

## **Nottinghamshire Healthcare Trust Quality Account 2022/23**

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

The Nottingham City Health and Adult Social Care Scrutiny Committee welcomed the opportunity to discuss the Trust's Quality Account 2022/23 with colleagues from Nottinghamshire Healthcare Trust and is pleased to be able to comment on it. The Committee's comments focus on areas in which it has engaged with the Trust in 2022/23.

During the course of the year the Committee has spoken to the Trust about the delivery of several different services including for those with co-existing substance misuse and mental health conditions, adult eating disorder services and step 4 psychological therapies. The Committee welcomes the transformation taking place in relation to mental health services and associated investment, although this has not yet been implemented for patients in the City which has resulted in an inequity depending on where people live in the county. The Committee will be looking at what has changed for City residents and patient experience at the end of the forthcoming year. However, having heard about the significant recruitment challenges facing the Trust and that recruitment is the most significant risk to delivery of transformation, the Committee is concerned about whether ambitions will be fully realised. The Committee had previously spoken to the Trust about provision of adult eating disorder services following concern about waiting times to assessment and treatment. The Committee also had concern about access for those who have an eating disorder but who are not underweight. While the Committee acknowledges that the Trust says it doesn't have a weight criteria, Committee members have seen anecdotal evidence of this being used to decline access to the service. The Committee welcomed the review of current and expected demand and capacity gaps and the approval of a new staffing model. However, when the Committee reviewed progress on this it was disappointed that waiting times for assessment and treatment had increased. While an increase in posts had been approved, the Trust has faced challenges in filling those posts and advised the Committee that waiting times were unlikely to improve until the service is fully staffed and it was unable to say when that would be. While the Committee acknowledges that recruitment is a national issue, it is nevertheless concerned about the consequent impact on patient experience and safety while waiting. The Committee has encouraged the Trust to ensure that it is supporting people to 'wait well'.

The Committee has received anecdotal feedback from members of the public and professionals about the services that it has looked at and, in many cases, these experiences do not match with what the Committee is told by the Trust. The Committee acknowledges that individuals who contact the Committee about their experiences are often self-selecting and have a particular, often less positive, experience to share, but the Committee would like to see more creative approaches to getting feedback. Patient feedback is useful but not always easy for people, especially those in receipt of some mental health services, to do and other sources of information such as feedback from other healthcare professionals would be useful alongside listening to staff to understand common themes and areas for improvement. In addition, the Committee suggests that, in conjunction with commissioners, it is crucial for the Trust to learn from the experience of those who aren't its patients – non-users and those who have sought access to services but have been unable to access.

While it is important that providers do all that they can to maximise efficient use of their own resources, many of the challenges facing providers are system-wide issues that require a system-wide response. The Committee supports the Trust's continued approach of engaging with partners across the health and social care system, and beyond to develop

solutions to these challenges. The Committee has heard examples of how the system has come together to support each other in response to particular pressures, such as industrial action, and while these one-off collaborations require additional investment, the Committee encourages all partners to review the lessons learnt from this and whether elements of such approaches can be used on a more regular basis if decisions are taken as a system rather than as individual organisations. As an example of opportunities for different parts of the health system to work in a joined up way in the best interests of patients, when the Committee looked at the services for people with co-existing substance misuse and mental health issues it felt that new approaches needed to be extended to primary care to ensure that GPs are equipped to support their patients where appropriate and are able to refer to other services where necessary and that partners work together to ensure common themes from, for example, Prevention of Future Death Notices are addressed. The Committee has been pleased to see the establishment of crisis cafes and a 24/7 mental health helpline in conjunction with the voluntary sector. However, it is still concerned to hear patient, and healthcare professional feedback about access to more formal crisis support and has also been concerned to hear the Trust refer to the crisis service as a 'gatekeeping' service on a number of occasions. The Committee recognises the pressures that services are under but takes the view that early help and early intervention in a crisis is essential.

The Committee is supportive of a continued focus by the Trust on the same improvement priorities for 2023/24 as the previous year. While the report details the progress that has been made there is clearly opportunity to do more and there will be benefits of maintaining momentum on these issues. However, in support of public accountability, the Committee would like to see more openness about why the priorities were not delivered as expected in 2022/23 and assurance that programmes for improvement are based on a robust understanding of the nature and scale of the issues and are realistic and achievable within available time and resources; what is going to be different in 2023/24; or greater clarity at the outset that programmes of improvement will be delivered over multi-year timescales.