



Nottingham City Council Health and Adult Social Care Scrutiny Committee

Date: Thursday, 23 March 2023

Time: 10.00 am (pre-meeting for all Committee members at 9:30am)

Place: LB 31-32, 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

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|----------|--|---------|
| 1 | Apologies for absence | |
| 2 | Declarations of interest | |
| 3 | Minutes | 3 - 10 |
| | To confirm the minutes of the meeting held on 16 February 2023 | |
| 4 | Mental Health Service Commissioning | 11 - 18 |
| 5 | Adult Social Care Self-Assessment | 19 - 48 |

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 Loxley House, Station Street, Nottingham, NG2 3NG on 16 February 2023 from 10.00 am - 11.40 am

Membership

Present

Councillor Georgia Power (Chair)
Councillor Eunice Campbell-Clark
Councillor Michael Edwards
Councillor Maria Joannou
Councillor Anne Peach
Councillor Dave Trimble
Councillor Cate Woodward

Absent

Councillor Kirsty Jones
Councillor Sam Webster

Colleagues, partners and others in attendance:

Mike Carey	- Governance Officer
Sarah Collis	- Chair of Healthwatch Nottingham & Nottinghamshire
Onyinye Enwezoe	- Chair of BAME Shared Governance Council, Nottingham University Hospitals (NUH) NHS Trust
Jane Garrard	- Senior Governance Officer
Richard Holder	- Chair of BAME Network, NUH
Anthony May	- Chief Executive, NUH
Councillor Linda Woodings	- Portfolio Holder for Adults and Health

57 Apologies for absence

Councillor Kirsty Jones - personal
Councillor Sam Webster – other council business

58 Declarations of interest

None.

59 Minutes

The minutes of the meeting held on 12 January 2023 were confirmed as an accurate record and signed by the Chair.

60 Nottingham University Hospitals Trust Improvement

Anthony May, Chief Executive of NUH presented a report and spoke to the Committee about ongoing work to create a safe and inclusive workplace at Nottingham University Hospitals NHS Trust. The following points were made:

- (a) in 2021 the Care Quality Commission (CQC) identified a culture of bullying and discrimination at NUH, with a particular emphasis on racial discrimination against Black, Asian and Minority Ethnic (BAME) colleagues;
- (b) the leadership of NUH have offered a public apology and stated clearly that racism and bullying in the organisation will not be tolerated. It is important to recognise that NUH includes a lot of people from diverse backgrounds, and for colleagues to be educated about this diversity, to understand it and celebrate it, to ensure that NUH is a positive place to work and to receive care;
- (c) cultural change needs to be led from the top of the organisation. The Chief Executive has made tackling discrimination a personal priority, and recently participated in the Race Equality Week Five-Day Challenge. Certificates were presented on 10 February 2023 to mark the end of a reciprocal mentoring programme, which saw BAME colleagues mentoring senior leaders to help them understand their background, culture, and challenges working in NUH;
- (d) the CQC report outlined problems with locating the Trust's work on inclusion, equality, and diversity with the HR service. HR work effectively but they are stretched, so to respond to that concern the leadership of the inclusion agenda will sit with a new Director of Corporate Governance, Gilbert George, who is a prominent black leader in the NHS with a strong track record of leading on inclusion. That change will be implemented on the 1 April 2023;
- (e) in February 2023 NUH published its 'People First' report, which outlines a roadmap for the organisation designed around its key priorities, including a commitment to improve its culture and leadership. The report describes plans for a new Inclusion Policy, to be completed by September 2023, overseen by a newly established Equality, Diversity and Inclusion Oversight Committee chaired by non-executive director Serbjit Kaur;
- (f) there are a range of programmes ongoing to promote cultural change in NUH. Work has been undertaken to develop staff networks, including the BAME Network, and to give staff time to engage with them. There are a number of BAME Ambassadors across the Trust acting as an accessible point of contact, who are available to help defuse issues that might arise in the workplace, give their experiences and to advise colleagues. There are three Freedom to Speak Up Guardians in the Trust, supported by Freedom to Speak Up Ambassadors across NUH, who provide a means of escalating concerns. They have been asked to pay special attention to hotspot areas where there may be issues with bullying, and to areas subject to special intervention such as maternity. Additionally, the leadership of NUH have been meeting and discussing inclusion issues with the trade unions. NUH have been looking for further opportunities to bring people together, and an inclusion conference has been arranged for 31 March 2023;
- (g) in summary, in response to the CQC report there have been interventions with over 3000 members of staff, encouraging them to speak up about any concerns with avenues to report concerns confidentially, backed up by positive

programmes of activity under a single point of leadership, with scrutiny from a new non-executive committee;

- (h) as a result of the measures taken, NUH are seeing signs of improvement. The National Staff Survey is due to be published on 9 March 2023 but indications are that the results are encouraging. NUH hopes to see stronger progress next year when the programmes of work have had time to mature.

Onyinye Enwezoe, Chair of BAME Shared Governance Council at NUH, and Richard Holder, Chair of the BAME Network at NUH, gave their perspective on the report:

- (i) it is important that the organisation has clearly stated that they acknowledge the problem with racism and bullying, and expressed the willingness to do the work need to address it;
- (j) when the pandemic started in early 2020, BAME colleagues raised issues with the Trust, and a BAME Strategy Covid-19 Committee was formed, chaired by the Director for People. The Committee looked at sickness records, issues with pay, and how the pandemic affected them at home;
- (k) measures are being taken to make NUH a more welcoming place for BAME staff. There is a yearly international staff celebration event, bringing all staff with an international background together to acknowledge their contribution. There have been staff sessions recently on Allyship and other subjects, helping to educate staff about awareness of how their actions can make their colleagues feel, and to foster mutual understanding and acceptance;
- (l) staff have been attending community events outside of NUH, most recently an event for the Filipino community in Aspley, speaking to the families of people who work for NUH and listening to concerns from staff and patients from diverse communities;
- (m) Onyinye Enwezoe has recently been appointed as Lead Matron for International Recruitment and Pastoral Support. The post has not started yet but issues are already being raised affecting the families of NUH staff members in the community, which shows that racism and bullying is not just a problem in NUH, but exists across the community;
- (n) the 'open door' policy with regard to the senior leadership team at NUH has been helpful, and is making a real difference. There is work ongoing to embed inclusive practice at other levels of the organisation, such as the middle-management layers where there have been issues in the past;
- (o) over the last 25 years there has been a gradual change across the whole of the NHS in terms of the way race and inclusion are treated, and NUH is on the right trajectory.

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

- (p) concerns about the culture at NUH have been raised for some time, including by the Committee in November 2021. Plans for improvement have been outlined before and announcements have been made about the appointment to relevant job roles, but it seems that it has only recently started to be properly addressed;
- (q) it is encouraging to see NUH recognise that change needs to be embedded in corporate governance and service management, and not just enacted through specific initiatives;
- (r) the report says that the new Inclusion Policy will be developed by December 2023, which seems like a long time to take. It is hoped that this will be completed earlier than this, by September 2023;
- (s) there are questions around the diversity of the senior leadership and the Board. The Workplace Race Equality Standard data shows BAME representation on the Board has declined relative to the BAME workforce. In the clinical ranks, senior staff are representative of the community, but not necessarily in the managerial ranks. There are changes at the senior level that do show a visible commitment to change: the new Diversity and Inclusion Oversight Committee, led by a non-executive director from a BAME background; a recently appointed new Director of Inclusion; and BAME colleagues are being actively targeted for Associate Director posts being recruited to at the moment;
- (t) as well as the senior leadership team, it will be an important task to promote diversity in the middle management layers of NUH. There are measures to try to improve representation in this area, such as putting BAME colleagues on interview panels as part of Positive Action. Shared Governance and measures through the BAME network are being used to encourage BAME colleagues to develop leadership skills and apply for higher posts;
- (u) data in WRES 2022 shows that white applicants are more likely to be shortlisted for roles at NUH than BAME applicants. The Chief Executive of NUH chairs a group on recruitment and retention, and is working with the Chief People Officer to write a report on recruitment and retention. They are looking at the case to bolster resources in the recruitment team, and to change recruitment processes to be more inclusive;
- (v) NUH is looking to fill 2000 vacancies, and is reaching out into diverse communities to promote working at NUH, including going into schools, appearing on local radio stations, and going to community events with materials giving information about apprenticeship routes and other ways into the NHS. NUH have a memorandum of understanding with the University of Nottingham and are meeting with Nottingham Trent University, to work on measures to recruit and retain people attending university in Nottingham;

- (w) there is work to be done on basic measures to improve retention. Staff raise issues about hygiene factors, car parking, the Medilink bus service, the retail offer at the hospitals, rest areas, access to cold water, and other workplace issues. If people feel badly treated due to discrimination on top of this, retention can be difficult, so it is important to look at the whole experience. Progress has been made in a number of areas to make NUH a better place to work – on the meal deal, on the transport system, and on car park permit allocations for example;
- (x) the Committee requested updated figures on the proportion of NUH staff who are from a BAME background. It was clarified that this is 26%;
- (y) NUH has repeatedly scored poorly on staff sickness rates, so it would be useful to look into the link between long-term sickness for stress and mental health impacts and retention, particularly for BAME staff. The staff survey being completed around the 9 March 2023 will give turnover and sickness rates, and other survey data will be analysed over the spring;
- (z) it is important to ensure that changes are effective ‘from the Board to the ward’, which is why there are initiative such as the Cultural Ambassadors, BAME Ambassadors, and the Freedom to Speak Up Guardians and Ambassadors to provide a link between the senior leadership and the frontline;
- (aa) concerns had been raised previously about the Freedom to Speak Up Guardians having insufficient funding and not having executive responsibility. It was confirmed that they will report to the new Director of Corporate Governance, who has been asked to look into the case for employing more Freedom to Speak Up Guardians, and that the Chief Finance Officer has been asked to work with the team to make sure they are appropriately supported and resourced;
- (bb) twelve cultural ambassadors have been recruited, and have received comprehensive training from the Royal College of Nursing over four half-days. The Committee urged the importance of them receiving specific industrial relations training also;
- (cc) there has to be clarity on how this improvement process will be monitored. There are a number of means by which NUH will track its progress:
 - i. the National Staff Survey is carried out yearly and compares staff experiences between different NHS Trusts. It is very extensive, and includes questions on inclusion, perceptions of bullying, and other relevant issues. Significant numbers of people complete the survey in NUH and across the country;
 - ii. the Workforce and Race Equality Standard (WRES) involves the yearly collection of data to measure the accessibility of career opportunities for staff members with a BAME background, involvement in disciplinary

procedures, experiences of bullying, and other data relevant for inclusion;

- iii. a key output of the new Inclusion Policy will be the development of a data set to help track progress, which will be in the public domain so that NUH can be held accountable;
 - iv. these quantitative approaches will be supplemented by more qualitative work. NUH will be running focus groups in March 2023, and the senior leadership visit teams on the frontline to speak to staff regularly;
- (dd) Healthwatch is particularly concerned with how internal issues at NUH impact on the patient experience. It would be useful to collect information from patients about their experiences from a cultural perspective as part of the Friends and Family Test feedback;
- (ee) it is important to understand the culture, heritage, and particular needs of patients in order to care for them effectively. There is a Patient Partnership Group who go onto wards, do spot checks and audits, and give feedback on the patient experience;
- (ff) the BAME Shared Governance Council has led a number of inclusion projects to improve the care of BAME patients. NUH recently launched a wig project in partnership with Sista's Against Cancer, after receiving feedback that the options for wigs were not appropriate for BAME cancer patients and that wig vouchers were not always available before patients lost their hair. Clinics are being held with a trichologist to give patients advice, and a project has been started to educate nurses on appropriate hair and skin care for diverse hair and skin types;
- (gg) it is important to make sure that important information is accessible and that the hospital is navigable for those for whom English is not the first language. The translation service at NUH works with over a hundred languages, and there is a database of staff who can speak certain languages, and staff are trained in how to give information to patients appropriately. NUH are looking for ways to make improve communication with patients in a culturally sensitive way at every stage of their care, and to ensure that patients receive apologies when their experience is not what they would like;
- (hh) national issues impact on the patient experience also, and can cause perceived discrimination when NHS workers are expected to engage with rules around immigration and access to care for international residents, which can cause conflict and lead to complaints against the Trust. The Committee Chair agreed to put NUH colleagues in contact with local Nottingham Members of Parliament to raise these issues;
- (ii) the Shared Governance Council recently went into the community to have a conversation about culturally appropriate menus, attending mosques and synagogues, and gave feedback to the catering team;

- (jj) a pack is being prepared to give guidance on how to deal with the end of life for patients in a culturally sensitive way, including how to manage the remains for patients of different faiths and engage with the families of deceased patients;
- (kk) the accessibility of the Emergency Department (ED) has been discussed before at the Committee, particularly with regard to neurodivergent people, and it would be useful to look at ED from the perspective of inclusivity. NUH have been actively looking at how to manage sensory overload in ED and make people more comfortable, for example, by opening a ward that previously been a decamp area to get people out of unsuitable places in corridors. There are programmes focusing on lighting and noise, as this can interrupt sleep and exacerbate mental health problems;
- (ll) at the Committee meeting in November 2021, it was reported that NHS England had completed an external review of the BAME Strategy, and NUH were expecting the results. It was also reported that work was being completed on the governance arrangements for a Quality Assurance Group, with a governance sub-group underneath it;
- (mm) NUH do not know when the next CQC inspection will be, but are hoping to improve from 'inadequate' to 'requires improvement' in terms of being well-led. They are undergoing some survey work to help gauge the prospects of this, and are in negotiations with NHS England about how long their support package will be in place.

Resolved to:

- (1) request that Nottingham University Hospitals NHS Trust provide the following additional information:**
 - a. Key findings from the external review of the Black and Minority Ethnic Strategy that was undertaken with NHS England / Improvement in 2021 and what has happened as a result.**
 - b. Staff sickness and turnover, by BAME staff if possible.**
 - c. A copy of its Inclusion Strategy, when available.**
- (2) include a review of Nottingham University Hospitals NHS Trust's progress in creating an inclusive workforce in the Committee's future work programme.**

61 Work Programme

The Committee noted its Work Programme for the remainder of the municipal year 2022/23.

Resolved:

- (1) that Committee members will meet with provider organisations in April to discuss their draft Quality Accounts 2022/23 and, in each case,**

whether to submit a comment for inclusion and, if so, the content of that comment; and

- (2) to delegate authority to the Chair of the Health and Adult Social Care Scrutiny Committee to agree the final wording of comments for submission to provider Quality Accounts 2022/23, subject to consultation with other committee members.**

**Health and Adult Social Care Scrutiny Committee
23 March 2023**

Mental Health Service Commissioning

Report of the Statutory Scrutiny Officer

1 Purpose

- 1.1 To explore the commissioning of mental health services.

2 Action required

- 2.1 The Committee is asked whether:
- a) it wishes to make any comments and/or recommendations; and
 - b) if any further scrutiny is required and, if so, the focus.

3 Background information

- 3.1 During its consideration of the commissioning and provision of a number of mental health services over the past few years, the Committee has perceived gaps in provision for people who are too unwell for one pathway or service and not unwell enough for others. To explore this issue specifically, the Committee has invited Nottingham and Nottinghamshire Integrated Care Board to attend the meeting to discuss mental health commissioning and developments to try and ensure that this is not the case.
- 3.2 A paper on mental health transformation, including specific developments to support people who may have been perceived as too unwell for one pathway/ service and not unwell for others, is attached and representatives of Nottingham and Nottinghamshire Integrated Care Board, as commissioners, and Nottinghamshire Healthcare Trust, as a major provider of mental health services for City residents, will be attending the meeting to discuss this with the Committee.

4 List of attached information

- 4.1 'Mental Health Transformation' Briefing from Nottingham and Nottinghamshire Integrated Care Board

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

Mental Health Transformation

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

March 2023

1 Introduction

This briefing will provide an update on Mental Health Transformation in Nottingham and Nottinghamshire. It will include background information on the Transformation Programme and the overall objectives for each service transformation area and progress to date. It will also provide detail on specific developments to support people who may have been perceived as too unwell for one pathway/service and not unwell enough for others, as has been requested by the Committee.

2 Background

The NHS Mental Health Long Term Plan (LTP), published in 2019, outlined plans to improve and widen access to care for children and adults needing mental health support. When introduced it was identified as the fastest expansion in mental health services in the NHS's history.

The plan, and subsequent updates, outline quality, service specific and pathway improvements to be delivered up to 31 March 2024. There are seven transformation programmes:

- a) Specialist Community Perinatal Mental Health
- b) Children and Young People's (CYP) Mental Health
- c) Adult Severe Mental Illnesses (SMI) Community Care
- d) Adult Common Mental Illnesses (NHS Talking Therapies)
- e) Mental Health Crisis Care and Liaison
- f) Therapeutic Acute Mental Health Inpatient Care
- g) Suicide Reduction and Bereavement Support

Each transformation area has a multi-partner steering group from across the Integrated Care System (ICS), ensuring the delivery of programme objectives and a local focus on developments. There is increased working with Place to ensure a local focus on population requirements through transformation plans. Programme deliverables are assured by NHS England.

Since implementation of the LTP started, noting that the transformation programme runs to 31 March 2024, there has been an increase in the availability, range and expertise of services, integration of services and pathways and a focus on reducing waiting times, all with the objective of ensuring the right service is provided at the right time and meets the need of the patient. As has been the case in many sectors, COVID 19 has impacted on the pace of transformation, through recruitment delays and core service (such as inpatient ward) prioritisation. There are ongoing challenges with recruitment, which is starting to show signs of improvement. Recovery Action Plans have been agreed between partners and outline system actions to ensure service transformation and continued performance improvements.

3 Funding For Transformation Programmes

The ICB is allocated non-recurrent ringfenced service development funding for mental health which is assigned to each mental health transformation area. This investment aligns with the

requirement to meet the Mental Health Investment Standard (MHIS), evidencing year on year increased spend on transforming mental health services. Investment in Mental Health transformation in 2022/23 is £12.9m. Investment locally from when implementation of the LTP started to the end of March 2024 will be £51.7m.

Services are commissioned from a range of organisations with a proportion of the funding allocated for secondary care services commissioned from and delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHT) and where appropriate through subcontracts with the Voluntary, Community and Social Enterprise sector (VCSE) to support the delivery of integrated pathways of care.

4 Transformation Update

The national transformation plans for mental health are evidence based and comprehensive and are aligned with local plans that aim to transform care and delivery models, improve patient experience, and reduce health inequalities.

4.1 Specialist Community Perinatal Mental Health

Objectives: Expanding specialist community perinatal mental health teams, increasing access to evidence based psychological therapies and extending the period of care from 12-24 months.

Progress Highlights: The inclusion of new and increased multi-disciplinary posts aims to address risks associated with recruitment to traditional clinical roles. This approach has delivered increased local capacity and period of care. One example of this to support shaping services to address health inequalities, is the appointment of a community engagement role to work with women from underrepresented groups who are not accessing the service.

4.2 Children and Young People's (CYP) Mental Health

Objectives: Expansion and transformation of specialist community services (tier two and tier three), including expansion of Mental Health Support Teams in schools; Expansion of specialist community Eating Disorder Services and implementation of Avoidant Restrictive Food Intake Disorder (ARFID) pathway; 24/7 mental health crisis provision for CYP.

Progress Highlights: Mental Health Support Teams provide evidence-based interventions in or close to schools and colleges for those with mild to moderate mental health issues, providing a link to specialist NHS services. The ICS's mobilisation plan exceeds the national standard of 35% and will deliver 47.8% coverage of schools by January 2025.

The 24/7 CYP Crisis Response and Home Treatment Team provide intensive support for children and young people experiencing mental health crisis. The team are commissioned in partnership with NHS England via the Tier 4 CAMHS Provider Collaborative and has reported a reduction in NHSE commissioned tier four admissions.

The CYP Specialist Eating Disorder Service has been resourced to ensure it can meet the urgent (treatment within one week) and routine (four week) response standards. A model for the delivery of an Avoidant Restrictive Food Intake Disorder (ARFID) service has been agreed and recruitment is commencing. Inpatient care for CYP is commissioned by NHSE through the Provider Collaborative.

Local feedback and national evidence highlight the importance of transition for children and young people and transition workers have been recruited to ensure transition to adult services is effectively managed.

4.3 Adult Severe Mental Illnesses (SMI) Community Care

Objectives: Transform and enhance community services with the aim of developing enhanced primary care based integrated support to help manage fluctuating needs. This includes the transformation of Adult Eating Disorder Services

Progress Highlights: In partnership with Nottingham City Placed Based Partnership, the integrated delivery model will be implemented in Nottingham City in 2023/24, with mobilisation meetings in place and recruitment underway.

The new model increases staffing into the community, including Mental Health Practitioner roles in Primary Care Networks (PCN), Peer Support Workers, a new joint pathway for people who access a Mental Health Service (with a substance misuse need) or a Substance Misuse Service (with a mental health need), Transition Workers supporting young adults transitioning from CYP into adult services and VCSE roles as well as a mental health enhancement to PCN social prescribing to increase the capacity and capability of social prescribing to support patients with common and severe mental illness.

During 2023/24 the SMI programme includes the transformation of Adult Eating Disorder Services, which will develop dedicated pathways for adults with an eating disorder across primary care, secondary care, local authorities and the VCSE, expanding both clinical and non-clinical capacity, increasing access and reducing waiting times. There are no barriers to accessing the Adult Eating Disorder Service in terms of weight and BMI, a First Episode Rapid Early Intervention for Eating Disorders model is in place supporting 16–25-year-olds and has evaluated positively.

A Medical Monitoring Pathway is being implemented from April 2023, to ensure there is improved access to care, patients do not fall into a gap and do not have to travel long distances for regular medical monitoring when they prefer to attend their local GP surgery. Improved joint working will also promote and upskill primary care teams in the management of eating disorders. Capacity in the Eating Disorder service has been increased, although recruitment remains challenging. A waiting well offer has been implemented through the VCSE. Further planned developments include enabling self-referrals and pathway developments for avoidant/restrictive food intake disorder (ARFID) for which a working group is in place and co-production will commence in quarter one 2023/24 with implementation planned later in the year.

4.4 Adult Common Mental Illnesses – NHS Talking Therapies

Objectives: Expand service availability to meet the local demand and national targets for people entering treatment; maintain waiting times and recovery rates.

Progress Highlights: The service continues to achieve the six week and 18 week waiting time standards and the recovery standard. A new Provider will be in place from April 2023, with a specific focus on working with Place to reduce health inequalities.

4.5 Mental Health Crisis Care and Liaison (including ambulance response)

Objectives: Maintain 100% coverage of 24/7 Adult Crisis Resolution and Home Treatment (CRHTs); commission a range of complementary and alternative crisis services (including VCSE/Local Authority provided services); develop a model with EMAS to improve the ambulance response to mental health; maintain 24/7 mental health liaison services within acute hospitals; eliminate all out of area placements (OAPs).

Progress Highlights: The Committee will be aware of the starting position of crisis services. Pre-2019 the services were not delivered on a 24/7 basis, there were fewer Crisis Resolution and Home Treatment (CRHT) Nurses (expansion from 86.4 WTE in 2019/20 to 102.9 WTE in 2020/21),

self-referral was not in place and there were limited other services to support people experiencing a mental health crisis.

Transformation has delivered an increase in CRHT provision to cover 24/7 and quality staffing requirements (core fidelity); a 24/7 Crisis Line has been implemented alongside Crisis Sanctuaries provided by the VCSE; ongoing mobilisation of mental health professionals in the EMAS Emergency Operations Centre and mental health training to frontline crews to improve the rate of hear/see and treat during 2022/23, reduce the level of conveyance and increase referral and signposting to appropriate mental health services and pathways.

4.6 Therapeutic Acute Mental Health Inpatient Care

Objectives: Therapeutic approach to improve outcomes and experience from inpatient care and reduce length of stay (LOS) to 32 days or fewer by 2023/24. Eliminate all inappropriate adult acute out of area placements (OAPs)

Progress Highlights: Inpatient demand modelling review for adults and older adults has been undertaken to determine future bed requirements, actions being agreed for implementation. A new acute mental health inpatient unit opened in December 2022 increasing the number of local acute NHS beds by 14.

4.7 Suicide Reduction and Bereavement support

Objectives: Develop and implement multi-agency suicide prevention plans, to reduce suicides for people in contact with mental health services; deliver suicide bereavement support services

Progress Highlights: Training has been commissioned and commenced in November 2022 following a training needs analysis on suicide prevention, mental health awareness and self-harm training across the system and communities. Targeted support for at risk groups through a pilot focused on males is in place, delivered by Harmless. Implementation of the new information system to support real time surveillance has commenced and will be used through work with partners to drive further improvements to processes and data collection. A Suicide Bereavement Service is now in place.

5 Service Transformation to Support Transition/Provide Support

Service transformation is continual, and it remains a system priority. There are several services which have been implemented or are in the process of being implemented to support transition between services or where patients are classed as too unwell for one pathway/service and not unwell enough for other. Examples include:

5.1 Mental Health Practitioners in PCNs

As described in the Adult Severe Mental Illness update, Mental Health Practitioner roles have been recruited to across PCNs, employed by Nottinghamshire Healthcare Trust. These roles are in place to address the gap between NHS Talking Therapies and Secondary Care Mental Health Services. 21 of 23 PCNs have a Mental Health Practitioner, including all the City PCNs. The ambition is to expand the team around the practitioners each year, including through VCSE roles.

The Mental Health Practitioners will see patients with moderate to severe mental health needs or where previous attempts at referring/engaging with services have not been successful. The mental health practitioners will offer a service to people who may have been excluded from accessing other primary care psychological services because of factors including (but not exhaustive) risk, problematic use of alcohol and drugs, or are considered to lack required levels of stability. The

practitioners will offer assessment and short-term interventions for patients in addition to advice and consultation to other members of the PCN.

5.2 Peer Support Workers

Throughout the transformation programme, growth in the Peer Support Workforce has been a key requirement, recognising the experience that people with lived experience can bring to a model of care, offering further engagement through non-clinical, person-centred support. Peer Support Workers are embedded across many areas of the model, including in the Coexisting Mental Health and Substance Misuse Pathway, in the Personality Disorder pathway, in Crisis Services through Carer Peer Support Workers, supporting loved ones of people in a Crisis.

5.3 Transition Workers

As described in the CYP Mental Health and the Adult Severe Mental Illness update, as part of plans to improve the experiences of people transitioning from CYP to adult mental health services, Transition Workers are in place to support this process, following the success of similar posts in the Eating Disorder Pathway. The Transition Workers are co-producing the 18-25 pathway with Mental Health Two Thousand (MH:2K), a pioneering youth-led model for engaging young people in conversations about mental health in their local area to understand their experiences of transition and will now coproduce actions to improve the experience of care.

5.4 Co-existing Mental Health and Substance Misuse Needs

The Committee were updated on the Co-existing Mental Health and Substance Misuse model in June 2022. The model has been developed to ensure people do not fall between the gaps of mental health services or substance misuse services. This approach has genuine partnership working at the heart of delivery and is delivered by statutory & voluntary sector providers, acknowledging and utilising expertise of differing sectors.

The model includes mental health specialists working with substance misuse providers and substance misuse workers working in the Local Mental Health Teams, alongside Peer Support Workers. The Peer Support Worker is well placed to understand the person's situation from their own lived experience and helps them engage with local substance misuse services. The model enables flexible approaches to the engagement & delivery needed to engage the client group. 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. The model also 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

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**Health and Adult Social Care Scrutiny Committee
23 March 2023**

Adult Social Care Self-Assessment

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To review the Adult Social Care Self-Assessment.

2 Action required

2.1 The Committee is asked:

a) whether it wishes to make any comments or recommendations;
and

b) to identify any issues to inform its future work programme.

3 Background information

3.1 To help prepare for future assurance processes for adult social care, the Service has participated in a sector-led improvement programme piloting a self-assessment.

3.2 A copy of the self-assessment is attached and the Portfolio Holder for Adults and Health and Head of Adult Safeguarding and Quality Assurance will be attending the meeting to answer any questions.

4 List of attached information

4.1 Nottingham City Council Self Assessment Adult Social Care March 2023

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

Health & Adult Social Care Scrutiny Committee

23 March 2023

Adult Social Care Self-Assessment

Report of the Director for Adults Health & Social Care

1. Purpose

To brief Health and Adult Social Care Scrutiny Committee on the Adult Social Care (ASC) Self-Assessment process and the next steps.

2. Recommendations

To note the preparatory work Adult Social Care has undertaken in anticipation of the introduction of assurance of Adult Social Care (ASC) through assessment by the Care Quality Commission (CQC) commencing in April 2023.

To provide feedback upon the process of and content of the Self Assessment, and take the opportunity to provide steer on priority areas for development of the self-assessment process.

3. For Information:

Background

- The Care Quality Commission is to commence inspection of Local Authority Adult Social Care departments from April 2023.
- Information at present is limited on the methodology of the Inspection regime, or how Local Authorities will be selected in the first cohort of inspections.
- In anticipation on the launch of inspections, Nottingham City Council has participated in a sector led improvement programme led by the East Midland ADASS (Association of Directors of Adult Social Services) to pilot a Self Assessment developed by the Partnership in Care and Health Programme.
- The Self Assessment has been completed during January – February 2023 by a team of Adult Social Care colleagues.
- 9 Local Authorities are participating in the project, through completion of a Workbook drafted by the Local Government association. The Local Authorities will share their self assessment following submission on March 6 2023.
- It is anticipated that the ADASS Regional team will then develop a Self Assessment template that can be consistently used across the region based and shared with the Care Quality Commission.

4. Governance Interdependencies

Briefings to Portfolio Holders and Senior Officers on content annually.

5. Proposal or Issue

- This is a draft Self Assessment and will not be shared with the Care Quality Commission. It is anticipated that as the Care Quality Commission work up their

Inspection programme and methodology, Local Authorities will be informed of what evidence will need to be submitted.

- The Self Assessment at present is an iterative report which will continue to be reviewed and refreshed, with a supporting Evidence Library
- This approach to self assessment is new to local authorities, and therefore the process itself and documentation used is under development.

6. Financial Implications

None

7. Legal Comments (if applicable)

N/A

8. Procurement Comments (if applicable)

N/A

9. Risk Management Considerations

CQC are likely to (after having developed a national baseline) publish ratings for individual councils and the Secretary of State has the power to intervene in a council's delivery of its ASC functions when significant failings are identified through CQC assessment

10. HR and EDI Considerations

The Self Assessment makes specific reference to Adult Social Care Workforce and Organisational Strategy and the Councils Equality Diversity and Inclusion Consultation

11. Carbon Reduction and Sustainability Considerations

N/A

12. Input from Other Internal Departments

Colleagues from Commissioning have contributed to the Self Assessment

Report prepared by Sara Storey (Director for Adult Health & Social Care) and Julie Sanderson (Head of Adult Safeguarding & Quality Assurance).

Our Self-Assessment

Nottingham City Council

Adult Social Care

March 2023



Nottingham
City Council

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About Us

Nottingham is a warm, welcoming and vibrant city. The city has a young population; only 11.6% of citizens are aged 65 and older. The population of Nottingham is projected to have increased to 344,300 by 2027, which is a 2% increase from the mid-year estimates of 2020. In the short to medium term the city is unlikely to follow the national trend of seeing large increases in the number of people over retirement age, although the number aged 85+ is projected to increase.

Nottingham

ranks **11th** most deprived area in the country and **30%** of our neighbourhoods are in the **10%** most deprived in England overall.



64% of adults in the City are physically active compared to **66%** of adults nationally.



Healthy Life Expectancy in the city is **57.4 years** for men and **57.1 years** for women. This is **6 years less** for men and **7 years less** for women compared to the **England average**.

With the difference between Life Expectancy and Healthy Life Expectancy at birth ranging between 19.2 years (Male) and 23.9 years (Female) for Nottingham City, Public Health data shows that citizens are acquiring long term conditions at a younger age than neighbouring LAs, and England as a whole.ⁱ

This is increasing the need for Adult Social Care (ASC) services / intervention at a younger age, and Public Health data also shows that Health related quality of life for older people in Nottingham City is below both the regional and national averages (0.698 compared to 0.735 and 0.735 respectively)ⁱⁱ

93% of people agree that people from different backgrounds get on well together

25% of the population were born outside of the UK, with the largest numbers of people from Pakistan, Poland, India, Nigeria and Romania. English is the main language for 86% of people in Nottingham. In 8.9% of households, no one speaks English as a main language. In 2021, 57.3% of Nottingham's population were in the 'White British' group giving the city the 44th highest percentage of Black and Minority Ethnic groups out of the 331 Local Authorities in England and Wales.

Together for Nottingham

The Together for Nottingham Plan confirms and provide assurance to the Government that Nottingham's response to the Non-Statutory Review (NSR) of the council is positive and being undertaken at pace, building on work already underway in response to the Public Interest Report published in August 2020.

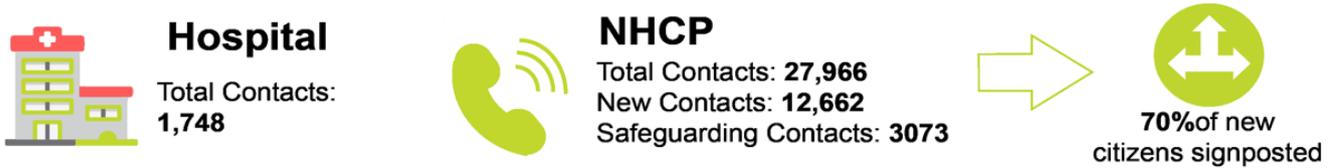
- Empowering communities to co-design and deliver services, with citizens taking responsibility for their own outcomes.
- Putting the customer at the heart of our thinking to provide timely, cost-effective responsive services.
- Creating a culture and an estate that support our work being done in the best possible place and time.
- Intervening as early as possible to manage demand and improve outcomes.
- Constructing strategically integrated systems and digital tools, using data to create knowledge and insight.
- Building and resourcing an environment for innovation, learning and leadership.
- Choosing the most appropriate delivery model for each service.
- Leading and collaborating with partners to deliver better outcomes and efficiencies.
- Building back a strong intelligent centre for policy, performance, insight and reform.
- Embedding behaviours and actions to ensure that the Council delivers its Best Value Duty.

Nottingham City Council Adult Social Care

In 2021/22, Nottingham City Council supported over 7,000 older and disabled adults along with over 1,200 carers, spending in total over £132m.



There were over 12,000 new contacts through the Nottingham Health and Care Point (NHCP) service in the year 2021-22. Of those, 70% were signposted onto other agencies.



It is estimated that the number of older citizens in need of care and support from ASC is set to increase by an estimated 15% between 2014 and 2025, and by as much as 50% by 2035.

Adult Social Care Workforce

Citizens in Nottingham are supported by an ASC workforce of **1110 colleagues** (Feb 2023). The Assessment side of ASC comprises **451 colleagues** working to assess citizens through their roles as Social Workers, Occupational Therapists and Community Care Officers.

ASC also has a significant in-house Provision arm, made up of **659 colleagues** providing care and support to citizens who may have a Learning Disability, Physical or Sensory Disability or Complex Care Needs, as well as providing short term Reablement services and support for Older Adults. Citizens are supported through internal Provision in various settings such as Homecare, Residential Services and Day Centres.

Nottingham City External Market

NCC also works with **six Lead Domiciliary Care Providers** across the City as well as other agencies through an Accredited Framework.

Nottingham City Council currently has contracts with **77 residential or nursing homes** within the city, which are run by a range of 66 private or independent providers.

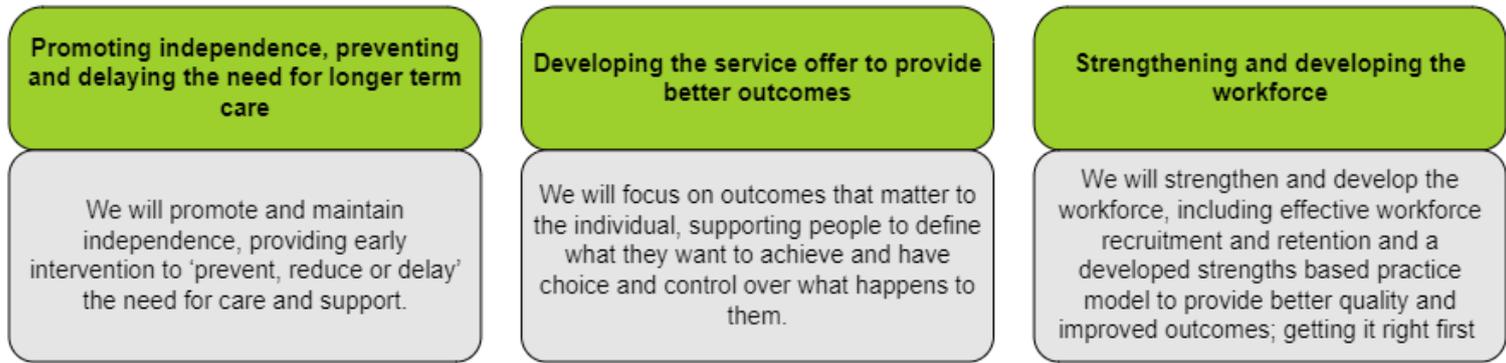
These range in size from the smallest home having three beds, to the largest having 81; the average care home size in Nottingham City is **24.9 beds**. Across all accredited residential and nursing homes, there are **1945 bed spaces**. Residential and nursing care homes are operating at around **80% occupancy** on average.

NCC also has contracts with **35 day services**, run by 26 providers.

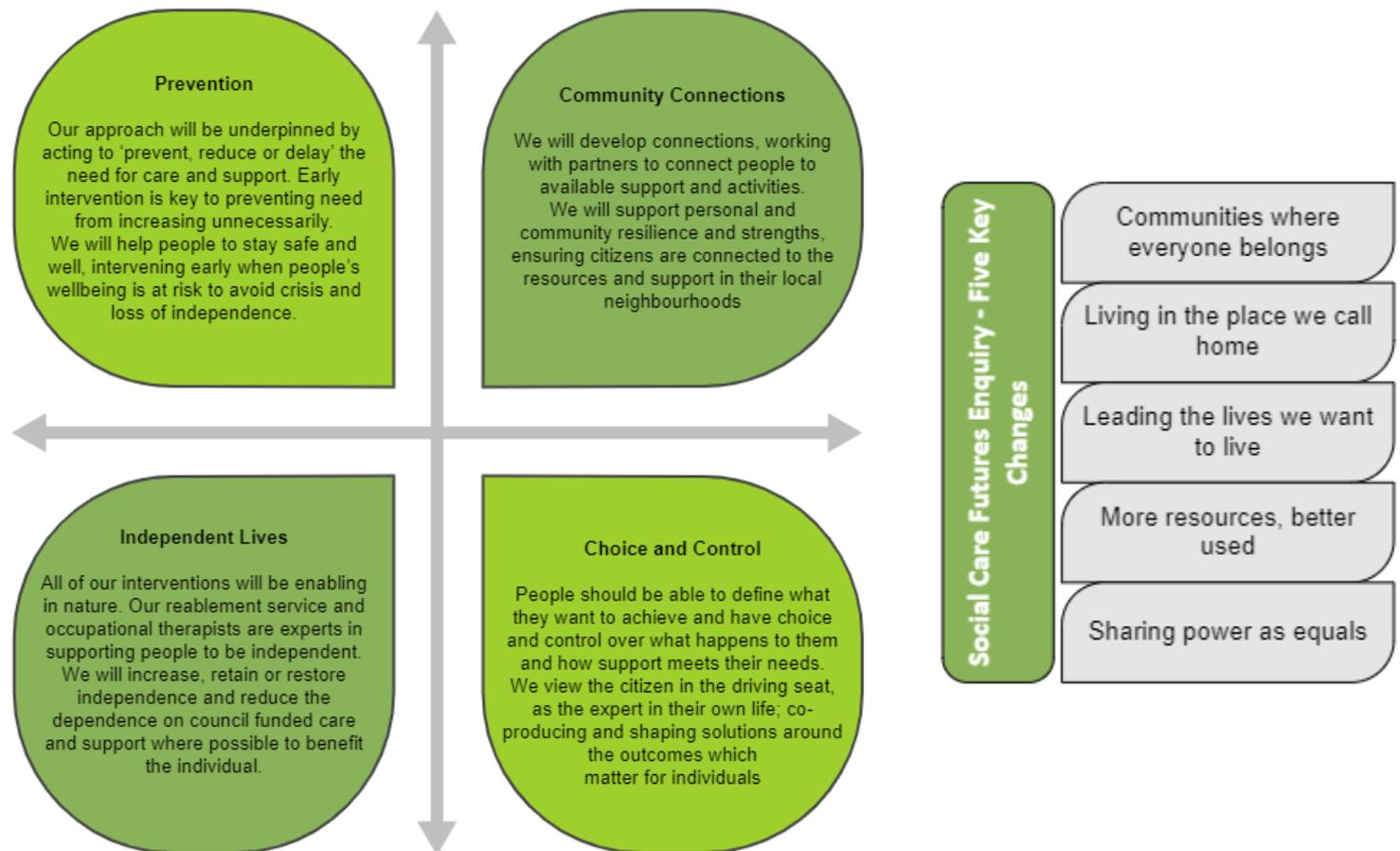
The largest citizen group provided for by residential and nursing care is **Older People**; the dominant group for day services is **Adults with Learning Disabilities**.

Our Strategy for Adult Social Care

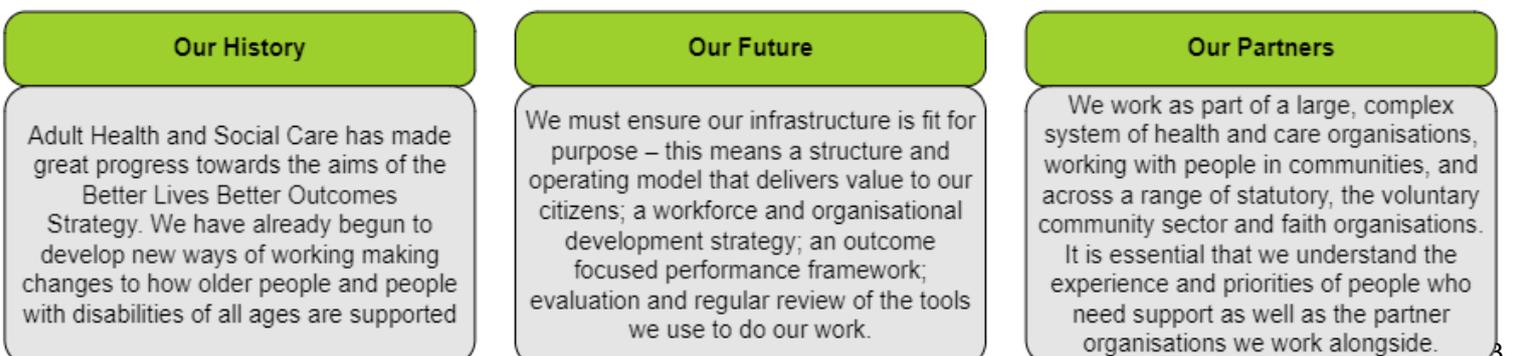
Why we work in Adult Social Care: Our ambition



What we aim to achieve: Deliver our Better Lives Better Outcomes Strategy and Objectives



What we will prioritise next: Our journey



Working Effectively in Partnership

Our Corporate Director holds a formal role at **Nottingham and Nottinghamshire's Integrated Care Board** and is appointed specifically to represent the city and social care. The **NHS** is a key partner for Adult Social Care and the Board is a valuable opportunity to work closely with NHS colleagues. The statistics about health in Nottingham show that both length of life and the time people live with good health are significantly lower than in other areas of the country. This has a significant impact on citizens across the city, so it is important to work with the NHS to tackle this.

Nottingham's **Place-Based Partnership** brings together all the organisations that can influence health and wellbeing in the city to support the needs of the people who live here and is chaired by our Chief Executive. To address Nottingham's challenges, the Partnership is working to give every person in Nottingham equal access to care and support that meets their needs, regardless of their background or circumstances. The Partnership has a defined set of priorities to address inequality in Nottingham.

The **Collective Commissioning Oversight Group (CCOG)** continues to develop the partnerships across health and social care, with a focus on joint commissioning plans via a framework of identified principles. One of the aims of the group is to promote more efficient and effective use of joint funding across both sectors.

Partnership working with third sector organisations is an ongoing area of development for Adult Social Care. We have held engagement and consultation sessions to develop our Transformation Programme. Voluntary sector colleagues have been encouraged to contribute towards the programme priorities, resulting in community capacity being proposed as a key project for next year. Our Director for Adult Social Care chairs the **Ageing Well** Board, and through that programme we have secured funding for three **Local Area Coordinator** roles and have commissioned '**Community Catalysts**' to carry out a snapshot review, resulting in recommendations around increasing community capacity.

Adult Social Care maintains safeguarding partnerships across the city, working with a range of partner organisations. These include strong representation at the **Safeguarding Adults Board**, and all subgroups, the **Multi Agency Public Protection (MAPPA) Strategic Management Board**, and the **Crime and Drugs Partnership Domestic Homicide Review Assurance & Learning Implementation Group**.

At an operational level, our front line Adult Social Care assessment colleagues tell us that they have effective partnerships with **Community Protection Officers, Equate Women's Aid, Probation and Prison Services**.

Our Key Strengths

Commissioning Approach

Commissioning colleagues are making good progress towards a more outcome-based, co-production approach.

This is evidenced by our approach to the recent Carers' Strategy, which has been co-produced with carers from Nottingham and Nottinghamshire, and they have been involved in every stage of the development and design of the strategy. Their voices and experiences of their caring roles are directly shaping the future of services and support which are important to them.

Culture of Continuous Learning and Improvement

Adult Social Care has an extensive Training and Development programme for all colleagues.

We support all our colleagues to access training and learning that will enable them to succeed in their roles at Nottingham City Council and within Social Care and provide opportunities for professional qualifications and accreditation as part of a commitment to Continued Professional Development.

Key Strengths within Adult Social Care

Workforce Planning

Effective workforce planning ensures we have a workforce of the right size with the right attitudes, values and skills organised in the right way within our available budget. This underpins the delivery of quality, personalised and safe services meeting the needs and aspirations of the people we support.

Our Workforce Strategy sets out the Adult Social Care objectives we want to achieve in order to ensure our workforce have the right skills for the right roles at the right time.

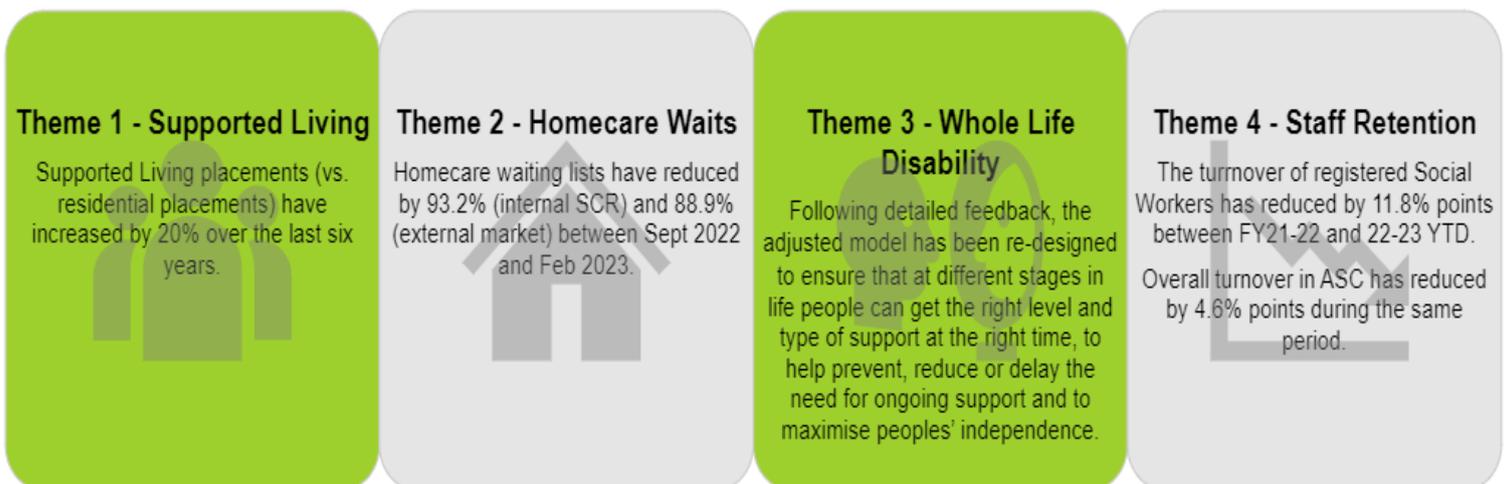
Transformation Programme

We are delivering on a Transformation programme to address challenges of increasing demand, workforce retention and financial pressures. The programme of change is focused on improving service quality, providing better outcomes for citizens and also delivering financial savings for the Council.

Our Key Risks and Challenges

Risk / Challenge	Mitigation
There is a growing number of citizens in Nottingham with Severe Multiple Disadvantages (SMD), who have complex needs.	The Changing Futures programme is a multi-agency approach to supporting citizens with SMD. The Supported Housing Improvement Programme (SHIP) is also working to reduce the risk of unsuitable housing for citizens at risk of exploitation.
The complexity of citizen needs has increased, and system pressures are growing.	The ASC Transformation Programme, including the new prevention projects, aims to address increasing demand and deliver improved outcomes for citizens.
There is a need for a more cohesive approach to co-production and participation.	Funding has been approved for a Communications and Engagement Officer to develop a Participation Strategy, for use in Adult Social Care.
We need to be assured about Social Care practice across Adult Assessment.	Implementation of a Quality Assurance Framework for Adult Assessment, which will be overseen by our Principal Social Workers.
We need to develop and improve our use of performance data and reporting.	We are recruiting a new Head of Service position to develop a Performance Management Framework, which will inform strategy, identify risks and measure outcomes.

Our Track Record of Improvement



All four improvements have also contributed to financial savings across Adult Social Care

Theme 1 - Working with People

Assessing Needs

Supporting People to Live Healthier Lives

Equity in Experience and Outcomes

Our Ambition

We will increase, retain or restore independence, providing early intervention to 'prevent, reduce or delay' the need for care and support.

We will use a Strengths Based approach: building on citizens' existing strengths, assets, and resources and the support available in their relationships and community.

Strengths and Evidence

Building on Strengths and Assets	How do we know?
<ul style="list-style-type: none"> Supported Living is part of our transformation programme. The aim is to further increase supported living options; promoting the shift from residential care to supported living arrangements We have a dedicated Supported Living Team in place consisting of experienced social workers and community care officers alongside project management and business analysis support. To date, the project has been extremely successful in both moving citizens out of residential settings and preventing admissions to residential homes by placing citizens in supported living accommodation in the first instance where appropriate. As well as providing security of tenure and a bespoke package of care, supported living is also a more cost-effective option than residential care. This has significantly reduced costs to the council and provides a Best Value approach to the provision of accommodation and support. 	<ul style="list-style-type: none"> There has been an increase in the proportion of people living in supported living accommodation from 24% in 2017 to 44% currently. The project has introduced new working practices that focus on achieving the best outcomes for citizens, ensuring that co-production plays a key part in developing services. As a result of the increased number of successful supported living placements, the project has also delivered significant financial benefits. <div data-bbox="815 1283 1369 1630" style="border: 1px solid green; border-radius: 50%; padding: 10px; margin: 10px 0;"> <p><i>"I like living at [my home], the staff are very supportive and they have helped me find a job. I am learning how to cook and live independently, because one day I would like to have a place of my own."</i></p> </div> <p style="text-align: center;"><i>Citizen in a supported living tenancy</i></p>

Skilled and experienced assessment teams	How do we know?
<ul style="list-style-type: none"> • We have developed and implemented a Workforce and Organisational Development strategy to help address issues of recruitment and retention. • We have a comprehensive Training & Development plan in place for all assessment & provision colleagues. This has been updated to reflect Training needs analysis findings undertaken with all teams • Our training programme is person centred, strengths based and includes reflective Practitioner Forums • We have introduced a Career Progression Pathway Framework and specialist practitioner roles to support our workers to further develop their careers in Social Work and Occupational Therapy. 	<ul style="list-style-type: none"> • In 21-22, 77.8% of all appointed Social Workers were newly qualified. In 22-23, this has fallen to 50%, showing the impact of the pay offer and career progression framework on attracting experienced practitioners to Nottingham City; more experienced practitioners made up the other 50% of Social Workers appointed in 22-23. • Retention has also improved dramatically for Social Workers; in 21-22 there was a 22.73% turnover rate. During 22-23 YTD, the turnover rate is 10.91%, with less than half the number of leavers as the previous year. • Occupational Therapists are extremely difficult to recruit and retain across all Local Authorities, but the OT colleague recruited in 22-23 was able to accept the offer of the newly created advanced post in line with their knowledge and experience, which would not have been possible in the previous year.
Maximising independence through Strengths Based Reviews	How do we know?
<ul style="list-style-type: none"> • As part of our Transformation Programme, we commissioned an external agency to carry out strengths-based reviews in order to increase our capacity and reduce waiting times for citizens. • By ensuring citizens are having their care packages reviewed in a timely manner, the aim is to prevent care and support needs escalating and the unnecessary provision of longer term care and support. Citizens are therefore supported to remain independent for longer. • We have just commenced the second phase of this project which focuses on Occupational Therapy assessments and a similar approach will be taken. 	<ul style="list-style-type: none"> • Since the start of the project in January 2022, a total of 1412 additional reviews have been completed using a strengths-based approach. This means that the citizens in receipt of services now have an up-to-date Care Act assessment. • The project is also delivering financial efficiencies within adult social care. <div data-bbox="853 1249 1460 1624" style="border: 1px solid green; border-radius: 50%; padding: 20px; margin: 20px auto; width: 80%;"> <p style="text-align: center;"><i>"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."</i></p> </div> <p style="text-align: center;"><i>Feedback on a Strengths Based Review</i></p>

A very experienced Senior Practitioner Social Worker who had left the Local Authority to pursue other work opportunities was motivated to return, following the launch of the Adult Social Worker and Occupational Therapist Pay and Progression Model.

Our colleague told us that this meant they were able to return to working in a role that built on their skills, knowledge and abilities, in a pay structure that was commensurate with neighbouring Local Authorities and with increased career progression opportunities. Our colleague is really happy to be working for Nottingham City again and has started on the Nottingham Transformation and Leadership Programme.

"I am pleased to be able to see the impact the pay and progression model is having across the board and further opportunities this is creating, in encouraging focus on the promotion of training and development opportunities for colleagues"

Priorities for Improvement

Waiting List Management

- All our teams have processes in place for managing waiting lists and prioritising citizens based on level of need and risk, but we are aware that we need to develop a tool to ensure that there is strategic oversight of waiting lists across the department.
- We have started work with colleagues in our Analysis and Insight team to investigate how we will consistently report on waiting lists through our case management system. In doing so, this will provide oversight and assurance to both our departmental Senior Leadership and Corporate Leadership teams.

Assessment and Eligibility framework

- Following feedback from a Peer Review and a Regulation 28 "Notice to Prevent Future Deaths" issued by the Coroner, we will review our assessment and eligibility framework to ensure that this is transparent, clear and consistently applied.
- We will include in our review a process for resolution of Care Act eligibility disagreements and ensure that citizens are aware of and have access to independent advocacy.

Removing Barriers & Reducing Inequalities

- We have a Council-wide Equality, Diversity and Inclusion strategy which is being reviewed and is currently out for consultation.
- Through the consultation, the aim is to increase co-production and ensure that the strategic objectives fully reflect our community voices in Nottingham. The objectives will help us to tackle inequality and achieve our vision to improve equality, diversity and inclusion both as an employer and a service provider.

Plans to Maintain

Choice & Control

- We have a dedicated Personalisation Hub which helps to ensure the Council fulfils its duty to make those assessed with eligible needs aware of Direct Payments and their benefits. The service works across Children's and Adults and provides a "one-stop shop" for advice and answering questions from citizens about how Direct Payments can be used to meet their needs. It also ensures a quality assured framework of Direct Payment support services.
- As part of our ongoing work to increase capacity for homecare, we will continue to promote Curam Care which connects local people to local carers. Citizens can engage with suitable carers and discuss the care and support they need, allowing them greater choice in the process.

Assistive Technology

- Citizens can currently access 12 weeks use of assistive technology free of charge in their homes from the point of hospital discharge.
- We are also piloting the Lilli project which supports the move from a reactive to a proactive care model, contributing to the ethos of "Prevent, Reduce, Delay" the need for care intervention.
- This model helps care providers identify behaviours or indicators of potential deterioration in health and wellbeing, which will inform a revised care plan.

Culturally Specific Day Services

- Across the city, we have several culturally specific Day Centres offering holistic support to citizens and their communities.
- The Service Manager actively promotes partnership working with specialist services in delivering resources to meet the needs of the citizens from harder to reach communities. He and his colleagues recognise the importance of the Day Services as a valuable source of support based on cultural norms and values, familiarity and trust as well as the importance of trusted BAME community representative organisations with considerable reach into and understanding of the communities they serve.
- For many people in BAME communities these organisations are a first port of call for culturally sensitive advice, help and support and they are ideally positioned to play a central role in the engagement of BAME communities
- During the pandemic, the Day Services were able to respond to reports that vaccine uptake was lower for BAME communities. They liaised with Health colleagues to provide information and support to address citizen and community concerns and as a result users of the culturally specific services took up the vaccination offer

Plans to Improve

Social Care Reablement Service

- We plan to review our Reablement service to ensure that we make the most efficient use of capacity within the service in line with the principles of best value.
- We will look at how we can differentiate between those who need reablement and those who are receiving interim care while waiting for a long-term package of care.

Improved access to information, advice and support

- As part of our council wide transformation, we have a Customer First programme in place. The programme has a remit to improve efficiencies and the customer experience. Nottingham Health and Care Point, our 'front door' for Adult Social Care has now moved to Customer Services and will be part of the programme to improve access to advice and information for citizens.
- We will be implementing a digital approach for conducting both care and support and financial assessments, giving citizens more choice over how they wish to complete assessments. Citizens who choose to take up this option will then be able to access details of their care and support packages online at their convenience.
- We are planning to review our online directory of services (ASKLiON) to ensure that this continues to be up to date, informative and accessible. We will engage with citizens as part of the process to understand what information is important to them and how they want to be able to access this.

Preventative Services

In order to further our aims to promote independence and to support people to prevent, delay or reduce care and support needs, we have plans in place to expand our current Transformation Programme to include five new projects with a focus on prevention:



New Advocacy Framework

- We adopted a new approach to commissioning Advocacy services, because we were aware that there was significant underrepresentation of BAME service users across all Advocacy services in the life of our previous contract.
- Ethnicity and language barriers strongly suggest a need for culturally sensitive or culturally aligned awareness and pathways which improve equality of access in compliance with the Care Act (2014) and the Equality Act (2010).
- As part of the tender evaluation process, a Maturity Matrix tool was used to support a culturally competent approach. Discussions were held with providers around actual data and perceptions around cultural awareness and culturally appropriate provision
- The lead provider can now subcontract to culturally appropriate providers which we hope will lead to increased take up of advocacy services.

Quality Assurance Framework

- Our Quality Assurance Framework will bring together a range of current and new processes that will support the delivery of high-quality adult social care practice, that is effective, accountable and evidence based.
- The purpose of the Framework will be to drive a programme of continuous improvement by engaging with practitioners, managers and partners. The Framework will ensure that learning from quality assurance activity contributes to service improvements.
- Effective quality assurance systems will triangulate quantitative performance data with qualitative evidence from audit and feedback processes. The systems and processes used will promote reflective practice, critical thinking and professional curiosity. The intention is to continue to develop a learning culture that supports best practice and the best outcomes for citizens

Theme 2 - Providing Support

Care Provision, Integration and Continuity

Partnerships and Communities

Our Ambition

To understand the diverse health and care needs of citizens and local communities and collaborate and work in partnership to provide coordinated and seamless services

Strengths and Evidence

Co-Production of Commissioning Strategies	How do we know?
<ul style="list-style-type: none"> For the first time, our Carers' Strategy supports carers across the whole health and social care system in both Nottingham and Nottinghamshire. The strategy has been co-produced with carers who have been involved in every stage of its development and design. By involving carers, we have been able to address the challenges or gaps in support which they have told us about. Services which specifically support carers will be re-commissioned in line with the principles set out in the strategy. These will include the Carers Hub, Young Carers Service and Carers Respite. The strategy aims to reduce isolation and health inequalities by improving access for carers who are 'seldom heard' or from minority ethnic groups. 	<ul style="list-style-type: none"> An action plan will be developed with SMART objectives so that we can develop and improve support for carers. This will be monitored through the ICS Board. Outcome measures will be jointly developed with carers during the implementation phase.
Commissioning of Specialist Services to achieve better outcomes	How do we know?
<ul style="list-style-type: none"> Lilibet House has been established as a local, focused, respite care option for citizens with 'behaviours that challenge.' Citizens are able to take part in a range of activities that encourage creativity, socialisation and independence. The service has been operational since December 2022 and around 20 citizens have benefitted from this to date. The service is an example of best value as it is filling a gap in responding to unmet needs and providing a quality service with positive outcomes for citizens and their carers. 	<div data-bbox="815 1451 1270 1682" style="border: 1px solid green; border-radius: 50%; padding: 10px; margin-bottom: 10px;"> <p><i>"We've a holiday booked and [Polly] said she doesn't want to come and would rather go to Lilibet House!"</i></p> </div> <p>Lilibet House has received 56 referrals to date, and 50 families have had their referrals accepted</p> <div data-bbox="1091 1771 1506 2011" style="border: 1px solid green; border-radius: 50%; padding: 10px; margin-top: 10px;"> <p><i>"Being non-verbal it's hard to tell sometimes but [Sam] arrived home happy and relaxed and seemed to miss the attention of his carers at Lilibet."</i></p> </div> <p><i>Feedback from family and carers of citizens</i></p>

Innovation in care and support provision	How do we know?																																										
<ul style="list-style-type: none"> • A bold decision was taken to commission homecare from non-accredited providers in response to system pressures and increasing waiting lists. SPOT contracts have been issued to these providers for homecare packages. • A brokerage team was established through Better Care Funding to co-ordinate this process. • This initiative has been extremely successful leading to significantly reduced waits for homecare provision, as well as improving flow through the system resulting in quicker hospital discharges. 	<table border="1"> <caption>Homecare Waiting Lists 22-23</caption> <thead> <tr> <th>Month</th> <th>Internal SCR</th> <th>External Homecare</th> </tr> </thead> <tbody> <tr><td>Feb-22</td><td>70</td><td>180</td></tr> <tr><td>Mar-22</td><td>60</td><td>190</td></tr> <tr><td>Apr-22</td><td>90</td><td>200</td></tr> <tr><td>May-22</td><td>60</td><td>220</td></tr> <tr><td>Jun-22</td><td>80</td><td>210</td></tr> <tr><td>Jul-22</td><td>100</td><td>200</td></tr> <tr><td>Aug-22</td><td>110</td><td>190</td></tr> <tr><td>Sep-22</td><td>140</td><td>180</td></tr> <tr><td>Oct-22</td><td>80</td><td>150</td></tr> <tr><td>Nov-22</td><td>70</td><td>130</td></tr> <tr><td>Dec-22</td><td>60</td><td>110</td></tr> <tr><td>Jan-23</td><td>50</td><td>80</td></tr> <tr><td>Feb-23</td><td>20</td><td>30</td></tr> </tbody> </table>	Month	Internal SCR	External Homecare	Feb-22	70	180	Mar-22	60	190	Apr-22	90	200	May-22	60	220	Jun-22	80	210	Jul-22	100	200	Aug-22	110	190	Sep-22	140	180	Oct-22	80	150	Nov-22	70	130	Dec-22	60	110	Jan-23	50	80	Feb-23	20	30
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Priorities for Improvement

Review of day service provision:

- We plan to undertake a comprehensive review of all day services in line with the aims of the Transformation Programme. The review will include both internal and external services.
- The focus of the review will be on achieving the best outcomes for citizens, informed by citizen consultation and participation.

Plans to Maintain

Internal Provision services

We will continue to ensure that all our in-house regulated services provide the best outcomes for citizens and retain their CQC ratings of **Good or Outstanding**.

Barkla Close

- Barkla Close is a modern, purpose-designed 3 bed unit for planned respite for citizens with Learning Disabilities. This service provides continuity to citizens who previously had inconsistent respite arrangements, dependent upon the private market.
- It provides good outcomes for citizens and has received extremely positive feedback.

All of our in-house regulated services received **Good or Outstanding** from CQC in their most recent inspections (correct as of Jan 2023)

Feedback for Barkla Close:

"Mum says she has no concerns about daughter when she comes to stay, she knows she is safe and is protected when she stays... It's a lovely space, clean and well maintained... Mum finds the staff to be kind and friendly"

Community Together Service

- The Community Together Service was created to reduce social isolation and increase physical activity for citizens. In turn this should have a positive effect on the citizens' health and wellbeing, reducing the likelihood of the development of long-term medical conditions and significantly improve citizens' quality of life.
- 'Community Connectors' work with citizens to understand any barriers that may be preventing them from accessing their community and will tell them about activities available in their area. They may also signpost to any additional services they feel will benefit that citizen.
- The Connectors may initially attend events with the citizen to provide support and introduce them to the groups until their confidence improves and they can access the group independently.
- The service is to be expanded through the introduction of 'Local Area Co-ordinators' (LAC). These roles have been developed to focus on areas of the city with the highest level of need. The Co-ordinators will focus on building networks and connections in the community, identifying gaps and looking at additional groups and services which need to be set up in that area.

Plans to Improve

Co-production with the third sector:

- Our Commissioning team plan to review the way in which our area-based grants funding is utilised and will work with community and voluntary sector organisations to ensure that they are involved as equal partners.
- We will ensure that priorities are aligned with our Council Plan priorities.

Understanding current & future workforce needs:

- We have commissioned Skills for Care to undertake a review of the external social care workforce to help us to further our understanding of the challenges faced.
- Following the review, a Workforce Strategy & Plan will be produced. This is expected to be completed by May 2023.

Ensuring services are sustainable and affordable:

- In 2021, we conducted a banding exercise across all our Providers to initiate a consistent and transparent approach to fees. This was ahead of the statutory Cost of Care exercise.
- With regards to the Cost of Care & Market Sustainability exercise, we have gone beyond the statutory requirement and are looking at the whole of the market.
- We have commissioned an external agency, PeopleToo consultancy, to undertake a whole market approach on our behalf.
- The outcomes of this exercise will help to inform and shape the Adult Social Care Commissioning Plan

Theme 3 - Ensuring Safety

Safe Systems, Pathways and Transitions

Safeguarding

Our Ambition

To work with citizens and our partners to establish, maintain and improve safe systems of care which are monitored and assured, and work in partnership to promote and protect citizens' rights to live free from abuse and neglect

Strengths and Evidence

Whole Life Disability Approach	How do we know?
<ul style="list-style-type: none"> The initial Whole Life Disability model was established in 2017 to combine Children's and Adults disability teams, in order to provide a co-ordinated & person-centred approach to the transition from Children's to Adults services The focus of the Whole Life Disability model was on continuity of care for children, young people and their families and carers when navigating this change, with emphasis on choice and control over their care and support arrangements. We recently reviewed the model and invited a Peer Review from the PSW Network. A thorough consultation and engagement process was undertaken with colleagues, parents and carers, Portfolio Holders and three other Local Authorities. The new Whole Life Disability protocol was co-produced with team members and addressed Peer Review recommendations 	<p>Our Protocol addresses the themes from consultation with Parents and Carers:</p> <ul style="list-style-type: none"> Parents like the model of joint Children's and Adult teams It's important to have consistency of worker during transition and someone who knows their child Parents need information and advice much sooner, age 15 feels right to them <p>Young people will participate in the Whole Life approach to preparing for adulthood from age 14 onwards, and joint working with Adults workers will begin at age 16 or 17 depending on the young person's pathway.</p> <p>The Protocol will be reviewed at three monthly intervals for the first year and updated where necessary.</p>
Collaboration and Commitment to Safeguarding	How do we know?
<ul style="list-style-type: none"> We have strong partnerships and operational relationships across the city We are committed to ongoing learning & improvement led by our Senior Development Consultant A dedicated specialist Safeguarding team & Head of Service A highly skilled Adult Safeguarding Quality Assurance Team (ASQA) who oversee multi agency investigations in regulated provider settings A multi-agency Quality Information Sharing Forum to address Safeguarding & Quality of Care concerns and coordinate and initiate actions 	<ul style="list-style-type: none"> We have several bespoke intra agency procedures developed in partnership and kept under regular review We have developed a Transfer of Care policy as direct learning from a recent Domestic Homicide Review. An investigation into a regulated provider led by ASQA following our Provider Investigation procedure was audited by the Quality Assurance subgroup of the Safeguarding Adult Board. Feedback from the audit was that:

- We are committed to an Early Intervention approach

"The benefits that a multi-agency approach brings cannot be overstated, with our joint working going from strength to strength."

Feedback from Age UK Notts on their partnership with Nottingham City Adult Social Care Safeguarding

"The Adult Safeguarding Board were provided with strong assurance regarding how the Provider Investigation procedure was undertaken. A full consultation process took place, the Audit reviewed information from a number of providers, the core attendees and Nottingham City Council who lead the process.

There was evidence of strong Multi-Agency participation at the meetings, assurance given that meetings were well led, with clear deliverable actions, outcomes and communication provided."

- We have undertaken a questionnaire of all practitioners in Adult Assessment to gauge their knowledge and practice in relation to Making Safeguarding Personal to inform future training needs
- We have established a Multi-Agency Early Intervention Hoarding Panel in order to address the complex challenges of self-neglect and hoarding in the City, with strong evidence of positive outcomes for citizens

"With your huge workload in mind, I'd like to say that I've been very happy with (and grateful for) the wonderful service that you've given me, I'd like to thank you for all you have tried to do for me in such a kindly, patient, and caring way!"

Citizen supported via Hoarding Panel

Our Deputyship Service	How do we know?
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- Delivered transformation of our service meeting Office of Public Guardian Standards
- Implemented new policies, procedures and quality assurance measures
- Named case managers for all citizens in receipt of the service
- Expansion of the service to ensure we continue to offer this service to our most vulnerable, socially excluded citizens and protect them from financial exploitation

An assurance visit from the Office of the Public Guardian took place in January 2022. The summary feedback stated that:

- ✓ *Systems and review documents are extremely well organised*
- ✓ *Consistent praise was received from clients and their placements in regard to communication with the Deputyship Team*
- ✓ *It is clear that the Deputyship Team is dedicated to their clients and ensuring all their needs are met*

Making Safeguarding Personal (MSP) Citizen experience

To further embed MSP in our practice we aim to;

- Develop methodology to gather citizens' experience of Safeguarding interventions
- To ensure that audits of Safeguarding interventions are undertaken on a regular basis
- Learn from the above findings to inform our ongoing learning and development

Domestic Abuse & Sexual Violence Review

We are aware that at present Adult Social Care cannot commit the resources to fully participate in the breadth of DSVA activity overseen by the Crime and Drugs Partnership (CDP). We will;

- Complete our review of the Domestic Abuse Referral Team function
- Review Adult Social Care's representation at all DSVA forums including Multi Agency Risk Assessment Conference (MARAC)

Plans to Maintain

- We will continue to deliver our Safeguarding training programme which will include launching our revised internal Safeguarding procedures
- Maintain our commitment to ASC representation at the Safeguarding Adults Board and subgroups
- Our Safeguarding practitioner forum to promote reflective practice
- Strong links with the Slavery Exploitation Team and participation in the Slavery Exploitation Risk Assessment Conference (SERAC) which unites statutory and non-statutory agencies to discuss suspected or known cases and plan a joint response to manage risk.

Plans to Improve

Transition work from Children to Adults (not disability related)

We aim to create seamless and coordinated transition for young people moving into adulthood. We are progressing with;

- Transitions Panel – To ensure all children with care experience have a post 18 plan in place.
- A protocol between the Child & Adolescent Mental Health service (CAMHS) and the Adult Mental Health service
- Supporting the Safeguarding Adults Board in exploring transitional safeguarding arrangements

Specialist Lead Practitioners

As part of the Career Progression Pathway Framework (CPPF) our Social Workers in the Safeguarding Team now have the opportunity to develop lead specialist roles. We will ensure that expertise is shared with the non-specialist teams to support learning and address practice variation.

Theme 4 - Leadership

Governance, Management and Sustainability

Our Ambition

To have clear lines of accountability and governance to provide visibility and assurance that we are delivering our Care Act duties and our Transformation programme

Strengths and Evidence

Improvement and Assurance Board	How do we know?
<p>Following the Non-Statutory Review (NSR) of Nottingham City Council in November 2020, an Improvement & Assurance Board was established. Its function is to;</p> <ul style="list-style-type: none"> • Provide external advice, challenge and expertise • Oversee delivery of the Together for Nottingham plan 	<p>The 'Together for Nottingham' plan sets out the Council's ambitions and the ways in which we are changing service delivery. There are clear milestones for delivery which are monitored by the Improvement and Assurance Board to demonstrate that progress is being made and delivery is happening at pace.</p>
Corporate Transformation Governance	How do we know?
<p>There is a full and thorough governance structure in place, to oversee all Transformation programmes of work across Nottingham City Council</p>	<p>Council Transformation Board The Transformation Board meets monthly. It is not a decision-making Board but has the influence to support decision making. The purpose of this Board is to:</p> <ul style="list-style-type: none"> • Sign off new projects as well as track existing projects and programmes. • Receive monthly highlight reports which track progress on delivery, financial tracking, risks and issues of existing programmes including the ASC Transformation Programme.
Adult Social Care Transformation Governance	How do we know?
<p>Adult Social Care Transformation Programme Board The function of our Board is to;</p> <ul style="list-style-type: none"> • Ensure the ASC Transformation programme is meeting its objectives • Provide visibility and assurance • Identify risks to delivery of the objectives • Ensure quality and sustainability • Allocate resources as appropriate to support delivery 	<ul style="list-style-type: none"> • Our programme is held to account by the Board, which is chaired by our Director • The programme is meeting its milestones and outcomes • We are delivering on our financial savings targets

Priorities for Improvement

Development of a Performance Management Framework

We want to strengthen our use of performance data and reporting so that we can use information to inform strategy, identify risks and measure care and support outcomes meaningfully. We will;

- Recruit to the new position of Head of Business Development, Strategy & Performance
- Invest in increased capacity in our Analysis & Insight Team
- Develop a robust evidence base providing assurance of ASC performance
- Develop an Outcomes Focused Performance Management Framework

Plans to Maintain

Our Process for Risk Assessment & Mitigation

- Risks are managed effectively through robust governance arrangements in our existing and planned areas for improvement
- Departmental and Corporate risk registers dovetail to ensure political and executive leaders are well informed

Plans to Improve

Establishment of a Workforce and Quality Assurance Board

The purpose of this board will be to provide oversight of quality, learning and improvement and workforce development. It will;

- Oversee the Workforce and Organisational Development Strategy & Action Plan
- Measure the impact of the Quality Assurance Framework
- Require assurance of Strengths Based and Safeguarding practice
- Monitor the Adult Assessment & Provision Training Plan
- Oversee the Career Progression Pathway Framework for registered workers.

Effective Budget Oversight

Due to the significant budgetary challenges the Local Authority faces, a Finance Improvement Programme has been established to;

- Assist all colleagues with the critical task of getting a firmer grip on the Council's financial position
- Roll out the 'Power BI' dashboard to improve access to data and financial performance information

Theme 4 - Leadership

Learning, Improvement and Innovation

Our Ambition

To have an inclusive and positive culture of continuous learning and improvement for all our colleagues

Strengths and Evidence

Leading Well, Performing Well and Delivering Well	How do we know?
<p>In response to the Non-Statutory Review, which set out the need for a 'reset' of behaviours and cultural norms, the Leading and Managing Together (LMT) Programme and the Accelerated Development Programme (ADP) were established. These consist of:</p> <ul style="list-style-type: none"> • Three core modules of Leading Well, Performing Well and Delivering Well • A new Leadership Framework and a set of new Behavioural Expectations • An Accelerated Development Programme offering a personalised development opportunity for talented colleagues with protected characteristics. 	<ul style="list-style-type: none"> • All managers across ASC are enrolled on the Leading & Managing Together programme • Five colleagues from ASC have been enrolled onto the Accelerated Development Programme • Three participants are currently enrolled on the Senior Leadership Apprenticeship MBA
A Continuous Learning & Improvement Culture across Adult Social Care	How do we know?
<p>We have a dedicated in-house Training and Development team within Adult Social Care supporting all Assessment & Provision colleagues. Our strengths are;</p> <ul style="list-style-type: none"> • A Training Plan built upon Training Needs Analysis • Regulated services judged Good and Outstanding by the Care Quality Commission • A successful Occupational Therapist and Social Work Apprenticeship programme • An ASYE scheme that is evaluated positively by colleagues with high pass rates. 	<ul style="list-style-type: none"> • Eight participants are currently on our current Social Work apprenticeship programme • Four participants are on our current Occupational Therapy apprenticeship programme

"The opportunity to study for the professional qualification alongside working in the service has been amazing. It has been great to be able to apply learning from uni and placements in the workplace and then to be able to progress on to handling more complex work. Because the other apprentices are from different areas of the country and areas of practice, it is a great opportunity to learn from peers with very varied experiences and skills. I feel that I have developed massively as a professional and am very grateful for the opportunity."

Current Occupational Therapy Apprentice

Priorities for Improvement

System & Service Design around people who need care and support

We want to embed learning from Citizens' feedback about their experience of care and support in our system and service design, including development of our Strengths Based Practice project, and our Training content. To do this, we will;

- Invest in a Communications and Engagement officer to lead this work;
- Engage and co-produce a process to seek feedback from people with lived experience

Plans to Maintain

- We will continue to participate in Sector Led Improvement Activity including ADASS Regional Networks and Principal Social Work Regional Peer Reviews, which has a live action plan at present in relation to Whole Life Disability.
- We will share best practice through ongoing participation in the D2N2 Teaching partnership which considers the best approach to Social Work Education, ongoing development of Practitioners and Social Work Research.
- Ongoing promotion of a culture of engagement and communication across the workforce including forums, newsletters and blogs, 'Meet the Director' sessions and an Annual General Meeting for all ASC colleagues

Plans to Improve

Innovative Organisational Improvement

In response to the Together for Nottingham recommendation that: '*A much simpler structure will be required to make the necessary changes to services and delivery during a recovery period*', The Local Government Association offered the support of their Decision Making Accountability approach to meet this requirement.

This review included direct consultation with staff at all levels, exploring layers of management, decision making and accountability. As a result of this we are continuing to implement recommendations which have included;

- Changes in Adult Provision to strengthen and stabilise the management structure
- Additional management capacity in Adult Assessment
- Review of managerial decision-making levels to improve efficiency

Self-Assessment Project Team

Julie Sanderson – Head of Adult Safeguarding and Quality Assurance

Julie Stevens – Service Manager for LPS and Quality Assurance, and Principal Social Worker

Sarah Gibbons – Strategic Workforce Senior Manager, and Principal Social Worker

Helen Carlin – Business Improvement and Transformation Team Manager

Sophie Rowlands – Quality Assurance and Workforce Compliance Officer

Self-Assessment Process and Sign Off

We confirm that we have been engaged in the development of this self-assessment which, from our different perspectives and within the areas of our respective expertise, provides a robust, balanced and accurate overview of Nottingham City Council's performance in the delivery of its Care Act 2014 duties and responsibilities.

Name	Signature	Organisation (if applicable)	Position (if applicable)
Julie Sanderson		Nottingham City Council	Head of Adult Safeguarding and Quality Assurance (Project Lead)
Sara Storey		Nottingham City Council	Director for Adult Health and Social Care
Catherine Underwood		Nottingham City Council	Corporate Director for People's Services and DASS

As part of this process, we have sought feedback via a questionnaire to everyone who has contributed to this document, and look forward to learning from their thoughts and feedback.

A list of acronyms, bibliography and methodology (including list of contributors) is available on request.

ⁱ https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133119/pat/6/par/E12000004/ati/402/are/E06000018/yrr/1/cid/4/tbm/1/page-options/ine-yo-1:2019:-1:-1_ine-ct-27_ine-pt-0

ⁱⁱ https://fingertips.phe.org.uk/profile/wider-determinants/data#page/1/gid/1938133080/pat/6/par/E12000004/ati/402/are/E06000018/yrr/3/cid/4/tbm/1/page-options/ine-yo-1:2019:-1:-1_ine-ct-27_ine-pt-0

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