

Adult Social Care and Public Health Select Committee

Monday, 12 December 2022 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last meeting held on 6 October 2022 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Nottinghamshire Safeguarding Adults Board - Annual Report | 7 - 24 |
| 5 | Improving the Health Outcomes of People in Nottinghamshire | 25 - 54 |
| 6 | Response to the Committee on the Sustainability Funding for External Adult Social Care Providers | 55 - 60 |
| 7 | Work Programme | 61 - 74 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 6 October 2022 (commencing at 10.30am)

Membership**COUNCILLORS**

Mike Quigley MBE (Chair)
David Martin (Vice Chair)

Reg Adair	Eric Kerry
Steve Carr	Philip Owen
Dr John Doddy	Mike Pringle
Sybil Fielding - Apologies	Tom Smith
Paul Henshaw	

SUBSTITUTE MEMBERS

Councillor Jim Creamer substituted for Councillor Sybil Fielding

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Councillor Matt Barney

OFFICERS IN ATTENDANCE

Kashif Ahmed	Service Director, Adult Social Care & Public Health
Sara Allmond	Advanced Democratic Services Officer
Martin Elliott	Senior Scrutiny Officer
Jonathan Gribbin	Director of Public Health
James McDonnell	Labour Group Researcher
Gemma Shelton	Interim Group Manager, Quality and Market Management
Melanie Williams	Corporate Director, Adult Social Care & Health

1. APOLOGIES FOR ABSENCE

An apology was received from Councillor Sybil Fielding (medical/illness)

2. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

3. SOCIAL CARE MARKET PRESSURES UPDATE

Councillor Matt Barney, Cabinet Member for Adult Social Care and Public Health; Melanie Williams, Corporate Director for Adult Social Care and Health; Jonathan Gribbin, Director of Public Health and Gemma Shelton, Interim Group Manager, Quality and Market Management attended the meeting and introduce the report and gave a presentation providing an update on Social Care Market Pressures focussing on:

- Financial Support for Providers
 - Increased rates for Homes Based Care and Supported Living Providers
- Social Care Reforms
 - Market Shaping
 - Fair Cost of Care Reforms
- Workforce Recruitment and Retention
 - Workforce background and context
 - Provider Engagement

The Committee raised the following points and questions in discussion:

- Questions were raised regarding how the various proposals set out in the report would be measured for success, particularly regarding recruitment and retention of the work force.
- Questions were asked regarding the number of people who were in the wrong care setting and the implications of that.
- Questions were asked regarding how successful recent recruitment campaigns had been and what was being done to address the fact that social care was not seen as an attractive career along with concerns regarding the rates of pay compared to other sectors in the area. Concerns were also raised regarding the high levels of staff turnover in this sector.
- Questions were raised regarding how to bring more providers into the social care market, what impact was being felt regarding increases in costs to providers and how much of the £500,000 provider sustainability funding had been allocated to date.
- Questions were raised regarding hospital discharge delays, including the concern that it cost more to provide care in a hospital than in a social care setting.

In relation to the points raised by the Committee, the Cabinet Member and Officers provided the following responses:

- The immediate measure of success was to stop deterioration of services that were being delivered and the stabilisation of the social care market. There were now a lot less failures of providers. It was noted that going forward there was an expectation of seeing growth in the market and improvements in recruitment and retention of staff, plus diversification of the types of services provided and of more providers using technology to deliver services.
- The current configuration of the social care market did not meet current demand for services, so there were some residents receiving care in a different setting to that which would best meet their needs. For example, there were currently too many care homes within the system, but these were not equally spread across the county. It was noted that this was monitored through the waiting lists for the various services and the flow through the system.

- A social care job fair was taking place in Retford the day of the meeting, organised by the social care providers. The Council had run a recruitment campaign earlier in the year and it was noted that videos about the service and to encourage applications were available online. The Council attended wider market job fairs throughout the year as an employer. The Council also linked with Department for Work and Pension partners and were building relations with work coaches to flag up social care as a viable recruitment opportunity. It was noted that work was not currently done with schools regarding career promotion for Social Care careers; however, work was currently being undertaken to look at linking into Further Education providers. It was acknowledged that Social Care was not currently being sold as a career pathway and there was more to do. The volume of staff turnover in the market was also of concern. Officer advised that concerns regarding salary rates was being raised through the Association of Directors of Adult Social Services (ADASS).
- There were a number of initiatives in place to support social care providers within the market and to recruit new ones. Work was being undertaken to support providers to set up a Care Association, led by the providers, which would enable social care to be represented across the whole market. It was hoped that the infrastructure already in place and to be set up would enable new businesses to come into the market and enable growth within the sector. Care homes were also experiencing increased costs and were in regular contact with the Council. Care Homes were also being supported to access funding where appropriate and supported to ensure full occupation of beds. It was noted that supported Living was a key objective for social care provision going forward and that a comprehensive plan had been developed that would be going out for tender over the next 12 months. A provider sustainability fund had also been set up that had specific criteria for its use, it was expected that further requests for support from this fund would be made over the coming months.
- In relation to hospital discharge delays it was noted that not all delays were due to waiting for social care provision, but could also be due to issues such as internal transfers within the NHS and medication provision. It was noted that the Council was working closely with health colleagues to look at how the process could become more joined up. It was also noted that funding issues were an ongoing conversation and that there was a need to understand what and where the true costs were and whether using invest to save options could enable better flow through the system for a patient. Covid continued to circulate generally and was usually brought into a setting via community transfer. This included into both hospitals and care homes and continued to be carefully managed.

The Chairman thanked the Cabinet Member and Officers for attending the meeting and answering Members' questions.

RESOLVED: 2022/002

- 1) That the report be noted.
- 2) That a further report on Social Care Market Pressures be brought to the September 2023 meeting of the Adult Social Care and Public Health Select Committee to provide members with a progress report on the activities being carried out and on their impact.
- 3) That members of the Adult Social Care and Public Health Select Committee receive a briefing in Spring 2023 on the impact of the increase in fee rates for commissioned home care and care support and enablement services in addressing the current instability in the social care market in Nottinghamshire and in supporting its longer-term sustainability.

- 4) That the Cabinet Member for Adult Social Care and Public Health, in consultation with officers, considers what activity could be implemented to increase the uptake of the funding that has been made available via the Provider Sustainability Fund.
- 5) That as soon as it is available, an analysis of the impact of the social care recruitment events that took place in September and October 2022 be circulated to members of the Adult Social Care and Public Health Select Committee.

4. WORK PROGRAMME

The Senior Scrutiny Officer presented the Committee's current work programme.

RESOLVED: 2022/003

- 1) That the work programme be noted.
- 2) 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 12.22 pm.

CHAIRMAN

12 December 2022

Agenda Item: 4

**REPORT OF THE CABINET MEMBER, ADULT SOCIAL CARE AND PUBLIC
HEALTH****NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD - ANNUAL REPORT
2021-22****Purpose of the Report**


1. To provide an update on the progress made in 2021-22 by the Nottinghamshire Safeguarding Adults Board (NSAB) interim strategic plan. The report summarises key information held in the annual report produced as part of the Board's core duties. This report details that all Care Act statutory duties are being undertaken by the Board:
 - Providing a strategic plan ([nsabstrategicplan.pdf \(nottinghamshire.gov.uk\)](#))
 - Publishing an annual report ([nsabannualreport20-21.pdf \(nottinghamshire.gov.uk\)](#))
 - Undertaking Section 44 Safeguarding Adult Reviews as required ([Reviews \(nottinghamshire.gov.uk\)](#)).

Information

2. **Table 1** below shows work progressed to meet the three strategic aims of Nottinghamshire Safeguarding Adults Board - Prevention, Quality Assurance and Engagement.

Table 1

Identified goals in the interim strategic plan	What NSAB did to achieve this
We will assure ourselves that the Board and partner organisations continue to work together to be effective and comply with current guidance and best practice.	<ul style="list-style-type: none">• It has worked to update its policies and procedures to reflect the latest ADASS (Association of Directors of Adult Social Services) guidance and an independent review of the Multi-Agency Safeguarding Hub processes which has yet to be agreed.• It developed a people in positions of trust framework to assist partner organisations to review and develop their own policies.

<p>We will continue to develop and implement systems to provide assurance that Safeguarding Adults arrangements in Nottinghamshire are effective, person-centred, and outcome-focused equally for all of our community.</p>	<ul style="list-style-type: none"> • It has also sought assurance via a partnership assurance tool (PAT) to highlight what partners are doing to support the achievement of the Board's strategic objectives and shows how they work together and have effective systems in place. • It also monitored and analysed safeguarding concerns by age, ethnicity, gender and primary support reason to ensure that these were person-centred and outcome-focused. This understanding will help shape work in year 2 of the strategic plan. • Following a review, good progress was being made towards achieving Healthwatch's recommendations regarding preferred levels of engagement, information provision and support to assist adults and families to express their desired outcomes. Work relating to co-producing complaints training and revising procedures and adopting a three-tier conversation approach to ensure support is expedited and based around people's preferences were welcomed.
<p>We will ensure those at most risk of abuse and neglect receive a timely and appropriate response when Safeguarding concerns are raised.</p>	<ul style="list-style-type: none"> • It has supported the development of a new online Safeguarding Adults Referral form designed to improve the quality of safeguarding adults' referrals received by the Multi-Agency Safeguarding Hub. • This enabled the Multi-Agency Safeguarding Hub to target its resources on those at most risk of abuse and neglect and resolve more concerns without the need to pass them on to district social work teams. • The Board set new targets for the percentage of adults where risk was reduced or removed following the safeguarding concerns.
<p>We will analyse and report on Safeguarding data to ensure that we are shaping and targeting our response to abuse and neglect based on evidence and need.</p>	<ul style="list-style-type: none"> • Dashboards were used to analyse Safeguarding Data on a monthly basis during the Covid pandemic to enable trends to be identified earlier and the Board to consider actions to respond to these. • Data snapshot- Nottinghamshire 2021-22:  <p>The infographic displays the following data:</p> <ul style="list-style-type: none"> Population: 828,224 live in Nottinghamshire; 173,311 are aged 60 and over. Concerns: 9,758 concerns raised during this year 2021/22; 46% increase in the number of concerns received. Enquiries: 3,718 concerns became enquiries; 18% increase in the number of enquiries required. Abuse Location: 47% of abuse occurred in the person's home. Perpetrator: in 75% of cases the perpetrator of abuse was known to the person. Reported Concerns: 26% of reported safeguarding concerns involved neglect; 17% involved physical abuse; 16% involved organisational abuse. Demographics: 96% of people involved in 5.42 enquiries were white; 4% from minority ethnic groups. Outcomes: 84% were supported to give their views; 79% were satisfied with outcomes. Gender: 58% women, 42% men; More women than men were subject to 5.42 enquiries.

Safeguarding Adults Reviews	<ul style="list-style-type: none"> • K19 & L20 SAR action plans to be progressed looking at complex lives, Domestic Abuse, Care Act compliance, Mental Capacity Act and coercion and control. 7-minute briefings have been developed to support sector reflections on the learning in the review. These can be found at Resources (nottinghamshire.gov.uk)
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Nottinghamshire Safeguarding Adults Board Plans for the next 6-12 months

3. In response to the challenges faced by the system (please see **Appendix 1**) the priorities listed below will be taken forward by Nottinghamshire Safeguarding Adults Board:
 - Following the Panorama programme highlighting abuse at Edenfield, NSAB will be engaging with Nottinghamshire Integrated Care Board (ICB) to look at assurances and 'closed cultures' in Intellectual Disability and Mental Health settings.
 - To implement recommendations from an independently commissioned review of NSAB to embed governance arrangements and broaden quality assurance activity and data analysis. NSAB will concentrate on delivering year 2 priorities as identified by the safeguarding partnership.
 - To progress and complete two newly commissioned safeguarding adult reviews (SAR) for system learning relating to complex lives/ carer support & homelessness hostels.
 - Continue to link with Adult Social Care and ICB working groups relating to safeguarding and care sector reforms i.e. Care Quality Commission inspectorate in April 2023.
 - Due regard and consideration will be given to the Independent Inquiry into Child Sexual Abuse recommendations and Homes for Ukraine steering group as ongoing pieces of work.

Reason/s for Recommendation/s

4. To provide additional scrutiny and oversight by Adult Social Care and Public Health as a key stakeholder in enabling the Nottinghamshire Safeguarding Adults Board to meet its statutory duties.

Safeguarding of Children and Adults at Risk Implications

5. The annual report is based upon consolidated responses and analysis from across the Nottinghamshire system when evaluating the effectiveness of services to Safeguarding Adults (see **Appendix 1** for emerging themes).
6. Further consultation will be provided at the November Partnership event and the analysis will inform the ongoing collaborations at the NSAB January development day. This in turn will inform the business plan that is monitored by NSAB multi-agency sub-groups to drive the safeguarding adults agenda in Nottinghamshire.

RECOMMENDATION/S

- 1) That the Adult Social Care and Public Health Select Committee notes the contents of the report and agrees to review annually ongoing work of the Nottinghamshire Safeguarding Adults Board.

Councillor Matt Barney
Cabinet Member, Adult Social Care & Public Health

For any enquiries about this report please contact:

Scott MacKechnie
Independent Chair
E: scott.mckechnie@nottscc.gov.uk

Darren Fleetham
Safeguarding Adult Board Manager
T: 0115 9774202
E: darren.fleetham@nottscc.gov.uk.

Constitutional Comments (CEH 29/11/22)

7. The report falls within the remit of the Adult Social Care and Public Health Select Committee.

Financial Comments (MVJ 30/11/22)

8. The purpose of this report is to provide an update on the progress made in 2021-22 by the Nottinghamshire Safeguarding Adults Board (NSAB) interim strategic plan and to agree annual review of ongoing work of the Board, which at this stage, does not have any direct financial implications.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Nottinghamshire Safeguarding Adult Board 2020-21 interim strategic plan
[nsabannualreport20-21.pdf \(nottinghamshire.gov.uk\)](#)

Nottinghamshire Safeguarding Adult Board 2022-2025
[nsabstrategicplan.pdf \(nottinghamshire.gov.uk\)](#)

Nottinghamshire Safeguarding Adults Board Annual report 2020-21
[nsabannualreport20-21.pdf \(nottinghamshire.gov.uk\)](#)

Nottinghamshire Safeguarding Adults Board
[Resources \(nottinghamshire.gov.uk\)](#)

2020-21 Safeguarding Adults Benchmarking report
[Safeguarding - Power BI Report Server](#)

ASFG 008 Safeguarding Performance Indicators
[Safeguarding - Power BI Report Server](#)

Electoral Division(s) and Member(s) Affected

All.



Nottinghamshire
Safeguarding
Adults Board
Stop abuse and neglect

NSAB Annual Report 2021/22



Our Vision for Safeguarding Adults:
**'A County where all adults can live a life
free from abuse or neglect.'**

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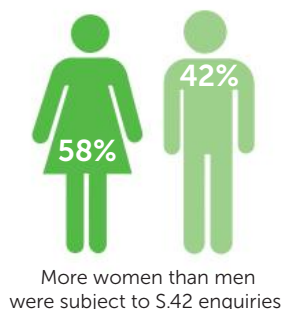
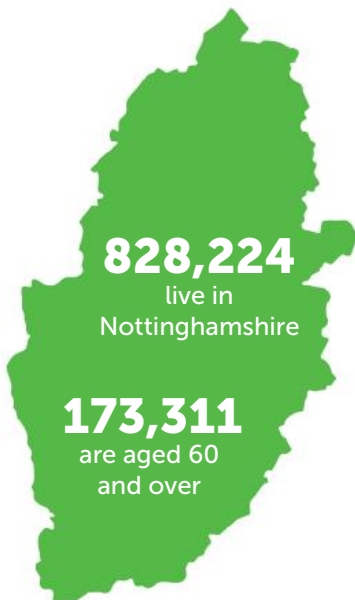
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What is safeguarding?

It protects adults with care and support needs who may be at risk of experiencing abuse or neglect.

Snapshot of Nottinghamshire in 2021/22



9,758
Concerns raised during this year 2021/22

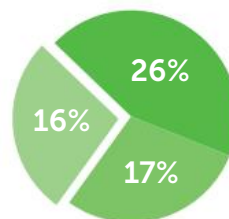
3,718
Concerns became enquiries

47%
of abuse occurred in the person's home

in 75%
of cases the perpetrator of abuse was known to the person

46% Increase in the number of concerns received

18% Increase in the number of enquiries required



26% of reported safeguarding concerns involved neglect

17% of reported safeguarding concerns involved physical abuse

16% of reported safeguarding concerns involved organisational abuse

96% of people involved in S.42 enquiries were white

4% from minority ethnic groups

84% were supported to give their views

79% were satisfied with outcomes



Message from the Independent Chair



Welcome to the 2021/22 Annual Report of the Nottinghamshire Safeguarding Adults Board (NSAB).

This annual report, written in line with Care Act requirements, details the work that NSAB has undertaken to carry out and achieve the objectives of its one-year (2021-2022) interim strategic plan, as well as highlighting contributions from our partner agencies.

Whilst recognising the continued impact that Covid-19 has had on the work of the Board this year, NSAB has continued to work towards the key aims identified within our one-year interim strategic plan:

- Prevention,
- Assurance,
- and our new priority:
- Engagement.

NSAB has continued to meet quarterly, also hosting six-monthly partnership events for the wider networks which have been very positively received. Many of the issues we experienced and have supported with will be familiar to you; COVID outbreaks in care homes and keeping residents safe,

continued work to support rough sleepers, a notable rise in domestic and psychological abuse, and carer stress, to name a few. The Board meetings have been critical to NSAB in monitoring these areas and ensuring we continue to work collaboratively and proactively on new issues as they arise. One of the main examples of this has been the move from Clinical Commissioning Groups to a new integrated care model.

The work undertaken by the Board is supported by Learning and Development; Quality Assurance; Safeguarding Adults Review, and Communication Sub-Groups who have all continued to function virtually during this time.

I would like to extend my thanks to all our partners for their continued support this year which I believe bears testimony to the positive and transparent relationships within the Board and extended partnership.

If you do not have internet access or require this information in an alternative format or language, please phone 0115 977 3911 for copies of these extra materials.

A handwritten signature in black ink, appearing to read 'Allan Breeton', located below the main body of text.

Allan Breeton
Independent Chair
Nottinghamshire Safeguarding Adults Board

Message from the new Independent Chair



I would like to take this opportunity to introduce myself as the newly appointed Independent Chair for Nottinghamshire and I will look forward to meeting with many of you over the coming months as I settle into the role. I will be continuing to collaborate and build on all of the positive work Allan and the safeguarding partnership have achieved previously, they are duly recognised within this annual report. I also recognise that this has been a most challenging year, with Covid 19 adding significant pressures onto a system under strain. I will continue to support and seek assurances that effective services are being delivered to safeguard adults of Nottinghamshire.

I would like to formally thank Allan for the time he took in welcoming me to Nottinghamshire and would like to recognise his achievements over his tenure as the Independent Chair. This report reflects on the current performance of the system in safeguarding adults across Nottinghamshire, and I am looking forward to continuing to make positive contributions to improving safeguarding for the people of the county.

A handwritten signature in black ink, appearing to read 'S MacKechnie'.

Scott MacKechnie
Independent Chair
Nottinghamshire Safeguarding Adults Board

With the launch of the [NSAB strategic plan 2022-25](#) this year, I will continue to work with partners to support the evolution of the Integrated Care System and ensure safeguarding across Nottinghamshire is effective and well led through our collaboration and co-operation.



Assurance

What we said we would do	What NSAB did to achieve it	Complete
We will assure ourselves that the Board and partner organisations continue to work together to be effective and comply with current guidance and best practice.	<ul style="list-style-type: none"> We worked to update our policies and procedures to reflect the latest ADASS guidance. An independent review of the Multi Agency Safeguarding Hub has been completed, with work ongoing to implement the report's recommendations. We developed a people in positions of trust framework to assist partner organisations to review and develop their own policies. 	✓
We will continue to develop and implement systems to provide assurance that Safeguarding Adults arrangements in Nottinghamshire are effective, person-centred, and outcome-focused equally for all of our community.	<ul style="list-style-type: none"> We have sought assurance via our Partnership Assurance Tool (PAT) to identify what partners are doing to support the achievement of the Board's strategic objectives and evidence that they have effective adult safeguarding systems in place. We completed an analysis of safeguarding concerns by age, ethnicity, gender and primary support reason to seek ongoing assurance that these remained person-centred and outcome-focused. We commissioned Healthwatch to engage with adults with lived experience of safeguarding review, and were pleased to note the report's positive conclusions, as well as their recommendations about improving engagement; provision of information and the need to support people and family/ friends to express their desired outcomes. We will work with our Board partners to improve practice in these areas. 	✓
We will ensure those at most risk of abuse and neglect receive a timely and appropriate response when Safeguarding concerns are raised.	<ul style="list-style-type: none"> We have supported the development of a new online Safeguarding Adults Referral form designed to improve the quality of safeguarding adults referrals received by the MASH. This enabled the Multi Agency Safeguarding Hub (MASH) to target its resources on those at most risk of abuse and neglect and resolve more concerns without the need to pass them on to district social work teams. We set new targets for the percentage of adults where risk was reduced or removed following the safeguarding concerns. 	✓
We will analyse and report on Safeguarding data to ensure that we are shaping and targeting our response to abuse and neglect based on evidence and need.	<ul style="list-style-type: none"> We used dashboards to analyse safeguarding data on a monthly basis during the Covid pandemic. This enabled the Board to identify trends in a timely manner and to consider actions response to these. 	✓

Prevention 2021/22

Prevention:

Prevention is one of our key priorities and is threaded throughout all the work we do with our partners. During 2021/22, the Board continued work to implement its Prevention Strategy Plan, with the goal of supporting organisations in making early, positive interventions with individuals, their families and carers to make a positive difference to people's wellbeing.

The focuses of the strategy are:

- fraud against the vulnerable
- social isolation
- support for carers
- self-neglect

The Communication Sub-Group has supported development of various materials, posters, and leaflets about adult abuse in the Covid-19 pandemic, with a focus on supporting professionals and the public to be aware of the potential increases in certain kinds of abuse as a result of pandemic restrictions, such as domestic abuse, financial scams, and neglect. These were digitally shared with partners to share in their own organisations and shared on local authority social media as part of our pandemic response.

Publicity campaigns were carried out for Elder Abuse Awareness Day and National Safeguarding Adults Week. A prominent resource for mental health was added to the NSAB website and learning from Safeguarding Adults Reviews was disseminated in new ways, including a timeline of SAR events and a series of "7-minute briefings" relating to themes and topics arising from reviews.

We began to develop our work with the Rough Sleeping Initiative to both raise awareness of rough sleeping, and to further develop our preventative work in this area. We continue to work in conjunction with the Safer Nottinghamshire Board to increase awareness of fraud prevention amongst susceptible groups and the people that support them.

Media campaigns have been promoted via social media and in our regular e-bulletin raising awareness of the new scams that emerged during the pandemic, in order to empower professionals and the public to be alert to potential signs to abuse.

" Nottinghamshire Fire and Rescue Service has improved its ability to Safeguard individuals by funding a three year secondment of an Occupational Therapist into the Prevention Team in 2021/22 to provide support and guidance and advise on preventative interventions that the Service puts in place."

Nottinghamshire
Fire and Rescue Service



Engagement

With the 2021/2022 interim strategic plan, we broadened out the Making Safeguarding Personal (MSP) priority to Engagement. We are still committed to retaining the MSP approach, which means involving the adult as much as they wish at each stage. MSP is well embedded within NSAB and wider partnership work.

Engagement will still cover MSP, but will be extended to include our stakeholders and partners, with communities, and with those groups of people we have historically struggled to engage with.

As we are still feeling the effects of the pandemic, we appreciate that this can pose challenges for practitioners. This year has seen a focus on continuing to implement and deliver a high-quality service despite the limitations and difficulties posed by the pandemic. In response to this, NSAB has updated our referrer training offer to include recently published guidance from Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS) and we have delivered this online to over 350 people over the course of the year.

As ever, MSP is at the heart of all Board learning opportunities. During 2021/22 NSAB developed a new learning session in conjunction with the Rough Sleeping Initiative and Nottinghamshire Fire and Rescue Service aimed at staff working with those people we historically struggle to engage with, such as people who isolate themselves and / or self-neglect. This course, which was held three times over the year was well-received and delivered to approximately 150 people, with plans to continue this into the next year.

Safeguarding Adults Week was held in November, and NSAB facilitated a full week of online learning events. With presentations delivered from Ann Craft Trust, Equation, National Institute for Clinical and Health Excellence (NICE), Tu Vida (Carer's Trust), Trading Standards and a day of 10-minute webinar briefings on safeguarding adults awareness and what do if you see abuse, aimed at workers who are not Social Care professionals, but nevertheless often come into contact with adults and may be the important 'eyes and ears' to spot signs of abuse or neglect.

We continue to publish our regular e-bulletin sharing relevant up-to-date information, good practice, and learning relating to Safeguarding Adults. These e-bulletins include summaries of recent Board meetings, details of relevant, current learning offers from Nottinghamshire Safeguarding Adults Board and important guidance updates.

" A piece of work exploring self-neglect was completed throughout 2021-2022. This included significant engagement activity with the use of focus groups in clinical service areas. The data compiled from this work will be analysed and a report will be completed. **"**

Nottinghamshire
Healthcare NHS
Foundation Trust

Safeguarding Adults Reviews

Overview

Presentations were delivered by Ann Craft Trust, Equation, National Institute for Clinical and Health Excellence (NICE), Tu Vida (Carer's Trust), Trading Standards and the Board itself, who held a series of 10-minute webinar briefings on adult safeguarding awareness, aimed at anyone coming into contact with adults at risk, to support them to act as our 'eyes and ears' in spotting potential abuse.

A Safeguarding Adults Review takes place when agencies who worked with an adult who has died or come to serious harm as a result of abuse or neglect are brought together to look at lessons they can learn, and implement these into current practice via updated training and external communications to prevent a similar circumstance occurring again.

The SAR Sub-Group continued to function as normal, albeit virtually following the pandemic; duties and responsibilities relating to safeguarding adults have remained a statutory duty and Sections 42-45 of the Care Act 2014 that relate to safeguarding adults have not changed or 'eased' as a result of Covid-19.

The Sub-Group met eight times throughout the year with good representation from agencies across the partnership.

The Sub-Group has undertaken work in relation to ongoing SARs and referrals, and continues to receive regular updates around Learning Disability Mortality Reviews (LeDeR).

In addition, the Rough Sleeping Initiative Co-ordinator for Nottinghamshire now attends each meeting and provides information to the Sub-Group on cases involving the deaths of homeless individuals in the county.

Referrals

In 2021-2022 the NSAB received 7 SAR referrals which were reviewed by the SAR-Group. While most did not meet the statutory criteria for a review, the group felt strongly that assurance was required in relation to some, and presentations were received throughout the year from various agencies accordingly.

Completed SARs

In 2021-2022, the NSAB concluded two SARs, both of which had been commissioned in previous years.

SAR K19:

The Sub-Group commissioned the SAR in 2019 due to concerns around the following areas:

- Providing care and support in a difficult and restrictive environment with demanding family members/carers
- Domestic abuse in the context of the carer being the perpetrator of abuse
- Multi-agency working
- Neglect of the survivor by her partner and carer, and professionals
- The extended period of time the subject of the review spent in the care of her partner without consideration of her mental capacity to consent to such care arrangements being undertaken by professionals

The review was concluded in the summer of 2021 and led to a number of recommendations being made (details of the case can be found via the following link: [adulatk19executivesummary.pdf \(nottinghamshire.gov.uk\)](#)) from which four learning themes were identified, namely:

- Application of the Care Act
- Application of the Mental Capacity Act
- Coercion and control
- Difficulty engaging

An action plan was put in place for agencies, together with a number of learning opportunities (details below) and the Sub-Group continues to monitor this.

SAR L20:

The Sub-Group commissioned the SAR in 2020 in response to concerns around multi-agency working and missed opportunities to support and engage with Adult L20.

The review was concluded in the summer of 2021 and led to a number of recommendations being made (details of the case can be found via the following link: [adultl20executivesummary.pdf\(nottinghamshire.gov.uk\)](https://adultl20executivesummary.pdf(nottinghamshire.gov.uk))) and the following themes emerged:

- Application of carer assessments
- Falls interventions and management
- Professional responses to hoarding and access
- Application of the Mental Capacity Act

It was agreed to combine three of the recommendations with the K19 action plan due to the crossover in learning between the two SARs. The action plan continues to be monitored by the SAR sub-group.

Learning from SARs

Significant learning was obtained from SAR K19 and SAR L20, and this has been incorporated into a comprehensive training offering by the Board. Links to individual courses can be found through the "learning and development" link below.

Coercive control and domestic abuse:

A safeguarding presentation was delivered to approximately 70 delegates at the National Registrars Day.

The local domestic abuse charity, Equation, also developed an online webinar on

coercive control and domestic abuse, which the Board helped promote throughout the year.

Professional curiosity:

The importance of professional curiosity is now incorporated into training courses offered by the Board. There is also a seven-minute briefing which can be accessed through the "resources" link below.

Was not brought / did not attend:

Learning around this was included in the presentation delivered to registrars, with plans in place to also include it the Board's 'safeguarding concerns' course.

Working with those who have difficulty engaging:

This multi-agency webinar was hosted by the Board and facilitated by Nottinghamshire Fire and Rescue Service and the Rough Sleeping Initiative, and covers a number of areas including:

- Self-neglect
- Hoarding
- Homelessness

SAR K19 timeline:

This interactive timeline – an infographic with hyperlinks – was created specifically in relation to the SAR and aims to give professionals access to procedures and learning points to prevent similar cases in the future. It can be accessed through the "resources" link below.

Seven-minute briefings:

A number of seven-minute briefings (see 'resources' link below) were produced throughout the year in response to learning from SARs, topics covered include:

- Self-neglect
- Professional curiosity
- Autism
- Mental health

How can I report abuse?

If you have been abused, or know someone who has, please report this to Nottinghamshire County Council on **0300 500 80 80**.

You could also report this to someone you trust e.g. police, doctor, family member, social worker.

In an emergency, you should contact the relevant emergency service (**police, ambulance, and fire and rescue service**) by dialling **999**.

What will happen next?

We may need to inform other people or organisations, such as the person's doctor, but we will ask permission before we do this.

We will work with the person affected to find out what they want to happen following a report of abuse and keep the person involved throughout the process. People have the right to change their minds about what they want to happen during the process.

Report in confidence:

Online at <https://www.nottinghamshire.gov.uk/care/safeguarding/reporting-abuse> or if your enquiry is urgent call **0300 500 8080**.



Our Partners



**Nottinghamshire
Safeguarding
Adults Board**
Stop abuse and neglect

Report in confidence:

Online at <https://www.nottinghamshire.gov.uk/care/safeguarding/reporting-abuse>
or if your enquiry is urgent call 0300 500 8080

12 December 2022

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

IMPROVING THE HEALTH OUTCOMES OF PEOPLE IN NOTTINGHAMSHIRE

Purpose of the Report

1. To use the review of public health outcomes for residents of Nottinghamshire County to highlight the building blocks needed for good health and wellbeing and to highlight the impact on inequalities when these building blocks are weak or missing.
2. To highlight the minority of indicators for which current outcomes or trends are unfavourable compared to England and that the work required by the authority or its partners to address these largely falls within the scope of the Nottinghamshire Plan and Joint Health and Wellbeing Strategy.
3. To support the Committee in prioritising areas of public health work for development or scrutiny.

Information

Vision, goals, and statutory framework

4. The Council has a statutory duty to take steps to improve the health of people in Nottinghamshire. As part of this, it also has a duty to have regard to guidance published by the Secretary of State including the Public Health Outcomes Framework (PHOF), through which the vision and strategic objectives for England are set.
5. The PHOF sets out a vision: to improve and protect the nation's health, and improve the health of the poorest fastest. It focuses on two high level goals:
 - a) Increased healthy life expectancy
 - b) Reduced differences in life expectancy and healthy life expectancy between communities
6. These outcomes reflect the focus not only on how long we live (our life expectancy), but on how well we live (our healthy life expectancy). The explicit focus of the framework set by government is also on reducing differences between people and communities from different backgrounds.

7. In Nottinghamshire, this focus is reflected in the vision and ambition underlying the Council's [Nottinghamshire Plan](#), and in the vision for the [Joint Health and Wellbeing Strategy 2022-2026](#). It should also be evident in the Integrated Care Strategy which the recently formed Nottingham and Nottinghamshire Integrated Care Partnership is developing.
8. To deliver its statutory duty in regard to the government's vision and the Council's own plan, it is essential that the Council and its partners attend to the evidence about the key factors through which healthy life expectancy is improved and inequalities reduced.

Building blocks for good health and wellbeing in every community

9. The key factors for achieving this should be thought of as the building blocks for a healthy Nottinghamshire. Where these building blocks are in place, healthy life expectancy will improve and inequalities will reduce. Where the building blocks are weak or missing, individuals experience a loss of health at an early age and the life expectancy gap between communities widens.
10. The key building blocks for health and wellbeing include every child getting the best start, housing, employment, education, food, transport, air quality and community networks. Access to health and care services is important but contributes a relatively small part compared to these other building blocks.
11. Currently we know that the lives of people in our most disadvantaged areas are, on average, about 8 years than people in our most advantaged areas. As well as living lives which are shorter, they will also spend 14 years more living in poor health. Some of our population are particularly affected. Women in our most disadvantaged communities can expect to live on average one third of their lives in poor health. This points to the fact that for some communities in Nottinghamshire, the building blocks are weak or missing.
12. The indicators in the PHOF throw further light on these missing building blocks and also on a range of service-related interventions which improve and protect the health of the population.

Public Health Outcomes Framework

13. Focusing on the twin goals of increasing healthy life expectancy and reducing inequalities, the PHOF comprises a nationally determined set of indicators which help us to understand long term trends in the health of the population.
14. The set of outcomes comprising the whole PHOF reflects a range of evidence-based action on public health and what can be realistically measured and collected centrally.
15. It should be noted that the information largely relates to population level based outcomes (in contrast to contract measures which focus only on outputs and quality for users of services). It represents the most up to date set of data for the whole of England (in some instances local data exist, which are more recent, but these are not available for other areas and so cannot be used for comparison).
16. The key data on which this report is based is contained in Appendices 1 and 2.

Public health outcomes: Nottinghamshire compared to England

17. The majority of indicators within PHOF show Nottinghamshire as 'better than' or 'similar to' England. These comparisons reflect factors including, amongst other things, the comparatively favourable influence of the social and economic environment, the role of a range of statutory agencies as well as the ongoing contribution of the Council including its Public Health team.
18. It should be noted that some indicators do not yet include the time period of the COVID pandemic, and therefore will not reflect its impact. A report on the impact of COVID on the population of Nottinghamshire is in progress, with completion in phases.
19. A minority of indicators show Nottinghamshire as 'worse than' England, and these provide a focus for action. Furthermore, county-level data often masks significant variation at more local level where some communities do not experience the socio-economic environment which create good health. Therefore consideration of the variations underlying the county-level data must also inform our action. This especially relevant where data has come through from the COVID pandemic time period, as the whole of England experienced COVID so any indicators worse than England must be explained by other variations such as inequalities.
20. Therefore, alongside partnership working (through arrangements with the rest of the County Council, Integrated Care Partnership, Health and Wellbeing Board, Safer Nottinghamshire Board, and the influence of a range of stakeholders at locality level including the role of the voluntary sector), the Director of Public Health also oversees work to identify indicators over which the Public Health Division can exert influence directly.
21. Some PHOF indicators of concern are not the direct responsibility of Public Health or the local authority. By way of example, some indicators relate to vaccination coverage which are important public health interventions for which the NHS is responsible. Outcomes related to vaccination coverage are considered as part of the workplan for the Nottinghamshire Health Protection Board which reports to the Health and Wellbeing Board.
22. Out of a framework of over 200 indicators, there are currently 35 over which the Council's Public Health Division has a higher level of influence but which warrant focus because they highlight outcomes which are worse than England or are on worsening trajectory. These indicators are listed at pages 8-9 of Appendix 1.
23. Broadly, the actions required to improve indicators where Nottinghamshire is worse than average are those to which the Council has committed in the ambitions contained in Nottinghamshire Plan or which partners have identified in the Joint Health and Wellbeing Strategy. More detailed information about these action plans can be provided if needed.

Other information about variation in outcomes within Nottinghamshire

24. There are two main sources of information about differences in health within the County:
 - The Office for Health Improvement and Disparities (OHID) is actively improving the publication of data for groups of people within local authority areas. These data are published as part of the PHOF and support understanding of inequalities across different communities within Nottinghamshire.

- Data published by electoral ward¹ is used by the Public Health Division to identify inequalities in health within the County and how these compare to other Local Authorities.
25. One example of disparities within the County is the gap in life expectancy and healthy life expectancy between the most and least deprived communities in the County. The most recent data show that that men living in the most deprived areas can expect to live for 9.3 years less than men who live in more affluent areas; the difference for women is 7.7 years².
26. Analysis of data sources provides a rich picture of how health outcomes within the authority vary by different population groups (for example differences between men and women, or by different age groups) and by geography (for example by district or electoral ward). Together with outcomes data for the whole County, an understanding of inequalities will support targeted work to improve the health for all citizens.
27. New additional information: The Office for National Statistics (ONS) has very recently published the ONS Health Index for England. This is a new measure of the health of the nation that provides a single value for health that can show health changes over time. A powerpoint presentation giving more information is attached at appendix 3.

Systemwide action and impact

28. The breadth of the full PHOF and the action plans for those indicators where Nottinghamshire is worse than England underline the importance of the collective contribution of partner organisations.
29. The [Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026](#) identifies the priorities for systemwide action. These reflect some of the building blocks for good health and wellbeing in which the Health and Wellbeing Board member organisations exert influence. They are grouped into four ambitions:

Give every child the best chance to maximise their potential
 Create healthy and sustainable places
 Provide everyone with access to the right support to improve their health
 Keep our communities safe, especially for the most vulnerable (“inclusion health”)

30. In planning for their scrutiny of the Council’s public health duty and functions, Committee may wish to focus their attention around these themes, to ensure that the Council is making its full contribution in each.

Reason for Recommendations

31. The Public Health Outcomes Framework and work to identify local health inequalities is a source of consistent data about the health of Nottinghamshire’s population. These data are collected in a systematic and standardised way. This information forms a useful tool for the Council and its system partners to assess the prospects for improving and protecting the health of the population.

¹ <http://www.localhealth.org.uk/>

² Data for 2018-2020. Data for 2019-2021 may well be released in November / December 2022 pending Census 2021 population data.

Statutory and Policy Implications

32. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

33. There are no financial implications within the report.

RECOMMENDATION/S

- 1) Note the factors which have the greatest impact on the health and wellbeing of the population and that when these building blocks are weak or missing healthy life expectancy is reduced and inequalities increase
- 2) Note that the areas of work required to address the minority of outcomes where Nottinghamshire is worse than England average are largely identified in the Nottinghamshire Plan and in the Joint Health and Wellbeing Strategy.
- 3) Consider where the impact of the Council's public health functions would benefit from further scrutiny by the Committee

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
Sue Foley
Consultant Public Health
Email: Sue.Foley@Nottscg.gov.uk

David Gilding
Senior Manager Public Health Information and Intelligence
Email: David.Gilding@Nottscg.gov.uk

Constitutional Comments (CEH 08.11.2022)

34. The content of and recommendations within the report fall within the remit of the Adult Social Care and Public Health Select Committee.

Financial Comments (DG 08.11.2022)

35. There are no direct financial implications arising from this report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- 'None' or start list here

Electoral Division(s) and Member(s) Affected

- 'All' or start list here

Appendix 1: Public Health Outcomes Framework review for Nottinghamshire: update November 2022

The purpose of this document is to provide an overview of the Nottinghamshire County in relation to the Public Health Outcomes Framework (PHOF).

This is provided as tables on the following pages, grouped by indicators where Nottinghamshire outcomes are significantly worse than England (orange), where there is no significant difference (yellow) or significantly better (green). Some comparisons (including those related to screening, vaccinations and chlamydia detection rate) are based on target thresholds rather than a comparison to England. Life expectancy and indicators presented as rates have not yet been updated for years including 2021. This is because the census population data & trends have not been released yet.

The 'trend direction' column uses the OHID¹ designation, which is based on the most recent 5 values. This is not calculated for all indicators.

Entries in different columns are explained below:

Comparison to England
Orange: significantly worse
Yellow: not significantly different
Green: significantly better

Polarity
H: High is better
L: Low is better
N: not relevant

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: high (H) or low (L) is better. N - not relevant	Latest time period	Trendline (time increasing L-R)
B01b - Children in absolute low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2019/20	
B01b - Children in relative low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2019/20	
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	Persons	6 yrs	Worse	Impr.	H	2018/19	
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	Persons	6 yrs	Worse	Impr.	H	2018/19	
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	Persons	5 yrs	Similar	Impr.	H	2018/19	
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B03 - Pupil absence	Persons	5-15 yrs	Better	No trend	L	2018/19	

Ref number and title of indicator

Male, Female or Persons (both sexes)

Relevant age group

Trend direction (OHID definition)

Trend data
All data are annual

Data extract: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

October 2022 David Gilding, Public Health Intelligence Team

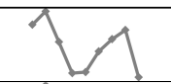
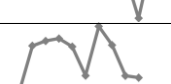
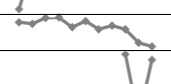
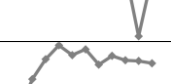
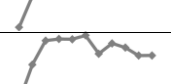


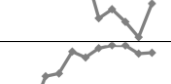
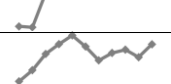
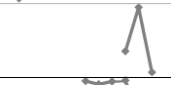




¹ Office for Health Improvement and Disparities

1 Indicators where Nottinghamshire is better than England

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period	Trendline
B01b - Children in absolute low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2020/21	
B01b - Children in relative low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2020/21	
B03 - Pupil absence	Persons	5-15 yrs	Better	-	L	2020/21	
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	Persons	16-64 yrs	Better	-	L	2020/21	
B12a - Violent crime - hospital admissions for violence (including sexual violence)	Persons	All ages	Better	-	L	2018/19 - 20/21	
B14a - The rate of complaints about noise	Persons	All ages	Better	-	L	2019/20	
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	Better	-	L	2020/21	
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	Better	-	L	2020/21	
C04 - Low birth weight of term babies	Persons	>=37 weeks gestational age at birth	Better	No trend	L	2020	
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days	Persons	<14 days	Better	-	H	2020/21	
C08a - Child development: percentage of children achieving a good level of development at 2-2½ years	Persons	2-2.5 yrs	Better	-	H	2020/21	
C08b - Child development: percentage of children achieving the expected level in communication skills at 2-2½ years	Persons	2-2.5 yrs	Better	-	H	2020/21	
C08c - Child development: percentage of children achieving the expected level in personal-social skills at 2-2½ years	Persons	2-2.5 yrs	Better	-	H	2020/21	
C09b - Year 6: Prevalence of overweight (including obesity)	Persons	10-11 yrs	Better	Worsening	L	2019/20	
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	<15 yrs	Better	-	L	2020/21	
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	0-4 yrs	Better	-	L	2020/21	
C19d - Deaths from drug misuse	Persons	All ages	Better	-	L	2018 - 20	
C24a - Cancer screening coverage: breast cancer	Female	53-70 yrs	Better	Worsening	H	2021/22	
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	Female	25-49 yrs	Better	No trend	H	2021/22	
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	Female	50-64 yrs	Better	Worsening	H	2021/22	
C24d - Cancer screening coverage: bowel cancer	Persons	60-74 yrs	Better	Impr.	H	2021/22	
C24e - Abdominal Aortic Aneurysm Screening Coverage	Male	65	Better	Worsening	H	2020/21	
C24m - Newborn Hearing Screening: Coverage	Persons	<1 yr	Better	-	H	2020/21	
C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Persons	40-74 yrs	Better	-	H	2017/18 - 21/22	
C26c - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	Persons	40-74 yrs	Better	-	H	2017/18 - 21/22	

'Better than England' continued ...

... 'Better than England' continued

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period	Trendline
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	Persons	15-24 yrs	Better	No trend	H	2020	
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	Persons	15-64 yrs	Better	No trend	L	2020	
D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	Persons	1 yr	Better	Worsening	H	2020/21	
D03d - Population vaccination coverage - MenB (1 year)	Persons	1 yr	Better	-	H	2020/21	
D03e - Population vaccination coverage - Rotavirus (Rota) (1 year)	Persons	1 yr	Better	No trend	H	2020/21	
D03f - Population vaccination coverage - PCV	Persons	1 yr	Better	No trend	H	2019/20	
D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	Persons	2 yrs	Better	Worsening	H	2020/21	
D03i - Population vaccination coverage - MenB booster (2 years)	Persons	2 yrs	Better	-	H	2020/21	
D03j - Population vaccination coverage - MMR for one dose (2 years old)	Persons	2 yrs	Better	No trend	H	2020/21	
D03k - Population vaccination coverage - PCV booster	Persons	2 yrs	Better	No trend	H	2020/21	
D03l - Population vaccination coverage - Flu (2-3 years old)	Persons	2-3 yrs	Better	Impr.	H	2021/22	
D03m - Population vaccination coverage - Hib / MenC booster (2 years old)	Persons	2 yrs	Better	No trend	H	2020/21	
D04a - Population vaccination coverage - DTaP/IPV booster (5 years)	Persons	5 yrs	Better	No trend	H	2020/21	
D04b - Population vaccination coverage - MMR for one dose (5 years old)	Persons	5 yrs	Better	No trend	H	2020/21	
D04c - Population vaccination coverage - MMR for two doses (5 years old)	Persons	5 yrs	Better	Impr.	H	2020/21	
D04d - Population vaccination coverage - Flu (primary school aged children)	Persons	4-11 yrs	Better	-	H	2021	
D04f - Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old)	Female	13-14 yrs	Better	Worsening	H	2020/21	
D05 - Population vaccination coverage - Flu (at risk individuals)	Persons	6 months-64 yrs	Better	Impr.	H	2021/22	

... 'Better than England' continued

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period	Trendline
D06a - Population vaccination coverage - Flu (aged 65+)	Persons	65+ yrs	Better	Impr.	H	2021/22	
D06b - Population vaccination coverage - PPV	Persons	65+ yrs	Better	No trend	H	2020/21	
D06c - Population vaccination coverage " Shingles vaccination coverage (71 years)	Persons	71	Better	-	H	2019/20	
D08b - TB incidence (three year average)	Persons	All ages	Better	-	L	2018 - 20	
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	Persons	5 yrs	Better	-	L	2018/19	
E09a - Premature mortality in adults with severe mental illness (SMI)	Persons	18-74 yrs	Better	-	L	2018 - 20	
E10 - Suicide rate	Persons	10+ yrs	Better	-	L	2018 - 20	
E12a - Preventable sight loss - age related macular degeneration (AMD)	Persons	65+ yrs	Better	No trend	L	2020/21	
E12d - Preventable sight loss - sight loss certifications	Persons	All ages	Better	No trend	L	2020/21	

2 Indicators where Nottinghamshire is similar to England

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period	Trendline
A01a - Healthy life expectancy at birth	Male	All ages	Similar	-	H	2018 - 20	
A01a - Healthy life expectancy at 65	Female	65	Similar	-	H	2018 - 20	
A01b - Life expectancy at birth	Female	All ages	Similar	-	H	2020	
A01b - Life expectancy at birth	Male	All ages	Similar	-	H	2018 - 20	
A01b - Life expectancy at birth	Male	All ages	Similar	-	H	2020	
A01b - Life expectancy at 65	Male	65	Similar	-	H	2020	
A01c - Disability-free life expectancy at birth	Male	All ages	Similar	-	H	2018 - 20	
A01c - Disability-free life expectancy at 65	Male	65	Similar	-	H	2018 - 20	
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	Persons	5 yrs	Similar	Impr.	H	2018/19	
B04 - First time entrants to the youth justice system	Persons	10-17 yrs	Similar	Impr.	L	2021	
B08a - The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)	Persons	16-64 yrs	Similar	-	H	2020/21	
B08b - Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate	Persons	18-64 yrs	Similar	-	L	2020/21	
B08c - Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69) and on the Care Plan Approach, and the overall employment rate	Persons	18-69 yrs	Similar	-	L	2020/21	
B08d - Percentage of people in employment	Persons	16-64 yrs	Similar	No trend	H	2020/21	
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	Persons	16+ yrs	Similar	-	L	2018 - 20	
B09b - Sickness absence - the percentage of working days lost due to sickness absence	Persons	16+ yrs	Similar	-	L	2018 - 20	
B16 - Utilisation of outdoor space for exercise/health reasons	Persons	16+ yrs	Similar	-	H	Mar 2015 - Feb 2016	
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	Persons	18+ yrs	Similar	-	H	2019/20	
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	Persons	16+ yrs	Similar	-	L	2019/20	

'Similar to England' continued ...

... continued 'Similar to England' continued

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period	Trendline
C02a - Under 18s conception rate / 1,000	Female	<18 yrs	Similar	Impr.	L	2020	
C02b - Under 16s conception rate / 1,000	Female	<16 yrs	Similar	No trend	L	2020	
C09a - Reception: Prevalence of overweight (including obesity)	Persons	4-5 yrs	Similar	No trend	L	2019/20	
C10 - Percentage of physically active children and young people	Persons	5-16 yrs	Similar	-	H	2020/21	
C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern	Persons	5-16 yrs	Similar	No trend	L	2020/21	
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Persons	16+ yrs	Similar	-	H	2019/20	
C16 - Percentage of adults (aged 18+) classified as overweight or obese	Persons	18+ yrs	Similar	-	L	2020/21	
C17a - Percentage of physically active adults	Persons	19+ yrs	Similar	-	H	2020/21	
C17b - Percentage of physically inactive adults	Persons	19+ yrs	Similar	-	L	2020/21	
C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	Persons	18+ yrs	Similar	-	L	2019	
C18 - Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	Persons	18+ yrs	Similar	-	L	2020	
C19a - Successful completion of drug treatment - opiate users	Persons	18+ yrs	Similar	Worsening	H	2020	
C19b - Successful completion of drug treatment - non-opiate users	Persons	18+ yrs	Similar	No trend	H	2020	
C19c - Successful completion of alcohol treatment	Persons	18+ yrs	Similar	No trend	H	2020	
C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Persons	18+ yrs	Similar	Impr.	H	2020/21	
C22 - Estimated diabetes diagnosis rate	Persons	17+ yrs	Similar	-	H	2018	

'Similar to England' continued ...

... continued 'Similar to England'

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period
C28a - Self-reported wellbeing - people with a low satisfaction score	Persons	16+ yrs	Similar	-	L	2020/21
C28c - Self-reported wellbeing - people with a low happiness score	Persons	16+ yrs	Similar	-	L	2020/21
C28d - Self-reported wellbeing - people with a high anxiety score	Persons	16+ yrs	Similar	-	L	2020/21
C29 - Emergency hospital admissions due to falls in people aged 65 and over	Persons	65+ yrs	Similar	-	L	2020/21
C29 - Emergency hospital admissions due to falls in people aged 65-79	Persons	65-79 yrs	Similar	-	L	2020/21
C29 - Emergency hospital admissions due to falls in people aged 80+	Persons	80+ yrs	Similar	-	L	2020/21
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 year old)	Female	12-13 yrs	Similar	Worsening	H	2020/21
D07 - HIV late diagnosis (all CD4 less than 350) (%)	Persons	15+ yrs	Similar	-	L	2018 - 20
D08a - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	Persons	All ages	Similar	No trend	H	2019
D09 - NHS organisations with a board approved sustainable development management plan	Not applicable	Not applicable	Similar	No trend	H	2015/16
E01 - Infant mortality rate	Persons	<1 yr	Similar	-	L	2018 - 20
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	Persons	<75 yrs	Similar	-	L	2017 - 19
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	Persons	<75 yrs	Similar	No trend	L	2020
E04a - Under 75 mortality rate from all cardiovascular diseases	Persons	<75 yrs	Similar	-	L	2017 - 19
E04a - Under 75 mortality rate from all cardiovascular diseases	Persons	<75 yrs	Similar	No trend	L	2020
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	Persons	<75 yrs	Similar	-	L	2017 - 19

3 Indicators where Nottinghamshire is worse than England

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period	Trendline
A01a - Healthy life expectancy at birth	Female	All ages	Worse	-	H	2018 - 20	
A01a - Healthy life expectancy at 65	Male	65	Worse	-	H	2018 - 20	
A01b - Life expectancy at birth	Female	All ages	Worse	-	H	2018 - 20	
A01b - Life expectancy at 65	Female	65	Worse	-	H	2018 - 20	
A01b - Life expectancy at 65	Female	65	Worse	-	H	2020	
A01b - Life expectancy at 65	Male	65	Worse	-	H	2018 - 20	
A01c - Disability-free life expectancy at birth	Female	All ages	Worse	-	H	2018 - 20	
A01c - Disability-free life expectancy at 65	Female	65	Worse	-	H	2018 - 20	
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	Persons	6 yrs	Worse	Impr.	H	2018/19	
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	Persons	6 yrs	Worse	Impr.	H	2018/19	
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	Persons	16-17 yrs	Worse	Worsening	L	2020	
B06a - Adults with a learning disability who live in stable and appropriate accommodation	Persons	18-64 yrs	Worse	No trend	H	2020/21	
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Persons	18-69 yrs	Worse	-	H	2020/21	
B08b - The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)	Persons	18-64 yrs	Worse	-	H	2020/21	
B08c - The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)	Persons	18-69 yrs	Worse	-	H	2020/21	
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	Persons	All ages	Worse	-	H	2012/13	

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period	Trendline
C03a - Obesity in early pregnancy	Female	Not applicable	Worse	-	L	2018/19	
C03c - Smoking in early pregnancy	Female	Not applicable	Worse	-	L	2018/19	
C05a - Baby's first feed breastmilk	Persons	Newborn	Worse	-	H	2018/19	
C06 - Smoking status at time of delivery	Female	All ages	Worse	No trend	L	2020/21	
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Persons	15-24 yrs	Worse	-	L	2020/21	
C14b - Emergency Hospital Admissions for Intentional Self-Harm	Persons	All ages	Worse	-	L	2020/21	
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	Persons	All ages	Worse	-	L	2020/21	
C24n - Newborn and Infant Physical Examination Screening Coverage	Persons	<1 yr	Worse	-	H	2020/21	
C26a - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	Persons	40-74 yrs	Worse	-	H	2017/18 - 21/22	
C27 - Percentage reporting a long-term Musculoskeletal (MSK) problem	Persons	16+ yrs	Worse	-	L	2021	
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 year old)	Male	12-13 yrs	Worse	-	H	2020/21	
D04g - Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)	Persons	14-15 yrs	Worse	No trend	H	2020/21	
D10 - Adjusted antibiotic prescribing in primary care by the NHS	Persons	All ages	Worse	-	L	2021	
E08 - Mortality rate from a range of specified communicable diseases, including influenza	Persons	All ages	Worse	-	L	2017 - 19	
E08 - Mortality rate from a range of specified communicable diseases, including influenza	Persons	All ages	Worse	No trend	L	2020	
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)	Persons	18-74 yrs	Worse	-	L	2018 - 20	

4 Other indicators – no statistical comparison

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period
A02a - Inequality in life expectancy at birth	Female	All ages	-	-	L	2018 - 20
A02a - Inequality in life expectancy at birth	Male	All ages	-	-	L	2018 - 20
A02a - Inequality in life expectancy at 65	Female	65	-	-	L	2018 - 20
A02a - Inequality in life expectancy at 65	Male	65	-	-	L	2018 - 20
A02c - Inequality in healthy life expectancy at birth LA	Female	All ages	-	-	L	2009 - 13
A02c - Inequality in healthy life expectancy at birth LA	Male	All ages	-	-	L	2009 - 13
B01b - Children in absolute low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2020/21
B01b - Children in relative low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2020/21
B03 - Pupil absence	Persons	5-15 yrs	Better	-	L	2020/21
B07 - People in prison who have a mental illness or a significant mental illness	Persons	18+ yrs	-	-	L	2018/19
B08a - Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate	Persons	16-64 yrs	Better	-	L	2020/21
B10 - Killed and seriously injured (KSI) casualties on England's roads	Persons	All ages	-	-	L	2020
B11 - Domestic abuse-related incidents and crimes	Persons	16+ yrs	-	-	N	2020/21
B12a - Violent crime - hospital admissions for violence (including sexual violence)	Persons	All ages	Better	-	L	2018/19 - 20/21
B12b - Violent crime - violence offences per 1,000 population	Persons	All ages	-	Getting higher	N	2020/21

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: H(igh) or L(ow) is better. N(ot relevant)	Latest time period
C01 - Total prescribed LARC excluding injections rate / 1,000	Female	All ages	Higher	No trend	N	2020
C04 - Low birth weight of term babies	Persons	>=37 weeks gestational age at birth	Better	No trend	L	2020
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days	Persons	<14 days	Better	-	H	2020/21
C08a - Child development: percentage of children achieving a good level of development at 2-2½ years	Persons	2-2.5 yrs	Better	-	H	2020/21
C08b - Child development: percentage of children achieving the expected level in communication skills at 2-2½ years	Persons	2-2.5 yrs	Better	-	H	2020/21
C08c - Child development: percentage of children achieving the expected level in personal-social skills at 2-2½ years	Persons	2-2.5 yrs	Better	-	H	2020/21
C09b - Year 6: Prevalence of overweight (including obesity)	Persons	10-11 yrs	Better	Worsening	L	2019/20
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	<15 yrs	Better	-	L	2020/21
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	0-4 yrs	Better	-	L	2020/21
C19d - Deaths from drug misuse	Persons	All ages	Better	-	L	2018 - 20
C23 - Percentage of cancers diagnosed at stages 1 and 2	Persons	All ages	-	-	H	2019
C24a - Cancer screening coverage: breast cancer	Female	53-70 yrs	Better	Worsening	H	2021/22
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	Female	25-49 yrs	Better	No trend	H	2021/22
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	Female	50-64 yrs	Better	Worsening	H	2021/22
C24d - Cancer screening coverage: bowel cancer	Persons	60-74 yrs	Better	Impr.	H	2021/22
C24e - Abdominal Aortic Aneurysm Screening Coverage	Male	65	Better	Worsening	H	2020/21
C24m - Newborn Hearing Screening: Coverage	Persons	<1 yr	Better	-	H	2020/21
C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Persons	40-74 yrs	Better	-	H	2017/18 - 21/22

Appendix 2 – Indicators that have changed status (compared to England) since the report in January 2022

Topic	Indicator	Sex	Change from	Change to	Direction of change
Overarching indicators	A01a - Healthy life expectancy at 65	Male	Similar compared to England	Worse compared to England	Worsening
Overarching indicators	A01c - Disability-free life expectancy at 65	Female	Similar compared to England	Worse compared to England	Worsening
Overarching indicators	A01c - Disability-free life expectancy at birth	Female	Similar compared to England	Worse compared to England	Worsening
Wider determinants	B04 - First time entrants to the youth justice system	Persons	Better compared to England	Similar compared to England	Worsening
Wider determinants	B06a - Adults with a learning disability who live in stable and appropriate accommodation	Persons	Similar compared to England	Worse compared to England	Worsening
Wider determinants	B09a - Sickness absence - the percentage of employees who had at least one day off in the previous	Persons	Better compared to England	Similar compared to England	Worsening
Health improvement	C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15	Persons	Similar compared to England	Worse compared to England	Worsening
Health improvement	C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern	Persons	Worse compared to England	Similar compared to England	Improving
Health improvement	C16 - Percentage of adults (aged 18+) classified as overweight or obese	Persons	Worse compared to England	Similar compared to England	Improving
Health improvement	C19a - Successful completion of drug treatment - opiate users	Persons	Worse compared to England	Similar compared to England	Improving
Health improvement	C19c - Successful completion of alcohol treatment	Persons	Better compared to England	Similar compared to England	Worsening
Health improvement	C29 - Emergency hospital admissions due to falls in people aged 65-79	Persons	Better compared to England	Similar compared to England	Worsening
Health improvement	C29 - Emergency hospital admissions due to falls in people aged 80+	Persons	Worse compared to England	Similar compared to England	Improving
Health protection	D04f - Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old)	Female	Worse compared to England	Better compared to England	Improving
Health protection	D04g - Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-1	Persons	Better compared to England	Worse compared to England	Worsening
Health protection	D10 - Adjusted antibiotic prescribing in primary care by the NHS	Persons	Better compared to England	Worse compared to England	Worsening
Healthcare and premature mortality	E12a - Preventable sight loss - age related macular degeneration (AMD)	Persons	Similar compared to England	Better compared to England	Improving
Healthcare and premature mortality	E12d - Preventable sight loss - sight loss certifications	Persons	Similar compared to England	Better compared to England	Improving
Healthcare and premature mortality	E13 - Hip fractures in people aged 65 and over	Persons	Worse compared to England	Similar compared to England	Improving
Healthcare and premature mortality	E13 - Hip fractures in people aged 80+	Persons	Worse compared to England	Similar compared to England	Improving

This table compares data downloaded in October 2021 to data downloaded in October 2022

ONS Health Index 2015-2020

Summary of main results for
Nottinghamshire County and lower-tier authorities

David Gilding

Public Health Intelligence Team, November 2022

ONS Health Index

- The Health Index for England is a new measure of the health of the nation. It uses a broad definition of health, including:
 - health outcomes
 - health-related behaviours and personal circumstances
 - wider drivers of health that relate to the places where people live
- The Health Index provides a single value for health that can show how health changes over time

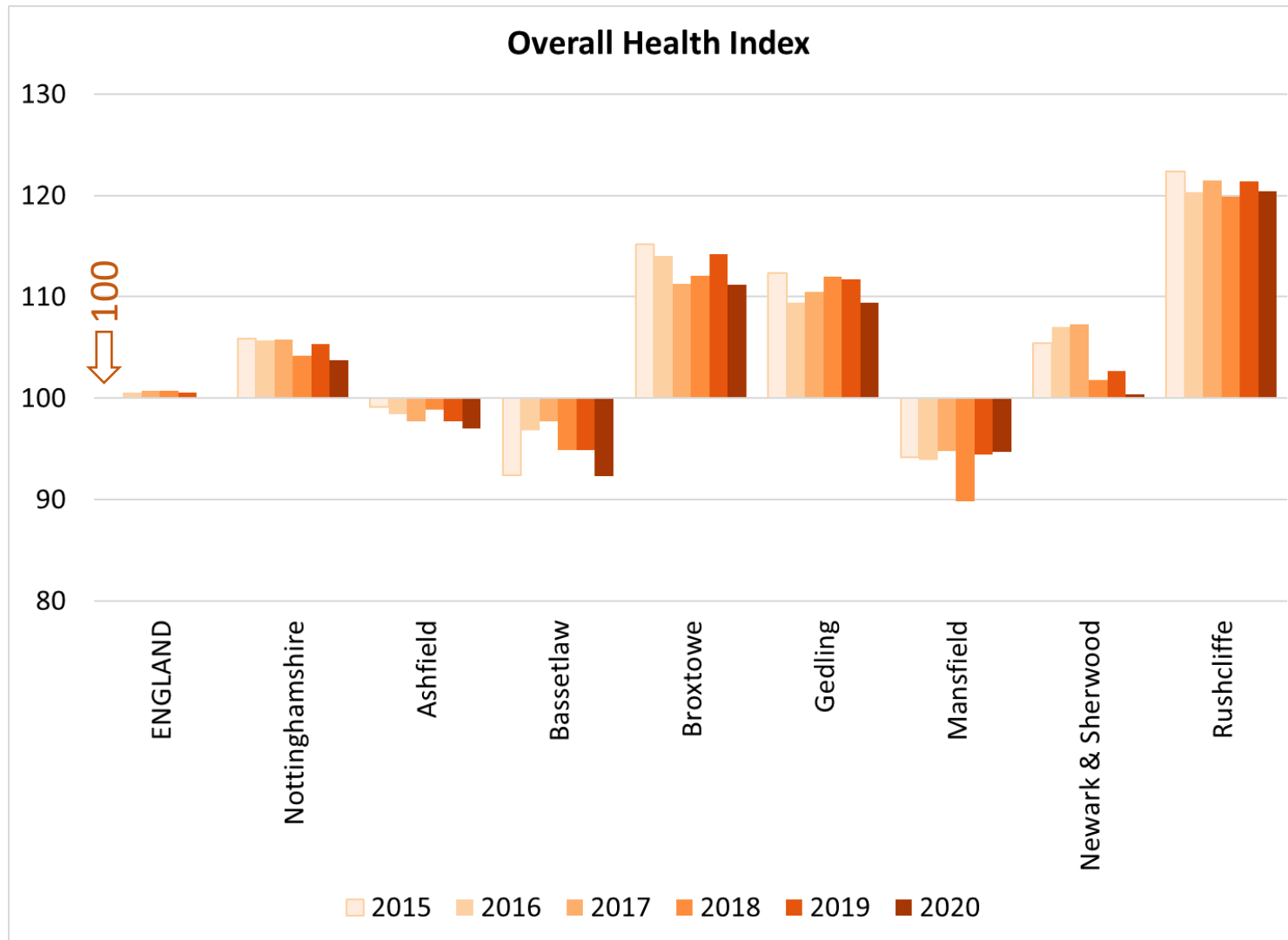
ONS Health Index Domains

- The overall Health Index score can be broken down into three areas of health, known as domains, which are:
 - Healthy People
 - Healthy Lives
 - Healthy Places
- Each of these is formed by groups of indicators, usually government that can be tracked over time.
- The latest release includes data from 2015 to 2020

ONS Health Index

- The score for the overall index and the domains are scaled so that England in 2015 = 100.
- Higher scores always mean better health and lower scores worse health
- This allows comparison over time and between England and local authorities
- Health is measured at local authority, regional and national levels

Results Overall Health Index



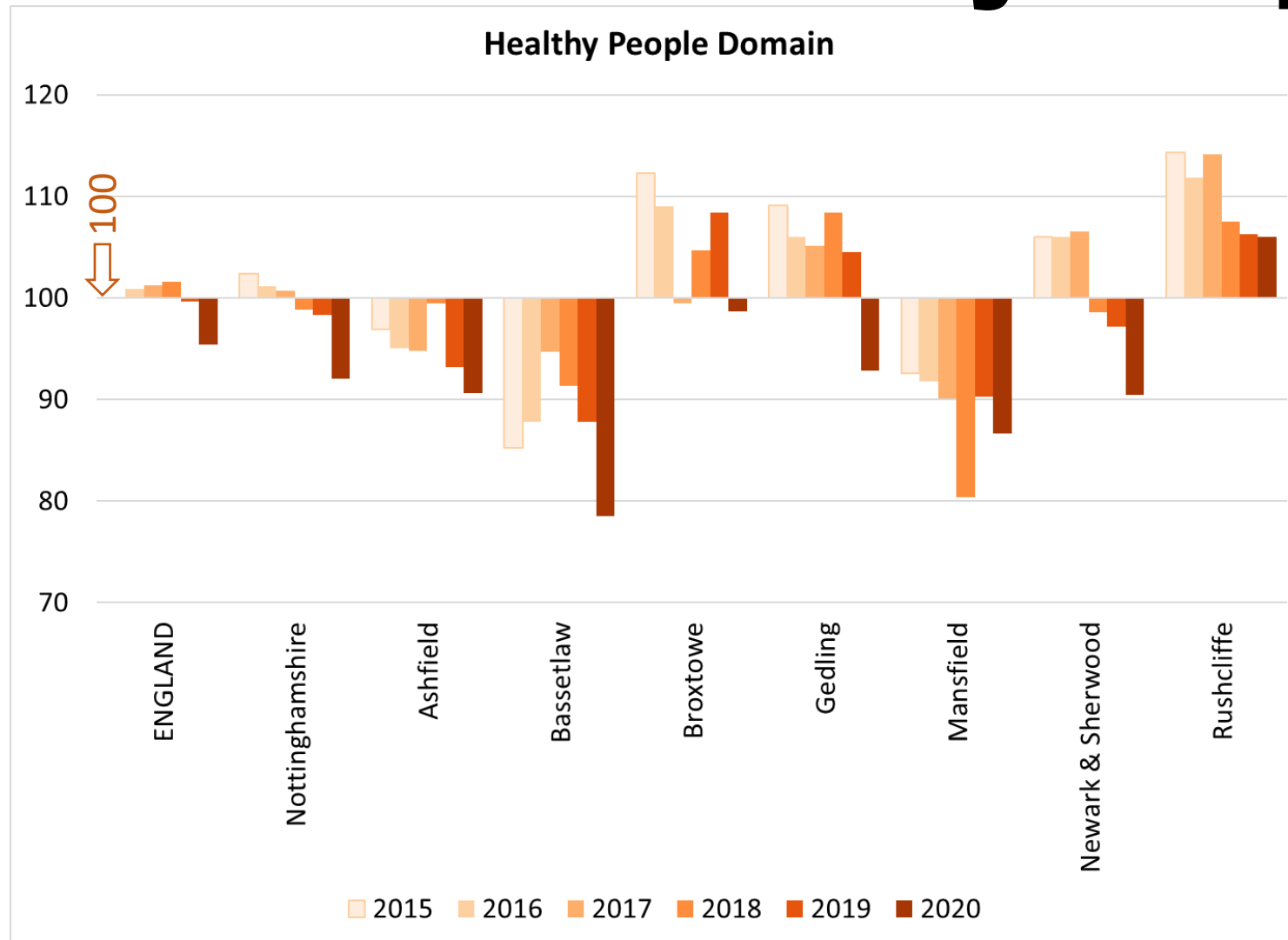
Nottinghamshire

- Nottinghamshire had better health than England for all years
- The Health Index was highest in 2015 and worst in 2020

Districts & Boroughs

- Health in Broxtowe, Gedling and Rushcliffe was better than Nottinghamshire in all years
- Health in Newark and Sherwood was better than England in all years
- Health in all local authorities declined between 2019 and 2020 apart from Mansfield, which experienced its best health index in 2020

Results Healthy People Domain



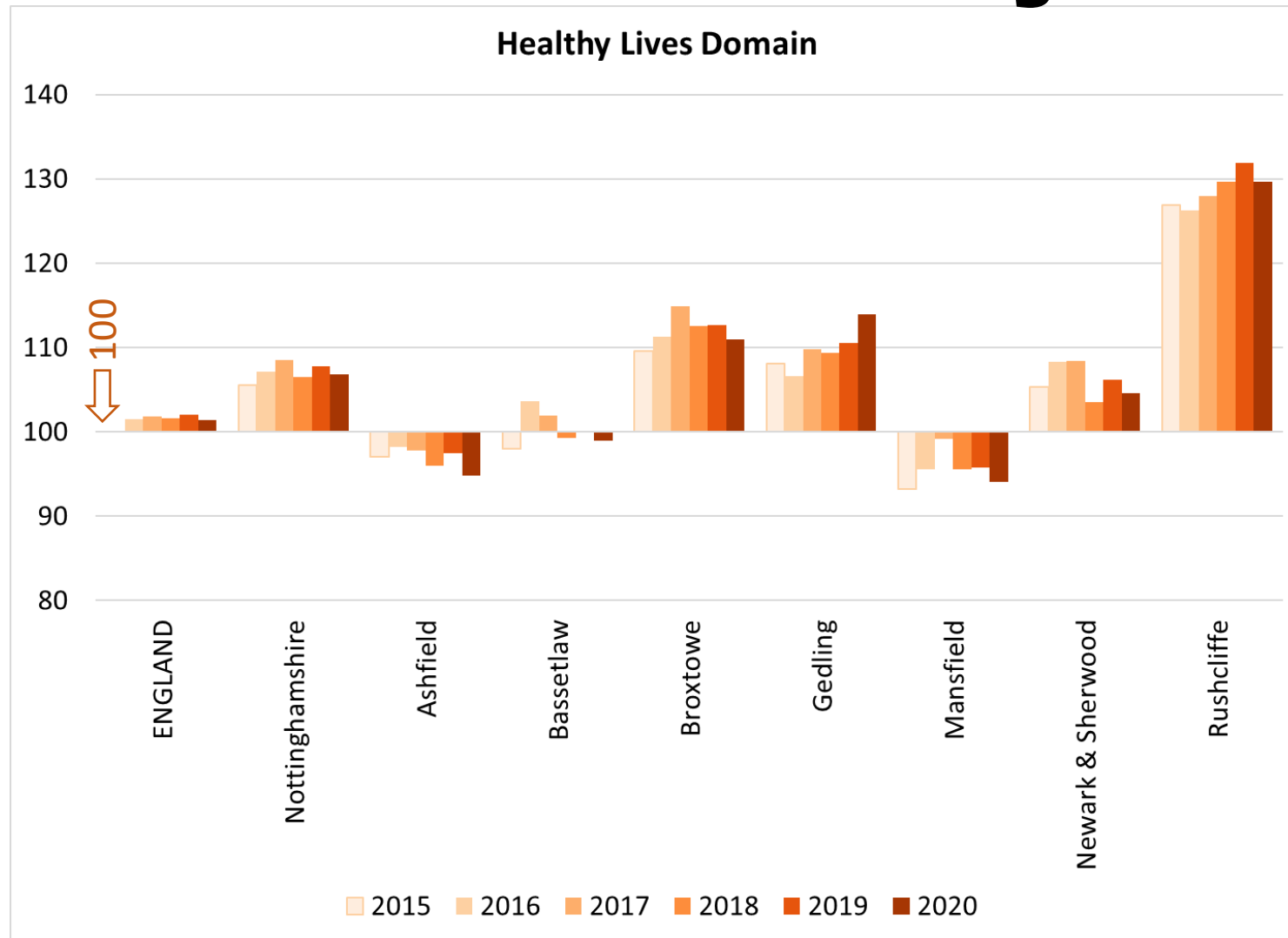
Nottinghamshire

- The Index for Healthy People declined (got worse) each year from 2015 to 2020.

Districts & Boroughs

- There are not many consistent patterns over time.
- No authorities improved their score in 2020 compared to 2019
- The Healthy People domain scores declined for one year or more before 2020 in Ashfield, Bassetlaw, Gedling, Newark & Sherwood and Rushcliffe. This might suggest that COVID exacerbated existing issues.

Results Healthy Lives Domain



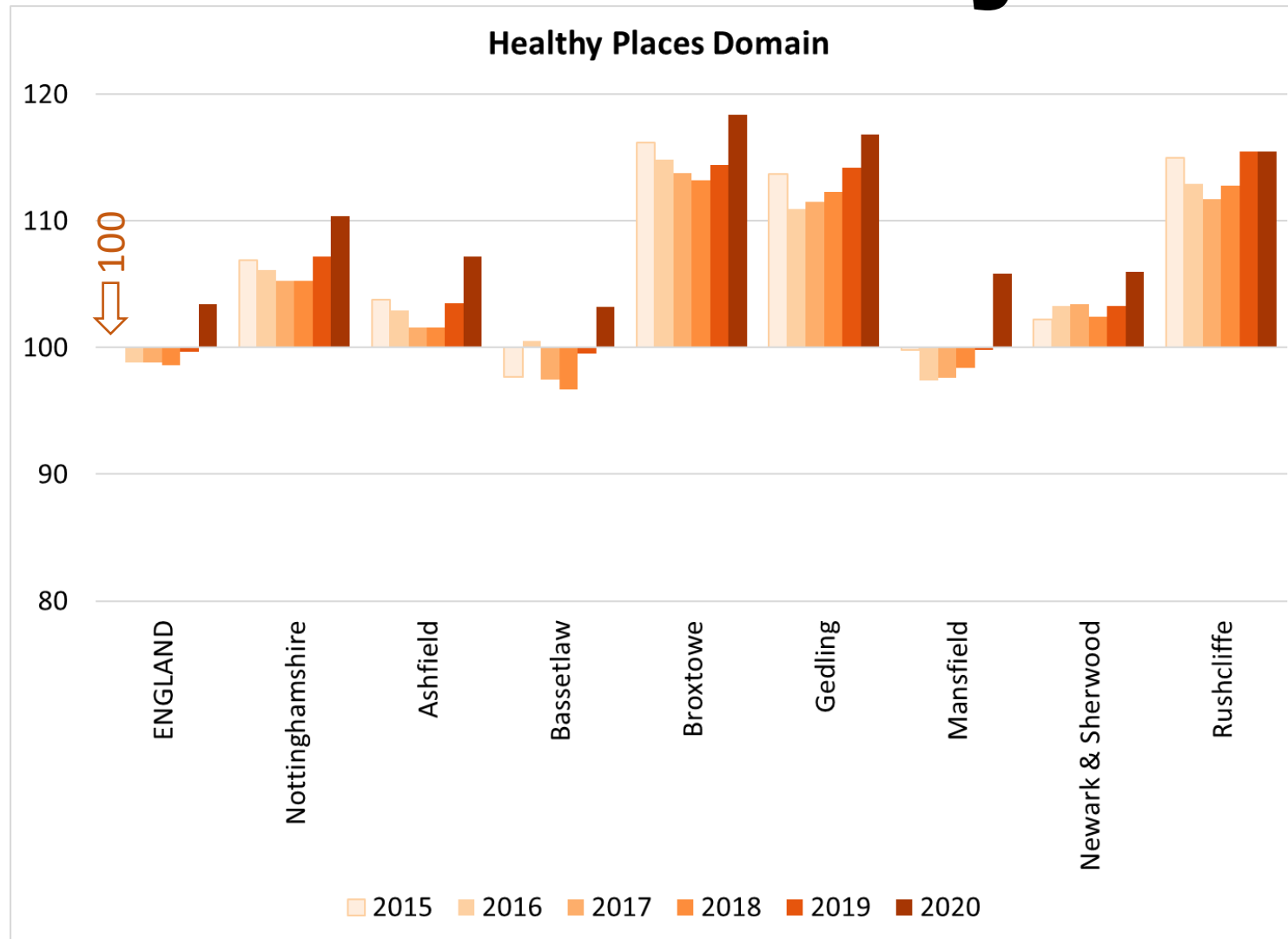
Nottinghamshire

- The index for Healthy Lives was consistently better than England with no obvious trend over time.

Districts & Boroughs

- Pre-COVID (2020) Broxtowe, Gedling and Rushcliffe appeared to have improving Healthy Lives scores
- All authorities had a worse score in 2020 compared to 2019, apart from Gedling, where the Healthy Lives index improved.

Results Healthy Places Domain



Nottinghamshire

- Nottinghamshire Healthy Places Index was consistently better than England
- The index for healthy places improved in 2019 and also 2020, which was the highest score

Districts & Boroughs

- All authorities had the highest index score in 2020 for this domain
- All authorities had a better score than England in 2020
- This is the only domain for which Rushcliffe is not an obvious high outlier

ONS Health Index Domains

Groups of indicators that form each health index domain

Healthy people

- difficulties in daily life
- mental health
- mortality
- personal well-being
- physical health conditions

Healthy Lives

- behavioural risk factors
- children and young people
- physiological risk factors
- protective measures

Healthy Living

- access to green space
- access to services
- crime
- economic and working conditions
- living conditions

Further details can be found at

[Health Index contents and definitions - Office for National Statistics](#)

12 December 2022**Agenda Item: 6**

REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH RESPONSE TO THE COMMITTEE ON THE SUSTAINABILITY FUNDING FOR EXTERNAL ADULT SOCIAL CARE PROVIDERS

Purpose of the Report

1. At the meeting of the Adult Social Care and Public Health Select Committee held on 6 October 2022 it was resolved:

“That the Cabinet Member for Adult Social Care and Public Health, in consultation with officers, considers what activity could be implemented to increase the uptake of the funding that has been made available via the Provider Sustainability Fund”.

2. This report provides a response to that resolution and advises the Adult Social Care and Public Health Select Committee on the current position on spend, usage and benefits of the £0.5m sustainability funding which has been made available for external social care providers.

Information

3. The Corporate Director approved the £0.5m funding by Delegated Decision in June 2022. This fund was created to support the social care market as there are considerable pressures within the care market impacting on the Council’s ability to meet its statutory duties to provide care and support and sustain the market, as well as provide people with choice and control over how best to meet their care needs.
4. There are significant difficulties around recruitment and retention of staff and inflationary pressures, which are affecting the financial sustainability of some services. This is further compounding market failure in terms of quality, sustainability or contractual compliance.
5. The national funds that supported providers in the previous two years came to an end in March 2022.
6. Measures to strengthen the market, such as the establishment of a Market Shaping Team, will take time to implement as will the national response to addressing the Fair Cost of Care work, which is part of Adult Social Care reform.

7. The fund was developed in response to feedback from providers that there would be significant financial concerns when the national funds ended and that they needed support with:
 - fuel costs
 - energy costs
 - insurance costs
 - staffing cover costs.
8. The risks and fragility within the care market compounded by the rising cost of living means that the care market could see a further escalation of provider failures.
9. To mitigate this risk, the sustainability fund of £0.5m was launched in July 2022, enabling providers to claim back additional costs that they have incurred from May 2022, for three months or until the fund is spent.
10. There are considerable pressures in all social care services with all experiencing increased financial costs and workforce issues and the offer of this fund is available for the wider care market.
11. With the implementation of the local fund the following criteria were agreed for the wider care market:
 - Funding for fuel and energy costs (over and above what providers normally pay)
 - Exceptional staffing costs associated with sickness cover (e.g. Covid-related absence meaning staff need to isolate with full pay)
 - Insurance costs (excess cost on top of previous year's policies).
12. To ensure that there was fair access the fund was limited by the following:
 - Provider claims are capped at £1,500 per provider registered service per month (until the funding is spent)
 - Providers can claim monthly and retrospectively for the previous month for costs incurred from 1 May 2022.

Providers accessing the funding

13. Providers claim using an electronic process, which was established for claiming previous Government grants and has been re-purposed to support this process. To claim for the fund providers have to complete the online form application (previously care service sustainability fund process) and evidence the spend, otherwise the claim will not be authorised.
14. The Quality and Market Management Team (QMMT) works with the Finance team to support and manage the process in respect of spend and impacts and continues to support providers to claim for the fund.
15. Funding is allocated on a first come basis and providers will need to evidence their spend for funding to be agreed retrospectively.

Provider Engagement

16. The QMMT has engaged with Home Care, Care Support and Enablement providers and all other external providers to promote the local sustainability fund. A weekly bulletin is produced to update and remind providers to access this funding.
17. There are regular forums/engagement events reminding providers to access this funding, and through regular contract monitoring providers are advised about the fund.
18. The QMMT oversees risks in the market and providers who are high risk, in particular due to financial pressures, are also advised to access this funding.
19. Further engagement is planned up to Christmas with further communications and QMMT staff contacting providers to ensure there is awareness of the fund's availability.

Current Spend

20. The chart below sets out the current position of the fund, including actual spend, amounts awaiting approval and claims not processed as yet:

Chart 1 – Overview of the Current Spend/Allocated Funds

	Spend to Date (if all evidence received)
Amount allocated	£122,596
Waiting for evidence	£142,500
Waiting to be reviewed (new claims)	£6,000
Total possible spend (if all evidence received)	£271,096

21. As of 4 November 2022, the Council has processed claims from providers totalling £122,596 and there is £142,500 awaiting supporting evidence of spend. This means that once all the claims have been processed, if they have the required evidence, there will be a total spend of £271,096.
22. The figures in **Chart 1** are for the amounts paid or being paid to providers. The process requires providers to include all their costs, associated with what can be claimed, therefore with the cap of £1,500 the 'full costs' will not be met for some claims.
23. It was previously reported that spend against the fund was low; this was due to timing of the reporting as the fund had been recently launched and the requirement for providers to claim retrospectively. **Chart 1** shows that the fund is needed and providers are able to evidence increased financial pressures, with new claims still being routinely submitted, therefore being beneficial in enabling continued sustainability.
24. This fund was established with funding from the Market Reserve and therefore any unspent money will still be available next financial year.

Impact and outcomes

25. This funding was agreed as a one-off proposal to try to stabilise the market in order to assist in the reduction of the risk of further provider failure.
26. There is a process in place to oversee that this process is fair and transparent, which is managed and overseen by the Finance team.
27. Providers are reporting that having access to this funding is supportive and assisting them to maintain their viability. There is initial evidence of stability in the market, with a reduction in the need to re-provision packages of care since September 2022.

Financial Implications

28. There is a total of £0.5m available to support the market since July 2022 and this will be available until the fund has been spent. This funding was made available and agreed from the market reserve.

RECOMMENDATION

- 1) That the Adult Social Care and Public Health Select Committee notes the response on the current and planned spend of the sustainability fund.

Councillor Matt Barney

Cabinet Member for Adult Social Care and Public Health

For any enquiries about this report please contact:

Kashif Ahmed
Service Director, Integrated Strategic Commissioning and Service Improvement
T: 0115 9774687
E: kashif.ahmed@nottsc.gov.uk

Constitutional Comments (CEH 29/11/22)

29. The report provides an update and information to Members of the Adult Social Care and Public Health Committee following an earlier review.

Finance Comments (KS 17/11/22)

30. The maximum cost of £500,000 has been allocated from the Market Reserve. To date £122,596 has been paid out, with new claims regularly being processed and other claims waiting for evidence from providers to enable them to be paid.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

Electoral Division(s) and Member(s) Affected

All.

12 December 2022**Agenda Item: 7****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

Information

2. The attached work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning.
3. The work programme has been developed using suggestions submitted by committee members, the relevant Cabinet Member(s) and senior officers and has been approved by the Overview Committee. The work programme will be reviewed at each pre-agenda meeting and committee meeting, where any member of the committee will be able to suggest items for possible inclusion.

Other Options Considered

4. None

Reason/s for Recommendation/s

5. To assist the committee in preparing its work programme.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATIONS

- 1) That the work programme be noted.
- 2) 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.

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Sara Allmond – sara.allmond@nottscg.gov.uk.

Constitutional Comments (HD)

7. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

8. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

WORK PROGRAMME 2022/23 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE – UPDATED – 21 November 2022

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose/Outcomes	Recommendations
12 September 2022	The Social Care Market	Cabinet Member – Adult Social Care and Public Health	<p>To provide members with an overview of the challenges facing the Council with regard to the Social Care Market including capacity, quality and sustainability of social care services (including workforce issues).</p> <p>To enable members to scrutinise the Council's activities in this area and to make recommendations on future activity.</p>	<ol style="list-style-type: none"> 1. That the report be noted. 2. That a further report on Social Care Market Pressures be brought to the September 2023 meeting of the Adult Social Care and Public Health Select Committee to provide members with a progress report on the activities being carried out and on their impact. 3. That members of the Adult Social Care and Public Health Select Committee receive a briefing in Spring 2023 on the impact of the increase in fee rates for commissioned home care and care support and enablement services in addressing the current instability in the social care market in Nottinghamshire and in supporting its longer-term sustainability. 4. That the Cabinet Member for Adult Social Care and Public Health, in consultation with officers, considers what activity could be implemented to increase the uptake of the funding that has been made available via the Provider Sustainability Fund.

				<p>5. That as soon as it is available, an analysis of the impact of the social care recruitment events that took place in September and October 2022 be circulated to members of the Adult Social Care and Public Health Select Committee.</p>
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Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose/Outcomes	Recommendations
12 December 2022	Nottinghamshire Adults Safeguarding Board Annual Report and Plan	Cabinet Member – Adult Social Care and Public Health	<p>To receive the Nottinghamshire Adults Safeguarding Board Annual Report and Plan.</p> <p>To be presented by the Independent Chair with other partners also being invited to attend.</p>	
	Overview of Public Health Outcomes in Nottinghamshire	Cabinet Member – Adult Social Care and Public Health	<p>To provide an Overview of Public Health Outcomes in Nottinghamshire to enable members to identify issues of concern and interest for further scrutiny.</p> <p>To make recommendations on where the focus of future activity could be directed to maximise Public Health outcomes.</p>	
	The Social Care Market	Cabinet Member – Adult Social Care and Public Health	<p>To receive a response from the Cabinet Member for Adult Social Care and Public Health on the resolution made at the October 2022 meeting <i>“That the Cabinet Member for Adult Social Care and Public Health, in consultation with officers, considers what activity could be implemented to increase the uptake of the funding that has been made available via the Provider Sustainability Fund.”.</i></p>	

WORK PROGRAMME 2022/23 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE – UPDATED – 21 November 2022

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose/Outcomes	Recommendations
13 March 2023	Day Opportunities Strategy 2022-27	Cabinet Member – Adult Social Care and Public Health	To receive a progress report on the implementation of the Day Opportunities Strategy 2022 – 2027 to enable scrutiny of how the policy is working to support service users and their families.	

WORK PROGRAMME 2022/23 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE – UPDATED – 21 November 2022

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose/Outcomes	Recommendations
12 June 2023	Carer's Strategy 2022 – 2027	Cabinet Member – Adult Social Care and Public Health	To receive a progress report on the implementation of the Carer's Strategy 2022 – 2027 to enable scrutiny of how the policy is working to support carers.	
	Adult Safeguarding	Cabinet Member – Adult Social Care and Public Health	To receive a progress report on the Councils activity with regard to Adult Safeguarding over the previous six-months.	

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Items pending scheduling or removal

Item	Cabinet Member Responsibility	Details	Status
Progress and implementation of Prevention Strategy	Cabinet Member – Adult Social Care and Public Health		To be scheduled for during 2023/24 to enable effective scrutiny of how the strategy is working.
Discharge to assess (from hospital) – impact of government policy and new model of service on outcomes for people	Cabinet Member – Adult Social Care and Public Health		To be discussed with the Chair and Vice-Chair of the Health Scrutiny Committee to consider how the committees can work together to look at this issue.
Integrated Care Strategy	Cabinet Member – Adult Social Care and Public Health		To be discussed with the Chair and Vice-Chair of the Health Scrutiny Committee to consider how the committees can work together to look at this issue.
Mental Health Services and support within ASC&PH	Cabinet Member – Adult Social Care and Public Health		To be discussed with the Chair and Vice-Chair of the Health Scrutiny Committee to consider how the committees can work together to look at this issue.
Implementation of Government White Paper on health disparities	Cabinet Member – Adult Social Care and Public Health		To be considered for scheduling
Community Health and Wellbeing Champions	Cabinet Member – Adult Social Care and Public Health		To be considered for scheduling

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Reviews

Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
November 2022	All age Carer's Strategy 2022 – 2027	Cabinet Member - Adult Social Care and Public Health	To provide members with the opportunity to provide pre-decision scrutiny on the proposed Carer's Strategy 2022 – 2027 in advance of Cabinet Member approval.	Pre-decision scrutiny meeting held on 21 November. COMPLETED

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Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
TBC	<p>Transition of service users from Children and Young People's Services to Adult Social Care Services</p> <p>Joint item with Children and Young People's Select Committee</p>	<p>Cabinet Member – Children and Young People's Services</p> <p>Cabinet Member - Adult Social Care and Public Health</p>	<p>To examine the current procedures surrounding the transition of service users from Children's to Adult Services.</p> <p>To make recommendations on how procedures could be developed to ensure the best possible transition for each service user.</p>	

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Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
TBC	Adult Social Care Reform	Cabinet Member - Adult Social Care and Public Health	<p>To gain an understanding of how the implementation of the Health and Care Act will impact on the Council's delivery of Adult Care Services and on service users across Nottinghamshire</p> <p>To make recommendations on how the Council can respond to changes created by the Act in order to maximise outcomes for service users and to ensure that the delivery of Adult Care Services by the Council is sustainable into the future.</p>	Due to the potential impact of the reforms on the Council as a whole the Chair would like to involve members who are not on the Adult Social Care and Public Health Select Committee in this work.

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Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
April/May 2023	Cost of Living Programmes	Cabinet Member - Adult Social Care and Public Health	To receive a briefing on the uptake and impact of the Cost-of-Living initiatives approved in November 2022 using Public Health Reserves	

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Items to be scheduled for 2023/24

Item	Cabinet Member Responsibility	Details	Status
Social Care Market Pressures	Adult Social Care and Public Health	Resolved at October 2022 meeting: “That a further report on Social Care Market Pressures be brought to the September 2023 meeting of the Adult Social Care and Public Health Select Committee to provide members with a progress report on the activities being carried out and on their impact.”	To be scheduled for September 2023 meeting.
All-age Carers Strategy	Adult Social Care and Public Health	Pre-decision scrutiny carried out November 2022 in advance of being considered by Cabinet in December 2022. To review progress after strategy has been in place for one year.	To be scheduled for December 2023 meeting.

