Nottingham City Council

Health and Adult Social Care Scrutiny Committee

Minutes of the meeting held in the Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 13 June 2024 from 9:32am to 10:52am

Membership

Present

Councillor Georgia Power (Chair) Councillor Maria Joannou (Vice Chair) Councillor Kirsty Jones Councillor Sulcan Mahmood Councillor Sajid Mohammed Councillor Eunice Regan

Absent

Councillor Michael Edwards Councillor Farzanna Mahmood

Colleagues, partners and others in attendance:

Roz Howie	-	Interim Director of Adult Health, Social Care and Commissioning
Councillor Pavlos Kotsonis	-	Executive Member for Adult Social Care and Health
Adrian Mann	-	Scrutiny and Audit Support Officer
Kate Morris	-	Scrutiny and Audit Support Officer
Catherine Underwood	-	Corporate Director for People

1 Apologies for Absence

Councillor Mike Edwards	-	personal reasons
Sarah Collis	-	Chair, Healthwatch Nottingham and Nottinghamshire

2 Declarations of Interests

None

3 Appointment of the Vice Chair

Resolved to appoint Councillor Maria Joannou as the Vice Chair of the Committee for the 2023/24 municipal year.

4 Minutes

The minutes of the meeting held on 16 May 2024 were confirmed as a true record and were signed by the Chair.

5 Committee Terms of Reference

The Chair presented a report on the Committee's Terms of Reference, the Council's structure for the Overview and Scrutiny function and the Overview and Scrutiny Protocol to provide clarity on the Committee's purpose, objectives and terms of operation so that it can work efficiently and contribute effectively to the good governance of the Council.

The Committee noted the report.

6 Adult Social Care Single Integrated Delivery Plan 2024-28

Councillor Pavlos Kotsonis, Executive Member for Adult Social Care and Health; Catherine Underwood, Corporate Director for People; and Roz Howie, Interim Director for Adults, Social Care and Commissioning presented a report on the development and implementation of the Adult Social Care Single Integrated Delivery Plan (SDIP) 2024-28. The following points were raised:

- a) There is significant transformation work taking place across Adult Social Care and the SDIP has been developed to bring the full range of projects together in one strategic document. The improvement activity within the service focuses on the delivery of better value, while work is underway to build upon a strength-based approach whereby services enhance lives and maximise independence. There is a close focus on prevention, with the aim of enabling Nottingham people to live as independent a life as possible.
- b) The SDIP has been crated within the context of the 'Better Lives Better Outcomes' strategy and has been informed by a public consultation that took place as part of the development process. The SDIP has had positive feedback both from peer reviews and from the Local Government Association, and has been labelled as an example of good practice.
- c) The Care Quality Commission (CQC) is launching a new national regulatory regime for social care. The CQC assessed the Council's service provision as part of a pilot exercise, and the improvements identified have been integrated into the SDIP. The CQC is likely to carry out a full inspection and formal grading within the next two years. Another element feeding into the SDIP is the Financial Improvement Plan, which focuses on the management and processes within Adult Social care. It has been necessary to deliver significant savings within the service for a number of years. As these savings have been increasing difficult to achieve in the current economic climate, services must be more imaginative about ways to create savings whilst still maintaining good outcomes for citizens. The aim is to ensure systems are in place that allow the effective management and understanding of the market, and that strengthen the service's financial processes and controls.

The Committee raised the following points in discussion:

d) The Committee asked how the SDIP focused on bringing about benefits for residents, as the service impact for Nottingham people should always be a key part of any Council strategy. It was explained that the primary theme of

transformation within Adult Social Care is to promote independence for residents and maximise their choices around their care requirements. More regular reviews are taking place to ensure that services accessed are still appropriate for people's needs, and work is being done to maximise the networks of support without the need for formal care. The SDIP sits alongside the 'Better Lives Better Outcomes', which is clearly focused on the needed outcomes for residents.

- e) The Committee questioned how a balance could be found between offering choice to residents while the service also had to find significant savings particularly when there were savings being made within the Personalisation Hub, which supports choice and independence. It was reported that the SDIP spans a number of years, with the savings to be made across the full period rather than all at once. As a result, there is time for full consultation work to take place with service users and their families so that suitable alternative options can be found. The Personalisation Hub has undergone a restructuring process to become more efficient, rather than experiencing a reduction of staff.
- f) The Committee asked how users of the Council's in-house home and respite care services would be supported going forward. It was explained that the Jackdawe homecare provision was initially set up as an in-house Council service to fill a clear gap in the care market. However, the market has since developed and evolved, and work on market sufficiency has taken place to ensure that services are available to those people who use Jackdawe – who are being consulted on proposed changes to ensure that they would not need to enter residential care unnecessarily to be supported effectively. The review of market sufficiency continues to ensure that homecare and respite support for Nottingham people is in place moving into the future, and a great deal of work is being done to ensure that the Council is an effective commissioner of social care services within the private care market.
- g) The Committee queried how specialist expertise would be maintained within the Adult Social Care service, particularly within the context of the most complex needs (including dementia). It was set out that a great deal of care can be provided in the private market, so the Council works closely with providers to develop services in line with demand, both current and predicted. By working closely with the private sector, the Council can seek to ensure that the market becomes appropriately skilled as providers develop staff of their own. This development of the private market helps to increase choice, which benefits residents and improve outcomes. It is more cost effective for the Council to commission these services as and when they are needed, rather than to develop and maintain services in-house.
- h) The Committee asked how social workers and occupational therapists can work together effectively to assess need, and how the Council is working to establish more occupational therapist roles. It was reported that social workers and occupational therapists have different skillsets so, by maximising skill sharing through training and joint working, better consistency will be achieved in the development of care packages, which will offer service users the right care most suited to supporting independence. Work is being developed to ensure that strengths-based working practise is used across the whole service. There is a national shortage of occupational therapists, so activity is underway to understand

how the workforce can be supported and adapted to meet local need. A review of vacancies is being undertaken and more proactive action is being taken to fill hours with existing staff where an interest has been expressed.

- i) The Committee asked what transformation in Adult Social Care means for Nottingham people, and how it was being delivered. It was explained that the transformation of Adult Social Care is a complex and extensive programme that has been underway for a number of years. It is an ongoing process that has developed over time, and is intended to promote independence for citizens with services that better suit their needs. The SDIP brings all of the existing improvement programmes together into one place to better understand the work as a whole. The focus of transformation is a shift to prevention, to ensure that people can remain independent for as long as possible and that services they access promote independence.
- j) It was set out that officers have been liaising with other Local Authorities to explore examples of best practice. Work is also taking place to understand from frontline workers what improvements can be made to services to ensure better outcomes for citizens and best value for the Council. Transformation to make savings does not automatically mean cutting services, as it is about looking at better ways to provide services to residents at the time of need, focusing on meeting need and better outcomes within a reduced financial envelope.
- k) The Committee asked how Adult Social Care will deliver the needed savings in the required timeframe, given the problems in achieving previous savings targets in prior years. It was reported that there are three key areas for delivering savings to target, constituting the resourcing of the transformation work, governance and the robustness of savings proposals. The situation does develop and change over time, and often savings targets are forecast on the basis of certain assumptions that can then shift. Actual demand and delivery needs can vary and so impact on the savings forecast. The SDIP aims to bring all elements together in a strategic way to ensure better governance and more effective oversight of all the transformation work, which will drive efficiencies and help achieve the savings across the services.
- I) The Committee asked how risk was managed in the SDIP, and how it was ensured that the SDIP represented a proactive approach to achieving effective transformation – rather than a reactive means of delivering required savings. It was explained that the SDIP represents a strategic summary of the planned transformation workstreams, bringing them all together for the purposes of better oversight. There are detailed action plans behind each workstream and associated risk registers are held by teams across the services with full oversight at the senior level. There has been careful consideration of the impact of work that is proposed and the range of potential outcomes.
- m) The Committee asked how transformation within Adult Social Care was being supported by the wider Council, and how other Council functions were linking into the delivery of the programmes. It was set out that the Council there has been improvement in a 'One Council' approach, with better cross-Directorate planning and communication in place that is driving improvements. Adult Social Care needs support from both Public Health and Housing colleagues to meet certain

social care needs, and support from Finance and Human Resources colleagues is vital for the effective delivery of service restructuring. However, there is still work to be done and further changes that could be made to improve working across the Council for the delivery of vital services.

The Chair thanked the Executive Member for Adult Social Care and Health, the Corporate Director for People and the Interim Director of Adult Health, Social Care and Commissioning for attending the meeting to present the report and answer the Committee's questions. The Chair also thanked the outgoing Corporate Director for People for her hard work and dedication to the role during her time at the City Council and wished her well for the future.

Resolved:

- To request that further detail is provided on the intended outcomes for residents and the overall deliverability of the Single Integrated Delivery Plan (SDIP), and its approach to the management of identified risks.
- 2) To recommend that the SDIP clearly expresses how it is being driven by the need to achieve good Adult Social Care outcomes for the Nottingham residents.
- 3) To recommend that it is ensured that Nottingham residents have access to sustainable independent living support through private provision where this was previously delivered directly by the Council, with up-to-date risk assessments in place to mitigate the risk of them being moved into residential care settings if this is not required.
- 4) To recommend that strengths-based practices are developed as much as possible as part of the transformation process to ensure fully integrated working across Adult Social Care services, including the effective training and development of Occupational Therapists and Social Workers from the entry level.
- 5) To recommend that the experience of frontline workers is harnessed wherever possible to ensure effective co-production in the development of strategy and the delivery of services.
- 6) To recommend that the Executive Member for Adult Social Care and Health engages with the full Executive on how and where the Adult Social Care service requires support from the wider Council to ensure the effective delivery of the SDIP.

7 Quality Accounts 2023-24

The Chair presented a report on the Committee's formal responses to the 2023/24 Quality Accounts of the Nottingham University Hospitals NHS Trust, the Nottinghamshire Healthcare NHS Foundation Trust, the East Midlands Ambulance Service NHS Trust and the Nottingham CityCare Partnership Community Interest Company, which had each been considered by working groups of the Committee.

The Committee noted the report.

8 Work Programme 2024-25 and Activity Summary 2023-24

The Chair presented the Committee's proposed Work Programme for the 2024/25 municipal year and a summary of the work that it had undertaken during 2023/24.

Resolved to agree the proposed Work Programme for the 2024/25 municipal year.

9 Future Meeting Dates

The Chair explained that there had been an emerging issue that the Committee's 2024/25 meeting dates as initially proposed often clashed with the regular Board meetings of the NHS Nottingham and Nottinghamshire Integrated Care Board and the Nottingham University Hospitals NHS Trust. Given that these organisations are often asked to attend Committee meetings, the Chair proposed that the effective conduct of the Committee's business would be better served if it meet in a later slot during the month from September onwards (though still at 9:30am on a Thursday).

Resolved to meet on the following Thursdays at 9:30am:

- 11 July 2024
- 19 September 2024
- 24 October 2024
- 21 November 2024
- 19 December 2024
- 23 January 2025
- 20 February 2025
- 20 March 2025
- 24 April 2025