Care Quality Commission

Nottingham City Council assessment

How we assess local authorities

Assessment start date: 11 May 2023

Assessment published: 17 November 2023

Assessing how local authorities meet their duties under Part 1 of the Care Act (2014) is a new responsibility for CQC. We have been piloting our approach to these new assessments in 5 local authorities that volunteered to participate. Our assessment of Nottingham City Council was part of the pilots. We will be incorporating any learning from the pilots and evaluation into our formal assessment approach.

About Nottingham City Council

Demographics

Nottingham is a diverse and vibrant city. The city has a young population; 11.6% of people are aged 65 and older compared with the national average of 18.6%. The population of Nottingham is projected to have increased to 344,300 by 2027, which is a 2% increase from the mid-year estimates of 2020. In the short to medium term, the city is unlikely to follow the national trend of seeing large increases in the number of people over retirement age, although the number aged 85 plus is projected to increase.

Nottingham has high levels of people arriving and leaving the city, with 25% of the population born outside of the UK. Nottingham ranks as the 11th most deprived area in the country, resulting in a high demand for care and support. Labour currently has control of the local authority with 51 councillors out of 55.

Financial facts

- The local authority estimated that in 2022/23, its total budget would be £522,707,000. Its actual spend for that year was £560,303,000 which was £37,596,000 more than estimated.
- The local authority estimated that it would spend £114,794,000 of its total budget on adult social care in 2022/23. Its actual spend was £123,296,000, which is £8,502,000 more than estimated.
- In 2022/2023, 22% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2022/23 and 2023/24. Please note that the amount raised through adult social care precept varies from local authority to local authority.
- Approximately 5,900 people were accessing long-term adult social care support, and approximately 1,320 people were accessing short-term adult social care support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority indicative rating

Requires improvement = Evidence shows some shortfalls.

Summary of strengths, areas for development and next steps

Staff were clearly passionate and committed to providing the best care and support possible for people in Nottingham City. There had previously been several staff vacancies at the local authority and following a focus on staff recruitment and retention, this had improved. Support for staff training, development and career progression was positive. Work was underway in relation to reducing waiting lists for assessment and reviews. Positive feedback was received about culture and leadership. Senior staff were reported to be accessible and visible. Some areas such as the Supported Living Team, reablement and hospital discharge were working well in providing effective support to people, and there were plans to develop a new mental health reablement service.

Prevention was a key focus of the local authority Better Lives Better Outcomes Strategy. We heard of some good examples in practice such as day services in promoting independence, use of some assistive technology and development of staff practice in relation to wellbeing, when working with people. A transformation of the commissioning service was underway, and staff and partners told us improvements had been made in how they worked together.

Some teams reported feeling well supported but other teams less so, with high caseloads and low morale. Systems and pathways between teams was an area that had some challenges, and improvements were needed in how teams worked together and with partners.

There were gaps identified in the provision of accessible information for people in terms of languages, cultural needs, sensory needs, and easy read formats. The local authority had already identified this as an area where more work was needed. Improvements to the local authority's website were part of the planned transformation work.

Difficulties in relation to people finding suitable accommodation was a theme that came through from staff and partners, affecting staff managing caseloads and providing good support for people. There was some work in supporting people from different cultural and diverse backgrounds, however further co-ordinated work was needed to support people more effectively in these areas.

Areas such as co-production were identified by the local authority as needing to improve, along with better collection and use of data. Working with partners such as in health on an individual level was positive, but more structural relationships could be developed to improve this. Use of advocacy services could be improved, especially support for carers.

Nottingham is an organisation going through a period of transition with a transformation of adult social care. Senior staff showed a good awareness in relation to the areas that required improvement and we found evidence of progress made and further plans of how this would be achieved. However, there was work still to do and this was reflected in the mixed feedback staff gave us at this time and areas where we identified work was beginning.

Summary of people's experiences

People overall were positive about the approach of frontline local authority staff with good relationships. However, they told us they experienced delays when contacting the local authority and again when being assessed, which had a negative impact on them.

Staff worked to provide services to people that were flexible to their needs. For example, using direct payments to source care that was personalised.

There were gaps identified in the provision of accessible information for languages, cultural needs, sensory needs, and easy read formats for people.

Positive feedback was received from people in the Customer Survey Report 2022 in relation to the reablement service and day services, such as the 'Open Door' service. For example, people said Open Door felt like a safe space where they enjoyed the activity sessions offered.

Data about support for carers in Nottingham showed overall positive responses. However, other data, for example for people remaining at home after being in hospital, was lower than the national average.

Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

“I have care and support that is coordinated, and everyone works well together and with me.”

“I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.”

The local authority commitment:

“We maximise the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.”

Key findings for this quality statement

People gave overall positive feedback about the approach of frontline staff, who they said were responsive and they had good relationships. However, a common theme emerged that related to delays in care assessments. For example, one person told us this delayed them being able to progress a housing application, as the occupational therapy assessment was needed first.

We reviewed a small number of care records for some people receiving services. Feedback from the local authority from its own review of these was that improvement was needed in some cases. For example, the local authority found the mental capacity assessment for one person required further improvement and the carers assessment for another person had not been undertaken correctly. The local authority confirmed these cases would now be reviewed. Overall, care records showed a co-ordinated approach was provided to people with a good overview of risks documented.

Staff took a ‘strengths based’ approach to social work practice where they focused on what people could do and their abilities, knowledge, and strengths. Staff told us they felt confident in using a strength-based approach in their practice.

Staff gave a range of feedback in relation to how people's needs were assessed. Some staff told us there were significant delays at times in people getting through to the local authority contact centre, for example some people could wait up to 1.5 hours. However, once people did access the contact centre, a triage system ensured they were seen according to their needs and prioritised where needed. This triage system was overseen by senior staff and staff told us they felt supported in this process. Written information was provided for people to tell them about services available to them, such as adaptations, grants, charging and financial assessments. These were available in some different languages and formats.

Other teams were positive about recent improvements in waiting times and told us some previously high waiting lists were now reducing. A strengths-based review team had been employed, which had assisted with reviews of people's care, thereby reducing delays.

The local authority had a data dashboard that provided oversight of waiting lists for teams. Data from August 2023 showed high numbers of people waiting for assessments for Deprivation of Liberty Safeguards (DoLS) and occupational therapy assessments. Some managers said that there were some difficulties in easily obtaining an overview of waiting lists and that the monitoring and review of these tended to occur more at team manager level.

Waiting lists for people coming out of hospital were very low following the introduction of a discharge to assess approach, where a trusted health assessor assessed someone in hospital, then they were reviewed by the local authority once home. Homecare waiting lists were very low as the local authority had made changes in commissioning additional care providers. This resulted in reduced delays for people waiting for care. Staff told us they were proud of this outcome for people.

The local authority's long-term plans included increasing occupational therapy capacity, as the demand for services had grown, in part due to a longer life expectancy of people and people developing long-term conditions at a younger age. Waiting times were overseen by senior staff and were between 4 to 6 months for standard referrals, then ranging from around 5 days to 12 weeks for higher priority cases.

An equipment loan service supported people to remain independent, but staff told us about delays with equipment at times. The impact of these delays could be that a person stayed in a care setting for longer than needed, which reduced their ability to become independent, or they waited so long that their care needs increased.

A duty team assessed people whose needs were urgent. However, we were told at times this team could feel like a 'catch all' team, for example if the person did not fit into another team's criteria. Some teams were reported to be working in silos and staff felt these barriers prevented people getting the support they needed at times, for example some people with mental health needs or people with a learning disability.

The use of direct payments was better than average for people in Nottingham, with 31.51% of people receiving a direct payment compared with 26.73% nationally. However, staff told us that, due to current capacity, monitoring of the use of these was not being carried out sufficiently.

A partner agency undertook carers assessments on behalf of the local authority and were involved in co-producing the recent carers strategy with them. They told us they felt frontline staff could use them more, but they had good relationships with the local authority which acted on any feedback given.

We received mixed views about local authority care assessments from care providers, with some saying these were not always up-to-date or of good quality. However, in contrast others felt care assessments were thorough.

Supporting people to live healthier lives

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

"I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally."

"I am supported to plan ahead for important changes in my life that I can anticipate."

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Nottingham is the 11th most deprived area in the country. Senior staff told us they felt it was important not to be defined by this deprivation but to know about this, have plans to address it, and not let it stop them making improvements. Therefore, health inequalities were one of their priorities.

Outcomes were significantly poorer in Nottingham than in some other areas of the country with a lower life expectancy. Data reflected this, with much lower rates in Nottingham at 68.97% of people aged 65 and over still at home 91 days after discharge from hospital into reablement or rehabilitation (against 81.71% nationally). There were also much lower rates (50.68%) of people who had received short-term care support and who no longer required this (against 77.60% nationally).

Part of the Care Act 2014 is the suitability of accommodation in meeting the at home care and support needs of older and vulnerable people. People's social care needs cannot be met if they do not have somewhere suitable to live. A shortage of housing was a theme that came through from staff and partners, and a lack of resources to support people living with complex needs. Feedback from some social work teams was that this created some of their demand and meant it was harder to move people's cases on, because people continued to be at risk due to their accommodation situation. One partner agency told us they felt the issues around housing could also lead to the over-use of residential care and another partner said there was a lack of provision for younger adults particularly. Staff told us delays in placement reviews meant that people could also be waiting in care homes when they were ready to leave. Housing was not identified within Nottingham City's self-assessment as an area for improvement, but this was a theme through many of the social care challenges reported.

A supported living project for people with a learning disability and for people receiving some mental health services had been successful in reducing admissions into long-term residential or hospital settings, and maintaining people's independence. As of August 2023, 79 people had been supported who might otherwise have gone into or stayed in, a residential care setting. This approach maximised people's independence and staff told us they felt very proud of what they had achieved for people. Ongoing work in relation to this was being carried out with landlords to help people keep pets, so further supporting wellbeing.

Relationships between the local authority and health partners were positive overall. For example, the local authority was involved in an active Ageing Well programme with health partners, which focused on prevention and hospital avoidance. Public health data was used to support this ambition to focus on prevention, rather than respond to crisis. The local authority worked closely with health in providing a reablement service to help people reach their full potential after illness or injury. Positive feedback was received from people in the Customer Survey Report 2022 in relation to this service. A reablement service supporting people with a learning disability to increase their level of independence over a 12 week period was also available. Outcomes for people could include improved social inclusion, improved health and wellbeing, independent travel and access to work or voluntary opportunities.

The local authority was involved in several other projects to support people to live healthier lives, promote independence and increase choice and control. For example, a project called Imosphere was planned, bringing care, support, and financial assessments online with the aim of giving people more independence and control. Day centre services worked with people to promote independence, for example by encouraging skills around cooking and practical skills. A Wellbeing at Home volunteer service supported people to remain independent in their own home either following a period in hospital or through the avoidance of a deterioration in health and wellbeing that could lead to a hospital admission.

An integrated wellbeing service had been commissioned as a single hub for the delivery of all of wellbeing services. From this were plans to upskill the adult social care workforce to better enable them to have healthy lifestyle conversations with people as part of their roles.

Advocacy services were available to support people in Nottingham. Advocacy is used to help people gain a sense of control over their circumstances. They had strong links with the local authority. However, feedback was that referrals could be low from teams and were not always made at an early enough stage. Sometimes assessments had already been completed when advocacy services were contacted, and they had few referrals that related to support for carers.

The Census 2021 indicated that there were 24,346 carers within Nottingham City. From co-production with the local authority, carers, and partners, 5 themes were identified for focus. These included accessing the right support for the cared for, access to relevant advice and information, and access to short breaks or replacement care to get a break from caring. These formed the new Nottingham Carers Strategy, laying out intentions which would be provided to better support carers over the next 5 years.

Equity in experience and outcomes

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

“I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals”

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Nottingham is a city with 42% ethnic diversity. Staff told us how they supported people to access services that were suitable for their individual needs. For example, one person used a direct payment to purchase their own care with carers who spoke Punjabi. Services were provided to people who self-funded their care and some people employed personal assistants to do the things that were important to them, such as taking them to church or the mosque.

Some staff told us they felt there were inequalities in terms of access to services for some people. For example, the Whole Life Disability team's criteria were that people needed to have a diagnosis of a learning disability since childhood. However, people coming from another country may not be able to show evidence of this easily. Feedback from the local authority's senior staff was that people were able to be referred to the same internal and external services equally, and if they were not able to provide evidence of a diagnosis, then a pragmatic decision would be taken based on their needs.

There was a lack of availability of interpreters as there was such a diverse range of languages spoken. Staff gave examples of families that could be applying for accommodation where English was not their first language, and it would be very difficult for them to fill in application forms, which disadvantaged them. Feedback from the local authority's senior staff was that drop-in sessions were offered for people to receive support to complete application forms. For some older people who could not access online services, it could also be difficult to get paper versions of forms. Senior staff acknowledged there was an amount of digital poverty where not everyone can make digital referrals and steps were being taken to improve this.

Where gaps were identified in the provision of accessible information for languages, cultural needs, sensory needs and easy read formats, some staff told us they had found or developed their own resources to fill these gaps themselves. For example, there had been an issue when supporting one person in relation to a forced marriage, and staff had to change the resources available themselves to be culturally appropriate.

One community group had worked closely with the local authority in relation to supporting people with disabilities. However, they felt engagement with the local authority could be improved and accessibility of services for people was currently lacking, for example for people with sensory needs. Feedback from some staff also confirmed this.

Another community group told us they felt there was a gap in the cultural competency and consistency of social workers and more training in this area would be beneficial. They were aware of some training that had taken place, but felt this could be wider. They told us they felt there had been inequality in commissioning for organisations supporting people from ethnic minority groups in the past. However, they acknowledged there had been changes in commissioning and they were now able to have open conversations, where they could not before.

Senior staff told us about the improvements planned or underway including an Equality Diversity and Inclusion Strategy 2020-2023, which documented the local authority's vision and commitment to tackle discrimination and promote diversity. They told us they were approaching the national issue of racial health equality in several ways, for example using tools to better help them identify racial health inequalities. The local authority commissioning strategy included plans of how to improve getting people's voice in planning of services to have a focus on equality and equity behind every commissioning decision.

Planned improvements included a sign language contract to encompass a broader range of languages starting in December 2023. Video conferencing and video signing were due to be available from the end of the year. The Nottingham 'Ask Lion' health and social care community directory website was being improved and they were in discussion with a neighbouring local authority about working together to bring information onto this related to the whole local system.

Staff told us about some specialist posts within teams with staff working with Women's aid, street outreach and prostitution outreach workers. Health and wellbeing community champions who were volunteers from local communities were employed to share health information and look at barriers/differences in communities and to feed back the findings.

A new specialist SMD (severe multiple disadvantage) social worker role was now based within the duty team as part of the 'Changing Futures' wider programme. SMD is when a person experiences 3 or more sources of disadvantage, for example mental health issues, homelessness or contact with the criminal justice system. This role had a specialist knowledge about the specific support these vulnerable people required. Staff gave us positive feedback about this role giving them better links with the homelessness team and someone they could go to for advice.

Day services provided by the local authority supported people within different communities in Nottingham. For example, at the Indian centre, staff told us about how, at times, they could help people to talk about their experiences at home, how things might be changing within their own families, and support them to adapt. Working with people in this way could then prevent issues arising in the future. One staff member told us food was the link to breaking down barriers in communities and by selling food at the Indian Centre to the local community, it enabled people to mix. Another day service, 'Open Door' was a mental health drop-in service, which meant people could get help straight away from staff, such as with assessments or advice. Positive feedback was received from people about this service.

Further work was needed to engage unpaid carers from different communities. Voluntary sector partners told us in some cultures people did not always see themselves as 'carers' and therefore did not get support or engage with services.

The local authority had carried out some staff training in relation to Healthwatch's national report on Health and Social Care Experiences of the LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning)) Community 2022, to ensure staff were aware of these findings and recommendations. Healthwatch is the consumer champion for health and care and exists to ensure the voices of people who use services are listened and responded to, leading to improvements in service provision and commissioning.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I have care and support that is co-ordinated, and everyone works well together and with me."

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

As part of the local authority's transformation plans, the focus was on care market recovery following the pandemic and the quality and development of services. Staff told us about a new operational model for commissioning and contracting where the aim was to support providers through understanding what they (providers) needed and what made a difference for people who use services.

There were plans to work more effectively with health partners to support people with more complex needs. There was limited provision in Nottingham for the complexity of the people they were working with. This included a lack of resources for people in their 50s to 60s as well as young people with mental health needs, as well as a lack of accommodation options for people overall, resulting in people being referred to adult social care.

Some good quality work was happening to address some of these issues, such as in the supported living team. Previous improvements in the availability of homecare had made a difference for people, reducing delays in waits for care, and there were positive outcomes for carers in accessing support services allowing them to take a break from caring. A new mental health reablement scheme was being introduced to help prevent isolation and help prevent admission to mental health services. There were plans for expansion of the shared lives service to make more placements available for people to live in a family home environment with care provided from within a family unit.

To relieve some pressure from frontline staff, a new brokerage function was currently being developed to source placements and care packages. The purpose of this service was to effectively manage all requests from adult social care, ensuring better value for money and consideration of market pressures, which had been identified as an issue.

It had previously been a challenge for the commissioning team to deliver a high level of service due to a large number of staff vacancies. However, the team had now expanded and told us they had more time for care reviews, conversations around appropriate commissioning, and working with teams to improve how they find out about people's needs.

Senior staff explained the long-term strategy was to stop people going into the wrong care settings, change the more traditional care settings and focus on prevention. Residential placements were seen as a last resort. Plans included reducing the volume of residential care services, developing more independent living options such as extra care and supported living, increasing the use of direct payments, and addressing workforce recruitment and retention challenges.

A large commissioning review of the current homecare provision was starting as it had been identified that the current framework and model was not always appropriate for people's needs. Nottingham has a large older adult care home market with an over-supply of residential beds leading to lower occupancy levels in some homes. However there was an under-supply of residential beds with nursing and/or complex care provision, leading to placements being sourced out of the city to meet people's needs.

Care providers reported staff recruitment and retention pressures in their sector and an increase in demand alongside an increase in the complexity of people's needs. Some providers told us they felt the local authority could have worked more closely with them at an earlier stage, in terms of the accommodation they had available. They told us there was a lack of specialist accommodation for people with complex needs, but also felt there could be a lack of an awareness by some staff as to the costs associated with services. There had been no provider forums since COVID-19, but they understood the local authority was planning to address this now. Provider forums were opportunities for local care providers to meet up together along with the local authority and share concerns, ideas, and good practice.

One care provider told us it had collaborated with the local authority in relation to the new supported living model. Another provider gave positive feedback, which included the local authority having a clear process to establish fee rates for the following year, which helped them with their own planning. Some joint working had taken place with providers including a co-production exercise in December 2022 to March 2023 in relation to cost of care and market sustainability.

Partnerships and communities

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

"I have care and support that is co-ordinated, and everyone works well together and with me."

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Staff told us they had good personal links with partners in health services but did not feel these links were always structural ones. Some health partners told us they felt joint working was very good with local authority leaders, with a strong focus on communities and hearing people's voices. They told us staff currently worked together but this could be better, and they were working on improving this. They told us passion from the local authority leadership team meant they felt confident and open to do things together, but they needed to be more collaborative and creative. It was felt there was an awareness of the issues, and there was a will to address them, but resources were not always there for the local authority to be able to do this. Health partners told us they jointly needed to consider the collective spend of monies, to work together in a more mature way and involve wider stakeholders such as employment and accommodation for people.

There were several examples of working well together including the discharge of people from hospital. This was staffed by health and social care to ensure discharges were timely and safe. Joint reviews of care services were carried out with the contract monitoring team and a monthly information sharing meeting was held with safeguarding, commissioning, health, and the Care Quality Commission (CQC) where joint working was effective. Some other joint working was taking place, for example in relation to the process for continuing healthcare funding. An external consultant had been commissioned to undertake some work including reviewing the policies and procedures between health and social care. Senior local authority staff already attended funding panels alongside health partners.

The Changing Futures programme was a much larger, national system-wide programme running over a 2-year period. As part of this programme, housing and public health had embedded workers across a range of areas to try to improve outcomes for people facing severe and multiple disadvantages. Staff told us it was in its infancy, and there were lots of opportunities to develop the ways of working. For example, they had started to work with Nottingham Housing, to try and reclassify some of independent living schemes to see if these could be used more flexibly for people.

Staff told us they did not feel working with partner mental health services was always good. The threshold for people to access secondary services was high, so staff referred, but as people were unwell then it could be difficult for them to engage in discussions. The lack of a joined-up system between health and social care was harder for people to manage with different professionals involved and could cause confusion. Staff also confirmed it could be difficult to negotiate with health about the split of funding for people and this needed to improve so local authority staff could do this better.

Staff told us about some difficulties in working with housing, for example in relation to hoarding, which could be seen primarily as a social issue rather than a housing one. However, the housing team had now moved back into the local authority, and it was hoped this would improve working relationships in these areas further and so outcomes for people.

Partners in the voluntary sector told us that some improvements were required in relation to them working more closely with the local authority. However, they felt the local authority was aware it needed to make these changes and was on a pathway to doing that. Other feedback from partners was that relationships were currently under-used, having not been fully re-established following the pandemic and relationships were now building. Partners told us co-production could be improved so they could get more involved in areas such as inputting into strategies as they had a good understanding of the diverse areas of the local community and connections with groups. Senior staff confirmed relationships had not been as positive as they could be and they had 'not got things right'. However, they hoped their new Participation and Engagement Strategy would address this.

There was some evidence of co-production between the local authority, health and people using services, for example with the Autism Strategy. This identified gaps and included 12 priorities, including improving transitions into adulthood, meeting the needs of autistic people from ethnic minority groups, and supporting people in the community to avoid inpatient care.

Feedback from partners was that the local authority had some good passionate staff who wanted to make a difference for people. However, they struggled to free up staff to be involved in a meaningful way in co-production. They told us there was a will to do this and ambition, and they understood the issues, but needed to have capacity to do this and be more future focused.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- Safe systems, pathways and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe systems, pathways and transitions

Indicative score:

2 - Evidence shows some shortfalls

What people expect:

“When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.”

“I feel safe and am supported to understand and manage any risks.”

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

The contracts team used a quality monitoring framework to ensure commissioned services were delivered safely and in line with their contracts. They assessed quality under 5 key areas: assessment and care/support provisions, staffing, safeguarding, equality and diversity, involvement, and empowerment. Staff told us that visits were prioritised on a risk-based system. Clear guidance was available for staff to follow in the event of a care provider failure or closure to ensure the safety of people.

The ‘Nottingham On Call’ website, provided advice and support for people over 24 hours following falls, accidents or if people felt unwell. A personal care alarm system was offered with staff able to respond to concerns in person if required.

The entrance to local authority services was through its contact centre. This team had recently moved into the corporate directorate called 'Customer First' from adult social care and feedback from staff was they felt somewhat adrift following this. Senior staff confirmed that there continued to be professional adult social care oversight of this area for staff to be supported, but there was further work to do to clarify and ensure professional lines were embedded.

Staff told us about some challenges in terms of the system and pathways in Nottingham between teams, with some teams having complex criteria and stronger gatekeeping in terms of whether they accepted referrals or not. Some teams felt they did not necessarily have the skills or knowledge to work with people, yet some referrals were not taken by other teams, which meant that people "fell between the gaps". However, staff told us they generally worked well together individually, with good working relationships. Feedback from the local authority's senior staff was that the development of specialist lead roles was intended to address gaps in skills and knowledge across staff teams.

The Whole Life Disability team worked primarily with children to transition at the age of 17 to adult services. As a young person turned 17, an adult's worker buddied up with a children's worker to arrange an assessment, care plan and services, so that this was ready at age 18. Senior staff told us feedback received was that this worked well. However, we received some mixed feedback about this where some staff told us they felt the work needed to be commenced sooner to give enough time to plan and make the transition smooth. For example, direct payments were not always able to continue in the same way when people reached adult services as they had received as children. For one young person's case we reviewed, we found there was evidence of some good practice in areas such as working with health partners, but their assessment of mental capacity was insufficiently detailed.

Staff told us that, at times, competing models of health and social care prevented holistic work from being carried out. For example, one barrier identified was that the services provided at night through the discharge to assess service were lacking, which could affect maximising people's independence. Also, the resources for younger people who needed short-term rehabilitation were either unavailable or unsuitable.

Young people with mental health needs were not always supported in the same way as adults, as funding differed. Staff explained that it could be challenging to manage expectations as this was not always made clear before young people came across to adult's teams, and that improvements could be made to prepare them. It was felt health services also needed to take some responsibility in doing this. Staff told us the majority of those in transition were also 'looked after' children so the trauma they may have experienced in childhood, with less support as an adult, could be particularly difficult for staff to manage.

Data sharing between health and social care was one area that still needed to improve, to prevent the need for people to repeat their stories to professionals and provide continuity between services.

Safeguarding

Indicative score:

3 - Evidence shows a good standard

What people expect:

"I feel safe and am supported to understand and manage any risks."

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Hoarding was a key emerging issue that had been identified by senior staff, and a decision had been taken to refer for a Safeguarding Adults Review so a co-ordinated approach could be taken. Staff talked positively about the hoarding panel that had been set up, which meant the development of a multi-agency approach to this alongside housing, police, fire, health, and mental health. The purpose of the panel was to share information about vulnerable adults and present solutions with a focus on prevention and using a strengths-based approach. Since July 2021, 25 cases had been discussed, with hoarding reduced in 40% of cases and risk reduced in 44%.

Deprivation of Liberty Safeguards (DoLs) assessment waiting lists were triaged and managed by teams, with higher risk cases being seen straight away. Oversight of the people waiting was reviewed and prioritised by senior staff along with any impact on the person from any delays. Staff vacancies in this team affected this work further.

Staff had been surveyed to assess their confidence with 'Making Safeguarding Personal', which is an approach to safeguarding that aims to ensure the person and/or their advocate are fully engaged and consulted with throughout with their views and wishes remaining central. Responses were positive overall with staff being aware of training available and the majority being confident in identifying indicators of abuse and asking people about their preferred outcomes. Staff mostly felt the training met their learning needs and this covered case examples, case law, risk management and positive risk taking. However, it was identified that a high percentage of staff had not had any safeguarding training within the last 3 years so an action from this was a safeguarding training plan was implemented.

Staff who told us about safeguarding were very passionate about the work despite having some higher caseloads, which could mean at times prioritising the more serious safeguarding cases over others. Positive risk taking was felt to be a strength of the team. They told us team management was fantastic with good opportunities to reflect and learn, and the skills of their colleagues helped them develop. Feedback was that training and supervision was very good and a debrief was offered when they had worked on difficult cases. However, issues with accommodation could affect the ability to move people's cases on, for example people fleeing domestic abuse when they could not always find a place of safety for them.

Preventative work in relation to transitional safeguarding was being developed and this was described as the need for "an approach to safeguarding adolescents and young adults fluidly across development stages." This was in conjunction with the Safeguarding Children's Partnership and the Safeguarding Adults Board.

The Safeguarding Adult's Board annual action plan 2022 to 2023 focused on 3 main areas: prevention, assurance, and engagement. Prevention was to increase public and professional awareness of safeguarding, reducing abuse in specific risk areas and sharing and embedding learning from case reviews. Assurance was to receive assurances from partner agencies on the effectiveness of their safeguarding adult arrangements, and a plan to develop additional assurance by improving the range and quality of data available to the board by developing a data dashboard. The chair of the board told us they would like to see an improvement of qualitative data to better incorporate people's views. Engagement was to ensure there remained a strong commitment to 'Making Safeguarding Personal' across the partnership and in local safeguarding practice. Also, that referrals to local advocacy services continued to be promoted.

The Safeguarding Adults Board provided oversight of care providers and health partners investigations, when they were asked to carry out delegated section 42 safeguarding investigations. Local authority policies and procedures had been reviewed to include senior responsibilities and better oversight including audits of cases and supervision of staff. The aim was to get more consistency across other teams that carried out safeguarding work, using the safeguarding team to support with this.

Partners told us about good preventative work happening, that they had good links with safeguarding teams and an open relationship with the local authority leadership team, who they described as being open, transparent, and willing to discuss issues. They described good learning from regional and national Safeguarding Adults Reviews. Where there were delays in publishing these, actions were checked to ensure staff had implemented them, and families were kept up-to-date with progress. Care providers told us they felt safeguarding investigations were thorough, but sometimes there could be delays in referrals or triage of these.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Indicative score:

2 - Evidence shows some shortfalls

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

The local authority was on an improvement journey, which was being overseen by an improvement and assurance board appointed by the Secretary of State. The improvement plan included a stronger focus on their statutory responsibilities under the Care Act 2014. A transformation plan had been developed to implement and deliver the changes and further investment in the adult social care workforce and commissioning was underway.

Transformation engagement workshops had been held to inform staff about this, but some staff told us they did not have time to attend sessions. Some teams told us about poor communication relating to the transformation process moves where they did not always get questions answered. Some staff told us there had been a lot of 'firefighting' to manage work, which affected stress levels, and they felt moving to a model of prevention, which was the goal of the local authority, was costly. Feedback from the local authority senior staff was that there were other communication methods about transformation including a newsletter and monthly director engagement sessions.

Deprivation was one of Nottingham City's biggest challenges and was seen across health, income, education, and skills. Nottingham had a low yield of council tax and a large amount of money had been spent on housing, including temporary hotel placements for people in need of support. Senior staff told us housing figures were double that of surrounding districts and some of these areas referred into the local authority area. Senior staff acknowledged the difficulties with housing and the impact of the lack of options for people currently.

Senior staff told us financial planning remained challenging, but this was progressing. Governance and performance risk frameworks were stronger, and data was starting to improve. There had been investment in adult social care to improve staff pay and this had made a difference to staff numbers. Culture had been an important focus too and they felt morale of staff had significantly improved.

The focus of the local authority adult social care strategy 'Better lives, better outcomes', was to promote independence, prevent, and delay the need for long-term care, to develop services to offer better outcomes and implement a strength-based practice model. Aligned with this, an Adult Social Care Workforce Strategy had been developed. Over the 4 years since the local authority signed up to the strategy, the leadership team had been moving this forward.

Staff told us the support they received overall from line managers was good and the majority were stable and experienced. We heard about strong and visible senior leadership and staff felt efforts had been made to listen to them. The senior leadership team were experienced in social care and committed to an improvement journey. There were some signs of effective improvements, for example recruitment and retention, work with the NHS, improvements in supported living opportunities and prevention. However, other improvements were at the start of the journey such as improvements in co-production and some other areas such as accommodation for people, required more focus.

Across teams, staff gave us mixed feedback about working at the local authority. Some staff told us morale was low due to a combination of vacancies, the ongoing internal restructure, and an increase in demand. However, some very positive feedback was received from other staff about the working culture in Nottingham as whole. They told us that people were given autonomy, got creative energy from working with others, the culture was not hierarchal, and senior staff were approachable. Values of staff were clear, and they were committed to providing good care and support to people. Senior staff confirmed the commitment from staff was good, especially when they could see the difference it made for people.

Improvements had been made in terms of staff vacancies and recruitment in many areas. Some vacancies had occurred due to internal secondments. Staff told us recruitment systems could still hinder this further at times, causing delays where they could lose new starters coming through the system.

Senior staff explained it was difficult to recruit occupational therapists as there was a shortage. Also, they felt the training offer was not always as good or as suitable for them. Some staff had reported feeling less valued. Plans were in place to employ a Principal Occupational Therapist (OT) to oversee this and have a system-wide role. Feedback from the local authority's senior staff was to mitigate the shortage of OTs on a long-term basis, and they had introduced an Occupational Therapist Apprenticeship Programme in 2020, which had proved successful in recruiting more staff.

Staff turnover had been 23% previously. However, a career progression strategy was implemented last year to address this, and it was now 10.91%. A social work apprenticeship programme and specialist roles had been developed. Some staff had returned from other local authorities and agencies to work for the local authority again. The proportion of experienced staff had increased, with 50% of social workers being newly qualified in 2022/23 from 77.8% the previous year.

Waiting lists were still growing in some teams, in part due to the complexity of people's needs. Staff felt they could improve how they look at the quality of their work further if these reduced. Managers worked together to address lists, with numbers varying across teams. There was a plan to use recent additional government funding to strengthen capacity in some teams to reduce waiting lists.

Senior staff had oversight of waiting lists and were in the process of completing further work as part of the local authority's transformation process, where prevention was a core part of the strategy. This included looking at a better use of support services, workforce development, better use of IT and a more holistic way of managing work.

Quality assurance processes were embedded across operational teams. Reviews of case file audits took place, and supervision of staff and clear escalation processes were included as part of this. A new quality assurance framework was also planned.

Staff survey results of adult social care for Nottingham in 2022 identified positive themes in areas such as ability to use skills, flexibility of job, feeling their contribution was important, providing a good service and managers. Negative themes were identified as pay, not being satisfied with collaboration between teams and not being satisfied with steps taken to strengthen governance and financial stability.

Complaints from people showed the key areas identified were delays in getting through to the local authority and delays when waiting for an assessment. Senior staff had oversight of these, alongside a complaints learning action plan, and a session for managers was planned in autumn 2023, in relation to learning from complaints.

We received mixed feedback about systems and engagement from care providers. Some told us payment systems could be improved and they were not always able to engage with senior staff if they encountered problems. They felt communication between teams could also be improved, for example contract changes were agreed with commissioners, but social work teams were not aware of these.

Some providers did not feel well supported in terms of recruitment and retention of care staff. Another voluntary partner told us they felt there had been poor engagement with local authority leaders and people using services were being affected by cuts. However, other partners were more positive about the approach of the local authority and gave us positive feedback particularly in relation to support when people were coming out of hospital.

Learning, improvement and innovation

Indicative score:

3 - Evidence shows a good standard

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Plans were being implemented to improve the training offer and take-up for staff. The Adult Social Care Training Plan 2022-25 comprised 2 areas: adult assessment, and provision. The current focus was on assessment and to support induction and establish a mandatory programme of training. Staff could access training using a 'Core and Mantel' approach with core and specialist training. Additional training available comprised practitioner forums, workshops, information from community partners and 7-minute briefings. Seven-minute briefings were used effectively to provide updates for staff on subject areas, for example there had been one on 'homelessness and the duty to refer'. Reflective practice forums were starting up for managers and staff.

An annual training analysis was completed for teams to determine if any consistent standards needed to be set and to identify bespoke learning needs. There was an aim to develop continuing professional development for community care officers. Apprenticeship programmes were available with future aspirations for inclusive training, involving engagement and feedback from people, staff, and consultation with experts by experience. Internal leadership courses were being designed to support progression, as well as new specialist lead roles, to support specialist knowledge and promote practice excellence across adult social care.

The local authority had identified that assessments of people with severe and multiple disadvantages, such as homeless people, people with mental health needs or problematic substance use, were being carried out by staff who had not received enough specialist training in this, so an analysis of staff training needs in relation to this was taking place.

The Principal Social Workers and workforce development team were very involved in the transformation project and enthusiastic about staff training and development. There was a 'grow your own' approach to training and development. Some training was being redesigned with support from safeguarding colleagues, for example self-neglect, and some staff told us they felt they might benefit from more training in relation to hoarding.

Teams told us about the extensive knowledge they shared within teams. Career development was positive, training was generally good, but time was their biggest challenge. One staff team felt there was a lack of specialised training, so they had sourced this themselves.

Support for newly qualified social workers was described as 'excellent'. Workloads were good, they gave positive accounts of their induction training and of a good learning environment.

The Workforce and Organisational Development Strategy and Action Plan 2022-25 detailed plans to address recruitment and retention issues, including promoting the rotation policy to allow staff to broaden their experience, and collaborating with partner agencies such as the Department for Work and Pensions and Nottingham Jobs. Also, to develop the workforce and improve consistency in practice.

A project was underway with Skills for Care, Nottinghamshire County Council, and health to enhance the understanding of the social care workforce within voluntary and independent sectors. It was hoped that this would deliver better insight into the sector to support better development of the market and establish a basis for long term planning. This included the workforce supporting people with learning disabilities and autistic people with more complex needs.

Senior staff told us they identified that they needed to improve ways for getting feedback from people receiving services more systematically, as the local authority was not currently doing this proactively. The occupational therapy team did have an online feedback form, but this was not used across teams and services.

Co-production was identified as an area that needed to improve, to inform what the local authority does, and that it needs to start getting better at it. One senior staff member told us they were coming from a 'low base' in relation to this and while they had improved in terms of engagement with some groups, there was still a lot of work to do. A strategic co-production group was being set up and the local authority now had some experts by experience on several executive boards. Experts by experience are people who have experience of using or caring for someone who uses health and/or social care services. However, work was still in its infancy. Nottingham Citizen's Panel was a group of people who also volunteered to get involved and share their views. They were contacted to be involved with focus group discussions, and updated on current consultation work or engagement projects. A Communications and Engagement Officer was being employed with a role of developing this activity. There had been some positive co-production work with health partners, for example the mental health reablement service was being funded through public health for the first 2 years.

Feedback from one team was that improvements were needed in how the local authority dealt with abuse towards staff from the public – particularly racism. They told us the response depended on managers and there was a lack of consistency. In response to this a workshop was held and a policy was being developed.

The ACE (Action, change, equality) network had carried out a review of internal procedures for staff from ethnic minority groups. Feedback was that staff were being heard more and there was progress, but still some way to go. Senior roles were not necessarily diverse enough yet to drive the changes needed, but training and opportunities were available.

Staff told us about the benefits of remote working and some recent changes had made a real difference for them, including new mobile phones, which meant they could speak with people more easily.

Senior staff acknowledged that the adult social care external website was difficult to find and it was part of the planned transformation process to make it more accessible. Ambitions were for updated policies and procedures to be easily accessible on the intranet for staff, and that they would be able to sign these when reviewed. Clearer communication strategies, for example through an adult assessment newsletter, were underway to better share information such as lessons learned from coroner's cases or safeguarding reviews.

There was an increased use of assistive technology to support people. There had been some work with the digital team in relation to an activity monitoring system in people's homes, which helped to support assessment and build a picture of a person's movements. This technology helped staff to arrange care that better reflected a person's needs by enabling round-the-clock monitoring. This monitoring observed and analysed a person's habits and behaviours during their daily life, then alerted relatives or care providers if there were indications of a change in this. This linked into the local authority preventative model, where the aim was for people to be able to live in their homes for longer.

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