

# 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.

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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.