

## **Policy Committee**

**Wednesday, 20 December 2017 at 10:30**

**County Hall, West Bridgford, Nottingham, NG2 7QP**

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### **AGENDA**

1	Minutes of last meeting held on 15 November 2017	5 - 10
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)	
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16	EXCLUSION OF THE PUBLIC	

The Committee will be invited to resolve:-

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

#### **Note**

If this is agreed, the public will have to leave the meeting during consideration of the following items.

#### **EXEMPT INFORMATION ITEMS**

#### 17 Operational Decisions Taken Outside the Policy Committee Cycle July - October 2017 EXEMPT APPENDIX

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

#### **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 Keith Ford (Tel. 0115 977 2590) 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 **POLICY COMMITTEE**

Date **Wednesday 15 November 2017 (commencing at 10.30 am)**

**membership**

Persons absent are marked with `A`

**COUNCILLORS**

Mrs Kay Cutts MBE (Chairman)  
Reg Adair (Vice-Chairman)

Chris Barnfather  
Joyce Bosnjak  
Richard Butler  
John Cottee  
Samantha Deakin  
Kate Foale  
Glynn Gilfoyle  
Richard Jackson  
Bruce Laughton

Philip Owen  
John Peck JP  
Mike Pringle  
Alan Rhodes  
Andy Sissons  
Stuart Wallace  
Muriel Weisz  
Jason Zadrozny

**OTHER COUNCILLORS IN ATTENDANCE**

Nicki Brooks  
Steve Carr  
Jim Creamer  
Kevin Greaves

Diana Meale  
Liz Plant  
Tracey Taylor  
Steve Vickers

**OFFICERS IN ATTENDANCE**

Anthony May                      Chief Executive

David Pearson                      Adult Social Care, Health and Public Protection  
Jane North

Colin Pettigrew                      Children, Families and Cultural Services  
Mike Sharpe

Adrian Smith  
Jas Hundal  
Nicola McCoy-Brown      } Place

Carl Bilbey  
Angie Dilley  
Martin Done  
Keith Ford  
Jayne Francis-Ward  
David Hennigan  
Nigel Stevenson      } Resources

## **OTHERS IN ATTENDANCE**

Stuart Young

East Midlands Councils

## **MINUTES**

The Minutes of the last meeting held on 18 October 2017, having been previously circulated, were confirmed and signed by the Chairman.

## **APOLOGIES FOR ABSENCE**

The following temporary change of membership, for this meeting only, was reported:-

- Councillor Andy Sissons replaced Councillor Stephen Garner

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

None

## **UPDATE ON THE WORK OF EAST MIDLANDS COUNCILS**

Stuart Young, Executive Director, East Midlands Councils, attended the meeting to give an update on the work of his organisation.

### **RESOLVED: 2017/070**

- 1) That no further actions were required.
- 2) That a further update be received in February 2018.

## **POLICY FOR PUPIL PLACE PLANNING AND NEW SCHOOL FUNDING ROUTE**

### **RESOLVED: 2017/071**

That the Pupil Place Planning and School Capital Policy be approved.

## **WATNALL ROAD, HUCKNALL, HOUSING DEVELOPMENT – FREE SCHOOL PRESUMPTION PERMISSION REQUEST**

### **RESOLVED: 2017/072**

That approval be given to run the presumption route to identify a sponsor for the required new school on the Watnall Road site in Hucknall, to be opened on a phased basis from September 2019.

## **LOCAL IMPROVEMENT SCHEME – AN INTEGRATED FUNDING STRATEGY**

### **RESOLVED: 2017/073**

- 1) That the Local Improvement Scheme Integrated Funding Strategy 2018-21 be approved.
- 2) That the Local Improvement Scheme Integrated Fund be launched based on the timetable outlined in paragraph 9 of the report.

## **THE FUTURE OF THE NOTTINGHAMSHIRE ECONOMIC DEVELOPMENT CAPITAL FUND**

### **RESOLVED: 2017/074**

- 1) That the resources allocated to economic development priorities through the Place Strategy and Council budget be reviewed.
- 2) That the Economic Development Capital Fund be closed and the capital programme varied accordingly.
- 3) That outstanding applicants be informed that they would not be awarded the grant they were seeking, for which they would be directed to other sources of funding.

## **LEADER PROGRAMME AND DIGITAL BUSINESS GROWTH PROGRAMME – ADDITIONAL STAFFING**

### **RESOLVED: 2017/075**

- 1) That two new temporary (fixed for one year) posts for the Nottinghamshire LEADER programmes be established.
- 2) That one new temporary (fixed until 30 June 2019) post be established for the Digital Business Growth programme.
- 3) That it be noted that the funding for these posts was contained within existing programme budgets and that no additional costs to the Council would be incurred.

## **ENGAGING ON THE COUNCIL PLAN (2017-21) WITH PARTNERS**

### **RESOLVED: 2017/076**

That the programme of engagement on the Council Plan with key partners, as outlined in the report, be approved.

## **GOOSEMOOR LANE, ORDSALL, RETFORD – LAND ACQUISITION**

### **RESOLVED: 2017/077**

That approval is given to the acquisition of land adjacent to Goosemoor Bridge, Ordsall, Retford to facilitate the proposed improved pedestrian facilities, on terms set out in the report. [Page 6 of 133](#)

## **APPOINTMENTS TO OUTSIDE BODIES**

### **RESOLVED: 2017/078**

- 1) That the Local Authority Pension Fund Forum be added to the Council's approved outside bodies list and the Chair of the Pension Fund Committee and the Service Director for Finance, Procurement & Improvement be appointed as the Council's representatives.
- 2) That the Bingham Growth Board and Radcliffe on Trent Growth Boards be added to the Council's approved outside bodies list and a County Councillor appointment be made to each Board.

## **SKY LANTERNS POLICY**

### **RESOLVED: 2017/079**

That the policy to ban the use and sale of sky lanterns on land or property owned and/or controlled by the Council be approved and communicated to all relevant parties.

## **REQUEST FOR ADDITIONAL FUNDS FOR THE LINDHURST DEVELOPMENT SCHEME**

Following initial discussions it was agreed that the decision on this item should be taken under the exempt appendix item on the agenda.

## **WORK PROGRAMME**

### **RESOLVED: 2017/081**

That no further changes were required to the work programme.

## **EXCLUSION OF PUBLIC**

### **RESOLVED: 2017/082**

That the public be excluded for the remainder of the meeting on the grounds that the discussions were likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighed the public interest in disclosing the information

## **REQUEST FOR ADDITIONAL FUNDS FOR THE LINDHURST DEVELOPMENT SCHEME – EXEMPT APPENDIX**

### **RESOLVED: 2017/083**

- 1) That the contents of the exempt appendix be noted.
- 2) That the Scheme be increased by the sum of £1.2 million in the Capital Programme to enable the Council to contribute its proportion of the additional funding that may be required to the existing rolling cap.

- 3) That approval be delegated to the Corporate Director - Place in consultation with the Service Director – Finance, Procurement & Improvement to agree the terms on which any such additional sums be contributed to the Scheme.

The meeting closed at 12.35 pm.

CHAIRMAN





## **REPORT OF THE CHAIR OF THE NOTTINGHAMSHIRE HEALTH AND WELLBEING BOARD JOINT HEALTH AND WELLBEING STRATEGY FOR NOTTINGHAMSHIRE**

### **Purpose of the Report**

1. To seek approval for the Joint Health and Wellbeing Strategy for Nottinghamshire 2018-2022.
2. To request support for the development and implementation of a communications and engagement plan to support the delivery of the Strategy

### **Information and Advice**

3. Health and Wellbeing Boards were introduced as a statutory committee of all upper tier local authorities under the Health and Social Care Act 2012 and became fully effective on 1<sup>st</sup> April 2013. The Board has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) which identified the current and future health needs of the local population. The Board must use the JSNA to inform a Joint Health and Wellbeing Strategy to address the health needs identified. The Strategy is the main way in which the Board executes its other statutory responsibilities to:
  - Improve the health and wellbeing of the people in their area
  - Reduce health inequalities
  - Promote the integration of services & closer working
4. The statutory duties of the Health and Wellbeing Board are aligned to the statutory duties of the Council, which were also as a result of the Health and Social Care Act. From April 2013, this Council became responsible for improving the health of their local population. This responsibility is reflected in the Council Plan 'Our Nottinghamshire, Our Future 2017-2021'. Whilst this is explicit in ambition 6 'People are healthier', the reality is that there could be significant health gain if all of the ambitions were taken forward in a way that sought to improve health and reduce health inequalities as all ambitions involve the social and economic determinants of health. According to the Health Foundation these social and economic factors explain approximately ninety percent of the population's health.
5. Nottinghamshire's first Health and Wellbeing Strategy covered the period 2014 -17. So a refresh is now due. The consultation for the refresh was launched by the Health and Wellbeing Board at its meeting on 6 September 2017 and ran until 29 October 2017. The consultation focussed on:
  - A vision
  - An approach
  - 4 strategic ambitions
    - To give children and young people a good start in life
    - To have healthy and sustainable places

- To enable healthier decision making
  - Working together to improve health and care services
6. The online consultation attracted 306 responses from individuals and a range of organisations including service providers from across the county. In addition seven events were held, one per district which were hosted by the Chair of the Health and Wellbeing Board.
  7. This Strategy builds on the first Health and Wellbeing Strategy for Nottinghamshire and the lessons learnt during its implementation. Therefore its focus is on partnership actions that only the Board could deliver, rather than on actions that any individual organisation might do on their own. It was also prepared in the context of a number of national and local policy documents, published during the lifetime of the first Strategy, in particular Delivering the NHS Five Year Forward View which required the preparation and implementation of Sustainability and Transformation Plans, Health in all Policies: a manual for local government, the Marmot report Fair Society, Healthy Lives and most recently Nottinghamshire County Council's Strategic plan: 'Your Nottinghamshire, Your Future'.
  8. Overall (online and through events) there was support for the proposals made within the consultation document. The Health and Wellbeing Board considered the feedback at a workshop on 1 November 2017. While the feedback broadly supported the proposals there were suggestions for improvement which members considered before agreeing a final Strategy.
  9. The final Strategy has now been considered at the December Health and Wellbeing Board meeting and is recommended to the Policy Committee for approval. The full Strategy is at **Annex 1**. A delivery plan to secure implementation will be developed by the Board during 2018 and will include clear actions, outcomes, measures and governance to deliver each of the ambitions.
  10. During the consultation there were numerous requests for improved communication and engagement between the Board and wider partners. A communications and engagement plan will be developed to support the implementation of the Strategy with an initial launch across local media and social media with a view to ongoing communications as the delivery plan is agreed. This will give an opportunity to highlight different aspects of the Strategy as a delivery plan is developed, inviting collaboration with partners and highlighting the added value of the Board's involvement.

### **Other Options Considered**

11. Feedback from the Strategy consultation has been considered during the development of the final Strategy document.

### **Reason/s for Recommendation/s**

12. The Joint Health and Wellbeing Strategy is a statutory responsibility of the Health and Wellbeing Board and will enable delivery of its responsibilities to encourage integration, closer working with partners and to reduce health inequalities.

### **Statutory and Policy Implications**

13. 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**

14. There are no financial implications arising from the Strategy. It will be delivered through existing resources across the Board partners.

### **Implications for Sustainability and the Environment**

15. The Strategic Ambition to Create Healthy and Sustainable Places will include a priority to increase physical activity and active transport which will support improvements to air quality and the environment.

## **RECOMMENDATIONS**

- 1) That the Committee approves the Joint Health and Wellbeing Strategy for Nottinghamshire 2018 – 2022.
- 2) That the Committee supports the development and implementation of a communications and engagement plan to support the realisation of the Strategy.

### **Councillor John Doddy**

Chair

Nottinghamshire Health and Wellbeing Board

### **For any enquiries about this report please contact:**

Nicola Lane

Public Health and Commissioning Manager

t: 0115 977 2130

[nicola.lane@nottsc.gov.uk](mailto:nicola.lane@nottsc.gov.uk)

### **Constitutional Comments (LMC 27.11.2017)**

16. The Policy Committee is the appropriate body to consider the content of the report

### **Financial Comments (DG 27.11.2017))**

17. The financial implications are contained within paragraph 14 of 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.

### **[Refresh Of the Nottinghamshire Joint Health and Wellbeing Strategy](#)**

Report to Nottinghamshire Health and Wellbeing Board 6 September 2017

### **[Second Nottinghamshire Joint Health Wellbeing Strategy](#)**

Report to Nottinghamshire Health and Wellbeing Board 6 December 2017

### **[Nottinghamshire Joint Strategic Needs Assessment \(JSNA\)](#)**

### **[Delivering the NHS Five Year Forward View](#)**

NHS England

### **[Health in all Policies: a manual for local government,](#)**

Local Government Association

### **[Fair Society, Healthy Lives](#)**

The Marmot Review

### **[‘Your Nottinghamshire, Your Future’.](#)**

Nottinghamshire County Council Strategic Plan 2017-2021

## **Electoral Division(s) and Member(s) Affected**

- All

## Annex 1.



### Nottinghamshire Health and Wellbeing Board

### Joint Health and Wellbeing Strategy 2018 – 2022

#### 1. Introduction

Welcome to our second Joint Health and Wellbeing Strategy for Nottinghamshire. Our thanks goes to everyone who has helped with its development. This new strategy, builds on our first and our successes so far, like breast feeding, housing, spatial planning and tobacco control.

In preparing this Strategy we are aware of our legal duties as a Board which are to

- Improve the health and wellbeing of the people of Nottinghamshire
- Reduce health inequalities
- Promote the integration of services
- Produce a Joint Strategic Needs Assessment (JSNA), identifying current and future health needs
- Develop a Strategy which addresses the health needs identified in the JSNA

The JSNA for Nottinghamshire has been in progress since 2007 and is constantly being updated, improved and extended. It provides us with the evidence base for our Strategy and enables us to make informed decisions.

There is a huge amount of work already underway across Nottinghamshire to improve health and wellbeing and supports the delivery of our shared vision. So when it comes to our strategy we want to focus on those issues which need a partnership approach rather than those which can and should be taken forward by individual organisations within the County

We have a well-established Stakeholder Network to involve our wider partners in our work and we look forward to improving these relationships.

We look forward to working with you to deliver our vision which is,

*Working together to enable the people of Nottinghamshire, from the youngest to the oldest, to live happier and healthier lives in their communities, particularly where the need is greatest.*

Thank you for your help and support in delivering this Joint Health and Wellbeing Strategy. We look forward to continuing our work with you, our partners, to improve the health and wellbeing of the people of Nottinghamshire.

Councillor Dr John Doddy  
Chair of Nottinghamshire Health and Wellbeing Board

## 2. Who are 'we'?

The Health and Wellbeing Board is a statutory committee (as a result of the Health and Social Care Act 2012) of Nottinghamshire County Council, and was established in shadow form in 2011 and took on its full responsibilities from 2013.

The Act sets out the requirements for membership of the Board which includes county councillors, the Directors of Adult Social Care, Children's services and Public Health, along with representatives of the local Clinical Commissioning Groups and the local Healthwatch. In Nottinghamshire the Board also includes representatives from the local District councils, the Police and Crime Commissioner and NHS England.

Nottinghamshire Board members recognise that health and wellbeing is everyone's business and so whilst not members of the Board, partners like the fire and rescue service, police, service users and providers, carers, the public and wide range of the community and voluntary sector organisations across Nottinghamshire all have a crucial part to play in making our vision a reality.

As we start to implement our Strategy we will review our Board membership along with our working arrangements to ensure we are confident in our ability to deliver our vision.

## 3. How we will work

Building on the first Health and Wellbeing Strategy we are keen to set out not just what we want to achieve but how we want to work to deliver our vision and ambitions.

As the Nottinghamshire Health and Wellbeing Board we will:

- Focus on things that need a shared approach.
- Focus on prevention – helping people and communities to support each other and prevent problems from arising.
- Consider everyone when we make decisions, recognising that starting young has the biggest impact.
- Make sure that health and wellbeing fairness according to need will be at the centre of all public policy making by influencing other agendas such as housing, the economy, education, the environment, planning and transport.
- Build on the strengths of our local communities and enable local solutions.
- Base our decisions on evidence and learn from what has or has not worked.
- Work together with our partners such as voluntary and community organisations, service providers' patients/service users, carers and family members equally in planning, delivering and reviewing projects and services.
- Coordinate health and wellbeing in Nottinghamshire and keep people informed.
- Use our influence to make sure that improving health and wellbeing is everyone's responsibility.

## 4. What is health and wellbeing?

We have adopted the World Health Organisation's definition of health which is: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

We know that as little as 10% of someone's health and wellbeing is linked to health care – it's our environment, jobs, food, transport, houses, education and our friends, families and local communities which affect our health and wellbeing most. These are the things that we can influence most to improve the health and wellbeing of people in Nottinghamshire.

## 5. Our ambitions

In order to make our vision a reality, we have identified four ambitions, which are:

- To give everyone a **good start in life**
- To have **healthy and sustainable places**
- To enable **healthier decision making**
- To **work together to improve health and care services**

### 1. A good start in life

We want to improve the life chances of all of the children of Nottinghamshire. There is overwhelming evidence that making healthier decisions early, from pregnancy, can influence someone's health throughout their life. During the consultation we suggested potential priorities that the Board might focus on to achieve a good start in life:

- Child poverty
- Keeping children and young people safe
- Making sure that children and young people are happy and healthy

The consultation included some draft proposals for these priorities which will be developed into a delivery plan during 2018. This plan will include specific actions, anticipated outcomes, timescales and measures to track success.

### 2. Healthy and sustainable places

We want to create places which maximise the health benefits for those people who live or work in those places. We know that our strength is in tackling the wider issues which affect health and wellbeing like housing, our environment, the food we eat, skills and education, transport and our friends, families and local communities. These are the issues we believe we can have the biggest impact on:

- Food environment
- Physical activity
- Tobacco
- Mental wellbeing including dementia
- How we plan where we live – spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Skills, jobs and employment
- Domestic and sexual abuse
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)



- ASD/Asperger's
- Carers
- Sexual health

We appreciate that these are huge issues and that they cannot be solved by a single action so we will be working to identify specifically what we can do as a partnership to help to address these issues and deliver the maximum impact. A delivery plan for each priority will be developed and shared on the [Health and Wellbeing Strategy web page](#).

### 3. Healthier decision making

We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities. We want all of the Board partners to think about the impact that every strategic decision might have on health.

We will be working to implement the guidance in [Health in all policies: a manual for local government](#) and to extend the approach across the partnership. We know that the challenges to health and wellbeing are complex and that no one organisation or even one sector has the knowledge, skills or resources to address them.

This approach starts with the policy issue rather than the health problem e.g. transport rather than obesity and encourages policy makers to think about what the impact of the policy would be on health and wellbeing. This would include all policies, for instance licensing, transport, waste management, and employment to name but a few.

### 4. Working together to improve health and care services

In December 2015, the NHS shared planning guidance 'Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21' outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England has produced a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency. These plans have become Sustainability and Transformation Partnerships and are developing into Accountable Care Systems and are the main vehicles which are driving integration. The Board will oversee, challenge and support these and other change programmes. The residents of Nottinghamshire relate to 2 STPs

- Nottingham and Nottinghamshire
- South Yorkshire and Bassetlaw.

The Better Care Fund (BCF) incentivises service integration. It creates a local single pooled budget to incentivise the NHS and local government to work more closely together around people, placing their wellbeing as the focus of health and care services, and shifting resources accordingly.

## 6. Monitoring and Managing our Progress

### Governance

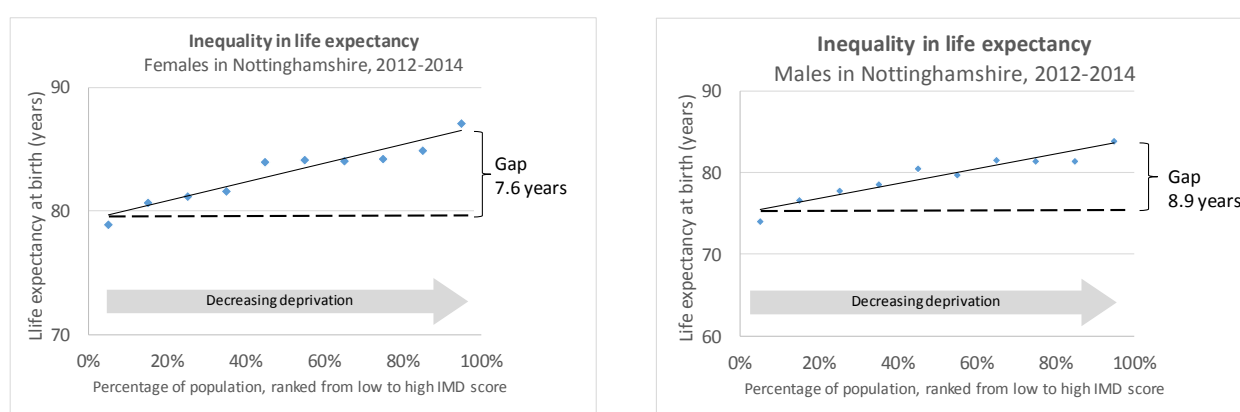
A work programme for the Health and Wellbeing Board during 2018 will be developed which will identify specific actions, outcomes and measures. From this we will agree a reporting schedule which will be shared across our partners so we can clearly identify what impact our efforts have had.

## Monitoring Progress

Life expectancy and healthy life expectancy are headline indicators. However as they mask inequalities seen at smaller units of geography we will measure our progress through the use of the Slope Index of Inequality (SII). This measures the difference in life expectancy (or healthy life expectancy) between the most and least deprived sections of our population.

There has been no significant change in the Life Expectancy Slope Index of Inequality for males and females. Recent data from 2012-14 shows that there is an 8.9 year gap for males between the least and most deprived areas within Nottinghamshire, the gap is 7.6 years for females and can be seen in Figure 1.

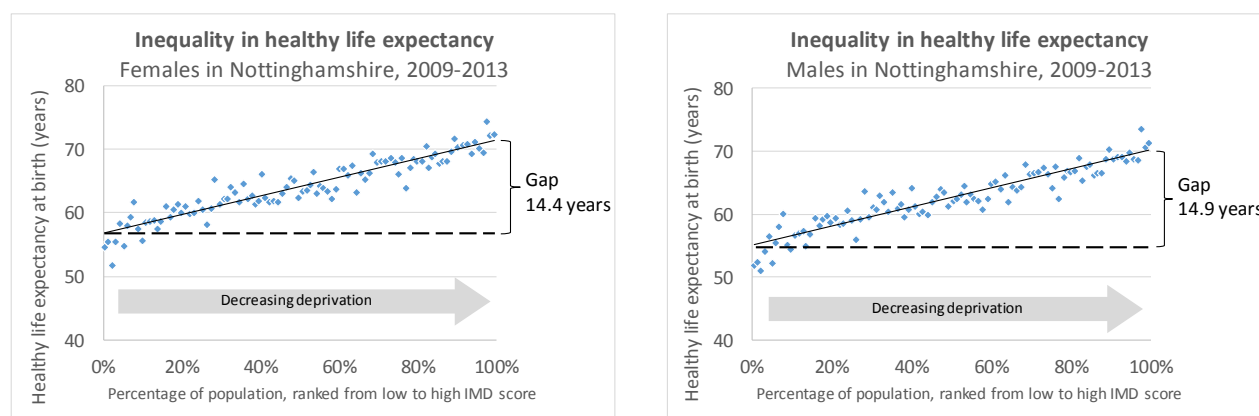
**Figure 1: SII in Life Expectancy for Nottinghamshire 2012-14 female and male**



Source: PHE Public Health Outcomes Framework Fingertips Tool, Life expectancy at birth by sex and inequalities IMD2015

Note: this measure is based on Lower Layer Super Output Area (LSOA) populations, grouped into deprivation deciles, and uses pooled data for 3 years. Points are for each decile in Nottinghamshire.

**Figure 2: SII in Healthy Life Expectancy for Nottinghamshire 2009-13 female and male**



Source: ONS (2015), [“Slope index of inequality \(SII\) in healthy life expectancy \(HLE\) at birth by sex for Upper Tier Local Authorities \(UTLAs\) in England”](#), last accessed November 2017.

Note: this measure is based on Middle Layer Super Output Area (MSOA) populations and uses pooled data for 5 years.

**Healthy Life Expectancy** data only became available in 2009 and is shown in Figure 2. However for the most recent time period available 2009-13 we know that there is a 14.9 year gap for males between the least and most deprived areas within Nottinghamshire, the gap is 14.4 years for females. This shows us that Healthy Life Expectancy exposes greater inequality than life expectancy.

## 7. Useful links

[Nottinghamshire Health and Wellbeing Board](http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board)

<http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board>

[Nottinghamshire Health and Wellbeing Board Stakeholder Network](http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/stakeholder-network-events)

<http://www.nottinghamshire.gov.uk/care/health-and-wellbeing/health-and-wellbeing-board/stakeholder-network-events>

[Nottinghamshire Joint Strategic Needs Assessment](http://www.nottinghamshireinsight.org.uk/research-areas/jsna/)

<http://www.nottinghamshireinsight.org.uk/research-areas/jsna/>

[Healthwatch Nottinghamshire](http://healthwatchnottinghamshire.co.uk/)

<http://healthwatchnottinghamshire.co.uk/>

[Health in All Policies](https://www.local.gov.uk/health-all-policies-manual-local-government)

<https://www.local.gov.uk/health-all-policies-manual-local-government>

[Nottingham and Notts Sustainability and Transformation Partnership](http://www.stpnotts.org.uk/)

<http://www.stpnotts.org.uk/>

[South Yorkshire and Bassetlaw Sustainability Plan](https://smybndccgs.nhs.uk/what-we-do/stp)

<https://smybndccgs.nhs.uk/what-we-do/stp>

[NHS Five Year Forward View](https://www.england.nhs.uk/five-year-forward-view/)

<https://www.england.nhs.uk/five-year-forward-view/>

## 8. Glossary

A **Lower Layer Super Output Area (LSOA)** is a geographic area designed to improve the reporting of small area statistics in England and Wales with an average population of around 1500 people.

A **Middle Layer Super Output Area (MSOA)** is a geographic area built from groups of neighbouring Lower Layer Super Output Areas with an average of around 7200 people.

**Life expectancy** is an estimate of how many years a person is expected to live.

**Healthy Life expectancy** is an estimate of how many years someone might live in a healthy state, free from disability or major health conditions.

**REPORT OF DIRECTOR OF PUBLIC HEALTH****DIRECTOR OF PUBLIC HEALTH 2017 NOTTINGHAMSHIRE ANNUAL  
REPORT****Purpose of the Report**

1. To seek approval for the publication of the independent Director of Public Health's Annual Report for 2017.
2. To seek approval to promote the Director of Public Health's annual report to Nottinghamshire residents through the local media.

**Information and Advice**

3. The attached report is the independent Annual Report of the Director of Public Health (DPH) for the year 2017.
4. The DPH Annual Report is a statutory requirement. In general the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the Annual Report on the health of the local population. The DPH has a duty to write a report whereas the authority's duty is to publish it (section 73B (5) and (6) of the Health Act 2006 inserted by section 31 of the Health and Social Care Act 2012). The content and structure of the report is something to be decided locally.
5. The Association of Directors of Public Health together with the Faculty of Public Health has published guidance about the production of the independent Annual Report. In it, they state that the annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be useful for both professionals and the public. The annual report is also identified as an important vehicle by which DsPH can identify key issues, flag up problems, report progress and thereby serve their local populations. It will also be a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve. It will be a tool for advocacy as well as a statement of needs, current priorities and action and continuing progress. It can also be a valuable process for internal reflection and team prioritisation as well as external engagement and awareness raising.
6. Last year's report by the Nottinghamshire DPH focused on two of the recommendations in the 2010 Marmot review of health inequalities, and this year's report has focused on another two of those recommendations, covering healthy childhood and economic wellbeing.

7. Chapter 1 sets the scene by outlining how health fits in with the Council's new Plan and also introducing the Local Government Association Manual "Health in All Policies", which is intended to help local authorities integrate health within decision-making. The report recommends adoption of this document by all local authorities in Nottinghamshire.
8. Chapter 2 looks at how the conditions in which people are born and grow as children can influence their health in later life. The report describes how the Council and its partners contribute to improved health in children, through the universal Healthy Child Programme, the County Council's Family and Parenting Strategy, and targeted initiatives such as the Family Nurse Partnership supporting teenage parents. It identifies areas for improvement related to smoking in pregnancy, breastfeeding rates, and improved school readiness, and recommends actions relating to these.
9. Chapter 3 describes recent research showing how adverse experiences in childhood link to poor health outcomes and how this is linked again to the social gradient described in the Marmot report. The report recommends training for healthcare, education and policing staff in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people, partnership work to address the consequences and break the cycle of adverse childhood experience, and support for work to improve resilience among young people.
10. Chapter 4 moves beyond childhood to look at employment and its influence on health. Marmot objectives are to improve access to work and reduce unemployment, make it easier for people disadvantaged in the labour market to obtain and keep work, and improve the quality of jobs. The chapter outlines some of the activities currently underway to address health in the workforce in Nottinghamshire, including programmes to address pathways to work for people with complex needs and how employee wellness programmes can contribute to addressing sickness absence. The report recommends development or extensions of related activities.
11. Chapter 5 returns to the concept of health inequalities and explores the inverse care law: how those who are most in need of medical care are least likely to receive it. The chapter uses the example of cancer incidence, diagnosis and outcomes, to illustrate this. The report recommends action by CCGs and commissioners of screening programmes to ensure that equity of access and outcomes is addressed. The Chapter also references the importance of public expenditure which is fairly distributed in national terms, in ensuring that the wider determinants of health can be equitably addressed, referring back to analysis undertaken by East Midlands Councils and previously reported to Policy Committee.
12. Chapter 6 concludes the report, signposts readers to other sources of information, and collates all of the report's recommendations.

### **Media coverage to support 2017 DPH Annual Report**

13. The Annual Report is intended to be a public document and to be disseminated widely within the local area. The Faculty of Public Health and the Association of Directors of Public Health guidance states that dissemination through a variety of outlets will ensure the widest possible audience. The Annual Report also presents an opportunity to demonstrate to the wider community how the Council fulfils elements of its statutory responsibilities around Public Health, such as having regard to addressing health inequalities.

14. Last year's report was featured in the local press, in both print media and on local radio.
15. Approval is therefore sought for media activity, including press releases and participation in media interviews as requested, to highlight the Annual Report within the local area.

### **Other Options Considered**

16. Publication of the DPH Annual Report is a statutory requirement. Another option would be to publish the report and not agree a supporting programme of publicity, but this would reduce the potential impact of the report.

### **Reason for Recommendations**

17. Publication of the DPH Annual Report is a statutory requirement. The publication also presents an opportunity to inform partners and the public of Public Health activities being undertaken, and to secure support from partners for contributions to this agenda.

### **Statutory and Policy Implications**

18. 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**

19. Design and print costs and staff time involved in preparing the report form part of the Public Health divisional running costs, which are met from within the Council's allocation of Public Health grant.

### **Implications in relation to the NHS Constitution**

20. In line with the values of the NHS Constitution, the DPH Annual Report highlights work undertaken across organisational boundaries to protect and improve the health and wellbeing of the County's population. The recommendations within the Annual Report are not just for the Council, but for other agencies, including CCGs.

### **RECOMMENDATION/S**

- 1) That Members approve the publication of the independent Director of Public Health's Annual Report for 2017.
- 2) That Members approve the promotion of the Director of Public Health's annual report to Nottinghamshire residents through the local media.

**Barbara Brady**  
**Director of Public Health**

**For any enquiries about this report please contact:**

Kay Massingham, Public Health Executive Officer, tel 0115 993 2565, email [kay.massingham@nottsc.gov.uk](mailto:kay.massingham@nottsc.gov.uk)

**Constitutional Comments (LMC 24.11.2017)**

21. The Policy Committee is the appropriate body to consider the contents of the report.

**Financial Comments (DG 24/11/2017)**

22. The financial implications are contained within paragraph 19 of 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.

- Faculty of Public Health and Association of Directors of Public Health, Guidance on production of DPH Annual Report, October 2016; <http://www.adph.org.uk/wp-content/uploads/2013/08/DPH-Annual-Report-guidelines.pdf>
- Report to Policy Committee, 24 November 2017, Update on the work of East Midlands Councils

**Electoral Division(s) and Member(s) Affected**

- All





Nottinghamshire  
County Council



Director of Public Health's

# Annual Report

2017



Investing in the Future:  
making a healthy start



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### Acknowledgements

To all members of the Nottinghamshire County Council Public Health team, without whom this report would not be possible.

**Investing in the Future: Making a Healthy Start**

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# Foreword

Director of Public Health - Annual Report 2017

When I meet groups or make presentations to forums across the county, people are often surprised to hear that as little as 10% of the health and wellbeing of our local population is linked to health care access - things like GPs and hospital services.

As I approach the end of my career, I think about my own personal journey. I started working in the NHS at the age of 18. My early years were spent providing care and clinical interventions to patients in order to 'cure' them or help them to enjoy a better quality of life, living with their chronic ill health. I had relatively little understanding, at that stage, of how social and economic factors impacted on health. I remember reading the Penguin edition of the Black Report\* in 1982. This report demonstrated that, although overall health had improved since the introduction of the welfare state, there were widespread health inequalities, and that the main cause of these inequalities was economic inequality. By health inequalities, I mean inequalities that are preventable, arising from unjust differences in the health status experienced by certain population groups, shaped by social, environmental and economic conditions. So, on reading the Black Report, I was shocked and surprised at the extent of these. My insight and understanding really started to grow then, and with this, my enthusiasm for Public Health.

The Marmot Report 'Fair Society, Healthy Lives'<sup>1</sup> has further developed our knowledge and understanding of health inequalities, in particular what needs to be done to address those inequalities. For this reason, my last report as Nottinghamshire DPH will focus on reducing health inequalities through two areas: giving every child the best start in life and on economic wellbeing.

The Health and Social Care Act 2012 requires all Directors of Public Health to produce an independent report on the health of their local population. The local authority, in this instance Nottinghamshire County Council, is required to publish it. This report has been written to demonstrate progress so far but also to identify where further opportunities lie to make a real and significant difference to the health and wellbeing of our Nottinghamshire residents.



**Barbara Brady**  
**Interim Director of Public Health**  
**for Nottinghamshire**  
November 2017

\* The report showed that the death rate for men in social class V was twice that for men in social class I and that gap between the two was increasing, not reducing as was expected.

## Chapter 1: Background

Since last year's report, Nottinghamshire County Council has published its strategic plan, "Your Nottinghamshire, Your Future 2017-2021". The plan has four ambitions

- ▶ A great place to bring up your family
- ▶ A great place to fulfil your ambition
- ▶ A great place to enjoy your later life
- ▶ A great place to start and grow your business

Although none of these ambitions makes explicit reference to health, the reality is that there could be significant health gain if these were taken forward in a way that sought to improve health and reduce health inequalities, as all 4 ambitions involve the social and economic determinants of health.

A recent publication by the Local Government Association, *Health in all Policies*, a manual for local government<sup>2</sup> makes the case for local government to take into account the health implications of the decisions they make. This builds on our understanding that little as 10% of the health and wellbeing of our local population is linked to health care access. So we need to secure as much health gain from issues that are often not seen as 'Health', a good example of this is transport. The potential health gain if all government implemented this would

be significant and so it's something I am keen to see embedded across our County. That's why I am starting with the recommendation below:

### **Recommendation: All local authorities within Nottinghamshire adopt and implement Health in All Policies**

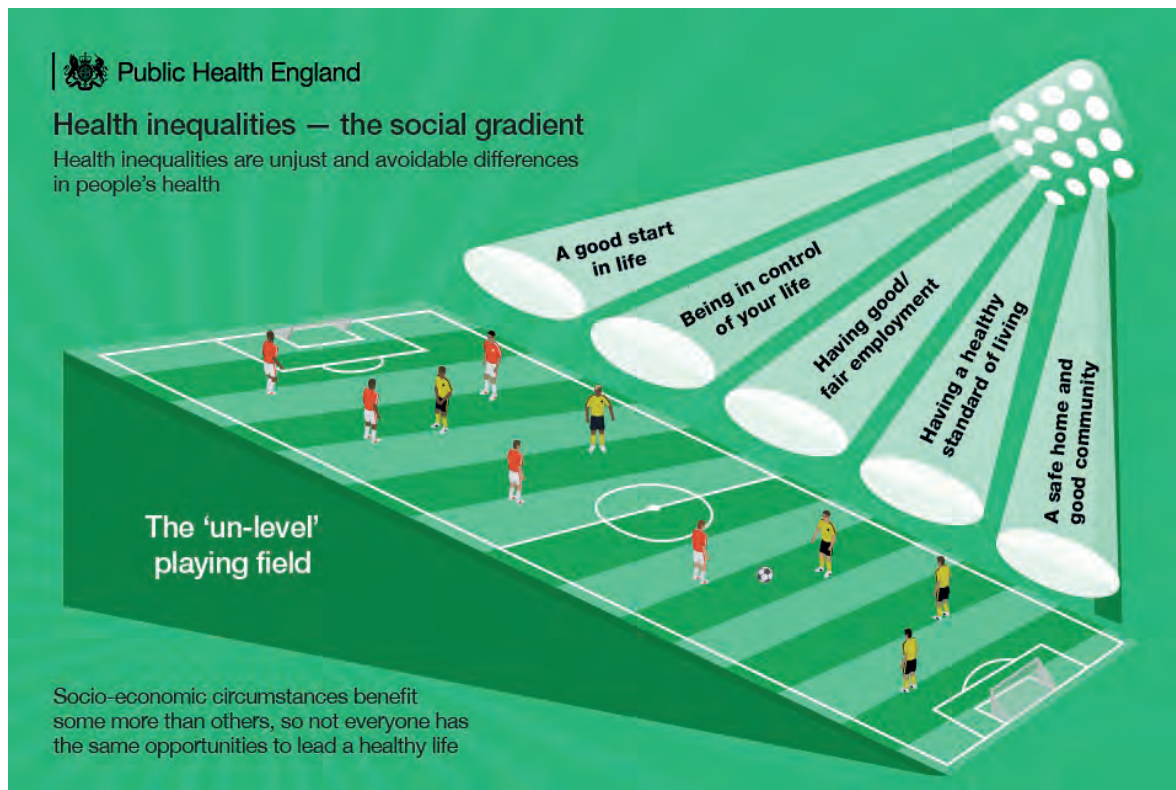
In last year's Annual Report, I started by explaining the difference between life expectancy – the number of years a person can expect to live – and healthy life expectancy – how long a person can expect to live in "good" health – and then showed how some communities within the County have poorer levels of health than others.

Differences in people's health was the key message behind the Marmot report, "Fair Society, Healthy Lives" first published in 2010. This report referred to the 'social determinants of health' - a term used to describe the social, economic and environmental conditions in which people are born, grow, live, work, and age, which shape and drive health outcomes. Because these are not the same for everyone, there is an "un-level playing field" as shown in the picture opposite.





**Figure 1: The 'un-level' playing field**



Source: *Public Health England, 2017.*<sup>3</sup>

Children growing up in areas of greatest socio-economic need often have worse outcomes throughout their lives, from educational attainment through to employment prospects, which in turn affect their physical and mental wellbeing. Everyone should have the opportunity to make choices that support good health, regardless of where they live.

In the next chapter, we will look at how the conditions in which people are born and grow as children can influence their health in later life.

Being able to make investments in the future health of our population relies on there being sufficient public resources to do so. A recent report to Nottinghamshire County Council by East Midlands Councils considered the “un-level playing field” in terms of resources available, citing Government

statistics that demonstrated that in 2015/16 (the last year for which figures are available) the East Midlands region had the third lowest level of public expenditure on services, in total and per head of population. It also had the third lowest level of public expenditure on health care and the third lowest level of public expenditure on education.<sup>4</sup>

Although total public expenditure has been falling everywhere, expenditure in the East Midlands has remained consistently below the England average. If the UK public expenditure per head is indexed at 100, the East Midlands has just 91, compared to 104 in the North East and 103 in the North West. Chapter 5 of this report will look in more detail at the issue of equity, including fair distribution of resources.

## Chapter 2: Giving every child the best start in life

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens in the early years of a child's life, starting in the womb, has a profound impact on a child's future, with life-long effects on many aspects of health and wellbeing – from obesity, heart disease and mental health, to educational achievement and economic status.

The first 1001 days, from conception to age 2 are widely recognised as a vital time in the life of a child.<sup>5</sup> Pregnancy is a critical period when a mother's physical and mental health can have a lifelong impact on the child. Maternal stress, diet and alcohol or drug misuse can place a child's development at risk, while a happy, healthy and safe pregnancy will contribute towards the new baby having the best start in life.

Positive early experiences, which support a child's physical, social and cognitive development, strongly influence how ready a child is to learn, to start school and in turn, how well they do at school. This will affect their life chances and their wellbeing in adulthood.<sup>6</sup> Sensitive and attuned parenting at this time has a significant impact on the baby's developing brain and in promoting secure attachment and bonding. All parents want to be the best parent they can be for their child, but for some, the transition to parenthood can be a challenging time, and there are many factors which can adversely affect parents' ability to provide safe, responsive care to their baby. The skills, confidence and ability of new parents to offer that 'best start in life' for their child can be affected by<sup>7</sup>:

- ▶ Economic and social issues
- ▶ Own poor experience of being parented/adverse childhood experience (This topic is explored further in Chapter 3)
- ▶ Cycle of poor aspiration
- ▶ Exposure to domestic violence
- ▶ Alcohol and substance misuse
- ▶ Mental health problems
- ▶ Poor relationship between parents

It is therefore important to provide interventions and support to families facing difficulties, in order to help them to provide the best start in life for their child.



The Marmot Report, Fair Society, Healthy Lives, outlines the policy objective of giving every child the best start in life, recommending that we:

- ▶ Increase investment in early years.
- ▶ Support families to develop children's skills, by:
  - Giving priority to pre and postnatal interventions, such as intensive home-visiting programmes, that reduce adverse outcomes of pregnancy and infancy
  - Providing paid parental leave in the first year of life with a minimum income for healthy living
  - Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
  - Developing programmes for the transition to school
- ▶ Provide good quality evidence-based early years education and childcare, working to increase the take-up by children from disadvantaged families

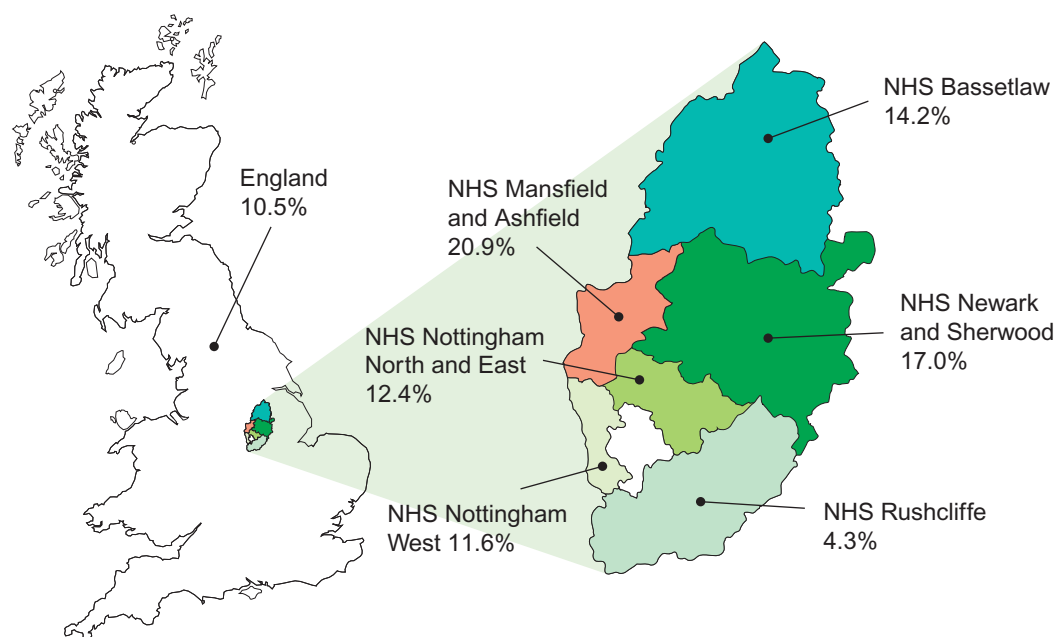
Some of these recommendations relate to national policies, while other need action at both a national and local level. This chapter highlights work already underway and makes recommendations for further actions.

## **Interventions to improve outcomes of pregnancy and infancy for local children and families**

We have approximately 8,650 births in our county every year. Although the proportion of pregnancies leading to the delivery of babies with low birth weight and stillbirths is lower than the average for England, there are significant differences in rates across the County. There are higher rates in Mansfield (7.9%), Bassetlaw (7.6%) and Ashfield (7.4%), compared to an average of 6.7% for Nottinghamshire (figures from Public Health Outcomes Framework, 2013-15). Low birth weight is associated with a greatly increased risk of death in the first year of life as well as serious illness and lifelong disability, along with greater risk of developing learning and behavioural difficulties, lower educational attainment and lower socio-economic status as adults. The risk of having a baby with low birth weight is more common for mothers living in poverty, those who smoke in pregnancy, have poor mental health, poor nutrition, are younger and do not access services early.

**Smoking in pregnancy** is of particular concern, 14.5% of our mothers are smokers when their babies are delivered compared with 10.5% nationally (2016-17), with more pregnant women smoking in areas of greater need. The map overleaf identifies the variation in smoking rates at time of delivery across Nottinghamshire. Data show that babies born to mothers that smoke in pregnancy weigh on average, 200g less than babies born to non-smokers (ONS 2016).<sup>8</sup>

**Figure 2: Map showing Percentage of Women Smoking at time of delivery, by Nottinghamshire NHS Clinical Commissioning Group (CCG) compared to England 2016/17**



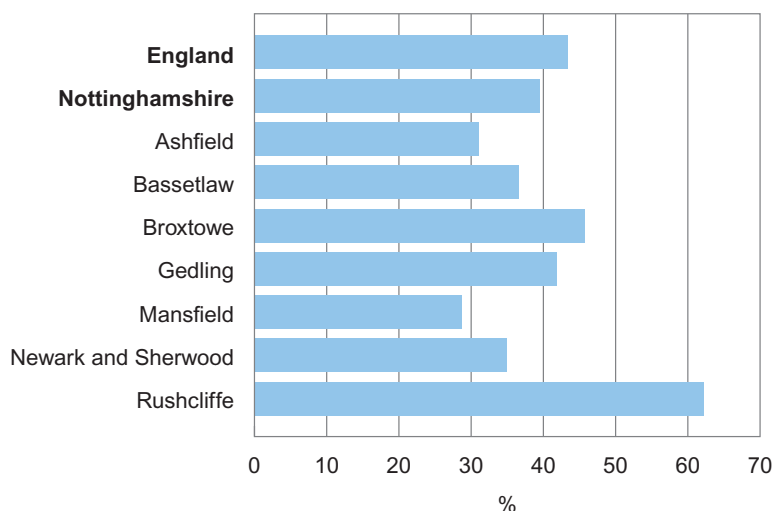
Source: Public Health Outcomes Framework, accessed July 2017

Smoking in pregnancy is a local priority for action highlighted in the *NCC Tobacco Declaration action plan 2017-2018*. In addition to commissioning services to support women to stop smoking in pregnancy, promotion of smoke free homes and clear advice about the danger that other people's tobacco smoke poses to the pregnant woman and the baby are key features of the plan.

**Recommendation: Implement the actions related to smoke free homes, pregnancy and children in the Nottinghamshire Tobacco Declaration Action Plan 2017-18**

**Breastfeeding** has significant benefits for both mother and child, promoting a strong emotional bond between them. This in turn leads to improved physical and emotional health for both, and improved later cognitive, linguistic, and social skills of the baby. In the longer term it has a protective factor against obesity and cardiovascular disease later in life. In 2014/15 69% of mothers initiated breastfeeding in Nottinghamshire compared with a national average of 74.3%.<sup>9</sup> In Nottinghamshire as elsewhere, children born to mothers living in areas of greatest need are less likely to be breastfed. The rate of mothers maintaining breastfeeding at 6-8 weeks also differs across our County, as shown in the chart opposite.

**Figure 3: Breastfeeding rates at 6-8 weeks by District within Nottinghamshire and compared to Nottinghamshire and England averages, 2014-15**



Source: *Public Health Outcomes Framework*, accessed July 2017

Increasing the numbers of mothers who initiate and sustain breastfeeding is a priority for us. This is being delivered through the implementation of *Breastfeeding, A Framework for Action, Nottinghamshire County and Nottingham City 2015-2020*. We are committed to ensuring that local mothers have the opportunity to breastfeed in convenient locations, reducing barriers and tackling negative perceptions. We have introduced a Countywide initiative, 'Breastfeeding Friendly Places', to promote breastfeeding in accredited venues including cafés, health centres, children's centres and retail outlets. Each District/Borough Council is promoting the initiative and accrediting venues in their own localities.

**Figure 4: Breastfeeding friendly logo, Nottinghamshire**



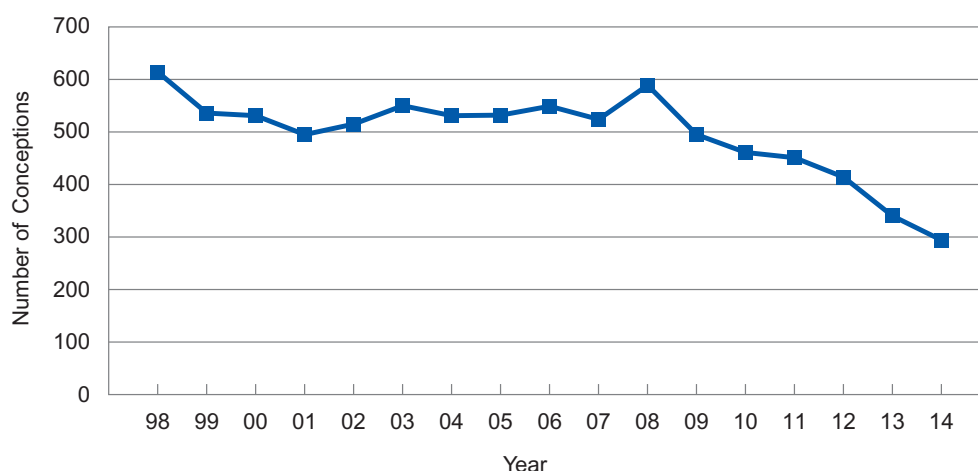
**Recommendation: Continue to implement Breastfeeding: A Framework for Action, Nottinghamshire County and Nottingham City 2015-2020, including increasing the number of breastfeeding friendly accredited venues in all local communities**



**Young parents**, particularly teenage mothers, often experience significant challenges in their lives; their health and that of their babies is likely to be worse than average. They are less likely to finish their education, less likely to find employment and are more likely to be living in poverty. These factors all impact on their ability to provide their child with the best start in life.

The number of teenage pregnancies in Nottinghamshire has reduced significantly in recent years, from 614 conceptions in 1998 to 271 conceptions in 2015, a drop of 56.3%. Figure 1 shows the trend in Nottinghamshire for numbers of teenage conceptions (aged 15-17). Whilst this reduction as a whole is in line with the national trend, local areas of greater socio-economic need continue to have rates that are higher than the national average.

**Figure 5: Trends in number of Teenage Conceptions amongst women aged 15-17 in Nottinghamshire 1998-2014**



Source: Public Health Outcomes Framework, accessed July 2017



In order to give babies of teenage and other vulnerable young parents the best start in life, the Family Nurse Partnership Programme (FNP) provides an intensive home visiting programme for first time young mothers in the county. Provided by highly trained 'Family Nurses', the programme aims to transform the life chances of children and families most in need, helping to improve social mobility and break the cycle of intergenerational disadvantage. Our FNP works with many organisations to support young women and their babies through some of the most challenging times of their lives.

**Recommendation: Conduct an audit to measure the impact of the FNP locally**

**The Healthy Child Programme (HCP)** is the core service delivering evidence-based public health services to our children, young people and families. All families are entitled to receive this holistic programme of care and universal health and development reviews, which start in the antenatal period and can continue until a young person reaches 19 years of age. This national programme supports parents and families to ensure that problems that may impact on their child's immediate or long term health and wellbeing are addressed early before problems escalate. Our HCP is commissioned by Nottinghamshire County Council as part of the 'Healthy Families Programme' delivered by locality-based Healthy Family Teams.

**Figure 6: Healthy Child Programme Pregnancy to Age 2**



Source: Public Health England, 2016

**Recommendation: Review the impact of the Healthy Families Programme to ensure it contributes to addressing health inequalities**

**Parenting programmes, early years education and childcare**

Providing parents with the support they need and ensuring access to high quality childcare and early years education is a significant contributor to a child's early life experience.

Ensuring a co-ordinated, consistent and multi-agency approach to family and parenting support is crucial in making sure that families are safe, happy, secure, and can reach their full potential.<sup>10</sup>

Since all families are different and need different levels of support at different times, it is important that we provide a range of options, including targeted options for families with young carers, teenage parents, foster carers and kinship carers to meet their individual needs. Families where parents have learning disabilities and those with chaotic and complex lives may require specialised and ongoing support. At times families may need help with issues such as domestic violence, substance misuse and mental health, which can have devastating effects on families' lives. Chapter 3 in this report looks in more detail at the effects of these kinds of adverse experiences on children.

Our Family and Parenting Strategy (2015-2017) aims to meet the needs of families effectively, by employing a range of methods, from universal information to specialised outreach approaches. Support services are provided in a variety of ways: including by the Family Service – which leads on the delivery of the 'Supporting Families' agenda, by the Healthy Families Programme and through school-based provision, and third sector provision. Families can also look online for information to support them with parenting, access to childcare and early years' education information via the 'Nottinghamshire Help Yourself' website ([www.nottshelpyourself.org.uk](http://www.nottshelpyourself.org.uk)). Development of the website is overseen by a partnership between health services, the voluntary sector and Nottinghamshire County Council, bringing together information and advice in one place so families can easily find out about services available to them locally.

**Early Years education, and school readiness** - We want to ensure that all young children and their families are able to reach their potential. This is achieved by ensuring that they access high quality, integrated early childhood services that prepare them for school and narrow the attainment gap between the most disadvantaged children and their peers. Educational attainment is one of the main markers for wellbeing throughout the life-course, so it is important that no child is left behind at the beginning of their school life.<sup>11</sup>

**Figure 7: Improving School Readiness**



Source: Public Health England, 2015

Investing in high quality early care and education also has economic benefits for society as a whole. For every £1 invested in good quality early care and education, taxpayers save up to £13 in future costs. For every £1 spent on early years education, £7 would need to be spent to have the same impact in adolescence.<sup>12</sup>

The percentage of our children 'ready for school' is lower than the England average. **Table 1** shows that children in receipt of free school meals within

Nottinghamshire are even less likely to be ready for school than their more affluent peers. In order to address this, we are focussing on ensuring that there are sufficient early education/childcare places to meet the needs of local families. This follows the government announcement to increase the current 15 hours of entitlement to free childcare for 3 to 4 year olds, to 30 hours for children of working parents, whilst protecting free childcare places for eligible two year olds.

**Table 1: School Readiness amongst children in Nottinghamshire 2015/16**

Indicator	England	Nottinghamshire
% of children achieving a good level of development at the end of reception	69.3	67.0
% of children in receipt of <u>free school meals</u> achieving a good level of development at the end of reception	54.4	47.5

Source: Public Health Outcomes Framework, accessed July 2017

**Recommendation: Review the multi-agency Early Years Improvement Plan for Nottinghamshire to ensure that every child, regardless of where they live, has the opportunity to be ready for school**

## Chapter 3: Adverse Childhood Experiences

Events in our childhood can have a profound effect on our adult lives. Studies aimed at understanding the consequences of childhood trauma in the United States developed the concept of Adverse Childhood Experiences (ACEs). Types of trauma usually measured include:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Witnessing domestic violence in the home
- Substance misuse by adults in the home
- Losing a parent through divorce or separation
- Losing a parent through imprisonment
- Losing a parent through bereavement.

Each one of these different types of negative experience during childhood is counted as one “ACE”. Studies have shown a reliable association between higher numbers of reported ACEs and poor mental and physical health in adulthood.

### **Box 1: Reporting four or more ACEs is strongly associated with a higher risk of:**

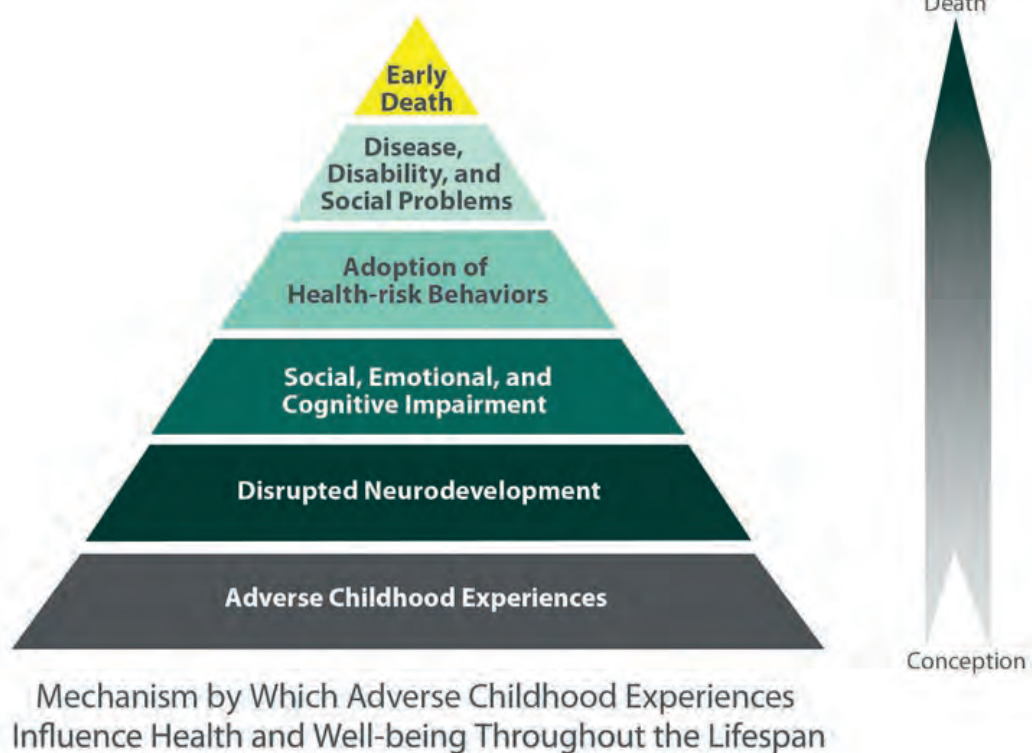
Adolescent pregnancy  
Alcoholism and alcohol abuse  
Cancer  
Chronic obstructive pulmonary disease (COPD)  
Depression  
Diabetes  
Early initiation of smoking  
Early initiation of sexual activity  
Financial stress  
Illegal drug use  
Incarceration  
Ischemic heart disease  
Liver Disease  
Miscarriage  
Poor academic achievement  
Poor work performance  
Sexual and domestic violence  
Sexually transmitted disease  
Smoking  
Suicide Attempts<sup>13 14 15</sup>



This relationship is not set in stone. There are many examples of people who had extremely traumatic childhoods but nevertheless lead healthy and happy adult lives. As with the relationship between smoking and cancer, it is a matter of increased risk, not of biological certainty. Not everyone who smokes will get cancer and not everyone who has cancer developed it because they smoked. However, smoking significantly raises the probability of developing certain cancers later in life. In the same way, ACEs predispose people to higher than average levels of mental and physical health problems in adulthood.

The mechanism by which ACEs affect our brains, and therefore our lives, is now becoming better understood. The diagram below shows how adverse childhood experiences can affect health and wellbeing throughout a person's life.

**Figure 8: The ACE Pyramid**



Source: *Public Health Wales*<sup>16</sup>

## Early childhood

A baby is highly sensitive to its surroundings, and requires consistent physical and emotional care from its parents. If those parents are not able to control emotions of frustration and stress (which are commonly associated with caring for a very young baby) then they may increase their child's distress instead of reducing it. Babies who have been exposed to prolonged stress in this way can be unable to soothe themselves, and have difficulty managing their own emotions as teenagers and adults.<sup>17</sup>

Inadequate or inconsistent nurturing in early childhood can also affect the ability to form and maintain relationships in later life.<sup>18</sup>

## Fight or flight

Frightening experiences, such as physical or sexual abuse, put a child's mind and body into a kind of emergency survival mode. This state is often referred to as "fight or flight", and combines a high level of mental alertness (to quickly identify danger) with physical changes that prioritise blood supply to the muscles and other essential organs. In our evolutionary past, this enabled all of a person's bodily resources to be concentrated upon living through perilous situations. But although fight or flight may be an appropriate response to being confronted by a dangerous animal, it can be very harmful if this instinct is constantly triggered during sensitive stages of development.<sup>19 20</sup>

In fight or flight mode, longer term priorities are ignored by both the body and mind. Blood supply is diverted away from the gut and towards the muscles, since digestion is less of an immediate priority than escape. The mind focuses

only on the immediate threat, and will not be likely to give any thought to the longer-term consequences of actions. When constantly triggered therefore, this state can lead to physical and mental stress, poor absorption of nutrients, inability to plan ahead or concentrate (on schoolwork, for example). Prolonged physical and mental stress can also lead to premature ageing of vital bodily systems such as the heart, liver and digestive system.<sup>21</sup>

## Inequalities

Some types of ACEs appear to be evenly distributed across the socio-economic spectrum, but others are unevenly clustered. Parental imprisonment and early death are significantly more likely to occur in low-income families, meaning that children in these families have a higher likelihood of being exposed to ACEs than their peers.<sup>22</sup> The negative effects of those ACEs make it harder for these children to break the cycle of poverty. Women have also been found to be more likely to report multiple ACEs than men.<sup>23</sup> ACEs should therefore be seen as a factor in perpetuating inter-generational social and economic disadvantage. Preventing ACEs, and reducing their harmful after-effects, is an urgent public health priority.

**Recommendation: All healthcare, education and policing staff in Nottinghamshire should receive regular training in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people. The ACE model should be used as a way of thinking about the impact of childhood trauma on psychological, physical and social health for both professional and public audiences**

## Prevalence of ACEs in Nottinghamshire

There are currently no studies of the prevalence of ACEs within the population of Nottinghamshire. However, a number of surveys have been done in other parts of the UK, and there is no obvious reason to think that their results would be radically different from the local picture.

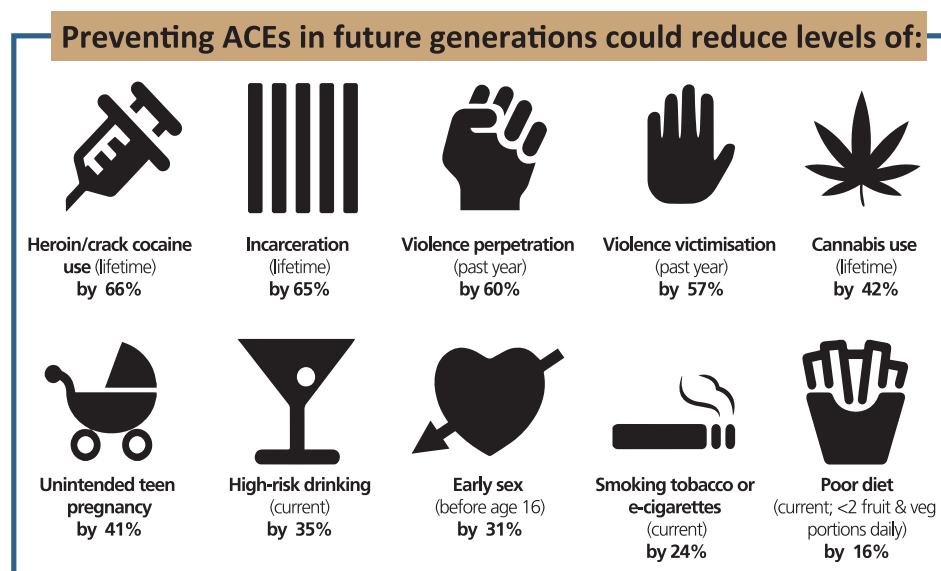
Several recent surveys, undertaken at regional and national levels, have demonstrated that almost half of adult respondents (43.1-47%) have experienced at least one ACE. These surveys also found that 8.3-13.6% of the general population have experienced more than four ACEs. Experience of multiple ACEs was found to be significantly more common in areas of greatest need. Adults in the lowest income group were found to be three times more likely than average to report four or more ACEs.<sup>24 25</sup>

Applying these averages to the local population would suggest that (based upon the most recent population estimates for the county of 646,625 people over the age of 18yrs in mid-2016<sup>26</sup>) approximately 291,000 Nottinghamshire adults are likely to have experienced at least one ACE, and that over 64,000 will have experienced more than four.

## Preventing ACEs

The case for preventing ACEs is both moral and economic. Individuals who have experienced multiple ACEs are more likely to commit violence against others<sup>27</sup>, as well as being disproportionate users of health and social services.<sup>28</sup>

**Figure 9: Preventing ACEs**



Source: Public Health Wales



Research on ACE prevention is still developing, although studies and professional experience in preventing certain types of ACE (e.g. domestic violence, physical and sexual abuse) is relatively well established. In some cases this learning may be more widely applicable. Related, some Public Health services for adults are focused on some particular issues associated with ACE (e.g. domestic violence, substance misuse). Although these services primarily work with adults, where the adults are also parents, the services may also have positive impacts on children in terms of helping to prevent and / or reduce the impacts of ACE.

**Recommendation: All agencies should work together to prevent ACEs in order to reduce health and social inequalities, and to address the root causes of a significant proportion of police call-outs, A&E attendances and benefits dependence in Nottinghamshire**

Changing the way that people and professionals view the impacts of childhood trauma, such as anti-social behaviour, is a key part of effectively tackling ACEs in our community. Encouraging communities, schools and police forces to become more "trauma-informed" both increases the likelihood that ACEs will be identified and reported early, and reduces the risk that young people will be punished for behaviour that is often symptomatic of problems at home. Punishment which does not take into account the root causes of behaviour can embed a vicious cycle of negative experiences for a child which is very difficult for them to escape from. However, such cycles can still be broken by positive trauma-informed engagement. From nursery onwards, this approach firstly entails replacing the common "What did you do?" reaction to undesirable conduct

with a more empathic "Why did you do it?" enquiry.<sup>29 30</sup>

**Recommendation: Develop trauma-informed professional practice in schools, policing and healthcare in Nottinghamshire, in order to begin to break the ACE cycle for affected children**

Preventing ACEs may be achievable through universal school and family programmes aimed at promoting non-violent conflict resolution, parenting skills and positive mental health.<sup>31</sup> However, partly because outcomes for universal programmes are harder to measure, the evidence base is better for targeted programmes with high-risk families.<sup>32</sup> A local example of such a programme in our area is the Family Nurse Partnership (FNP), which supports young first-time mothers.<sup>33 34</sup>

*"It is brilliant, it is like having two extra Mums that you can go to and talk to and go 'Something has happened; what do I do?'" – Service user evaluation of the FNP service.<sup>35</sup>*

More information about the FNP programme was given in the previous chapter.

## Building resilience

ACEs are a significant risk factor for a whole range of negative health outcomes. However, there are also protective factors, both on a community and an individual level, which can be promoted to prevent traumatic experiences and to supply individuals who have already experienced them with the necessary tools to live happy and healthy lives. Having at least one positive nurturing relationship with an adult (not necessarily a parent) has been identified as a significant factor in promoting young people's resilience against the toxic effects of ACEs.<sup>36</sup>

Teachers, mentors, foster carers or extended family members are all capable of taking on this role.

There are a variety of programmes, from the local to the international, being implemented in schools and communities designed to support the development of resilience against traumatic experiences.<sup>37</sup> In Nottinghamshire, these programmes fall under the heading of “Emotional Mental Health and Wellbeing”, and include targeted interventions in high-risk schools. There are two services running in Nottinghamshire. Each Amazing Breath delivers the resilience programme ‘Take Five’ in schools across Mansfield/Ashfield, Newark/Sherwood and Bassetlaw, and Young Minds provides an academic resilience programme across Broxtowe, Rushcliffe and Gedling.<sup>38 39</sup>

**Recommendation: Continue to invest in programmes that a) support at-risk parents and families to reduce the likelihood of ACEs, and b) provide positive mentorship and resilience-building for young people in order to mitigate the effects of ACEs that they may have suffered**



## Chapter 4: Economic Wellbeing: fair employment and good work for all

Employment and wellbeing are connected in many ways. Employment provides a source of income, which influences housing conditions, the food people eat, the activities they take part in, how they travel, the life choices they have and to some degree the hardships people face. Other characteristics of work – activity, social interaction and identity – are beneficial to our physical and mental health.<sup>40</sup> Conversely, unemployment is associated with negative health impacts, such as increased likelihood of depression – 1 in 7 men develop clinical depression within six months of losing their job.<sup>41</sup>

Employment can however also have negative impacts on the health of employees, for example through physical health impacts from manual labour, or mental health implications of stressful work environments. Leading causes of work absence are musculoskeletal harm and mental health problems.<sup>42</sup>

The Marmot report contained three objectives with regard to economic wellbeing:

- 1) **Improve access to good jobs and reduce long-term unemployment across the social gradient.** Because being employed is protective of health, whereas being unemployed is harmful to health, a key action to improve health is to get people in to work
- 2) **Make it easier for people who are disadvantaged in the labour market to obtain and keep work.** Those who are disadvantaged in the labour market find it difficult to find roles which are suitable and adaptable to their health and social care needs
- 3) **Improve quality of jobs across the social gradient.** Jobs need to be sustainable and offer a minimum level of quality to include not only a decent living wage but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from those adverse working conditions that can damage health. The quality of jobs are generally lower in roles with lower salaries and impact those most economically disadvantaged



## Reduce long term unemployment

**Table 2: Economic activity in Nottinghamshire compared to East Midlands and Great Britain averages, 2016/17**

	Nottinghamshire	East Midlands	Great Britain
Economically active (percentage of population age 16-64 employed or actively seeking employment)	79.5%	78.1%	78.0%
• In employment (percentage of population age 16-64)	75.6%	74.7%	74.2%
• Unemployed and seeking work (% of economically active)	4.9%	4.2%	4.7%
Economically inactive (percentage of population age 16-64 unable to work)	20.5%	21.9%	22.1%
• Unable to work due to long term sickness (% of economically inactive)	29.9%	23.8%	22.1%
• Workless households (% of households with at least one family member aged 16-64 and no-one is economically active)	15.7%	14.9%	15.1%

Source: Office for National Statistics, Annual Population Survey, April 2016 – March 2017

According to the D2N2 LEP, unemployment levels measured by Job Seekers Allowance (JSA) have been falling since 2012, but unemployment has fallen more rapidly amongst younger people and more slowly amongst older age groups. Prolonged periods of unemployment can lead to other issues compounding labour market exclusion, such as mental health issues and alcohol problems.<sup>43</sup> Some actions in the health and care system, such as services to help people recover from substance misuse, contribute to addressing some of these factors.

Children from families who experience hardship such as poverty or disability have a reduced chance of acquiring good qualifications at school, having academic support at home, aspiring to be successful, and are less likely to find a good job. Preventing families from becoming workless can prevent this cycle of hardship and help provide adolescents with a healthy work ethic. The Family Nurse Partnership is a local Public Health programme which aims to transform the life chances of children and families most in need, helping to improve social mobility and break the cycle of intergenerational disadvantage. More information about this service can be found in Chapter 2.



## Helping people from disadvantaged groups to find work

Table 2 above showed that economic inactivity is proportionately less in Nottinghamshire than in the East Midlands or nationally. However, the ONS figures also show that a much higher proportion of the economically

inactive population is unable to work due to long term sickness in Nottinghamshire. Local data from the Public Health outcomes framework also shows the gap in employment rates for people with long term health conditions and with learning disabilities are worse than East Midlands and England averages, as set out in Table 3 below.

**Table 3: Gaps in employment rates for Nottinghamshire compared to East Midlands and England averages, 2015/16**

	Nottinghamshire	East Midlands	England
Gap in employment rates for those with long term health conditions compared to those without	36.1	31.8	29.6
Gap in employment rate for people with learning disability compared to those without	71.0	70.9	68.1

Source: Public Health Outcomes Framework, accessed September 2017

Nationally, although over the last five years, there has been an increase in the proportion of people with disabilities and long term health conditions who are employed<sup>44 45</sup>, disabled people are still less likely to be in employment than non-disabled people.

These data suggest there is more that can be done locally to support those who are disabled, who have long term conditions and learning disabilities to enter the work place and stay in work.

Evidence shows that getting people back into work and helping them 'be well' in work can help to reduce the economic impact of sickness, absence and long term economic inactivity. Spending on these schemes provides more than £3 in benefits to society for every £1 spent over five years.<sup>46</sup>

In parts of Nottinghamshire, there are some pilot activities currently being developed. A social prescribing

model is being used to develop a "Fit for Work" offer – in which individuals are referred to health trainers. The health trainers will then either support individuals back into work, or help prevent absence from work. The D2N2 Local Enterprise Partnership recently commissioned research to scope some health and wellbeing pilot projects, aiming to reduce dependency on health related benefits and support people towards work. Potential activities being scoped include maximising personal budgets for employment outcomes, holistic support programmes that address multiple barriers, job matching opportunities for people with limited work capability or specific barriers / disabilities, and improving access to supported work and work trials.

**Recommendation: Evaluate the outcomes of the fit for work pilot and use the learning from this in the development of future related activity**

As well as the local activity described above, there are nationally recognised schemes with pathways to work for people with complex needs, such as the Building Better Opportunities programme funded through European Social Fund and the Big Lottery Fund. This programme operates in the D2N2 area through the Opportunity for Change project<sup>47</sup>. It offers support for people who are homeless, misusing substances, having mental health issues, experiencing domestic abuse or are current or ex-offenders, with the aim of helping them resolve their complex needs and become socially and economically included through access to education, training and employment.

Nottinghamshire could develop a similar system-wide model, which takes account of the added complexity of local structures and the economic variations within the County. This would bring benefits both to health and wellbeing from being in work, as described previously, as well as addressing the wider and more complex needs of individuals. Learning from successful programmes nationally recognises the need for holistic approaches addressing housing, substance misuse and mental health, in parallel to skills development and pre-employment engagement.

**Recommendation: Work collaboratively with partners to develop a system-wide model to address pathways to work for people with complex needs in Nottinghamshire**

## Quality of jobs across the social gradient

Workers with fewer skills and qualifications are likely to be the lowest paid and to experience poorer working conditions. Work can exacerbate or cause ill health, such as musculoskeletal disorders, stress, depression or anxiety.<sup>48</sup> Job stress, job insecurity and lack of job control are strongly related to poorer long-term physical and mental health outcomes, increasing the risk of cardiovascular disease<sup>49</sup>, hypertension, depression and unhealthy behaviours. Workers in lower-skilled occupations are also those under most potential “threat” from automation. In the medium term, this could have a significant impact on health and wellbeing. Addressing this would require a longer term approach to improving skills levels to help lift people into higher skilled occupations.

In 2015/16 nationally, the most commonly-reported impairments were those that affect mobility, lifting or carrying at 52% and reporting a mental health impairment at 22%. There are approximately 140 million work days lost to sickness absence every year. Workplace injuries, ill health, sickness absence and worklessness cost the British economy £100 billion a year.<sup>50</sup>

Our County has a lower proportion of senior managers and a higher proportion of employees in routine and manual labour occupations, in manufacturing and in construction, than the national and regional averages, as shown in Table 4 overleaf.

**Table 4: Employment by occupation for Nottinghamshire compared to East Midlands and Great Britain (Apr 2016-Mar 2017)**

	Nottinghamshire	East Midlands	Great Britain
Group 1-3	41.0%	41.1%	45.5%
1. Managers, Directors And Senior Officials	9.6%	10.0%	10.7%
2. Professional Occupations	18.4%	17.4%	20.4%
3. Associate Professional & Technical	12.7%	13.6%	14.2%
Group 4-5	22.6%	21.0%	20.7%
4. Administrative & Secretarial	11.5%	9.7%	10.2%
5. Skilled Trades Occupations	11.0%	11.2%	10.4%
Group 6-7	14.9%	16.5%	16.7%
6. Caring Leisure and other service occupations	8.6%	9.5%	9.1%
7. Sales and customer service occupations	6.1%	7.0%	7.5%
Group 8-9	21.5%	121.4%	17.1%
8. Process plant and machine operatives	8.7%	8.6%	6.3%
9. Elementary occupations	12.7%	12.7%	10.7%

Notes: % is a proportion of all persons age 16+ in employment

Source: Office for National Statistics, annual population survey, 2016

The local labour market segmentation is reflected in the local sickness absence statistics. Nationally, the routine and manual occupations group has the highest level of sickness absence in most categories and the most absence

overall. This is a larger group in the Nottinghamshire workforce than average, and Nottinghamshire also has higher levels of sickness absence when compared to the East Midlands region and the national average.



**Table 5: Sickness absence for Nottinghamshire compared to East Midlands and England averages, 2013 – 2015**

	Nottinghamshire	East Midlands	England
Proportion of employees who were absent at least one day in the previous week	2.9%	2.3%	2.2%
Proportion of working days lost due to sickness absence	1.9%	1.4%	1.3%

Source: *Public Health Outcomes Framework, accessed August 2017*

Most common causes of long-term sickness absence among routine manual workers are severe medical conditions followed by back pain, musculoskeletal injuries, stress and mental health problems.<sup>51</sup> Among non-manual workers the most common causes of sickness absence are stress, severe medical conditions, mental health problems, musculoskeletal injuries and back pain.

Employee wellness programmes can help to reduce sickness absence and have been found to return between £2 and £10 for every £1 spent.<sup>52</sup> The Nottinghamshire Wellbeing@Work offer supports employers, including County and District Councils, to signpost staff to local wellbeing programmes including fitness, mental wellbeing walks and exercise groups tailored to those with physical impairments. These activities can potentially prevent illnesses or the exacerbation of existing illnesses, which could help prevent long term absence from work. This creates savings for central and local government, mainly through reduced costs associated with homelessness, crime, benefits, and health care.

Businesses as responsible employers can do much to support their own employees. The changing nature of work, where individuals make investments in their own skills development, means that labour may be more mobile in the future. With an increasingly mobile labour market, it will be even more important for employers to attract staff by offering a compelling working environment to support employee health, wellbeing and work-life balance.

By embedding better health in the workplace, employers can address<sup>53</sup>:

**Staying Healthy:** Ensuring that work places are healthy and encourage healthy behaviours, such as good diet, physical activity, low social alcohol consumption and smoking. Helping to reduce repetitive physical strain and facilitating healthy work interactions reducing stress and supporting good mental health

**Preventing poor health:** Planning adaptations and work organisation to prevent further exacerbation of existing long term conditions, and facilitating the return of workers absent due to sickness



**Reducing poor health:** Once an illness has a recurrent effect on the worker, reviewing their long term work style, routine and role to see if there is a better way to support health needs whilst also keeping them within employment and sustaining the benefit from their skills and experience. Dealing with this in a timely way increases the likelihood of successful return to work

**Employers' ability to recruit and retain staff:** Enabling businesses to benefit from the skills, experience and expertise of existing and prospective staff by offering an attractive and supportive working environment, which values employees' health and wellbeing and increases their opportunities for work-life balance.

**Recommendation: All public sector partners should provide Wellbeing@Work type schemes for their staff**

**Recommendation: Continue to increase the proportion of local employers who participate in Wellbeing@Work type schemes**

**Recommendation: Employers should make maximum use of schemes to support the adaptation of workplaces in response to employees' health needs, such as the Access to Work scheme or their own in-house occupational health service**



## Chapter 5: Health Inequalities and the role of the NHS

Both in this year's and last year's reports explored factors that influence and shape health and health inequalities along with what needs to be done to address them. However, for some of our citizens, disease, frailty or ill health will develop and they will need to use health and/or care services.

The 'Inverse care law' was first described in 1971 by Dr Julian Tudor Hart, a GP in South Wales. He said that "the availability of good medical care tends to vary inversely with the need for the population served."<sup>54</sup> In other words, those who most need medical care are least likely to receive it. On the other hand, those with least need of health care tend to use health services more (and more effectively).

In recognition of this, the Health Service Act 2006 (as amended by the Health and Social Care Act 2012), introduced for the first time legal duties to reduce health inequalities, with specific duties on Clinical Commissioning Groups (CCGs) and NHS England. These include the requirement that they have regard to the need to reduce inequalities between patients in **access** to health services and the **outcomes** achieved. The Governing Boards of the CCGs need to be confident that this responsibility is discharged effectively. Similarly the Health Scrutiny Committee will scrutinise the extent to which health inequalities are being addressed.

For some this has introduced some confusion between equity and equality. There is a common misconception that equity and equality mean the same thing and the terms are often used interchangeably, but that's not true. Whilst the two words sound similar, the difference between them is crucial.

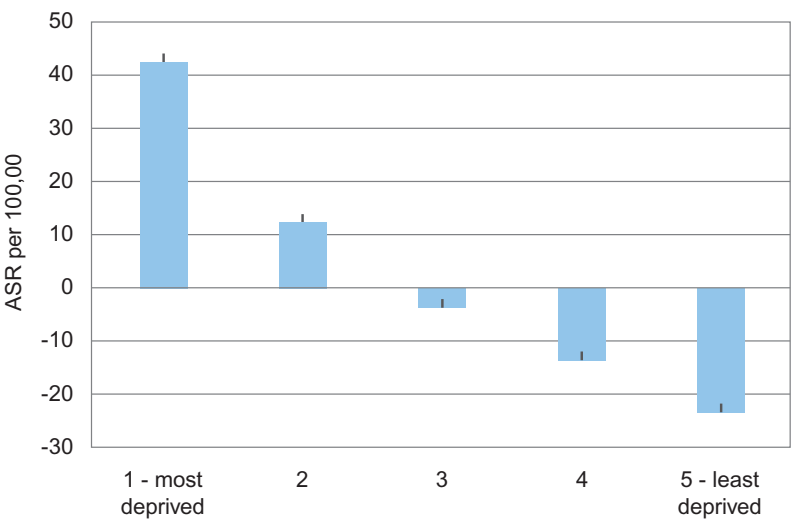
Equity involves trying to understand and give people what they need to enjoy full, healthy lives. Equality, in contrast, aims to ensure that everyone gets the same things in order to enjoy full, healthy lives. Like equity, equality aims to promote fairness and justice, but it can only work if everyone starts from the same place and needs the same things.

To explain the Inverse Care Law a little more, I have selected national cancer statistics as an illustration.

Cancer is a disease caused by normal cells changing so that they grow in an uncontrolled way. There are more than 200 different types of cancer. An individual's risk of developing cancer depends on many factors, including age, lifestyle, socio-economic status, occupation and genetic make-up.

The incidence of all cancers in England varies according to geography. Areas of greatest socio-economic need typically have higher incidence of all cancers, whereas the least deprived areas have the lowest incidence. The graph below is of the incidence of cancers. Incidence of all cancers in the areas of greatest socio-economic need is much higher than the England average, whereas incidence of all cancers in areas of least socio-economic need is much lower.

**Figure 10: Incidence of all Cancers, England (2006-2010) by deprivation (fifths) using age standardised rates**

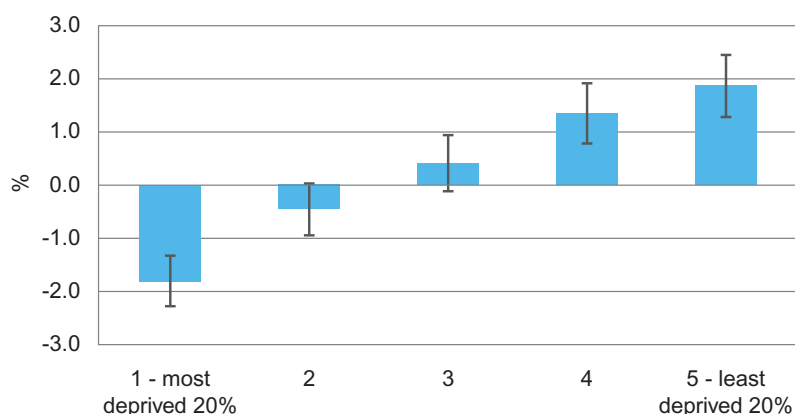


Source: *National Cancer Intelligence Network / Public Health England*<sup>55</sup>

The second graph opposite shows the percentage of cancers diagnosed at an early stage, compared to the England national average. Generally an early diagnosis of cancer facilitates better cancer outcomes. The earlier the diagnosis the more treatment options are available and the 'late-effects' from

the treatments are more limited. The graph shows that people living in the areas of greatest socio-economic need are less likely to have an early diagnosis, whereas people living in areas of least need are more likely to have an early diagnosis.

**Figure 11: Percentage of cancer diagnoses at an early stage, local authorities grouped by deprivation (fifths), for cancers diagnosed in 2015**

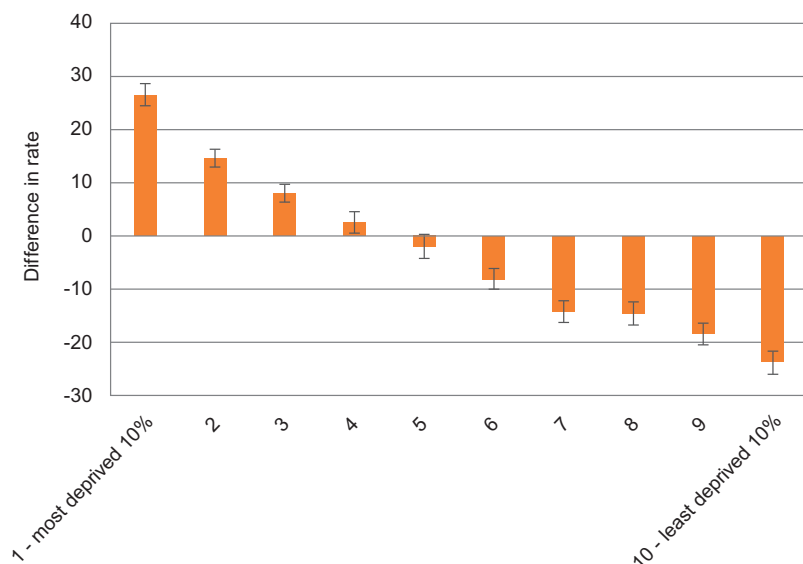


Source: Public Health Outcomes Framework, accessed August 2017

Late diagnosis is associated with increased likelihood of early death from cancers. The third graph (Figure 12 below) shows that early death rates for all cancers in the areas of greatest need are higher than the England average, whereas early death rates in the areas of least need are lower.

Put simply, people living in the areas of greatest need are more likely to have a diagnosis of cancer, they are less likely to be diagnosed early, and are more likely to die early from the cancer.

**Figure 12: Early death rate for all cancers by deprivation (tenths), 2013-15**



Source: Public Health Outcomes Framework, accessed August 2017

Although the cancer statistics are not available on a local level, there is no reason to suppose that Nottinghamshire would be different to other areas on this issue.

Some of these differences may be attributed to geographical factors such as levels of rurality, and differences in health service provision. The majority of this geographical difference, however, are likely to be attributed to differences among population group themselves.

**Recommendation: CCGs should undertake health equity audits to ensure that equity of access and outcomes are addressed in services**

In England there is considerable variation in uptake of screening that helps to identify cancers early. Uptake is often worse in communities of lower socio-economic status and among other disadvantaged groups including people with personal disabilities. Black and Minority Ethnic communities often have lower uptake too.<sup>56</sup>

**Recommendation: Commissioners of screening programmes should undertake health equity audits and where necessary identify ways to increase uptake**

Another aspect of equity, mentioned right at the beginning of this report, is having sufficient funds to be able to make investments in the future health of our population. From 2011/12 until 2015/16, public expenditure on services has fallen in the East Midlands as is the general trend nationally. However, it has remained consistently below the England average (£579 per head lower than the England average in 2015/16). This spend includes expenditure on health, transport, economic affairs, education and social protection.<sup>57</sup>

As I have drawn out in my report, health is impacted by wider issues than just healthcare services – earlier chapters of this report linked social determinants of health associated with employment and education. For this reason, a fair level of public expenditure matters in terms of protecting and improving the health of our County's residents.

**Recommendation: Use Public Health evidence to support regional work to present the case to national Government for equity in public investment for Nottinghamshire and the East Midlands**

## Chapter 6: Conclusions and Recommendations

Chapter 4 of this report considered the relationship between health and economic wellbeing. I remember my own history lessons from school days. It was probably my first exposure to the idea of public health. During the Boer war (1899-1902) 40-60% of volunteers to the army, mainly from working class backgrounds were rejected on medical grounds. In some towns nearly all young men were turned away.<sup>58</sup> The impact of this was significant in shaping the role of the state in improving population health as the argument was made that a *malnourished and unhealthy nation could not rule the biggest empire in the world*. Although many years have passed since then, the evidence still demonstrates the strong relationship between the health and wellbeing of our residents and the strength of our local economy. In Chapter 4, we showed the percent of working days lost of sickness absence in Nottinghamshire compared to England and the East Midlands – just imagine the extra productivity if this were addressed, as well as the improved quality of life for individuals.

For those of you who would like further information on the health of the people of Nottinghamshire, I would advise you to look at the following resources:

- ▶ The Joint Strategic Needs Assessment (JSNA) provides a picture of the current and future health and wellbeing needs of the population. This is available at <http://jsna.nottinghamcity.gov.uk/insight/Strategic-Framework/Nottinghamshire-JSNA.aspx>.
- ▶ The Public Health Outcomes Framework is a set of desired outcomes and the indicators that help us understand how well public health is being improved and protected. Information related to Nottinghamshire is available at <http://www.phoutcomes.info/>

I hope you have found this year's annual report an interesting read. The table below summarises all of the recommendations made in this report.





## Summary of Recommendations:

All Local authorities within Nottinghamshire adopt and implement Health in all Policies.

Implement the actions related to smoke free homes, pregnancy and children in the Nottinghamshire Tobacco Declaration Action Plan 2017-18.

Continue to implement Breastfeeding: A Framework for Action, Nottinghamshire County and Nottingham City 2015-2020, including increasing the number of breastfeeding friendly accredited venues in all local communities.

Conduct an audit to measure the impact of the Family Nurse Partnership locally.

Review the impact of the Healthy Families Programme to ensure it contributes to addressing health inequalities.

Review the multi-agency Early Years Improvement Plan for Nottinghamshire to ensure that every child, regardless of where they live, has the opportunity to be ready for school.

All healthcare, education and policing staff in Nottinghamshire should receive regular training in how to recognise and appropriately respond to signs of abuse and other types of trauma in children & young people. The Adverse Childhood Experience (ACE) model should be used as a way of thinking about the impact of childhood trauma on psychological, physical and social health for both professional and public audiences.

All agencies should work together to prevent adverse childhood experiences (ACEs) in order to reduce health and social inequalities, and to address the root causes of a significant proportion of police call-outs, A&E attendances and benefits dependence in Nottinghamshire.

Develop trauma-informed professional practice in schools, policing and healthcare in Nottinghamshire, in order to begin to break the ACE cycle for affected children.

Continue to invest in programmes that

- a) support at-risk parents and families to reduce the likelihood of ACEs, and
- b) provide positive mentorship and resilience-building for young people in order to mitigate the effects of ACEs that they may have suffered.

Evaluate the outcomes of the fit for work pilot and use the learning from this in the development of future related activity.

Work collaboratively with partners to develop a system-wide model to address pathways to work for people with complex needs in Nottinghamshire.

All public sector partners should provide Wellbeing@Work type schemes for their staff.

Continue to increase the proportion of local employers who participate in Wellbeing@Work type schemes.

Employers should make maximum use of schemes to support the adaptation of workplaces in response to employees' health needs, such as the Access to Work scheme or their own in-house occupational health service.

Clinical Commissioning Groups should undertake health equity audits to ensure that equity of access and outcomes are addressed in services.

Commissioners of screening programmes should undertake health equity audits and where necessary identify ways to increase uptake.

Use Public Health evidence to support regional work to present the case to national Government for equity in public investment for Nottinghamshire and the East Midlands.

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Director of Public Health's  
**Annual Report 2017**



**REPORT OF THE CHAIR OF ADULT SOCIAL CARE AND PUBLIC HEALTH  
COMMITTEE****UPDATED ADULT SOCIAL CARE STRATEGY****Purpose of the Report**

1. The purpose of the report is to propose an updated Adult Social Care Strategy, attached as **Appendix 1**, to Policy Committee for consideration and approval.

**Information and Advice**

2. The '*Your Nottinghamshire, Your Future*' is Nottinghamshire's County Council's new corporate plan which was approved at Full Council in July 2017. It is part of the Council's Planning and Performance Framework and sets out the Council's vision, commitments and approach.
3. *Your Nottinghamshire Your Future*'s corporate vision has been translated into an Adult Social Care and Public Health departmental strategy. The departmental strategy sets out how the department supports the outcomes in the Council plan for our local communities and individuals. The departmental strategy is also being considered at this Policy committee.
4. To support the Council's new departmental strategy the current Adult Social Care Strategy has also been updated. The Adult Social Care Strategy provides the framework for how we can deliver good outcomes for service users and reduce costs through the principle of promoting independence.  
This updated version has been considered by ASCH Committee in November 2017.

**Background**

5. The current Adult Social Care Strategy was approved by Full Council on 27 March 2014. Its aim was to set the future direction of adult social care in Nottinghamshire and enable the Council to meet its statutory duties within the funding available. It was produced in response to:
  - Changes in legislation, including the Care Act and Deprivation of Liberty Safeguards
  - Increases in demand for services as a result of an ageing population and increased levels of complexity



- Challenging financial circumstances with a reduced budget and increasing costs.
6. The Strategy sets out the guiding principles for how social care should be delivered. It also provides a means to communicate the social care offer to the people of Nottinghamshire, Council employees and other stakeholders.
  7. Three principles form the foundation of the Strategy:
    - promoting independence and wellbeing
    - ensuring value for money
    - promoting choice and control.
  8. Since 2014 the Adult Social Care Strategy has been shared with service users, staff, County Council Members, Members of Parliament and partner organisations such as Health. Additional supporting material such as a public leaflet and an employee charter were also developed and circulated.
  9. The introduction of the Adult Social Care Strategy enabled the department to more effectively manage increasing demand for services by resolving needs earlier on. It also provided a legal and ethical framework for delivering sustainable savings. To date, the Strategy has helped support £79 million of savings delivered. In addition the Adult Social Care Strategy has led to reduced budget pressures being requested for younger adults and no budget pressures being submitted for older adults services in 2016/17. These outcomes were achieved by focusing on:
    - Sharing responsibility for maintaining health and independence with people, their families and their networks
    - Developing more effective ways of working
    - Effectively managing the demand for services through increasing the use of preventative actions
    - Ensuring access to a wider range of source of support including better use of short term support.
  10. Further work is now required to fully embed the guiding principles across both health and social care teams. To achieve this, and to ensure the new departmental strategy is effective, the existing Adult Social Care Strategy requires revision and updating.
  11. The updated Strategy focuses on:
    - Promoting people's independence and well-being
    - Helping people to help themselves, by working with them to understand their strengths and what they can do to reduce their need for support
    - Sharing responsibility with individuals for their health and well-being and helping them find solutions within their existing networks of family, friends or communities, and utilising these resources before looking for formal social care support

- Developing short term options available to reduce the level of long term support that may be required.
  - A re-statement and communication of the social care offer to people who are self-funders.
12. The Strategy provides a clearer explanation of the social care offer and how it can be delivered. This is to support operational staff and ensure it is easy to see how the strategy translates into practice on an everyday basis.
  13. In developing the updated Strategy, an engagement and feedback exercise was undertaken to gather the views of service users, carers and employees. The scale of the engagement and feedback sought was proportional to reflect that this is an update of the existing Adult Social Care Strategy where the key principles remain unchanged.
  14. Feedback and responses were received from 85 people from the following groups and forums:
    - The Older Adults Advisor Group
    - The Learning Disability and Autism Partnership Board – Carer Representatives
    - All social care staff with an online survey
    - Social care staff focus groups in the North and the South of the County to obtain more detailed feedback
    - Adult Social Care & Health senior managers via a workshop.
  15. Some of the responses received were on behalf of teams, so the actual number of people whose views are reflected in the feedback may be higher, but can't be quantified
  16. Overall, the engagement with key stakeholders was positive, with plenty of constructive feedback for improvement of the Adult Social Care Strategy.
  17. The updated Strategy is attached as **Appendix 1**. The feedback is reflected within the updated Strategy and some of the changes made are summarised below:
    - Changed the language used to be more positive and reflect a more active service user involvement
    - Added a more comprehensive introduction to the Strategy and clarified headings to better set the context for those not familiar with social care
    - Emphasised the principle that adult social care provides advice and support to all the people of Nottinghamshire, self-funders and state funded alike
    - Made greater references to key legislation, namely the Care Act, so it was clear that the Strategy underpinned and supported the legislation.
  18. In order to ensure the key messages contained within the updated Strategy are communicated effectively, it is proposed that appropriate communications and marketing activity takes place to target the relevant audiences.

## **Other Options Considered**

19. To not update the Adult Social Care Strategy may result in a lack of clarity about how the Council can continue to support people to live as independently as possible.

## **Reason/s for Recommendation/s**

20. The recommendations are made so that the updated Strategy can be considered by Policy Committee. Following consideration, amendments and approvals the updated Strategy can be shared to ensure there is a clear and consistent approach to how the Council support people to live as independently as possible.

## **Statutory and Policy Implications**

21. 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**

22. The costs of the proposed external communications is in the region of £600. This is for the design and print of appropriate communications. It includes the cost of postage to partner agencies.

## **RECOMMENDATION/S**

- 1) That the updated Adult Social Care Strategy is approved.

**Councillor Stuart Wallace**  
**Chair of Adult Social Care and Public Health Committee**

**For any enquiries about this report please contact:**

David Pearson  
Corporate Director  
Adult Social Care and Public Health Committee  
T:0115 9773919

E: [David.pearson@nottsc.gov.uk](mailto:David.pearson@nottsc.gov.uk)

Or

Jane North

Transformation Director

Adult Social Care and Public Health

T: 0115 9774544

E: Jane.North@Nottsc.gov.uk

### **Constitutional Comments (LM 06/12/17)**

22. The Policy Committee is the appropriate body to consider the contents of the report

### **Financial Comments (OC 06/12/17)**

23. The financial implications are contained within paragraph 21 of 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.

[Adult Social Care Strategy 2014](#)

### **Electoral Division(s) and Member(s) Affected**

All.





# Supporting Adults in Nottinghamshire 2017



# Supporting Adults in Nottinghamshire

## Introduction

This Strategy sets out the guiding principles for delivery of Nottinghamshire's Adult Social Care to ensure it is effective, can meet the needs of Nottinghamshire's people now and in the future and is fully compliant with the Care Act 2014.

Our focus will be to promote people's independence so that they can live more fulfilled enjoyable lives with strong links to their local community.

Where people need support we will make it as easy to access as possible to ensure people get the right support, at the right time and in the right place. This means working closely with local community groups, the voluntary sector, carers and families to provide support to people. To support people to remain living in their own homes, we will work alongside organisations such as health care providers to develop local, community-based support. This includes, wherever possible, reducing avoidable hospital admissions as well as the reliance on permanent residential care.

The type and levels of support people can expect will adapt and change either as their independence increases or where their needs change. We will have conversations about how needs may be best met and to ensure that expectations are realistic.

Nottinghamshire's Adult Social Care offer applies to all adults in Nottinghamshire and in line with the Care Act 2014, applies equally to people who pay for their own care as well as those whose care costs are met by us. This includes, providing advice and guidance, signposting to available resources and assessing care and support needs. We also have a range of materials available to support people who do fund their own care to support them to make well informed decisions about their future.



## Our vision

**For the people of Nottinghamshire to have access to the right support, if and when they need it.**

**For Nottinghamshire County Council to promote people's independence and wellbeing by building new relationships between formal social care, health, housing, and the support that already exists in families and their local communities.**

To make this happen, we have developed some guiding principles that comply with the Care Act 2014, and are key to delivering good quality support to those who need it. By using these principles, we can work with people to help them feel safer and to lead as fulfilling and positive lives as possible.

We will:

- ✓ Promote individual health, well-being and independence
- ✓ Share responsibility with partners, providers, families, carers, friends and the voluntary services in the local community to maintain the health and well-being of people in our communities
- ✓ We will work to prevent or delay the development of care and support needs by providing advice, information and guidance to support independence for all, regardless of their financial circumstances
- ✓ Promote choice and control so people can receive support in ways that are meaningful to them but is balanced against effective and efficient use of resources
- ✓ Work to ensure people are protected from abuse and neglect, and if people do suffer harm we will work with them to achieve resolution and recovery in line with their wishes
- ✓ Provide support that is proportional to people's needs in order to make the best use of resources available



## Key stages in supporting people

This strategy is built around three key stages:

1. Helping people to help themselves
2. Helping people when they need it
3. Supporting people to maximise their independence and then keeping people's progress under review



### 1. Helping people to help themselves

**Connecting people with support and information they can access in their local communities and helping them to make the best use of their existing networks.**

We will make sure that everyone has access to information and advice to support their wellbeing before they need formal social care services. This is a universal offer to all, both state-funded and self-funded.

We will focus on people's skills, experience and networks of existing support and see how these might help in the future.

This involves gaining a good understanding of how people and their families live their lives, what they like doing, what they are good at and what networks of support are already available to them. Finding out what support is already available can help someone to remain independent and stop them entering the social care system earlier than is necessary.

For some people it will be enough to talk through the difficulties they are experiencing, and to assist them to consider support options that might already exist and how they can use them. Some people will need more help and professional advice on issues such as how to get about the house safely or keep themselves active. Others will need information about how to access support already available in the community or from formal social care.

For some people this approach will not be enough; where it's not and more support is needed, we will move to the next step in the framework - **helping people when they need it.**

### 2. Helping people when they need it

**Working with people in a timely way and supporting them to make their own decisions about short-term support to restore, maintain or enhance their independence.**

People often approach us for help when they are desperate or in crisis. We will act quickly to help prevent the situation getting worse. We will help them through the time of crisis and then work with them and their families when things are more stable to consider what, if any, ongoing or long-term needs require support.

During times of crisis, we will avoid conversations about long-term resolutions such as using residential care homes following a stay in hospital. Instead we will ensure people are informed and aware about the options available to them that might help them regain their independence and live at home.

Equally, we will still look at short-term options when people are not in crisis. Some people only need help over the short term to regain their independence and we will work with them to achieve this. By avoiding making long-term decisions too soon we can avoid the risk of inadvertently reducing someone's independence instead of promoting it.

We will look to agree some short-term approaches that might only involve a few weeks of support until people feel confident and able to go forward with fewer or no formal interventions.

For people with continuing needs, we will look at ongoing support but will still start by first considering all options for one-off or short-term support.

By working with people to help themselves and putting support in place for short periods, we can start to build a more personalised offer to the individual and help address their specific needs.

### 3. Supporting people to maximise their independence and then keeping people's progress under review

**Working with people in a personalised way to set achievable goals to promote independence and wellbeing. We will help people achieve what is important to them by keeping progress under active review.**

#### Supporting people to maximise their independence

Even after working with people to help them help themselves by identifying available community resources and trying some short-term options such as reablement and enablement or rehabilitation, some people will still have needs that require a longer-term solution.

We will look at what might be needed in the longer-term, whilst remembering **the purpose of any support will be to restore, maintain or enhance people's independence**, helping them to live as settled and fulfilled a life as possible.

A support plan is the tool used to set goals to promote independence and wellbeing. By understanding what people want to achieve and setting short-term goals to help them get to where they want to be, the right balance can be achieved between support for as long as is needed and increasing people's abilities and independence over time. This means we will have open conversations with people about their support and the aim might include reducing this over time, if and when they regain or return to independence. [Page 70 of 133](#)



## Keeping people's progress under review

It is really important when working with people over the longer-term to help them achieve what is important to them. We will do this by making sure we keep their progress under review.

We will ensure that people who have the potential to be more independent will be given the support to help make this happen working with them to help achieve their personal goals.

We will have conversations with people, carers and families about their aims for the future and expectations about ongoing formal social care. This includes how we can work together and share responsibility with them and other providers in meeting their needs.

We will ensure support is appropriate to peoples' needs and for those people who contribute towards the cost of their care we will ensure you are only paying for what is required. We will also work with people so they are informed about any benefits they are entitled to.

We will use our professional knowledge and experience to determine when it is the right and safe time to conclude support, including when formal support starts to inhibit peoples' independence. We can do this by helping people to set their ambitions for what their life could be like in the future and to identify realistic steps to achieve this.

## In summary

Our purpose is to help people to promote their independence and wellbeing. This document sets out how we will work with people to achieve the outcomes that matter to them in their life.



**REPORT OF CHAIRMAN OF ADULT SOCIAL CARE AND PUBLIC HEALTH  
COMMITTEE****APPROVAL FOR ADOPTION BY THE COUNCIL OF THE MOTOR NEURONE  
DISEASE CHARTER****Purpose of the Report**

1. The report requests that the Council adopts the Motor Neurone Disease (MND) Charter.

**Information and Advice**

2. Motor neurone disease is a rare condition that progressively damages parts of the nervous system. This leads to muscle weakness, often with visible wasting. Also known as amyotrophic lateral sclerosis (ALS), it occurs when specialist nerve cells in the brain and spinal cord called motor neurones stop working properly. Motor neurones control important muscle activity, such as gripping, walking, speaking, swallowing and breathing.
3. Motor neurone disease affects around two in every 100,000 people in the UK each year. There are about 5,000 people living with the condition in the UK at any one time. The condition can affect adults of all ages, including teenagers, although this is extremely rare. It is usually diagnosed in people over 40, but most people with the condition first develop symptoms in their 60s. It affects slightly more men than women.
4. Motor neurone disease is a severely life-shortening condition for most people. Life expectancy for about half of those with the condition is three years from the start of symptoms. However, some people may live for up to 10 years, and in rarer circumstances even longer. There is currently no cure for the disease. Treatment aims to make the individual feel comfortable and have the best quality of life possible, and compensate for the progressive loss of bodily functions such as mobility, communication, swallowing and breathing.
5. With strong community and specialist support, many people can maintain some independence for a significant part of the condition's course.

**The Charter**



6. The Motor Neurone Disease Charter was launched by the Motor Neurone Disease Association (MNDA) in June 2012. It is described as ‘a statement of the respect, care and support that people living with MND and their carers deserve and should expect.’
7. The five points of the Charter are:
  - The right to an early diagnosis and information
  - The right to access quality care and treatments
  - The right to be treated as individuals and with dignity and respect
  - The right to maximise their quality of life
  - Carers of people with MND have the right to be valued, respected, listened to and well-supported.
8. A copy of the full charter is attached to the report as an appendix.
9. Many councils have been approached to adopt the Charter. At present in the region of 50 councils have adopted it.
10. The MNDA states that the Charter was created to help raise awareness and to campaign to improve services for people with MND and their carers at the local level, in recognition of the fact that many decisions about services used by people with MND, such as social care, housing adaptations and support for carers, are made at the local level by councils. The Association believes that there are significant differences in the quality of services available to people with MND locally, depending on where they happen to live. Their aim is to ensure that every time a council makes a decision they have thought about the impact on people living with MND and their carers in the community.

### **Implications of adopting the MND Charter**

11. Much of the detail behind the points of the Charter deal with operational issues for the delivery of health care, such as access to diagnosis and specific drugs. However, the overall approach which the Charter promotes – and specifically the issues for social care – are consistent with the principles by which the Council aims to work when providing care and support to people with disabling conditions generally. They are also reflected in the provisions of the Care Act 2014, particularly in respect of information, needs assessment, carers’ rights and personalised care.
12. Whilst these principles apply broadly, the specific nature of this condition and the speed with which needs develop and become more complex make timely, person-centred and co-ordinated support particularly important in ensuring quality of life for people living with MND and their carers.
13. Councils have a role in a number of the issues addressed in the Charter including:
  - timely and appropriate information
  - early referral to social care services
  - a personal care plan
  - timely and appropriate access to equipment
  - access to respite care, and

- ensuring carers understand their legal entitlement to a Carer's Assessment and receive support in a timely way.

14. As stated above, the principles and the approach promoted in the MND Charter are consistent with the way the Council aims to provide advice, care and support to adults with a disability and long term health conditions, so adoption of the Charter does not require a significant change in the Council's overall approach.

15. It is proposed that the Charter and supporting information produced by the Motor Neurone Disease Association are shared with all elected Members and staff to raise awareness and promote the adoption of the Charter and its principles.

### **Other Options Considered**

16. To not adopt the Charter but as identified above the approach in the Charter is consistent with the principles by which the Council aims to work with all people who have disabilities and require care and support.

### **Reason/s for Recommendation/s**

17. It is recommended that the Council supports adoption of the MND Charter in recognition of the specific nature, speed of progression and impact of Motor Neurone Disease which means it is particularly important to ensure appropriate support is provided as soon as possible.

### **Statutory and Policy Implications**

18. 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**

19. There are no financial implications for the Council of adopting the MND Charter.

### **Human Resources Implications**

20. There are no specific implications for Human Resources.

### **Human Rights Implications**

#### **Implications for Service Users**

21. Adoption of the Charter will promote awareness and understanding of Motor Neurone Disease amongst elected Members and staff across the Council. This will help to ensure that people with MND and their carers and families receive appropriate support from the Council that will make a positive difference to their lives.

## **RECOMMENDATION/S**

- 1) That the Council adopts the Motor Neurone Disease Charter.

**Councillor Stuart Wallace**  
**Chairman of the Adult Social Care and Public Health Committee**

**For any enquiries about this report please contact:**

**Jennie Kennington**

**Senior Executive Officer**

**Email: [jennie.kennington@nottsc.gov.uk](mailto:jennie.kennington@nottsc.gov.uk)**

### **Constitutional Comments (LMc 05/12/17)**

22. The Policy Committee is the appropriate body to consider the contents of the report.

### **Financial Comments (KAS 11/12/17)**

23. The financial implications are contained within paragraph 19 of the 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

### **Electoral Division(s) and Member(s) Affected**

- All



**CHAMPION  
THE CHARTER  
ON YOUR  
DOORSTEP**

**the mnd charter**  
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Achieving quality of life, dignity and respect for people with MND and their carers

## **The MND Charter is a statement of the respect, care and support that people living with motor neurone disease (MND) and their carers deserve, and should expect.**

We believe that everyone with a connection to MND, either personally or professionally, should recognise and respect the rights of people with MND as set out in the Charter, and work towards the Charter's vision of the right care, in the right place at the right time.

### **About MND:**

- MND is a fatal, rapidly progressing disease that affects the brain and spinal cord.
- It can leave people locked in a failing body, unable to move, talk and eventually breathe.
- A person's lifetime risk of developing MND is up to one in 300.
- It kills around 30% of people within 12 months of diagnosis, more than 50% within two years.
- It affects people from all communities.
- It has no cure.

Therefore, what matters most is that people with MND receive a rapid response to their needs and good quality care and support, ensuring the highest quality of life as possible and the ability to die with dignity. The MND Charter serves as a tool to help make this happen.

MND is a devastating, complex disease and particularly difficult to manage. We believe that if we get care right for MND we can get it right for other neurological conditions, and save public services money in the long run. But more importantly, we can make a positive difference to the lives of people with MND, their carers and their loved ones.





# 1

## People with MND have the right to an early diagnosis and information

- THIS MEANS:**
- An early referral to a neurologist.
  - An accurate and early diagnosis, given sensitively.
  - Timely and appropriate access to information at all stages of their condition.

There is no diagnostic test for MND – it can only be diagnosed by ruling out other neurological conditions. People with MND can be halfway through their illness before they receive a firm diagnosis.

GPs need to be able to identify the symptoms and signs of a neurological problem and refer directly to a neurologist in order to speed up diagnosis times for MND.

Appropriate tests must be carried out as soon as possible to confirm MND. The diagnosis should be given by a consultant neurologist with knowledge

and experience of treating people with MND<sup>1</sup>. The diagnosis should be given sensitively, in private, with the person with MND accompanied by a family member/friend and with time to ask questions. A follow-up appointment with the neurologist should be arranged soon after diagnosis.

At diagnosis people with MND should be offered access to appropriate information and should be informed about the MND Association. Appropriate information should be available at all stages of the person's condition in a language of their choice.

# 2

## People with MND have the right to high quality care and treatments

- THIS MEANS:**
- Access to co-ordinated multidisciplinary care managed by a specialist key worker with experience of MND.
  - Early access to specialist palliative care in a setting of their choice, including equitable access to hospices.
  - Access to appropriate respiratory and nutritional management and support, as close to home as possible.
  - Access to the drug riluzole.
  - Timely access to NHS continuing healthcare when needed.
  - Early referral to social care services.
  - Referral for cognitive assessment, where appropriate.

People with MND may need care provided by health and social care professionals from up to 20 disciplines. This clearly needs co-ordination to work effectively. Co-ordinated care can improve the quality of life of people with MND and provide value for money for the NHS by preventing crises and emergency hospital admissions. The care should be co-ordinated by a specialist key worker with experience of MND who can anticipate needs and ensure they are met on time. Ongoing education for health and social

care professionals is important to reflect advances in healthcare techniques and changes in best practice.

A third of people with MND die within 12 months of diagnosis. Early access to specialist palliative care<sup>2</sup> soon after diagnosis is therefore vital and should be available in a setting of the person's choice. Some hospices give preferential access to people with a cancer diagnosis. It is important that access is based on need, not diagnosis, so that people with MND have equitable access to hospice care. Hospices can



provide high-quality respite care, which can benefit both the person with MND and their carer.

As MND progresses, the respiratory muscles and muscles of the mouth and throat may be affected. People with MND may therefore need respiratory and nutritional support. It is important that these services are available as close to the person's home as possible so that travelling is minimised and support is available quickly.

In 2001 the National Institute for Health and Care Excellence (NICE) recommended riluzole as a cost-effective drug for people with MND. GPs can be reluctant to prescribe riluzole on cost grounds, despite its NICE-approved status, or to monitor for

side effects during its use. However, it is vital that people with MND have ongoing access to this important treatment.

As the disease progresses, people with MND may need more intensive health care. It is important that people with MND have timely access to NHS continuing healthcare when they need it.

People with MND are likely to need help with getting up, washing, dressing and preparing food as the disease progresses. Access to social care services is therefore important to maintain quality of life. People with MND may also need access to cognitive assessment, as up to half of people with the disease experience changes in cognition.

### 3

## People with MND have the right to be treated as individuals and with dignity and respect

- THIS MEANS:**
- Being offered a personal care plan to specify what care and support they need.
  - Being offered the opportunity to develop an Advance Care Plan to ensure their wishes are met, and appropriate end-of-life care is provided in their chosen setting.
  - Getting support to help them make the right choices to meet their needs when using personalised care options.
  - Prompt access to appropriate communication support and aids.
  - Opportunities to be involved in research if they so wish.

Everyone with MND should be offered a personal care plan<sup>3</sup> to specify what care and support they need. The plan should be regularly reviewed as the disease progresses and the person's needs change.

People with MND should be offered the opportunity to develop an Advance Care Plan<sup>4</sup> to make clear their wishes for future care and support, including any care they do not wish to receive. The plan should be developed with support from a professional with specialist experience and may include preferences for end-of-life care.

Some people with MND will need support to help them make the right choices to meet their needs when using personalised care options, such as personal budgets.

As the disease progresses, some people with MND will experience difficulty speaking. It is important

that people with MND can access speech and language therapy to help them maintain their voice for as long as possible. However, as the disease progresses, people with MND may need access to communication aids including augmentative and alternative communication (AAC)<sup>5</sup>. The ability to communicate is a basic human right. For people with MND, communication support and equipment are vital in order to remain socially active and to communicate their wishes about their care, especially during hospital stays and other medical environments.

Many people with MND value the opportunity to be involved in research as it provides hope that one day an effective treatment will be developed. Everyone with MND who wishes to should be able to participate in research as far as is practicable.

## 4

### People with MND have the right to maximise their quality of life

- THIS MEANS:**
- Timely and appropriate access to equipment, home adaptations, environmental controls, wheelchairs, orthotics and suitable housing.
  - Timely and appropriate access to disability benefits.

People with MND may find their needs change quickly and in order to maximise their quality of life, they may need rapid access to equipment, home adaptations, wheelchairs and suitable housing. These needs should be anticipated so that they are met in a timely way. This is particularly true of wheelchairs which are important for maximising independence and quality of life.

People with MND need timely and appropriate access to disability benefits to help meet the extra costs of living with a disability. Information on appropriate benefits needs to be readily accessible in one place and easily understandable.

## 5

### Carers of people with MND have the right to be valued, respected, listened to and well supported

- THIS MEANS:**
- Timely and appropriate access to respite care, information, counselling and bereavement services.
  - Advising carers that they have a legal right to a Carer's Assessment of their needs<sup>1</sup>, ensuring their health and emotional well being is recognised and appropriate support is provided.
  - Timely and appropriate access to benefits and entitlements for carers.

Caring for someone with MND is physically and emotionally demanding. Carers need to be supported in order to maintain their caring role. Every carer should have their needs assessed and given timely and appropriate access to respite care, information, counselling and bereavement services. It is important to support the emotional and physical needs of the

carer in a timely way so that they can continue their caring role.

Carers should also have timely and appropriate access to benefits and entitlements to help manage the financial impact of their caring role.

<sup>1</sup> Recommendation in the NICE guideline on MND.

<sup>2</sup> Specialist palliative care – palliative care is the active holistic care of patients with progressive illness, including the provision of psychological, social and spiritual support. The aim is to provide the highest quality of life possible for patients and their families. Specialist palliative care is care provided by a specialist multidisciplinary palliative care team.

<sup>3</sup> Personal care plan – a plan which sets out the care and treatment necessary to meet a person's needs, preferences and goals of care.

<sup>4</sup> Advance care plan – a plan which anticipates how a person's condition may affect them in the future and, if they wish, set on record choices about their care and treatment and/or an advance decision to refuse a treatment in specific circumstances so that these can be referred to by those responsible for their care or treatment (whether professional staff or family carers) in the event that they lose capacity to decide or communicate their decision when their condition progresses.

<sup>5</sup> Augmentative and Alternative Communication (AAC) – is used to describe the different methods that can be used to help people with speech difficulties communicate with others. These methods can be used as an alternative to speech or to supplement it. AAC may include unaided systems such as signing and gesture as well as aided systems such as low tech picture or letter charts through to complex computer technology.



"Many people with MND die without having the right care, not having a suitable wheelchair, not having the support to communicate.

We have got to set a standard so that people like us are listened to and treated with the respect and dignity we deserve.

We have got to stop the ignorance surrounding this disease and have to make sure that when a patient is first diagnosed with MND, they must have access to good, co-ordinated care and services.

One week waiting for an assessment or a piece of equipment is like a year in most people's lives, because they are an everyday essential to help us live as normal a life as possible and die with dignity"

*Liam Dwyer, who is living with MND*

### **For more information:**

[www.mndassociation.org/mndcharter](http://www.mndassociation.org/mndcharter)

Email: [campaigns@mndassociation.org](mailto:campaigns@mndassociation.org)

Telephone: 020 7250 8447

We are proud to have the following organisations supporting the MND Charter:

**Royal College of General Practitioners**

**Association of British Neurologists**

**Royal College of Nursing**

**Chartered Society of Physiotherapy**

**College of Occupational Therapists**

**Royal College of Speech & Language Therapists**

**British Dietetic Association**

### **MND Association**

PO Box 246 Northampton NN1 2PR

[www.mndassociation.org](http://www.mndassociation.org)

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Registered charity no 294354

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## **REPORT OF THE CORPORATE DIRECTOR FOR RESOURCES AND THE CORPORATE DIRECTOR FOR CHILDREN, FAMILIES AND CULTURAL SERVICES**

### **RESPONSE TO HISTORICAL CHILD ABUSE - RESOURCES**

#### **Purpose of the Report**

1. To approve additional staffing resources to support the Council's response to historical child abuse.

#### **Information and Advice**

##### Background

2. The Independent Inquiry into Child Sexual Abuse (IICSA) is an independent statutory Inquiry which will investigate whether public bodies and other non-state institutions in England and Wales have taken seriously their responsibility to protect children from sexual abuse, and make meaningful recommendations for change in the future.
3. The Inquiry was announced in 2014 and is led by Professor Alexis Jay. The Inquiry consists of thirteen investigations, across a wide range of institutions including local authorities, the police, the Crown Prosecution Service, the Immigration Service, the armed forces, schools, hospitals, churches, charities and voluntary organisations.
4. The Nottinghamshire Councils (Nottingham City and Nottinghamshire County Council) investigation is focussed on children who lived in residential homes and with foster families. The investigation is considering the experience of victims and survivors and will examine the scale and nature of the abuse that may have taken place under the care of the relevant authorities, dating back to the 1940s. It will critically consider how both Councils responded to allegations that children were being sexually abused and will seek to identify any common themes and failings.
5. At the Preliminary Hearing on 11 May 2017, the County Council was confirmed as a Core Participant in the investigation. To date, the Council has responded to a number of information requests and have submitted a significant quantity of information to the Inquiry. The next stage of the investigation is to draft the Council's corporate witness statement and to prepare for the Public Hearing process.
6. In addition to the Council's response to the Inquiry, in 2015 the Council established a Historical Abuse Unit within Children's Social Care, to work closely with Nottinghamshire Police and the Council's Risk and Insurance Team to provide responses to allegations made by individuals via criminal and/or civil processes.

## IICSA Resources

7. On 15 June 2016 Policy Committee approved a total of £356,000 of initial additional staff resource over financial years 2016/17 and 2017/18 to support the Council's response to IICSA. At this stage the timescales for the Nottinghamshire Councils Public Hearing were not known.
8. The Council is forecast to have spent £350,000 on additional staff resource over 2016/17 and 2017/18 (actual spend of £120,000 in 2016/17 and forecast spend of £230,000 in 2017/18). This excludes external legal costs, which have totalled less than £7,000 to date and post holders who have contributed to this work within their existing capacity.
9. On 7 November 2017 IICSA published their Public Hearing timetable up to March 2019. The Nottinghamshire Councils Public Hearing is scheduled to begin on 1 October 2018 and is listed for three weeks (the hearing will be split into two parts with a break of one week in the week commencing 15 October 2018).
10. For this next stage of the work, it will be necessary to extend the staffing resources currently approved from 31 March 2018 until 31 December 2018 (in line with the Public Hearing timescale); and to secure additional staffing resource until 31 December 2018 due to the quantum of the work for this phase.
11. The requested IICSA staffing resource is outlined in Table 1. This will be at an additional cost of £560k during 2018/19 (based on 9 months), although resources will continue to be reviewed and will include a blend of internal and external resourcing. Some of this additional staffing will be required immediately due to the tight timescale of the corporate statement request, which needs to be submitted to IICSA by 31 January 2018, although this will be funded from the existing 2017/18 budget.
12. These costs do not include the costs of external legal advice, which is currently estimated to be at a cost of up to £0.5m.

Table 1

<b>IICSA Posts</b>	<b>FTE</b>	<b>Grade</b>	<b>Timescale</b>
Programme Manager	1 FTE	Band F	Extend to 31/12/18
Group Manager – Historical Abuse	0.5 FTE	Band F	Extend to 31/12/18
Programme Officer	2 FTE	Band B	Extend to 31/12/18
Project Manager	1 FTE	Band D	Additional resource 31/12/18
Senior Media Officer	1 FTE	Band C	Additional resource 31/12/18
Programme Officer	2 FTE	Band B	Additional resource 31/12/18
Social Worker	4 FTE	Band B	Additional resource 31/12/18
Archivist	1 FTE	Band B	Additional resource 31/12/18
Legal Practitioner	2 FTE	Grade 5	Additional resource 31/12/18
HR Business Partner	2 FTE	Grade 5	Additional resource 31/12/18
Business Support Officer	1 FTE	Grade 4	Additional resource 31/12/18

## Historical Abuse Unit Resources

13. The Historical Abuse Unit work alongside the officers of Nottinghamshire police Operation Equinox (previously Operation Daybreak and Operation Xeres).
14. In addition to the requested IICSA staffing resource outlined in Table 1, it is also necessary to extend the temporary posts in the Historical Abuse Unit, which are currently approved until 31 March 2018.
15. £1.094m of funding from corporate contingencies was approved for the Historical Abuse Unit for 2015/16 and 2016/17 by Children and Young People's committee on 21 September 2015. A further £168,000 was approved by Children and Young People's committee on 21 November 2016, for the continuation of the Historical Abuse Unit until 31 March 2018.
16. The extension of these posts is linked to the continuation of the criminal and civil allegations, rather than the timing of the IICSA Public Hearing and it is therefore proposed that the Historical Abuse Unit posts are extended for a further full financial year, from 31 March 2018 to 31 March 2019. Although the resource requirements will continue to be kept under review.
17. The requested Historical Abuse Unit staffing resource is outlined in Table 2. On the basis of expenditure being in line with 2017/18 costs, this will be at an additional cost of £362,000 for 2018/19, due to a forecast underspend of £100k for 2017/18.

Table 2

<b>Historical Abuse Unit Posts</b>	<b>FTE</b>	<b>Grade</b>
Group Manager – Historical Abuse	0.5 FTE	Band F
Team Manager – Social Care	1 FTE	Band D
Child Protection Coordinator	0.5 FTE	Band D
Local Authority Designated Officer	0.5 FTE	Band C
Social Workers	3 FTE	Band B
HR Officer	1 FTE	Grade 5
Business Support Officer	0.5 FTE	Grade 3
Business Support Minute Taker	0.5 FTE	Grade 3

### **Other Options Considered**

18. The Council has considered using only existing staffing resources, and wherever possible existing capacity is used. However, this is not sufficient to fulfil the volume of work, and would impact on other areas of work / service delivery, including the protection of children in the Council's care today.

### **Reason/s for Recommendation/s**

19. The Council wishes to support investigations into allegations of historical abuse by individuals previously in the care of the local authority. These resources help to facilitate a thorough and accurate response to IICSA, criminal and civil processes.

### **Statutory and Policy Implications**



20. 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.

### **Data Protection and Information Governance**

21. IICSA is subject to the Inquiries Act 2005 and the Inquiry Rules 2006. Other relevant legislation includes the Data Protection Act 1998, the Public Records Act 1958 and once the Inquiry has closed, the Freedom of Information Act 2000. IICSA have published an Information Management Policy and an Inquiry protocol on redaction of documents. Both documents are available at [www.iicsa.org.uk](http://www.iicsa.org.uk)

### **Financial Implications**

22. The additional cost of the identified resources to support the Councils response to IICSA until 31 December 2018 are £1.1m, including £0.5m in external legal costs.

23. The additional cost of the continuation of the Historical Abuse Unit until 31 March 2019 is £0.362m.

24. The total additional cost for IICSA and the Historical Abuse Unit in 2018/19 is £1.462m which will be met by a request from contingency.

### **Human Resources Implications**

25. These posts will not be subject to Job Evaluation as they comprise additional numbers of existing jobs, which have already been evaluated. The posts will be recruited to in accordance with the vacancy control process.

### **Safeguarding of Children and Adults at Risk Implications**

26. IICSA will investigate whether public bodies, including Nottinghamshire County Council, and other non-state institutions in England and Wales have taken seriously their responsibility to protect children from sexual abuse, and make meaningful recommendations for change in the future.

## **RECOMMENDATION/S**

1) To approve further staffing resources to manage the Council's response to historical child abuse as outlined in Table 1 and Table 2 of the report.

**Jayne Francis-Ward**  
**Corporate Director – Resources**

**Colin Pettigrew**  
**Corporate Director – Children, Families and Cultural Services**

**For any enquiries about this report please contact:**

Helen Lester, Programme Manager

Resources

T: 0115 977 4383

E: [helen.lester@nottsc.gov.uk](mailto:helen.lester@nottsc.gov.uk)

**Constitutional Comments (GR 05/12/2017)**

27. Pursuant to Part A2 of Part 4 of the County Council's Constitution the Policy Committee has the delegated authority to consider the recommendations set out within this report.

**Financial Comments (SAS 29/11/2017)**

28. The financial implications of the report are contained with paragraphs 22 – 24 above.

**HR Comments (GME 24/11/2017)**

29. The information contained in Table 1 is an indication of what will be required but this is likely to alter over time. Detailed consideration of the most appropriate resourcing solutions will be discussed by the Programme Manager, the Group Manager – Historical Abuse and the HR Group Manager. It is likely that a blended resourcing solution will best meet the changing requirements as the work preparing for the Nottinghamshire Councils' Public Hearings enters a new phase. Capacity and expertise from a range of sources including existing employees, as well as input from external experts will be necessary to ensure Nottinghamshire County Council is best prepared to respond effectively and extensively to the Public Inquiry.

30. Whatever the requirements identified, the existing employment and financial procedures will apply to the recruitment or engagement processes to ensure value for money and the availability of adequate, qualified resource to meet the ongoing demands of responding to the Public Inquiry.

**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.

- Establishment of a Historical Child Abuse Unit – Report to Children and Young People's Committee on 21 September 2015
- Staffing Resources for the Independent Inquiry into Child Sexual Abuse - Report to Policy Committee 15 June 2016
- Historical Abuse Unit - Report to Children and Young People's Committee 21 November 2016

**Electoral Division(s) and Member(s) Affected**

- All



**REPORT OF THE CHAIRMAN OF FINANCE AND MAJOR CONTRACTS  
MANAGEMENT COMMITTEE****BUDGET UPDATE REPORT****Purpose of the Report**

1. To highlight the Council's current financial position and outlook.
2. To set out the proposed response to the predicted budget deficit and seek approval for a number of measures to address these financial challenges.

**Information and Advice****Financial context**

3. The Council continues to operate in a challenging financial landscape with funding to local authorities expected to undergo fundamental structural changes over the next few years. What was in the past the main Government grant, the Revenue Support Grant (RSG), is expected to all but disappear by 2020. Local government now needs clarity around future funding as the plan to replace the RSG by moving to 100% retention of business rates has been deferred.
4. At the same time as this transition to a more self-sufficient position many Council services are experiencing continued increases in demand. Many of these services are those directed at the most vulnerable in society, especially in children's and adults' social care.
5. When the County Council's budget was approved last February the funding shortfall identified for the next three years was £63 million.
6. Future uncertainty around issues such as the move to 100% retention of business rates due to the enabling legislation being allowed to 'fall away', the delayed Fair Funding Review, Government funding overall and any implications that may arise as a result of the Brexit negotiations make the position particularly challenging for local authorities.
7. Despite an announcement that the Government no longer plans to return to a fiscal surplus during the current Parliament, it has come under pressure from a number of factors such as higher interest rates, pressures from Public Sector pay, the effects of inflation on pension benefits, reversals on planned tax rises and welfare cuts. As a result, further pressure is expected to be applied to local government funding in the coming years.

8. In March 2016, the Secretary of State for Communities and Local Government offered the option of a four-year funding settlement to run until 2019/20. Although this longer term funding settlement has helped reduce uncertainty, funding for the final two years of the Medium Term Financial Strategy (MTFS) is unclear.
9. The February 2017 Budget Report to Full Council forecast a budget shortfall of £63 million for the next three years once all the identified savings were taken into account. This shortfall took into account all of the budget pressures (inflation and costs) and reductions in grant funding alongside the savings identified.
10. This financial position is shown in Table 1 below:-

**Table 1 – Three-Year Financial Forecast**

	2018/19	2019/20	2020/21	Total
	£m	£m	£m	£m
Year on Year Savings requirement (February Report)	17.2	17.9	-	35.1
Adjustments to Savings / Base Budgets	(0.4)	1.7	-	1.3
Review to Pressures and Inflation	(0.4)	(2.3)	11.8	9.1
Increase use of General Fund Balance	4.5	-	-	4.5
New Adult Social Care Support Grant	3.5	-	-	3.5
Changes to New Homes Bonus	0.1	(0.6)	6.6	6.1
Collection Fund Surplus / Deficit	2.4	-	-	2.4
Change in Council Tax Base	(0.3)	(0.1)	(4.6)	(5.0)
Change in Assumptions for Council Tax Increases	6.6	-	-	6.6
Other Corporate Adjustments	(2.2)	-	1.5	(0.7)
<b>Revised Gap</b>	<b>31.0</b>	<b>16.6</b>	<b>15.3</b>	<b>62.9</b>

## Facing the Challenge

### The Council's response

11. The County Council's strategic plan for 2017 - 2021, Your Nottinghamshire, Your Future, is a four year plan, reviewed annually, that sets out the strategic ambition for the future of Nottinghamshire and the Council. As part of this Plan, Policy Committee in October 2017 approved the Council's approach to tackle these financial challenges.
12. In addition, four detailed departmental strategies will be designed to offer the best possible services whilst making best use of the Council's resources. Your Nottinghamshire, Your Future will encourage a more commercial approach across the Council, adopting creative and innovative ways of delivering value for money.
13. As part of the drive to deliver services in more efficient ways, three Alternative Service Delivery Models (ASDMs) were established during 2016 to deliver a number of the

Council's services.

14. In October 2017, Policy Committee approved a new approach to the process of setting the Council's budget and over the last few months various efficiencies have been approved through Service Committees, including in-year savings made in Adult Social Care and Health budgets which was reported to Finance and Major Contracts Management Committee in September.
15. The Council will continue to update its Medium Term Financial Strategy (MTFS) to reflect changes in pressures and savings as they are approved throughout the year. The current MTFS shown in Table 2, reflects base budget adjustments, additional government grants and financial issues previously reported to Finance and Major Contracts Management Committee.

**Table 2 – Revised Medium Term Financial Strategy**

	2018/19 £m	2019/20 £m	2020/21 £m	Total £m
Year on Year Savings Requirement (Feb 2017)	31.0	16.6	15.3	<b>62.9</b>
Change in Pay / Pension Related Inflation	0.8	0.2	1.3	<b>2.3</b>
Additional Pressures Adult Social Care & Health	8.8	(0.8)	(0.9)	<b>7.1</b>
Committee Approved Efficiencies	(6.5)	(4.1)	(2.2)	<b>(12.8)</b>
Adjustments to Savings / Base Budgets	(4.0)	(0.2)	-	<b>(4.2)</b>
Change in Grant Funding	(1.9)	-	(2.1)	<b>(4.0)</b>
Improved Better Care Fund - Grant	(10.0)	5.0	5.0	<b>-</b>
Other Corporate Adjustments	(1.1)	-	(0.1)	<b>(1.2)</b>
<b>Revised Shortfall</b>	<b>17.1</b>	<b>16.7</b>	<b>16.3</b>	<b>50.1</b>

NB: For the report to Council in February 2018 the MTFS will be extended to four years.

### **Financial planning**

16. Measures are in place to address the current significant financial shortfall identified in 2018/19, including the budget review in Children's Services, exploring income generation opportunities and general efficiency savings. These will be reported to the appropriate Committee through the year.
17. In addition, as part of the budget setting process, the Council will review its financial planning assumptions, including cost pressures and inflation. All changes will be detailed in the February budget report.
18. Reserves and balances will once again be used to allow time for more transformative approaches to be developed and implemented. Reserves provide a short-term fix but their use only delays the time when a permanent solution needs to be found. The Council also needs to maintain an appropriate level of reserves to guard against unforeseen events. Any required use of the reserves will be presented as part of the budget approval process.
19. When the MTFS was approved in February 2017, a 1.75% increase to Council Tax



was built into 2017/18. No further increases to Council Tax were built into the MTFS for future years.

20. The 2017/18 Local Government Settlement recognised the social care funding issues faced by upper tier local authorities by allowing the acceleration of the Adult Social Care and Health Precept. The announcement stated that such local authorities would be able to increase the Adult Social Care and Health Precept by up to 3% in both 2017/18 and 2018/19 but by no more than a 6% increase in total by 2019/20. When the MTFS was approved in February 2017, a 3% increase to the Adult Social Care and Health Precept was built into to 2017/18. No further increases to the Adult Social Care Precept were built into the MTFS for future years.
21. When determining the local government settlement, the Government built in an assumption that the Council would take the Social Care Precept and Council Tax in each year of the settlement and reduced the level of Revenue Support Grant we receive accordingly.
22. Council Tax and Social Care Precept policies will be reviewed, alongside other assumptions in the MTFS, and detailed in the 2018/19 Budget Report to Full Council in February 2018.
23. In September 2017, the Department for Communities and Local Government published the 2018/19 Local Government Finance Settlement Technical Consultation Paper. The consultation covered the following proposed approaches to the 2018/19 settlement:-
  - It is proposed that the 2018/19 funding settlement is allocated in accordance with the four year settlement offered to local authorities in 2016/17.
  - Alongside the 2017/18 provisional local government settlement, the Government announced the outcome of the New Home Bonus consultation. It was decided to reduce the number of years for which legacy payments are made from six to five years in 2017/18 and then to four years from 2018/19. In addition, it was decided to set a national baseline for housing growth to sharpen the incentive for councils to deliver more new homes.
  - Expectation is set that current Government Policy remains that any authority proposing a Council Tax increase above 1.99% will be required to hold a referendum.
24. Confirmation of the above approaches will be confirmed at the time of the 2018/19 provisional local government settlement.
25. Local authorities with responsibility to provide social care and health services have made it clear to government that more funding must be made available. The social care green paper which was expected to be published in autumn 2017 has now been delayed until summer 2018. Unfortunately, there were no announcements on this matter in the Autumn Budget Statement.
26. In February 2018, The Finance and Major Contracts Management Committee will review the budget following the final local government settlement and grant announcements, in advance of Full Council setting the budget on 28 February 2018.

## **Other Options Considered**

27. This report provides an update of the Budget together with confirming the approach to reviewing the budget for 2018/19.

## **Reasons for Recommendations**

28. To inform members of the financial landscape and budget position; to seek approval for the measures set out in the review of the budget for 2018/19.

## **Statutory and Policy Implications**

29. 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**

It is recommended that Policy Committee:

- a) Acknowledges the financial landscape within which the Council is operating.
- b) Agrees that due to the significant financial challenges the Council continues developing measures set out in this report.

**Councillor Richard Jackson**

**Chairman of Finance and Major Contracts Management Committee**

**Financial Implications** (NS 23/11/17)

The financial implications are stated within the report itself.

**Constitutional Comments** (GR 05/12/2017)

Pursuant to Part A2 of Part 4 of the County Council's Constitution the Policy Committee has the delegated authority to consider the recommendations set out within this report.

## **Background Papers Available for Inspection**

None

## **Electoral Division(s) and Member(s) Affected**

All



**REPORT OF THE LEADER OF THE COUNCIL****INTEGRATING INNOVATION CENTRES IN NOTTINGHAMSHIRE CONTRACT****Purpose of the Report**

1. The purpose of this report is twofold:
  - a) To approve a 6 month extension to the Integrating Innovation Centres in Nottinghamshire contract; and
  - b) For Policy Committee to receive a further report on the future contract position on the completion of a review of the contract form and inclusions.

**Information and Advice**

2. Nottinghamshire County Council manages a contract governing the facilities management and business support services at three innovation centres across the county. Each centre is under different ownership as indicated in brackets:
  - a. Mansfield I-Centre (Mansfield District Council);
  - b. Newark Beacon (Newark and Sherwood District Council); and
  - c. Worksop Turbine (Nottinghamshire County Council).
3. The Local Authority partners currently engage in key aspects of the contract through a Strategic Management Board (SMB). This includes annual contract fee and budget and performance setting. An officer of the Housing and Communities Agency (HCA) also sits on the SMB in recognition that each centre has received external grant funding towards the capital build stages – this confers a retained financial interest in all of the centres for all funders. This will have an impact on any future contract/business model selected by partners to operate the centres.
4. In April 2011, the County Council awarded the contract on behalf of partners to Oxford Innovation on a five-year contract to March 2016, with the possibility of two one-year extensions. Each of the single year extensions have been applied, with the current contract scheduled to expire on the 31 March 2018.

**Contract Form**

5. The current contract operates as a “Management Agreement” whereby Oxford Innovation manages the centres on behalf of partners with annual income from licences and conferencing covering the operational costs with the surplus generated at each centre being returned to the respective centre owners following a deduction by the operator for performance related bonuses (where relevant). From this, Newark and Sherwood and

Mansfield District Councils also draw off a contribution to their in house costs and a building sinking fund.

6. The County Council does not seek to cover its management or technical costs and covers its capital costs outside of the contract. This includes an annual request to Committee (where required) to cover specific improvements at the Turbine. In the past this has included toilet and kitchen upgrades and communal redecoration to make the centre attractive to existing and new tenants. Statutory or substantial items of repair and maintenance are met by the County Council's Property budgets. Future proofing to meet emerging trends is addressed on a case by case basis. For example, the Council has successfully sought funding to develop a Business Lounge at the Turbine, this opened in June 2017.
7. Each owning authority is responsible for meeting any deficits at their specific centre (as well as covering depreciation, insurance and so forth). This is a critical point to consider during the review, as occupancy can be adversely impacted by economic downturns leaving cost uncertainty.

#### Contract Services

8. The three Nottinghamshire Centres offer serviced offices and workshops – termed as fully-inclusive “easy in-easy out” licence agreements. This provides fledgling businesses with flexible terms (they can leave the centres or change office sizes with 1 months’ notice) and cost certainty. Space is used flexibly to meet market needs for instance: shared offices, virtual offices, hot desk facilities, internal/external conferencing and meeting room services and on-site catering. Tenants have access to specialist business support from Oxford Innovation, a nationally renowned specialist in this field. This supports new and start-up small and medium-sized enterprises (SMEs) in understanding and growing their market and workforce. This enables them to grow their space in the centres and ultimately graduating to their own business accommodation.
9. Graduations and employment generation are the key outputs of the contract, with the intended outcomes being the creation of sustainable higher skilled employment opportunities in high growth SMEs. This aligns with the Council Plan (commitment 10 – high quality business accommodation for new and growth businesses and driving business productivity) and the intended provision of Business Parks across the county. The Innovation Centres are clear “feeders” for new and emerging commercial space.

#### General Performance

10. The contract has performed steadily and continues to develop and adjust to meet the patterns of need and opportunity across the County. Demand is healthy, especially for small scale units and occupancy levels currently remain good, being ordinarily between 80-90%.
11. A recent Internal Audit Report has highlighted areas of improvement to minimise risk and improve the effectiveness of the contract. The findings of this report will be incorporated in the proposed contract review and will inform future procurement and contract management processes. Soft market testing undertaken in 2016 and a recent assessment of the quality and service standards of the operator, has highlighted some areas of improvement and best practice that can also support the review outcome.

12. Each centre is currently undergoing a series of improvement projects to align them with market need and to future proof them – making them attractive to new tenants and future commercial operators.
13. In 2016/17 there were 192 tenant of virtual businesses at the centres employing 539 full time equivalents posts (FTE). Of these 77 were new jobs created in that year. In 2017/18 the creation of a further 70 new jobs is targeted across 218 business tenants.

#### Post 31 March 2018

14. The Council's contract with Oxford Innovation is due to expire at the end of March 2018. However, a review is required to inform future delivery which maximises value for money and which:
- minimises financial risk and management costs to the centre owners
  - simplifies the current contract performance processes
  - accounts for emerging private sector managed space offers and costs
  - accommodates the changing need for the innovation support offer in line with:
    - the developing initiatives relating to the Council's business park and workspace plans
    - Current and future D2N2 Growth Hub services and
    - university led innovation programmes
  - accounts for the external funders interest in the buildings and any financial implications of this
  - incorporates any statutory responsibilities and costs in relation to the contract – including the obligations of each owning authority in respect of the Transfer of Undertaking (Protection of Employment) Regulations (TUPE)
15. There is insufficient time to complete a thorough review on behalf of the 3 local authorities and funders, procure future services and accommodate the necessary handover period to a new operator before the 31 March 2018. Therefore after consultation with partners, a one-off 6 month extension period to the current incumbent is required on a new 6 month contract on the same terms and conditions as currently applicable. The 6 month contract "extension" is outside of the scope of the existing contract and would be considered a direct award and so is not without procurement risk. However the risk is considered low due to the contract "extension's" short term and the re-scoping of the future provision.
16. Discussions have taken place with Oxford Innovation over their appetite for an extension and they have agreed the principle of a one-off six month "extension". The intent is that this would cease 30 September 2018.
17. Following the review, a further report will be brought to this Committee with a recommendation on the most appropriate and cost effective way to proceed.

#### **Other Options Considered**

18. The alternative is a re-tendering process, which even if it was started immediately would not allow for an appropriate handover period to any new operator or sufficient time to consider the new operating environment. Furthermore, the business continuity in each centre (and that of individual tenants) could be impacted as could income generation and costs. The risk of reputational damage to the Councils would also be high based on the service levels offered.



19. Further, if the decision taken was to re-procure on the basis of current information/performance, the market may not respond as flexibly as the incumbent contractor.

#### **Reason/s for Recommendation/s**

20. The conclusion drawn is that a contract extension would offer the best value for money and continued good standards of service for Nottinghamshire County Council, local authority partners and business tenants. The extension period will facilitate a review period to develop an informed contract response that meets current and future needs and brings more cost certainty to the authority with the inclusion of best practice and audit recommendations.

21. The current contract terms are deemed fit for purpose given the other constraints for the time limited extension period. Accordingly regular operational and strategic reviews will continue, together with monthly performance monitoring.

#### **Statutory and Policy Implications**

22. 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**

23. Efforts to cover costs through income will be maximised as per the current contract model. No capital improvements are planned at the Turbine for the remainder of 2017/18 or 2018/19 so this will not impact any extension costs.

#### **RECOMMENDATION/S**

It is recommended that Policy Committee:

- 1) Approves the approach to extend the existing incumbent on the current contract Terms and Conditions for the period 31<sup>st</sup> March 2018-30<sup>th</sup> September 2018 and
- 2) Receives a further report following the completion of the review on the best delivery method for the centres.

**COUNCILLOR MRS KAY CUTTS, MBE**  
**Leader of the Council**

**For any enquiries about this report please contact: Mandy Ramm, Economic Development Officer, 0115 9772685**

## **Constitutional Comments (EP 08/12/2017)**

24. The recommendations fall within the remit of the Policy Committee by virtue of its terms of reference. Any contract entered into should be in a form approved by the Group Manager Legal, Democratic and Complaints Services.

## **Financial Comments [RWK 06/12/2017]**

25. There are no specific financial implications arising directly from the 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.

- Contract Award Notice, 1 March 2011
- Strategic Management Board 29th April 2014 Report on Draft Contract Performance 2013/14 Appendix 1: KPI Monitoring and Appendix 2 Financial Performance
- Strategic Management Board 22nd July 2015 Report on Draft Contract Performance 2014/15 Appendix 1: KPI Monitoring and Appendix 2 Financial Performance
- *Nottinghamshire Economic Insight – Issue 44 – Special Feature* – available at: <http://site.nottinghamshire.gov.uk/EasysiteWeb/getresource.axd?assetid=352982&type=0&servicetype=1>
- *Integrated Innovation Centre Contract: Performance Report* – report to Economic Development Committee, published 26-06-2012
- *Integrated Innovation Centre Contract: Performance Report* – report to Economic Development Committee, published 11-06-2013
- *Integrated Innovation Centre Contract: Performance Report 2013/14* – report to Economic Development Committee, published 03-06-2014
- *Integrated Innovation Centre Contract Performance Report 2014/15* – report to Economic Development Committee, published 09-06-2015
- *Integrated Innovation Centre Contract Performance Report 2015/16* – report to Economic Development Committee, published 07-06-2016
- *Innovation Centres in Nottinghamshire* – report to the City of Nottingham and Nottinghamshire Economic Prosperity Committee, published 23-09-2016
- *Internal Audit Report*

## **Electoral Division(s) and Member(s) Affected**

- Newark West, Cllr Keith Girling
- Worksop North, Cllr Alan Rhodes
- Mansfield South, Cllrs Stephen Garner and Andy Sissons



## **REPORT OF THE CHAIRMAN OF COMMUNITIES AND PLACE COMMITTEE THE ENFORCEMENT AND PROSECUTION POLICIES FOR THE TRADING STANDARDS AND COMMUNITY SAFETY SERVICE**

### **Purpose of the Report**

1. To approve the reviewed and updated Enforcement and Prosecution policies for use by the Trading Standards and Community Safety Service.

### **Information and Advice**

2. The role of the Service is to promote and maintain a fair and safe trading environment, and to protect the interests of consumers and legitimate business.
3. The Service enforces a wide range of business and consumer protection legislation, relating to quality, quantity, safety, description and price of goods and services. It carries out its duties in various ways, including inspection, sampling, test purchasing, testing, investigation and legal proceedings. It also works to prevent issues by informing, advising and educating both businesses and consumers.
4. Most businesses and individuals want to comply with the law. The effectiveness of relevant legislation in protecting consumers and businesses depends on the compliance of those regulated.
5. The proposed Enforcement Policy (attached as Appendix A) sets out what those regulated can expect from the Service, providing guidelines on how it undertakes its duties. The Policies have always existed for the Service, but need to be periodically reviewed and approved to ensure they are up to date and relevant. The changes have included updates in legislation and making the policies easier to follow. There are no substantive changes
6. The institution of legal proceedings can have a significant impact upon those who are brought before the Courts. Incorrectly made decisions to prosecute can also impact adversely upon the County Council.
7. The proposed Prosecution Policy (attached as Appendix B) sets out the factors to be taken into consideration before the institution of any legal proceedings. It sets out a robust framework for decision making. Such policies are often referred to by the defence and the Courts when considering the approach that the Authority has taken, and also with regards to the decision to institute legal proceedings.
8. Both policies have been developed to ensure that the approach that the Service takes in carrying out its enforcement duties, and how it deals with any noncompliance, are done in an equitable, proportionate and consistent manner.

9. Both policies are public documents, and the current versions are published on the Nottinghamshire County Council website at [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)

### **Other Options Considered**

10. None

### **Reasons for Recommendations**

11. The Trading Standards and Community Safety Service Enforcement and Prosecution policies have been reviewed and updated. They are both attached as appendices to this report, for the Committee to approve.
12. The revised policies were endorsed by the Communities and Place Committee on 5<sup>th</sup> October, when it was agreed to put both policies to Policy Committee for approval.

### **Statutory and Policy Implications**

13. 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**

14. This report contains no additional financial implications for the net budget of the service, with activity reported being contained within existing service budget.

### **RECOMMENDATION**

- 1) That approval is given to the Enforcement Policy and the Prosecution Policy as set out in Appendix A and Appendix B to this report.

**Councillor John Cottee**  
**Chairman of Communities and Place Committee**

**For any enquiries about this report please contact: Mark Walker 0115 977 2173**

### **Constitutional Comments (SLB 23/10/2017)**

15. Policy Committee is the appropriate body to consider the content of this report.

### **Financial Comments (CT 20/10/17)**

16. The financial implications are contained within Paragraph 14 of 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'

## **Electoral Division(s) and Member(s) Affected**

- 'All'







## **Introduction**

This document sets out what business and others being regulated can expect from us and explains the Enforcement Policy of the Nottinghamshire County Council Trading Standards and Community Safety Service.

It provides information on:

1. The purpose of our Enforcement Policy
2. Our enforcement principles
3. How we can help consumers and businesses
4. Primary Authority Principles
5. Conduct of enforcement activity
6. Enforcement options available to us
7. Availability of policy
8. Commenting on this Policy and complaints

This Enforcement Policy is based on the principles of good regulation as provided by the Legislative and Regulatory Reform Act 2006, the Regulators' Code and the principles of good enforcement as set out in the Enforcement Concordat.

## **1. The Purpose of Our Enforcement Policy**

Trading Standards exists to promote and maintain a fair and safe trading environment, promote health and wellbeing throughout the community and protect the interests of consumers and legitimate businesses. We enforce a wide range of business and consumer protection legislation relating to quality, quantity, safety, description and price of goods and services. We carry out our duties in various ways including inspection, sampling, test purchasing, testing, investigation and legal proceedings, but also by informing, advising and educating businesses and consumers.

The effectiveness of legislation in protecting consumers and businesses depends on the compliance of those regulated. We recognise that most businesses want to comply with the law.

A list of Trading Standards legislation can be found on the Nottinghamshire County Council website

## **2. Our Enforcement Principles:**

**Targeting**

We aim to prioritise and direct our regulatory effort effectively. To achieve this, we will use comprehensive, intelligence led risk assessments to focus our resources to the areas of most need. The vast amount of our formal enforcement activities will be focused on those who are criminally intent, flout the law or act irresponsibly.

**Proportionality**

We will ensure that enforcement action is proportionate to all the circumstances surrounding a particular breach of legislation and that the sanctions applied are meaningful.

**Accountability**

We will be accountable for the efficiency and effectiveness of our activities, whilst remaining independent in the decisions we take.

**Fairness and Consistency**

We will treat all consumers and businesses fairly. No decision, response or action by the Service will be affected by the race, politics, gender, sexual orientation or religious beliefs of any suspected offender, complainant, witness or officer of this Service.

We will ensure that our enforcement practices are consistent; we will adopt a similar approach in similar circumstances to achieve similar ends.

**Openness and Transparency**

We are committed to the open provision of information and advice in a format that is accessible, easily understood and implemented. We will also ensure that there is always a clear distinction between those actions necessary to comply with the law and those which we recommend as best practice and are not compulsory.

We may use publicity to raise awareness of those acting against the law, to improve compliance and to assist the monitoring of trading practices.

**3. Provision of business advice**

We will look to protect consumers and promote a modern, vibrant economy by supporting well-meaning enterprises of all sizes. We will provide a range of advice to help businesses and others to meet their legal obligations. Where more complex advice is sought we may make a charge. Information on our charging policy is available via the following link".

If a business is found to be non-complaint this does not mean we will take enforcement action against you, although consideration will need to be given in respect to the seriousness of the breach.

If there is a shared enforcement role with other agencies e.g. DEFRA, Food Standards Agency, Environment Health and the Police, we will endeavour to coordinate with these agencies to minimise unnecessary overlaps or time delays and to maximise our overall effectiveness.

#### 4. Primary Authority Principle

The Regulatory Enforcement and Sanctions Act 2008 introduced Primary Authority Partnerships. A Primary Authority is a local authority registered by Regulatory Delivery as having responsibility for providing advice and guidance to a particular business or organisation which is subject to regulation by more than one local authority.

We support the Primary Authority Partnerships Scheme and will enter into such agreements with businesses to promote good enforcement practice and reduce unnecessary burdens.

If we come to a decision to take enforcement action against a business that has a Primary Authority Partnership with another regulator we will notify the Primary Authority of the action we propose to take or have taken.

The Primary Authority has the right to object to our proposed action and they or we may refer the matter to Regulatory Delivery for their adjudication.

#### 5. Conduct of Enforcement Activity

All enforcement activity will be undertaken with due regard to the provisions of the Police and Criminal Evidence Act 1984, the Criminal Procedure and Investigations Act 1996, the Regulation of Investigatory Powers Act 2000 and the Human Rights Act 1998.

Officers have a variety of powers, including power to enter premises and inspect goods books and documents and to seize and detain such goods, books and documents which may be required for evidence. We will provide at least 48 hours' notice prior to inspection, unless such a notice will defeat the object of such a visit.

Officers may also take with them such other persons and/or equipment as may be necessary when exercising powers of entry. In certain cases they may exercise an entry warrant issued by a Magistrate, in order to gain access into premises. If individuals or businesses obstruct officers they may well be liable to prosecution for such obstruction.

We will at all times respect a person's right to a fair trial, right to respect for private and family life and the protection of property.

#### 6. Enforcement options available to us

Where there is a breach of legislation we can take a variety of actions which include:

- **Indirect Action** – including referral to another authority or agency for information and/or action.
- **Verbal or written warning** – where a relatively minor offence has been committed but it is not thought appropriate to take any further action. The suggestive corrective action and timescale will be given.
- **Statutory Notice** – these are notices which are prescribed by legislation and may only be issued in accordance with specific statutory provisions.

- **Fixed Penalty Notice** – these may be issued to deal with minor offences.
- **Undertaking / Assurance** – these may be sought to correct or prevent future breaches of the law, they may be on a voluntary basis or a statutory basis through the Civil Courts.
- **Civil Injunctions** – these will be sought to prevent breaches of the law.
- **Simple Cautions** – these will be used to deal with criminal breaches where Court action is deemed to be inappropriate. We will have regard to the Crown Prosecution Service Code of Practice Details of which can be found at [www.cps.gov.uk](http://www.cps.gov.uk)
- **Enforcement Orders** – these are used to deal with breaches of criminal and/or civil breaches of law in accordance with the Enterprise Act 2002 and are sought through the Civil Courts.
- **Prosecution** – criminal breaches may be dealt with by prosecution, after having regard to the Service's Prosecution Policy and the Code for Crown Prosecutors.

In appropriate circumstances the Service, sometimes working in partnership with other agencies, will seek other penalties/sanctions such as:

- **Action under the Proceeds of Crime Act 2002 to:**
  - Disrupt criminal enterprises through the recovery of criminally derived assets.
  - promote the use of financial investigation as an integral part of criminal investigation
  - pursue suitable cases with a view to applying to the courts for restraint and /or confiscation of criminally derived assets
- **Victim compensation**  
As part of any prosecution process or Proceeds of Crime investigation we can apply to the court to award suitable compensation to any injured party.
- **Revocation and review of licences**  
Where there is a requirement for a business to be licenced eg Licensing Act, a review of the licence may be sought where the activities and/or fitness of the licence holder is in question.
- **Forfeiture of infringing goods**  
Some legislation allows us to apply to the Courts to seek forfeiture of goods, either in conjunction with a prosecution or separately.

We will also ensure that when any of the above notices are served the appeals process is explained to the recipient.

A list of all legislation currently enforced by the Trading Standards Service can be found at the end of this policy document.

## 7. Availability of this Policy

This Enforcement Policy is made available to anyone and is published on the Nottinghamshire County Council website at [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk). The Service's Prosecution Policy is also available at [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk).

## 8. Commenting on this Policy and Complaints

Anyone wishing to make any comments about the content of this Policy or the manner of its application is invited to send them to us by any of the methods shown below.

These comments will assist us in the continual monitoring and annual review of this Policy. This is important to help ensure that the Policy remains up to date and reflects the views of our community and changes in legislative requirements.

Please contact us should you require any further information on how we can carry out our work or can be of any further assistance to you. If you have a complaint about the provision of our service please feel free to contact us.

If you remains dissatisfied or feel that you cannot talk to us you may wish to complain direct to Nottinghamshire County Council. You may do this by any of the methods shown at [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk).

### **Contacting us:**

E-mail: trading.standards@nottscc.gov.uk  
Telephone: 0115 8041147  
Fax: 01623 452059  
Post: Trading Standards, County House,  
100 Chesterfield Road South, Mansfield NG19 7AQ  
Internet: [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)

This information can be made available in other languages and formats. For further information please contact 0115 8041147





This policy is intended to provide guidance for officers, businesses and consumers. We recognise that most businesses and/or individuals wish to comply with the law. However there are occasions when action including prosecution will be taken against those who fail to comply with the law. We have the discretion whether or not to put alleged offences before the criminal or civil courts. This policy explains what factors we take into consideration before we institute any legal proceedings.

A prosecution will normally ensue where the individual or organisation meets one or more of the following:

- Deliberately, negligently or persistently in breach of legal obligations which were likely to cause material harm to others.
- Endangered to a serious degree the health, safety or wellbeing of people, animals or the environment.
- Assaulted or obstructed an Officer in the course of their duties.
- A prosecution would have a significant positive impact on maintaining community confidence.

In deciding whether or not a prosecution is viable and appropriate we will follow the guidance in the Code for Crown Prosecutors. We will apply two tests:-

1. Whether or not the standard of evidence is sufficient for there to be a realistic prospect of conviction (the Evidential Test).
2. Whether or not a prosecution is in the public interest (the Public Interest Test).

For more information on the Code for Crown Prosecutors see [www.cps.gov.uk](http://www.cps.gov.uk)

Prosecutions will be brought without unnecessary delay. We will select charges that reflect the seriousness of the case, enable a Court to exercise adequate sentencing powers and permit the case to be presented in a clear and simple way.

This Policy and all associated enforcement decisions take account of the provisions of the Human Rights Act 1998. In particular due regard is had to the following:

- Right to a fair trial
- Right to respect for private and family life.

Each case will be continually reviewed and any changes in circumstances that occur as the case develops will be taken into account

**Contacting us:**

E-mail: [trading.standards@nottscc.gov.uk](mailto:trading.standards@nottscc.gov.uk)  
Telephone: 0115 8041147  
Fax: 01623 452059  
Post: Trading Standards Service, 100 Chesterfield Road South, Mansfield,  
Nottinghamshire NG19 7AQ  
Internet: [www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)

This information can be made available in other languages and formats. For further information please contact 0115 8041147

**REPORT OF THE LEADER OF THE COUNCIL****GROWTH AND ECONOMIC DEVELOPMENT TEAM PROGRAMMES****Purpose of the Report**

1. To seek approvals to maximise the take up of grants and support for Nottinghamshire businesses linked to the themes and priorities set out in the Council Plan Your Nottinghamshire Your Future 2017-2020 and other strategic documents produced by Government.

**Background**

2. The Council Plan 2017-2020 - 'Your Nottinghamshire, Your Future', sets out how we aim to support residents and businesses across the county to be prosperous, aspirational and to share with us responsibility for the future. Given the financial constraints facing the County Council, the attraction and use of external funding is paramount, especially in using external funding to deliver local priorities.
3. This report builds on Members recent approval (November 2017) to temporarily increase staffing resources for two of the externally funded programmes, Digital Business Growth and Nottinghamshire LEADER (Liaison Entre Actions de Développement de l'Économie Rurale, which roughly translates as 'Liaison among Actors in Rural Economic Development') operated by the Council's Growth and Economic Development team.
4. Attracting investment and funding from Government is key to helping Nottinghamshire 'punch its weight' and to achieve local priorities. This trend is set to continue, exemplified by our role in the Midlands Engine and Midlands Connect and in the D2N2 Local Enterprise Partnership. It is through the D2N2 LEP that the County Council has been successful in attracting funding to support local programmes to support businesses.
5. We have a good track record in attracting external funding and have secured a significant amount of funds for the Council. As a guide, the seven 'live' Nottinghamshire projects shown in the table below equate to circa £57m of funding aimed at boosting county jobs and economic growth.

PROJECT/ PROGRAMME	AIM	TOTAL COSTS
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NAME		
D2N2 Digital Business Growth Programme	To help 850 small and medium sized enterprises across Derby City, Derbyshire, Nottingham city and Nottinghamshire to make better use of digital connectivity to expand their businesses	£7.2m
Nottinghamshire LEADER Programmes	To help support the development of the Nottinghamshire rural economy and create new jobs	£2.8m
Better Broadband for Nottinghamshire	Improved broadband access across Nottinghamshire where it is currently lacking and where needs will not be met by the private sector	£29m
Careers Local	Grants of up to £10,000 available to a range of educational institutions across Derby City, Derbyshire, Nottingham city and Nottinghamshire to support 15 to 19 year olds at risk of becoming Not in education Employment or Training (NEET) to increase their employability skills and chances of participating in further education	£1.7m
D2N2 Growth Hub	'One stop shop' for ambitious new and developing businesses looking for advice on training, growth and how to access funding to help expand into fresh markets	£1.2m
The European Regional Development Fund – Technical assistance	Technical advisory support to support those interested in making successful applications to the European Regional Development Fund (ERDF)	£187k
The Building Better Opportunities Programme	To tackle long-term unemployment across Derby City, Derbyshire, Nottingham city and Nottinghamshire and help those socially excluded to access support	£15m

6. Now that this funding has been secured, we need to ensure that local residents and businesses benefit from the activities we provide. In order to stimulate, grow and expand the impact of the existing projects and programmes for the benefit of our 26,800 businesses, we propose to market and promote the availability of the latest funding and resource opportunities.
7. The Programmes are supported by European funding which will be drawn down over the coming years. The projects have varying end dates, however all currently agreed funding will be spent by June 2020. As referenced in the Governments industrial strategy, proposals are being developed for a UK Shared Prosperity Fund. To provide funding local priorities, following the cessation of European funding. Government intends to consult in 2018 on the precise design and priorities for the fund.

#### Marketing and communication

8. The expertise of the Council's communications team will be called upon (as appropriate). The types of campaigns and communication channels which will be deployed for the period up to 2020 include engagement with all relevant stakeholders through multiple channels including (but not necessarily limited to): emails, telephone, face to face, case studies, postal and email mailshots, newsletters, leaflet drops, press releases, email me, information on the council website, Facebook and Google adword campaigns, social media, tele-marketing, surveys and consultations.
9. Other activities anticipated in publicising the availability of funding and resources include attending and hosting events such as: workshops, seminars, conferences, job fairs, presentations, and meetings with a view to promoting funding and grants available, launch of funding calls and invites to bid, training and events, business support offerings, and the success and achievements of the programmes. All of which typically requires the production of promotional materials such as: leaflets, banners, business cards, posters logos and postcards.

#### **Other options considered**

10. The option for the team to not undertake marketing communication and event activities has been discounted as this would mean the County's 26,800 businesses would not be provided with expertise and resources to encourage and support them in making the most of the great opportunities externally funded support brings.

#### **Reason for Recommendation**

11. To enable Nottinghamshire County Council to use its influence to promote and improve the economic, social and environmental well-being of the County in the best interest, and for the greatest benefit, of all present and future residents, businesses and visitors.

#### **Statutory and Policy Implications**

##### **Finance implications**

12. There are no additional financial implications arising from this report as the previously approved funding for each of the programmes and partnership includes provision for marketing, communication and event activities.

#### **RECOMMENDATION**

13. It is recommended that Policy Committee:
  - a) Approves publicising the availability of grants and support in order to unlock the full potential of specific externally funded projects and programmes that meet local priorities.

**Cllr Mrs Kay Cutts, MBE**  
**Leader of the Council**



**For any enquiries about this report please contact:**  
Phil Berrill ext. 74641

**Constitutional Comments (SLB 21/11/2017)**

14. Policy Committee is the appropriate body to consider the content of this report.

**Financial Comments (SES 21/11/2017)**

15. There are no specific financial implications arising directly from this report.

**Background Papers**

- *LEADER Programmes Funding Agreement, 10,09-2015*
- *The European Regional Development Fund – Better Broadband For Nottinghamshire Funding Agreement, 14-05-2013*
- *The European Regional Development Fund – D2N2 Digital Business Growth Programme Funding Agreement, 29-03-2016*
- *The European Regional Development Fund – Technical assistance Funding agreement 17-07-2016*
- *European Social Fund - Careers Local Funding agreement, 14-11-2016*

**Electoral Division(s) and Member(s) Affected**

All

**REPORT OF THE LEADER OF THE COUNTY COUNCIL****UPDATE REPORT ON REPLACEMENT OF HAWTHORNE PRIMARY SCHOOL, BESTWOOD****Purpose of the Report**

1. The purpose of this report is to update members on progress with the replacement of Hawthorne Primary School, Bestwood and seek approval to the approach being taken and the latest estimated cost.

**Information and Advice****Project details**

2. There is a statutory duty placed on the County Council to provide sufficient pupil places at schools where parents wish their children to attend. This is known as Basic Need.
3. The Pupil Place Planning team within Children, Families and Cultural Services (CFCS) complete this annual review through a locality analysis of admission, birth and parental preference data to project and evaluate which schools would best fulfil the requirements for any increase in published admission numbers to accommodate a forecasted increase in pupil numbers
4. Bestwood is a discrete community which is only served by Hawthorne Primary school. The existing Hawthorne Primary comprises two distinct buildings. The main school was built in 1878 and no longer meets the requirements of a 21<sup>st</sup> century curriculum. The later buildings are CLASP. The school site is undersized and on various levels. It also has a churchyard in the middle, separating the Key Stage 1 & 2 blocks, effectively making the day to day operational management challenging for the school. Whilst the school has recently been expanded to 210 to assist with school organisation and meet immediate Basic Need it is incapable of further expansion.
5. It is proposed to construct a new 315 place primary school with a 39 place Nursery with the ability to further expand to a 420 place primary at a future date. The Chair of Children and Young People's Committee has endorsed this approach.
6. The site for the school will be acquired from Langridge Homes as part of its proposed housing development at Westhouse Farm, off Moor Road, Bestwood. This acquisition was approved by Policy Committee in October 2017. The overall development site is allocated as a residential and school site within Gedling Borough Council's (GBC) Local Plan. It is anticipated that Langridge Homes will be submitting a planning application for houses on part of the site to GBC shortly. The

aim is to start on site in spring 2018 subject to planning permission being granted.

7. The new School will replace the existing Hawthorne Primary (210 places) and provide additional school places as modelled in basic need projections and the anticipated housing development by Langridge Homes. Future expansion would be dependent on the further development of the Langridge site.
8. Feasibility studies have been carried out at the School to assess viability and the most cost effective provision, whilst ensuring that the proposal is compliant with current legislation, the latest Central Government guidance and good practice.
9. Since Langridge Homes have yet to submit their planning application to develop the site for housing, the design for the school cannot rely on access or services from that housing development. There is a long-term aspiration that the access for the school will be from the future residential development and the school will be located in the north-west corner of the site to facilitate this future access.
10. The current design therefore identifies access routes from the existing village although there are consequential abnormal costs to the project in providing access and services from the southern end of the site.
11. Council officers continue to work with Gedling Borough Council and Langridge Homes to understand their proposed development and the likely programme attached to it.
12. Should the school open prior to any spine road being constructed from the proposed housing development the County Council has offered, as part of the planning application, to undertake a post occupation travel assessment after one terms operation. This assessment would identify any highway issues resulting from the schools operation and the Council commits to act any recommendations arising from that assessment.
13. Subject to approval by Committee, and the necessary planning consent, the project would be delivered to enable the school to open from its new site during 2019.
14. The project will be delivered by Arc Partnership under the direction of the Council. Delivery will utilise the principles of the Education & Skills Funding Agency procurement of Priority Schools Building Programme (PSBP). This programme has successfully delivered 13 schools within Nottinghamshire. It embraces best practice project management methodology, including project reviews with key stakeholders and sign-off at key milestones.
15. The design for the project is based on the ESFA's Schedule of Accommodation & Baseline Design. The construction will mirror other PSBP schools successfully delivered in the County.
16. The project is subject to the statutory planning process for which the County Council will be the determining authority.
17. The latest estimated cost of the building works is set out below and the fees shown are for all professions involved in the project.

18. The professions involved in this project are:-

- Architect
- Mechanical Engineer
- Electrical Engineer
- Quantity Surveyor
- Structural Engineer
- CDM Co-ordinator
- Project Manager

### Capital budget implications

19.	This project is funded as follows:	£
	Capital Allocation	5,792,465
	<b>Total</b>	<b>£5,792,465</b>

20. The business case has been submitted to the Corporate Asset Management Group and has been approved for submission. The funding for this project was included within the budget proposals presented to full Council in February 2017.

21. Negotiations for s106 contributions in respect of the anticipated Langridge housing planning application have yet to be concluded. No contribution has been included for the purpose of this report.

22. The latest estimated costs are as follows. Professional fees include all feasibility costs including site surveys and associated statutory fees, as well as Arc Partnership fees.

	<u>Latest Estimated Cost (Outturn Prices)</u>
	£
Building Works	5,161,948
Professional fees	501,217
Furniture and Equipment	129,300
<b>Total</b>	<b>5,792,465</b>

### Anticipated cash flow

	2017/18	2018/19	2019/20	Total
	£	£	£	£
Building Works	516,195	4,387,656	258,097	5,161,948
Professional Fees	363,591	114,688	22,938	501,217
Furniture & Equipment	0	0	129,300	129,300
	<u>879,786</u>	<u>4,502,344</u>	<u>410,335</u>	<u>5,792,465</u>

### **Revenue budget implications**

23. Any additional premises and human resources costs arising from these proposals will be met from the individual school's budget.

### **Other Options Considered**

24. The school serves a discrete community in which there are no other schools. The existing site cannot be further expanded. The existing buildings do not reflect the needs of a 21<sup>st</sup> century learning environment and the 'split site' presents significant operational challenges for the school.

### **Reason/s for Recommendation/s**

25. Local authorities have a statutory duty to ensure sufficient school places are available for every child in the local area that needs one.
26. The project provides the opportunity to replace an unsuitable and time served building together with the ability for future expansion to meet pupil place need.

### **Statutory and Policy Implications**

27. 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.

### **Implications for Service Users**

28. The upgraded buildings and facilities will provide the extra requirements for the pupil numbers to be increased.

### **Financial Implications**

29. These are set out in the report.

### **Equalities Implications**

30. In accordance with County Council policy the design of the buildings will incorporate access and facilities for people with disabilities.

### **Crime and Disorder Implications**

31. The proposed site will incorporate security boundaries. As a result, risk of crime from theft or vandalism will be minimised.
32. Consultation with local residents and other interested parties is being undertaken

as part of the planning process.

### **Implications for Sustainability and the Environment**

33. Environmental and Sustainability requirements will be incorporated into the detailed design process for each of the individual buildings.

### **RECOMMENDATION/S**

- 1) Committee accepts the update on progress with the replacement of Hawthorne Primary School, Bestwood and approves the approach being taken and the latest estimated cost.

**Councillor Mrs Kay Cutts MBE**  
Leader of The Council

**For any enquiries about this report please contact: Mick Allen on Tel: 0115 977 2359**

### **Constitutional Comments (SLB 16/11/2017)**

34. Policy Committee has authority to consider the content of this report.

### **Financial Comments (GB 24/11/2017))**

35. The costs of this project will be funded from within the approved Children and Young People's Committee capital programme.

### **Background Papers**

36. Policy Committee 18 October 2017 Acquisition of land for a replacement primary and nursery school in Bestwood.

### **Electoral Division(s) and Member(s) Affected**

37. Ward(s): Newstead  
Member(s): Councillor Chris Barnfather

### **Background Papers and Published Documents**

38. C&YP Committee 20 March 2017 Schools Capital Programme Progress Report.  
Policy Committee 18 October 2017 Acquisition of land for a replacement primary and nursery school in Bestwood.

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.

### **Electoral Division(s) and Member(s) Affected**

39. Ward(s): Newstead  
Member(s): Councillor Chris Barnfather



File ref.: /SB/SB/  
SP: 3299  
Properties affected: 02711 - Hawthorne Primary School - Replacement Site  
20171116

## **REPORT OF THE LEADER OF THE COUNTY COUNCIL**

### **OPERATIONAL DECISIONS TAKEN OUTSIDE THE POLICY COMMITTEE CYCLE JULY - OCT 2017**

#### **Purpose of the Report**

1. At the meeting of Finance & Property Committee in January 2014 approval was given to amend the list of day to day operational decisions which can be taken by the Director, subject to the chair of Finance & Property Committee determining whether operational decisions should still be reported to Committee . It was also agreed that a report should be submitted to the Finance & Property Committee on a quarterly basis outlining all operational decisions made, supplemented annually by a review report on Estate Management operational decisions. In accordance with this decision this is the quarterly report to inform Policy Committee of Operational Decisions taken outside the Cycle, between July and October 2017.

#### **Information and Advice**

2. This report contains an exempt appendix, which is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972 (as amended) (Information relating to the financial or business affairs of a particular person (including the authority holding that information)). The exempt appendix provides details of the terms agreed. It is not in the public interest to disclose this information as it would prejudice the parties' commercial interest.
3. This report seeks to inform Committee Members of the decisions taken over this period. Details of the decisions taken are shown below: -

Please note relevant Ward Members have been invited to comment on these proposals.

<b>SP</b>	<b>TITLE</b>	<b>DESCRIPTION / open (extract from Operational decision)</b>	<b>Update</b>
3240	Yeoman Park Special School - Conversion to Academy Status	Proposed Conversion to Academy Status with 125 year lease.	Legal Completion
3249	Garibaldi College, Forest Town, Mansfield – Conversion to Academy	Proposed Conversion to Academy Status with 125 year lease.	Legal Completion
3251	Licence - Nottingham Breast	Nottingham Breast Screening service are seeking permission to site a breast screening	Legal completion

	Screening at Cotgrave Health Centre	unit in the car park of the Health Centre from 13 September 2017 for 5 months until 28th February 2018.	
3252	Lease Renewal - Unit 2 Hermitage Way, Hermitage Lane Industrial Estate, Mansfield	Approval sought for a lease renewal at unit 2 Hermitage Way, Mansfield.	Legal completion
3222	Fairground Site, Naish's Field, Church Street, Edwinstowe, Nottingham – 5 year lease	Sherwood Forest Fun Park has on an annual basis ran a children's funfair at Sherwood Forest between 1 March to mid-November. They have occupied the site on a Licence each year dating back to around 1974 & this has become a major attraction to the Park every summer. The area where they have run their fair is on the site of the new Visitor Centre which will be built by the RSPB during 2017. An alternative site on the opposite side of Church Street has been identified as an ideal location for them to continue their operation & terms have been agreed to them to occupy this site on a 5 year lease. The land upon which they will be occupying is currently being prepared by the RSPB.	With Lessee to sign
3260	Oakdale Learning Centre - lease renewal	The County Council is to renew the short term lease of the Oakdale Learning Centre to the Beech Academy Trust for a further 12 month period, pending the Education Funding Agency issuing approval for the Academy Trust to increase its pupil places. Following this approval, the previously agreed 25 year lease will be completed.	Short term lease completed
3256	Worksop Library, Cafe - lease renewal	It is proposed to renew the lease of the café within the library for a further two years.	With legal
3253	Electricity Sub Station Lease Renewals – Westdale Junior School	Renewal of existing electricity substation leases in accordance with the Western Power agreements.	Legal completion
3255	St Peters Primary School, Mansfield - Conversion to academy status	Proposed Conversion to Academy Status with 125 year lease.	Legal completion
3274	Proposed relocation of underground cable due to fault on existing cable	Western Power Distribution have requested to relay a 33Kv cable as the existing cable has a fault and is inaccessible due to dense vegetation. Western Power Distribution will pay a £400 admin fee.	Emergency works complete on-site. Legal drafting alteration to the master wayleave
3259	Land to the rear of Dovecote Lane, Beeston	Neighbouring landowner wanting to purchase small strip of land.	With Legal
3262	New Lease - 3	Approval is being sought for a new lease at unit	With Legal

	Woodland Court, Shireoaks Triangle, Worksop	3 Woodland Court, Shireoaks Triangle	
3264	Mini Football Pitch Provision, Cotgrave Colliery Redevelopment	Granting a Lease to Cotgrave Town Council to Manage and Maintain Football pitches	With Legal
3265	Caretaker Properties – Rent Review	The implementation of the biennial rent review of caretaker accommodation throughout the County in line with the Personnel Handbook	In the process of implementing
3271	Willow Farm Primary School - lease of caretakers property	Willow Farm Primary School is to convert to Academy Status. The School site will be leased to the Academy on a 125 year lease, and the Caretaker's property will also be let to the Academy but on a shorter term lease of 15 years.	With legal. Conversion 1 January
3270	Willow Farm Primary School - conversion to academy status	Proposed conversion to Academy Status with 125 year lease.	With legal. Conversion 1 January
3269	Netherfield Primary School - conversion to academy status	Proposed Conversion to Academy Status with 125 year lease.	In Progress
3272	Buttercross Pre- school, Robert Miles Infant School, Bingham – Revised terms for Deed of Variation	The revised varying of the lease terms to Buttercross Pre-school to facilitate the conversion of Robert Miles Infant School to Academy status.	Legal completion
3279	Carlton Central Junior School - conversion to Academy status	Proposed Conversion to Academy Status with 125 year lease.	Completed
3280	Carlton Central Infant and Nursery School - conversion to Academy status	Proposed Conversion to Academy Status with 125 year lease.	Completed
3282	Sutton in Ashfield Library – Lease to Cornerstone Telecoms	The granting of a fifteen year lease to Cornerstone Telecommunications (O2/Vodafone) to enable the installation of mobile phone equipment on the rooftop of Sutton in Ashfield Library.	With Legals
3281	Carlton Central Junior School, caretaker property- conversion to Academy status, grant of lease	Carlton Central Junior School is to convert to Academy Status. The School site will be leased to the Academy on a 125 year lease, and the Caretaker's property will also be let to the Academy but on a shorter term lease of 17 years.	Completed
3278	Licence to Assign Existing Lease Agreement for Gas	Granting a licence for each site for the change of name from the existing lease agreements. Ramsden County Primary School 01014	With legal

	Governor Sites	Annesley Primary School 01235 Moor Lane, Bestwood 03148 Sandy Lane, Warsop 90004	
3258	After School club, John Hunt School, New Balderton, Newark, Notts NG24 3BN	Licence to YMCA for after school club.	Completed
3276	Wayleave Consent for a cable – Abbey Hill Primary and Nursery School	The Basic Need Classroom extension at Abbey Hill Primary has required Western Power to upgrade the mains electricity supply to cope with the current and new electrical demands. WPD will pay the Council's fees of £700	Legal completion
3286	Licence to Assign Existing Lease Agreement for Gas Governor Sites	Granting a licence for each site for the change of name from the existing lease agreements Annual Rent payable in advance. Currently £15 p.a. 21 year terms Can surrender the lease by giving 3 months written notice.	With Legal
3238	Former Caretakers Property, 1 Boundary Road, Beeston - Deed of Surrender	Beeston Fields Primary & Nursery School became an Academy (Flying High Trust) on 1 September 2015 and at that time they employed a caretaker who lived in a detached house adjacent to the School. This was not included within the Academy Lease, but a separate 10 year lease was granted to the Flying High Trust at the same time so that the caretaker could continue his occupation of the property. The caretaker has since vacated his post and the replacement lives in his own private property, so the dwelling is now surplus to their requirements. The future of this house is currently being considered by the County Council, but before any such decision is made, a Deed of Surrender back to the Authority is required.	With Legal
3293	Jeffries Primary and Nursery School - Conversion to Academy status	Proposed Conversion to Academy Status with 125 year lease.	With Legal

## Other Options Considered

4. None.

## Reason/s for Recommendation/s

5. This report is for information only.

## 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.

## **RECOMMENDATION/S**

- 1) That members consider whether there are any actions they require in relation to the issues contained within the report.

**Councillor Mrs Kay Cutts MBE**  
**Leader of The Council**

**For any enquiries about this report please contact: Mona Walsh 0115 8043286**

### **Constitutional Comments (SMG 24/11/2017)**

7. The Policy Committee has responsibility for all property related functions including acquisitions and disposals, property design and construction and related consultancy services, and the asset management plan and is the appropriate body to consider the content of this report. If the Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

### **Financial Comments (SES 21/11/17)**

8. There are no specific financial implications arising directly from this report.

### **Background Papers and Published Documents**

9. 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.

### **Electoral Division(s) and Member(s) Affected**

10. Ward(s): Other  
Member(s): n/a Outside Nottinghamshire

File ref.: /SB/SB/  
SP: 3290  
Properties affected: 09998 - Various NCC Properties/non-property item





## **REPORT OF THE CORPORATE DIRECTOR OF RESOURCES**

### **WORK PROGRAMME**

#### **Purpose of the Report**

- 1). To review the Committee's work programme for 2017/18.

#### **Information and Advice**

- 2). The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
- 3). The attached work programme includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
- 4). The Policy Committee will be asked to determine policies, strategies and statutory plans developed or reviewed by other Committees of the Council. Committee Chairmen are invited to advise the Policy Committee of any additional policy reviews that are being considered.
- 5). The following additional changes have been made since the work programme was published in the agenda for the last meeting:
  - 5.1. The following items were added to the December 2017 agenda:-
    - Budget Update
    - Response to Historical Child Abuse – Resources
    - Growth and Economic Development Team Programmes
    - Operational Decisions Taken Outside the Policy Committee Cycle July-October 2017
    - Director of Public Health 2017 Nottinghamshire Annual Report
    - Adoption of the Motor Neurone Disease Charter
    - Hawthorne Primary School Update
    - Integrating Innovation Centres Contract.
  - 5.2. Update on the work of East Midlands Councils was deferred from January 2018 to February 2018 to better tie in with the planned quarterly reporting schedule.

5.3. The following items were deferred from December 2017 to January 2018 to enable further work to be undertaken:-

- Report from Improvement and Change Sub Committee on performance
- Report back from County Councils Network Conference
- Departmental Strategies.

5.4. The following items was deferred from December 2017 to February 2018 to enable further work to be undertaken:-

- Statement of Community Involvement
- School and Early Years Funding.

5.5. Councillor Code of Conduct – removed from January 2018 – revised Code to be developed by Governance & Ethics Committee and approved by Full Council.

5.6. The following new items were added to January 2018:-

- Nottinghamshire Business Parks and Workspace
- Council Publication Review
- Results form 2017 Nottinghamshire Residents' Survey

5.7 Occupational Therapy Policy – added to February 2017.

### **Other Options Considered**

- None.

### **Reason for Recommendation**

- To assist the Committee in preparing and managing 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.

### **RECOMMENDATION**

1) That the Committee considers whether any amendments are required to the Work Programme.

**Jayne Francis-Ward**  
**Corporate Director - Resources**

**For any enquiries about this report please contact:** Keith Ford, Team manager, Democratic Services, Tel: 0115 9772590

### **Constitutional Comments (SLB)**

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 financial implications arising directly from this report.

### **Background Papers**

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



**POLICY COMMITTEE - WORK PROGRAMME (AS AT 12 DECEMBER 2017)**

<b><u>Report Title</u></b>	<b><u>Brief summary of agenda item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
<b>24 January 2018</b>			
Departmental Strategies	To approve the Departmental strategies which support the Council Plan and are part of the Planning and Performance Framework.	Anthony May	Celia Morris
Results form 2017 Nottinghamshire Residents' Survey	To consider the findings of the most recent survey.	Martin Done	Paul Belfield
Council Publication Review	To consider proposed changes to Council publications.	Jayne Francis-Ward	Martin Done
Report back from CCN conference	Report on the issues raised at the conference.	Anthony May	Paula Mullin
Nottinghamshire Business Parks and Workspace	To consider the Council's approach to the development of business parks and workspace across the County.	Adrian Smith	Geoff George
Report from Improvement and Change Sub Committee on performance	Six monthly feedback report.	Jayne Francis-Ward	Celia Morris
Developer Contributions Strategy	To approve the strategy	Adrian Smith	Sally Gill
Property Operational Decisions Quarterly Report	Update report on operational decisions taken by officers in the quarter July – September 2017	Adrian Smith	Mona Walsh
Corporate Services Review	To approve the findings of the review of the Council's corporate services offer.	Jayne Francis-Ward	Jayne Francis-Ward
Great War Commemorations 2018	To agree the approach to the commemorations in 2018	Adrian Smith	Neil Bettison
Modern Slavery and Human Trafficking	Annual performance update on the Council's approach to tackling modern slavery and human trafficking, including any new risks and progress.	Jayne Francis-Ward	Marjorie Toward
<b>14 February 2018</b>			
School and Early Years Funding	Agreement of the local funding formula for 2018-19	Colin Pettigrew	Marion Clay
Occupational Therapy Policy	To approve an updated version of the Council's Occupational Therapy policy.	David Pearson	Cate Bennett
Update on the work of East Midlands Councils	Quarterly Update from Stuart Young, Executive Director.	Jayne Francis-Ward	Stuart Young
Statement of Community Involvement	Approval sought for revised Statement.	Adrian Smith	Sally Gill
New School – Rolls Royce site, Hucknall	Approval of terms for the purchase of land for a new primary school	Adrian Smith	TBC
Waste Strategy	Approval sought for the new strategy	Adrian Smith	Mick Allen



Financial support for students in post-16 education	To approve the arrangement for financial support for students in post-16 education	Colin Pettigrew	Marion Clay
<b>28 March 2018</b>			
Futures, Advice, Skills & Employment Governance Arrangements	To approve a revised approach to the Council's involvement in the skills agenda.	Adrian Smith	Nicola McCoy-Brown
Update on City of Nottingham and Nottinghamshire Economic Prosperity Committee and the Local Enterprise Partnership	Update report as requested by Policy Committee on 11 November 2015.	Adrian Smith	Nicola McCoy-Brown
Home to school and post-16 transport policies 2019-20	To approve the home to school and post-16 transport policies	Colin Pettigrew	Marion Clay
<b>16 May 2018</b>			
Update on the work of East Midlands Councils	Quarterly Update from Stuart Young, Executive Director.	Jayne Francis-Ward	Stuart Young
Property Operational Decisions Quarterly Report	Update report on operational decisions taken by officers in the quarter October – December 2017	Adrian Smith	Andrew Stevens