

# 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 20 March 2025 from 9:34am to 11:10am

### Membership

#### Present

Councillor Georgia Power (Chair)  
Councillor Maria Joannou (Vice Chair)  
Councillor Michael Edwards  
Councillor Sulcan Mahmood  
Councillor Eunice Regan  
Councillor Matt Shannon

#### Absent

Councillor Kirsty Jones  
Councillor Sajid Mohammed

### Colleagues, partners and others in attendance:

Dr Susan Elcock - Executive Medical Director and Deputy Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust

Councillor Jay Hayes - Executive Member for Housing, Planning and Health

Ifti Majid - Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust

Adrian Mann - Scrutiny and Audit Support Officer

Jan Sensier - Executive Director for Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust

Damon Stanton - Scrutiny and Audit Support Officer

Sabrina Taylor - Chief Executive, Healthwatch Nottingham and Nottinghamshire

### 54 Apologies for Absence

Councillor Kirsty Jones - unwell

### 55 Declarations of Interests

None

### 56 Minutes

The Committee confirmed the Minutes of the meeting held on 20 February 2025 as a correct record and they were signed by the Chair.

### 57 Nottinghamshire Healthcare NHS Foundation Trust - Patient Involvement

Ifti Majid, Dr Susan Elcock and Jan Sensier, Chief Executive, Executive Medical Director and Deputy Chief Executive, and Executive Director for Partnerships and Strategy at the Nottinghamshire Healthcare NHS Foundation Trust (NHT), presented a report on how NHT has been engaging directly with patients as part of delivering its wider Integrated Improvement Plan. The following points were raised:

- a) Over the last year NHT has had three key areas of focus: individual care and treatment, actively seeking out feedback on people's experiences and how to involve people with service experience in service design and development. There is a culture change taking place across NHT that involves validating people's experiences, being clear on how NHT learns from these and demonstrating the impact on service improvement arising from those experiences. During 2025, NHT is updating its policies and guidance, including the Patient Involvement and Experience Strategy, to reflect the key changes being made and the current work being undertaken. There is a specialist team at NHT that focuses on people's experiences and on involving and engaging them in service design and development. This team has also been reaching out into other NHS Trusts to explore areas of learning and best practice.
- b) NHT is working with the NHS Nottingham and Nottinghamshire Integrated Care Board and other partners around community health services and discharge from acute care, and this includes co-production with communities. Further action has been taken in supporting the most marginalised communities, particularly in the context of understanding how young black men experience mental health services and how pathways can be improved for them.
- c) The Integrated Improvement Plan is being refreshed and patient involvement has its own workstream. The theme of patient involvement also runs through each part of the Improvement Plan and NHT is expected to provide evidence of involvement across the organisation. Around 2.5 million people come into contact with NHT each year and there are a number of mechanisms for gaining feedback from both them and carers, including experience surveys, the independent Care Opinion website, patient groups and general complaints. NHT has had historical difficulties in handling complaints effectively and has been defensive in the past. Work is underway to change this culture, which includes responses to complaints being signed off by senior management, seeking to demonstrate an impact of improvement as a result of the complaint, and using language that shows an acknowledgement that something has gone wrong.
- d) Patient and carer stories heard at public NHT Board meetings are having a strong impact and checks are being done to ensure that changes have been made as a result of the issues raised. More widely, there are some very active, engaged and strong patient representative groups across a variety of services. Alongside the workstreams within the Improvement Plan, there is specific activity being done with the Patients' and Carers' Reference Group as a voice to help shape the Plan. There are further areas of development to be worked on, including patient and carer involvement in recruitment. Whilst this happens, work at a senior level is being done to incorporate learning into the standard practice for recruitment processes.

The Committee raised the following points in discussion:

- e) The Committee asked how NHT was ensuring public accountability and how this was being communicated to people more widely, such as through NHT's social media platforms and its website. It was set out that NHT would be carrying out further work in the area of accountability and transparency, with a statement to be

made at the coming public NHT Board meeting, which would also be reported on NHT's social media pages.

- f) The Committee asked what systems were in place for responding to complaints effectively. It was explained that a great deal of work has been done with individual teams by NHT's Patient Advice and Liaison Service (PALS) to look at resolving complaints locally, and complaints are sent to the team most appropriate to respond. If a formal investigation is launched then PALS will work closely and collaboratively with the patient or carer to support them and understand what sort of outcome they are seeking. Whilst NHT looks to resolve individual complaints, it also considers the general themes to seek to identify wider trends in issues and respond to them proactively. The two main themes expressed through complaints generally relate to the delivery of and access to care, and the effectiveness of communication around care.
- g) The Committee asked how NHT was engaging with residents who were unable to access its care services easily, and how it was working to support access to mental health services within the most marginalised communities. It was reported that NHT is working with GPs, Healthwatch and the wider community and voluntary sector on this issue, using the Patient and Carer Reference Group to help improve communication and accessibility to services – with the main priority being to ensure an efficient, system-wide adult mental health pathway. Statistically, black men are more likely to have a poorer experience of statutory services, more likely to be sectioned under the Mental Health Act and more likely to be placed in in-patient settings away from their local communities. It is therefore vital for NHT to understand those experiences and a new Patient and Carer Race Equality Framework has also been implemented around using data to reduce inequalities.
- h) The Committee asked how the growing number of people with mental health care needs were being supported effectively, and whether there was adequate representation in NHT services from the most deprived areas of Nottingham where there was a need for greater access to services. It was set out that individual mental health conditions have a wide impact, so it is important that people showing early signs of mental health issues can access appropriate support at an early stage. In regards to engagement with patients, it is important that NHT listens to a range of different voices when seeking feedback and, in Nottingham, there has been good participation with a number of different groups and perspectives. A System Health and Equalities Group is considering how NHT should prioritise services and address inequality issues, while local Place-Based Partnership work is focused on the specific and complex needs of city residents.
- i) The Committee asked what management processes were in place to ensure that patients and carers were always involved in their care and how this was embedded across the organisation. It was explained that there has been a step-change in patient involvement, with a fundamental review of NHT's governance arrangements having taken place, including ensuring the right layers of leadership and management, more emphasis on the voice of clinicians, changes in the way concerns are escalated, and changes in how NHT learns from its mistakes. Changing the culture of the organisation represents a long process and a great deal of work is being carried out, including setting clear expectations of how NHT

operates and runs its services, and how services are led. A new Accountability Framework is in place, which outlines clear expectations of leaders.

- j) The Committee asked how leaders in NHT were connecting and listening to Patient Forums and other groups. It was reported that NHT is working to establish a model of connected Patient Forums to ensure an effective flow and understanding of the information raised through them, with proper escalation processes in place. NHT's Executive Leadership Team has engaged directly with certain groups such as the Patient and Carers' Reference Group, with leaders listening to those with service experience and using this to set clear improvement priorities and drive NHT's future model of delivery.
- k) The Committee asked how an effective single point of access could be established for mental health services. It was set out that there is a single access point to integrated children's mental health, mental health crisis and disability services. However, NHT provides a number of complex adult mental health services that do have separate points of entry – but as much work as possible is done at the mental health assessment stage by Local Mental Health Teams to ensure that a person's individual needs are identified correctly and that they are referred to the most appropriate service.
- l) The Committee considered that everything possible should continue to be done to ensure that complaints are responded to using appropriate and considerate language, and that current patients do not feel that raising a complaint will result in them being treated negatively. As much work as possible should be done to understand and address any themes arising from the available data around complaints, and processes should also be in place for the effective management of historical complaints. It is vital that patients have straightforward access to advocacy services when they need them, and that individual choice is taken into account in the context of where someone can access and receive care. It is also important that there is equitable investment in mental health services and access to them in Nottingham that is reflective of the identified needs, particularly in the context of the community services that are most used by city residents.

The Chair thanked the representatives from NHT for attending the meeting to present the report and answer the Committee's questions.

**Resolved:**

- 1) To request that further information is provided on the development of the Patient/Carer Race Equality Framework.**
- 2) To request that further detail is provided around which groups of patients are most represented in contacting the Patient Advice and Liaison Service (PALS) and the types of concerns that they are raising – and whether there are any groups of patients who are less represented and/or might find it more difficult to access PALS.**
- 3) To request that further information is provided on how it is ensured that advocacy support is readily available and accessible to in-patients.**

- 4) **To recommend that further consideration is given to how the Nottinghamshire Healthcare NHS Foundation Trust's (NHT's) website and social media platforms are used to set out accountability, transparency and apology around why NHT needs to deliver the current improvements to its services, and to demonstrate to patients what has changed to ensure better outcomes for them as a result of the concerns that they have raised.**
- 5) **To recommend that the organisational structures continue to be developed to ensure that patients have a strong voice in decision-making that is heard clearly and given due consideration at the leadership level.**
- 6) **To recommend that a very clear avenue is in place for people to be able to raise complaints about issues that occurred some time in the past, and that consideration is given to how these can be addressed effectively.**

#### **58 Work Programme and NHS Provider Quality Accounts 2024-25**

The Chair presented the Committee's current Work Programme for the 2024/25 municipal year and the proposed approach to the consideration of the upcoming NHS Provider Quality Accounts. The following points were raised:

- a) The Committee's initial 2025/26 Work Programme is being developed and Committee members are encouraged to put forward any potential items for future scrutiny.
- b) The Quality Accounts are an annual report by local NHS healthcare providers on the quality of the services that they have delivered over the past year. There is a legal obligation for providers to submit their Quality Accounts to the Committee for any formal comment before they are published. Due to challenges in balancing the NHS Quality Account production and sign-off timeline with the Committee's meeting timetable, individual Quality Accounts are normally reviewed and responded to by working groups of Committee members.

**Resolved to agree that the formal engagement with the NHS Provider Quality Accounts process for 2023/24 would be carried out by working groups of Committee members.**