

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 4 March 2024 (commencing at 10.30am)

**Membership**

**COUNCILLORS**

Roger Jackson (Chairman)  
David Martin (Vice Chairman)

Reg Adair	Paul Henshaw - apologies
Callum Bailey	Eric Kerry
Steve Carr – apologies	Philip Owen
Dr John Doddy	Mike Pringle
Sybil Fielding – apologies	

**OTHER COUNTY COUNCILLORS IN ATTENDANCE**

Councillor Matt Barney  
Councillor Scott Carlton  
Councillor Jonathan Wheeler  
Councillor Jim Creamer  
Councillor Williamson

**OFFICERS IN ATTENDANCE**

Katy Ball	- Service Director, Strategic Commissioning and Integration
Sue Batty	- Service Director, Community Services and Ageing Well
Martin Elliott	- Senior Scrutiny Officer
Katherine Harclerode	- Democratic Services Officer
Ainsley MacDonnell	- Service Director, Living Well
Iris Peel	- Group Manager, Living Well
Vivienne Robbins	- Interim Director of Public Health
Claire Sawyer	- Approved Mental Health Professional
Melanie Williams	- Corporate Director, Adult Social Care and Public Health

**OTHERS IN ATTENDANCE**

**1. MINUTES OF THE LAST MEETING HELD ON 4 DECEMBER 2023**

The minutes of the last meeting of the Adult Social Care and Public Health Select Committee held on 4 December 2023, having been previously circulated, were confirmed and signed by the Chairman.

## **2. APOLOGIES FOR ABSENCE**

Apologies were received from Cllr Carr for medical reasons, from Councillor Fielding for medical reasons, and from Cllr Henshaw for medical reasons.

## **3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

There were no declarations of interest.

## **4. ADULT MENTAL HEALTH SERVICES AND SUPPORT DELIVERED OR COMMISSIONED BY ADULT SOCIAL CARE AND PUBLIC HEALTH**

Consideration was given to a presentation introduced by the Cabinet Member for Adult Social Care which illustrated the pathway and delivery structure of the range of Mental Health Services either commissioned or provided by the County Council. The Cabinet Member for Adult Social Care was joined by the Corporate Director of Adult Social Care and Health, the Interim Director of Public Health and the Cabinet Member for Communities and Public Health. The presentation provided a system overview of mental health service provision in Nottinghamshire, with the GP as first point of contact for signposting or referral to further services based on need. The role of the Approved Mental Health Professionals (AMHPs) in the partnership approach to delivery of mental health services was also described in detail. The presentation outlined the referral process and the ways into planned and unplanned mental health support with an emphasis on safeguarding families and children.

The Chairman thanked the presenters and emphasised the challenging and significant nature of the work by the AMHP teams. The Chairman affirmed the importance of understanding the reasons for the rise in referrals that had been noted within mental health services in Nottinghamshire and nationally.

In the discussion that followed, Members raised the following points:

- Additional assurances were requested that early intervention was an area of focus for growth.
- Additional details were sought regarding the Council's ongoing work with grassroots organisations and with men in particular who may be hesitant to speak about mental health.
- More information regarding engagement with schools was of interest to Members.
- The importance of the GP role in Mental health interventions and guardianship was acknowledged. The rise in referrals to social prescribing was noted, as there was now an 18-week waiting time for cognitive behavioural therapy.

- Emphasising the primacy of preventative agenda delivery which relies upon place-based partnerships around the building blocks of health to build resilience.
- Regarding the sustainability of the supported living provision in view of the rise in referrals, assurances were requested that the plans would be adequate to meet the need.
- More detail was requested regarding how social demographics and location data was being used to inform commissioning.
- More information was sought around how the Service linked with social groups to achieve wider community engagement. Information regarding community engagement was requested to be included in the scrutiny activity that was planned for the next meeting.
- Additional assurances were requested that workforce challenges were being addressed.
- As the first point of contact with the Service should be with a GP, sometimes this means someone can be waiting on the phone a long time, which was not possible for residents in crisis.
- Councillors and Council communications could help get the word out that the offer included self-referral support.
- The Chairman noted the immense value in being able to talk about how we feel and in having a pathway that supports this.

In response to the points raised in discussion, Cabinet Members and officers advised:

- The Service had been working with five people with experience of severe multiple deprivation who had shared their interactions with the Council's services.
- A prevention opportunity missed and every mental health detention was an early opportunity missed, we do a lot of feedback with in the team and with partners.
- The anticipated social supervision toolkit would add to the workload, therefore, support schemes were in place to help the Service attract and retain skilled staff, including a market factor supplement.
- The introduction of the Right Care Right Person guidance meant that, where previously AMHPs were accompanied by a police officer to attend a case, police officers were now not always available. This placed additional pressure on the team.
- Wider suicide prevention work intersected with mental health services, and the desire to do even more for individuals who were known to the Service was expressed. It was acknowledged that good health is not possible without good mental health. The rollout of mental health support teams was an important element which had supported this.

- Regarding uptake of the Service, this had been stronger in some districts, and in the pockets where greater engagement was needed, events had been organised recently to promote awareness. Real-time data monitoring enabled the strategic approach to engagement across Nottinghamshire.
- Ongoing work to understand the mental health impact of the pandemic on children was part of mental health support in schools.
- The system approach was described whereby the County Council worked alongside colleagues within the seven District and Borough Councils to alleviate any barriers to access to housing where there was a social care need for supported accommodation. The Service aimed to provide care and support to enable individuals to live in their own homes. This required understanding whether someone would benefit from having supported housing in place or the right environment to support someone who may have experienced self-harm. Where supported accommodation is right and safe, this was part of the broader housing strategy. The County Council worked with Districts and Boroughs to assess the types of environments needed and encourage developers to build or adapt to provide the needed accommodation. Some of the work examined assets the County Council already had that might be repurposed for this.
- The Service Framework included provision for early intervention. This was funded through the Public Health Grant. The Cabinet Members for Adult Social Care and Communities and Public Health had personally visited the Services for drug and alcohol and acute mental health issues, where individuals had found themselves in very hard times. The front-line services were needed by people who would not expect to ever have need of them, and it had been observed that people in this situation were so very relieved that these were in place.
- Properties and support had been mobilised to keep people in their own homes and the environments needed by support services. The number of properties was considered as part of the County Council's strategic needs assessment which was an evolving plan to work towards.
- Prevention work was undertaken alongside front-line organisations, and consideration was given to how the County Council could work with and through place-based partnerships to deliver the Adult Social Care Strategy. This involved development of partnerships with faith-based organisations and the VCS. Where the County Council could provide funding for organisations that were doing really good work in the areas that statutory services could not, this was part of the Strategy.
- Data within the Joint Strategic Needs Assessment for Nottinghamshire had provided insight into the nuance around suicide risks specifically for males in Nottinghamshire. The County Council website linked to various organisations including Nottalone. This had been extended out to an adult population in the summers through a suicide prevention stakeholder network hosted by the County Council. Further progress would be discussed as part of the agenda at a future meeting.
- County Councillors were encouraged as key stakeholders to take part in the training sessions which were offered by Public Health.

- Access to GPs had been an area that had received Health Scrutiny attention. Nottalone and the County Council aimed to ensure that people have information. It was acknowledged that the route into crisis support was not always consistent across Nottinghamshire all the time. Public Health aimed to support people to have positive mental health which involved knowing where to go for support when it is needed. It was important to build strong communities and to be clear around where and how to access support. General practice encompassed more than just the GP, so the offer was slightly different than in the past, and there was ongoing work with health colleagues around this.

## **RESOLVED: 2024/01**

1. That the report be noted.
2. That the work of the Council's Approved Mental Health Professionals be commended.
3. That the following issues raised by the Committee in its consideration of the report on Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be progressed:
  - a) That Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be considered for inclusion in the 2024/25 Work Programme.
  - b) That further information and data on the demographics of those accessing Adult Mental Health Services and support delivered or commissioned by Adult Social Care and Public Health be circulated to members of the Adult Social Care and Public Health Select Committee.

## **5. PROGRESS REPORT ON THE IMPLEMENTATION OF THE DISCHARGE TO ASSESS MODEL**

Consideration was given to a summary presentation by the Cabinet Member for Adult Social Care and the Corporate Director of Adult Social Care and Public Health which described the achievements of the Council's discharge to assess programme, which had been delivered in partnership with ICB colleagues. Although hospital discharge was a very small part of Adult Social Care Services, the Council had responsibility as a System leader. The positive impact of the care hubs had been noted nationally as good practice. It was felt that industrial action would have presented greater challenge had this work not been done. Close partnership working was credited with the improved position and increased capacity within the system.

In the discussion that followed, the following points were raised:

- More information was requested regarding how case management systems support early discharge, and how delay in receiving packages can occur.
- Interest in more information regarding funding of the service was expressed.
- It was felt that the variety of reasons that can cause delays should receive additional scrutiny with the aim of identifying where delays were happening and exploring possible

solutions for improvement. Even if, for example, the challenges could not be improved quickly, scrutiny could set down the issues and pass them on to the relevant authorities.

- It was hoped that the work also reduced readmissions, and more information was requested around how Nottinghamshire compared with the rest of the nation. It was observed that hospitals are assessed on readmissions.
- More details were requested around how the Service was handling the shortage of occupational therapists.
- Members expressed support for interagency work to limit the amount of time spent in hospital. The technological innovations in early detections were also welcome.

The Chairman noted the impact of the work which would mean that local residents would be happier and healthier, and it was clear that there was a need to examine further the other areas where issues were still present.

In response to these points, the Cabinet Member and officers advised:

- There were still waits in hospital that were longer than they should have been. Insight had been gained from implementing a system where there was one version of data for each person, where they were, and what they were waiting for. The biggest delay was for the referral to home care, sometimes there was more that could be done. Amidst narratives supplied in the national media, there was no one solution. The decision to admit and treat in hospital was complex, starting from a choice to go to A&E rather than to a GP or pharmacist. Following on from National Insurance meetings, there had been good feedback, with foundations in place and strong partnership working to deliver improvements this year. Ambulance handovers had also been an area of focus.
- Further assurances were provided that the position was improving, but because there had been even more individuals with conditions meeting the trajectories had been challenging; however a steady improvement trajectory had been shown. More detail around the causes was offered to be provided following the meeting.
- It was recognised that the improved position reflected consistent ICB investment in additional reablement over several years, as set out in the report. This mature partnership continued to have a positive impact. The Service worked to ensure there was sufficient capacity in the system, and observable changes in the work with partners had resulted in the stronger position.
- The live data dashboard was monitored daily for each person waiting for Adult Social Care. Details of the current snapshot of this data were described. Of the approximately 500 people waiting to leave hospital each day, around 40-50 of these would be waiting for Adult Social Care, who usually go the following day. A snapshot, 500 people waiting to leave hospital 40-50 per day for ASC who usually go the following day. The most prevalent reason is rural places, it can take longer to mobilise the package, for example to prepare the house.
- Readmissions nationally had gone up, but the reablement service did not track readmissions as part of the support they provided.
- Avoiding costly issues, which includes readmissions, was an important strength to be developed. For example, a piece of work was being undertaken on urinary tract

infections which involved hydration across services to prevent infections arising. This work was planned for next year.

- Among Registered Social Workers and Occupational Therapists, there were shortages, therefore there had been campaigns including apprenticeships. In homecare and for unqualified social workers, recruitment was value-based for prospective workforce members coming into the sector. It was important to create a career pathway, particularly in rural areas. Incremental improvement was being seen in response to these efforts.

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**RESOLVED: 2024/02**

1. That the report be noted.
2. That the following issues raised by the Committee in its consideration of the report on Discharge to Assess be progressed:
  - a) That further information and data on the time being taken to discharge patients from hospitals be circulated to the members of the Adult Social Care and Public Health Select Committee.
  - b) That further information and data on the number of patients in hospital waiting for the provision of Adult Social Care Services be circulated to the members of the Adult Social Care and Public Health Select Committee.

**6. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 3 2023/24**

Consideration was given to a report presented by the Cabinet Member for Adult Social Care and the Cabinet Member for Communities and Public Health and the Corporate Director for Adult Social Care and Health. The report provided an update on the financial position of Adult Social Care and Public Health Services up to quarter three of the 2023/24 municipal year. It was understood that the update on performance also contained within the report provided an outline of the effectiveness of delivery of Services; however, this could not fully illustrate the positive impact that Public Health and Adult Social Care had on the lives of Nottinghamshire residents.

The presentation highlighted the following points from the report:

- An overspend of approximately two million had previously been projected, but this gap had been closed. A balanced budget was expected by the time the year end approached. It was noted that inflationary demands, use of grants, micromanagement of finances and likely the dates around discharge in hospitals had dropped. The pack so we will just talk, the written the public health and social care have had on lives.
- Particular Learning Disability care outcomes had been an area for additional work with partners in health to support accommodation. For some individuals, the outcomes were achieved in a much shorter time span. The need for direct physical intervention was described.

- Additional perspective on ASC performance had been informed by 'Making It Real', for example through engagement with people with lived experience pertaining to the discharge process. The importance of safeguarding throughout this process was described, and the recognition of the contribution by staff who were instrumental in achieving positive outcomes for people.
- Although performance had been stable around 80%, it was understood that everyone should have outcomes after working with the service, as they would be enabled to use services properly. There was provision of guidance, support and training around this, especially for individuals with long term reviews, as required under the Care Act. This work promoted long term performance improvement.
- The work on the Carers Strategy was summarised. This involved system wide work in partnership with the ICB and the City Council as well as in conjunction with the ADASS campaign. Nationally, this had been a social care drive which required time for co-production. Access and short breaks as well as the internal and external workforce had been considered as part of this work. This was a large-scale workforce of as many as 26000 people, including the Public Health commissioned services. This was a respected workforce whose wellbeing, supervision, and training needs were prioritized.
- A public health performance monitoring system was in the process of being procured.
- Home care capacity and market sustainability has been an area of investment. Market has stabilised.
- Risks to quality of care homes were described. For example, provider failure in care homes could sometimes be caused by inability to recruit or by a registered manager leaving.
- In terms of the financial performance of departments, it was noted how the Service used and invested reserves to finish the year with a balanced position. Care packages had required additional spending and mitigations elsewhere in the budget. This was because cost-per-person for care had increased due to the complexity of need.
- Reserves strategy updates and budget proposals would be provided to full Council including proposals for recurrent investment in speech and language therapy. Additional priorities were Severe Multiple Deprivation, domestic abuse, mental ill health, and other work on suicide prevention.
- Waiting times for assessment involved coordination of a range of professionals including a Best Interests Assessor, which led to a waiting time. The Nottinghamshire performance was better than others, but it was acknowledged that there should not be any waiting times.
- Progress was described in respect of the IT Systems associated with a new data management strategy. Under new Care Quality Regulation Assurance, some client level data and performance data would be reported differently. This piece of work was ongoing for this reason.
- There was support for working across regional boundaries to promote recruitment and retention of staff. In some areas, this was not needed; however, implications on staff were considered, and devolution would play an important role in forming consensus around this.



Additional details were provided regarding the level of qualified staff required for Social Worker Best Interest Assessors and Mental Health Assessments provided by a doctor. This reduced the number of workers, and required the County Council to go out to agencies to fill that gap with an agency contract where it was not possible to recruit enough directly employed team members. The Service had observed an improvement in directly employed staff.

The Chairman emphasised the value of good communications as part of delivering the range of services well. In the discussion that followed, Members raised the following questions and points:

- It had been observed that during Members tenure as Councillor the amount of casework that related to Adult Social Care and Public Health had reduced.
- Members noted the forecast overspend and asked about the certainty of income streams.
- Assurances were requested that the City Council's current financial difficulties would not hamper the County Council's ability to work with care providers across Nottinghamshire.
- In respect of recommissioning of the Integrated Sexual Health Services, further assurances were requested that the right level of Service commissioning was achieved, because if less testing was done, this gave the impression there was less disease because it was not picked up.
- Provision for a measles outbreak was also felt to be important as the same number of cases were being seen per month as were usually seen per year due to decline in vaccination uptake. Therefore, preventative work and outbreak management work by Public Health in this space was welcome.
- It was hoped that interventions emerging in the drug and alcohol space would be of benefit to Nottinghamshire residents.
- Support was expressed for the review of the Department's written communication.
- It was requested that future reports provide data as both a number and percentage.
- Further assurances were requested regarding the security of facilities in Gedling.
- Interest was expressed in hearing more details regarding capacity within the Service to support people with day opportunities.

In response to the points raised, the Cabinet Members and Officers provided the following additional information:

- The forecast in the report had not included the discharge grant or the market sustainability grant; a view had been taken that this should only be included once it was clear grant conditions would be met and funding signed off. This meant the money was not credited into the Service's budget until period 7.

- Officers confirmed that the financial forecasts were completed before the autumn statement, which included an increase in the minimum wage. Forecasts also preceded the agreement of local government pay award.
- Dialog with Nottinghamshire care home management would continue over the coming months to ensure that were specific contract to be lost, the individuals would be catered for as part of the current provision in place. There was assurance that good services will be maintained.
- The commissioning process for the Integrated Sexual Health Service was nearly complete. The testing model would likely enable people to request tests to be sent to their home for testing in a confidential space. It was acknowledged that previously the Service did not meet the needs of everyone. For example, some people had different sexual health needs. This Service had considered the diverse needs of populations and ensured that the Service will meet those needs. There would be benefits from having more coordinated services across all of Nottinghamshire.
- A significant amount of preventative work had been done regarding measles. There was understanding that there may be some older children and adults who may need to have their MMR, and the offer was open to all. Working with the population to ensure that the offer was taken up to give lifelong protections. Measles could result in hospitalisations and could lead to meningitis, pneumonia and sometimes even fatalities. This was therefore a serious disease, and preventative work ensured that the response was in place. There had been tabletop exercises around patient flows, confidence, and competence.
- Performance numbers in respect of the Drug and Alcohol Service would be provided outside the meeting.
- There was a wider piece of work going on in relation to day opportunities across Nottinghamshire. There had been changes in uptake and fluctuation of demand, and the provision of resources had responded by reviewing and making some changes to the offer. This was to help ensure the best prospects for people to develop their own skills and abilities to have a fulfilled life.

**RESOLVED: 2023/03**

1. That the report be noted.
2. That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the June 2024 meeting of the Adult Social Care and Public Health Select Committee.

**7. WORK PROGRAMME**

Consideration was given to an outline programme of scrutiny work for the municipal year 2023/24. Scheduling updates were given, and the Chairman noted that the forward plan was available for consideration for scrutiny programming.

Members expressed support for follow up on revised dates for updates requested at the previous meeting.

Members also expressed support for representation from community groups to be included in the agenda item on Suicide Prevention.

The Chairman noted that any updates would not be requested in duplication of other items on the scrutiny work programme.

**RESOLVED: 2023/04**

1. That the work programme be noted.
2. That the recommissioned Integrated Sexual Health Service be considered for inclusion in the 2024/25 Work Programme.
3. That committee members make any further suggestions for consideration by the Chairman and Vice-Chairman for inclusion on the work programme in consultation with the relevant Cabinet Member(s) and senior officers, subject to the required approval by the Chairman of Overview Committee.

The meeting closed at 12.58 pm.

**CHAIRMAN**