the Trust was rated as 'outstanding' in the Caring domain despite the clear pressure that frontline staff had been under.

## **East Midlands Ambulance Service Quality Account 2021/22**

### **Comment from Nottingham City Council Health and Adult Social Care Scrutiny Committee**

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomed the opportunity to discuss its Quality Account 2021/22 with colleagues from East Midlands Ambulance Service Trust (EMAS) and is pleased to be able to comment on it.

As the Committee has not undertaken any scrutiny of EMAS during 2021/22, its comments are restricted to planned priorities for 2022/23.

The Committee welcomes the Trust's stated approach of using the information that it collects to inform commissioners of gaps, issues to consider in commissioning decisions and areas that would benefit from future investment. The Committee considers this to be particularly important in relation to mental health where an Emergency Department is clearly not the appropriate place for an individual in mental health crisis. The Committee continues to encourage commissioners to ensure that there are appropriate services in place to prevent a mental health crisis in the first place and ensure that there are more suitable alternatives to the Emergency Department for people who do reach a mental health crisis point, for example the newly established crisis sanctuaries in Nottingham City. The Committee is pleased that this is a priority for EMAS and welcomes initiatives such as the recently approved mental health strategy, recruitment of more mental health clinicians in control rooms and its mature approach to using money from the mental health investment fund to support improvement of services for people in mental health crisis across the system.

Historically, delays in hospital handovers have not been a significant issue at the acute hospital site in Nottingham City but the Committee understands that this is now starting to become an issue with knock-on impacts for EMAS and delays in response. While it is important that EMAS does all that it can to maximise efficient use of its own resources, the Committee agrees with statements in the Quality Account that delayed response is a system-wide issue that requires a system-wide response. It is positive that EMAS has reported to the Committee that there is now greater system engagement and ownership of these issues than in the past. The Committee supports EMAS' continued approach of engaging with partners across the health and social care system, and beyond to develop solutions to these challenges, and will play its part by raising these issues with health and social care partners when it engages with them on related matters.

The Committee notes the increase in Serious Incidents reported during 2021/22 compared with the previous year. While noting that the previous year was atypical, and that high levels of reporting of patient safety incidents can be reflective of a healthy and mature reporting culture, this significant rise, and the associated harm, is nevertheless concerning. That 58 of the 74 Serious Incidents relate to delayed response supports the appropriateness of EMAS' focus on addressing this issue. The Committee's welcomes the Trust's stated approach of being committed to learning and improving and being open and transparent. The Quality Account includes a significant amount and detail of information in this regard, which is positive.

Finally, the Committee would like to thank all staff at the Trust who have worked on the frontline throughout an incredibly difficult year and welcomes the Trust's focus on staff wellbeing issues.



**Health and Adult Social Care Scrutiny Committee  
23 June 2022**

**Work Programme**

**Report of the Head of Legal and Governance**

**1. Purpose**

1.1 To consider the Committee's work programme for 2022/23 based on areas of work identified by the Committee at previous committee meetings and any further suggestions raised at this meeting.

**2. Action required**

1.1 The Committee is asked to note the work that is currently planned for the municipal year 2022/23 and make amendments to this programme as appropriate.

**3. Background information**

3.1 The purpose of the Health and Adult Social Scrutiny Committee is to act as a lever to improve the health of local people. The role includes:

- strengthening the voice of local people in decision making, through democratically elected councillors, to ensure that their needs and experiences are considered as part of the commissioning and delivery of health services;
- taking a strategic overview of the integration of health, including public health, and social care;
- proactively seeking information about the performance of local health services and challenging and testing information provided to it by health service commissioners and providers; and
- being part of the accountability of the whole health system and engaging with the commissioners and providers of health services and other relevant partners such as the Care Quality Commission and Healthwatch.

3.2 As well as the broad powers held by all overview and scrutiny committees, committees carrying out health scrutiny hold the following additional powers and rights:

- to review any matter relating to the planning, provision and operation of health services in the area;
- to require information from certain health bodies<sup>1</sup> about the planning, provision and operation of health services in the area;
- to require attendance at meetings from members and employees working in certain health bodies<sup>1</sup>;
- to make reports and recommendations to clinical commissioning groups, NHS England and local authorities as commissioners of NHS and/or public health services about the planning, provision and operation of health services in the area, and expect a response within 28 days (they are not required to accept or implement recommendations);

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<sup>1</sup> This applies to clinical commissioning groups; NHS England; local authorities as commissioners and/or providers of NHS or public health services; GP practices and other providers of primary care including pharmacists, opticians and dentists; and private, voluntary sector and third sector bodies commissioned to provide NHS or public health services.

- to be consulted by commissioners of NHS and public health services when there are proposals for substantial developments or variations to services, and to make comment on those proposals. (When providers are considering a substantial development or variation they need to inform commissioners so that they can comply with requirements to consult.)
- in certain circumstances, the power to refer decisions about substantial variations or developments in health services to the Secretary of State for Health.

3.3 While a 'substantial development or variation' of health services is not defined in legislation, a key feature is that there is a major change to services experienced by patients and/ or future patients. Proposals may range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area. Health scrutiny committees have statutory responsibilities in relation to substantial developments and variations in health services. These are to consider the following matters in relation to any substantial development or variation that impacts on those in receipt of services:

- whether, as a statutory body, the relevant overview and scrutiny committee has been properly consulted within the consultation process;
- whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service.

Where there are concerns about proposals for substantial developments or variations in health services, scrutiny and the relevant health body should work together to try and resolve these locally if at all possible. Ultimately, if this is not possible and the committee concludes that consultation was not adequate or if it believes the proposals are not in the best interests of local health services then it can refer the decision to the Secretary of State for Health. This referral must be accompanied by an explanation of all steps taken locally to try and reach agreement in relation to the proposals.

3.4 The Committee is responsible for setting and managing its own work programme to fulfil this role.

3.5 In setting a programme for scrutiny activity, the Committee should aim for an outcome-focused work programme that has clear priorities and a clear link to its roles and responsibilities. The work programme needs to be flexible so that issues which arise as the year progresses can be considered appropriately.

3.6 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Committee.

3.7 The current work programme for the municipal year 2022/23 is attached at Appendix 1.

#### **4. List of attached information**

4.1 Health and Adult Social Care Scrutiny Committee Work Programme 2022/23

#### **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 None

**7. Wards affected**

7.1 All

**8. Contact information**

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## Health and Adult Social Care Scrutiny Committee 2022/23 Work Programme

Date	Items
12 May 2022	<ul style="list-style-type: none"> <li>• <b>Nottingham University Hospitals NHS Trust Maternity Services</b> To review progress in improvements to maternity services.</li> <li>• <b>‘Tomorrow’s NUH’</b> To consider the findings of pre-consultation engagement.</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
23 June 2022	<ul style="list-style-type: none"> <li>• <b>Adult Social Care Transformation Programme</b> To consider an overview of the programme and review progress of the first six projects</li> <li>• <b>Services for individuals with co-existing mental health conditions and addictions</b> Progress since most recent Prevention of Future Death Notices to seek assurance that what is needed is in place</li> <li>• <b>Quality Account comments</b> To note the comments submitted to Quality Accounts 2021/22</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
14 July 2022	<ul style="list-style-type: none"> <li>• <b>Integrated Care System Equalities Approach</b> To review Equalities Approach of the ICS</li> <li>• <b>Changes to Colorectal and Hepatobiliary Services</b> To review proposals to transfer colorectal and hepatobiliary service to City Campus</li> <li>• <b>Work Programme 2022/23</b></li> </ul>
15 September 2022	<ul style="list-style-type: none"> <li>• <b>Access to Adult Eating Disorder Services</b></li> <li>• <b>Work Programme 2022/23</b></li> </ul>

Date	Items
13 October 2022	<ul style="list-style-type: none"> <li>• GP Strategy</li> <li>• Work Programme 2022/23</li> </ul>
17 November 2022	<ul style="list-style-type: none"> <li>• Work Programme 2022/23</li> </ul>
15 December 2022	<ul style="list-style-type: none"> <li>• Platform One To review impact of change, including impact on Emergency Department attendance</li> <li>• Nottingham City Safeguarding Adults Board Annual Report 2021/22 (tbc – dependent on when report is published)</li> <li>• Medium Term Financial Plan</li> <li>• Work Programme 2022/23</li> </ul>
12 January 2023	<ul style="list-style-type: none"> <li>• Work Programme 2022/23</li> </ul>
16 February 2023	<ul style="list-style-type: none"> <li>• Work Programme 2022/23</li> </ul>
16 March 2023	<ul style="list-style-type: none"> <li>• Work Programme 2021/22</li> </ul>

## To be scheduled:

- Tomorrow's NUH – Proposals for Family Care and Outpatients; findings of public consultation and final proposals
- Implementation of Severe Mental Health Transformation Programme in Nottingham
- Improving immunisation rates. Potential areas of focus: lessons learnt from Covid vaccination programme: accessibility of consent for school-age vaccination: effectiveness of new City and County Health Protection Board in providing assurance rates
- Access to dental care – changes to community dental service
- Access to neurology services