

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 12 October 2023 from 10.03 am - 12.12 pm

Membership

Present

Councillor Georgia Power (Chair)
Councillor Saj Ahmad (Vice Chair)
Councillor Maria Joannou (Vice Chair)
Councillor Michael Edwards
Councillor Eunice Regan

Absent

Councillor Kirsty Jones
Councillor Farzanna Mahmood
Councillor Sarita-Marie Rehman-Wall

Colleagues, partners and others in attendance:

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| Alex Ball | - Director of Communications and Engagement, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Oliver Bolam | - Head of Mental Health, Nottingham City Council |
| Phil Britt | - Programme Director for Tomorrow's NUH, Nottingham University Hospitals NHS Trust |
| Jane Garrard | - Senior Governance Officer, Nottingham City Council |
| Richard Groves | - Head of Access and Provision, Nottingham City Council |
| James Lavender | - Governance Officer, Nottingham City Council |
| Adrian Mann | - Scrutiny and Audit Support Officer, Nottingham City Council |
| Gemma Whysall | - Programme Director, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Mark Wightman | - Director of Strategy and Reconfiguration, NHS Nottingham and Nottinghamshire Integrated Care Board |
| Councillor Linda Woodings | - Portfolio Holder for Adult Social Care and Health, Nottingham City Council |

11 Apologies for Absence

Councillor Kirsty Jones – Personal reasons
Councillor Farzia Mahmood – Personal reasons
Councillor Sarita-Marie Rehman-Wall – Personal reasons

12 Declarations of Interests

In the interests of transparency, Councillor Saj Ahmad stated that she is an employee of NHS England and the Department of Health and Social Care.

13 Minutes

The minutes of the meeting held on 14 September 2023 were confirmed as an accurate record and signed by the Chair.

14 Adult Social Care Winter 2023/24 Preparedness

Councillor Linda Woodings and Richard Groves, Portfolio Holder for Adult Social Care and Health and Head of Service for Access and Provision at Nottingham City Council, and Gemma Whysall, Programme Director at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) presented a report on the planning of Adult Social Care (ASC) services within the city to manage the upcoming demands of the winter months. The following information was highlighted:

- (a) the work of the ICB and the Council during the previous winter has left ASC provision within Nottingham in a much better position for this year's winter. The discharge flow of patients leaving hospital remains good and there has been a significant improvement in the waiting lists for social care reablement since March 2023. These improvements have been supported by increased capacity provided through the Better Care Fund (BCF);
- (b) the Winter Plan is reviewed in daily meetings. Escalations and operational issues for hospital discharge are discussed on a regular basis. Additional capacity has been created within homecare through block contracts - brokerage and spot contracting with providers continues to feature, ensuring resilience in the homecare market to support discharge;
- (c) the Transfer of Care Hub launched in September 2022 and is now a key function of hospital discharge, using a full system approach to take people from discharge to their preferred care pathway within 24 hours. The Hub has begun piloting referrals from Pathway 2 settings (discharges requiring a period of rehabilitation or assessment in a community bed) that step down into Pathway 1 (supported discharge for going home);
- (d) the pressures in the Winter Plan reflect the national picture, which includes consistently high levels of hospital admissions impacted by strikes within the NHS, continued winter pressures and high demand for social care services. However, the use of interim beds in Nottingham has reduced successfully to just two internal homes with a total of ten beds. This is a reduction from six homes and forty beds since March 2023;
- (e) the Council's ASC Team is part of a full system partnership approach to maintaining a good flow into the community from hospital and demonstrating resilience and responsiveness at times of critical need. As part of transformation work within the Council, online projects are being developed as part of a 'reduce, prevent, delay' approach to health and social care intervention. Trusted assessors are in place for social care enablement and live data is being used to match demand with capacity. Processes are underway to accredit more homecare providers, with support provided to people being discharged from hospital by booking times for discharge, booking transport and enabling homecare access to their property at the right time.

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

- (f) the Council and the ICB take full account of the risk of snow or of a particularly harsh winter as part of developing the annual Winter Plan;
- (g) the Transfer of Care Hub is part of a wider Multi-Disciplinary Hub that involves Nottingham City Council, Nottinghamshire County Council, the Nottingham CityCare Partnership and the Nottingham University Hospitals NHS Trust. The Hub receives the live information about the patient and identifies through which pathway the patient should be supported as part of a coordinated response. The staff support for the Hub includes practitioners, social workers and community care officers. Staff are also responsible for triaging and reviewing case notes. There is a runner to go to hospital departments to provide information and equipment to support the patient, and there are also clinicians working as a link between the Hub and wards as part of effective discharge;
- (h) the primary objective of the Hub is to ensure that people are discharged effectively from hospital either to their home or into community provision – where a full assessment of their healthcare needs can then be made. District nurses are involved in making referrals back into the healthcare system, where required;
- (i) the demand for ASC services has not reduced from the levels at the end of the COVID-19 pandemic. COVID-19 does not have a direct link with seasonal flu, but the numbers and assumptions around COVID-19 and seasonal flu are built into the Winter Plan;
- (j) the accreditation process for new homecare providers is being carried out by the Council's Commissioning team, while the ASC team has a monitoring and assurance role in relation to the spot contracts under the BCF. The Council has also established more Contract Officer roles and a recruitment process is underway;
- (k) either the citizen or the provider can request a 'change of agency' for their support needs, for a number of reasons, but this can create a waiting list for transfers. The waiting list is currently very small, but it is monitored regularly so that action can be taken in the event of a new upward trend. Patient feedback is also being collected and taken into account as part of delivering effective service change;
- (a) currently, there is buoyancy within the homecare market, with sufficient staff and resources in place to support the current discharge and assessment needs. Turnover rates have decreased within the Council's social worker provision, with a good balance being created between experience social workers and those starting their careers. The current workforce is well trained, with 50% being graduates with social care degrees. The Committee queried, however, what the current level of vacancies was within the workforce.

Resolved to:

- 1. request that the Committee is informed if an upward trend begins to develop in 'Change of Agency' requests;**
- 2. request the detail of the current vacancy rate of social workers within Nottingham City Council;**
- 3. request a monitoring update in relation to service user feedback on their outcomes following the service changes in the transfer of care.**

15 Adult Social Care Transformation Programme

Councillor Linda Woodings, Portfolio Holder for Adult Social Care and Health, and Oliver Bolam, Head of Mental Health, presented a report on two projects: the Assessment and Support Planning project and the Mental Health Reablement project, which are both being run as part of the Adult Social Care (ASC) Transformation Programme. The following information was highlighted:

- (a) the Council has set up and is currently testing an online ASC Portal, which will act as a quick access point for social care advice and support. The various functions include how to link up with the wider social care community within Nottingham, safeguarding, care and support needs, support and needs as a carer, and financial advice and support;
- (b) the online practitioner-facing forms developed as part of the Portal include a Contact and Action Tool, a Strength and Needs Assessment and a Outcome Focused Care and Support Plan, supported by a 'formulate' tool to provide an Indicative Personal Budget for the Care and Support Plan that is sensitive to the particular care needs. This intended to make the whole support process much more efficient;
- (c) the Portal has been tested internally by colleagues and testing will be carried out with service users, including parents and carers. So far, the feedback has been very positive and the testing has shown extremely high levels of accuracy (95%);
- (d) many other local authorities already possess an online ASC Portal, with the Council's proposed to launch in March 2024;
- (e) the Mental Health Reablement project aims to develop and implement a service that maximises independence, provides more short-term mental health interventions and reduces the need for longer-term care, following hospital discharge. The primary objectives are:
 - that more citizens with mental health support needs are engaged with and supported, with outcome-focussed interventions that deliver financial efficiencies;
 - that more citizens with mental health support needs have strength-based conversations that place the person at the centre of the service, increasing choice, control and independence;

- and that 375 citizens per year with mental health needs are engaged with and supported by the Council;
- (f) often, an important part of mental health reablement is addressing social isolation, so there is a particular focus in this area. The service is intended to be preventative, with support being offered during an up to 12-week period, in advance of any assessment of long-term need being carried out under the Care Act. It is intended that the reablement needs of the majority of people will be met within the 12-week period, with only 30% then requiring a Care Act assessment;
- (g) an important measure of the success of the Mental Health Reablement project will be in reducing the length of time for the citizen to ask for support to until they receive the support. The electronic system will not be the sole means of accessing the reablement services for all users, but it should ensure a timely response for most people requiring help. It is intended that, after being established through the Public Health Grant, the service will sustain itself due to savings arising from effective prevention.

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

- (h) the mental health reablement service will directly signpost to appropriate therapeutic treatment in primary and secondary care settings, where this is required. Therapeutic support cannot be commissioned through the service itself, which is intended to be a quick assess point for support for people in challenging circumstances – while mental health crisis services are provided through other routes. Staff are trained to have an understanding of potential therapeutic need so that they can provide the signposting to right services. The service is intended to be as accessible as possible, taking into account potential digital exclusion and neurodiverse needs, and will collect detailed feedback from individual service users on the outcomes they experienced;
- (i) how the costs of social care are to be met by the individual is set at a national level and cannot be altered locally, but there is a small discretionary element if someone is under severe economic hardship;
- (j) the ASC Hub has an expected launch date of March 2024. In the meantime, ASC services continue to be accessed through the Nottingham Health and Care Point. However, the current telephone wait times to access the Care Point from contact to support provided can be over one hour. The ASC team is working with Customer Services to address this, with an urgent aim to appoint more call handlers so that the calls can be taken in a more timely manner. The current 'plan of action' to improve the Care Point waiting times will be shared with the Committee;
- (k) two-thirds of referrals to the Mental Health Reablement Service are likely to come via the Health and Care Point, with others being referred by the two Mental Health teams working with secondary healthcare services;

- (l) if a person is referred to the Mental Health Reablement service, it should be possible to meet the needs of 70% of people within a twelve-week period. If a service user has longer-term needs, this will be established through an assessment under the Care Act. However, a service user will not be required to wait twelve weeks for a Care Act assessment if it is clear that they have long-term mental health needs that should be addressed sooner;
- (m) for the ASC Hub and the Mental Health Reablement projects, a number of different groups will be approached for the purposes of initial testing, to include a representative range of backgrounds, ages and service needs. Feedback from this is very important for driving service design, such as ensuring that the number of clicks it takes to get to the service a citizen requires is as low as possible.

Resolved to:

- 1. to request that, following March 2024, a monitoring update is provided to the Committee to give assurance that the proposed 12-week mental health reablement process does not result in unnecessary delays for people with clear, long-term needs from receiving an appropriate Care Act Assessment in a timely way;**
- 2. request details of the intended plan of action to reduce the current waiting times to reach the Nottingham Health and Care Point in the meantime, including the call handling performance data over the last two years.**

16 'Tomorrow's NUH' Programme

Alex Ball and Mark Wightman, Director of Communications and Engagement and Director of Strategy and Reconfiguration at the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), and Phil Britt, Programme Director for Tomorrow's NUH at the Nottingham University Hospitals NHS Trust (NUH), presented the report on the next stages of the 'Tomorrow's NUH' programme and a potential public consultation on the proposals. The following information was highlighted:

- (a) in 2019, the Government proposed a programme to build 40 new hospitals by 2030. Nottingham was chosen as a location for significant capital investment, resulting in the opportunity for the Tomorrow's NUH programme, which has been developed in partnership between the ICB and NUH over the last three years. The ICB is producing a business case for the proposed service reconfiguration in consultation with stakeholders and the public. The proposals involve:
 - creating a new hospital for women, children and families at the Queen's Medical Centre (QMC);
 - increasing the range of emergency services provided at the QMC;
 - consolidating all planned care at the City Hospital to create an Elective Care Centre of Excellence;

- develop cancer services across both hospitals (cancer operations to take place at the City Hospital, followed by recovery at the QMC);
 - changing the way outpatient services work across all sites and in the community;
- (b) nationally, hospitals that have made arrangements like the ones proposed have addressed patient backlogs caused by the COVID-19 pandemic more effectively;
- (c) however, other hospitals in the country have been identified as at risk of structural failure due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) in their buildings, which degrades after twenty to thirty years. This has resulted in the Government and NHS England bringing forward the investment into the hospitals affected by RAAC to complete the necessary work by 2030. As a result, the remaining hospital projects, including Tomorrow's NUH, will now not be completed until after 2030 – but must still submit their final plans and be ready to build by 2028;
- (d) the University of Nottingham is considering vacating its Medical School building on the QMC site and creating a new facility on its own campus. The potential future availability of the Medical School Building has been considered to explore whether this opens up new opportunities to better configure clinical services within the main QMC block. However, based on previous work undertaken, modelling assumptions and initial insights, NUH has confirmed that it does not believe this would present an affordable alternative to achieve a full split of elective and emergency care across the hospital sites;
- (e) two rounds of engagement with the public took place in December 2020 and March/April 2022. The data gathered from the consultations has helped influence and adjust the initial business case. After the first consultation, 78% responses were strongly or somewhat supportive. A third round of consultation took place in February and March 2023 to strengthen understanding and address gaps in the knowledge in the following areas:
- services at Ropewalk House (Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants);
 - the experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital;
 - the proposed facility for women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and some gynaecology);
- (f) the proposed full public consultation will be a tailored approach for obtaining as much opinion from a diverse number of groups as possible. The documentation will be made available in an easy-to-read format and translated into the top 5 spoken languages in Nottingham. The demographic data will be closely monitored and the activities will be adapted where appropriate. The consultation will be online, face-to-face and involve telephone conversations. Meetings will be arranged in accessible venues with interpreters, translators and hearing loops where required. Engagement activities will also cover areas

of Nottinghamshire and Derbyshire where there are people who use the hospitals in Nottingham.

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

- (g) an experienced team is in place to carry out a significant public consultation effectively, which is intended to be completed by May 2024. 3,850 people have been surveyed so far as part of the initial engagement, who were broadly reflective of the UK population. The Tomorrow's NUH consultation will be seeking to engage with people where they are, including in the most deprived areas of the city that can be difficult to reach, but use the hospital services the most. The consultation will be hosted in areas where people congregate such as the supermarket, schools, health care facilities and marketplaces. Input from City Councillors and other community leaders would be very helpful in identifying the places where the consultation could be carried out effectively;
- (h) the Committee considered that it would be vital for all people who do not speak English as a first language to be engaged with effectively – in addition to people who do speak English as a first language, but who may have a low level of literacy;
- (i) the current University of Nottingham Medical school covers approximately 30,000 square metres. The two new buildings proposed on the QMC campus as part of the Tomorrow's NUH project will cover around 45,000 square metres. The Committee considered that, ultimately, Tomorrow's NUH project and consultation should take full advantage of 'green' opportunities, including the re-use of existing buildings and effective transport planning;
- (j) transport planning is key for the moving of staff, patients and visitors to and from the hospitals and other services. A travel advisory group works within the Tomorrow's NUH programme to address the needs of access for particular populations, such as through the Medilink bus service, and how the NUH can work towards the national net zero target. Particular concerns around access to a service involve pedestrians trying to access Ropewalk House, which is on a steep hill. The Committee advised that the Tomorrow's NUH project team should engage closely with the Council's Transport Planning team to ensure that an effective approach is implemented;
- (k) staff and their unions have been consulted throughout the three-year process and receive regular updates. The Committee advised that the unions should be fully involved throughout the process. Members also considered that it would also be important to engage with the residents who lived close to the hospitals.

Resolved to:

- **approve the principle of proceeding to Public Consultation on the Tomorrow's NUH project;**

- **request that the details of the proposed consultation plan, including who will be engaged with and how, are brought to a future meeting of the Committee, before the consultation takes place;**
- **request that, once the consultation is underway, a monitoring update is provided to the Committee on how engagement with hard to reach communities is progressing.**

17 Work Programme

Jane Garrard, Senior Governance Officer, noted that items for the November meeting include the Nottingham City Safeguarding Adults Board Annual Report 2022/23 and Nottingham University Hospitals NHS Trust – Maternity Services report.

An update from Tomorrow's NUH will be presented at the December meeting.