

Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 23 June 2022 from 10.00 am - 12.23 pm

Membership

Present

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

Absent

Councillor Cate Woodward

Colleagues, partners and others in attendance:

- | | |
|---------------------------|---|
| Lucy Anderson | - Nottingham and Nottinghamshire Clinical Commissioning Group |
| Dean Annabelle | - Change, Grow, Live |
| Jane Bethea | - Nottinghamshire Healthcare Trust |
| Kate Burley | - Nottingham and Nottinghamshire Clinical Commissioning Group |
| Sarah Collis | - Chair, Healthwatch Nottingham and Nottinghamshire |
| Mark Garner | - Framework |
| Councillor Jay Hayes | - Executive Assistant for Health and Culture |
| Helen Johnston | - Public Health Consultant |
| Graham Miller | - Double Impact |
| Sophie Stone | - Double Impact |
| Louise Randle | - Nottinghamshire Healthcare Trust |
| Sara Storey | - Director of Adult Health and Social Care |
| Councillor Linda Woodings | - Portfolio Holder for Adults and Health |
| Jane Garrard | - Senior Governance Officer |
| Phil Wye | - Governance Officer |

8 Apologies for absence

Councillor Cate Woodward – other Council business

9 Declarations of interest

None.

10 Minutes

The Committee confirmed the minutes of the meeting held on 19 May 2022 as a correct record and they were signed by the Chair.

11 Adult Social Care Transformation Programme

Councillor Linda Woodings, Portfolio Holder for Adults and Health, and Sara Storey, Director of Adult Health and Social Care, presented the report providing an overview of the Adult Social Care Transformation Programme and progress to date. They highlighted the following information:

- (a) The Programme is building on the Better Lives Better Outcomes Strategy.
- (b) The main risk to successful delivery of the Programme is workforce capacity, which is a challenge for the sector nationally.
- (c) An extended period of engagement with staff took place as part of development of the programme, in order to hear their views.

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

- (d) One of the three key strands of the programme relates to workforce, with career progression strands in the process of being implemented with four levels of progression available for social workers and occupational therapists. This allows for specialism and gives more parity with other local authorities and the NHS in terms of pay.
- (e) Adult social care reforms are happening next year, and a lot of focus is on the availability of homecare. A Fair Cost of Care exercise needs to be completed by September/ October and the Council also needs to prepare a market sustainability plan. Internal capacity has been increased over the last year and agreement is in place to continue to fund this. Locally, over 90 homecare workers have been recruited but, due to high levels of turnover, this has only enabled the workforce to be maintained rather than be enhanced. It is anticipated that demand for homecare is likely to increase in the future, including as a result of the reforms. It is estimated that there will be 200-300 additional requests for assessment and support.
- (f) National market forces make staff recruitment and retention difficult, with around 4,000 additional social workers needed for the reforms to be a success. Workforce retention in the City is generally quite good but it is relatively easy for people to move to other organisations for better pay, as organisations compete for staff.
- (g) Changes to CQC inspections are being made as part of the reforms, which will take preparation and may affect the programme. One of the biggest challenges will be gathering data and evidence.
- (h) There is a high degree of confidence that some projects will deliver anticipated savings, but there is more uncertainty for other areas. For example, the

strengths-based review work is about supporting people to do things differently and some of those people have not had a review for some time/ not received preventative work and therefore may actually be in need of more support. The primary focus is on achieving transformational change, which will result in better outcomes. This is the right thing for citizens, better for staff and will ultimately cost less.

- (i) The Service is doing everything that it can to make the Transformation Programme a success but some factors are outside its control e.g. workforce capacity and national reforms and it will be necessary to prioritise statutory responsibilities.
- (j) The Association of Directors of Adult Social Services collect monthly data on delays in assessment and care. Over the last few years, delays have increased across the country. In Nottingham, there has been a reduction in delays for those accessing through the 'front door' but still challenges for those being discharged from hospital; waits for homecare have started to increase due to recruitment issues but there have been less provider failures in the City compared to some other areas. Overall, Nottingham is not dissimilar to other areas of the country.
- (k) Delays in assessment and care are a concern of the wider system including Nottingham and Nottinghamshire Clinical Commissioning Group and Nottingham University Hospitals Trust.
- (l) A Governance Board is being established to oversee the Programme, and the intention is to involve frontline staff from different levels. A combination of qualitative and quantitative data will be used to monitor progress.
- (m) Lessons learnt so far include the importance of investing in planning time. So far the Programme has had to move at such a fast pace that not as much time has been spent on planning as liked, for example the Strengths Based Review project did not have key data measures in place at the start.
- (n) Each project will be considering its own approach to co-design and co-production, but benefits are clear from the Supported Living and Strengths Based projects. The aim is for co-design and co-production to be embedded at all levels.

Resolved to:

- (1) recognise the success so far of the Supported Living project;**
- (2) recommend that frontline workers are represented on the Governance Board;**
- (3) support the establishment of co-production panels with citizens and staff; and**
- (4) include in-depth consideration of the Workforce and Organisational Development Strategy and planning to implement national reforms on the Committee's future work programme.**

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

Dr Jane Bethea, Consultant in Public Health from Nottinghamshire Healthcare NHS Foundation Trust, introduced the report on behalf of the pathway development group comprising of Nottinghamshire Healthcare NHS Foundation Trust, Nottingham and Nottinghamshire Clinical Commissioning Group, Nottingham City Council, Nottinghamshire County Council, Nottingham Recovery Network, Change Grow Live, Double Impact and Primary Care. She highlighted the following information:

- (a) Responding to the needs of people with co-existing mental health and substance misuse requires organisations to work together to make sure people receive care in a timely way and it also requires skills to be shared across sectors, so that staff feel well equipped to work effectively with this client group.
- (b) There is a good partnership working between the various partners, both statutory and voluntary sector, with trust and commitment. Progress is on track to have a good service with positive outcomes for this cohort.
- (c) Services are now working in a way that means if someone accesses the main substance misuse provider and a mental health issue comes to light, then that provider has the right specialist mental health expertise available to support that person and the staff working with that person. This specialist support will undertake a comprehensive assessment and then act as a trusted assessor for secondary mental health services creating a seamless pathway into services.
- (d) If someone is receiving support from a Local Mental Health Team and has a substance misuse issue, then there is peer-support available to that person. The peer-support worker understands their situation and perhaps their fears about accessing support for their substance misuse treatment and helps them engage with local substance misuse services.
- (e) An evaluation will look at a number of outcomes, both clinical outcomes around treatment and recovery and also outcomes that are important to the people that are receiving the care and support provided. The evaluation is due to start in September and anticipated to take 6-8 months. The findings will feed directly into plans for ongoing development.

Representatives from other members of the pathway development group shared their experience of the new model, and challenges such as recruitment and funding.

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

- (f) It is difficult to know the level of need in the City and it is likely that the prevalence of co-existing conditions indicated by national data is an under-estimation. It is anticipated that demand will increase due to socio-economic factors.
- (g) There are some eligibility criteria so it may not be possible for people with addresses elsewhere in the country to access services in the City, but if

somebody does not have a fixed address then they will not be turned away from the pathway.

- (h) The Dame Carol Black report outlined how, for many people, mental health problems and trauma lie at the heart of their drug and alcohol dependence. In Nottingham, trauma informed approaches are used to ensure that vulnerable individuals who can sometimes be excluded do not fall through the cracks.
- (i) It can sometimes take a number of contacts before somebody with mental health issues or drug dependency will accept a referral to a service, as some have experienced severe trauma or have been let down by services in the past. Flexible working and collaboration is key to helping these people, and services need to work together to ensure that people with mental health issues are quickly and directly referred to the services they require wherever they are approached.
- (j) Protected characteristics are being monitored as a part of improvement work, particularly ethnicity. This includes both those receiving services and those delivering services.
- (k) Recruitment and retention of staff can be a challenge and services are only now just moving to a position of being fully staffed. It is important that the right people are recruited to roles and this has taken some time.
- (l) In addition to paid staff, volunteers are involved in the delivery of services by many of the voluntary sector providers. An increasing number have their own lived experience of mental health issues and/ or substance misuse and many prefer to volunteer rather than be committed to a paid role.
- (m) It would be helpful to have a stronger commitment to funding from Government. It is hoped that, following the publication of the Black Report, commissioning guidelines will be issued by Government which could help the transition to joint commissioning.
- (n) It is concerning that funding for peer-support workers is currently time-limited. The findings of the evaluation will be important in determining the future of this approach.
- (o) The approach will not be totally co-produced but the importance of having the voice of the user as a guide is recognised.
- (p) Partners would hope that there would not be another Prevention of Future Death Report raising the same issues as the previous two. A possible gap at the moment relates to primary care. It has been reported that GPs can find it difficult to support people in primary care and access services that are better placed to provide support. Partners are responding to this and are aware of the need to extend the approach into primary care.
- (q) It is acknowledged that the model is currently very adult-centric, including older adults, and it is acknowledged that links need to be made with Child and Adolescent Mental Health Services and young people's drug and alcohol services.

Resolved to:

- (1) request that contact information for the Street Outreach Team is provided to councillors so that they know how to contact the Team if they become aware of someone who could potentially benefit from its support;**
- (2) recommend that the Partnership develops the model to ensure equivalent support is available for young people, including the development of links with the Child and Adolescent Mental Health Service and young people's drug and alcohol services;**
- (3) recommend that the Partnership extends the model to include primary care to ensure that GPs are equipped to support their patients where appropriate and are able to refer patients to other services when necessary; and**
- (4) request that the findings of the evaluation of the approach are presented to the Committee when it is available.**

13 Nottingham University Hospitals NHS Trust Maternity Services

The Chair introduced the report which updated the Committee on information relevant to its scrutiny of maternity services provided by Nottingham University Hospitals NHS Trust.

Sarah Collis reported that Healthwatch Nottingham and Nottinghamshire has written to Donna Ockenden to express concerns about a lack of support for trauma, which could be reignited as a result of the commencement of a new review. Healthwatch has also raised this issue with Nottingham and Nottinghamshire Clinical Commissioning Group.

Resolved to:

- (1) note that the Care Quality Commission has published the reports of its inspection of Nottingham University Hospitals NHS Trust Maternity Services;**
- (2) note that the Interim Report of the Independent Thematic Review into Nottingham University Hospitals Maternity Services has been published;**
- (3) note that following the conclusion of the Independent Thematic Review into Nottingham University Hospitals Maternity Services, a new review has been commissioned by NHS England; and**
- (4) invite Nottingham University Hospitals NHS Trust to a meeting of the Committee in autumn 2022 to discuss the Trust's progress in improving maternity services, including addressing the issues raised by the Care Quality Commission in its most recent inspection.**

14 Quality Accounts 2021/22

Resolved to note the comments submitted to provider trusts on behalf of the Committee for inclusion in their Quality Account 2021/22.

15 Work Programme

Resolved to note the work that is currently planned for the municipal year 2022/23.