

# **Adult Social Care and Public Health Select Committee**

**Monday, 11 September 2023 at 10:30**

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

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## **AGENDA**

1	Minutes of the Last Meeting held on 12 June 2023	3 - 10
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below)	
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### **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 Kate Morris (Tel. 0115 804 4530) or a colleague in Democratic Services prior to the meeting.

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 12 June 2023 (commencing at 10.30am)

**Membership****COUNCILLORS**

Roger Jackson (Chairman)  
David Martin (Vice Chairman)

Reg Adair  
Steve Carr  
Dr John Doddy  
Sybil Fielding  
Paul Henshaw

Eric Kerry  
Philip Owen  
Mike Pringle  
Tom Smith

**OTHER COUNTY COUNCILLORS IN ATTENDANCE**

Councillor Matt Barney  
Councillor Scott Carlton

**OFFICERS IN ATTENDANCE**

Sue Batty	Service Director for Community Services and Aging Well
Bridget Cameron	Interim Service Director for Strategic Commissioning and Integration
Martin Elliott	Senior Scrutiny Officer
Ainsley Macdonnell	Service Director for Community Services and Living Well
Kate Morris	Democratic Services Officer
Emma Shand	Interim Group Manager Aging Well Services

**OTHERS IN ATTENDANCE**

Scott McKechnie – Independent Chair, Nottinghamshire Safeguarding Adults Board

**1. TO NOTE THE APPOINTMENT AT FULL COUNCIL ON 11 MAY 2023 OF COUNCILLOR ROGER JACKSON AS CHAIRMAN AND COUNCILLOR DAVID MARTIN AS VICE-CHAIRMAN OF ADULTS SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE FOR THE 2023-24 MUNICIPAL YEAR**

The Committee noted Council's appointment of Councillor Roger Jackson as its Chairman and Councillor David Martin as its Vice-Chairman for the 2023/24 municipal year.

## **2. TO NOTE THE MEMBERSHIP OF THE COMMITTEE FOR THE 2023-24 MUNICIPAL YEAR**

The Committee noted its membership for the 2023/24 municipal year as:

Councillors Reg Adair, Steve Carr, Dr John Doddy, Sybil Fielding, Paul Henshaw, Eric Kerry, Philip Owen, Mike Pringle and Tom Smith

## **3. MINUTES OF THE LAST MEETING HELD ON 13 MARCH 2023**

The minutes of the last meeting of the Adult Social Care and Public Health Select Committee held on 13 March 2023, having been previously circulated, were confirmed and signed by the Chairman.

## **4. APOLOGIES FOR ABSENCE**

None

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

None.

## **6. NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD, REPORT ON PROGRESS AGAINST 2022-23 STRATEGIC PRIORITIES**

Scott McKechnie Independent Chair of Nottinghamshire Safeguarding Adults Board (NSAB) attended the meeting to present a report on the Nottinghamshire Safeguarding Adults Board's progress against its strategic priorities. Sue Batty, Service Director Community Services and Aging Well was also in attendance.

A **summary** of the report is detailed below:

- The external communications subgroup had been reviewed and improved to provide more focus on communication with both communities and statutory partners. A new Chair had been appointed to the subgroup and the development of a communication plan was underway. The input into the development of the communication plan that had been made from members was welcomed.
- Following discussions at the December Committee around placement of asylum seekers and refugees, a piece of work was undertaken by the Safeguarding Adults Board to seek assurance that safeguarding adult procedures were in place for those people in both long and short-term accommodation. Work had been undertaken with the accommodation provider to look at safeguarding procedures and had established that dedicated Safeguarding Team and Risk and Security Teams for the region were in place that managed information from accommodation settings. Safeguarding training was also provided to all staff as part of their induction and a programme of mandatory annual refresher training was also in place.
- The Safeguarding Team and the Risk Management Team reviewed all reports of incidents centred on the accommodation to look for themes or trends in safeguarding issues. This was done as a holistic review for each setting, and assurance had been given around the interventions that could be used in terms of Safeguarding, including Health and Wellbeing services.

- The Safeguarding Board had been working with the provider around data monitoring with new ways to record data and tracking data trends being recently established. Data sharing with statutory partners was also in place and the provider fed information into the Safeguarding Board's annual performance assurance tool for monitoring and tracking of outcomes for the Annual Report.
- Links had been established between the provider and the Safeguarding Team to ensure advice and guidance was easily accessible and the Safeguarding Board had received the assurance that processes were in place to manage adult safeguarding within the accommodation settings that this committee had queried in December.
- The Safeguarding Board was working to develop strategies to work with and engage people with lived experiences to develop training and other work streams. The Our Voice Co-Production project fed into the Quality Assurance subgroup and the learning development to understand how to continue to improve the engagement and ensure the right offer was provided.
- Work on quality assurance had been started following the investigation and subsequent BBC "Panorama" programme around how adults at the Edenfield Centre in Manchester were treated. A Task and Finish Group had been set up jointly with the Integrated Care Board to establish how assurance could be sought that similar things could not happen in Nottinghamshire. The recommendations from that Task and Finish Group were due to be presented to the Safeguarding Board and its Executive later in June 2023. Recommendations, subject to approval, included an independent survey with carers, families, and service users, what advocacy support looked like for service users, links into out of area commissioners, and close links to the CQC to work together on the issue.
- A new Chair had been appointed to the Quality Assurance Subgroup and had been tasked with ensuring the right data was received and that good quality of data was received from across the partnership. This information would then be fed into the NSAB annual report.
- Regional work across the East Midlands had taken place around the learning from Safeguarding Adults reviews. This was then distilled back into the Nottinghamshire Board with ideas for improvements to be reviewed and taken forward by the appropriate partner organisation.
- The Learning and Development Subgroup had been working to collate learning from Safeguarding Adults reviews and the quality assurance subgroup to then develop a learning offer. This also had input from service users with lived experience to ensure high quality training and development.
- A new Executive Group had been established that above the Safeguarding Adults Board. It included members from Partner organisations, subgroup Chairs and the Independent Chair. The Executive Board would focus on decision making, progress against strategic priorities and risk information.

In the discussion that followed, Committee members raised the following points and questions:

- Members queried how developed the risk register was, and whether it would be possible to share it with members of this committee.
- Members asked what elected member representation was on the Nottinghamshire Safeguarding Adults Board, noting that they would expect Councillor representation, in

particular the responsible Cabinet member and the Chair for Adult Social Care and Public Health Select Committee as was seen in other areas.

- Members raised concerns around the public's confusion that could occur between refugees and illegal immigrants, and those who encouraged misinformation for local residents causing issues such as those seen in Ashfield earlier in the year.
- Members asked about access for refugees and asylum seekers to specialist support services particularly around neurodivergence and the increased risk of suicide and self-harm in this group.
- Members also asked about early diagnosis of neurodivergent conditions and how much emphasis was put on early diagnosis and support.
- Members asked how services ensured that any language barriers experienced by refugees and asylum seekers were overcome.
- Members asked what training was available to help improve the services in closed cultures. Members also requested access to the recommendations from the Task and Finish group that had examined the issue in Nottinghamshire.

In relation to the points raised by the Committee, the Independent Chair and Officers provided the following responses:

- As part of the work undertaken as a result of the improvement plan the risk register had been developed further to ensure identified risks and learnings were fed into the business plan. The register held by the Safeguarding Adults Board was high level and strategic and so could be shared with Committee Members. More detailed risk registers were held by departments throughout the Council and by partner organisations that were fed into the Safeguarding Adults Risk register.
- A review of the representation on the Board had identified a number of gaps, including academia and independent lay members. The Cabinet Member for Adult Social Care and Public Health sat on the Board and discussions would take place around further elected member representation.
- A system to ensure referrals to support services for neurodivergent adults was in place and data around the referrals was monitored by the Quality Assurance Subgroup. Wider partner organisations fed data into the Subgroup and were responsible for the more direct work with adults, within the Council this issue had been highlighted in learning from Safeguarding Adult Reviews and learning events, training was also available. The information from reviews and learning events was all fed into the Quality Assurance Group and then into the business plan to provide a strategic overview. The Chair had not been made aware of any case where a person had had a wrongful diagnosis and had then gone on to become a safeguarding concern.
- Early diagnosis and support for neurodivergent conditions was a priority, however national data had shown that coming out of the pandemic there was a significant backlog and delay in formal diagnosis. Demand for diagnosis was outstripping the current provision. A similar situation also existed for Children's services, and particular focus was needed around the transition from Children's to Adult's services and the support offered at that time.

- All services and statutory partners had access to an interpretation service via Language Line that ensured that interpretation happened in real time throughout conversations with services and professionals. Technology was also used to ensure written communications were understood and accessible by service users.
- The recommendations and a summary of the Task and finish group would be included within the NSAB Annual report. A separate briefing for members could be arranged should there be interest, following the report going to the Nottinghamshire Safeguarding Adults Board later in June. The work with the Integrated Care Board on this issue continued to reduce the risk as far as possible of that an incident like that seen in Edenfield Hospital would not happen in Nottinghamshire.

The Chairman thanked Scott McKechnie, Independent Chair Nottinghamshire Safeguarding Board, and Sue Batty, Service Director Community Services and Aging Well for attending the meeting and answering Members' questions.

#### **RESOLVED: 2023/004**

1. That the report be noted.
2. That the following issues raised by the Committee in its consideration of the report of the Nottinghamshire Safeguarding Adults Board against its 2022-23 strategic priorities be progressed:
  - a) That the Nottinghamshire Safeguarding Adults Board Annual Report 2022-23 be received at the December 2023 meeting of the Adult Social Care and Public Health Select Committee.
  - b) That further information on the activity carried out by the Nottinghamshire Safeguarding Adults Board in managing strategic risks be circulated to members of the Adult Social Care and Public Health Select Committee.
  - c) That the Independent Chair, in consultation with partners, gives further consideration to how representatives of Nottinghamshire Safeguarding Adults Board partners are represented at meetings of the Nottinghamshire Safeguarding Adults Board.

#### **7. PROGRESS ON IMPLEMENTATION OF THE DISCHARGE TO ASSESS MODEL & LOCAL AUTHORITY PLAN FOR THE NATIONAL DISCHARGE GRANT**

Councillor Matt Barney, Cabinet Member for Adult Social Care and Public Health introduced the report and Sue Batty, Service Director for Community Services and Aging Well presented the details, summarised below.

- The Discharge to Assess model was originally implemented as part of the Covid requirements. Following a peer review from the Local Government Association an action plan with three key recommendations had been produced. They three key recommendations were:
  - Implementation of Transfer of Care Hubs in hospital
  - Implementation of an agreed share data set across partner organisations.
  - Culture shift to improve co-location, and strength-based decision making to focus on outcomes.

- The benefits of the Discharge to Assess model included a focus on returning people home as soon as possible and reablement to allow people to remain independent for longer. Rehabilitation was an important part of the process.
- The model did require more resources as work took place both in the hospitals prior to discharge and also in people's homes. This was previously all done at the hospital, but the new model of assessment, completed once the patient had returned home meant that no long-term decisions were made before the patient had settled back into their home environment and their ongoing needs had become clear.
- Performance had been improving steadily, and more people were returning home sooner with the use of interim residential home placement having decreased.
- The implementation of the one agreed data set between the partner organisations had been very beneficial and had allowed processes to be simplified and adapted.
- The Joint Health and Social Care Plan, approved at the Health and Wellbeing Board in May 2023 had set out where resources needed to be focused, as identified from the Peer Review and the National Assurance Plan. These areas of focus included significant additional capacity in the Hubs, within the assessment function and enablement capacity, both in hospitals and mental health hospitals.
- A piece of work had been started to establish how the fund could support the independent sector providers to recruit and retain staff which would then feed back into the Integrated Care Workforce strategy and plan.
- Investment had also been focused on services to support more integrated ways of working across the Social Care, Reablement and Community Health and to develop an integrated therapy training programme.

In the discussion that followed, Committee members raised the following points and questions:

- Members asked about the absence of data from North Nottinghamshire, and asked about improvements made to ensure that the challenges of cross-county care were being tackled.
- Members asked about the number of social care staff currently based in the hospitals and what measures were in place to reduce pressure on families that may lead to unsafe discharges.
- Members queried the process for reporting results from this additional funding programme to the government.
- Members asked about the use of technology within the service, including remote monitoring by hospital, similar to the remote wards set up during the pandemic.
- Members asked where the cost for assistive technologies currently sat.
- Members asked how the recruitment of staff would be addressed to ensure the posts identified by the funding programme would be maintained.

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



- The most recent data set from North Nottinghamshire had not yet been received but would be circulated to members when it was available. Systems were also being developed at a local level to facilitate discharge to a facility outside of the county for residents in the far north of the county to reduce travel times. Cross County working had its challenges but there were systems in development to mitigate these.
- Staff were now co-located back in all hospitals, having returned since the Covid pandemic. There were staff available on Saturdays within hospitals and plans were being drawn up to ensure staff could also be available on Sundays. Decisions around discharge were made by the multi-disciplinary team meeting that were attended by social care staff. Where support was needed, services would be put in place for discharge to ensure safe discharge. Staff would then visit people in their own homes and make further assessment of ongoing support needed. Work was also underway looking at accommodation based reablement for those people who are unable to return home and for those with more complex needs.
- The Council would report back to the government on a fortnightly basis demonstrating the impact of the grant funding and how the numbers of people discharged were increasing and on the time spent in hospital.
- Assistive technology was in place and being used to help with monitoring post discharge. In order to maximise independence, the Reablement Service would always assess what technology would help people be as independent as possible on discharge. This worked alongside therapy and community health support. Pilots had also been taking place within the independent home care sector to use technology for various tasks such as medication reminders and care prompts, though this had not replaced in person visits.
- At present the cost for the assistive technology was not covered by the NHS, however existing smart technology, such as mobile phones, was starting to replace specifically installed equipment.
- Recruitment of staff was a challenge, with a variety of different methods were planned, particularly events in the community and social media. A recruitment campaign and workforce plan were in place. The recruitment would focus on strengths and values with training offered after appointment. The recruitment process for these roles had been made less bureaucratic but continued to focus on checks to ensure safety and suitability for the roles.

The Chairman thanked Matt Barney, Cabinet Member for Adult Social Care and Public Health, Sue Batty, Service Director for Community Services and Aging Well and Emma Shand, Interim Group Manager Aging Well Services for attending the meeting and answering Members' questions.

## **RESOLVED: 2023/005**

1. That the report be noted.
2. That the following issues raised by the Committee in its consideration of the report on the implementation of the Discharge to Assess model and local authority plan for the national discharge grant 2023 – 2024 be progressed:
  - a) That a further progress report on the implementation of Discharge to Assess Model and the application of the Discharge to Assess Grant be brought to a future

meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman of the Committee.

- b) That updated information on the impact of the Transfer of Care Hubs during the first six months of their implementation be circulated to members of the Adult Social Care and Public Health Select Committee once the data from North Nottinghamshire has been received.

## **8. ESTABLISHMENT OF A TASK AND FINISH WORKING GROUP ON THE DAY OPPORTUNITIES STRATEGY**

The Senior Scrutiny Officer introduced the report seeking to establish a Task and Finish working groups looking at the Day opportunities Strategy. Members from all political groups were encouraged to be involved. The Senior Scrutiny Officer noted that non-committee members could be nominated to take part in reviews if committee members were unable to attend.

### **RESOLVED: 2023/006**

1. That a scrutiny task and finish working group be established to carry out further scrutiny work on aspects of the implementation of the Day Opportunities Strategy 2022 – 27.
2. The Chairman and Vice-Chairman, in consultation with officers create a scope that will determine the work of the task and finish working group.

## **9. WORK PROGRAMME**

The Senior Scrutiny Officer presented the Committee's current work programme and highlighted that work would take place with the Chairman and Vice Chairman over the summer to formulate a workplan from September.

### **RESOLVED: 2023/007**

- 1) That the work programme be noted.
- 2) That committee members make any further suggestions for consideration by the Chairman and Vice-Chairman for inclusion on the work programme in consultation with the relevant Cabinet Member(s) and senior officers, subject to the required approval by the Chairman of Overview Committee.

The meeting closed at 12:01 pm.

**CHAIRMAN**

**11 September 2023****Agenda Item 4****REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND  
PUBLIC HEALTH****SOCIAL CARE MARKET****Purpose of the Report**

1. To provide an update on the position of the social care market.

**Information**

2. There are considerable pressures within the social care market that impact on the Council's ability to meet its statutory duties to meet care and support needs and sustain the market, as well as provide people with choice and control over how best to meet their care needs. These primarily relate to the difficulties around recruitment and retention of staff and inflationary pressures affecting the financial sustainability of some services, which are compounding into market failure in terms of quality, sustainability or contractual compliance.
3. In March 2023, Cabinet approved £5.35 million to fund this year's uplifts. The money enabled the Council to maintain the increase in the fees for both home-based care and supported living contracted providers for 2023/24. This has had a positive impact on the social care market in Nottinghamshire, resulting in an increase in capacity, with the numbers of hours commissioned per week increasing by 13.5% to nearly 27,000 hours per week in July 2023 compared with December 2022. Since December 2022, there has been a month-by-month increase in the hours commissioned (3,200 hours difference). This increase in capacity has enabled more timely hospital discharges and reduced waiting times, with the Home First priority being met for those where this is the preferred outcome. The commissioning of interim care home beds is also reducing month-on-month.
4. Work continues with the Home First Response Service, which has achieved its contracted hours of delivery consistently. Joint working between the Transfer of Care Hubs, in-house Reablement Service and the Home First Response Service to ensure that those people who are medically fit for discharge are done so as soon as possible. This generally works well.
5. The care home bed capacity for people over the age of 65 remains more than sufficient to meet demand for residential care, though there is limited capacity for nursing beds in the Newark area. There are currently 14.9% of all care home beds available. In addition, where a placement is required for people over 65 who have a significant need in respect of their mental health, there has been some improvement in capacity where providers have responded to system demand.

6. The capacity for care home placements for those of working age is limited for those people with higher levels of complexity. In June 2023 there were only responses received (i.e., organisations interested in providing the care) for 60% of the specifications published on the dynamic purchasing system, which shows capacity is stretched. In addition, a recent care home closure has had an impact on capacity.
7. Since the Direct Payment Personal Assistant Commissioning team commenced in September 2022, the use of Personal Assistants has improved and continues to improve monthly. In September 2022, on average, 12 Personal Assistant packages were commissioned per month, but this has increased to an average of 23 packages per month in July 2023. Operational teams have provided positive feedback, reporting that they feel more confident in offering a Personal Assistant as a choice as the team are available to answer any challenging questions and provide support around the process.
8. Work continues with the whole of the social care market to inform the service needs and requirements of the people of Nottinghamshire, to support business development in a sustainable way.
9. The Market Shaping team are working with providers to develop innovative ways of working to deliver care and meet people's needs. An extensive Engagement Plan has been created and the team are working with providers and the Nottinghamshire Care Association to improve engagement with the wider market.
10. Regular 'innovation meetings' are held with providers to review and develop potential pilots and projects. Innovation pilots and projects recently undertaken include:
  - The Surge Service – This was a home-based care service that focused on delivering interim care that was reablement focused, whilst a longer-term solution was procured.
  - Provider-Led Reviews – The Council work in partnership with providers who undertake care package reviews on its behalf. This releases assessment resources within operational teams, reducing duplication, improves the experience of the person in receipt of the service and operates a strength-based approach.
  - Tech-Enabled Care – This pilot uses technology to support people to remain as independent as possible in the least invasive way. This has been particularly successful where people are reluctant to engage with care.
  - Digital Technology – Working in partnership with the system to increase the usage of technology within the market, including supporting providers to procure programs to upgrade the recording systems to digital and the use of acoustic monitoring systems to reduce the risk of falls.
  - Home-Based Care Pathway – A pilot to review the opportunities around a varied brokerage pathway for procuring contracted home-based care services.
  - Rural Brokerage Support – creating a network and reporting tool to support the brokerage of hard to serve packages.
11. Officers are working, through engagement events, with providers to understand some of the issues raised in the Annual Conversation:
  - a. Many people gave specific examples of services and individuals who support them well, including paid support staff and volunteers, Personal Assistants, Shared Lives carers and Relay UK.

- b. A number of people talked positively about workers that support them. Some people added comments about the pressures on paid care workers and how these impact on them and the care they received.
  - c. People shared positive experiences of using a Direct Payment. Some people added clarifying comments about the responsibility and paperwork that comes with this.
  - d. People shared examples of a lack of support at evenings and weekends. People talked about inflexible arrangements and being unable to get the right support at the right time, in ways that work for them.
  - e. Many people talked about the personal pressures of caring and the impact on their health and wellbeing. Many people shared the need for a break.
  - f. Some people's responses indicated they felt a sense of bewilderment, isolation and abandonment. People talked about the expectation that they step into the role – it is not always a choice.
12. To promote careers within the external social care market, two Social Care Careers events were trialled, one in Retford in September 2022 and one in Mansfield in October 2022.
- a. Nottinghamshire County Council funded the events, supported with promotional material (leaflets, posters, external banner), involved district councils, Councillors, local DWP office and social media activity.
  - b. The events were held in a "local community hub" and promoted by each venue to support the local market.
  - c. In Retford 17 providers supported the event / approx. 5 people attended the day & Mansfield 24 providers supported the event /approx. 25 people attended the day.
  - d. Events were a success from the view of provider engagement across all services and towards the common goal of promoting careers in care in our local communities.
  - e. Next step agreement is for social care providers to join up with planned recruitment fairs across the county. Link with Care4Notts and District Councils to ensure any offer is promoted to social care providers. Continue to support the inclusion of social care at school careers fairs.
13. To support the ongoing challenge of recruitment for our social care providers (9.5% vacancy rate) and in recognition of provider feedback around boosting the advertisement of their vacancies, a digital advertising agency has been funded to promote our Opportunities in Nottinghamshire (oppsinnotts) website, where our provider vacancies are hosted. As a result of the digital advertisement Opps in Notts has seen a significant increase in the amount of hits to the care job webpage.
14. Development of an External Social Care Strategy: Nottinghamshire County Council, Nottingham City and NHS Nottingham and Nottinghamshire Integrated Care Board are working with Skills for Care to improve the understanding of the local social care workforce within the independent and voluntary sectors. The project has been set up to provide deeper intelligence and insight into the sector workforce to:
- a. Help set priorities for the Integrated Care System's Integrated Care Workforce group.
  - b. Establish a basis for a long-term strategic planning, market shaping and commissioning for our adult social care workforce.
  - c. Aid development of a sustainable workforce: the right people with the right skills in the right place at the right time.

- d. Support the development of a strategic workforce strategy for the adult social care independent and voluntary sectors to meet the future needs of local people.
- e. Work from this project will be fed through the ICS Care Sector Workforce Steering Group, co-chaired by both local authorities.

15. Particular areas of focus for the directorate include:

- a. Support Nottinghamshire Care Association as it looks to support more sectors of the care market,
- b. Understand and review rurality-related care delivery.
- c. Partnership working with the Nottingham and Nottinghamshire Integrated Care Board and the City Council regarding working with the care market, particularly with regard to uplift consistency and development of more complex support.
- d. Technology-enabled care solutions, including the use of virtual visits and strengthening the use of technology within the departmental work.

### **Financial Implications**

16. There are no financial implications arising directly from this report.

## **RECOMMENDATIONS**

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

**Councillor Matt Barney**

**Cabinet Member for Adult Social Care and Public Health**

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

Siana Reddish, Market Shaping Team Manager

[siana.reddish@nottsc.gov.uk](mailto:siana.reddish@nottsc.gov.uk)

### **Constitutional Comments (GMG 30/08/23)**

- 17. These issues fall within the remit of the Adult Social Care and Public Health Select Committee for consideration (see Section 6, Part 1, paragraph 3(a) of the Council's Constitution on page 90).

### **Financial Comments (KRP 01/09/23)**

- 18. As set out, this is an update report and there are no direct financial implications.

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

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

None.

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

All.





## **REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH**

### **NHS HEALTH CHECK PROGRAMME**

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

1. To provide the Adult Social Care and Public Health Select Committee with a summary of progress on the national mandate for the NHS Health Check programme and its practical delivery in Nottinghamshire.

#### **Information**

##### **Introduction**

2. Cardiovascular disease (CVD) is a general term for conditions affecting the heart or blood vessels. Examples of CVD include coronary heart disease, stroke and peripheral arterial disease. CVD is a common cause of disability and death and contributes to the difference in life expectancy between the most and least deprived communities in Nottinghamshire. However, 85% of CVD is preventable (Institute for Health Metrics and Evaluation, 2017) - increasing physical activity, stopping smoking, maintaining a healthy weight and consuming low-risk levels of alcohol all help to reduce the risk of CVD. An adult in mid-life who smokes, drinks heavily, is inactive and eats unhealthily is four times more likely to die in the next ten years than someone who does none of these things (The King's Fund, 2018).

##### **NHS Health Check Programme**

3. The NHS Health Check programme aims to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment and management of the major risk factors for CVD. Through the prevention of CVD in the longer-term, the programme is designed to improve economic and social well-being by keeping people healthier for longer, thereby reducing illness-related absence from the workplace and decreasing demand on NHS and social care provision.
4. Eligibility and key elements of the NHS Health Check are summarised in Appendix A. The quality of the NHS Health Check programme is underpinned by delivering to a suite of national standards and guidance developed by the Office for Health Improvement and Disparities (OHID). Annual health checks provided through the NHS for people with severe mental health conditions and people with learning disabilities are not related to the NHS Health Check programme.

5. A person's likelihood of suffering from CVD can be calculated accurately using different risk variables during an NHS Health Check consultation. Risk is defined as the probability of an individual having a CVD event such as a heart attack within a 10-year period (known as the QRisk score). A high risk in the NHS Health Check programme is considered to be a 20% chance or above of this occurring within ten years.
6. To maximise benefit, everyone who has an NHS Health Check is supported to understand what their QRisk score means for them and to consider what changes might help them to reduce their risk of ill-health. Patients requiring lifestyle interventions are referred to appropriate risk reduction services (such as Nottinghamshire's Your Health, Your Way service). If a person has a QRisk score of 20% or above, they exit the NHS Health Check programme and move onto an 'at risk' register at their GP practice. Patients identified as lower risk, but with a QRisk score of 10%-20%, are also referred to their GP for consideration for statins, if appropriate.
7. The government carried out a review of the NHS Health Check programme during 2020 to identify ways in which the programme could be developed. The review concluded that the NHS Health Check programme had largely achieved its aims, reaching two in five eligible people and delivering better outcomes for those who attend. It also recognised that there is potential to widen the scope of the check to include other conditions and use technology to help target individuals.

## Overview of Local Delivery

8. Although badged as 'NHS', the Health Check programme is commissioned by upper tier and unitary local authorities. Councils have a statutory duty under *The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013* to offer an NHS Health Check to eligible residents every five years. There is local discretion as to how to promote the programme, how to invite individuals, where the checks are delivered and by whom, as well as levels of payment and approaches to tackling health inequalities.
9. In Nottinghamshire, NHS Health Checks are primarily commissioned through GP practices. There is also a small outreach service, provided by a local pharmacy, that undertakes checks in county workplaces. Other potential models for delivery are detailed in Appendix B and although these present both opportunities and risks, the Council's policy to date has been to contract with primary care to provide its core service. The vast majority of local authorities in England follow this model, because of the trusted nature of the local GP practice, the broader population coverage, access to clinical systems and streamlined follow-up.
10. GP practices use their clinical systems to identify eligible patients (aged 40 to 74 years, with no relevant pre-existing health conditions) to invite for a check every five years. Locally developed software that is directly linked to patient records (called eHealthscope) also helps practices to target invitations to those eligible people estimated to be most at risk of CVD.
11. Checks are currently conducted over two appointments, usually by a healthcare assistant or practice nurse. At the first appointment, blood and measurements are taken in person and interim lifestyle advice is offered. Once the results are returned, a QRisk score is generated and further tailored guidance given, usually over the phone, with onward specialist referral made where necessary. Practices are paid per check, based on the outcome of the risk score

(£18 for a low-risk patient, with an incentive payment of a further £38 for identifying a high-risk patient with a QRisk score of 20% or over).

## Performance

12. Practice performance and quality of delivery is monitored by the County Council's Public Health Team, which supports practices with performance, quality, technical guidance, marketing and training. The team also cascades best practice from regional and national forums to practices via a regular newsletter, as well as ensuring that emerging evidence is assimilated into service specifications and improvement plans. In addition, a local stakeholder group comprising the County Council, Nottingham and Nottinghamshire Integrated Care Board, OHID and the Local Medical Committee also steers local service development.
13. Over a five-year rolling average (2018/19 to 2022/23), 52.9% of eligible people were invited for a check in Nottinghamshire, 55.0% of those invited took up the offer and 29.1% of the eligible population as a whole received a check. This data compares favourably to the East Midlands (53.3%, 51.5% and 27.5% respectively) and England (64.7%, 42.3% and 27.4%), with the exception of the invitation averages, which indicate that a higher proportion of people regionally and nationally were invited for a check than in the county (Appendix C).
14. Pre-pandemic performance in Nottinghamshire was generally good, with around 21,000 to 22,000 checks undertaken per year. On average, over half of those invited for a check took up the offer and the majority of practices were well-engaged with the programme. Of those people who received a check, around 7% per year were found to be high-risk (QRisk score over 20%) and 24% were medium-risk (QRisk score 10%-20%). Diabetes, hypertension or high cholesterol was identified in 3% of those checked in the five years to 2023, 12% were classed as obese and 6% smoked or drank too much alcohol. Similar national comparative data is not currently available.
15. The programme paused almost completely during the pandemic period (2020-21) and has been slowly re-gaining traction over the last two years. However, the significant post-Covid demands upon primary care mean that coverage of NHS Health Checks has become more inconsistent across the county than previously, because a higher number of practices do not currently have capacity to invite patients at scale. Data for 2022/23 indicates that 30,874 invitations were sent, and 15,691 checks were completed during the year.
16. This situation should stabilise over time, but in the meantime a health equity audit (HEA) has been undertaken to analyse the key issues. Findings indicate that variation in invitations and uptake is not only geographical, but also relates to age, gender and deprivation (Appendix D). An action plan will be developed with partners to address the HEA's recommendations, in order to increase uptake where inequalities have been identified.

## Next Steps

17. Given the current issues with access, work is underway to scope options to support and augment the core GP offer. The long-standing local pharmacy outreach service delivers checks in workplaces and lends a hybrid element to the Council's programme, but it is only a small offer that completes up to 240 checks a year. However, this outreach model could be extended to more settings beyond workplaces, including those for vulnerable people, in line

with the Nottingham and Nottinghamshire Core20PLUS5 accelerator pilot, which aims to increase hypertension case-finding across the Integrated Care System.

18. There is also scope for potential work with primary care networks (PCNs) to develop a lead practice model, where practices with capacity support those without, or a sub-contracting arrangement where an independent provider (such as a local pharmacy or lifestyle service) could conduct checks on behalf of willing practices.
19. In the 2023 Spring Budget, the government confirmed its intention to digitalise the current NHS Health Check programme following a pilot and announced in July 2023 that a new digital offer is to be launched during the spring of 2024. This will involve a check using an online questionnaire, a kit to take a blood sample at home and a blood pressure check in a pharmacy or GP waiting room. The broader impact on health inequalities and the results of the HEA will need to be considered when implementing this in Nottinghamshire.

### **Financial Implications**

20. The local NHS Health Check programme is funded through the public health grant. The core GP and outreach services described within this report, as well as any potential service improvement or development options, are accommodated within the annual financial envelope. As such, there are no financial implications arising from this report.

## **RECOMMENDATIONS**

- 1) That the Adult Social Care and Public Health Select Committee considers and comments on the activities being carried out to deliver the national mandate for the NHS Health Check programme and its practical application in Nottinghamshire.

**Councillor Matt Barney**

**Cabinet Member for Adult Social Care and Public Health**

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### **Constitutional Comments (GMG 07/07/23)**

21. This report falls within the remit of the Adult Social Care and Public Health Select Committee to consider (see p.90 of the Council's Constitution).

### **Financial Comments (DG 10/07/23)**

22. There are no financial implications arising from this report.

## **Background Papers and Published Documents**

23. 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.

- Global Burden of Disease Study - Institute for Health Metrics and Evaluation, 2017
- The King's Fund - Tackling multiple unhealthy risk factors: emerging lessons from practice, 2018
- Government review of NHS Health Checks, 2021  
<https://www.gov.uk/government/publications/nhs-health-check-programme-review/preventing-illness-and-improving-health-for-all-a-review-of-the-nhs-health-check-programme-and-recommendations>

### Nottinghamshire County Council

- NHS Health Check Service Specification (2023-24) - GP delivery
- NHS Health Check Service Specification (2023-24) - pharmacy delivery
- NHS Health Equity Audit (2023)
- NHS Health Check Performance and Quality Framework (2019)

### Office for Health Improvement and Disparities

- NHS Health Check best practice guidance
- NHS Health Check programme standards
- NHS Health Check competency framework
- NHS Health Check programme review

All available at: <https://www.healthcheck.nhs.uk/commissioners-and-providers/national-guidance/>

## **Electoral Divisions and Members Affected**

- All



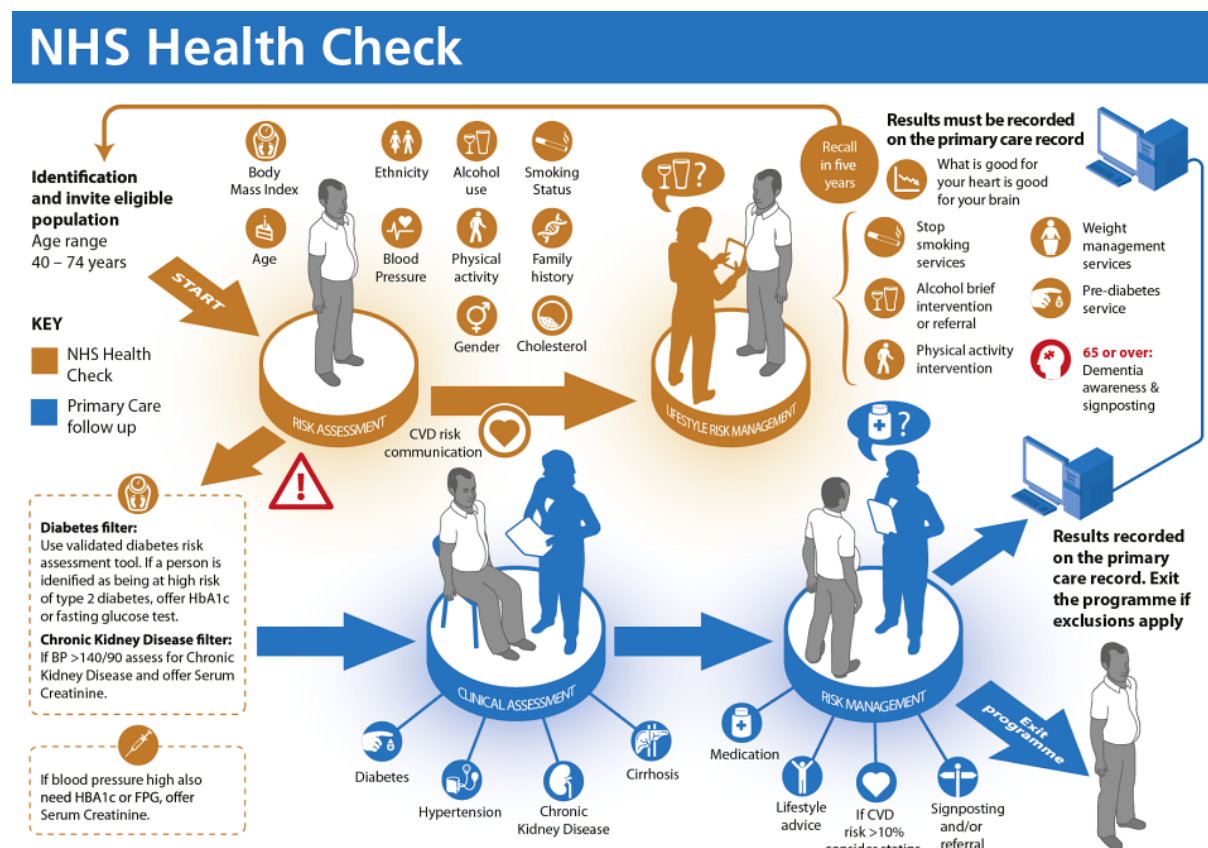
## Appendix A – Eligibility Criteria and Programme Pathway

Regulations require that specific elements are recorded in an NHS Health Check - age, gender, smoking status, family history of coronary heart disease, ethnicity and physical activity levels.

In addition, regulations require that a person having an NHS Health Check must be told their body mass index, cholesterol level, blood pressure and alcohol use disorders identification test (AUDIT) score, as well as their QRisk score. Those aged 65 to 74 should also be made aware of the signs and symptoms of dementia and signposted to memory services, if that is appropriate.

The regulations state that people aged 40 to 74 years who do not have any of the following conditions are eligible:

- transient ischaemic attack
- familial hypercholesterolemia
- heart failure
- peripheral arterial disease
- stroke
- currently being prescribed statins for the purpose of lowering cholesterol
- people who have previously had an NHS Health Check and found to have a 20% or higher risk of developing cardiovascular disease over the next ten years.







## Appendix B – Potential Models for Delivery of NHS Health Checks

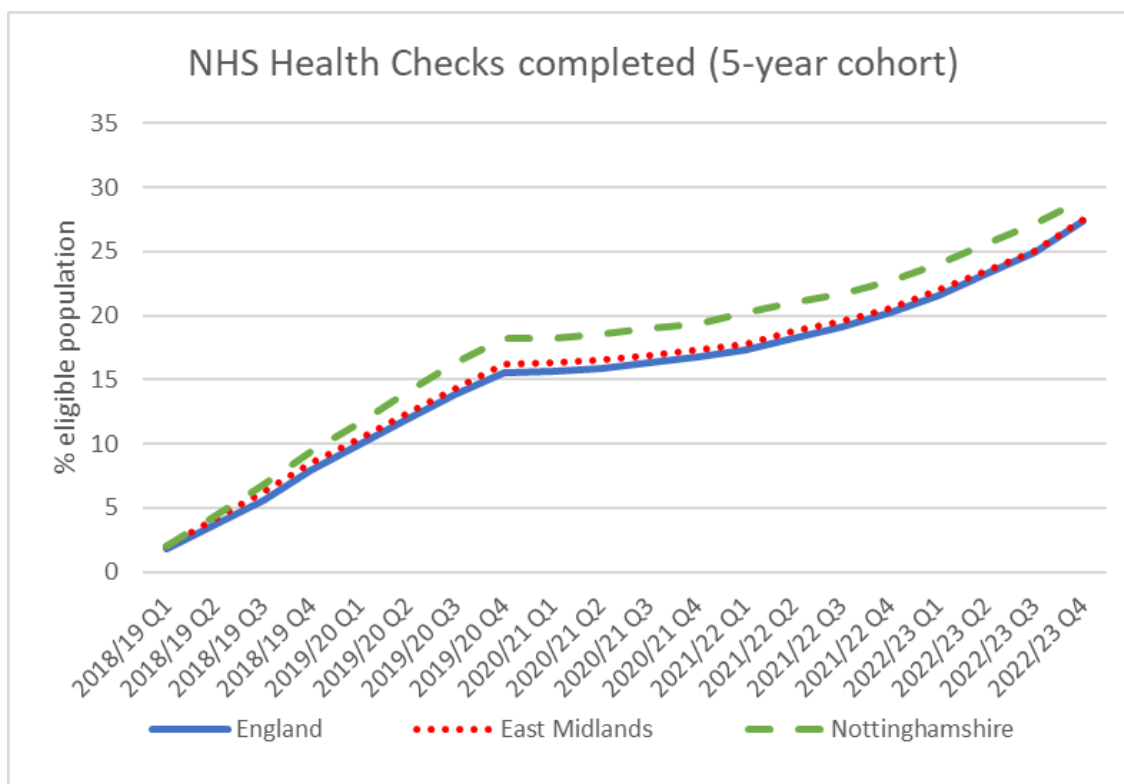
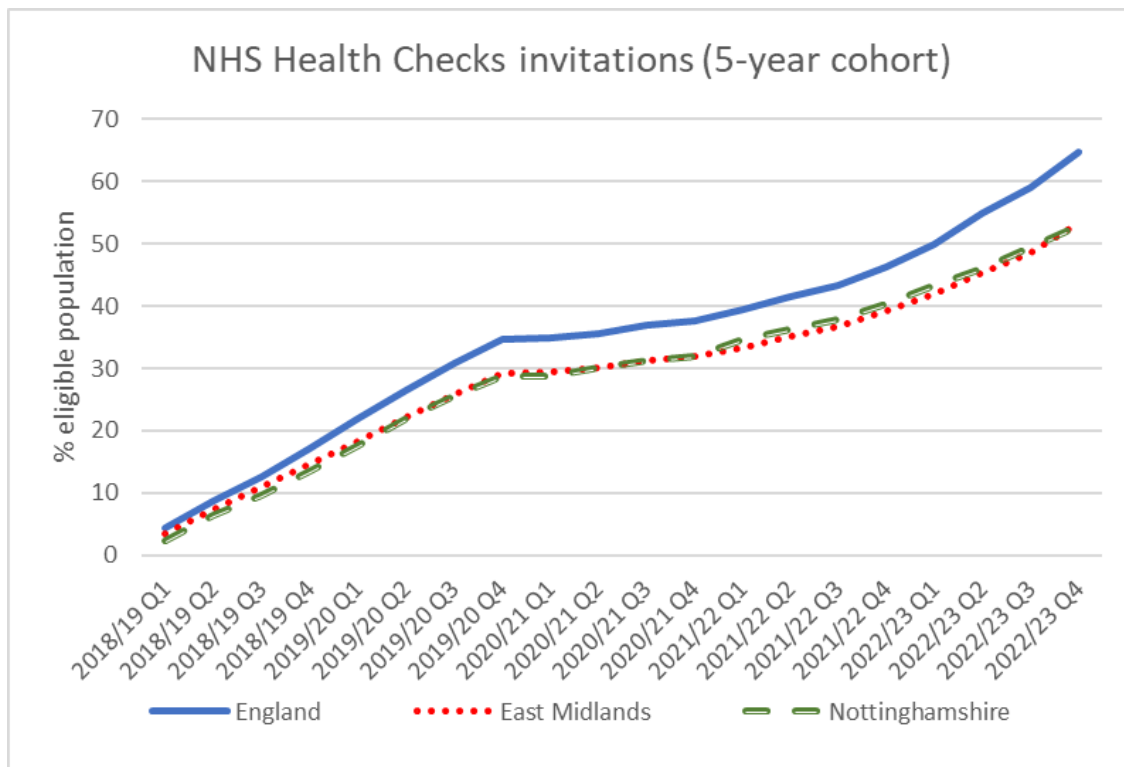
	Positives	Negatives
<b>Primary care via GP practices</b>		
<p>Main delivery method currently in Nottinghamshire and most common across the rest of England.</p> <p>Checks provided by clinical team, usually a healthcare assistant, with referral to a GP if required.</p>	<p>Trusted and familiar service in local communities.</p> <p>Comprehensive patient lists to facilitate invitations.</p> <p>No data transfer between providers.</p> <p>Utilising existing, skilled and trained clinical staff.</p> <p>Follow-up within organisation, reducing opportunities to be lost.</p> <p>Able to respond to questions about CVD.</p> <p>Potential for PCN lead practice model.</p>	<p>Limited capacity particularly during Covid recovery, resulting in lower priority for resources.</p> <p>Provision within primary care settings only (not in other community venues).</p> <p>Potential for individual GP practices to opt out of contract (currently 100% sign up in Nottinghamshire).</p>
<b>Pharmacies</b>		
<p>Additional service provided through community pharmacy.</p> <p>Not part of the traditional service provided by pharmacies and requires additional training and equipment.</p> <p>Current outreach service in Nottinghamshire is delivered by a community pharmacy.</p>	<p>Trusted and familiar service in local communities.</p> <p>Pharmacies may have wider reach than GPs, including with vulnerable groups.</p> <p>Extended opening hours including evenings and weekends, so easier for people who work.</p> <p>Longer consultations than GPs.</p>	<p>Would need investment in training and equipment for staff to meet NHS Health Check programme standards.</p> <p>Not all smaller pharmacies have suitable consulting rooms.</p> <p>No access to GP patient lists to send invitations.</p> <p>Would need to transfer data to GP for reporting and follow up.</p> <p>Potential to lose individuals to follow-up between provider and GP.</p> <p>Would need local communications to raise awareness of new provider.</p> <p>Potential conflict in providing core services as would take staff away from normal pharmacy work.</p> <p>Ineligible individuals may attend.</p>
<b>Private providers</b>		
<p>This could potentially include private healthcare providers or leisure services.</p>	<p>Potential to deliver outside of normal working hours.</p> <p>Community-based.</p>	<p>Could potentially be delivered by non-clinical organisations/staff which may</p>

	Positives	Negatives
Would require additional training and equipment for staff involved.	Longer consultations than GPs. Opportunities to utilise existing links with local communities (if already established).	limit the advice and information they can provide to patients. Potentially additional costs to hire community venues. New providers may not have profile with local communities. Potential to lose individuals to follow-up between provider and GP. Ineligible individuals may attend. No access to GP patient lists to send invitations. Would need to transfer data to GP for reporting and follow-up.
<b>In-house or commissioned lifestyle services</b>		
Some local authorities deliver a portion of NHS Health Checks themselves, either through a dedicated integrated lifestyle service or another department.	Potential to deliver outside of normal working hours. Community-based. Understanding of needs of local communities. Longer consultations than GPs. Able to utilise other local authority resources. Able to provide in-depth lifestyle advice to patients. Able to provide services in different formats based on local populations. Potential to be flexible in approach to service delivery during contract period.	No access to GP patient lists to send invitations. Potential to lose individuals to follow-up between provider and GP. Would need investment in training and equipment for staff to meet NHS Health Check programme standards. Would need to transfer data to GP for reporting and follow-up. Ineligible individuals may attend. Could be a conflict in allocating already stretched resources.
<b>Digital delivery</b>		
While this is not a widely offered service model yet, there is more appetite nationally to develop digital provision, particularly after Covid. The government has announced that a new digital offer is to be launched during the spring of 2024.	Potential to deliver outside of normal working hours. Remote delivery.	Requires patients to accurately report their own health measurements, receive postal kits or attend at another setting (e.g. pharmacies). Would need to transfer data to GP for reporting and follow-up.

	Positives	Negatives
		<p>Current programme standards mandate face-to-face consultations.</p> <p>Limited ability to refer/provide tailored lifestyle advice during the check.</p> <p>Risk of increasing health inequalities due to reduced access for some groups, including those experiencing digital exclusion or where English is not their first language.</p>



## Appendix C – NHS Health Checks Performance



**Note:** Data sourced from OHID Fingertips Public Health Data

(<https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/1>).

The graphs show cumulative percentages of invitations and checks completed based on a set five-year population cohort. [Page 29 of 76](#)



## **Appendix D – Nottinghamshire Health Equity Audit Findings (based on the period 2018-23)**

- A slightly higher number of men than women were invited, but women were significantly more likely to attend - around 50% of women attended following an invitation, compared to 44% of men.
- Across the county, around 47% of people attended a check following an invitation, but uptake varied between PCNs from 29% to 57%.
- The number of people who actively declined (rather than just not booking or attending) a check is low (2,974 over the five-year period). Men are slightly more likely to decline than women - reasons for declining are not recorded.
- Uptake increased with age from 36% of 40 to 44-year-olds to 59% of 70 to 74-year-olds.
- The likelihood of receiving an invitation increased according to deprivation - 55% of those eligible in deprivation quintile 1 (most deprived) were invited, compared to 43% of those eligible in deprivation quintile 5 (least deprived).
- The uptake of checks by people who were invited was higher within less deprived communities - uptake of the offer was 37% in the most deprived quintile, but 55% in the least deprived. However, the actual volume of checks undertaken as a percentage of the total eligible population within each quintile was broadly similar regardless of deprivation level.
- There was no significant difference in uptake between ethnic groups once an invitation had been issued (excluding those with no ethnicity recorded).
- People who are healthy or who have a long-term condition are more likely to attend for a check than those with a disability, frailty or dementia.

## Health Equity Audit - Breakdown by Socio-Demographic Characteristics (2018-23)

### Overview of Healthchecks in Nottinghamshire County

Breakdowns by socio-demographic characteristics. Colour scale shows variation within each indicator.

Sum of value		cat2 type		eligible		invited		uptake		completed		declined	
cat0	cat1	count	percent	count	percent	count	percent	count	percent	count	percent	count	percent
all	All	282,864	100%	135,729	48%	63,549	47%	63,549	22%	2,974	2.2%		
sex	Female	145,134	51%	66,983	46%	33,506	50%	33,506	23%	1,440	2.1%		
	Male	137,730	49%	68,746	50%	30,043	44%	30,043	22%	1,534	2.2%		
age	40-44	50,075	18%	14,020	28%	5,010	36%	5,010	10%	210	1.5%		
	45-49	46,890	17%	18,615	40%	7,495	40%	7,495	16%	340	1.8%		
	50-54	52,320	18%	24,730	47%	10,740	43%	10,740	21%	500	2.0%		
	55-59	49,315	17%	27,140	55%	12,395	46%	12,395	25%	510	1.9%		
	60-64	38,850	14%	23,860	61%	12,085	51%	12,085	31%	580	2.4%		
	65-69	26,380	9%	17,115	65%	9,375	55%	9,375	36%	460	2.7%		
	70-74	19,060	7%	12,555	66%	7,360	59%	7,360	39%	380	3.0%		
deprivatio	Deprivation quintile 1	41,512	15%	22,682	55%	8,395	37%	8,395	20%	616	2.7%		
	Deprivation quintile 2	49,486	17%	25,864	52%	10,801	42%	10,801	22%	671	2.6%		
	Deprivation quintile 3	56,267	20%	27,895	50%	12,929	46%	12,929	23%	662	2.4%		
	Deprivation quintile 4	59,936	21%	29,403	49%	14,137	48%	14,137	24%	516	1.8%		
	Deprivation quintile 5	75,659	27%	32,229	43%	17,628	55%	17,628	23%	565	1.8%		
ethnicity	Asian/Asian British	8,990	3%	3,484	39%	1,706	49%	1,706	19%	42	1.2%		
	Black/African/Caribbean/Black	2,783	1%	1,129	41%	515	46%	515	19%	12	1.1%		
	Mixed/Multiple ethnic group	2,880	1%	1,203	42%	562	47%	562	20%	9	0.7%		
	Other Ethnic group	2,358	1%	1,048	44%	508	48%	508	22%	12	1.1%		
	White	245,255	87%	123,039	50%	60,133	49%	60,133	25%	2,727	2.2%		
	No ethnicity recorded	20,598	7%	8,172	40%	467	6%	467	2%	228	2.8%		
health_sta	Healthy	129,522	46%	59,824	46%	25,621	43%	25,621	20%	1,209	2.0%		
	Disability	813	0%	344	42%	133	39%	133	16%	17	4.9%		
	End of Life and Organ Failure	4,300	2%	2,354	55%	888	38%	888	21%	86	3.7%		
	Frailty and Dementia	1,046	0%	579	55%	219	38%	219	21%	22	3.8%		
	Long Term Conditions (LTC)	147,183	52%	74,974	51%	37,030	49%	37,030	25%	1,696	2.3%		



## Health Equity Audit - Breakdown by Geography (2018-23)

### Overview of Healthchecks in Nottinghamshire County

PCN detail with subtotals for legacy CCGs and PBPs. Colour scale shows variation within each indicator.

	cat2		type							
	eligible		invited		uptake		completed		declined	
Organisation Name	count	percent	count	percent	count	percent	count	percent	count	percent
Nottinghamshire County	282,864		135,729	48%	63,549	47%	63,549	22%	2,974	2.2%
Bassetlaw PBP	40,241		24,590	61%	8,810	36%	8,810	22%	149	0.6%
Mid-Nottinghamshire PBP	110,343		52,141	47%	25,039	48%	25,039	23%	1,353	2.6%
South Nottinghamshire PBP	132,280		58,998	45%	29,700	50%	29,700	22%	1,472	2.5%
Bassetlaw CCG	40,241		24,590	61%	8,810	36%	8,810	22%	149	0.6%
Mansfield and Ashfield CCG	62,996		33,067	52%	15,745	48%	15,745	25%	1,056	3.2%
Newark and Sherwood CCG	47,347		19,074	40%	9,294	49%	9,294	20%	297	1.6%
Nottingham North and East CCG	48,686		20,446	42%	8,767	43%	8,767	18%	515	2.5%
Nottingham West CCG	35,669		16,717	47%	8,399	50%	8,399	24%	660	3.9%
Rushcliffe CCG	47,925		21,835	46%	12,534	57%	12,534	26%	297	1.4%
Larwood Bawtry PCN	12,049		8,139	68%	3,404	42%	3,404	28%	48	0.6%
Newgate Medical Group PCN	9,805		6,348	65%	1,831	29%	1,831	19%	12	0.2%
Retford and Villages PCN	18,387		10,103	55%	3,575	35%	3,575	19%	89	0.9%
Ashfield North PCN	16,187		9,295	57%	4,795	52%	4,795	30%	420	4.5%
Ashfield South PCN	12,640		6,528	52%	3,386	52%	3,386	27%	324	5.0%
Mansfield North PCN	18,481		9,119	49%	4,300	47%	4,300	23%	236	2.6%
Rosewood PCN	15,688		8,125	52%	3,264	40%	3,264	21%	76	0.9%
Newark PCN	27,045		11,170	41%	5,167	46%	5,167	19%	155	1.4%
Sherwood PCN	20,302		7,904	39%	4,127	52%	4,127	20%	142	1.8%
Arnold and Calverton PCN	11,445		5,058	44%	2,020	40%	2,020	18%	19	0.4%
Arrow Health PCN	15,261		5,071	33%	2,608	51%	2,608	17%	68	1.3%
Byron PCN	11,917		4,495	38%	2,073	46%	2,073	17%	328	7.3%
Synergy Health PCN	10,063		5,822	58%	2,066	35%	2,066	21%	100	1.7%
Nottingham West PCN	35,669		16,717	47%	8,399	50%	8,399	24%	660	3.9%
Rushcliffe PCN	47,925		21,835	46%	12,534	57%	12,534	26%	297	1.4%

Tables produced by Nottinghamshire County Council's public health analyst team based on data extracted from eHealthscope.

CCG = Clinical Commissioning Group

PBP = Place Based Partnership

PCN = Primary Care Network



**11 September 2023**
**Agenda Item 6**

## **REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH**

### **ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 1 2023-4**

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

1. To provide the Committee with a summary of the Adult Social Care and Public Health financial position at the end of June 2023.
2. To provide the Committee with a summary of Adult Social Care performance against performance themes.
3. To provide the Committee with a summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy.
4. To provide the Committee with a summary of adults' vital signs and key departmental risks.

#### **Information**

##### **Current Financial Position as at 30 June 2023**

Previous forecast Variance £ 000	Change in forecast £ 000	Department	Final Budget £ 000	Actual £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	Var as a % of budget
		ASCH Committee					
(61)	(27)	Strategic Commissioning and Integration	(39,285)	(39,640)	(39,373)	(88)	0.22%
3,622	510	Living Well and Direct Services	155,851	50,998	159,983	4,132	2.65%
(3,925)	2,744	Ageing Well and Maximising Independence	145,275	43,117	144,094	(1,181)	-0.81%
(13)	(62)	Public Health	2,564	(1,484)	2,490	(75)	-2.91%
(377)	3,165	<b>Forecast prior to use of reserves</b>	<b>264,405</b>	<b>52,990</b>	<b>267,194</b>	<b>2,788</b>	<b>1.05%</b>
-	-	- Transfer to / (from) Revenue Reserves	(2,288)	-	(2,288)	-	0.00%
-	-	- Transfer to / (from) Capital Reserves	-	-	-	-	0.00%
-	-	- Transfer to / (from) reserves (Ageing Well)	-	-	-	-	0.00%
13	62	- Transfer to / (from) Grant reserves	(2,564)	-	(2,489)	75	-2.93%
-	-	- Redundancy related costs	-	-	-	-	0.00%
13	62	<b>Subtotal</b>	<b>(4,852)</b>	<b>-</b>	<b>(4,777)</b>	<b>75</b>	<b>-1.55%</b>
(363)	3,227	<b>Net Department Total</b>	<b>259,553</b>	<b>52,990</b>	<b>262,417</b>	<b>2,863</b>	<b>1.10%</b>

5. The overall Adult Social Care and Public Health budget is forecasting a £2.86 million overspend as at the end of June 2023.
6. Strategic Commissioning and Integration is forecasting a net underspend of £90,000 after reserves, an increased underspend of £30,000 since Period 2 that is due to underspend on staffing.
7. Ageing Well is forecasting an overall underspend of £890,000. The Community Care budget, however, is overspent across all types of residential and homebased care services, with £4.71 million of savings to be delivered in year from this budget. The main cause of additional costs is that both the amount of support and the cost of care is increasing. The overspend is being offset because the department is receiving higher than average additional client contributions to the cost of individual's care, additional joint funding income and staffing underspends. Rolling and bespoke recruitment programmes based on successful new ways of recruitment are underway.
8. Living Well is forecasting an overspend of £4.69 million; overspends in Long-Term Care, and Direct Payments plus Predicted Needs, are partially offset by additional funding income and savings still to be delivered.
9. Direct and Provider Services area continues to forecast a £560,000 underspend in addition to savings already delivered in year.
10. Public Health is forecast to underspend by £80,000, an increase from Period 2 of £60,000. This is due to savings on staffing and Health checks.

## **Benefits Realisation of Service Improvement Programme and Risks**

### **Ageing Well**

11. In Ageing Well, the Council's reablement service supports people to set goals to re/gain independent living and social skills, maximising their well-being and confidence. As a result, people also need less homecare, which provides a financial benefit. Reablement performance is a national Social Care indicator and the Council benchmarks. Current data shows that 66% of people accessing reablement do not require ongoing, longer-term services. Additional community reablement capacity was invested in following an independent assessment that there were people who could benefit that were not accessing reablement and this is on track to meet their target number of people and deliver the associated £420,000 savings.
12. Every year the Council re-ables 2,245 people who have had a period of ill-health in hospital to manage ongoing demand pressures. Additional capacity has also been invested in reablement to support hospital discharge by system partners. Our Maximising Independence Service is not, however, getting the number of referrals that they need associated with this extra capacity and £832,000 savings are at risk. This has been escalated to the Discharge to Assess and Urgent Emergency Care Boards to assess the reasons and develop an improvement plan by 22 August.
13. A diagnostic has recently been undertaken for the Enablement service and, with implementation of improvement plans, the new Community Reablement Team is now almost

receiving enough referrals to realise the planned benefits. The data provides evidence of this with 245 people successfully completing a programme of enablement against a target of 797.

14. The Ageing Well strength-based programme is complex to deliver because its foundations are in improving practice and decisions across all the operational teams to ensure people are offered short-term preventative interventions and ways to achieve a good life by linking people into the assets of their local communities, families and support networks, before ongoing formal social care support is considered. The Council is an outlier in its high use of short-term residential care for older people and benchmarks higher than average in its use of long-term residential care. The number of older adults supported in residential care is currently at 2,252 against a year-end target of 2,104. Independent assessment in 2018/19 evidenced that the greatest area of opportunity to realise benefits both for people and financial was to reduce both short- and long-term residential care. The fragility of the homecare market and NHS pressures through the hospitals meant that this was not possible to achieve in 2022/23. A diagnostic has been undertaken with support from the corporate Strategic Insight Unit, which concluded that the £1.1 million non-delivered savings in 2022/23 are not achievable in 2023/24 in addition to the current year's savings, and this will be taken through the corporate approval process.
15. There is evidence that the Department's strategy to improve access to short-term services that prevent, reduce and delay the need for social care is successfully maintaining the numbers of older people receiving long-term support at the same levels over recent years and mitigating the impact of demographic increases. However, the diagnostic shows that, on average, each person's individual's homecare support plan is 43% larger than in 2019/20 because people have more complex needs, and the unit cost of care has increased by 5%. A revised plan is being developed, aiming to mitigate this wherever possible and to deliver the savings of £1.2 million for 2023/24. Positively, early success has been seen in starting to reduce the numbers of people going into short-term residential care from hospital due to the improved capacity in homecare.

**Stories of Difference - Strengths-Based Approach to build a trusting relationship and support Ms S to continue to live in her own home and connect to her local community**

*"Ms S was living in a state of severe self-neglect with no hot water and unable to use the bathroom. She lives alone and has some memory problems; she hoards balls of wool and other items. From our initial contact, she was very worried about being 'taken away' and leaving her home. With support from the Ageing Well Gedling Team, Age UK were able fix the bathroom, a Promoting Independence Worker (Maximising Independence Service) helped her make connections and friends in the local community and linked with her neighbour. Additionally, her finances have been protected and she has some ongoing care support at home. This was all happened from building trust and a good rapport. She is still living at home and is happier and healthier."*

## **Living Well**

### **Strengths-Based Approaches**

16. Living Well continues to work closely with the Maximising Independence Service to ensure that opportunities to build skills and confidence and to prevent or delay the need for ongoing care and support are identified and fully supported. To date in this financial year, 315 people have been supported by promoting independence workers to increase their skills for independence.
17. The Three Conversations Approach is now embedded as 'business as usual' in Living Well teams. Data is only available from September 2022, but there is an encouraging reduction in the percentage of people progressing from a Conversation 1 to a Conversation 3. This was 29.84% between September and December 2022, and is 26.44% between May and July 2023. One of the aims of the Three Conversations Approach is to use Conversation 1 to try to meet someone's outcomes by building on their strengths and those of the people around them. Therefore, it is encouraging that more outcomes are being met at the Conversation 1 stage. Teams have shown considerable innovation in adopting culture change, with one team using a coaching approach called 'GROW' in their huddles. Huddles are team meetings where ideas and challenges are shared with colleagues. Peer challenge is encouraged in a supportive, encouraging environment. Best practice is shared with all teams through countywide Team Manager meetings.
18. The Living Well strengths-based benefits realisation programme is supported by a detailed project plan. Objectives within the plan include:
- Identifying people who can move from residential services to supported living to enable greater independence.
  - Working with commissioning to ensure that the right accommodation is available for people at the right time.
  - Exploring whether staffing in residential services can be configured in a less restrictive way.
  - Using technology-based care to maximise independence.
  - Reconfiguring Housing with Support services to reduce voids and ensure available housing is being used effectively.
  - Introduction of a revised process to ensure greater accuracy with predicted needs.
19. There is currently more demand than supply for supported living accommodation. Living Well and Commissioning Managers are working closely together to deliver an ambitious programme of new supported living developments over the next five years. Phase 1 of this plans to deliver 205-355 units of supported living over the next one to three years. Phase 2 will see an additional 121 supported living units in the next two to four years.

### **Preparing for Adulthood**

20. Monthly meetings between the Preparing for Adulthood team and the Strategic Commissioning Team are ensuring earlier identification of demand for accommodation for young people.

21. A dashboard has been developed to enable more effective management of demand in the Preparing for Adulthood team. The dashboard will help to predict the number of young people who will potentially need support from adult services. This will inform financial predictions and future demand for services.
22. Work has commenced on a review of the Preparing for Adulthood pathway and protocol document. The vision and principles for the pathway have been co-produced with young people, carers, and staff.
23. Ongoing work to develop closer links between the Preparing for Adulthood team and education colleagues has not progressed as quickly as intended due to staff absences. However, this is a priority for 2023/24.

### **Shared Lives**

24. Shared Lives continues to overachieve its savings target with initiatives such as the development and streamlining of the carer referral process and a new operating model to modernise the service to sustain service growth.
25. The consultation on the review of Council-provided day services is now complete and work to finalise the proposed new service offer is underway. The savings target for this financial year has been delivered through the holding of vacancies ahead of the proposed changes to the service model, which will then deliver the targeted savings on a recurrent basis.
26. Consultation is due to commence in October of this year on a new service offer for Council-provided short breaks services, which is intended to deliver an improved service to people using the service and their carers as well as delivering financial benefits to the Council.

### **Stories of Difference - Recent feedback gathered by the Care Quality Commission as part of regulatory monitoring of the Council's short breaks services:**

*'They always provide excellent care for our daughter. We 100% trust them to look after her and give the attention she requires. She can be quite difficult at times, but this never fazes them'.*

*'The staff have a good relationship with me and always inform me if there is any problem. I do not know what I would do if he could not go there as he will not go anywhere else, they are all fantastic and we both appreciate all they do'.*

*'As a parent I feel comfortable leaving my disabled young adult in the care of Helmsley Road staff as I know they will be safe, and their complex needs catered for. A very happy young adult returns home, communicates what they have done and is always looking forward to returning'.*

*'They make it loads of fun when I am at respite. Make sure I am clean and tidy. I always enjoy myself'.*



## **Public Health Financial Position**

27. The Council receives a ring-fenced Public Health Grant ('the grant') from the Department of Health and Social Care (DHSC), which is subject to a range of conditions and must be used to fulfil the Council's statutory duty to improve the health and wellbeing of the people within Nottinghamshire, including provision of a number of mandatory services. Amongst other things, these conditions stipulate that "the main and primary purpose of all spend from the grant is public health". Broadly speaking, this means that the grant must be invested in ways that the Director of Public Health and Section 151 Officer identify "have a significant effect on Public Health". In 2023/24 the value of the grant to Nottinghamshire is £44,567,373.
28. The table below paragraph 4 summarises the departmental financial position, including Public Health. As of the budget monitoring period ended 30 June 2023, a Public Health underspend of £80,000 is projected, which would be added to the Public Health reserves at the end of the financial year.
29. During the Autumn, officers in Public Health will undertake work with finance colleagues to confirm that forecasting is being undertaken with due rigour, identify where there are genuine grounds for uncertainty in the forecasts, and ascertain mitigating actions to address those uncertainties.
30. As of the latest budget monitoring period (period 4, ended 31 July 2023), the uncommitted reserves balance is projected to stand at £9,403,396.88 by 31 March 2024. If no further investments were made and based on the Section 151 Officer's assumption (for planning purposes) that the grant will increase by 1% annually within the period of the Council's Medium Term Financial Strategy (MTFS), the forecasted reserves would accrue to £13,795,214.63 by 31 March 2027.
31. Therefore, work has been undertaken to identify priorities for further investment during the MTFS period. These are the subject of a separate paper. Those requiring funding to start in 2023/24 are also the subject of a paper to secure budget approval from the Section 151 Officer. These investments would decrease the reserves position to £4,640,579.97 by 31 March 2027. Further proposals will be developed during 2023/24, some of which will be incorporated into the annual budget cycle. This will further reduce the projected reserves position for March 2027.

## **Performance Themes**

### **A) Wellbeing and Independence**

#### **April-June 2023 Performance**

##### **Hospital Discharge**

32. Currently, across all three acute hospitals in the county the percentage of discharges made on the same day or the next day that the person was deemed well enough to go home (Medically Safe for Discharge (MSFD)) is off target at 34% against target of 70%. The Integrated Care System remains in a position of national assurance since January 2023 due to it being an outlier in the high numbers of people in hospital who do not need to be there. People are not just waiting for social care, they may be waiting for a variety of reasons



including further health assessments, therapy, transport, equipment delivery, medication, etc. before they can go home. The departmental target to reduce the time it takes for people coming to social care through the transfer of care hubs is 3 days and the current performance is 5.5 days. The increase in homecare capacity over recent months has significantly improved flow through our services and positively increased the number of people going directly home from hospital.

33. The Integrated Care System has a new plan for delivery of Urgent Care to reduce the length of time people spend in hospital when they are well enough to go home. Assessment is being undertaken of all the different improvement projects and their impact on reducing MSFD numbers. This is positive as joint actions are required from all partners to affect the changes required. Projected impacts are now in place for the key work social care is involved in, which are to optimise how the multi-disciplinary Transfer of Care Hubs operate, review pathways and services for people who require accommodation-based rehabilitation and develop more integrated ways of working across reablement and community health services.

## **Safeguarding**

34. Work is being undertaken to improve practice and better understand the reasons as to why people may not be asked what outcome they want following a safeguarding referral. Currently the position on this national indicator shows that 78.1% of people are asked against a target of 100% and a national average of 80%. Although work is ongoing to improve practice against this aspirational target, there are some valid reasons why people may not have been asked, for example, if they die before it is possible to meet them, or they refuse to engage. In future, the department will be keeping a record of reasons people were not asked, to better understand the gap between our aspirational target and practice. More positively, 96.4% of the people that were asked about their outcomes were happy that their outcomes were either fully or mainly achieved, against a national average of 95%.
35. Social workers record whether a safeguarding intervention results in risk being either reduced or removed and the department's performance is currently low at 79% against the target of 90% and a national average of 90%. Further practice guidance is going to be sent to all teams and there will be learning from the safeguarding quality audits to identify further improvements.
36. There has been focused work to reduce the numbers of people who had an open safeguarding case for longer than three months, which was identified as a key risk. The numbers of people with safeguarding enquiries open six months or over has reduced from 276 in October 2022 to 37 in August 2023, whilst the number of people with safeguarding enquiries open between three to six months has reduced from 95 in October 2022 to 82 in August 2023. For reference, there are currently over 400 safeguarding enquiries actively being worked on within the department that have been open for three months or less.

## **Deprivation of Liberty Safeguards**

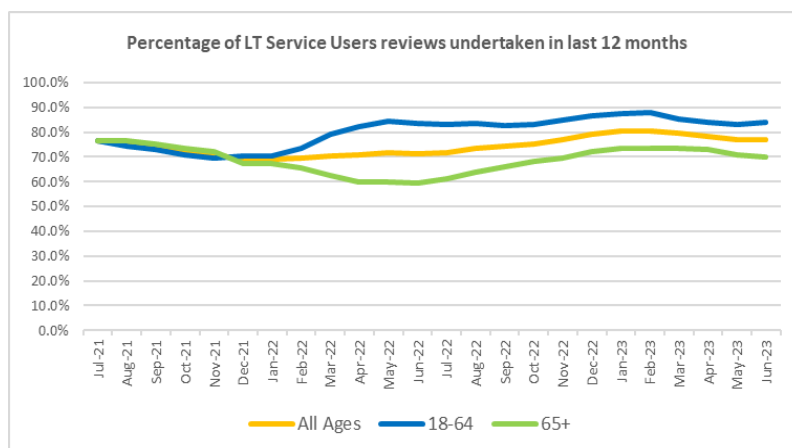
37. The Council has a statutory duty to complete 100% of Deprivation of Liberty Assessments (DoLS) to time, with the Council likely to receive over five thousand referrals this year. Like all councils nationally, this duty has proved challenging to meet, especially since the Cheshire West Supreme Court ruling expanded the definition of what constitutes a deprivation of liberty. Currently, the department has managed to complete 32% of the referrals received since April

2023. By way of context, this figure stood at 59% in April 2023, the last month of the contract with our previous third-party DoLS assessment provider.

38. Unfortunately, the transition to the new supplier, after completion of the compulsory re-tender process, has not been ideal, with June recording only 13% of referrals received completed. Since that time, much work has been undertaken with the new provider, including requesting a formal performance improvement plan from them as allowed for within the contract service specification. Whilst the new provider is now taking 20 assessments a week, with a target of 50 a week expected within three months, this does explain the current low percentage completion rate. Alongside this, the department is currently recruiting additional staff to increase output. Although this is set against a longstanding national shortage of specialist 'Best interest Assessors' (BIAs), the department remains confident that the current team establishment will increase to complete more assessments on a month-by-month basis.
39. A new legal replacement for DoLS, the 'Liberty Protection Safeguards' was due to be introduced as part of the Adult Social Care Reforms, however, this has now been delayed at least until the end of the current parliament. Consequently, the Council, like all Councils, must continue to operate under the existing 'DoLS' system, which was criticised by the House of Lords as far back as 2014 for being 'excessively bureaucratic' and 'not fit for purpose'. The Department recognises the risk contained within the current system, and alongside the measures described above, is committed to improving the quality of Mental Capacity Act (MCA) practice by ASCH staff through more training, quality improvement audits and recruitment of a dedicated MCA practice lead.

## Long-Term Reviews

40. For the month of June 2023, 76.8% of people who are in receipt of services have received a review in the last 12 months against a national target of 100%



41. To support improvement in this area a review of the key risk indicator and key risk tolerances for reviews has taken place with monthly targets set with teams with the ambition to reach 100%.
42. Currently, there are 1,561 people without a review in the last 12 months. This remains a high risk from both a performance and risk perspective.

43. A review dashboard is live to ensure accurate number of completed reviews is reported and outstanding reviews are identified to aid Team Managers prioritisation of reviews, this will be further developed to apply the risk tolerances.

44. A data cleanse of information in Mosaic is an ongoing action, with the aim of having a reliable and accurate source of information which can be tracked each month against the target to complete 100%.

## **B) Active and Supportive Communities**

### **April-June 2023 Performance**

#### **Employment and Training**

45. The Parameters for the measure; proportion of young adults supported to access employment, education, training, or volunteering, were agreed when the measure was set up in 2022. However, work is now underway to review what can be included to contribute to the target and is due to be resolved by the end of August 2023.

## **C) Flexible and Integrated Care and Support**

### **Direct Payments**

46. Work is ongoing to increase the total proportion of commissioned care packages that use Direct Payments (DP), to meet the national target of 42%. Current data shows the department is achieving 40.7%. This is being addressed through:

- renewed communications to front line teams to raise awareness of the benefits and the process of referring people in for consideration,
- disseminating a live DP data dashboard to show TMs their team's activity in commissioning DP packages along progress in achieving the savings target, and
- run drop-in trouble-shooting webinars with staff and circulate recordings to maximise opportunities to share training.

47. As well as increasing the total number of DP packages being commissioned, there has been success at increasing (compared to last year) the proportion of DP packages to employ personal assistants and the savings target for 2023/24 is currently on track. This is good news for the people employing a PA, as it enhances their levels of dignity and empowerment.

### **Carers**

48. As part of the new co-produced all-age carers strategy, the department heard feedback from carers through the big conversation events which took place across the county earlier in the year. Some of the themes coming out of the events are listed below:

- Better access to relevant and appropriate information, advice, and guidance.
- Better access to short breaks or replacement care to get a break from caring.
- More support for carer health and wellbeing.
- Being listened to and being able to access good communication and information from health and social care providers.

49. Plans are being developed with partners to address some of the concerns, and the feedback will also be used to refresh the Adult Social Care Strategy.

50. One of the carers who helped to coproduce the strategy said:

*"It's different, because it is (a strategy) across all the city and county so we don't get that postcode lottery again. We have the opportunity to do this together and help inform services going forward."*

51. The department has also recognised there needs to be better visibility of carers data to support teams identify and prioritise carer groups and are improving the Mosaic workflow are looking to introduce care champions into teams.

## **D) Workforce**

### **Workforce Plan Progress**

52. There have been a number of initiatives being progressed as part of the department's workforce plan. A few of these are detailed below:

- Implementation of Think Ahead programme to attract Mental Health social workers.
- Streamlined recruitment process for some frontline roles and improved social media reach.
- Rebranding our recruitment adverts to incorporate the departments cultural priorities.
- Developed a 12-months rolling recruitment timeline for managers.
- Developing retention activities plan so that managers can have oversight on progress.
- Occupational Therapy rotations process with Health partners being progressed.

53. The department is seeing an improving trend for vacancies as detailed in the table below.

June 2022	September 2022	December 2022	March 2023
385	352	353	341

### **Practice Quality Assurance**

54. As part of the department's readiness for CQC inspection, the Council has developed a new practice framework which demonstrates how the department will work towards the Social Care Future vision and Making it Real standards.

55. A recent audit of practice as part of this framework has taken place with Team Managers completing case reviews and speaking to people our frontline staff have been supporting.

56. Some of the feedback gathered is detailed below:

*The worker was very good in every way. I could talk to her about personal things, and I could trust.*

*She was very helpful, showed real concern about me - I was not a number.*

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*The worker was very busy, I wish she had more time to talk.*



## Public Health performance against Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy

### Public Health performance against Annual Delivery Plan -April-June 2023 Performance

57. The PH performance framework provides an overview of the impact of the PH division on improving population health outcomes for the residents of Nottinghamshire. The data here covers quarter one 2023/24 (1 April to 30 June 2023). The data confirms that PH services are predominantly recovering well from the COVID-19 pandemic. Further detail on key performance indicators is available on request.

#### A) Statutory Duties

### Integrated Sexual Health Services (ISHS) (Nottingham University Hospitals (NUH), Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH))

58. In Quarter one, the sexual health services continued to provide excellent high-quality care for local residents. Overall, there has been a decrease in the total number of filled appointments across all three providers, particularly in April. The reasons are different for each provider but are due to combinations of additional bank holidays, industrial action (particularly at NUH) and reduced capacity due to recruitment and retention issues.

59. The recruitment of experienced clinicians hinders the ability of services to increase service activity. Services are reluctant to make long term investments due to uncertainty caused by the current recommissioning of services.

60. NUH are slightly underperforming in terms of the percentage of 15-24 year olds in contact with the service accepting a chlamydia test. The service is working to ensure that staff are encouraging testing and coding this activity when it takes place. The increased access to online testing may be having an impact as many young people are refusing tests because they have already had a test online.

61. All services are meeting the quality standard of 30% of women aged 16-24 receiving contraception accepting Longer Acting Reversible Contraception (LARC). The demand for LARC is increasing due to people struggling to access it in primary care. This is resulting in longer waiting times, particularly for LARC that involves increased medical intervention.

Services are exceeding the quality standard of 60% of new service users accepting a HIV test. This is important in reducing the transmission of HIV.

62. Re-commissioning of this key PH service continues. The initial selection stage has taken place with successful bidders currently being invited to the Initial Invitation to Tender stage. Many of the issues that commissioners are currently working with services to address, have informed the creation of a new service model.

## Stories of Difference

### DBH

*"Dear Tri-health,*

*I wished to write to you today and take the opportunity to reflect with you on my personal experience of attending your clinic at Retford... I strongly feel and recognise when providing care related services, this level of support, I received today can be taken for granted, perceived by teams as "this is what we do". My thoughts upon leaving today, was "really, is this what you do?" because I felt there was a real skill, in not only providing physical care but also emotional support to a patient/ service user who felt worry, anxiety and shame upon admission and upon discharge left feeling supported, nurtured and welcomed".*

### SFHT

*"Dan (name has been altered) attends the sauna regularly. He has never had tests for STIs. He sees a poster at the reception that the outreach worker is here today. He speaks to the worker and agrees to have a screen. He also gets information on how to stay safe. Dan receives a positive result for a STI. An appointment to see a doctor is arranged. Dan is now engaged with the service and has received a number of preventative interventions. Dan also mentioned to other sauna users about the outreach worker".*

## Health Checks (GPs)

63. Health check activity continues to show a steady recovery towards pre-pandemic levels during quarter one of 2023/24 with 5.7% more invites and 19.5% more health checks delivered as compared to quarter one in 2022/23. GPs are still under a lot of pressure and therefore whilst work with GPs to offer training and advice will continue, it may be difficult to get back to pre-COVID levels in the foreseeable future.
64. Additional funding continues to support community outreach health checks at workplace health events across the county. Outreach delivery at six events in convenient locations around the county improved access and enabled the delivery of 81 additional health checks in less clinical settings. As a result, 45 residents were referred to their GP for further investigation of raised blood pressure, raised cholesterol, and/or for being pre-diabetic, which otherwise might have continued to be undetected.
65. Many participants expressed the motivation to change their lifestyle following the NHS Health Check in order to reduce their risk of developing a heart condition.



## **Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)**

66. The 0-19 Healthy Families Programme (HFP) continued to perform well during Quarter One of 2023/24, with 99.78% (1764) of new births receiving a face-to-face visit from the service within 14 days. In addition, there has been a 2.5% increase in breastfeeding rates at a county-wide level, 1% above our locally agreed target of 46.5%.
67. Analysis of performance data relating to the mandated elements of the service for last year identified that the Nottinghamshire HFP continues to benchmark well against both the England average, and statistical neighbours.
68. Historically, recruitment of staff, in particular qualified health visitors has been a challenge for the local provider. This picture is reflected nationally with significant workforce pressures being reported. However, the provider reports that in Nottinghamshire we are starting to see improvements, with less long-term sickness within the workforce and successful recruitment to vacant posts. Workforce capacity, recruitment and retention is monitored closely as part of the ongoing contract management process.
69. The contract for the HFP was due to end on 31 March 2024. At the Cabinet meeting in June 2023, approval was given to extend the contract by 6 months, bringing the contract end date to 30 September 2024. Cabinet also agreed the recommendation to re-commission the service using a co-operation approach with the incumbent provider, Nottinghamshire Healthcare NHS Foundation Trust. This process is now underway.

## **B) Strategic Priorities**

### **Integrated Wellbeing Service (ABL - Your Health Your Way (YHYW))**

70. During Quarter one 2023/24, Your Health Your Way achieved 3,154 outcomes for Nottinghamshire residents. This included, 407 people who had quit smoking at four-weeks following setting a quit date; 198 adults who achieved a weight loss of between 3% and 5%, and 664 adults, children and young people who had increased their levels of physical activity.
71. This quarter represents the highest level of outcomes achieved in any quarter to date and continues the upward trajectory of performance.
72. In addition, the service has attended 30 community events across the county and completed over 500 health checks. Other community engagement has seen the service deliver a 6-week 'Move More' exercise programme in partnership with BCVS for residents from ethnic minority backgrounds; a falls prevention group for people with early-stage dementia; and a healthy cooking course for young women from the Gypsy-Traveller community in partnership with the YMCA and Newark and Sherwood District Council.
73. The service has used funding to recruit to a new community role hosted by Mansfield CVS, with a focus on developing relationships with residents in the Bellamy estate in Mansfield. The job description was developed collaboratively with partners across Mansfield, and plans are in place to work with place-based partners across the remaining districts to roll out similar roles across the county. These roles will support the service and wider partners in better understanding how services can be tailored to meet local needs, with a particular focus on health inequalities.

74. During this quarter, the service has developed a new programme and curriculum to deliver family weight management sessions with school settings and this will be rolled out when schools return in September. The service also launched an early-years family weight management pilot supporting the families of children aged 2+ in Killisick.
75. While phone support for smoking cessation remains popular, the service has expanded the number of face-to-face stop smoking clinics available across the county to extend the reach and increase accessibility.
76. The staffing structure has been restructured to enhance capacity within the service and despite a small number of vacancies, the service anticipates being up to full capacity in quarter two.

### Stories of Difference

A client engaged with the adult-weight management programme shared the following feedback:

*"I have been feeling so much better, more get up and go. I can get up the stairs without holding onto the banister and not panting up the stairs like I did before. I am feeling a lot fitter, went on an 8 mile walk recently and really enjoyed it, was chatting away with my friends and wasn't struggling like I would of done previously.*

*I really managed to get to grips with both exercise and food tackling them both and have really enjoyed this surprisingly, managed to reduced portion sizes which the session massively helped. My advice for new starters would be to just to go for it, it's such a friendly group and we do all make friends. It so supportive and motivating.*

*I have enjoyed immensely the last 12 weeks and really grateful for the support."*

### Illegal Tobacco Services (In-house, Trading Standards)

77. Recent and ongoing enforcement actions have highlighted the scale and complexity of the work being done by this service including links to organised criminal gangs.
78. The sale of vapes to under- age children has now exceeded the sale of illicit tobacco linked to peer pressure and the profit margins in vapes. Most of the 'Elf Bars' are aimed at children due to their bright colours and packaging. They are designed as slush puppies, slim fizzy drink cans and the popular Prime drinks with exotic flavours. Furthermore, these vapes which should have a legal limit of 600 to 700 puffs are now being sold with up to 10,000 puffs. The service is tackling the offending premises and a large amount of stock is being removed costing the traders thousands of pounds.
79. All local Authorities in Nottinghamshire are pushing for disposable Elf Bars to be banned from local sale due to possible future health and environment effects when disposed.



## **INTENT – Smoking & Vaping Prevention Programme for Secondary Schools**

80. Twelve schools participated in the programme in quarter one (the spring and summer term of the academic year 2022/23) and 11 schools have been recruited and have signed up to participate in the next academic year 2023/24. Additional Vaping lesson plans have been added to the programme and this has been a useful 'hook' to encourage schools to participate. A review/stocktake of the first year of the programme has been undertaken with some positive results.

### **Stories of Difference**

81. The schools who participated in the stocktake/review of the first year of the programme reported that they found the Programme useful to fulfil the statutory requirements of RSHE regarding tobacco and vaping education. Both staff and young people in participating schools reported that the lessons were informative and interesting.

### **Homelessness (Framework)**

82. This is a new contract which gives greater emphasis to enabling health and wellbeing outcomes within the context of supporting people to live independently. The service delivered support to 233 unique service users over the quarter.

83. The provider has piloted a new data monitoring request and is working with the commissioner to ensure that we are 'measuring what matters' this includes a new requirement to look at the housing outcomes for individuals in the 6 months following exit from the service.

84. A new contract manager is now in post which has added significant extra capacity to work on the development of the contract. A service development and improvement plan (SDIP) has been co-produced between the provider and commissioner with clear areas of continuous improvement identified for the coming year. Opportunities to improve the consistency of the provision across the county have already been identified and work has begun at pace to address this.

85. Challenges within the service include an increased number of individuals who have little prospect of coping well in their own tenancies after six months. This is resulting in the service continuing long-term support to these individuals and being able to take on fewer new individuals. There are also several external factors relating to housing and long-term supported housing supply that are having a similar impact. Provider and commissioner are working together to ensure that anything that can proactively be done to mitigate the impact of this is being undertaken.

86. There are continued recruitment and retention issues within the service and the provider has given significant inflationary increases to night staff to address this. Staff wellbeing continues to be an organisational priority and there are a range of initiatives and resources available to staff including support from clinical psychologists around debriefing from any critical incidents.

## **Domestic Abuse Services (Notts Women's Aid (NWA), JUNO Women's Aid and Equation) (Jointly commissioned with the Police and Crime Commissioner)**

87. Adult social care and public health commissioning board agreed to extend Domestic Abuse Support Contracts by four years to up March 2028. This covers the full eight years contract and provides consistency, allowing service developments and gives sufficient time to prepare for a procurement in 2028.
88. Domestic abuse services have been given a 3% uplift on contract values in 2023/24 to help them address the increases in costs to deliver their services. This has also allowed them to consider pay awards for staff. Staff recruitment and retainment challenges seen in the previous year have resolved, with a large number of staff recruited in quarter one.
89. Male support services delivered by Equation are seeing an increase in their referrals and improved take up of services.
90. Juno Women's Aid are planning to deliver a new support programme called Own My Life. This programme helps women to understand the impact their abuse has on their lives and how they may view themselves. This increased understanding allows them to begin to rebuild their lives and start their recovery.
91. Notts Women's Aid have been working closely with CGL and have seen an increase in referrals for women using substances who have or are experiencing domestic abuse in CGL support services.

## **Stories of Difference**

### **Equation Male Survivor case study**

**Case summary:** High-risk referral received from NUH following a domestic incident where survivor had been assaulted by his brother (perpetrator), which had resulted in A falling on the floor and hitting his head on the kitchen countertop and being taken to A&E by a family member. The brothers lived in the same household with their elderly parents adding concerns for the welfare of the parents. There are concerns that Perpetrator is taking steroids, and when survivor challenged him on this, it led to an incident. Survivor disclosed that the Perpetrator has been like this for years.

**Support needs identified:** Safety Plans, Emotional support, regaining confidence, and Housing support.

**Support services delivered/Referrals/Signposting:** Signposted to Nottingham counselling service and Hetty's (for support living with someone misusing alcohol/substances). Local housing authority

**Outcome:** Survivor has engaged with support and now feels at a point where he feels safer and more in control of the situation. He has chosen to remain in the family home for now but is currently planning to leave the environment to find his own dwelling.

**Testimonial:** *'I feel that I have been able to deal with the situation a lot better following speaking to a professional; Equation has helped make me feel less isolated and more in control of my situation I no longer feel defenceless within my situation'. 'I didn't know anything about Equation*

*before and feel that this is a valuable service to support males who experience domestic abuse. I would recommend this service to others.'*

**Insights** (that could inform service improvement): Better opportunities for alternative and emergency housing would give clients more confidence in escaping the abuse.

### **All Age Substance Use Treatment and Recovery Service (Change Grow Live (CGL)) (Jointly funded with the PCC)**

92. Adult social care and public health commissioning board agreed that the CGL contract would be extended until March 2028. This will provide a consistent approach to supporting people who are dependent on drugs and alcohol across Nottinghamshire.
93. There were 1374 new entrants into CGL this quarter of which 368 were new entrants into service for alcohol support.
94. Overall, there are 4423 people in treatment in Nottinghamshire which is 29% over the contracted target. CGL are currently distributing assessments across the team to ensure that people are getting into treatment in a timely way.
95. Partnership working continues and presentations of the service offer has been delivered this quarter to GPs with a view to increasing numbers in treatment. Reports from CGL indicate that individuals that are accessing support for substance use have multiple needs, therefore are in treatment longer and requiring additional interventions and onward referrals.
96. Developments from CGL this quarter include one of the support workers working with a private dental practice in Worksop, who has offered 12 places for rough sleepers. In addition to this, CGL Worksop were the first site that welcomed the dental van. The first event was in July and will be monthly from September. 38 CGL employees have expressed an interest to be training in mental health first aid, training to be delivered imminently.
97. There has been work undertaken in service to support people who are neurodiverse and in treatment. Rooms have been rearranged in Worksop with furniture rearranged and square tables replaced with rounded.
98. The CGL women's worker continues to work intensely with a small caseload of women, including women recently released from prison and is in the process of being vetted for HMP Foston Hall with the aim of providing in-reach at the prison.
99. There were 69 young people referred to the service this quarter of which 19 were from the youth justice service and 21 were from children's social care. Successful integrated and multi-agency working, along with therapeutic and recovery support, has resulted in the risk of significant harm for a family (3 children aged under 11) being reduced, the child protection plan is to be reduced from Child Protection to Child in Need. Mum remains abstinent and continues to engage in recovery support, children are to be successfully discharged from the service.

## Stories of Difference

During May Half Term 2023, the team at CGL Nottinghamshire facilitated a Forest School Event for Children and Young People aged 5-13 whose parents or carers may be dependent on drugs and alcohol. Feedback from the young people were extremely positive,

*"I felt really happy and really excited. The best was where we made the dens and when we played in the park and when we got to see all the animals. I loved it all. The other children went through the same things, thought we were the only ones going through it, so I felt relaxed with them".*

Positive feedback has been received from a parent in relation to the support her daughter and herself have received from the resilience team:

*'Not only has E been supportive to my daughter, but she has also been really supportive of me as well and has provided some really helpful advice, I am always quick to complain if I believe an injustice has been served and will fight for what's right, but, on the flip side, I think it's as equally important to highlight the positives and E has been fantastic – a real asset to CGL.'*

## Oral Health Promotion Services (Community Dental Services (CDS) CIC)

100. Following a re-commissioning process, the oral health promotion services started quarter one with a new provider, Community Dental Services (CDS) CIC.
101. Staff from the previous provider did not TUPE over which has limited the capacity and ongoing relationships to deliver the services. However, oral health (OH) training reached 38 staff and supervised toothbrushing was held in 19 settings in quarter one.
102. OH training has been promoted and delivered online this first quarter, but the provider plans to introduce in-person training and begin support for care homes and distributing toothbrushing packs during quarter two. Initial response to training received by care home staff has been positive with improved knowledge and understanding of the importance of oral health for residents in care homes.
103. CDS have made a positive start in providing immediate and ongoing support to families with children receiving tooth/teeth extraction following tooth decay, supporting 136 cases within quarter one.
104. In terms of social value, two new jobs have been created and are now filled by staff from the local area.

## Stories of Difference

Care Home staff members have commented *'I've learned additional information that we did not have that is important in oral health care'* and *'[I've learnt] how to brush the teeth properly and what to look for in the signs and symptoms of disease and decay'*.

## Vital signs development across public health

105. **Appendix A** '+ Vital Signs' tab provides a summary of the Public Health division vital signs and Q1 2023/24 data. The Business Intelligence Unit has developed overarching vital signs dashboards and are in the process of developing a Public Health specific performance

dashboard that will incorporate a broad range of public health key performance indicators that automatically feed into the ASCH and corporate vital signs dashboards. Due to the need to collate performance data from external providers and the minimal change in trends over short periods of time, this data will be updated on a quarterly basis. The workforce vital signs are collated departmentally by HR.

106. The vital signs dashboards will also link into the Nottinghamshire Joint Health and Wellbeing Strategy indicators dashboard which demonstrates Nottinghamshire's performance against the key Public Health Outcomes Framework (PHOF) metrics. This dashboard is available at [hws\\_indicators\\_June2023.html \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/hws_indicators_June2023.html). It can be seen from this dashboard that overall Nottinghamshire performs above or similar to the national average. Areas where Nottinghamshire as whole performs lower than the England average are detailed below:

- Life Expectancy and Healthy Life Expectancy at birth for females (2018-20)
- Adults with a learning disability or in contact with secondary mental health services who live in stable and appropriate accommodation (2020/21)
- Obesity and smoking rates in early pregnancy (2018/19), breastfeeding prevalence at 6-8 weeks after birth, smoking status at time of delivery and newborn and infant physical examination (2021/22)
- 16-17 year olds not in education, employment, and education (2021)
- Social isolation in adult carers (2012/13)
- Percentage of adults aged 18 plus classified as obese or overweight (2021/22)
- Successful completion of drug treatment (opiates, non opiates) and alcohol (2021) and alcohol related hospital admissions (2021/22)

107. N.B. There is a time lag in delivery of the overall outcome and publication of the PHOF data. Many of these areas of performance have also been highlighted in the narrative report and Public Health continue to drive performance to support these outcomes. However, it is also important to note that broader civic, service and community population intervention approaches are required and often take several years to achieve large scale sustainable impacts on outcomes.

108. The risk level for the market sustainability vital sign, mentioned previously, is calculated within Public Health through oversight of the risks to our commissioned services. Public Health commissioned services risk remains low, with only 5 of these risks escalated to the Public Health divisional risk register and none of these classed as Very High.

### **Vital signs development across adult social care statutory duties**

109. The overarching departmental vital signs identified within ASCH are statutory duties (including the Annual Delivery Plan), market sustainability, and workforce.

110. Work is underway to develop an Adults vital signs dashboard to provide an overview of the current risks associated with the ability to meet the statutory duties under the Care Act, maintain a sustainable care market and have sufficient workforce capacity.

111. The current areas of pressure are in our Mid-Nottinghamshire Maximising Independence Service and the Bassetlaw Discharge to Assess. This is due to staffing pressures in Bassetlaw and changes to ways of working in the Transfer of Care Hub. Additional support

is being provided to the Bassetlaw Team and recruitment has commenced for a new Team Manager.

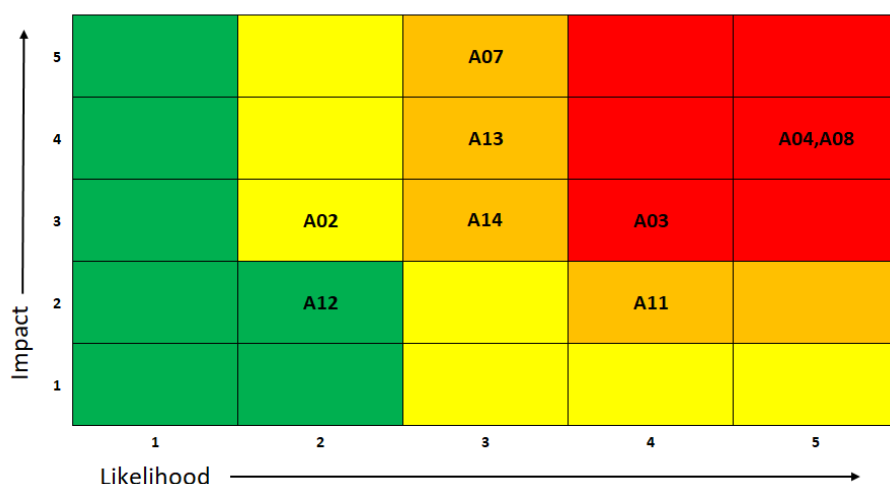
112. In Mid Notts the Maximising Independence Service continue to focus on people who are waiting for a service. This waiting list is reducing, with mitigations in place to manage risk, however this remains a key area of focus for improving performance. The MIS waiting list overall has reduced as follows:

	03.04.2023	31.07.2023
MIS Countywide	736	404
MIS Mid Notts	360	277

113. The Multi Agency Safeguarding Hub for Adults has been under significant pressure in recent months due to a combination of staffing issues, (illness, departures and new staff), and an increase in workload. As part of the mitigation to this risk the Council is looking to improve how people access social care, including safeguarding (front door) as part of a corporate programme and have used funding from Department of Health and Social Care to commission external support from experts in making the best use of digital opportunities.
114. The care market has increased significantly over recent months and work is underway to explore issues of supply and demand within specific geographical areas.
115. Living well care homes are seeing an elevated level of risk at the moment, and work is underway with operational staff to ensure that there is awareness of the risks and to also plan support for improvements. In July 2023 a specific Quality and Contracts Manager post was recruited to that will lead on improving quality in complex living well services, this is a joint funded post with the ICB.

### Other areas of departmental risk

116. The heat map represents ASCPH risks as at the end of June 2023.



117. Further detail is given below on the very high risks from the heat map.

<b>Risk ID</b>	<b>Risk Category</b>	<b>Risk Description</b>	<b>Current risk status</b>	<b>Mitigating actions to reduce risk</b>
<b>A03</b>	Compliance & Regulation	People waiting for a conversation about their needs	<b>VH</b>	Development of vital signs reporting to support operational visibility and prioritisation and provide strategic oversight.  DHSC development of wait time metrics to ensure consistency on data and reporting across Local Authorities.
<b>A04</b>	Compliance & Regulation	Data gaps following the Introduction of Client Level Data reporting to DHSC	<b>VH</b>	Improvement plans in place to reduce data gap.
<b>A08</b>	Financial	DHSC re-alignment for funding for charging reform	<b>VH</b>	Keep up to date with all charging reform updates from DHSC.

### **Financial Implications**

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

### **RECOMMENDATION/S**

- 1) That the Adult Social Care and Public Health Committee considers and comments on:
  - a) the financial position of Adult Social Care and Public Health, as at the end of June 2023.
  - b) the summary of Adult Social Care performance against performance themes.
  - c) the summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy.
  - d) the summary of adults' vital signs and key departmental risks.

**Councillor Matt Barney**  
**Cabinet Member for Adult Social Care and Public Health**

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

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**Constitutional Comments (SF 01/09/23)**

119. The content of and recommendations within the report fall within the remit of the Adult Social Care and Public Health Select Committee (Council Constitution, Section 6, Terms of Reference in particular 'g. Review/scrutinise performance of the Council against policy objectives and performance targets').

**Financial Comments (KRP 01/09/23)**

120. The financial position is set out in the report, reflecting actuals and budget holder forecasts as at the end of period 3.

**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.



- Tab 1) Population
- Tab 2) CYP
- Tab 3) H&S Places
- Tab 4) Access
- Tab 5) Inclusion Health
- + Vital Signs

POPULATION HEALTH		
<b>SYSTEM</b>	Nottinghamshire Integrated Care Strategy 2023 - 2027	Improve outcomes in population health and healthcare
<b>PLACE</b>	Joint Health and Wellbeing Strategy 2022 - 2026	Working together to enable everyone in Nottinghamshire to live healthier and happier lives, to prosper in their communities and remain independent in later life.
<b>LOCAL</b>	Nottinghamshire Plan 2021 - 2031	Helping our people live healthier and more independent lives

## STRATEGIC GOALS ►

## What are we trying to achieve?

PRIORITY / OUTCOME		
No.	DETAIL	
1.1	Living Longer	An improvement in years of the expectancy at birth from the baseline for 2018-2020 (yet we acknowledge that this may well require a longer timeframe than five years).
1.2		
1.3	Living Healthier	An improvement in years of healthy life expectancy at birth from the baseline for 2018-2020 –(yet we acknowledge that this may well require a longer timeframe than five years).
1.4		
1.5	Reducing Health Inequalities	A reduction in the expectancy gap (measured in years) between those living in the most and least deprived areas of Nottinghamshire from 2018-2020 baseline.
1.6		An increase in referrals into prevention services from 2022/23 baseline to 31st March 2028.

**Direction of Travel:**  
**GREEN ARROW:** Upward trend in KPI  
**AMBER ARROW:** General steady trend on performance (noting impact of covid-19 )  
**RED ARROW:** Downward trend in KPI (noting impact covid-19)

**RAG Target:**  
**GREEN:** At least 80% of the target has been met or exceeded by service  
**RED:** Service is not on track to meet target

<b>Direction of Travel (DoT)</b> Trend direction using OHID Definition
---

**Compared to England**  
**GREEN:** Significantly better than England  
**AMBER:** Not significantly different to England  
**RED:** Significantly worse than England

\*There are many other factors that influence outcomes and note there is no direct causal relationship between outputs and outcomes and a significant time period delay in reporting PHOF data too.

## OUTPUTS (PH) ►

What is the contribution from PH services?

How well have we performed in the past?

How well did we perform last year?

How well are we performing currently?

OUTPUTS		Previous Years Totals						Previous Year						Current Year						
PH Service Indicators	Service / Activity	2018/19	2019/20	2020/21	2021/22	DoT	2023/23 Target	Q1	Q2	Q3	Q4	YTD	80% of target met?	2023/24 Target	Q1	Q2	Q3	Q4	YTD	80% of target met?

## OUTCOMES ►

What is the possible impact on outcomes for our population? \*

OUTCOMES / IMPACT				
PHOI Indicators	Latest Time Period	DoT	Compared to England	
Life expectancy at birth (Male) A010 Indicator ID: R0306	2018 - 2020	—	▶	
Life expectancy at birth (Female) A015 Indicator ID: R0306	2020	—	▶	
Healthy life expectancy at birth (Male) A014 Indicator ID: R0302	2018 - 2020	—	▶	
Healthy life expectancy at birth (Female) A014 Indicator ID: R0302	2018 - 2020	—	▶	
Inequality in life expectancy at birth A02a Indicator ID: R2901	2018-20	—	▶	
Under 75 mortality rate from causes considered preventable. E03 Indicator ID: R3271	2020	—	▶	

- Tab 1) Population
- Tab 2) CYP
- Tab 3) H&S Places
- Tab 4) Access
- Tab 5) Inclusion Health
- + Vital Signs

CHILDREN & YOUNG PEOPLE		
SYSTEM	Nottinghamshire Integrated Care Strategy 2023 - 2027	We will support children and young people to have the best start in life
PLACE	Joint Health and Wellbeing Strategy 2022 - 2026	Give every child the best chance of maximising their potential
LOCAL	Nottinghamshire Plan 2021 - 2031	Supporting communities and families Keeping children, vulnerable adults and communities safe

**Direction of Travel:**  
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### What are we trying to achieve?

What is the contribution from PH services?

How well have we performed in the past?

How well did we perform last year?

How well are we performing currently?

What is the possible impact on outcomes for our population?

PRIORITY / OUTCOMES		
No.	DETAIL	
2.1	Healthy Families	Children and Families are supported by services & prioritising the first 1,001 critical days.
2.2		
2.3		
2.4		
2.5	Breastfeeding	Improvement in breast feeding prevalence at 6-8 weeks after birth to achieve an average of 56% by 2028.
2.6	School Readiness	Children achieve good level of development at the end of reception.
2.7	Tobacco	Children and Young People maintain a healthy weight and a stabilisation of the rising rates of obese and overweight children in year six (to a 2.7% rise from the 2021/22 baseline up to 2028).
2.8		
2.9		
2.11		
2.12	Mental Health	A reduction in the proportion of women smoking at time of delivery to close the gap between the local and England average so that Nottinghamshire matches the England average by March 2028.
		To continue to exceed the national annual targets set for numbers of children and young people who access mental health services & a sustained positive annual reduction from the 2020/21 baseline of 380.6 per 100,000 hospital admissions as a result of self-harm.

[illegible]

OUTCOMES				
PHOF Indicators	Latest Time Period	DoT	Comparison	England
Percentage of New Birth Visits (NBVs) completed within 14 days. C07 Indicator ID 93469	2020/2021	—	▲	▲
New-born and Infant Physical Examination Screening Coverage. C24N Indicator ID 92371	2020/2021	—	▲	▲
Child development at 2 – 2½ years C08a Indicator ID 93436	2020/2021	—	▲	▲
Breastfeeding prevalence at 6.8 weeks after birth – current method C05H Indicator ID 92517	2021/2022	▲	▲	▲
School Readiness: the percentage of children achieving a good level of development at the end of reception B02a Indicator ID 90631	2018/2019	▲	▲	▲
Reception: Prevalence of overweight (including obesity) C09A Indicator ID 20601	2019/2020	—	▶	▶
Year 6: Prevalence of overweight (including obesity) (10-11 years) C09B Indicator ID 20602	2019/2020	▼	▶	▶
Smoking status at time of delivery (Female, all ages) C06 Indicator ID 93085	2020/2021	—	▲	▲
Smoking prevalence age 15 years - regular smokers (SDO survey) C15A 91183				
Smoking prevalence age 15 years - occasional smokers (SDO survey) C15b 91184				
Hospital admissions as a result of self-harm (10-24 years) C14b Indicator ID 90813	2020/2021	—	▼	▼

- Tab 1) Population
- Tab 2) CYP
- Tab 3) H&S Places
- Tab 4) Access
- Tab 5) Inclusion Health
- + Vital Signs

HEALTHY & SUSTAINABLE PLACES		
SYSTEM	Nottinghamshire Integrated Care Strategy 2023 - 2027	Support broader social and economic development
PLACE	Joint Health and Wellbeing Strategy 2022 - 2026	Create healthy and sustainable places
LOCAL	Nottinghamshire Plan 2021 - 2031	<p>Building skills that people get good at</p> <p>Strengthening businesses and creating more good-quality jobs</p> <p>Making Nottinghamshire somewhere people love to live, work and visit</p> <p>Attracting investment in infrastructure, the economy and green growth</p> <p>Improving transport and digital communications</p> <p>Protecting the environment and reducing our carbon footprint</p>

**Direction of Travel:**  
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## STRATEGIC GOALS ►

### What are we trying to achieve?

PRIORITIES		
No.	DETAIL	
3.1	Air Quality	Improve air quality in Nottinghamshire, and reduce air pollution and greenhouse gas emissions.
3.2	Food	Enable access to healthy, tasty, affordable food with a focus on people who experience food insecurity.
3.3	Physical Activity	

## OUTPUTS (PH) ►

### What is the contribution from PH services?

How well have we performed in the past?





How well did we perform last year?

How well are we performing currently?

[illegible]

## OUTCOMES ►

What is the possible impact on outcomes for our population?

OUTCOMES / IMPACT			
PHOF Indicators	Latest Time Period	DoT	Compared to England
Fraction of mortality attributable to particulate air pollution D01 Indicator ID 30101	5.4% (2021)		
Proportion of the population meeting the recommended '5 a day' on a 'usual day' (weekday) C15 Indicator ID 93077	2019/2020	–	
Percentage of physically active adults c17a Indicator ID 93014	2020/2021	–	

PUBLIC HEALTH  
PERFORMANCE  
FRAMEWORK  
(DRAFT)

Tab 1) Population  
Tab 2) CYP  
Tab 3) HAS Places  
Tab 4) Access  
Tab 5) Inclusion Health  
+ Vital Signs

ACCESS & SERVICES		
SYSTEM	Nottinghamshire Integrated Care Strategy 2023 - 2027	Improve outcomes in population health and healthcare & enhance productivity and value for money
PLACE	Joint Health and Wellbeing Strategy 2021 - 2026	Everyone can access the right support to improve their health
LOCAL	Nottinghamshire Plan 2021 - 2031	Helping our people live healthier and more independent lives

Direction of Travel:  
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DoT  
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STRATEGIC GOALS ►

What are we trying to achieve?

No.		DETAIL
4.1	Sexual Health	
4.2		
4.3		
4.4		
4.5		
4.6		
4.7		
4.8		
4.9		
4.10		
4.11		
4.12		
4.13		
4.14		
4.15		
4.16		
4.17		
4.18		
4.19		
4.20	Oral Health	A reduction in the numbers of children under 10 years who require tooth extraction in hospital
4.21		
4.22	Health Checks	At least 75% of people aged 14 or older with a learning disability will have had an annual health check (NHS Long Term Plan25)
4.23		
4.24	Weight	
4.25		
4.26	Tobacco	A smoke free generation by 2040 ensuring that we take an equitable approach to working with our most vulnerable groups. Reduction in smoking prevalence in adults (aged 16+) to 5% by 2035
4.27		Smoking prevalence in adults (16+) with serious mental illness (SMI)-proportion (%)
4.28		Smoking prevalence in adults in routine and manual occupations (16-64)
4.29		
4.30	Alcohol	A 10% reduction in alcohol-related hospital admissions from 2020/21 baseline
4.31		
4.32	Mental Health	
4.33		

OUTPUTS (PH) ►

What is the contribution from PH services?

How well have we performed in the past?

How well did we perform last year?

How well are we performing currently?

OUTCOMES ►

What is the possible impact on outcomes for our population?

PH Service Indicators	Service / Activity	2016/17	2017/18	2020/21	2021/22	DoT	PHOF	Q1	Q2	Q3	Q4	YTD	80% of target met?	2022/23	Q1	Q2	Q3	Q4	YTD	80% of target met?
Total number of filled appointments Sheffield Forest Hospital NHS Trust		23000	22416	23381	19291	►		4059	4386	3663	4568	17676	N/A		4357				4357	N/A
Total number of filled appointments Nottingham University Hospital NHS Trust		15028	16067	15819	15232	►		4305	4783	3811	4000	16899	N/A		3924				3924	N/A
Total number of filled appointments Doncaster and Bassetlaw Hospitals NHS Trust		8642	8734	8130	10580	▲		2189	2391	2391	2304	9285	N/A		2110				2110	N/A
Total number of filled appointments (3 Trusts)		47170	47217	47330	44603	▼		11482	11560	10165	10862	44160	N/A		10391	0	0	0	10391	N/A
Quality Standard 60 % of new service users accepting a HIV test Sheffield Forest Hospital NHS Trust		75%	75%	35%	69%	►		60%	82%	80%	75%	75%	75%	+60% of Target met	60%	80%			80%	+60% of Target met
Quality Standard 60 % of new service users accepting a HIV test Nottingham University Hospital NHS Trust		63%	63%	17%	64%	►		60%	76%	80%	78%	62%	79%	+60% of Target met	60%	81%			81%	+60% of Target met
Quality Standard 60 % of new service users accepting a HIV test Doncaster and Bassetlaw Hospitals NHS Trust		61%	70%	19%	63%	►		60%	60%	58%	56%	67%	60%	+60% of Target met	60%	60%			60%	+60% of Target met
Average Quality Standard 60 % of new service users accepting a HIV test across all Trusts		68%	71%	23%	66%			60%	73%	73%	76%	73%	73%	+60% of Target met	60%	74%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test Sheffield Forest Hospital NHS Trust		82%	91%	44%	55%	►		75%	59%	57%	52%	55%	58%	Target not met	75%	50%			50%	Target not met
Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test Nottingham University Hospital NHS Trust		67%	67%	46%	56%	►		75%	63%	64%	63%	67%	64%	+60% of Target met	75%	68%			68%	+60% of Target met
Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test Doncaster and Bassetlaw Hospitals NHS Trust		70%	82%	68%	79%	▲		75%	67%	74%	75%	75%	75%	+60% of Target met	75%	83%			83%	+60% of Target met
Average Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test across all Trusts		73%	80%	63%	63%			75%	63%	68%	65%	67%	68%	+60% of Target met	75%	67%	#DIV/0!	#DIV/0!	#DIV/0!	67%
Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC Sheffield Forest Hospital NHS Trust		47%	49%	52%	50%	▲		30%	46%	49%	49%	54%	50%	+60% of Target met	30%	48%			48%	+60% of Target met
Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC Nottingham University Hospital NHS Trust		42%	49%	58%	63%	▲		30%	63%	60%	55%	60%	60%	+60% of Target met	30%	48%			48%	+60% of Target met
Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC Doncaster and Bassetlaw Hospitals NHS Trust		50%	48%	43%	43%	▼		30%	44%	37%	49%	40%	43%	Target not met	30%	46%			46%	+60% of Target met
Average Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC across all Trusts		47%	48%	51%	52%			30%	52%	49%	50%	53%	51%	+60% of Target met	30%	48%	#DIV/0!	#DIV/0!	#DIV/0!	48%
Number of individuals aged 13-20 registered onto the Young Peoples Sexual Health Service - C Card scheme	Young Peoples Sexual Health Service - C Card scheme	1245	1342	184	1175	▲		1400	169	305	397	456	1327	+60% of Target met	1540	251			251	Target not met
Number of individual young people aged 13-20 who return to use Young Peoples Sexual Health Service - C Card scheme (at least once)		1787	2149	243	1498	►		2000	288	368	541	704	1899	+60% of Target met	2200	439			439	Target not met
Number of frontline staff (CHILD RELATED) trained to deliver oral health leaf advice	Oral Health Promotion Services Nottinghamshire Healthcare Trust	278	305	279	462	▲		150	190	114	26	23	353	+60% of Target met	325	28			28	Target not met
Number of frontline staff (ADULT RELATED) trained to deliver oral health leaf advice		221	257	83	158	►		150	77	95	61	0	233	+60% of Target met	250	10			10	Target not met
No. of eligible patients who have been offered health checks	Health Checks General Practice	31880	38517	8010	30295	►		7323	7102	8138	8311	30874	N/A		7741				7741	N/A
No. of patients offered who have received health checks		22140	22410	2779	8237	▼		3398	4058	3750	4480	15881	N/A		4061				4061	N/A
Adult Weight Management - The number of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	Integrated Wellbeing Service ABL Health	-	-	-	350	N/A		1390	18	170	136	113	437	Target not met	700	29			29	Target not met
Adult Weight Management - The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight		-	-	-	0	N/A		37%	38%	36%	29%	30%	N/A		21%				21%	N/A
Smoking Cessation- Number of clients quit at 4 weeks following quit date	Integrated Wellbeing Service ABL Health	-	-	1617	1653	▲		2940	211	303	376	450	1340	Target not met	2400	110			110	Target not met
Smoking Cessation- % of clients quit at 4 weeks following quit date		-	-	1	1	▲		-	49%	48%	57%	69%	56%	N/A		57%			57%	N/A
Number of inspections (Illegal Tobacco Services)	Illegal Tobacco Services Trading Standards	100	45	33	35	►		-	25	9	18	11	63	N/A		15			15	N/A
Alcohol- The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	Integrated Wellbeing Service ABL Health	-	-	527	1092	▲		4000	112	352	448	375	1285	Target not met	3000	172			172	Target not met

PHOF Indicators	Latest Time Period	DoT	COMPARISON
New STI diagnoses (sex chlamydia aged <25) / 100,000 DOB Indicator ID: 92306	2020	-	▲
HIV late diagnosis (at CD4 less than 350) (%) DOB Indicator ID: 90791	2018 - 2020	-	►
Chlamydia detection rate / 100,000 aged 15 to 24 DOB Indicator ID: 90798	2020	-	▲
Total prescribed LARC including injections rate / 1,000 Indicator ID: 92254	2021	-	-
Under 18s conception rate / 1,000 COG Indicator ID: 93539			
under 18s conception rate / 1,000 COG Indicator ID: 93451			
Percentage of 5 year olds with experience of visually obvious dentinal decay DOB Indicator ID: 93583	2021/22	-	▲
Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check DOB Indicator ID: 91100	2017/2018 - 21/22	-	▲
Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check DOB Indicator ID: 91101	2017/2018 - 21/22	-	▲
Percentage of adults (aged 16+) classified as overweight or obese C16 Indicator ID: 93368	2020 / 2021	-	►
Smoking Prevalence in adults - current smokers (RPS) C16 Indicator ID: 92543	2019	-	►
Alcohol-related admissions to hospital C21 Indicator ID: 93764	2020/2021	-	▼
Successful completion of alcohol treatment C16C Indicator ID: 92461			
Baseline rate (10-year) E16 Indicator ID: 41001		-	▲
Self Reported walking - people with a high activity score C26 Indicator ID: 92204			

**PUBLIC HEALTH  
PERFORMANCE  
FRAMEWORK  
(DRAFT)**

Tab 1) Population  
Tab 2) CYP  
Tab 3) H&S Places  
Tab 4) Access  
Tab 5) Inclusion Health  
+ Vital Signs

INCLUSION HEALTH / SMD		
SYSTEM	Nottinghamshire Integrated Care Strategy 2023 - 2027	Tackle inequalities in outcomes, experiences and access
PLACE	Joint Health and Wellbeing Strategy 2022 - 2026	Keep our communities safe and healthy
LOCAL	Nottinghamshire Plan 2021 - 2031	Supporting communities and families Keeping children, vulnerable adults and communities safe

**Direction of Travel:**  
**GREEN ARROW:** Upward trend in KPI  
**AMBER ARROW:** General steady trend on performance (noting impact of covid-19 )  
**RED ARROW:** Downward trend in KPI (noting impact covid-19)

**RAG Target:**  
**GREEN:** At least 80% of the target has been met or exceeded by service  
**RED:** Service is not on track to meet target

**Direction of Travel (DoT)**  
Trend direction using QHID Definition

**Compared to England**  
**GREEN:** Significantly better than England  
**AMBER:** Not significantly different to England  
**RED:** Significantly worse than England

\*There are many other factors that influence outcomes and note there is not a direct causal relationship between outputs and outcomes and a significant time period delay in reporting PHOF data too.

**STRATEGIC GOALS ►**

What are we trying to achieve?

**OUTPUTS (PH) ►**

What is the contribution from PH services?

How well have we performed in the past?

How well did we perform last year?

How well are we performing currently?

**OUTCOMES ►**  
What is the possible impact on outcomes for our population?

PRIORITIES		
No.	DETAIL	
5.1	<b>Homelessness</b>	To ensure homelessness, in all its forms, is prevented wherever possible and to significantly improve health and wellbeing outcomes for those who experience it. (Homelessness Framework for Action)
5.2		
5.3		
5.4		
5.5		
5.6		
5.7	<b>Domestic Abuse</b>	Survivors of domestic abuse receive the support they need to feel safe and rebuild their lives. Perpetrators are held to account for their actions by the police, criminal justice systems and wider services. Communities recognise and respond to domestic abuse early to prevent abuse from happening and support survivors and their families. (Domestic Abuse Strategy)
5.8		
5.9		
5.1	<b>Substance Misuse</b>	(Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025)
5.11		
5.12		

OUTPUTS		Previous Years Totals						2022-23						Current Year 2023-24									
PH Service Indicators	Service / Activity	2018/19	2019/20	2020/21	2021/22	DoT	2022/23 Target	Q1	Q2	Q3	Q4	YTD	80% of target met?	2023/24 Target	Q1	Q2	Q3	Q4	YTD	80% of target met?			
Hostel Accommodation Number exited in a planned way	Homelessness Framework Housing Association	135	-	126	146	▲	-	25	21	26	26	98	N/A	-	27				27	N/A			
Hostel Accommodation % exited in a planned way		-	86%	86%	77%	▶	80%	78%	78%	79%	76%	78%	>80% of Target met	80%	68%				68%	>80% of Target met			
Move on Accommodation Number exited in a planned way		136	-	93	108	▶	-	32	25	24	26	107	N/A	-	26				26	N/A			
Move on Accommodation % exited in a planned way		-	96%	88%	92%	▶	80%	94%	86%	100%	96%	94%	>80% of Target met	80%	96%				96%	>80% of Target met			
Leaving hostel accommodation to enter move on accommodation within 18 weeks		* NEW INDICATOR FROM APRIL 2023 Q1*												-	1				1	N/A			
Number of clients exiting the move on accommodation within 12 months of entering the move on service		* NEW INDICATOR FROM APRIL 2023 Q1*												-	0				0	N/A			
Number of new eligible referrals who have engaged and accepted support	Domestic Abuse Services JUNO, NWA & Equation	1952	-	2398	1541	▼	-	362	382	302	331	1377	N/A	-	389				389	N/A			
Children who are survivors in their own right		609	-	794	140	▼	-	398	405	356	423	1582	N/A	-	435				435	N/A			
Number of training events delivered (specialists courses, seminars, briefings, conferences)		609	-	18	31	▶	-	-	-	-	-	-	N/A	-	5				5	N/A			
Total numbers in Treatment Adult and Children inc CJ	All Age Substance Misuse Service Change, Grow, Live	-	-	3085	2895	▼	-	2931	3348	3127	3122	N/A	N/A	-	3143				N/A	N/A			
Number of people making progress in treatment		*NEW INDICATOR FROM APRIL 2023 Q1*																					
Number of successful completions (YP and Adults and Parents)		-	-	1245	1014	▼	-	292	345	233	245	1115	N/A	-	229				229	N/A			
Number of unplanned exits (Adults and YP)		-	-	775	864	▲	-	237	343	294	282	1156	N/A	-	265				265	N/A			

OUTCOMES / IMPACT			
PHOF Indicators	Latest Time Period	DoT	Compared to England
Statutory homelessness households in temporary accommodation B15C Indicator ID 93735	2020/2021	-	▲
Households owed a duty under the homelessness Reduction Act B15A Indicator ID 93736	2020/2021	-	▲
Domestic abuse related incidents and crimes B11 Indicator ID 92863	2020 / 2021	-	-
Deaths from drug misuse C19D Indicator ID 92432	2018 - 2020	-	▲
Successful completion of drug treatment opiate users C19A Indicator ID 90244	2020	▼	►
Successful completion of drug treatment non opiate users C19B Indicator ID 90245	2020	-	►

VITAL SIGNS

			Previous Years Data 2022-23								Current 2023-24							
Vital Sign	Theme	Measure	Services (PH)	Q1	Q2	Q3	Q4	Yearly Total / Average	Q1	Q2	Q3	Q4	Yearly Total / Average	Frequency	Source			
MARKET SUSTAINABILITY	PH Risk level 1-4	Public Health Commissioned Services	All					Low	Low	Low			Low	Quarterly	PH Risk log			
	Sexual health services - STI testing and treatment	Total number of listed appointments	Integrated Sexual Health Services Sharnford Farnall Hospital NHS Trust Nottingham University Hospital NHS Trust Doncaster and Shefffield Hospitals NHS Trust	11463	11560	10165	10662	44150	10361					10361	Quarterly	PH Performance & Contracts		
		Average Quality Standard 65 % of new service users accepting a HIV test across all Trusts		73%	73%	70%	76%	73%	74%					74%	Quarterly	PH Performance & Contracts		
		Average Quality Standard Atleast 75% of 15-24 year olds in contact with the service accepting a chlamydia test across all Trusts		63%	63%	62%	67%	63%	67%					67%	Quarterly	PH Performance & Contracts		
Sexual health services - contraception	Average Quality Standard 30% of women aged 16-24 receiving contraception accepting a LARC across all Trusts		52%	49%	50%	53%	51%	48%					48%	Quarterly	PH Performance & Contracts			
	Number of individuals aged 13-25 registered onto the Young Peoples Sexual Health Service - C Card scheme	Young Peoples Sexual Health Service - C Card, NCC	169	305	397	456	1327	251					251	Quarterly	PH Performance & Contracts			
STATUTORY DUTIES	NHS Health Check programme	No. of eligible patients who have been offered health checks	Health Checks General Practice	7323	7102	8138	8311	30874	7741				7741	Quarterly	PH Performance & Contracts			
		No. of patients offered who have received health checks		3398	4058	3755	4480	15691	4061				4061	Quarterly	PH Performance & Contracts			
	Local authority role in health protection	Qualitative input accompanying report (Covid Impact Assessment, Health Protection Board, Flu Coverage, Outbreak Response)												Annually	Deputy Director of PH			
	Public health advice to NHS Commissioners	Qualitative input to accompanying report (JRNA, Health Equity Audit, DPH Annual Report, MWR / JRNW (Integrated Care Strategy)												Annually	Deputy Director of PH			
STRATEGIC PRIORITIES	National Child Measurement programme	Participation rate in National Child Measurement programme in Nottinghamshire (Total)						93%					93%	Annual (March)	Fingertis Clarity Public (PHCF)			
	Prescribed children's 0 to 5 services	Percentage of New Birth Visits (NBVs) completed within 14 days	Healthy Families Nottinghamshire Healthcare Trust	93%	94%	92%	90%	92%	91%					91%	Quarterly	PH Performance & Contracts		
		Percentage of 6-8 week reviews completed		95%	98%	98%	98%	97%	97%					97%	Quarterly	PH Performance & Contracts		
		Percentage of 12 month development reviews completed by the time the child turned 15 months		93%	93%	93%	93%	93%	93%					93%	Quarterly	PH Performance & Contracts		
		Percentage of 2-2½ year reviews completed using ASD-3 (Ages and Stages Questionnaire)		95%	95%	95%	95%	95%	97%					97%	Quarterly	PH Performance & Contracts		
	Best Start	"See above children's services"	Healthy Families Nottinghamshire Healthcare Trust	"see above children's Services"					"see above children's Services"					Quarterly	PH Performance & Contracts			
	Tobacco	Percentage of clients quit at 4 weeks following quit date	Integrated Wellbeing Service A&L Health	49%	48%	57%	69%	56%	57%				57%	Quarterly	PH Performance & Contracts			
	Homelessness	Hotel Accommodation percentage exited in a planned way	Framework Housing Association	78%	78%	79%	76%	78%	68%					68%	Quarterly	PH Performance & Contracts		
Move on Accommodation percentage exited in a planned way		Framework Housing Association	94%	86%	100%	95%	94%	95%					96%	Quarterly	PH Performance & Contracts			
Leaving hotel accommodation to enter move on accommodation within 16 weeks		Framework Housing Association	"NEW INDICATOR FROM APRIL 2023"					1				1	Quarterly	PH Performance & Contracts				
Number of clients exiting the move on accommodation within 12 months of entering the move to service		Framework Housing Association	"NEW INDICATOR FROM APRIL 2023"					0				0	Quarterly	PH Performance & Contracts				
Domestic Abuse	Number of eligible referrals who have engaged and accepted support	Domestic Abuse Services S&M & Equine	362	362	302	331	1377	369					369	Quarterly	PH Performance & Contracts			
Alcohol / Substance Misuse	Number of successful completions (Young People and Adults and Parents)	All Age Substance Misuse Services Clifton Clinic, Lincs	262	345	233	245	1115	229					229	Quarterly	PH Performance & Contracts			
ANNUAL DELIVERY PLAN (PHOF)	Weight	The percentage of all adults (including pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	Integrated Wellbeing Service A&L Health	37%	38%	38%	29%	140%	21%				21%	Quarterly	PH Performance & Contracts			
	Food	No current PH performance measure recorded																
	Air Quality	No current PH performance measure recorded																
	Mental Health	See PHCF below (line 35 & 36)												Annual (March)				
WORKFORCE	Helping our people live healthier, more independent lives.	Healthy Life Expectancy Male						62.4 years						2019-20	PHOF			
		Healthy Life Expectancy Female						60 years						2018-20	PHOF			
		Inequality in life expectancy male						9.3 years						2018-20	PHOF			
		Inequality in life expectancy female						7.7 years						2018-20	PHOF			
		Self-reported wellbeing – % of people over the age of 16 reporting high levels of anxiety						24.0%						2021/22	PHOF			
	Supporting communities and families	The rate of suicide (per 100,000 population, aged 10+)						10.3						2019-21	PHOF			
		Foundation stage % achieving good level of development						69.8%						2021/22	PHOF			
	Keeping children, vulnerable adults, and communities safe	Total recorded offences per 1000 population (excluding fraud)						91.7						Mar-23	PHOF			
	Building skills that help people get good jobs	16-17 year olds not in education, employment or training (NEET) or whose activity is not known						6.9%						2021	PHOF			
PUBLIC HEALTH	Public Health that includes commissioned services workforces	Vacancies - no / rate (FTE)		385	352	353	341	357.75	406				406	Quarterly	NCC HR			
		Turnover rate (as % of ASCH)		3.03%	3.03%	1.80%	2.27%	2.93%	3.16%				3.16%	Quarterly	NCC HR			
		Avg no of weeks agency staff/role on books		36.6	41.62	42.85	38.58	39.91	34.3				34.3	Quarterly	NCC HR			
		Absence rate (days absent per FTE per year)		15.2	16.7	20.45	18.3	17.66	16				16	Quarterly	NCC HR			
		No data		4.11	4.6	4.3	4.34	3.84					3.84	Quarterly	NCC HR			
THIS WILL BE REPORTED AS AN OVERALL NCHS DEPARTMENT INDICATOR	Sickness absence (average FTE days lost per employee)												34.53%	Quarterly	NCC HR			
	Sickness absence due to stress/depression (%)		31.00%	29.00%	22.21%	25.00%	26.80%	34.53%					34.53%	Quarterly	NCC HR			
	Completed at least one mandatory training course (%)		79.00%	77.00%	29.00%	31.00%	54.00%	55.30%					55.30%	Quarterly	NCC HR			

Low = 1  
Moderate = 2  
High = 3  
Very High = 4  
(To check conversion from Risk Register)

Notes  
This will be global measure taken from PH department Risk log.  
PH RISK CATEGORIES: Personal Health & Safety, Environmental, Compliance & Regulation, Workforce, Physical Assets, Regulation, Service Delivery.  
Sexual Health Reporting is due to be updated as service is being re-commissioned currently. Expectation that in due course the indicators will be changed to reflect the new arrangements. (Expectation that this will be April 2024).

Note that these are averages drawn across the 3 Trusts and therefore not reflective of individual performance by 1 Trust which could be over or under performing compared to its counterpart Trusts. This would not be reflective in the average.

The new contract started on 1st April 2023 and new reporting will start flowing from next quarter. The % of planned exits (versus unplanned) shows the providers ability to work effectively with vulnerable clients and move them on to independence. The number of individuals moved through the provision is greatly affected by external factors such as the availability of social housing, association and affordable private rented properties. There is also the higher cost of living which is increasing debt too. Preventing both indicators is intended to give a balanced picture of performance and pressures.



## Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
1.05	16-18 year olds not in education employment or training	<b>All Age Alcohol and Drug Misuse Services (Change Grow Live) (Jointly funded with the PCC)</b>	This is an all age substance misuse treatment and recovery Service for Nottinghamshire residents. It supports individuals as well as tackling inter-generational substance misuse through a family based approach. This is a service for drugs and / or alcohol misuse. The use of different substances share similar root causes and can have similar overall effects on the lives of individuals, families and on communities.
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths		
1.11	Domestic abuse	<b>Domestic Abuse Services (Notts Women's Aid (NWA), JUNO Women's Aid and Equation) (Jointly commissioned with the Police and Crime Commissioner)</b>	This service aims to reduce the impact of domestic violence and abuse (DVA) in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
2.22	Take up of the NHS Health Check programme - by those eligible	<b>Health Checks (GP's)</b>	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. <a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
1.01	Children in low income families	<b>Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)</b>	The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to:  <ul style="list-style-type: none"> <li>•help parents develop and sustain a strong bond with children</li> <li>•encourage care that keeps children healthy and safe</li> <li>•protect children from serious disease, through screening and immunisation</li> <li>•reduce childhood obesity by promoting healthy eating and physical activity</li> <li>•identify health issues early, so support can be provided in a timely manner</li> </ul> •make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
1.15	Statutory homelessness	<b>Homelessness (Framework)</b>	The aims of this service are: <ul style="list-style-type: none"> <li>•To address homelessness, support people back to independence and prevent repeat homelessness</li> <li>•To reduce the adverse effects of homelessness on individual and population health and wellbeing</li> <li>•To improve the health and wellbeing of Service Users</li> <li>•To promote social inclusion</li> </ul>
2.14	Smoking prevalence - adults (over 18's)	<b>Illegal Tobacco Services (In-house, Trading Standards)</b>	Trading Standards undertake a programme of activities including intelligence gathering, prevention, training, partnership working and enforcement to reduce the supply of and demand for illegal tobacco in Nottinghamshire and ultimately reduce smoking rates and health inequalities in Nottingham and Nottinghamshire
2.04	Under 18 conceptions	<b>Integrated Sexual Health Services (ISHS) (Nottingham University Hospitals (NUH), Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH)</b>	These suppliers aim to provide easy access to services where the majority of sexual health and contraceptive needs can be met at one site, usually by one health professional. Services are located within accessible locations, offering extended opening hours and delivered in a way that is accessible to people disproportionately affected by sexual ill health
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.03	Smoking status at time of delivery (maternity)	<b>Integrated Wellbeing Service (ABL - Your Health Your Way (YHYW))</b>	Delivery of this Integrated Wellbeing Service (IWS) includes: <ul style="list-style-type: none"> <li>•stop smoking and tobacco control</li> <li>•obesity prevention, diet and physical activity</li> <li>•alcohol Identification and Brief Advice (IBA)</li> <li>•underpinned by mental wellbeing</li> </ul>
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
1.16	Utilisation of outdoor space for exercise/health reasons		
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
4.02	Proportion of five year old children free from dental decay	<b>Oral Health Promotion Services (Nottinghamshire Healthcare Trust)</b>	The Oral Health Service delivers an evidence-based promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health.
2.04	Under 18 conceptions	<b>Young People's Sexual Health Service- C Card (In-house)</b>	The C Card scheme is a free sexual health advice and condom service for young people in Nottinghamshire aged 13 – 25 years old. The aim of the scheme is to help reduce the incidence of unplanned teenage pregnancy and Sexually Transmitted Infections (STI's). This in turn can support schools to achieve a number of educational priorities such as improving pupil absence and attainment as well as improving emotional resilience amongst students.



**11 September 2023****Agenda Item 7****REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE  
AND EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Adult Social Care and Public Health Select Committee's work programme.

**Information**

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

**Other Options Considered**

4. To not maintain a work programme for the Select Committee: this option is discounted as a clear work programme is required for the effective management of the Select Committee's agenda, the scheduling of its business and its forward planning.

**Reasons for Recommendations**

5. To assist the Select Committee in preparing its work programme.

**Statutory and Policy Implications**

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

## **Financial Implications**

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

## **RECOMMENDATIONS**

- 1) That the work programme be noted.
- 2) That committee members make any further suggestions for consideration by the Chairman and Vice-Chairman for inclusion on the work programme in consultation with the relevant Cabinet Member(s) and senior officers, subject to the required approval by the Chairman of Overview Committee.

**Marjorie Toward**

**Service Director for Customers, Governance and Employees**

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

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## **Constitutional Comments (HD)**

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

## **Financial Comments (NS)**

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

## **Background Papers and Published Documents**

10. 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

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
11 September 2023	The Social Care Market	Cabinet Member – Adult Social Care and Public Health	Resolved at October 2022 meeting:  “That a further report on Social Care Market Pressures be brought to the September 2023 meeting of the Adult Social Care and Public Health Select Committee to provide members with a progress report on the activities being carried out and on their impact.”	
	Health checks	Cabinet Member – Adult Social Care and Public Health	To review the current provision of health checks to enable scrutiny of how outcomes could be improved	
	Performance, finance and risk update	Cabinet Member – Adult Social Care and Public Health	To provide a progress report on departmental performance, risk and financial situation.  To agree how the committee would like to receive and monitor this information in the future.	

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
<b>4 December 2023</b>	Nottinghamshire Adults Safeguarding Board Annual Report 2022/24 and Plan		<p>To receive the Nottinghamshire Adults Safeguarding Board Annual Report and Plan.</p> <p>To be presented by the Independent Chair with other partners also being invited to attend.</p>	
	Public Health Outcome Framework Indicators	Cabinet Member – Adult Social Care and Public Health	To support the Committee in prioritising areas of public health work for development or scrutiny.	

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
4 March 2024	Mental Health Services and support within ASC&PH – Suicide Prevention	Cabinet Member – Adult Social Care and Public Health		
	Mental Health Services and support within ASC&PH	Cabinet Member – Adult Social Care and Public Health		
	Day Opportunities Strategy	Cabinet Member – Adult Social Care and Public Health	To consider the findings of the task and finish review on the Day Opportunities Strategy.	

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
3 June 2024	Discharge to Assess	Cabinet Member – Adult Social Care and Public Health	Resolved at June 2023 meeting:  That a further progress report on the implementation of Discharge to Assess Model and the application of the Discharge to Assess Grant be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman of the Committee.	
	Progress and implementation of Prevention approach	Cabinet Member – Adult Social Care and Public Health	To enable scrutiny of the success of the prevention approach and offer in ASC&PH.	
	All-Age Carers Strategy	Cabinet Member for Children and Families  Cabinet Member for Adult Social Care and Public Health	To review progress after the strategy has been in place for one year.  Joint item with Children and Families Select Committee	

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

### Items pending scheduling or removal

Item	Cabinet Member Responsibility	Details	Status
Public Health – Community facing activities (including Community Health and Wellbeing Champions)	Cabinet Member – Adult Social Care and Public Health		To be considered for scheduling
E-cigarettes/vaping	Cabinet Member – Adult Social Care and Public Health	Resolved at March 2023 meeting: That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, consider the most appropriate approach for the committee to carry out further work around vaping and tobacco control.	To be considered for scheduling and for how this issue can be considered by members.
Impact of the Covid-19 pandemic on public health	Cabinet Member – Adult Social Care and Public Health	Resolved December 2022 “That the following areas of interest be agreed as areas that would benefit from further and more detailed consideration by the Adult Social Care and Public Health Select Committee: the impact of the Covid-19 pandemic on public health”	To be scheduled for a committee meeting or considered to be the topic for a review during 2023/24.
Substance Misuse	Cabinet Member – Adult Social Care and Public Health	To scrutinise activities around substance misuse.	
Nottinghamshire’s Cost of Care Reports, Adult Social Care Market Sustainability Plan, Market Position Statement and Fee Uplifts	Cabinet Member – Adult Social Care and Public Health	To receive a progress report a year after Cabinet’s approval of the recommendations.	

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

### Reviews

Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
September/ October 2023	Day Opportunities Strategy	Cabinet Member - Adult Social Care and Public Health	<p>Resolved at March 2023 meeting:</p> <ul style="list-style-type: none"> <li>i. That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, considers the most appropriate approach for members of the committee to receive further information and to carry out further scrutiny work on:</li> <li>ii. how the Day Opportunities Strategy will be delivered in a way that ensures equity of access to support for service users across Nottinghamshire.</li> <li>iii. the Implementation Plan that will support the delivery of the objectives of the Day Opportunities Strategy.</li> <li>iv. the processes (including the use of benchmarking information) that will be in place for measuring the success of the Day Opportunities Strategy.</li> <li>v. the use and role of buildings in delivering the objectives of the Day Opportunities Strategy.</li> </ul>	<p>Setting up of review group approved at June 2023 meeting.</p> <p>Scope created. Work to be carried out Autumn 2023. Report to be presented at March 2024 meeting.</p>



**WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE**

			<div>vi. the outcomes of the consultation activity that will be carried out with people who have lived experience of the implementation of the Day Opportunities Strategy and how this will be used to review and develop the service model.</div>	
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## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

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

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

### Items for information briefings for committee members

Item	Cabinet Member Responsibility	Details	Status
Adult Social Care Reform	Cabinet Member - Adult Social Care and Public Health	To gain an understanding of how the implementation of the Adult Social Care reforms - set out in People at the Heart of Care - will impact on the Council's delivery of Adult Care Services and on people living in Nottinghamshire.	
Sector-led improvement, Local Authority Self-Assessment and Information Return (LASAIR) and assurance	Cabinet Member - Adult Social Care and Public Health	To receive a briefing on the process and outcomes of local sector-led improvement in Adult Social Care and the department's self-assessment, development of a quality assurance framework and preparation for future inspection by the Care Quality Commission.	
Cost of Living Programmes	Cabinet Member - Adult Social Care and Public Health	To receive a briefing on the uptake and impact of the Cost-of-Living initiatives approved in November 2022 using Public Health Reserves.	

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

### Items to be scheduled during 2024/25

Item	Cabinet Member Responsibility	Details	Status
Day Opportunities Strategy	Cabinet Member – Adult Social Care and Public Health	Resolved at March 2023 meeting:  That a further progress report on the implementation of the Day Opportunities Strategy be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman of the Committee.	To be scheduled during 2024/25