Nottinghamshire County Council

Adult Social Care and Public Health Committee

Monday, 24 January 2022 at 10:30

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

AGENDA

11	Work Programme	121 - 126

12 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

"That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information."

Note

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

EXEMPT INFORMATION ITEMS

13 Market Management Position Statement – exempt appendix

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

Notes

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

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Jo Toomey (Tel. 0115 977 4506) 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

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	13 December 2021 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Boyd Elliott (Chairman)
Scott Carlton (Vice-Chairman)
Nigel Turner (Vice-Chairman)

Steve Carr
Dr. John Doddy **- A**
Sybil Fielding
Paul Henshaw
Eric Kerry
David Martin
Nigel Moxon
Michelle Welsh

SUBSTITUTE MEMBERS

Councillor Chris Barnfather for Councillor Dr. John Doddy

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Health, ASC&PH
Jonathan Gribbin, Director of Public Health, ASC&PH
Sue Batty, Service Director, Ageing Well Community Services, ASC&PH
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH
Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH
Jennie Kennington, Senior Executive Officer, ASC&PH
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

OFFICERS IN REMOTE ATTENDANCE

Philippa Milbourne, Business Support Assistant, Chief Executive's

OFFICERS IN REMOTE ATTENDANCE FOR AGENDA ITEM 4
All from Adult Social Care and Public Health Unless Otherwise stated

Eddie Morecroft, external - Judge
Kerrie Adams, Senior Public Health and Commissioning Manager
Linzi Adams, Project Manager - Judge
Neyear Aiesha, Community Care Officer
Paula Andrews, Community Care Officer (Occupational Therapist)
Anita Ashcroft, Advanced Social Work Practitioner
Claire Atkinson, Team Manager, Discharge to Assess

Clare Bell, Community Care Officer
John Bishop, Team Manager, Approved Mental Health Professional
Dan Blach, Community Care Officer
Katharine Browne, Public Health and Commissioning Manager
Alison Burgess, Promoting Independence Worker
Julie Carby, Manager, Team Manager – Combined Day Services (South)
Jennifer Carter, Occupational Therapist
Dorrinda Chaplain, Community Care Officer
Julius Che, Advanced Social Work Practitioner
Sarah Craggs, Person Centred Planner
Abigail Davis, Social Worker
Paula Dean, MASH Officer
Gregg Dunning, Team Manager, Ashfield Community Team North
Rachel Egan, Consultant, Adult Safeguarding Review
Laura Elland, MASH Officer
Jenni French, Commissioning Manager
David Gilding, Public Health Intelligence Analyst
Prayesh Gohil, Public Health Commissioning Manager
Alison Harness, Team Manager, Discharge to Assess
Eleanor Hedley, Public Health and Commissioning Manager
Petranella Heighway, Social Worker
Megan Holding, Community Care Officer
Tracey Holland, Service Advisor
Gail Holliday, Community Care Officer (Social Work)
Helen Holman, Community Care Officer
Mollie Hoult, Occupational Therapist
Sarah Howe, Community Care Officer
Frazer Kent, MASH Officer, Children, Families and Cultural Services
Thomas Knowles, Business Partner, Chief Executive's
Louise Lester, Consultant in Public Health
Katherine Lindley, Social Worker
Anona McCurry, Community Care Officer (Social Work)
Jane McKay, Group Manager, Day Services
Jane Machin, Occupational Therapist
Amanda Marsden, Team Manager, MASH
Jennifer Martin, Team Manager, Approved Mental Health Professional
Sonia Mate, Social Worker
Tania Middleton, Team Manager, MIS North
Ricky Munn, Community Care Officer (Social Work)
Damien Neary, Social Worker
Catherine O'Byrne, ICCYPH Programme Manager
Keith Oswell, Social Worker
Elaine Parkin, MASHO, Children, Families and Cultural Services
Richard Pearce, Advisor – Social Care, Chief Executive's
Kate Pishdar, Social Worker
Sarah Quilty, Senior Public Health and Commissioning Manager
Mary Read, Principal Social Worker
Nathan Rewston, Technical Specialist Lead, Chief Executive's
Linda Richards, Social Worker
Stephen Richardson, Social Worker
Christine Ricketts, Social Worker
Joanne Riddell, Team Manager, Discharge to Assess
Nick Romilly, Senior Public Health Commissioning Manager

Stuart Sale, Group Manager, Maximising Independence
Annemarie Sargeant, Community Care Officer
Kath Sargent, Senior Finance Business Partner, Environment and Resources
Arte Shand, Social Worker
Gemma Shelton, Group Manager for Quality and Market Management
Gemma Shepherd, Community Care Officer (Social Work)
Miranda Sibanda, Student Social Worker
Jessica Smith, Social Worker
Tristan Snowdon-Poole, Public Health Manager
Andrea Squire, Social worder
Rebecca Summerscales, Social Worker
Lisa Tarling, MASH Officer
Angella Taylor, Social Worker
Michelle Taylor, MASH Officer, Children, Families and Cultural Services
Teckler Vance, Social Worker
Kulaniwasa Volavola, Community Care Officer (Social Work)
Nancy Wanjiru, Community Care Officer (Social Work)
Deborah Wilson, Advanced Social Work Practitioner
Dorothy Waterbear, Social Worker
John Wilcox, Senior Public Health and Commissioning Manager
Jessica Wileman, MASH Officer, Children, Families and Cultural Services
Sarah Williamson, Occupational Therapist
Emily Wormall, Project Manager, Chief Executive's

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 8 November 2021 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

- Councillor Dr John Doddy (Other Reasons)

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

Councillors Carr and Welsh both declared personal interests in that they volunteered at local vaccination centres.

4. CELEBRATING SUCCESS – DEPARTMENTAL AWARDS SCHEME IN ADULT SOCIAL CARE AND PUBLIC HEALTH

The finalists and winners from the second departmental awards recognising staff in Adult Social Care and Public Health were announced:

- Best team
    - Finalist: Approved Mental Health Practitioner Team
    - Finalist: Discharge to Assess service
    - Winner: Multi-Agency Safeguarding Team
- Excellence in working creatively

- Finalist: Care Home Response Hub
- Finalist: Coviz Case Management System Team
- Winner: Maximising Independence Service North Enablement Team

- Excellence in partnership working

  - Finalist: Sarah Craggs
  - Finalist: Children's Integrated Commissioning Hub – based in our Public Health service
  - Winner: Housing and Homelessness team

- Excellence in leadership

  - Finalist: Louise Lester, Consultant in Public Health
  - Finalist: Stuart Sale, Group Manager for the Maximising Independence Service
  - Winner: Gemma Shelton, Group Manager for Quality and Market Management

- Outstanding contribution

  - Finalist: Jennifer Carter, Occupational Therapist
  - Finalist: Jane Machin, Occupational Therapist
  - Winner: Mary Read, Principal Social Worker

Members of the Committee offered their congratulations and appreciation to all of the finalists and winners. They also recognised the ongoing contributions made by all staff in the Adult Social Care and Public Health team.

RESOLVED 2021/062

That a formal vote of thanks be recorded to the finalists and winners in the 2021 Adult Social Care and Public Health departmental awards.

5. ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 2 2021-22

The report, which was presented by the Corporate Director, Adult Social Care and Health provided an update on the financial position of the department at the end of September 2021 and summarised performance between 1 July to 30 September 2021.

During discussions, Members asked about:

- The impact of vacancies on the reported underspend and the market shortages within the social care workforce
- The impact of mandatory vaccination for care staff
- Measures to address the threat of the virus entering care homes

RESOLVED 2021/063

That no further actions are required in relation to the finance and performance information for the period 1 July to 30 September 2021.

6. WINTER PLANNING AND NATIONAL HOSPITAL DISCHARGE POLICY

The Service Director, Ageing Well Community Services presented the report which set out risks identified in relation to the ceasing of the national temporary Discharge to Assess fund and preparations for the Winter Plan. It also sought approval for the establishment of a number of temporary reablement posts to provide additional capacity to the end of March 2022.

During discussions, Members:

- Commented further on recruitment difficulties and the anticipated impact of the acceleration of the COVID-19 booster programme
- Received reassurance that the Council's reablement service had been successful in recruiting and retaining staff with very few vacancies
- Asked about expected levels of temporary national funding that would be made available to the Council
- Asked about resilience and contingencies for health and social care provision
- Referred to opportunities to use innovative ways to attract new staff

RESOLVED 2021/064

1) That no further actions were required in relation to the ceasing of the national temporary Discharge to Assess fund and preparations for the Winter Plan

2) That the temporary establishment of the following posts up to 31st March 2022 be approved:

    - 16.5 FTE Reablement Support Workers (Grade 2)
    - 5 FTE Senior Reablement Support Workers (Grade 3)
    - 1 FTE Reablement Manager (Band A)
    - 1.5 FTE Occupational Therapists (Band B)
    - 3.5 FTE Community Care Officers (Grade 5)
    - 1 FTE Reablement Coordinator (Grade 4).

7. ADULT SAFEGUARDING SERVICE REVIEW

The report, which set out progress and emerging themes of the Departmental Adult Safeguarding review and sought approval for the establishment of a number of permanent posts, was presented by the Service Director, Ageing Well Community Services.

During discussion, Members asked:

- About work that was being undertaken to make the public aware of work around adult safeguarding

RESOLVED 2021/065

1) That the progress with the Adult Safeguarding Service Review be noted.

2) That the permanent establishment of the following posts be approved:

- 1 FTE Head of Safeguarding, Group Manager (Band F/G – subject to job evaluation)
- 3 FTE Social Workers (Band B)
- 3 FTE Community Care Officers (Grade 5).

8. CHANGES TO THE STAFFING ESTABLISHMENT IN THE LIVING WELL SERVICES

The report, which was presented by the Service Director, Living Well Community Services sought approval for changes to the staffing establishment in the Living Well Preparing for Adulthood Team from 1 January 2022 and the extension of two temporary posts in the Living Well Complex Lives Team.

RESOLVED 2021/066

1) That the following changes to the permanent staffing establishment in the Living Well Preparing for Adulthood Team from 1st January 2022 be approved:

   - disestablishment of 1.3 FTE Social Worker (Band B) posts
   - establishment of 1 FTE (37 hour) Advanced Social Work Practitioner (Band C) post.

2) That the extension of the following two posts within the Living Well Complex Lives Team be approved for an additional period of 12 months, from April 2022:

   - 1 FTE Advanced Social Work Practitioner (Band C)
   - 1 FTE Forensic Social Worker (Band B).

3:44pm – Councillor Martin left the meeting and did not return

9. WORK PROGRAMME

A request was made to add an item to the work programme that updated the Committee on workforce resilience and emergency contingencies for delivering adult social care services. The Chair noted the request with a view to clarifying whether it would fall within the remit of the Committee.

RESOLVED 2021/067

That the Committee's work programme be approved.

The meeting closed at 3.47pm.

CHAIRMAN

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

24 January 2022

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH OUTCOMES IN NOTTINGHAMSHIRE

Purpose of the Report

1. To review public health outcomes for residents of Nottinghamshire County and identify any additional work required by the authority or its partners to address where current outcomes or trends are unfavourable compared to England.

Information

Public Health Outcomes Framework

2. The Public Health Outcomes Framework (PHOF) comprises a nationally determined set of indicators which help us to understand long term trends in the health of the population.

3. It reflects the vision "to improve and protect the health of the whole population, and to improve the health of the poorest fastest". It is based on two high-level outcomes that are a national focus: increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. These outcomes involve a balance between how long we live (life expectancy) and how well we live (healthy life expectancy). The core of this vision is reflected locally in the Council Plan and in the Joint Health and Wellbeing Strategy.

4. The set of outcomes comprising the whole Public Health Outcomes Framework reflects the full spectrum of evidence-based action on public health and what can be realistically measured and collected centrally.

5. It should be noted that the information largely relates to population level based outcomes (in contrast to contract measures which focus only on outputs and quality for users of services). It represents the most up to date set of data for the whole of England (in some instances local data exist, which are more recent, but these are not available for other areas and so cannot be used for comparison).

6. This report covers changes to public health outcomes in the years since December 2019. Regular reporting was interrupted due to the COVID 19 pandemic. The action plan in Appendix 1 gives an overview of current relevant plans and strategies which contribute to improvements

where outcomes in Nottinghamshire are less favourable when compared to the national average.

Public health outcomes: Nottinghamshire compared to England

7. The Public Health Division did consider an overview of all PHOF indicators twice each year, however this has been halted due to the COVID pandemic. This report therefore gives an update on the current PHOF indicator status since 2019. This is included as Appendix 1. Current data can be found at: Public Health Outcomes Framework - Data - PHE

8. The majority of indicators within PHOF show Nottinghamshire as 'better than' or 'similar to' England. These comparisons reflect factors including, amongst other things, the comparatively favourable influence of the social and economic environment, the role of a range of statutory agencies as well as the ongoing contribution of the local authority and the Public Health Division. However, it should be noted that a number of indicators do not yet have data from the time period of the COVID pandemic, and therefore will not reflect any worsening or inequalities this may have brought about. A report on the impact of COVID on the population of Nottinghamshire is being developed. The plan is to complete this in phases by March 2023, with the first phase of data and analysis by Feb 2022 covering excess morbidity and mortality.

9. Nevertheless, a minority of indicators show Nottinghamshire as 'worse than' England, and these provide a focus for action. Furthermore, county-level data often masks significant variation at more local level where some communities do not experience the socio-economic environment which create good health. Therefore consideration of the variations underlying the county-level data must also inform our action.

10. Therefore, alongside partnership working (through arrangements with the rest of the County Council, Integrated Care Partnership (from April 2022), Joint Health and Wellbeing Board, Safer Nottinghamshire Board, and the influence of a range of stakeholders at locality level (including the role of the voluntary sector)), the Director of Public Health also oversees work to identify indicators over which the Public Health Division can exert influence directly.

11. Some PHOF indicators of concern are not the direct responsibility of Public Health or the local authority. For example some relate to vaccination coverage which is the responsibility of the NHS. These issues will be considered as part of the workplan for the reformed Nottinghamshire Health Protection Board, which will hold NHS England and the UK Health Security Agency (UKHSA) to account as appropriate. Some other indicators relate to the Adult Social Care Service Plan 2021-2022 priorities which should be noted.

12. Out of a framework of over 200, there are currently twenty-two indicators that are indicators of concern and for which the Public Health Division has a high level of influence. These indicators are listed in Appendix 1. For each of these, a plan and strategy is in place. In many cases, this spans multiple organisations and partnerships, within which the Public Health Team play a leading or influential role.

13. The establishment of the Covid Response Team has enabled the Public Health Division to make significant progress towards COVID Recovery and focus on the priorities set out in the plans mentioned above. In some cases, completion of this recovery has been paused while

effort is once again diverted to address winter pressures and the current wave of omicron infection. Where this is the case, the Recovery Plan will be refreshed in Spring 2022.

14. Despite the redeployment of public health officers to COVID response, there has been progress on several agendas. Examples include:

- Suicide Prevention:
  Nottinghamshire County Council Public Health are working closely with our partners across the Nottingham and Nottinghamshire ICS and Bassetlaw to deliver on the local Suicide Prevention Strategy and Action Plan (2019-2023). Over the past year this has included obtaining new NHS England Wave 4 Suicide Prevention funding on the ICS footprint. The latest data shows that the average suicide rates decreased between 2017-2019 and 2018-2020, to 8.6 from 9.1 per 100,000 of the population.

  An example of work which is continuing to help reduce the suicide rate is the real time surveillance group of suspected suicides. This was set up in 2020. It is now getting routine data and supports the identification any potential clusters of cases and targets communication messages about suicide prevention.

- Domestic Abuse:
  Within 2021 there have continued to be challenges relating to the covid-19 pandemic restrictions and the impact on domestic abuse support and criminal justice systems. Domestic abuse services have begun to move to hybrid delivery models, reintroducing face to face delivery in line with restrictions easing. The complexity and risks for survivors continues to present challenges for all services.

  The additional funding from the Home Office and the Department of Levelling Up, Housing and Communities has been used to increase the number of Independent Domestic Violence Advisors (IDVAs) supporting high risk survivors and improve the safe accommodation support pathways. The partnership approaches developed during the early stages of the pandemic have continued and transformed the countywide approach leading to improved outcomes for survivors of domestic abuse.

- Childhood Obesity Trailblazer Programme (COTP)
  The COTP is funded by the Department of Health and Social Care and managed by the Local Government Association. The focus of the Nottinghamshire project is on food and nutrition for pre-school children and their families living in more disadvantaged areas with higher childhood obesity prevalence. Achievements so far include:

  - 10% increase in uptake of the national Healthy Start scheme. The scheme provides support to families on low incomes to access free fruit, vegetables, milk and vitamins.
  - 7 nurseries achieving 'The Soil Association' Food for Life Early Years Award. This award sets out criteria which when met supports settings to embed a culture of good food for children in the early years.
  - Working in partnership with Loughborough University, 250 practitioners trained in good practice in child feeding.

15. Since the last data update, many sub-indicators have changed their RAG rating when compared to England. The overarching indicators are in the table below, and the others are in

Appendix 2. Thus Appendix 1 gives the current RAG rating of the all the indicators, and Appendix 2 shows which ones have changed their RAG rating since the last data update.

• Topic	• Indicator	• Change From	• Change to	• Direction of change
• Overarching Indicators	• A01a - Healthy life expectancy at 65 (Female)	• Worse than England	• Similar to England	• (+) Improving
• Overarching Indicators	• A01c - Disability-free life expectancy at birth (Female)	• Worse than England	• Similar to England	• (+) Improving

16. The reasons for changes in healthy life expectancy are not well understood. They will also be of interest to ICS partners with whom work will be undertaken to investigate them.

Other information about variation in outcomes within Nottinghamshire

17. There are two main sources of information about differences in health within the County:

- Public Health England (PHE) was actively improving the publication of data for groups of people within local authority areas. These data are published as part of the PHOF and support understanding of inequalities across different communities within Nottinghamshire. This however has been paused due to the COVID pandemic but also the split of into the UK Health Security Agency (UKHSA), the Office for Health and Improvement and Disparities (OHID) and the movement of public health healthcare into NHS England.

- Data published by electoral ward[1] is used by the Public Health Division to identify inequalities in health within the County and how these compare to other Local Authorities.

18. One example of disparities within the County is the gap in life expectancy and healthy life expectancy between the most and least deprived communities in the County. The most recent data show that men and women living in the most deprived areas can expect to live for 7.5 years less than men and women who live in more affluent areas but also have 14 years more poor health.

19. Analysis of data sources provides a rich picture of how health outcomes within the authority vary by different population groups (for example differences between men and women, or by different age groups) and by geography (for example by district or electoral ward). Together with outcomes data for the whole County, an understanding of inequalities will support targeted work to improve the health for all citizens.

Future updates of the Public Health Outcomes Framework

[1] http://www.localhealth.org.uk/

20. The schedule of Public Health England's updates to the PHOF suggests that the PH Intelligence Team monitor the framework annually and bring a report to the portfolio holder and the Health and Wellbeing Board.

Reason for Recommendations

21. The Public Health Outcomes Framework and work to identify local health inequalities is a source of consistent data about the health of Nottinghamshire's population. These data are collected in a systematic and standardised way. As many issues are affected by the wider determinants of health, this information forms a useful tool across Council and system partners to assess long term health impact.

Statutory and Policy Implications

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

Crime and Disorder Implications

23. Where PHOF indicators include crime and disorder elements, these are included with other local intelligence in the Police and Crime Commissioner's Police and Crime Needs Assessment process.

Data Protection and Information Governance

24. No data protection implications: all data is published and publicly available at: Public Health Outcomes Framework - Data - PHE

Implications in relation to the NHS Constitution

25. No direct implications related to the NHS Constitution. The NHS duty to 'reduce inequalities in experience, access or outcomes between differing groups or sections of society requiring health care' has been considered where relevant. It is acknowledged that this directly relates to the NHS Long Term Plan of tackling health inequalities and the role of the Integrated Care System (ICS). The Nottinghamshire ICS Health Inequalities Strategy is referred to in the action plan in Appendix 1.

RECOMMENDATION

1) To review public health outcomes for residents of Nottinghamshire County and identify any additional work required by the authority or its partners to address where current outcomes or trends are unfavourable compared to England, including any current strategies or services plans on hold or requiring review due to the COVID pandemic.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
David Gilding, Senior Manager, Public Health Intelligence
Tel.: 0115 977 2587

Constitutional Comments (LPW 20/12/2021)

26. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (DG 17/12/2021)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Appendix 1: Public Health Outcomes Framework review for Nottinghamshire: update December 2021

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

This is provided as tables on the following pages, grouped by indictors where Nottinghamshire outcomes are significantly worse than England (orange), where there is no significant difference (yellow) or significantly better (green). Some comparisons (including those related to screening, vaccinations and chlamydia detection rate) are based on target thresholds rather than a comparison to England.

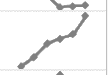
The 'trend direction' column uses the PHE[1] designation, which is based on the most recent 5 values. This is not calculated for all indicators. A dash (-) in the tables means that a trend cannot be calculated or is not appropriate.

Entries in different columns are explained below:

[1] The PHOF was published by Public Health England until October 2021. Publication after this date will be coordinated by the successor organisations, the UK Health Security Agency and the Office for Health Improvement and Disparities

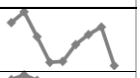
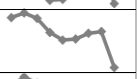
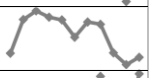
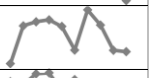
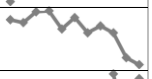
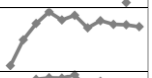
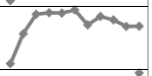
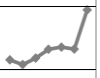
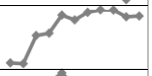
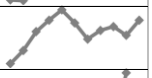
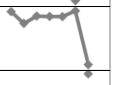
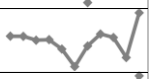
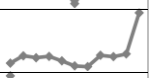
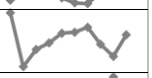
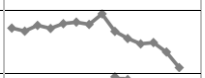
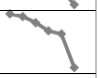
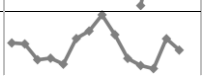
Data extract: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework November 2021
David Gilding, Public Health Intelligence Team

1 Indicators where Nottinghamshire is better than England

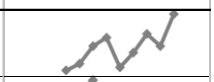
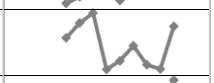
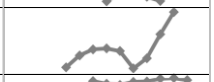
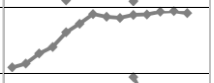
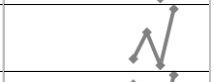
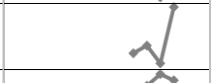
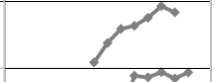
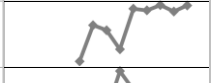
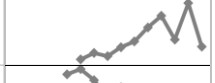
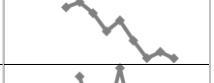
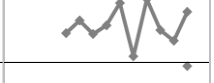
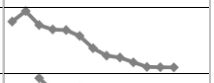
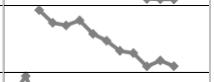
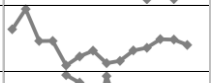
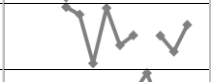
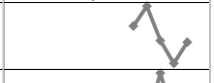
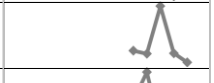
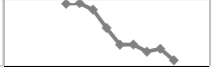
Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: high (H) or low (L) is better. N - not relevant	Latest time period	Trendline (time increasing L-R)
1.01i - Children in low income families (all dependent children under 20)	Persons	0-19 yrs	Better	Impr.	L	2016	
1.10 - Killed and seriously injured (KSI) casualties on England's roads (historic data)	Persons	All ages	Better	-	L	2016 - 18	
B01b - Children in absolute low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2019/20	
B01b - Children in relative low income families (under 16s)	Persons	<16 yrs	Better	Impr.	L	2019/20	
B03 - Pupil absence	Persons	5-15 yrs	Better	No trend	L	2018/19	
B04 - First time entrants to the youth justice system	Persons	10-17 yrs	Better	Impr.	L	2020	
B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	Persons	16+ yrs	Better	-	L	2017 - 19	
B12a - Violent crime - hospital admissions for violence (including sexual violence)	Persons	All ages	Better	-	L	2017/18 - 19/20	
B14a - The rate of complaints about noise	Persons	All ages	Better	-	L	2019/20	
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	Not applicable	Not applicable	Better	-	L	2019/20	
B15c - Homelessness - households in temporary accommodation	Not applicable	Not applicable	Better	-	L	2019/20	
C04 - Low birth weight of term babies	Persons	>=37 weeks gestational age at birth	Better	No trend	L	2019	
C07 - Proportion of New Birth Visits (NBVs) completed within 14 days	Persons	<14 days	Better	-	H	2020/21	
C08a - Child development: percentage of children achieving a good level of development at 2-2Â½ years	Persons	2-2.5 yrs	Better	-	H	2020/21	
C08b - Child development: percentage of children achieving the expected level in communication skills at 2-2Â½ years	Persons	2-2.5 yrs	Better	-	H	2020/21	
C08c - Child development: percentage of children achieving the expected level in personal-social skills at 2-2Â½ years	Persons	2-2.5 yrs	Better	-	H	2020/21	
C09b - Year 6: Prevalence of overweight (including obesity)	Persons	10-11 yrs	Better	Worsening	L	2019/20	
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Persons	<15 yrs	Better	-	L	2019/20	
C11a - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	Persons	0-4 yrs	Better	-	L	2019/20	
C19c - Successful completion of alcohol treatment	Persons	18+ yrs	Better	Impr.	H	2019	
C19d - Deaths from drug misuse	Persons	All ages	Better	-	L	2018 - 20	
C24a - Cancer screening coverage - breast cancer	Female	53-70 yrs	Better	Worsening	H	2020	
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	Female	25-49 yrs	Better	Impr.	H	2020	
C24c - Cancer screening coverage - cervical cancer (aged 50 to 64 years old)	Female	50-64 yrs	Better	Worsening	H	2020	
C24d - Cancer screening coverage - bowel cancer	Persons	60-74 yrs	Better	Impr.	H	2020	
C24e - Abdominal Aortic Aneurysm Screening - Coverage	Male	65	Better	No trend	H	2019/20	
C24m - Newborn Hearing Screening - Coverage	Persons	<1 yr	Better	-	H	2019/20	
C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Persons	40-74 yrs	Better	-	H	2016/17 - 20/21	
C26c - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	Persons	40-74 yrs	Better	-	H	2016/17 - 20/21	
C29 - Emergency hospital admissions due to falls in people aged 65-79	Persons	65-79 yrs	Better	-	L	2019/20	

'Better than England' continued ...

… 'Better than England' continued

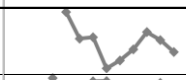
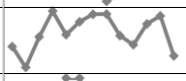
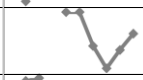
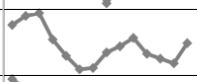
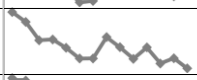
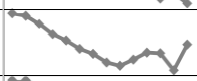
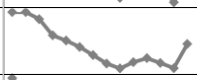
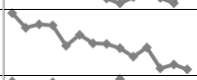
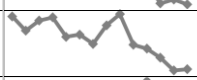
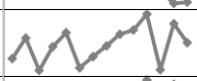
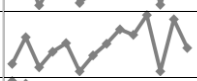
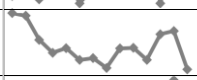
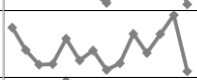
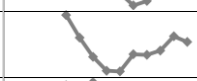
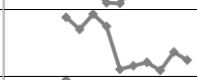
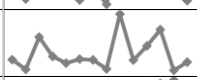
Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: high (H) or low (L) is better. N - not relevant	Latest time period	Trendline (time increasing L-R)
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	Persons	15-24 yrs	Better	No trend	H	2020	
D02b - New STI diagnoses (exc chlamydia aged <25) / 100,000	Persons	15-64 yrs	Better	No trend	L	2020	
D03c - Population vaccination coverage - Dtap / IPV / Hib (1 year old)	Persons	1 yr	Better	Worsening	H	2020/21	
D03d - Population vaccination coverage - MenB (1 year)	Persons	1 yr	Better	-	H	2020/21	
D03e - Population vaccination coverage - Rotavirus (Rota) (1 year)	Persons	1 yr	Better	No trend	H	2020/21	
D03f - Population vaccination coverage - PCV	Persons	1 yr	Better	No trend	H	2019/20	
D03h - Population vaccination coverage - Dtap / IPV / Hib (2 years old)	Persons	2 yrs	Better	Worsening	H	2020/21	
D03i - Population vaccination coverage - MenB booster (2 years)	Persons	2 yrs	Better	-	H	2020/21	
D03j - Population vaccination coverage - MMR for one dose (2 years old)	Persons	2 yrs	Better	No trend	H	2020/21	
D03k - Population vaccination coverage - PCV booster	Persons	2 yrs	Better	No trend	H	2020/21	
D03l - Population vaccination coverage - Flu (2-3 years old)	Persons	2-3 yrs	Better	Impr.	H	2020/21	
D03m - Population vaccination coverage - Hib / MenC booster (2 years old)	Persons	2 yrs	Better	No trend	H	2020/21	
D04a - Population vaccination coverage - DTaP/IPV booster (5 years)	Persons	5 yrs	Better	No trend	H	2020/21	
D04b - Population vaccination coverage - MMR for one dose (5 years old)	Persons	5 yrs	Better	No trend	H	2020/21	
D04c - Population vaccination coverage - MMR for two doses (5 years old)	Persons	5 yrs	Better	Impr.	H	2020/21	
D04d - Population vaccination coverage - Flu (primary school aged children)	Persons	4-11 yrs	Better	-	H	2020	
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old)	Female	12-13 yrs	Better	No trend	H	2019/20	
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old)	Male	12-13 yrs	Better	-	H	2019/20	
D04g - Population vaccination coverage - Meningococcal ACWY conjugate vaccine (MenACWY) (14-15 years)	Persons	14-15 yrs	Better	-	H	2019/20	
D05 - Population vaccination coverage - Flu (at risk individuals)	Persons	6 months-64 yrs	Better	No trend	H	2020/21	
D06a - Population vaccination coverage - Flu (aged 65+)	Persons	65+ yrs	Better	Impr.	H	2020/21	
D06b - Population vaccination coverage - PPV	Persons	65+ yrs	Better	Worsening	H	2019/20	
D06c - Population vaccination coverage â€“ Shingles vaccination coverage (71 years)	Persons	71	Better	-	H	2018/19	
D08b - TB incidence (three year average)	Persons	All ages	Better	-	L	2018 - 20	
D10 - Adjusted antibiotic prescribing in primary care by the NHS	Persons	All ages	Better	-	L	2020	
E02 - Percentage of 5 year olds with experience of visually obvious dental decay	Persons	5 yrs	Better	-	L	2018/19	
E09a - Premature mortality in adults with severe mental illness (SMI)	Persons	18-74 yrs	Better	-	L	2016 - 18	
E10 - Suicide rate	Persons	10+ yrs	Better	-	L	2018 - 20	

2 Indicators where Nottinghamshire is similar to England

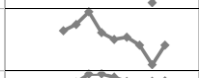
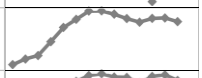
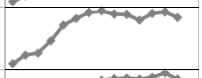
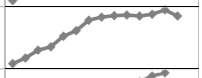
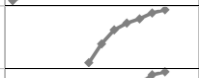
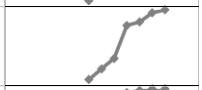
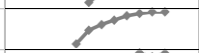
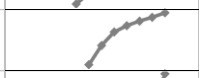
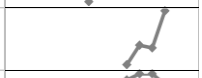
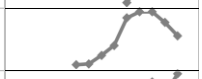
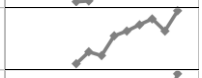
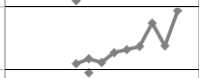
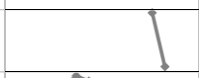
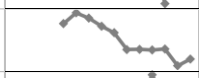
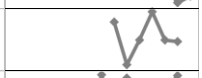
Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: high (H) or low (L) is better. N - not relevant	Latest time period	Trendline (time increasing L-R)
A01a - Healthy life expectancy at birth	Male	All ages	Similar	-	H	2017 - 19	
A01a - Healthy life expectancy at 65	Female	65	Similar	-	H	2017 - 19	
A01a - Healthy life expectancy at 65	Male	65	Similar	-	H	2017 - 19	
A01b - Life expectancy at birth	Male	All ages	Similar	-	H	2018 - 20	
A01c - Disability-free life expectancy at birth	Female	All ages	Similar	-	H	2017 - 19	
A01c - Disability-free life expectancy at birth	Male	All ages	Similar	-	H	2017 - 19	
A01c - Disability-free life expectancy at 65	Female	65	Similar	-	H	2017 - 19	
A01c - Disability-free life expectancy at 65	Male	65	Similar	-	H	2017 - 19	
B02c - School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception	Persons	5 yrs	Similar	Impr.	H	2018/19	
B06a - Adults with a learning disability who live in stable and appropriate accommodation	Persons	18-64 yrs	Similar	No trend	H	2019/20	
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	Persons	16-64 yrs	Similar	-	L	2019/20	
B08d - Percentage of people in employment	Persons	16-64 yrs	Similar	No trend	H	2020/21	
B09b - Sickness absence - the percentage of working days lost due to sickness absence	Persons	16+ yrs	Similar	-	L	2017 - 19	
B16 - Utilisation of outdoor space for exercise/health reasons	Persons	16+ yrs	Similar	-	H	Mar 2015 - Feb 2016	
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	Persons	18+ yrs	Similar	-	H	2019/20	
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	Persons	16+ yrs	Similar	-	L	2019/20	
C02a - Under 18s conception rate / 1,000	Female	<18 yrs	Similar	No trend	L	2019	
C02b - Under 16s conception rate / 1,000	Female	<16 yrs	Similar	No trend	L	2019	
C09a - Reception: Prevalence of overweight (including obesity)	Persons	4-5 yrs	Similar	No trend	L	2019/20	
C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Persons	15-24 yrs	Similar	-	L	2019/20	
C15 - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)	Persons	16+ yrs	Similar	-	H	2019/20	
C17a - Percentage of physically active adults	Persons	19+ yrs	Similar	-	H	2019/20	
C17b - Percentage of physically inactive adults	Persons	19+ yrs	Similar	-	L	2019/20	
C18 - Smoking Prevalence in adults (18+) - current smokers (APS)	Persons	18+ yrs	Similar	-	L	2019	

'Similar to England' continued …

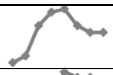
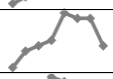
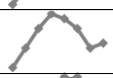
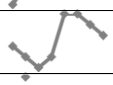
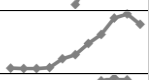
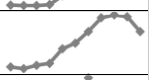
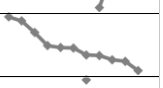
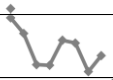
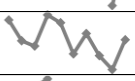
… continued 'Similar to England' continued

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: high (H) or low (L) is better. N - not relevant	Latest time period	Trendline (time increasing L-R)
D07 - HIV late diagnosis (%)	Persons	15+ yrs	Similar	-	L	2017 - 19	
D08a - Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months	Persons	All ages	Similar	No trend	H	2019	
D09 - NHS organisations with a board approved sustainable development management plan	Not applicable	Not applicable	Similar	No trend	H	2015/16	
E01 - Infant mortality rate	Persons	<1 yr	Similar	-	L	2018 - 20	
E03 - Under 75 mortality rate from causes considered preventable (2019 definition)	Persons	<75 yrs	Similar	No trend	L	2020	
E04a - Under 75 mortality rate from all cardiovascular diseases	Persons	<75 yrs	Similar	No trend	L	2020	
E04b - Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition)	Persons	<75 yrs	Similar	No trend	L	2020	
E05a - Under 75 mortality rate from cancer	Persons	<75 yrs	Similar	No trend	L	2020	
E05b - Under 75 mortality rate from cancer considered preventable (2019 definition)	Persons	<75 yrs	Similar	No trend	L	2020	
E06a - Under 75 mortality rate from liver disease	Persons	<75 yrs	Similar	No trend	L	2020	
E06b - Under 75 mortality rate from liver disease considered preventable (2019 definition)	Persons	<75 yrs	Similar	No trend	L	2020	
E07a - Under 75 mortality rate from respiratory disease	Persons	<75 yrs	Similar	No trend	L	2020	
E07b - Under 75 mortality rate from respiratory disease considered preventable (2019 definition)	Persons	<75 yrs	Similar	No trend	L	2020	
E12a - Preventable sight loss - age related macular degeneration (AMD)	Persons	65+ yrs	Similar	No trend	L	2019/20	
E12b - Preventable sight loss - glaucoma	Persons	40+ yrs	Similar	No trend	L	2019/20	
E12c - Preventable sight loss - diabetic eye disease	Persons	12+ yrs	Similar	No trend	L	2019/20	
E12d - Preventable sight loss - sight loss certifications	Persons	All ages	Similar	No trend	L	2019/20	
E13 - Hip fractures in people aged 65-79	Persons	65-79 yrs	Similar	-	L	2019/20	
E14 - Excess winter deaths index	Persons	All ages	Similar	-	L	Aug 2019 - Jul 2020	
E14 - Excess winter deaths index (age 85+)	Persons	85+ yrs	Similar	-	L	Aug 2019 - Jul 2020	
E15 - Estimated dementia diagnosis rate (aged 65 and over)	Persons	65+ yrs	Similar	No trend	H	2021	

3 Indicators where Nottinghamshire is worse than England

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: high (H) or low (L) is better. N - not relevant	Latest time period	Trendline (time increasing L-R)
2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	Persons	6-8 weeks	Worse	-	H	2020/21	
A01a - Healthy life expectancy at birth	Female	All ages	Worse	-	H	2017 - 19	
A01b - Life expectancy at birth	Female	All ages	Worse	-	H	2018 - 20	
A01b - Life expectancy at 65	Female	65	Worse	-	H	2018 - 20	
A01b - Life expectancy at 65	Male	65	Worse	-	H	2018 - 20	
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B02a - School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1	Persons	6 yrs	Worse	Impr.	H	2018/19	
B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1	Persons	6 yrs	Worse	Impr.	H	2018/19	
B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception	Persons	5 yrs	Worse	Impr.	H	2018/19	
B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	Persons	16-17 yrs	Worse	-	L	2019	
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation	Persons	18-69 yrs	Worse	-	H	2019/20	
B08b - Gap in the employment rate between those with a learning disability and the overall employment rate	Persons	18-64 yrs	Worse	-	L	2019/20	
B08c - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Persons	18-69 yrs	Worse	-	L	2019/20	
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	Persons	All ages	Worse	-	H	2012/13	
C03a - Obesity in early pregnancy	Female	Not applicable	Worse	-	L	2018/19	
C03c - Smoking in early pregnancy	Female	Not applicable	Worse	-	L	2018/19	
C05a - Baby's first feed breastmilk	Persons	Newborn	Worse	-	H	2018/19	
C06 - Smoking status at time of delivery	Female	All ages	Worse	No trend	L	2020/21	
C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern	Persons	5-16 yrs	Worse	No trend	L	2019/20	
C14b - Emergency Hospital Admissions for Intentional Self-Harm	Persons	All ages	Worse	-	L	2019/20	
C16 - Percentage of adults (aged 18+) classified as overweight or obese	Persons	18+ yrs	Worse	-	L	2019/20	

4 Other indicators – no statistical comparison

Indicator Name	Sex	Age	Compared to England	Trend direction	Polarity: high (H) or low (L) is better. N - not relevant	Latest time period	Trendline (time increasing L-R)
A02a - Inequality in life expectancy at birth	Female	All ages	-	-	L	2017 - 19	
A02a - Inequality in life expectancy at birth	Male	All ages	-	-	L	2017 - 19	
A02a - Inequality in life expectancy at 65	Female	65	-	-	L	2017 - 19	
A02a - Inequality in life expectancy at 65	Male	65	-	-	L	2017 - 19	
A02c - Inequality in healthy life expectancy at birth LA	Female	All ages	-	-	L	2009 - 13	
A02c - Inequality in healthy life expectancy at birth LA	Male	All ages	-	-	L	2009 - 13	
B07 - People in prison who have a mental illness or a significant mental illness	Persons	18+ yrs	-	-	L	2018/19	
B10 - Killed and seriously injured (KSI) casualties on England's roads	Persons	All ages	-	-	L	2019	
B11 - Domestic abuse-related incidents and crimes	Persons	16+ yrs	-	-	N	2019/20	
B12b - Violent crime - violence offences per 1,000 population	Persons	All ages	-	Getting higher	N	2020/21	
B12c - Violent crime - sexual offences per 1,000 population	Persons	All ages	-	No trend	N	2020/21	
B13a - Re-offending levels - percentage of offenders who re-offend	Persons	All ages	-	-	N	2018/19	
B13b - Re-offending levels - average number of re-offences per re-offender	Persons	All ages	-	-	N	2018/19	
B13c - First time offenders	Persons	10+ yrs	-	Getting lower	N	2020	
B14b - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	Persons	All ages	-	-	L	2016	
B14c - The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time	Persons	All ages	-	-	L	2016	
B17 - Fuel poverty (low income, high cost methodology)	Not applicable	Not applicable	-	No trend	L	2018	
B17 - Fuel poverty (low income, low energy efficiency methodology)	Not applicable	Not applicable	-	-	L	2019	
C10 - Percentage of physically active children and young people	Persons	5-16 yrs	-	-	H	2019/20	
D01 - Fraction of mortality attributable to particulate air pollution	Persons	30+ yrs	-	-	N	2019	
D02a - Chlamydia detection rate / 100,000 aged 15 to 24	Female	15-24 yrs	-	No trend	N	2020	

Appendix 2: Action Plan for Improving Red PHOF Indicators for Nottinghamshire

This action shows the current strategies and plans that are related to improving the Red or getting worse PHOF indicators for Nottinghamshire.

Indicator	Likely Impact of COVID on this Indicator[2]- Red- worse Amber- little or no effect White- unknown	Related Strategy or Plan	Specific Related High Level Objectives
2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method	Decrease likely	Nottinghamshire Best Start Strategy 2021-2025[3]	Action 6: Children and parents/carers have good health outcomes We will: Continue efforts to improve the prevalence of breastfeeding, focused on areas of the county with the lowest rates- • Good breastfeeding support offer including peer support through Children's Centre Service volunteer led 'Babes' groups • There is a Breastfeeding friendly places scheme
A01a - Healthy life expectancy at birth A01b - Life expectancy at birth	Longevity Science Panel Oct 2021 Unclear if this is a temporary effect	All strategies and plans related to health and wellbeing are relevant, but particularly:	
		Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026[4]	4 Ambitions: 1) Every Child has the Best Start in Life - We will improve the life chances of all children in Nottinghamshire.

[2] Some data has not been published yet, so this is from what we know about the likely impact of the pandemic from National data

[3] https://www.nottinghamshire.gov.uk/media/2904217/nottinghamshire-best-start-strategy-2021-2025.pdf

[4] Strategy currently in period of engagement and in draft form, so objectives have yet to be finalised.

			2) Everyone can access the right level of support to improve their health - Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths. 3) Create Healthy and Sustainable Places - Everyone will grow, live, work and age in places that promote good health, tackle the causes of health inequalities and address the climate crisis. 4) Keep our communities safe and healthy – We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.
		Nottinghamshire Council Plan 2021-2031[5]	Ambition 1: Helping our people live healthier and more independent lives Ambition 2: Supporting our communities and families Ambition 3: Keeping children, vulnerable adults and communities safe Ambition 4: Building skills that help people get good jobs Ambition 5: Strengthening businesses and creating more good-quality jobs
		Nottinghamshire ICS Health Inequalities Strategy[6]	On ICS Outcomes Framework- Increase in life expectancy, increase in healthy life expectancy, increase in life expectancy at birth in lower deprivation quintiles Categories for Objectives in HI Strategy: Health and Care Services Lifestyle Factors

[5] https://plan.nottinghamshire.gov.uk/

[6] Notts ICS HI strategy 06 October v1.8 (healthandcarenotts.co.uk)

			Living and Working Conditions
		Nottinghamshire Best Start Strategy 2021-2025	10 key ambitions: 1. Prospective parents are well prepared for parenthood 2. Mothers and babies have positive pregnancy outcomes 3. Babies and parents/carers have good early relationships 4. Parents/carers are engaged and participate in home learning from birth 5. Parents/carers experiencing emotional, mental health and wellbeing challenges are identified early and supported. 6. Children and parents/carers have good health outcomes 7. Children and parents/carers are supported with early language, speech and communication 8. Children are ready for nursery and school and demonstrate a good level of overall development 9. Children have access to high quality early years provision 10. Parents/carers are in secure employment
A01b - Life expectancy at 65		As for Life/Healthy Life Expectancy at Birth: Best Start, Healthy lifestyles, living and working conditions PLUS: Strategies and plans related to access to Health and social care and Pharmaceutical Services	
		Adult Social Care Service Plan 2021-2022	14 Service Improvement Priorities including Keep People Safe and Well Service Priorities: Ageing Well- includes increasing the number of older people who benefit from a short-term preventative intervention, including reablement, before a new or increased package of care at home is put in place through optimising the Maximising Independence Service

			Living Well- includes Mental Health: Joint development with partners of a clear and robust Adult & Older Adult Community Mental Health offer Strategic Commissioning, Quality Management & Service Improvement- includes: Develop a Prevention and Early Intervention Strategy (New Development)
		Nottinghamshire ICS Clinical and Community Services Strategy[7]	<u>Outcome ambitions:</u> 1. Our people live longer, healthier lives 2. Our children have a good start in life 3. Our people and families are resilient and have good health and wellbeing 4. Our people enjoy healthy and independent ageing for longer, at home or in their community 5. Our people have equitable access to the right care at the right time in the right place 6. Our services meet the needs of our people in a positive way 7. Our system is in financial balance and achieves maximum benefit against investment 8. Our system has a sustainable infrastructure
		JSNA Pharmaceutical Needs Assessment[8] (currently being reviewed):	Document that outlines services and ensures that pharmaceutical services across Nottinghamshire both meet the needs of the population and that they are in the correct locations to support the residents of Nottinghamshire.
B02a - School readiness: percentage of children achieving a good level of development at the end of Reception B02a - School Readiness: percentage of children		Nottinghamshire Best Start Strategy 2021-2025	<u>Action 7: Children and parents/carers are supported with early language, speech and communication</u> Examples of objectives: • Address speech, language and communication needs and improve skills amongst preschool children through the commissioning and delivery of the Home Talk programme for 2

[7] https://healthandcarenotts.co.uk/our-clinical-and-community-services-strategy/

[8] https://www.nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/pharmaceutical-needs-assessment/

with free school meal status achieving a good level of development at the end of Reception B02b - School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 B02b - School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 B02d - School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception			year olds, Little Talkers Groups and specialist Speech and Language Therapy • Jointly commission SLCN services to provide one service which includes early help approaches and specialist speech and language therapy <u>Action 8: Children are ready for nursery and school and demonstrate a good level of overall development</u> <u>Examples of objectives:</u> • Identify children with developmental delay and/or additional needs as early as possible and provide them with early support • Work in partnership to ensure all children, particularly Looked After Children, children eligible for free school meals, children with Special Educational Needs and/or Disabilities (SEND), and children for whom English is an additional language achieve a good level of development
B05 - 16-17 year olds not in education, employment or training (NEET) or		Nottinghamshire Council Plan 2021-2031	<u>Ambition 4: Building skills that help people get good jobs</u> Success means: Fewer young people are not in education, employment or training (NEET)

whose activity is not known		Nottinghamshire Employment and Health Strategy 2020-2030[9] Currently on hold due to COVID pandemic	<u>Commitment:</u> Embed Preparing for Adulthood approaches across the education sector and children's services with an early focus on work readiness <u>Action:</u> Establish a clear employment support pathway which includes initial assessment, career profiling, job finding, employer engagement and support and employee support with regular reviews of progression and development needs, clear outcomes and aspirations for the future and an exit plan when people are settled to ensure better flow through the pathway
		Nottinghamshire Children Missing Education Strategy[10]	The Council is committed to ensuring that every child and young person of statutory school age is on a school roll, with the exception of those children and young people who are electively home educated.
B06b - Adults in contact with secondary mental health services who live in stable and appropriate accommodation		Nottinghamshire Council Plan 2021-2031	<u>Ambition 3: Keeping children, vulnerable adults and communities safe</u> Support adults with learning disabilities, mental health issues, autism spectrum disorders or physical disabilities to live independently Ambition 6: Making Nottinghamshire somewhere people love to live, work and visit Work with partners to make sure the right mix of housing is available across Nottinghamshire
		Housing with Support Strategy Adults 18-64 (2019)[11]	<u>Activities:</u> Moving towards greater independence

[9] https://www.nottinghamshire.gov.uk/media/2887426/employment-and-health-strategy-2020-30.pdf
[10] https://www.nottinghamshire.gov.uk/media/2896853/nottinghamshire-county-council-cme-strategy-feb-2020.pdf
[11] https://www.nottinghamshire.gov.uk/media/2322827/housingwithsupportstrategy2019adults18to64.pdf

		*Requires refresh for 2022	Assessment of existing services Vacancies Delivering the right housing with support accommodation Sourcing the ordinary home Providers promoting independence Future engagement and implementation
		Adult Social Care Service Plan 2021-2022	14 Service Improvement Priorities including Promote Mental Wellbeing Service Priorities: Living Well- including Housing: Review housing pathways for people with mental health issues and improve access to settled accommodation.
B08b - Gap in the employment rate between those with a learning disability and the overall employment rate		Nottinghamshire Council Plan 2021-2031	Ambition 1: Helping our people live healthier and more independent lives Ambition 4: Building skills that help people get good jobs: Support adults with additional needs to access learning, training and employment opportunities
		Nottinghamshire Employment and Health Strategy 2020-2030	<u>Commitment:</u> Seek to create more traineeships, supported internships and apprenticeships for adults and young people with disabilities and additional needs across the Council <u>Action:</u> Nottinghamshire needs to support 111 more adults with learning disabilities into employment by 2025

		Nottinghamshire Adult Social Care Service Plan 2021-2022	14 Service Improvement Priorities including Promote Mental Wellbeing Service Priorities: Living Well- including Housing: Continued implementation of the Housing with Support strategy.
B08c - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate		Nottinghamshire Council Plan 2021-2031	Ambition 1: Helping our people live healthier and more independent lives Ambition 4: Building skills that help people get good jobs: Support adults with additional needs to access learning, training and employment opportunities
		Nottinghamshire Employment and Health Strategy 2020-2030	<u>Commitment:</u> Seek to create more traineeships, supported internships and apprenticeships for adults and young people with disabilities and additional needs across the Council
		Nottinghamshire Adult Social Care Service Plan 2021-2022	14 Service Improvement Priorities including Promote Mental Wellbeing Service Priorities: Living Well- including Employment: Work with partners and the wider community to increase the number of adults with disabilities in employment, education, training or volunteering.
		Nottinghamshire ICS	Regarding employment, one of the NHS Long Term Plan Priorities relating to Community Transformation is having IPS (Individual Placement and Support) which is Employment support for people in secondary care mental health services. The ambition and expectation is to grow this model each year of the LTP. In place across the ICS. The ICS continues to meet and exceed the IPS access standard performance trajectory and remains on track to

			achieve the 2021/22 year end target for the number of people supported into employment Nottinghamshire County Council are members of the Steering Group
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like		Nottinghamshire Council Plan 2021-2031	Ambition 1: Helping our People Live Healthier and More Independent Lives We will: Promote good mental health and wellbeing for everyone Expand the Nottalone website, which supports children, young people, parents, carers and professionals
		Nottinghamshire Best Start Strategy 2021-2031	Action 10: Parents/carers are work ready and in secure employment
		Nottinghamshire Employment and Health Strategy 2020-2030	Actions: Expand the target cohort to include adults and young people with disabilities or mental health issues, care leavers and people over 50 who have long-term conditions, mental health issues or are at risk of loneliness and isolation
		Nottinghamshire Adult Social Care Service Plan 2021-2022	14 Service Improvement Priorities including: Reduce social isolation (tech and services and community assets)
C03a - Obesity in early pregnancy C03c - Smoking in early pregnancy		Nottinghamshire Best Start Strategy 2021-2025	Action 2: Mothers and babies have positive pregnancy outcomes We will: Work in partnership to reduce the proportion of women smoking in pregnancy Action 6: Children and parents/carers have good health outcomes We will: Work to improve the food environment for families with young children through delivery of the Childhood Obesity Trailblazer by:

			- Making access to affordable, healthy food easier - Improving the quality of food provision through early years settings - Enabling parents to develop good eating habits with their children - Promoting consistent messages
		Nottinghamshire Health and Wellbeing Strategy 2022-2026	1) Every Child has the Best Start in Life - We will improve the life chances of all children in Nottinghamshire. 2) Everyone can access the right level of support to improve their health - Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths. Priority: Obesity and Tobacco
		Nottinghamshire Better Births/Maternity Transformation Strategy	As part of the LMNS (see below) there is a maternal public health workstream which incorporates actions that aim to improve maternity health. SFH are also an early implementor for NHSE's new tobacco treatment pathway in maternity bringing smoking cessation support in house, this falls under the umbrella of the LMNS as well. Finally there is a (newly established) Best Start breastfeeding group that reports both to the Best Start Partnership and the maternal public health workstream of the LMNS. Bassetlaw are part of the South Yorkshire and Bassetlaw Local Maternity System, they have similar aims although their prevention work is less defined.
		Nottingham and Nottinghamshire Local Maternity Transformation System (LMNS)	Delivers on the National Better Births Programme
C05a - Baby's first feed breastmilk		Nottinghamshire Best Start Strategy 2021-2025	Action 6: Children and parents/carers have good health outcomes

			We will: Continue efforts to improve the prevalence of breastfeeding, focused on areas of the county with the lowest rates- • Good breastfeeding support offer including peer support through Children's Centre Service volunteer led 'Babes' groups • There is a Breastfeeding friendly places scheme
C06 - Smoking status at time of delivery		Nottinghamshire Best Start Strategy 2021-2025	<u>Action 2: Mothers and babies have positive pregnancy outcomes</u> We will: Work in partnership to reduce the proportion of women smoking in pregnancy
C12 - Percentage of looked after children whose emotional wellbeing is a cause for concern		Partnership Strategy for Looked After Children and Care leavers 2022-2025 (currently under consultation)	High aspirations and expectations that every looked after child and care leaver: • Is safe and feels safe • Experiences good physical, emotional and mental health & wellbeing • Fulfils their potential • Makes a positive contribution to their communities • Has a successful transition to adulthood • Achieves sustained and fulfilling employment & economic independence Four commitments made to every looked after child and care leaver: • We will ensure that your voice is heard and has influence • We will help you to experience stability as much as possible – at home, at school and in relationships which matter to you • We will seek to understand and recognise your individual needs

			• We will encourage you to dream and be aspirational and ambitious about now and about the future
		Nottinghamshire Best Start Strategy 2021-2025	Ambition 6: Children and parents/carers have good health outcomes
		Nottinghamshire Health and Wellbeing Strategy 2022-2026	1) Every Child has the Best Start in Life - We will improve the life chances of all children in Nottinghamshire. 2) Everyone can access the right level of support to improve their health - Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths. Looked After Children JSNA Chapter to inform strategic commissioning Priority: Best Start
		Nottinghamshire Council Plan 2021-2031	Ambition 3: Keeping children, vulnerable adults and communities safe Keep improving our support for vulnerable people- Our new councillor-led Children Looked After Board, will drive our work to keep children safe in our care.
C14b - Emergency Hospital Admissions for Intentional Self-Harm		Nottinghamshire Council Plan 2021-2031	Ambition 1: Helping our people live healthier and more independent lives Promote good mental health and wellbeing for everyone.
C16 - Percentage of adults (aged 18+) classified as overweight or obese		Nottinghamshire Best Start Strategy 2021-2025	Action 6: Children and parents/carers have good health outcomes We will: Work to improve the food environment for families with young children through delivery of the Childhood Obesity Trailblazer by: - Making access to affordable, healthy food easier - Improving the quality of food provision through early years settings

			- Enabling parents to develop good eating habits with their children - Promoting consistent messages
		Nottinghamshire Health and Wellbeing Strategy 2022-2026	Relevant Ambitions: 1) Every Child has the Best Start in Life - We will improve the life chances of all children in Nottinghamshire. 2) Everyone can access the right level of support to improve their health - Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths. Priority: Obesity
C19a - Successful completion of drug treatment - opiate users		National Drug Strategy	From Harm to Hope 10 Year Drugs Plan to Cut Crime and Save Lives
		Nottinghamshire Substance Misuse Framework revision	Following revision of JSNA Substance Misuse Chapter, Substance Misuse Framework will be revised detailing: Actions following recommendations in Government Strategy above Reasons for Investing in Substance Misuse Reduction Governance and Accountability Commissioning Responsibilities- working with our provider CGL Action Plan
		Nottinghamshire JSNA	Revision Substance Misuse JSNA Chapter
C21 - Admission episodes for alcohol-related conditions (Narrow): Old Method		Nottinghamshire Health and Wellbeing Strategy 2022-2026	2) Everyone can access the right level of support to improve their health - Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths.

			3) Create Healthy and Sustainable Places - Everyone will grow, live, work and age in places that promote good health, tackle the causes of health inequalities and address the climate crisis. 4) Keep our communities safe and healthy – We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want. Priority: Alcohol
		Nottinghamshire ICS Health Inequalities Strategy	Categories for Objectives in HI Strategy: Health and Care Services Lifestyle Factors- Alcohol as a priority Living and Working Conditions
C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.		Nottinghamshire Substance Misuse Framework revision Nottinghamshire Substance Misuse JSNA	Following revision of JSNA Substance Misuse Chapter, Substance Misuse Framework will be revised detailing: Actions following recommendations in Government Strategy above Reasons for Investing in Substance Misuse Reduction Governance and Accountability Commissioning Responsibilities- working with our provider CGL Action Plan
		Nottinghamshire ICS Clinical and Community Services Strategy	Outcome ambitions: 1 Our people live longer, healthier lives 2 Our children have a good start in life 3 Our people and families are resilient and have good health and wellbeing

			4 Our people enjoy healthy and independent ageing for longer, at home or in their community 5 Our people have equitable access to the right care at the right time in the right place 6 Our services meet the needs of our people in a positive way
C26a - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check		Nottinghamshire NHS Health Checks Performance and Quality Framework 2019 (requires revision post COVID-framework action plan currently on hold)	Overall Goal: To prevent and reduce the risk of vascular disease in the population by conducting risk assessment of Nottinghamshire residents aged 40 to 74 who do not have an existing vascular disease / are not already being treated for certain risk factors. 5 year rolling results: Invitations % of eligible population Coverage % of eligible population Management of CVD risk Diagnosis of related conditions e.g. hypertension, diabetes Referrals to smoking cessation, obesity prevention & weight management, substance misuse services
C27 - Percentage reporting a long term Musculoskeletal (MSK) problem		Nottinghamshire Adult Social Care Service Plan 2021/2022	Service improvement: SI 14 Focus on prevention and early intervention so people do not reach crisis point (local area coordination) Ageing Well: Increase the number of older people who benefit from a short-term preventative intervention, including reablement, before a new or increased package of care at home is put in place through optimising the Maximising Independence Service
		Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026	Ambition 2) Everyone can access the right level of support to improve their health - Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths.

		Nottinghamshire Council Plan 2021-2031	<u>Ambition 1: Helping our people live healthier and more independent lives</u> Support individuals to improve their health and wellbeing- including physical activity.
C29 - Emergency hospital admissions due to falls in people aged 80+ E13 - Hip fractures in people aged 65 and over E13 - Hip fractures in people aged 80+		Nottinghamshire ICS Clinical and Community Services Strategy	<u>Relevant Outcome ambitions:</u> 1 Our people live longer, healthier lives 3 Our people and families are resilient and have good health and wellbeing 4 Our people enjoy healthy and independent ageing for longer, at home or in their community 5 Our people have equitable access to the right care at the right time in the right place 6 Our services meet the needs of our people in a positive way
		Nottinghamshire Adult Social Care Service Plan 2021-2022	<u>Ageing Well:</u> Extended delivery of existing transformation programmes Integrated Personalised Care and Support Systems
D04f - Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old)		NHS Midlands led- NCC support School Imms Team	2020/21: extremely challenging year for the school imms team The impact of the COVID-19 pandemic has affected uptake in the school immunisation programmes due to a number of factors, school closures, sessions been cancelled due staff and students isolating, pressures on staffing within the school team due to the personal impact of COVID-19. Also the challenge of increasing negative attitudes towards vaccinations in general, which seems to be a knock on effect on the back of concerns about the COVID vaccines. We continue to work closely with the team to identify strategies to improve uptake and we have also set up a Midlands SAIS network to look at the issues. The SAIS team continue to revisit those with outstanding vaccinations to catch up where possible, this also includes a back log from the

			beginning of the pandemic in 2019/20, however catch up is problematic at the moment because of the children's COVID vaccination programme and flu being the priority for the team and also planning for a potential dose 2 of the COVID vaccination.
E08 - Mortality rate from a range of specified communicable diseases, including influenza (does not include COVID 19)		Adult Social Care Service Plan 2021-2022	Service Improvement Priorities: SI 5 Keep people safe and well (reviews, safe and well checks, contain outbreaks and infection)
		Health Protection Board- newly formed- TOR in draft (was Health Protection Strategy Group)	Chaired by DPH Seeks assurance from stakeholders regarding health protection issues including infectious disease Oversees public communications regarding infectious disease including flu NCC runs own employer flu vaccination programme
		NHSE Flu Vaccination Steering Group	NCC key stakeholder and contributes to public communications on flu vaccine uptake
E09b - Excess under 75 mortality rate in adults with severe mental illness (SMI)		Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026	Relevant Ambitions: 2) Everyone can access the right level of support to improve their health - Health, care and community services will work together to strengthen their focus on promoting good health & wellbeing and preventing illness, by building on people's strengths. 3) Create Healthy and Sustainable Places - Everyone will grow, live, work and age in places that promote good health, tackle the causes of health inequalities and address the climate crisis. 4) Keep our communities safe and healthy – We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.

			Priority: Mental Health
		Nottinghamshire Council Plan 2021-2031	<u>Ambition 1: Helping our people live healthier and more independent lives</u> Promote good mental health and wellbeing for everyone. <u>Ambition 3: Keeping children, vulnerable adults and communities safe</u> Support adults with learning disabilities, mental health issues, autism spectrum disorders or physical disabilities to live independently
		Nottinghamshire Adult Social Care Service Plan 2021-2022	Promote mental wellbeing (Community Assets and Services) Living Well: 1 Mental Health: Joint development with partners of a clear and robust Adult & Older Adult Community Mental Health offer. 2 Mental Health: Implementation of the business case for a 24/7 AMHP service. 3 Mental Health: Implementation of the Mental Health Act reforms once approved by Government.

Nottinghamshire County Council

Appendix 2 PHOF Change Relative to England or Benchmark

Topic	Indicator	Change From	Change to	Direction of change
Overarching Indicators	**A01a - Healthy life expectancy at 65 (Female)**	**Worse than England**	**Similar to England**	**(+) Improving**
Overarching Indicators	**A01c - Disability-free life expectancy at birth (Female)**	**Worse than England**	**Similar to England**	**(+) Improving**
Wider determinants of health	B05 - 16-17 year olds not in education, employment or training (NEET) or whose activity is not known	Similar to England	Worse than England	(-) Declining
Wider determinants of health	B06a - Adults with a learning disability who live in stable and appropriate accommodation	Worse than England	Similar to England	(+) Improving
Wider determinants of health	B08b - Gap in the employment rate between those with a learning disability and the overall employment rate	Similar to England	Worse than England	(-) Declining
Wider determinants of health	B08c - Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate	Similar to England	Worse than England	(-) Declining
Wider determinants of health	B08d - Percentage of people in employment	Better than England	Similar to England	(-) Declining
Wider determinants of health	B09a - Sickness absence - the percentage of employees who had at least one day off in the previous week	Similar to England	Better than England	(+) Improving
Wider determinants of health	B11 - Domestic abuse-related incidents and crimes	Second lowest quintile	Lowest quintile	(-) Declining
Wider determinants of health	B13a - Re-offending levels - percentage of offenders who re-offend	Middle quintile	Second highest quintile	(-) Declining
Wider determinants of health	B17 - Fuel poverty (low income, high cost methodology)	Best quintile	Middle quintile	(-) Declining
Wider determinants of health	B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like (18+ yrs)	Worse than England	Similar to England	(+) Improving
Health Improvement	C04 - Low birth weight of term babies	Similar to England	Better than England	(+) Improving
Health Improvement	C05a - Baby's first feed breastmilk	Not calculated	Worse than England	(sense not clear)
Health Improvement	C08a - Child development: percentage of children achieving a good level of development at 2-2½ years	Similar to England	Better than England	(+) Improving

Nottinghamshire County Council

Topic	Indicator	Change From	Change to	Direction of change
Health Improvement	C08b - Child development: percentage of children achieving the expected level in communication skills at 2-2½ years	Similar to England	Better than England	(+) Improving
Health Improvement	C11b - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)	Better than England	Similar to England	(-) Declining
Health Improvement	C14b - Emergency Hospital Admissions for Intentional Self-Harm	Similar to England	Worse than England	(-) Declining
Health Improvement	C19a - Successful completion of drug treatment - opiate users	Similar to England	Worse than England	(-) Declining
Health Improvement	C19b - Successful completion of drug treatment - non-opiate users	Better than England	Similar to England	(-) Declining
Health Improvement	C20 - Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	Worse than England	Similar to England	(+) Improving
Health Improvement	C21 - Admission episodes for alcohol-related conditions (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Male)	Similar to England	Worse than England	(-) Declining
Health Improvement	C23 - Percentage of cancers diagnosed at stages 1 and 2	Worse than England	Similar to England	(+) Improving
Health Improvement	C28a - Self-reported wellbeing - people with a low satisfaction score	Not calculated	Similar to England	(sense not clear)
Health Improvement	C29 - Emergency hospital admissions due to falls in people aged 65 and over	Worse than England	Similar to England	(+) Improving
Health Improvement	C29 - Emergency hospital admissions due to falls in people aged 65-79	Similar to England	Better than England	(+) Improving
Health Protection	D02a - Chlamydia detection rate / 100,000 aged 15 to 24	Benchmark - middle	Benchmark - better	(+) Improving
Health Protection	D03d - Population vaccination coverage - MenB (1 year)	Benchmark - middle	Benchmark - better	(+) Improving
Health Protection	D03i - Population vaccination coverage - MenB booster (2 years)	Benchmark - worse	Benchmark - middle	(+) Improving
Health Protection	D03l - Population vaccination coverage - Flu (2-3 years old)	Benchmark - middle	Benchmark - better	(+) Improving

Nottinghamshire County Council

Appendix 2 PHOF Change Relative to England or Benchmark

Topic	Indicator	Change From	Change to	Direction of change
Health Protection	D04c - Population vaccination coverage - MMR for two doses (5 years old)	Benchmark - worse	Benchmark - middle	(+) Improving
Health Protection	D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old) (Female)	Benchmark - better	Benchmark - worse	(-) Declining
Health Protection	D04f - Population vaccination coverage - HPV vaccination coverage for two doses (13-14 years old) (Female)	Benchmark - better	Benchmark - worse	(-) Declining
Health Protection	D05 - Population vaccination coverage - Flu (at risk individuals)	Benchmark - worse	Benchmark - better	(+) Improving
Healthcare and premature mortality	E09a - Premature mortality in adults with severe mental illness (SMI)	Similar to England	Better than England	(+) Improving
Healthcare and premature mortality	E10 - Suicide rate	Similar to England	Better than England	(+) Improving

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

24 January 2022

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

UPDATE ON DELIVERY OF THE LOCAL OUTBREAK MANAGEMENT PLAN

Purpose of the Report

1. To present the revised Local Outbreak Management Plan for approval by the Committee.

2. To provide an update on the establishment of the COVID-19 Response Service following approval by the Adult Social Care and Public Health (ASCPH) Committee on 14 June 2021.

3. To seek approval for changes to the establishment of the COVID-19 Response Team outlined in paragraph 12 to mitigate against the impact of recruitment difficulties.

4. To provide an update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund.

Information

Local Outbreak Management Plan

5. The Local Outbreak Management Plan for Nottinghamshire County Council was first published in June 2020, following notification that upper tier local authorities would take on responsibility for the management of local outbreaks. The plan has subsequently been refreshed in line with changes to the Contain Framework guidance and approved by the COVID-19 Resilience, Recovery and Renewal Committee in March 2021. The Plan has now been refreshed again to take account of further changes to the Contain Framework and revised Government policy.

6. The updated Local Outbreak Management Plan outlines how the local authority will discharge key elements of the local outbreak response in accordance with the national Contain Framework, including:

   a. Outbreak management in higher-risk settings, communities, and locations e.g. care homes, prisons, hospitals, education, and homelessness settings.
   b. Data and surveillance, including analysis of multiple data sources and local outbreak investigations to provide a clear picture of the local COVID-19 situation.
   c. Community testing involving symptomatic, asymptomatic and surge COVID-19 testing in response to local outbreaks.
   d. Contact tracing and enhanced contact tracing, in partnership with UK Health Security Agency teams to advise positive cases on self-isolation and trace their contacts.

e. Engaging businesses, including good practice guidance on COVID-19 safety and managing outbreaks.
f. Support for self-isolation, such as advice and provision of essentials and financial support.
g. Support for vulnerable people and under-served communities, including the clinically extremely vulnerable (CEV,) including support during self-isolation.
h. Compliance and enforcement to engage, explain, encourage and enforce COVID safety and COVID-19 regulations.
i. Communications and engagement, including community resilience.
j. Interface with the vaccine programme, including plans to tackle disparities in vaccination take-up.

7. With the evolving nature of the COVID-19 pandemic, national strategy has changed over time. Since the end of November, Nottinghamshire County Council has mobilised targeted testing in response to the first case of omicron. During December and January, the Council has supported the implementation of Winter Plan B and has redeployed staff to mitigate workforce pressures in some services. The Council will continue to adapt its response in line with national strategy and local need. In the months ahead the Plan itself will also be reviewed to ensure it remains in line with the best evidence and latest policy.

8. The latest revision is presented in **Appendix A** for approval by the Committee.

COVID-19 Response Service

9. Adult Social Care and Public Health (ASCPH) Committee agreed to establish a COVID-19 Response Service at its meeting on 14 June 2021. The purpose of the service is to ensure that the Council can fulfil its responsibilities through the delivery of the Local Outbreak Management Plan. This will protect the health of people in Nottinghamshire from COVID-19, support people in Nottinghamshire to protect themselves and others and provide confidence and assurance to the public and stakeholders on local outbreak management activities.

10. The service includes a dedicated COVID Response Team within the Public Health division, supported by a range of services provided across the Council and by external providers. The service delivers a wide range of outbreak response elements including surveillance, testing, contact tracing, and management of outbreaks in high risk settings.

11. Recruitment took place during the summer and a comprehensive induction and introduction to outbreak management has supported staff to take up their new roles. This has also helped existing Public Health staff who have been deployed on COVID-19 response since early 2020 to return to their business as usual duties. Most posts are now filled, except for the Consultant in Public Health roles due to availability of suitably qualified individuals. Partial interim support is being provided through agency staff. There is also ongoing recruitment for some of the support services, such as emergency planning.

12. Following the outcome of recruitment, a number of changes are proposed to the staffing establishment to address gaps in workforce. These are:

    a. Establishment of an additional temporary, until September 2023, 1 FTE Outbreak Investigator (Band A) with an Environmental Health focus to replace 1 FTE Environmental Health Officer (Band F) because senior Environmental Health support was not available from district and borough council partners.

b. Establishment of an additional temporary, until September 2023, 0.5 FTE Senior COVID-19 Response Service Manager (Band E) to replace 0.5 FTE Consultant in Public Health because of the difficulty in securing suitably qualified individuals.

c. Extension of the fixed term contracts of 2 FTE Apprentice Public Health Support Officers (Band B) from 24 months to 36 months to align with the timescales of the apprenticeship qualification.

13. The financial impact of these changes, when comparing against the staffing costs originally anticipated for the COVID-19 Response Service, is a net saving of £39,041 to the Contain Outbreak Management Fund and Public Health Grant Reserves.

14. A review to assess the current situation and likely ongoing need for the service will take place in Spring 2022.

Test and Trace Grant and Contain Outbreak Management Fund

15. Government funding to support the mitigation and containment of local outbreaks of COVID-19 has been allocated to local authorities through the Test and Trace Grant and Contain Outbreak Management Fund. Nottinghamshire County Council has received £29,479,916 through these two grants to date. District & Borough Councils have received individual allocations based on MHCLG's COVID-19 relative needs formula, which is governed by the same authorised purposes and reporting mechanisms.

16. ASCPH Committee approved a resource plan for the Test & Trace Grant on 14 September 2020 and initial allocation of the Contain Outbreak Management Fund on 11 January 2021. Total spend relating to the two funds to date is:

a. 2020/21 full year spend is £5,311,448
b. 2021/22 year to date spend is £3,772,571

17. At the time of writing the paper, the full forecast spend for 2021/22 is: £6,389,813

18. The funding for the COVID Response Service is part of this financial plan. The full costs for the service over two years is £6,480,277, which is broken down as:

- COVID Response Team Costs: £3,494,357 (Annual Cost: £1,747,178)
- Support Services (including 8.8 FTE staff): £2,985,920 (Annual cost: £1,492,960)

The costs attributed to the COVID-19 Response Service to end March 2022 is £1,620,069.

19. Other examples of areas of spend in 2021-22 include:

a. Development of a county-wide homelessness team to address current gaps in services to homeless and rough sleepers and provide community-based support for those disproportionately impacted by COVID-19.

b. Digital support and equipment has been provided to individuals with social care support packages to allow them to access on-line support where their usual formal and informal

support, such as day services and contact with friends and family were suspended during to COVID

c. Development of the Food Community Fund, working with the Food Insecurity Network to assess project applications to build community resilience to food poverty through a focus on sustainable measures, building on existing community food assets and expanding provision.

d. Market surveillance and inspections at retailers to ensure PPE, hand sanitisers and test kits being sold were compliant across the County.

e. Additional support is being given to the Domestic Abuse Helpline which has seen an increase of demand for support to female survivors of domestic abuse during the pandemic.

20. A full breakdown of spend is included in **Appendix B** which meets the authorised purposes for the grant, including use on testing, contact tracing, support for vulnerable groups, compliance and enforcement and vaccination.

21. At the end of December 2021 Local Authorities were notified that that unspent monies from the Contain Outbreak Management Fund (COMF) could be carried forward into the 2022-23 financial year. Full guidance on the latest provisions is expected early in the New Year. The utilisation of the grants are governed by specific conditions, which are outlined in Appendix B. In addition, there have been several complimentary funding streams, such as Infection Control Fund and Practical Support Payment Fund. Due to the need to recruit to the COVID-19 Response Team, only 6 months of the expected service costs are allocated to the Grant in the current financial year. Service costs from April 22 – September 23 is expected to be in the region of £4,860,207

22. The extension on the use of the Contain Outbreak Management fund to March 2023 will include the 2022-23 service costs for the COVID-19 Response Service. The County Council is forecasting £6.69 million expenditure to cover the cost pressures associated with responding to future outbreaks during 2022-23. This forecast is currently under review and expected to increase significantly due to continued service impacts of the pandemic.

23. In summary, the current position for the Contain Outbreak Management Fund is:

a. Total fund received by Nottinghamshire County Council - £29,479,916
b. 2020/21 full year spend is £5,311,448
c. Total amount spent and committed by end March 2022 - £6,389,813
d. Total amount committed in 2022-23 - £6,689,664
e. Current forecasted uncommitted Contain Outbreak Management Fund £11,088,991. This amount is expected to decrease as per the review of pandemic impacts across services.

24. As agreed in June, Public Health Grant reserves will be used to underwrite the additional costs of the COVID-19 Response Service between April and September 2023, if required. This has been factored into the PH Reserve spending plan accordingly mitigating any additional financial risk for the council.

Other Options Considered

25. No other options were considered as this is an update report.

Reason for Recommendation

26. A sustainable COVID-19 response service model is required to continue to deliver on the commitments outlined within Nottinghamshire's Local Outbreak Management Plan.

Statutory and Policy Implications

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

Financial Implications

28. The financial implications are included in paragraphs 13 and 16- 24 of this report.

Human Resources Implications

29. HR implications are included in paragraphs 10-13 of this report.

30. The proposals have been shared, for information purposes, with the relevant recognised trade unions.

RECOMMENDATION/S

That committee:

1) Approves the revised Nottinghamshire County Council Local Outbreak Management Plan.

2) Receives an update on the establishment of the COVID-19 Response Service following approval by the Adult Social Care and Public Health (ASCPH) Committee on 14 June 2021.

3) Approves the changes to the establishment of the COVID-19 Response Team outlined in paragraph 12 to mitigate against the impact of recruitment difficulties.

4) Receives an update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (AK 20/12/2021)

31. This report falls within the remint of Adult Social Care and Public Health Committee under its terms of reference

Financial Comments (DG 20/12/21)

32. All costs are coved by the COMF and Test and Trace Grant within the financial year 31st March 22, but costs in future years, if the grant is unable to be carried forward will be met from the Public Health reserves.

HR Comments (WI 23/12/2021)

33. Recruitment to the newly established posts will be on a fixed term basis, for the duration as outlined in the report and in line with the Authority's recruitment procedures. The Authority's managed service contract for agency provision will be utilised where necessary.

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.

- Sustaining the Delivery of the Local Outbreak Management Plan. Report to Adult Social Care and Public Health Committee (14 June 2021.)

- Local Authority Test & Trace Grant Resource Plan. Report to Adult Social Care and Public Health Committee (14 September 2020)

- Contain Outbreak Management Fund. Report to Adult Social Care and Public Health Committee (11 January 2021)

Electoral Division(s) and Member(s) Affected

- All

Appendix A:

DRAFT NOTTINGHAMSHIRE COVID-19 Local Outbreak Management Plan

Document Control

Name of document	Nottinghamshire County Council COVID-19 Local Outbreak Management Plan
Version and Date	Version 3.1 – 15.12.2021
Owner	Nottinghamshire COVID-19 Strategic Oversight Group
Authors	Public Health Team
Next review due	3 months

Quality assurance and approval

Date	Approval by

Review

This document will be regularly reviewed and updated following the publication of new guidance or identification of local learning.

Date	Edits by	Description of updates
11.11.2021	KM	Adjustments for Contain Framework updated 7.10.2021 and national COVID-19 Autumn and Winter Plan 2021 updated 9.11.2021
13.12.2021	CW/KM	Adjustments for recent changes to Sections 10, 11 and 15, and for implementation of Plan B
15.12.2021	KM	Adding / updating links to national guidance

Contents

Part 1: Introduction

In June 2020 Nottinghamshire County Council first published its local outbreak management plan which set out arrangements for Nottinghamshire's response to the COVID-19 pandemic. The Plan was refreshed in March 2021 following publication of the Government's Roadmap for exiting national lockdown and the refresh of the national Contain Framework Since then, the plan has been in continuous or repeated use as the blueprint for local action by local authorities working closely with UK Health Security Agency (UKHSA), the local NHS, Nottinghamshire Police, Nottinghamshire Fire & Rescue and other partner agencies.

In Autumn 2021, the Government published its Autumn and Winter Plan and updated the national Contain Framework, which means that the Local Outbreak Management Plan now needs to be refreshed to ensure that it describes the arrangements needed in Nottinghamshire County for the next period, and takes account of challenges that the Autumn and Winter will bring. The evolving nature of the pandemic means that policy and guidance changes rapidly, and so links are included to national guidance where the latest position will be found.

Underlying the plan is the evidence that, even with the widespread uptake of effective vaccines, COVID-19 will continue to circulate for the next couple of years. Therefore, arrangements must be made which enable people, employers, education and civic society to manage risk while ensure that the NHS does not come under unsustainable pressure. The updated Local Outbreak Management Plan identifies these arrangements including those which require additional work to enable people in Nottinghamshire to live with COVID-19 in a way that is safe and confident.

1. Purpose

Nottinghamshire County Council first produced its Local Outbreak Control Plan (LOCP) in June 2020 as part of a national strategy to reduce infection from COVID-19. Local plans were refreshed in March 2021 and November 2021, incorporating the learnings of the past and planning for the next phase of the response.

The overall purpose of the refreshed plan is to seek to prevent, reduce and contain coronavirus infection taking account of recent changes including:

- Continued roll-out of the coronavirus vaccination programme with additions of booster vaccination and the offer of vaccination to younger cohorts
- Increasing incidence of infection at a national level whilst numbers of people dying or needing hospital treatment remain at levels well below those seen in previous waves
- Publication of the Government's COVID-19 response: Autumn and Winter Plan 2021
- Refresh of the Government's national Contain Framework

The updated national Contain Framework sets out a combination prevention approach for which this Local Outbreak Management Plan describes the local components.

The Local Outbreak Management Plan is owned by Nottinghamshire County Council but is critically dependent on the close collaboration and mutual aid of partner organisations in the Local Resilience Forum (LRF). The multi-agency insights and capacity brought by these partners will be essential to the further development and implementation of the plan.

2. Aims

The main aims of the Local Outbreak Management Plan are to:

a) Protect the health of people in Nottinghamshire from COVID-19 by:

- Minimising/preventing the spread of the virus
- Identifying and taking action to suppress outbreaks
- Co-ordinating capabilities for testing and contact tracing
- Identifying action to ensure compliance with regulations
- Co-ordinating capabilities across stakeholders.

b) Support people in Nottinghamshire to protect themselves and others from COVID-19 by:

- Providing advice on preventing the spread of the virus
- Supporting the NHS vaccination programme
- Supporting self-isolation
- Considering the needs of vulnerable people and under-served communities.

c) Provide confidence and assurance to the public and stakeholders by:

- Publishing the updated local outbreak management plan
- Reporting via a member-led governance structure
- Having a good epidemiological surveillance system
- Communicating and engaging with local people and organisations.

3. The local context

3.1 Key characteristics of Nottingham and Nottinghamshire

- Nottinghamshire County has a population of 828,200. Working age residents comprise 59% of the population, 20% are under 18 years old and 21% are aged 65 and older.
- Nottingham City and Nottinghamshire are home to two universities, the University of Nottingham and Nottingham Trent University, with approximately 67,000 students living and studying at a number of campuses across the City and County. About two thirds of students at these universities live within the City boundaries, but others live in district areas within the County. Many students live in shared accommodation, either within halls of residence or shared private rented accommodation.
- Four local prisons; HMP Nottingham; HMP Lowdham Grange; HMP Whatton and HMP Ranby have a combined capacity of 3,595 prisoners.
- In Nottingham and Nottinghamshire there are 364 care homes, residential and nursing, registered with the Care Quality Commission.

- There are 76 Ofsted registered children and young people's residential settings in Nottingham and Nottinghamshire. Young adults aged under 21 also receive support in semi-independent living across circa 120 different settings.
- There are approximately 100 schools in Nottingham City and 340 in Nottinghamshire County, plus alternative provision schools.

3.2 Infection rates in Nottinghamshire County

The first COVID-19 case in Nottinghamshire was recorded on the 21st February 2020. As of 6th November 2021, there had been a total of 74,136 confirmed cases among residents in the County or 8.95% of the population.

Chart 1: Weekly COVID-19 incidence rate, Nottinghamshire County 1 Sept 2020 to 4 November 2021

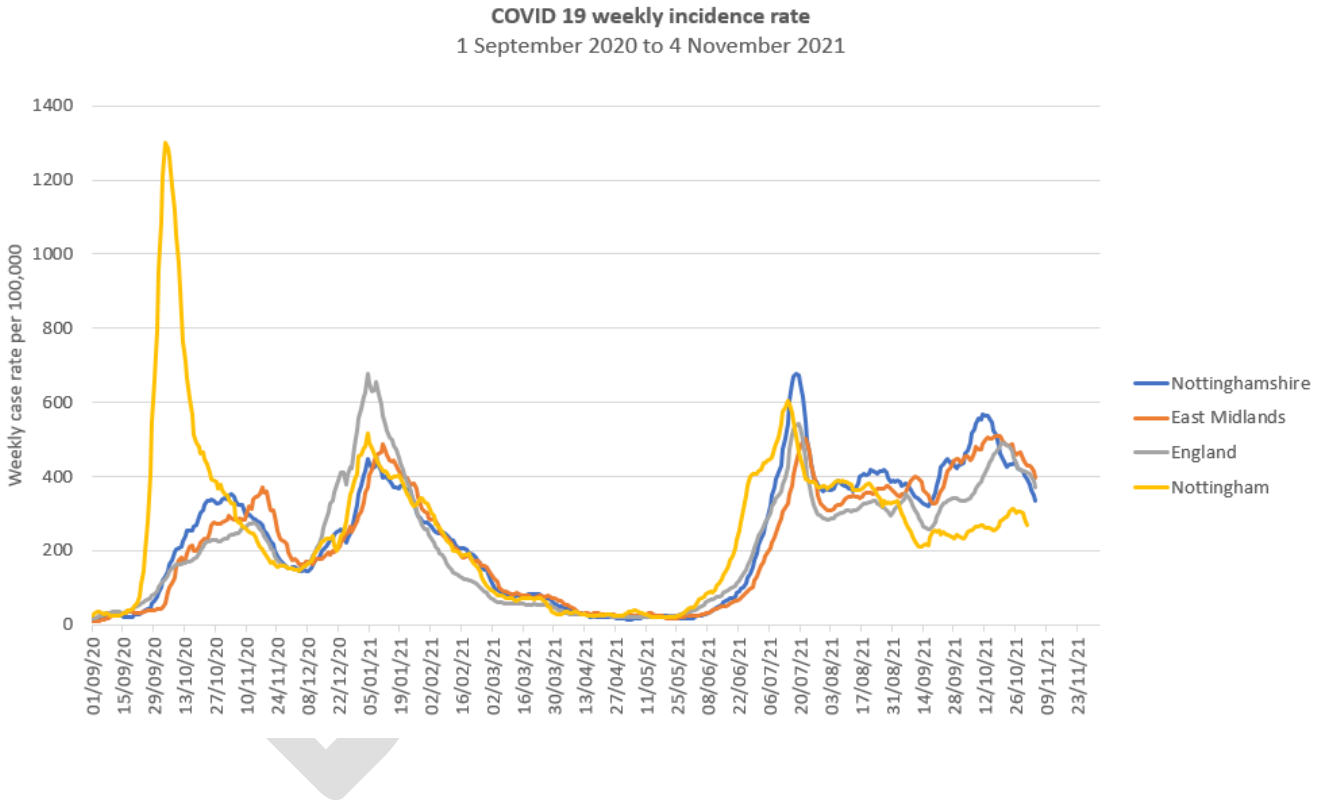
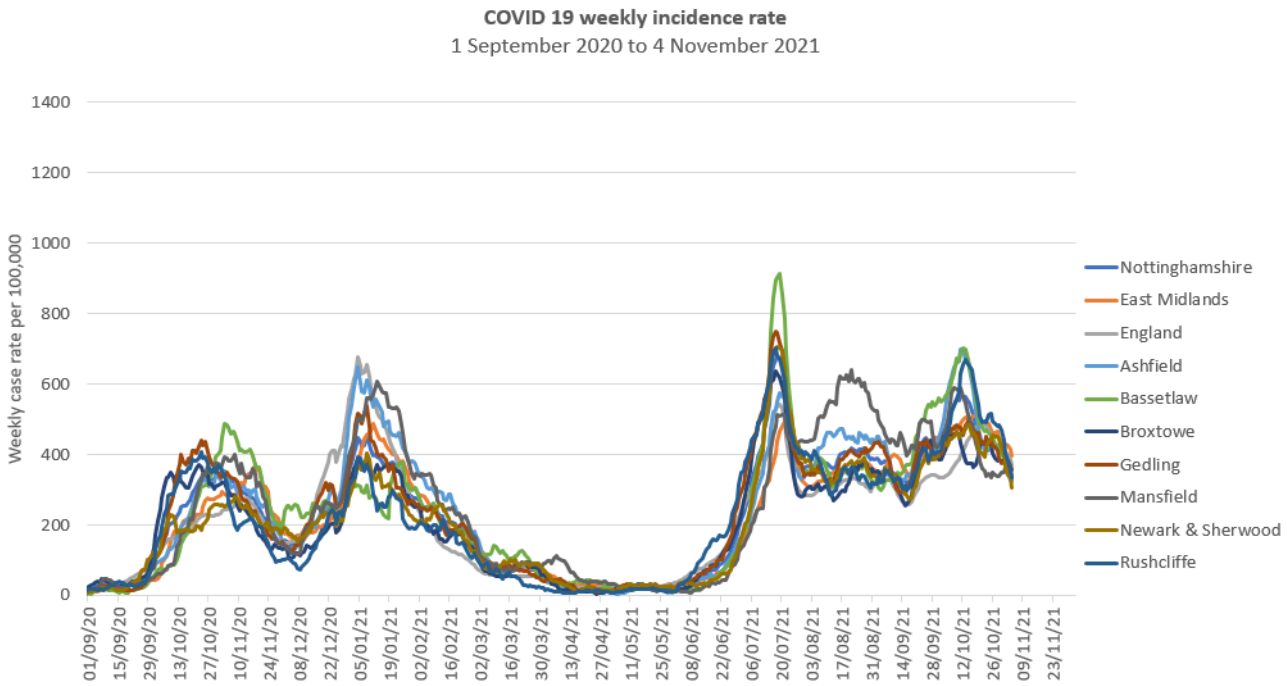


Chart 2: Weekly COVID-19 incidence rate, Nottinghamshire County districts 1 Sept 2020 – 4 November 2021



Further information about the local population is provided in Appendix A and online at [Home - Nottinghamshire Insight].

Part 2: Controlling COVID-19

4. Outbreak management

4.1 Overview

Outbreak management is a combination of:

- Health protection expertise and capabilities (local authority public health, environmental health and UK Health Security Agency) including epidemiology and surveillance; infection suppression and control techniques and contact tracing investigation and evaluation.
- Multi-agency capabilities to support the deployment of resources to deliver health protection functions at scale where needed (Local Resilience Forum, with community leadership provided by elected members)

Within the LRF structure, the Local Outbreak Cell facilitates the day-to-day operational delivery of the outbreak management plan, escalating and reporting any issues to the LRF Tactical Coordinating Group (TCG). The Cell provides a single point of contact for queries

and the notification of concerns, and coordinates the following outbreak management activity to ensure effective and timely response to the changing local situation:

- A daily review of population level data and local situations is undertaken. This work monitors case rates, identifies trends and highlights new outbreaks which require investigation and / or follow up actions. It involves multi-agency partners to provide a holistic view of the local situation and actions being taken.

- The Local Outbreak Cell is responsible for keeping oversight of all actions and agrees to stand up Outbreak Control Teams (OCT) or Incident Management Teams (IMT) in response to an emerging risk or defined outbreak. OCTs and IMTs provide the forum to co-ordinate the resourcing and deployment of resource, including environmental health officers, Infection Prevention Control expertise, local testing and contact tracing.

    - An IMT is established in response to a local geographical or broad-ranging incident. IMTs can be place-based e.g. district level, or countywide or generic-setting e.g. universities or care homes. This allows discussion of common themes and coordinated activity across the setting or geography of concern. The effectiveness of geographically based IMTs will be reviewed as will their ability to look at granular detail to identify decisive local actions.

    - An OCT is established in response to a specific local outbreak. These can be led by Local Authority Public Health teams or UK Health Security Agency (UKHSA) depending on scope. OCTs are generally setting-specific e.g. high-risk workplace or common-setting e.g. across multiple sites of a large organisation. Outbreak control meetings ensure all control measures are considered to manage outbreaks.

- An enhanced contact tracing process is in place, (also referred to as Outbreak Investigation & Rapid Response) to ensure situations of interest are identified and investigated as soon as possible. This provides resilience between UKHSA and Local Authorities to share intelligence and prioritise action based on assessed level of risk. This is supported by the local client management system: COVIZ, which combines UKHSA data with local intelligence to highlight trends and situations of interest. Further information on contact tracing is included in Section 7.

Weekly reports are produced to summarise the local situation, highlighting the relative contribution of local workplace, care home and prison outbreaks in the overall position, as well as providing analysis on age-specific, geographical and positivity trends. These are made available to the TCG. Information is also reviewed in conjunction with UKHSA to escalate any local areas of concern.

In addition to general outbreak management activity, there are a number of activities and processes to manage care homes, healthcare, education and childcare settings, and the business sector as they represent settings of particular interest and higher risk.

4.1.1 Health & Social Care Settings

The Nottingham and Nottinghamshire health and social care system (covered by the County Council, City Council, and two Clinical Commissioning Groups (Nottingham & Nottinghamshire CCG and Bassetlaw CCG,) work in partnership to provide support, guidance and quality assurance to care homes, supported living and home-care providers. The ICS Care Sector Partnership Strategic Group (co-chaired by Notts County Council Service Director: Strategic Commissioning & Integration, Adult Social Care & Health and CCG Assistant Director of Quality and Personalised Care) provides oversight of all related pressures such as care home bed capacity, discharge and workforce pressures. Mitigating actions are agreed and monitored ensuring senior level engagement and assurance across the local health and social care system.

- The health and social care system has provided support throughout the pandemic ensuring providers receive timely information, practical support, help and guidance in relation to residents & service users. Measures include:

    - A regular taskforce to identify outbreaks, monitor and manage Infection Prevention Control (IPC) and quality measures across care homes, supported living and home care providers.
    - System calls to identify areas of immediate and emerging concern and potential sources of support to care homes and home care providers.
    - Twice-weekly communications to providers on new guidance, developments and training opportunities.
    - Clinical support offer in-reaching to care homes and home care providers
    - System view of fragile care homes and home care i.e. those providers with financial or leadership challenges
    - Planning for care homes which are closed to admission for COVID positive
    - Support and advice on PPE, vaccination and testing
    - Regular system-wide care home training and webinars to support effective learning and implementation of COVID-19 control and IPC measures and to help promote Government guidance.

- Local NHS Hospital Trusts monitor internal outbreak information including current COVID-19 positive inpatients, ward outbreaks and staff absence. Each Trust works closely with input from Local Authority Public Health, UKHSA and NHSE&I colleagues to investigate the current situation and agree required actions. Key issues are fed into the Local Outbreak Cell which meets regularly, with escalation arrangements on non-meeting days. Escalations and joint discussions are raised through the LRF Health & Social Care Economy TCG.

- Outbreaks in Independent Hospitals are highlighted through the Local Outbreak Cell, and Public Health support is provided to ensure control measures are in place, such as IPC support and sharing good outbreak management practice from NHS and other hospitals.

4.1.2 Other High-Risk Settings

- Cases identified among the rough sleeper community or complex settings are led by a programme manager taking advice from specialists as needed. Actions are identified to address the specific needs of the situation. An IMT is stood up as needed, for example where extended multi-agency involvement is required.

- A process for shared learning across the business sector is also in place. A good practice toolkit has been developed with businesses to support COVID-19 secure measures and is available via the NCC website.

- A Nottinghamshire Schools and Early Years surveillance group meets weekly to review cases and provide further analysis and support to these settings. Where support is provided to schools, this follows the principles set out in the Education and Childcare Settings Contingency Framework

Where informal outbreak management measures are not sufficient, legal powers are considered to enforce required actions to manage an outbreak or situation. Compliance and enforcement are described further in Section 11.

4.2 Data sources

The following data sources will be utilised to inform local outbreak management:

- COVID-19 Situational Awareness Explorer: a range of data provided to the Director of Public Health (DPH) by UK Health Security Agency
- UKHSA COVID-19 Local Authority reports
- COVID-19 wastewater programme
- NHS COVID-19 app

The following activity will be undertaken to improve our use of data to inform local outbreak management:

- Close liaison with UKHSA to continuously improve issues pertaining to data quality, particularly around fields such as occupation, as well as coded limits
- Further exploration of the available NHS COVID-19 app summary data and how best this can be used in outbreak management.

4.3 Complex settings

Specific settings-based incident management plans have been developed for use in high-risk settings and places in Nottingham and Nottinghamshire. These plans were developed in partnership for use in settings-based Incident Management Teams as part of the development of the Local Outbreak Control Plan 2020. The plans are and will continue to be kept current by responsible public health and environmental health leads. Specific incident management plans are in place locally for:

- Care homes
- Children's residential settings
- Higher education settings
- Prisons and secure settings

- Education and childcare settings
- Houses in multiple occupation
- Leisure settings
- Rough sleeping, temporarily housed and socially vulnerable individuals
- Places of worship
- Hospitals
- Public realm and transport
- Hospitality
- High-risk workplaces.

Incidents and outbreaks within the settings listed above (and other settings as necessary) are managed through a dedicated whole system approach in collaboration with UK Health Security Agency East Midlands (UKHSA). UKHSA remains the first point of contact for the notification of positive cases and outbreaks. It is important that reports of confirmed cases in these settings are communicated by the setting owner to the UKHSA local Health Protection Team as quickly as possible using the agreed pathways. UKHSA feed this information into the Local Outbreak Cell. A standard operating procedure is in place regionally with UKHSA, which details the link between UKHSA and Local Authority Public Health Teams.

4.4 Surge planning

Flexibility will be required to scale the actions and level of resource up and down as required, dependent on the local situation at any given point in time. Experience has given useful insights in the required activity for a variety of settings and rates of infections. The process described above has proved to provide effective outbreak management, although lessons on adequate capacity management are now being embedded into the future resource plan. The future resource plan will be tested against the reasonable worst-case scenario and is described further in Section 17.

4.5 Variants of concern

A specific area of surge planning has been identified in response to the emergence of new COVID-19 variants of concern (VOC). On identification of a VOC, targeted or surge testing may be required to contribute to surveillance and to suppress the spread of coronavirus.

A local multi-agency surge plan has been produced to respond to the identification of a VOC in Nottingham and Nottinghamshire. This plan has been developed through the LRF and is ready to be enacted as required by the local Directors of Public Health. It addresses all the necessary steps to enable everyone aged over 16 living in a defined locality to take a COVID-19 test during a two-week period, whether they are showing symptoms or not. The plan also includes supplementary actions including communication, self-isolation support, contact tracing and enforcement.

Further detail is included in Section 6.

5 Surveillance

5.1 Routine Surveillance Reports

Nottingham and Nottinghamshire public health analysts produce a catalogue of routine reports overseen by the Local Outbreak Cell to inform local outbreak management. The following standard reports are produced on a regular basis, ranging from daily to weekly:

- **COVID-19 Testing Dashboard**: Covid-19 volumes/rates, aggregated by local authority, cohort and ward. Includes trends over time, rate of change reporting, and positivity trends.
- **Vaccination Report**: Proportions/volumes of vaccinations (1st/2nd dose) by cohort, ward and ethnicity.
- **Population-level data:** National position table, local incidence rates, (upper and lower tier local authorities, prison and care home settings), common exposure reports, spatial distribution by age.
- **Community testing rate and positivity** (deduplicated and excluding tests in health and care locations) trends by: lower-tier local authority; age-band & upper-tier local authority (UTLA); broad ethnic group & UTLA; middle super output area.
- **LRF report**: Weekly deaths/excess deaths report for City/County, cumulative deaths (COVID-19 &non-COVID-19), place of death.
- **TaqPath Lab report:** Sample of Pillar 2 cases containing VOC, upper and lower tier local authorities.
- **Specific investigations:** Detailed analytical reports to support incident and outbreak investigations as required.

5.2 Data integration and information sharing

The Nottingham & Nottinghamshire Local Resilience Forum (LRF) represents the strategic level of decision-making and is responsible for directing and overseeing the emergency planning policies. Its overall purpose is to ensure there is an appropriate level of preparedness to enable an effective multi-agency response to major incidents which may have a significant impact on the communities of Nottingham and Nottinghamshire. Two main groups analyse and present data to the LRF: the LRF data cell and LRF local outbreak cell.

The data cell collects, analyses, interprets and distributes a range of data to support the system's response to COVID-19. This includes a local 'R-value' or measure of the 'growth rate of transmission'. This uses and is presented alongside data on confirmed cases of COVID-19; NHS 111; and hospital admissions. Other data is also distributed to LRF partners on a regular basis including excess mortality and Apple and Google mobility data.

The data cell has worked closely with local authorities to facilitate the sharing of information about those who are clinically extremely vulnerable who at times may require support from local authority services. It also supports local bed modelling of future COVID-19 hospital admissions and ITU capacity which is provided, in confidence, to cell chairs to support their planning. The Local Outbreak Cell's role and operation is described in Section 4 above.

Appendix B summarises the overall approach to data sharing during the COVID-19 pandemic. Data agreements are in place to allow the sharing of line list data between the

two local authorities in order to consolidate data and facilitate joint exploration of COVID-19 case rates.

5.3 Cross-boundary and partnership working

The local authorities have data sharing agreements with a range of LRF partners including, NHS, district & borough councils, police and the two local universities. These agreements allow data to be shared in both directions for the purpose of outbreak management and individual welfare. This has been done to facilitate fast outbreak management and support self-isolation.

At a regional level, data for positive cases is shared for neighbouring Local Authorities through the UKHSA Power BI COVID-19 Situational Awareness Explorer where Nottingham or Nottinghamshire is listed as an alternate address. This allows identification of community and settings-based outbreaks across local authority boundaries and collaboration to implement effective control measures.

A regional network (EMPHIN leads) is facilitated by UK Health Security Agency for Public Health Intelligence Leads in Local Authorities. This network provides ways to share, agree and standardise ways of working and data interpretation.

6 Testing

There are four key strands of the local testing strategy for Nottingham and Nottinghamshire: 1) symptomatic testing, 2) asymptomatic testing, 3) outbreak testing and 4) surge testing. Waste water testing is currently undertaken at a national and regional level and is described in Section 5 above.

1) Symptomatic testing

The purpose of symptomatic testing is to swiftly identify those with SARS-CoV-2 infection whose isolation will reduce transmission. Under the NHS Test and Trace programme, anyone with symptoms of coronavirus is actively encouraged to be tested by arranging a test on-line at www.nhs.uk/coronavirus, calling 119 or attending a testing site. A network of testing sites exists in locations that optimise accessibility for local populations, including several that can be accessed without the need to book. Mobile testing units continue to be deployed to support current need.

Backpack or drop and collect testing is also available to individual's homes or other suitable locations for those who would otherwise find it difficult to access testing, as part of the customer support available from each local authority.

2) Asymptomatic testing

The purpose of asymptomatic testing is to identify people who are carrying high levels of SARS-CoV-2 virus but who do not have symptoms. If individuals test positive then they are required to seek a PCR test and to self-isolate if not fully vaccinated, further reducing transmission.

The national ambition remains that twice-weekly testing is made available to the whole population, but targeted at groups within the population who are considered an underrepresented or disproportionally affected group.

Nottingham City Council and Nottinghamshire County Council have enabled people to access these tests in a number of different ways including:

- Registered community testing sites, conducting supervised testing
- Supporting testing in settings where vulnerable people mix (includes homelessness settings).
- Setting up sites where people can access home test kits (community collect)

In addition, work has been undertaken with government and other partners to support them in their expansion of asymptomatic testing through:

- Registered workplace testing sites, conducting assisted testing (includes critical workers such as fire and police)
- Home testing for eligible groups (health and care workers, including those in care homes, nursery staff, school staff, secondary school pupils, households of children who attend school), available through Community Collect sites, employers or national workplace and home delivery routes
- University and school settings (where home testing is not suitable)
- Accessing home tests through registered pharmacies via gaining a QR code online.

3) Outbreak testing

Targeted testing to people connected with a setting without symptoms will be made available to support the management of outbreaks, including high-risk or complex settings or specific geographical areas, where a risk assessment determines it necessary.

Outbreak testing will always utilise PCR tests. Bespoke local arrangements will be put in place as agreed through an outbreak control team. The mode of deployment will be tailored according to each situation to ensure a fast, accessible response.

4) Surge testing

If surge testing becomes necessary in a locality, every person living in a specified area (aged 16 and over) will be strongly encouraged to take a COVID-19 test, whether they are showing symptoms or not. Testing will be offered to people who have received a vaccination.

Testing may use a combination of:

- Collect & drop sites
- Mobile testing units
- Asymptomatic testing sites (lateral flow tests will stop in the affected area and sites can potentially be repurposed to use PCR tests to allow genome sequencing to take place)

- A backpack model to deliver testing kits to clinically extremely vulnerable people and vulnerable people.

People with symptoms should book a test in the usual way (i.e. via www.nhs.uk/coronavirus, calling 119 or attend a testing site).

A local multi-agency surge plan has been produced through the LRF to respond to the identification of a VOC in Nottingham and Nottinghamshire. This plan defines the roles and responsibilities of all LRF partners and is stored on the Local Resilience Forum website to ensure access to all emergency responders. The document includes a number of sections outlining the different elements of the surge response. These include testing, communication, self-isolation support, contact tracing and enforcement. A separate testing mobilisation plan has also been developed which will be enacted on notification of a VOC.

A central testing coordination function has led the response for symptomatic testing throughout the pandemic. Previously hosted by Nottingham & Nottinghamshire CCG, testing coordination is now delivered through a jointly funded team across Nottinghamshire County Council, Covid Response Service and Nottingham City Council. As part of the wider outbreak control structure, it takes account of new modalities and delivery mechanisms. See Section 17 for further information.

The evolving nature of the pandemic means that policy and guidance related to testing can change rapidly. The latest national guidance can be found at Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk).

7 Contact Tracing

7.1 Overview

Contact tracing is the process of identifying, assessing and supporting people who have been exposed to COVID-19 to prevent onward transmission. The evolving nature of the pandemic means that policy and guidance related to contact tracing can change rapidly. The latest national guidance on contact tracing can be found at NHS Test and Trace: what to do if you are contacted - GOV.UK (www.gov.uk)

The national NHS Test and Trace (NHS T&T) programme identifies positive COVID-19 cases amongst those citizens who access both asymptomatic (Lateral Flow Device) testing and Pillar 2 (PCR) testing and provide immediate self-isolation advice. Each positive case is contacted, and information sought on recent close contacts. Contacts are informed to self-isolate for a 10-day period. Self-isolation rules have changed with some people being exempt from self-isolation – for the latest information, see When to self-isolate and what to do - Coronavirus (COVID-19) - NHS (www.nhs.uk).

7.2 Local authority contact tracing

If NHS T&T are unable to contact a positive case within the first 24 hours, the case is passed to the Nottinghamshire County Council's Test & Trace team (within the Customer Service Centre).

The Customer Service Centre follows a similar process to that of the national NHS T&T but couples this with local knowledge and an ability to access and offer localised help to those who need it. The Customer Service Centre staff are experienced at identifying potential support and care needs and are well placed to ensure appropriate referrals into other services. This includes raising support requests in the Notts Coronavirus Community Hub led by the LRF Humanitarian Assistance Group.

If a COVID-19 positive case still cannot be contacted, Field Contact Tracers will undertake visits to their place of residence (house visits), to encourage them to participate in contact tracing. This is now formally called field contact tracing but is also sometimes called a doorstep intervention.

By building on the successes of our local contact tracing model and using our existing infrastructures and learning in the contact tracing element of surge planning, our enhanced contact tracing approach will be developed.

The contact tracing undertaken by NHS Test and Trace, the CSC and Field Contact Tracers is known as 'Conventional 'or 'forward' contact tracing: this type of contact tracing involves contacting individuals who test positive (cases) to identify their close contacts and asking their contacts to self-isolate. Forward Contact tracing is needed to *prevent onwards transmission,* advising the case to self-isolate and identifying contacts more quickly so they can be tested and self-isolate swiftly with support where they test positive*, thereby delivering a personalised and exceptional service*, end-to-end from the point of a positive test and into the citizen's home to implement a long-term delivery model.

7.3 Enhanced contact tracing and outbreak identification rapid response.

In addition to participating and delivering forward contact tracing, Nottinghamshire County Council also can conduct 'enhanced contact tracing', also referred to as Outbreak Investigation Rapid Response (OIRR). This is conducted in partnership with UK Health Security Agency (UKHSA).

OIRR is used to detect and respond to COVID-19 outbreaks. It involves identifying both close contacts (forward contact tracing) and potential sources of the infection. The latter, backward tracing, considers the 3 to 7 days before symptom onset.

Through working closely with colleagues on current Trace priorities, sources of transmission will be identified with information collected from cases to identify the source of infection, information provided to target public health action to break the chains of transmission, support individuals, businesses and public services to better understand and manage risks of COVID-19 transmission and to provide insights on risk factors associated with transmission to inform policy and guidance.

OIRR will be delivered to improve the identification and control of common sources or locations of infection and help more effective management of local outbreaks through a five-stage process described below:

- **Detect** - NHS Test and Trace and UK Health Security Agency provide a suite of intelligence reports (through the iCERT tool) to help identify potential outbreaks:
  - *Post code coincidence reports* include those locations where cases may have transmitted the virus by attending during the period where they were infectious and may transmit the virus. 'Post code' coincidences provide intelligence which can direct public health investigation and action.
  - *Common exposure reports* are compiled based on 'backward contact tracing' including the locations where cases may have acquired the infection. This report helps identify themes and venues where closer working, investigation or public health messaging may be required.
  - *Local intelligence* is also used to identify potential areas, workplaces or case clusters that require further investigation. This is supported by the local client management system: COVIZ, which combines UKHSA data with local intelligence to highlight trends and situations of interest
- **Alert** - UKHSA Health Protection Team and Nottinghamshire County Council review intelligence and triage settings to prioritise investigation of potential local outbreaks.
- **Investigate** - Further investigation of potential outbreaks to identify the need for control measures.
- **Control** - Control measures are implemented and continuously reviewed as informed by ongoing investigation.
- **Review** - Ongoing review and monitoring for 28 days after the last positive case.

Nottinghamshire's approach to OIRR is described below:

On a Tuesday and Thursday, Common Exposure Reports and Postcode coincidence reports are exported, and cross referenced with local data (from COVIZ) and other local intelligence	The PH lead and Covid Response Service Deputy Programme Director meet with the OIRR investigators to analyse the reports and COVIZ data, alongside any current investigations and liaise with key EHO leads as required.	Investigative actions are undertaken, and the investigation form is completed. Actions might include telephoning and /or visiting premises to complete a risk assessment/ Investigation inspection	Control measures are put in place as necessary on investigation findings Incident management or outbreak control teams are convened as necessary via the Local Outbreak Cell	A review of investigative actions, outcomes and next steps is discussed at the next multi-disciplinary group and the Local Outbreak Cell on a Friday

Environmental Health Officers (EHOs) have a fundamental role to play in OIRR. Officers are trained and experienced in forward and backward contact tracing, outbreak investigation, review of COVID-secure measures and enforcement to ensure compliance. Plans are in place which outline how the LRF will deploy additional contact tracing capacity if either a surge of

COVID-19 cases occurs, leading to multiple, complex outbreaks or if a variant of concern is detected. This includes developing 'cluster-busting' in times of low prevalence and making this a key plank of local control.

Future developments have been explored to make efficient use of UKHSA and local resource and knowledge, to support the response time for investigations and to ensure there is enough capacity to resource both forward and backward tracing in complex scenarios and settings across Nottinghamshire. An OIRR team has been established within the new Covid19 Response Service for the County. Outbreak Investigators within the OIRR team ensure that situations of interest are identified and investigated as soon as possible using OIRR. A dynamic approach has been utilised to the allocation of resource to OIRR, this has taken into account baseline prevalence and other COVID-19 pressures, including increased Environmental Health engagement with business as the economy has reopened.

8 Self-isolation

8.1 Introduction

Self-isolation will continue to be an integral part of the COVID-19 response. It is essential to ensure high levels of compliance with self-isolation requirements (alongside high uptake of testing), both for people who test positive for COVID-19 and for their close contacts. The evolving nature of the pandemic means that policy and guidance related to self-isolation can change rapidly. The latest national guidance can be found at Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection - GOV.UK (www.gov.uk) (for households with possible or confirmed coronavirus) and at Guidance for contacts of people with confirmed coronavirus (COVID-19) infection who do not live with the person - GOV.UK (www.gov.uk) (for non-household close contacts).

Individuals are expected to self-isolate if they have symptoms of COVID-19 and may be legally obliged to do so if they test positive for COVID-19, if they are a member of a household where someone has tested positive, or if they are a close contact of someone who has tested positive. There are exemptions to self-isolation in place for identified close contacts and household contacts who are fully vaccinated, those aged under 18 years and 6 months old, and people who are medically exempt from vaccination.

It is recognised that self-isolation is not easy for anyone, and for a variety of reasons can be particularly challenging for some. The local approach to self-isolation comprises four mutually supporting elements, addressing the known barriers to successful self-isolation;

1) **Communication** – ensuing that people understand when they are required to isolate, why it is important and how they can access support.
2) **Practical support** – removing barriers such as access to food and not being able to carry out caring responsibilities or other practical tasks and recognising the impact of loneliness and boredom on mental health.
3) **Financial support** – concerns about the financial consequences or impact of self-isolation on employment status are a very real risk to self-isolation compliance.

Whilst the first three elements are centred on encouraging and enabling self-isolation, where necessary enforcement will also be used, in conjunction with the local Police.

4) **Targeted enforcement** of breaches of the legal requirement to self-isolate.

8.2 Communications

The local authority (and partners) will continue to ensure that local communities understand the importance of self-isolation, as well as how to access the support needed to achieve this.

8.3 Practical support for self-isolation

The Nottinghamshire Coronavirus Support Hub provides practical and wellbeing support for residents who need to self-isolate. The support is described in Section 9.

Support is provided in line with the framework for Local Authorities to support those self-isolating. The framework sets out the types of practical, social and emotional support that people may need to access if they are self-isolating because they or a close contact have tested positive for COVID-19. It sets out the role of NHS Test and Trace in sharing information with councils about people who may need help in accessing support – and the role of councils in assessing people's needs and helping them access support.

8.4 Self-isolation in complex settings

For some individuals the practical barriers to self-isolation are substantial, including access to a safe and suitable location in which to complete their self-isolation period. Complex needs, including drug and alcohol dependency, provide an extra level of challenge to self-isolation compliance. Strong partnership working between public sector partners and voluntary and community sector providers, alongside support from local hotels has enabled pathways and processes to be put in place to facilitate self-isolation, even in these difficult circumstances.

COVID-19 positive individuals, as well as close contacts not exempt from self-isolation, who are rough sleeping or have no safe place to self-isolate are found accommodation for the duration of their self-isolation period. A triage system is in place involving adult social care and district council Housing Departments to support the actual placement of the vulnerable individual, i.e. arranging accommodation and generally a food package.

Mechanisms are in place to facilitate a wider support package for an individual, such transport (if needed), alcohol, drug and medication needs (supported through the Council's public health substance misuse service provider, CGL). In the rare situation of ongoing compliance issues, with risk to the wider public, then a concierge service to monitor the individual can be arranged.

8.5 Financial Support

Processes are in place to ensure the efficient and timely delivery of the national Test and Trace Support Payment Scheme, which enables local authorities to support people on low incomes who are required to self-isolate or who have to stay at home to care for a child who

has to self-isolate, are not exempt from self-isolation, cannot work from home while they self-isolate, and face hardship as a result. This Payment Scheme is in place until 31st March 2022. District councils in Nottinghamshire administer the Test and Trace support payment scheme. Access to this is via the individual district council.

District councils also operate the discretionary support payment scheme for those who are on a low income and will face financial hardship as a result of not being able to work from home whilst they are self-isolating but who do not meet the criteria for the Test and Trace support payment because they are not currently receiving one of the qualifying benefits.

9 Supporting vulnerable people

9.1 Overview

Humanitarian support in the County resulting from the pandemic is coordinated by the Local Resilience Forum (LRF) Humanitarian Action Group. This coordination includes the assessment of needs in different population groups and geographical areas, responding to new local needs as they occur (e.g. combined impact of flooding and COVID-19).

Support for vulnerable residents who need to self-isolate or present with other humanitarian needs is provided via the Nottinghamshire Coronavirus Community Support Hub, coordinated by Nottinghamshire County Council working with LRF Partners. Details of the support available, and how to access it, are contained in Appendix C.

The Nottinghamshire Coronavirus Community Support Hub provides an online database which enables residents in need of support to input their postcode and requirements via the webpage and be served up with a list of local groups and organisations able to meet those needs which they can contact. When a Community Hub form is completed by the resident or on their behalf, details are captured in a database available to all LRF Partner organisations. LRF partner organisations aiding the community response effort will ensure that staff can provide the required support in a coordinated way which minimises duplication and effectively uses resources.

9.2 Links to Social Care

Safe and well checks are in place for vulnerable people known to adult social care, who may be referred to the Hub for support. Some of those who self-identify as vulnerable during the COVID-19 outbreak may also already be known to Social Care Services. The Hub workflow includes a check to ensure needs continue to be met and any increased needs can be picked up and responded to. Specific workflows are in place for people previously in the Clinically Extremely Vulnerable (CEV) category (including direct communications to individuals), and for individuals who self-identify as vulnerable.

10 Engagement with businesses

Nottinghamshire County Council's Covid Response Service will continue to work with district and borough councils as well as other key partners to provide a co-ordinated support to businesses. Below sets out a stepwise local approach to engagement with businesses:

Step 1 Covid Response Service

- Continue to share information and data between UKHSA and the district and borough councils including the Nottinghamshire Regulatory Managers Group and other EHO colleagues and key partners.
- Weekly Outbreak Investigation Rapid Response (OIRR) meetings with district and borough EHO teams and Trading Standards, reviewing outbreak data and agreeing business engagement, depending on the risk level, history and types of issue for effective engagement with businesses.
- Engagement with business sectors to ensure they are aware of the risks and their legal duties from a COVID-19 and Health and Safety context.
- Work with local industry groups such as PubWatch to promote best practice within the current COVID-19 regulatory framework.
- Continue to triage complaints that are received via the Nottinghamshire County Council reporting system and share intelligence within the Covid Response Service as appropriate, as well as key partners including members of the Nottinghamshire Regulatory Managers Group, actioning interventions where necessary.

Step 2 – Key Partners

In conjunction with the LA Cell and Nottinghamshire Regulatory Managers Group provide a consistent and co-ordinated response to undertake the following:

- Assess and evaluate COVID-19 legislative and guidance changes including any grey areas, taking a view in consultation with OPSS and other regulatory consensus.
- District and borough councils and Trading Standards Officers will continue to assess COVID-19 compliance during routine inspections and liaise with the OIRR team regarding areas of concern and agreed actions.
- Assess different businesses sectors to ensure they are COVID-19 secure in line with any new and emerging threats and legal requirements.
- Engage in the OIRR process, including carrying out audits,investigations and contact tracing to ensure COVID-19 secure compliance and a co-ordinated outbreak response where necessary
- Ensure non-compliant business are engaged with in accordance with the '4 E's' (engage, explain, encourage and enforce) and assess continued non-compliance and appropriate enforcement activity.
- Engage with large venues and event organisers for proposed events to ensure Covid Risk Assessment measures are in place

- Continue to encourage the Hospitality Sector to support the Manual Venue Alert System.

11 Compliance and enforcement

11.1 Overview

This Plan sets out some general principles to assist Nottingham City Council, Nottinghamshire County Council, District/Borough Councils and Police partners to deliver a consistent approach in the use of enforcement powers to prevent, contain and manage the spread of COVID-19. This document does not seek to reproduce any guidance issued by government or other agencies e.g. OPSS, HSE.

In considering enforcement action, local authorities should have regard to the following:

- The relevant statutory provisions including the following
    - Public Health (Control of Diseases Act) 1984 as amended
    -
    - The Coronavirus Act 2020
    - Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020
    - Any regulations or other subsidiary legislation made under the above and any enactments amending or replacing the same
- Any local controls or other regulations that may be in place.

The principles of enforcement have been laid out in the enforcement concordat and within the Enforcement Policies of each LRF partner ensuring proportionality, accountability, fairness, consistency, openness and transparency.

LRF partners will work in partnership when carrying out their enforcement duties but as a principle only use enforcement as a last resort applying the four 'E's approach as outlined by the College of Policing:

1. Engage
2. Explain
3. Encourage
4. Enforce

Enforcement officers will employ their professional judgement in making sensible decisions based on the following factors:

- The seriousness of the offence or contravention specifically its impact on public health
- History of compliance
- The likely effectiveness of the enforcement options
- Confidence in management

Notwithstanding the above where businesses do not act responsibly and fail to comply with their legal obligations, enforcement will be considered.

11.2 Enforcement Options

LRF partners will continue to adopt and comply with all legal standards in respect of evidence gathering e.g. PACE and Criminal Procedural Rules. All actions taken must be evidence-based with the intention to prevent, contain and manage the spread of the virus.

The split in powers between the Police and Local Authorities is broadly as follows:

Business Controls – District and Borough Councils Local Authority Officers are the lead for enforcing how businesses comply with business-related Coronavirus restriction regulation. They also share regulatory responsibility with Trading Standards and HSE to ensure health and safety at work including the management of COVID-19 risks to staff, visitors and customers.

Community Controls – The Police are the enforcing body for enforcing citizens' personal compliance with Coronavirus restriction regulations.

Direction Powers - Nottinghamshire County Council may enforce a specified Direction to prohibit or place restrictions on the operation of a premises where satisfied that there is a serious and imminent risk to health.

Coronavirus Improvement/Prohibition Notices – Nottingham City Council and County Borough/ District Councils may use these intervention powers at businesses to secure compliance.

Fixed penalty notices – Local authorities (both County and District/Boroughs) and the Police may issue a fixed penalty notice for a breach of specific regulations.

Criminal proceedings – All authorities may decide to take legal proceedings when there has been a serious breach of the regulations which satisfies the enforcement policy of the LRF partner and it is in the public interest to take such action.

Consistency – Local authority Environmental Health, Covid Response Service and Trading Standards lead managers meet regularly to discuss matters of consistency and coordination.

11.3 Enforcement activity

This is undertaken as follows:

- Environmental Health investigation in response to identified COVID-19 outbreaks or local intelligence co-ordinated with the OIRR team.
- Outbreak control actions agreed and implemented where breaches inCOVID-19 security are identified, using advisory and regulatory options collaboratively across key enforcement partners
- COVID-19 marshals deployed to engage and encourage COVID-19 compliance as appropriate

- Information sharing with key enforcement partners to join up engagement and enforcement activities

The evolving nature of the pandemic means that policy and guidance related to compliance and enforcement can change rapidly. The latest national guidance can be found at Coronavirus (COVID-19): guidance and support - GOV.UK (www.gov.uk).

12 Vaccination

An effective vaccination programme is fundamental to the long-term control of coronavirus. The UK's COVID-19 vaccination delivery plan set the national strategy for the supply, prioritisation and delivery of vaccines to the population[1]; all adults have now had the opportunity to have received both vaccine doses. The evolving nature of the pandemic means that policy and guidance related to vaccination can change rapidly. The latest national guidance can be found at COVID-19 vaccination programme - GOV.UK (www.gov.uk)

All adults were offered the COVID-19 vaccine by 19 July 2021 through phased delivery. Following JCVI advice, vaccine booster doses were first rolled out for the over 50s, those "aged 16 and over with a health condition that puts you at high risk from COVID-19", and frontline health and social care workers. The timing for the booster dose follows current national guidance. The government has accepted the 4 UK chief medical officers' (CMOs) advice to extend the offer of universal vaccination with a first dose of Pfizer vaccine to all children and young people aged 12 to 15 not already covered by existing JCVI advice. Healthy children in this age group will primarily receive their COVID-19 vaccination in their school, with vaccinations also available at regional hubs. The guidance for boosters and young people's vaccination is laid out in the COVID-19 contain framework [2].

Nottingham & Nottinghamshire Clinical Commissioning Group[3] and Bassetlaw Clinical Commissioning Group[4] are responsible for the delivery of the vaccination programme, working in partnership with their integrated care systems. A COVID-19 Oversight Board provides leadership and oversight through the Local Resilience Forum (LRF) to ensure local partnership and response.

In a joint letter on 2 February 2021, the Department of Health and Social Care (DHSC) and Ministry of Housing, Communities & Local Government (MHCLG) outlined the role of local authorities in the future of the vaccination programme. It set out the specific areas where local authorities, particularly with their public health responsibilities, bring core skills and resources to the programme. The Local Authority role supports a wide variety of actions,

[1] https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan/uk-covid-19-vaccines-delivery-plan

[2] https://www.gov.uk/government/publications/containing-and-managing-local-coronavirus-covid-19-outbreaks/covid-19-contain-framework-a-guide-for-local-decision-makers

[3] COVID-19 Vaccination in Nottingham and Nottinghamshire - NHS Nottingham and Nottinghamshire CCG (nottsccg.nhs.uk)

[4] Bassetlaw (bassetlawccg.nhs.uk)

including vaccination of frontline social care workers, supporting communications and community engagement, addressing health inequalities and supporting future delivery of the programme within core infrastructure. The COVID-19 contain framework states "local authorities, working with NHS colleagues, continue to play a key role in delivering the vaccine programme as set out in the COVID-19 vaccines delivery plan".

Communications with the CCG remain open, and consideration is given to resourcing, staffing, monitoring, communications, and governance to allow Local Authorities to continue to play their part in the COVID-19 vaccination programme as it moves from incident response to core business.

12.1 Health inequalities

Within the JCVI framework, it is essential that implementation allows deployment of vaccine at a local level to mitigate the exacerbation of existing health inequalities. Emerging patterns of inequality illustrate that deprivation and ethnicity are significant factors in vaccine uptake.

Within Nottingham & Nottinghamshire, in particular, Black and Asian ethnicity and 'other white' (e.g. Eastern European) is linked to low vaccine uptake. These are in line with patterns emerging across all areas of the country. Experience also tells us that additional focus is needed to reach some specific groups in the community such as those who are socially deprived, homeless, asylum seekers, people with learning disabilities and travelling communities. As the programme rolls out specific inequalities are also being highlighted in younger age groups who are clinically extremely vulnerable and unpaid carers. Further attention will be given to promoting vaccination to younger age groups who are likely to be more hesitant or complacent.

Working through the LRF structures, NHS, Local Authorities and wider LRF partners are actively involved in identifying and targeting communities and under-served groups to help mitigate inequalities. Working across the Integrated Care Systems (ICS), Integrated Care Partnerships (ICP) Primary Care Networks, districts and communities, targeted actions are agreed to address variation in uptake and provide assurance that actions are having a real impact on reducing inequalities. Activities include proactive calls to individuals that have not accepted their offer of vaccination, a query support line, engagement with community leaders, establishment of local pop-up clinics, implementation of an inequalities bus and home visiting for those that are housebound.

National and local data is used to actively monitor take up across vaccination cohorts and within communities. As the dataset evolves, it is used to provide greater focus and support to all communities in taking up the vaccine, including those under-served communities. Nottingham and Nottinghamshire public health teams will continue to advocate for more granular data on vaccinations in order to monitor concerns related to equity and outbreaks.

As the vaccination programme continues to roll out, new outbreaks and increases in case rates for a specific geography or demographic group may act as an early warning sign of low vaccine uptake, poor or waning vaccine efficacy or emergence of a new vaccine-resistant

variant. Therefore, ongoing surveillance and analysis is crucial and will provide an ongoing link between testing and vaccine roll out to ensure local intelligence is embedded in the local outbreak management plan.

13 Living with COVID-19

In a context of enduring transmission, and in recognition that vaccines are not 100% effective against symptomatic infection in those vaccinated, activities to enable safe living with COVID-19 will continue to be important to the protection of the health and wellbeing of residents. Non-pharmaceutical interventions (NPIs), such as "hands, face, space and air", regular asymptomatic testing, and practical steps to reduce transmission, all play a role in daily lives as the country learns to live with COVID-19 and as we head into winter.

Between March and July this year, the Government's roadmap for England reopened the economy and lifted restrictions. The main line of defence is now vaccination rather than lockdown. The Test, Trace and Isolate system continues, with a more localised approach, and testing still free for symptomatic individuals. Rules and regulations have mostly been replaced with advice and guidance on the practical steps people can take to help manage the risks to themselves and others. However, the evolving nature of the pandemic means that policy and guidance related to living with COVID-19 can change rapidly. The latest national guidance on the steps people can take to help manage risks can be found at Coronavirus: how to stay safe and help prevent the spread - GOV.UK (www.gov.uk)

The above paragraph outlines the government's "Plan A" approach as detailed in the COVID-19 Response: Autumn and Winter Plan 2021[5]. This plan also lays out a "Plan B", prepared in recognition that the pandemic can change course rapidly and unexpectedly, involving the reintroduction of mandatory NPIs such as indoor face coverings in certain settings and COVID-19 vaccination status certificates. Plan B was to be enacted only if the data suggested further measures were necessary to protect the NHS. During November and December 2021, following the identification of a new variant of concern, the Government implemented elements of Plan B includingface coverings in certain indoor settings, changes to travel restrictions, changes to self-isolation guidance for contacts of confirmed cases, working from home advice, increased testing, and use of the NHS COVID-19 pass.

Local clarity as well as encouragement to undertake practical steps in line with Government guidance will be attained via communications (set out in section 16).

The local Test, Trace, and Isolate system has been developed further in line with direction from Government. Pilots have launched in small areas of Nottingham city, with a view to scaling up to the whole city.

The Association for Directors of Public Health published Living Safely with COVID: moving towards a strategy for sustainable exit from the pandemic. This guidance for Directors of

[5] https://www.gov.uk/government/publications/covid-19-response-autumn-and-winter-plan-2021/covid-19-response-autumn-and-winter-plan-2021

Public Health identifies four key epidemiological principles that we will focus on in our drive to enable safe living with COVID-19 in Nottingham and Nottinghamshire:

1. Transmission of the virus needs to be brought, and kept, as low as possible.

This involves promoting and encouraging compliance with NPI measures and the practical steps recommended by Government. Clear communications with residents, close working with employers and engagement with communities will help to keep transmission of the virus as low as is possible.

2. Surveillance of transmission and variant emergence must be optimal.

The approach to outbreak management, set out in detail in section 4, ensures effective outbreak management at a local level. This includes specific surge planning to respond to an emergence of new COVID-19 variants of concern (see section 4.4).

3. Test, Trace and Isolate needs to work effectively, with a clear testing strategy.

A robust local contact tracing system is in place, as well as an Outbreak Identification Rapid Response system, which uses contact tracing data to identify and investigate potential outbreaks. Residents will be supported to self-isolate according to the approach set out in section 8.

4. Vaccines must be effective and delivered equitably.

Support to the rollout of the vaccination programme will continue, with a particular focus on improving equitable access and reducing vaccine hesitancy in the local population. This approach is set out in detail in section 12.

Part 3: Management

14 Roles and responsibilities

Nottinghamshire Council County and the Director of Public Health (DPH) have matching duties to protect and improve the health of their populations. This includes being assured the arrangements to protect the health of their population are robust and are implemented in a timely manner.

Nottinghamshire County Council and Nottingham City Council work closely together, and with system partners, to provide a consistent response across organisational and geographical boundaries. Achievements in local outbreak management to date are a direct outcome of the strength of the relationships forged as a system of partners working together. This partnership agreement is maintained through the LRF.

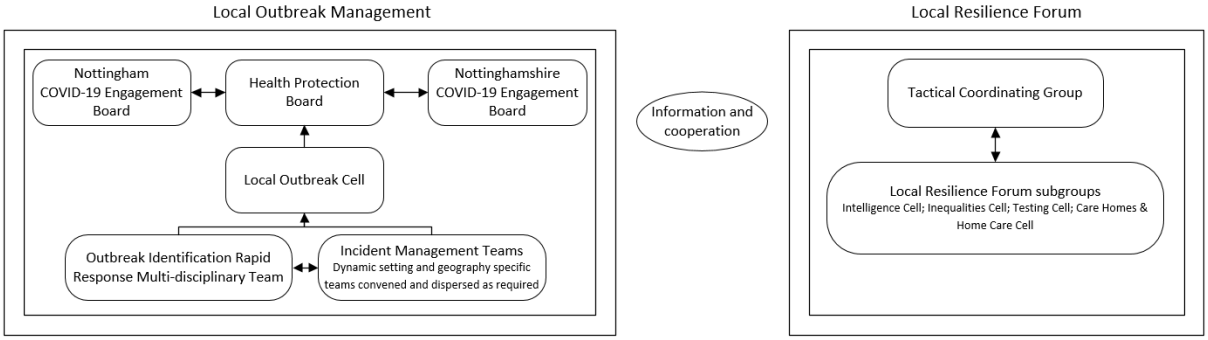
The plan builds on established relationships through continued clarity about the roles and responsibilities of the main partners in its delivery. In the event of any substantial change in working relationships, the LRF will review and agree new arrangements, roles and responsibilities.

The roles and responsibilities are set out fully in Appendix D.

15 Structure and governance

Local outbreak management governance builds on the existing outbreak management structure and the well-established and effective Local Resilience Forum (LRF) response structure set up prior to the pandemic in line with a requirement of the Civil Contingencies Act 2004. Current interdependencies with parts of the LRF structure may require adjustment as local management of the pandemic evolves from emergency response to the longer-term aspects of living with COVID-19. The local outbreak control governance structure has been revised to reflect the Government's Contain Framework.

Local Outbreak Management Governance Structure



15.1 Local Outbreak Cell

A Local Outbreak Cell facilitates day-to-day operational delivery of the outbreak management plan, including oversight of Outbreak Control and Incident Management Teams. Both the Local Outbreak Cell and Incident Management Teams are described in detail in Section 4.

15.2 COVID-19 Health Protection Board

The Nottingham and Nottinghamshire Health Protection Board provides assurance on the delivery of this plan. The Nottingham and Nottinghamshire Health Protection Board will provide public health leadership and IPC expertise. The Board is co-chaired by the Directors of Public Health for Nottingham City Council and Nottinghamshire County Council and includes but is not limited to membership from UKHSA, the NHS and environmental health.

15.3 Nottinghamshire County COVID-19 engagement board

The Engagement Board was set up to enable effective public oversight and communication of the COVID-19 Outbreak Management Plan for Nottinghamshire County. The Nottinghamshire Engagement Board previously published notes of its meetings online. No further meetings are currently planned but a Board meeting can be convened if/when it is required.

15.4 Outbreak management plan engagement, approval and dissemination

The Council will engage with LRF partners on the plan and take into consideration their feedback when making further changes to the plan. The plan itself will be endorsed by

Committee. A dissemination plan sets out how the local outbreak management plan will be shared with residents and stakeholders.

15.5 Risk management

Risks are managed through the local outbreak management and LRF governance structures. Risks associated with emerging and potential outbreaks are escalated to the Local Outbreak Cell following identification by:

- The Outbreak Identification Rapid Response multi-disciplinary team, following initial investigation
- The relevant incident management team
- Directly via partner organisations such as UKHSA and IPC following a risk assessment.

The Local Outbreak Cell resolves or escalates risks as necessary to the Health Protection Board and LRF subgroups or Tactical Coordinating Group. The Local Outbreak Cell maintains and monitors a record of actions taken and outcomes achieved following discussion of risks escalated to the meeting.

Corporate and organisational risks are discussed in fortnightly joint Nottingham City and Nottinghamshire County COVID-19 Strategic Oversight Group meetings. A record of the risk identified, the discussion, mitigating action agreed and resolution is taken at the meeting. The planning meeting escalates risks as necessary to the Health Protection Board, LRF subgroups and LRF Tactical Coordinating Group.

15.6 Clinical Quality

Quality assurance and clinical governance are core components of the local outbreak management plan. Public Health, health protection, Infection Prevention & Control and environmental health expertise is embedded throughout the governance structures, from setting-based incident management teams up to our Local Outbreak Cell and Health Protection Board, providing professional advice and challenge to the plan.

Each element of the outbreak response is governed by clear procedures and guidance ensuring a consistent quality approach. These include the following areas:

- Standard Operating Procedures have been developed to support the local testing strategy in line with the national quality framework, including risk assessment of venues and training of staff.
- Extension of the local contact tracing service has included accreditation of services, development of procedures, training of staff and performance management.
- Each of the 13 settings-based incident management plans is based on an approved UK Health Security Agency communicable outbreak management plan template and has undergone a process of peer review prior to finalisation.

16 Engagement and communications

Communications are used to ensure awareness and engagement among the public and key stakeholders. Stakeholder comms include regular communication across the LRF through

the chief exec forum, outbreak cell, COVID-19 dashboard, and regular briefings. Effective communication and engagement with local communities are an important part of preventing and responding to local outbreaks, as well as helping to prevent the spread of coronavirus.

The Nottinghamshire County Council communications team undertakes the lead role for communications, where required in association with UK Health Security Agency and with the local LRF Communications Cell. Communications are both proactive and reactive:

- **Proactive comms** - Providing information to the public, amplifying and clarifying national messages, to promote adherence to the guidance and to support and reinforce behaviours that reduce the spread of COVID-19. Public Health prevention messages along with regular updates and responses to the public's concern will continue to be extensively communicated using a range of methods. Key messages include;
    - Continued importance of staying safe by following the latest government public health guidance on how to prevent the spread of coronavirus
    - Raising awareness and encouraging adherence to regulations, including self-isolation requirements, and participation in NHS Test and Trace programme
    - Raising awareness and encouraging uptake of testing and vaccination programmes
    - Providing a daily data update to the public through the Nottingham and Nottinghamshire COVID-19 dashboard, which shows the current and historical rates of coronavirus infection

- **Reactive comms** - Issuing messages efficiently and effectively in case of outbreaks or in response to local data indicating changes in infection rates, in order to support the effort to control any spread. This will consider communications with cases, contacts, communities, businesses, stakeholders and local media. The communications response in the event of an outbreak will be flexible and tailored depending on the type and location/setting of the outbreak.

In both types of communication, channels and messaging will be adapted to the audience and take account of the needs of particular groups and communities, including seeking to reach under-served communities. Communications will be enhanced through close working with stakeholders and partners, for example use of community champions, local influencers and COVID marshals to promote messages to the public.

Further detail on the previous local Communication Strategy is included in Appendix E. As of November 2021 the LOCP Communications Strategy was under review to reflect the changes to government guidance and the development of an autumn/winter COVID-19 communications plan.

17 Resourcing and Finance

Local Authorities have received funding throughout the pandemic to support the delivery of the Local Outbreak Control & Management Plans to mitigate and manage local outbreaks of COVID-19. This funding has been allocated from two main grants:

17.1 Test & Trace Grant

In June 2020, the Government allocated a Local Authority Test and Trace Grant to all upper tier local authorities. The Grant has been utilised to implement core outbreak control functions required across Nottinghamshire, including increased capacity requirements for outbreak response, community engagement, testing, contact tracing, infection control, support for vulnerable people and specialist expertise.

17.2 Contain Outbreak Management Fund

Following the move to Local COVID-19 Alert Levels in October 2020, Local Authorities also became eligible for a series of payments from the Contain Outbreak Management Fund (COMF) to support proactive containment and intervention measures depending on local rates of infection. The grant was made in the form of regular monthly payments up until the end of March 2021 with a further one-off payment for the 2021/22 financial year. The funding is available to support public health activities directly related to the COVID-19 response, such as testing, non-financial support for self-isolation, support to particular groups (CEV individuals, rough sleepers), communications and engagement, and compliance and enforcement.

Nottinghamshire County Council has received £29,479,916 through these two grants to support the mitigation and containment of local outbreaks of COVID-19 up to March 2022.

17.3 Community Testing and Surge Planning

With the development of community asymptomatic testing, a further resource has been identified to support the roll out of lateral flow testing across Nottinghamshire. Funding is allocated on the basis of £14 per deployed test. Where infrastructure costs exceed this limit, the Government has committed to cover any reasonable costs associated with the local community testing strategy. This includes surge planning associated with the emergence of variants of concern (VOC).

Complementary but separate streams of funding are available to local authorities to provide humanitarian support to vulnerable groups, including those who have been identified as Clinically Extremely Vulnerable. This is outside the scope of the Local Outbreak Management Plan.

17.4 Resourcing

From the onset of the pandemic, local resourcing has been balanced against business as usual. As for usual emergency incident response, internal prioritisation of core business has been undertaken to free up resources to support outbreak management and response. This prioritisation has established a core resource of Public Health professionals, Project

Management, Communications, Enforcement and Business Management. Roles and work plans have been shared across Nottinghamshire County Council and Nottingham City Council wherever possible to support close working and sharing of limited resource, including resources of other LRF partners such as District Councils, Police, and Fire & Rescue.

17.4.1

The continued course of the pandemic has illustrated that longer-term sustainability is required to allow outbreak management to continue alongside core business. The resource plan has been refreshed to include the following actions. This will form a part of the LRF Recovery Plan:

- Establishment of a core COVID-19 Response Service in October 2021, currently in place until September 2023. This allowed staff from across the LRF who had been temporarily reassigned to COVID-19 response to return to their non-COVID work areas.
- In addition to the core Covid Response Service, there are a range of support services whose contributions will remain critical to the Nottinghamshire local outbreak response, for example, Emergency Planning and Communications support.
- Creation of a long-term formal testing infrastructure to provide all testing requirements for Nottinghamshire.
- Extension of the existing contact tracing infrastructure to provide ongoing capacity for local contact tracing and embedding enhanced contact tracing into core business.

17.5 Surge planning & responding to a reasonable worst-case scenario

Alongside establishing dedicated resource to ensure outbreak management continues as part of core business, there is also a need to plan for surges and responding to a reasonable worst-case scenario. Experience over the past 18 months has provided valuable learning on stepping up necessary emergency response as COVID-19 case rates have risen. This has previously been successfully delivered through staff redeployment, and such resources may be considered in the future should outbreak incidences significantly increase.

Local planning to respond to a specific Variant of Concern has identified the roles and resource required to quickly respond to early warnings and implement mass testing of communities, contact tracing and support to prevent spread of a new strain of COVID-19. A multi-agency surge plan is in place that can be activated by the Director of Public Health in response to an emergency incident being identified.

Resources to deliver this plan are planned to be drawn from internal re-prioritisation to allow for short term flexing of local workforce across the Local Resilience Forum.

Glossary of abbreviations

CCG	Clinical Commissioning Group
CEV	Clinically extremely vulnerable
CGL	Change Grow Live. Local provider of substance misuse services.
CPO	Community Protection Officer
CQC	Care Quality Commission
CSC	Customer Service Centre
DHSC	Department for Health and Social Care
DPH	Director of Public Health
ECT	Enhanced Contact Tracing
EHO	Environmental Health Officer
EMPHIN	East Midlands Public Health Information Network
FHRS	Food Hygiene Rating Scheme
FSA	Food Standards Agency
HSE	Health and Safety Executive
ICP	Integrated Care Partnership
ICS	Integrated Care System
IMT	Incident Management Team
IPC	Infection Prevention Control
ITU	Intensive Therapy Unit. Colloquially known as intensive care.
JCVI	Joint Committee on Vaccination and Immunisation
LA	Local Authority
LFD	Lateral Flow Device – a type of COVID-19 test
LOCP	Local Outbreak Control Plan
LRF	Local Resilience Forum
MHCLG	Ministry of Housing, Communities and Local Government
NHSE/I	NHS England & Improvement
OCT	Outbreak Control Team
OIRR	Outbreak Investigation Rapid Response
OPSS	Office for Public Service and Science
PACE	Police and Criminal Evidence Act
PCR	Polymerase Chain Reaction – a type of COVID-19 test.
UKHSA	UK Health Security Agency
UKHSAEM	UKHSA East Midlands
TCG	Tactical Coordination Group
VOC	Variant of Concern
WTE	Whole Time Equivalent

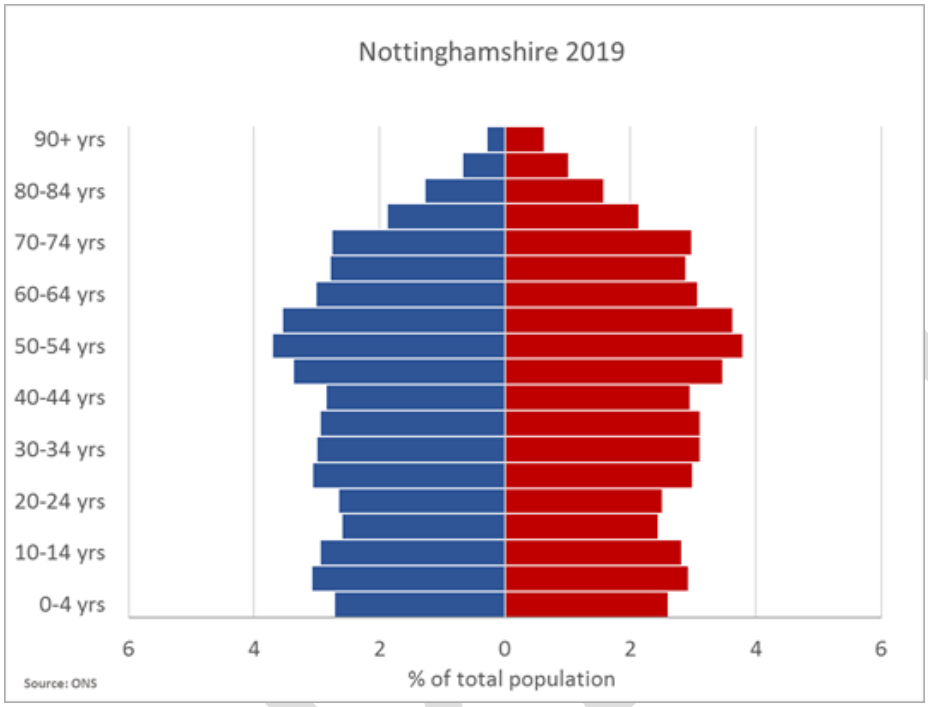
Appendices

A. Local context
B. Information governance during the COVID-19 pandemic
C. Support for vulnerable people

D. Local, regional and national roles and responsibilities in developing and delivering outbreak plans

Appendix A: Nottinghamshire County context

Nottinghamshire is a county with a mix of urban and rural areas. The total population is 828,224 (Source: ONS, 2019 mid-year estimate). The population age breakdown is shown below.



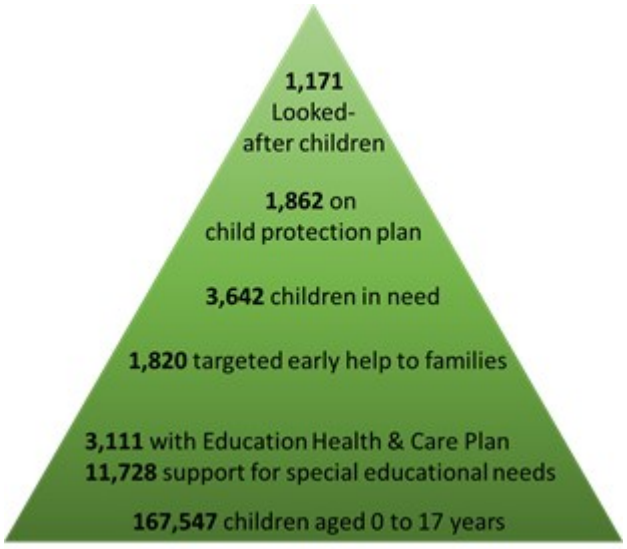
21% of Nottinghamshire's population is over 65 years of age. There is a relatively large older population and a proportionately large care sector supporting them. 5,760 people live in care homes, of whom 2,860 have dementia.

Other care needs in the population include

- 155,600 people estimated to have common mental illness, of which 25,250 are aged over 65
- 4,846 adults with learning disabilities of which 2,119 are receiving long term local authority support

Vulnerable groups include 14,830 people with serious mental illness or behavioural disorder, 3,785 people in adult drug and alcohol treatment services, 2,700 people in three Nottinghamshire prisons, 1,300 homeless people (and 40 rough sleepers), and 1,880 people receiving support from domestic violence and abuse services. There are five refuges in the County and 261 beds.

Children age 0-17 make up 20% of the population. The numbers of vulnerable children are described in the graphic below:



81.7% of the working age population is economically active with 78.6% being in employment.

Nottinghamshire County Council is an upper tier local authority. Nottingham City Council is a separate upper tier authority. The County area, which excludes the City, has a two-tier local authority structure with seven district councils and two Integrated Care Systems. Nottingham and Nottinghamshire ICS covers Nottingham City plus the whole of the County, except for Bassetlaw. Bassetlaw is part of the South Yorkshire and Bassetlaw ICS.

Appendix B: Information Governance During the COVID-19 Pandemic

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19). These can be found here https://www.gov.uk/government/publications/coronavirus-COVID19-notification-of-data-controllers-to-share-information.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.

The Nottingham and Nottinghamshire LRF Constitution was approved through the LRF meeting on 20th March 2020 and covers the principles and approach to information sharing amongst partners (at Section 5) in a way which is compliant with data protection obligations. A more detailed but complementary LRF Information Sharing Agreement (ISA) has been drafted, circulated and is with partners for sign-off.

Appendix C: Support for vulnerable people

The Nottinghamshire Community Support Hub links residents to support near where they live, enabled by a bespoke Community Hub IT system, which links residents needs with support in the community. This support includes:

Support	Detail
Access to food	Help with food shopping, food delivery
Access to medicine	Help with collecting / delivering prescriptions and over-the-counter medicines
Dog walking	Help with walking the dog(s) for those unable to get out of the house
Befriending/ social wellbeing	Friendly chat via phone, providing updates on what is going on in your local area regarding COVID-19
Physical wellbeing	Help to stay mobile and active - access to virtual gym sessions, advice about health
Libraries	Click and collect and delivery access to library services
Other	Picked up from the database and addressed by LRF Partners

For access to the support service, please contact

Nottinghamshire Community Hub Website

https://www.nottinghamshire.gov.uk/care/coronavirus/nottinghamshire-coronavirus-community-support-hub

Nottinghamshire Community Hub Website Telephone contact

Tel 0300 500 8080 (open 8am to 5pm, Monday to Friday)

Appendix D: Roles and responsibilities

1. Nottingham & Nottinghamshire Local Resilience Forum (LRF)
The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and management of transmission and outbreaks.

2. UK Health Security Agency

- Category 1 responder under the Civil Contingencies Act 2004
- Statutory responsibilities related to health protection
- Regional Health Protection Team will lead in managing COVID-19 outbreaks in local care homes and contribute to managing outbreaks in schools in partnership with Director of Public Health (DPH).

3. Local authorities

- Category 1 responders under the Civil Contingencies Act 2004.
- Unitary and upper tier authorities have statutory responsibilities in protecting and improving the health of the population.
- The DPH has a statutory role for the Local Authority contribution to health protection, including preparing for and responding to incidents that present a threat to public health. Public health teams provide support for these functions.
- Unitary and lower tier authorities have additional health protection functions and statutory powers under various health protection, health and safety and food safety regulations. Environmental health teams in local authorities provide support for these functions.

3.1 LA Public health responsibilities
Strategic roles in relation to COVID-19 planning, resilience and response.
Directors of Public Health and their teams are responsible for:

1. Community testing
2. The local approach to contact tracing
3. Supporting residents to self-isolate
4. Local outbreak management and control
5. Surveillance and monitoring.

Public Health teams will work with UK Health Security Agency and Health Protection Boards to fulfil their duties. They will also be supported by resource deployed by 'gold' structures.

4. NHSE&I

- Category 1 responder under the Civil Contingencies Act 2004.

- Central commissioning of primary care services and specialised services.
- Direct commissioning of health and justice services, armed forces and veteran's health services.
- Responsible for ensuring that contracted providers deliver an appropriate response to an incident which threatens public health.

In relation to this plan:

- Lead the mobilisation of NHS funded services;

5. CCGs

In support of NHS England in discharging its Emergency Preparedness Resilience and Response (EPRR) functions and duties locally, the CCG is delegated to coordinate the health economy tactical coordination during incidents (Alert Level 2-4).

- Category 2 responders under the Civil Contingencies Act (2004).
- Principal local commissioners of NHS funded acute, community health and primary care services.
- Responsible for ensuring that their contracted providers (general practice, acute hospital, community health, mental health, out-of-hours etc.) will provide the clinical response to incidents that threaten the health of local population.

In relation to this plan:

- Authorise assistance as required by a local provider of NHS funded care.
- Provide support and advice to care providers.
- Provide infection prevention and control advice and support to the population, including care homes and complex settings.

6. Healthcare (including public health) service providers

In relation to this plan:

- Provide assistance as required by a local commissioner including support to care settings, e.g. to schools through school nursing services.
- Provide local surge capacity if required for complex situations.

7. HSE

- Category 2 responder under the Civil Contingencies Act 2004.
- Protects the health and safety of the public by ensuring workplace risks are properly controlled, including infectious/communicable disease hazards.

In relation to this plan:

- Collaborate with Incident Management Teams;
- Inspect premises;
- Regulate workplace risk assessment processes;
- Exercise statutory powers under the Health and Safety at Work Act 1974.

8. CQC

- Enforcement role in relation to regulated services such as care settings.
- Responsibility to protect people who use regulated services from harm and the risk of harm, to ensure they receive health and social care services of an appropriate standard.

Appendix E: Communications Strategy

Annex E Autumn Winter comms plan.pdf

Appendix B: Contain Outbreak Management Fund Expenditure

This table details the breakdown of spend for the Contain Outbreak Management Fund, which meets the authorised purposes for the grant, including use on testing, contact tracing, support for vulnerable groups, compliance and enforcement and vaccination.

Authorised Purposes For Use of COMF	**Actual Spend Full Year 2020-2021 £**	**Planned Committed Spend Full Year 2021-2022 £**	**Actual Spend Current Year To Date: 10th January 2022**
Testing	347,267	448,058	198,055
Contact Tracing	220,922	657,500	284,751
Vaccine Deployment	0	59,965	29,552
Self Isolation Support	0	0	0
Vulnerable Groups Support & Targeted Community Interventions	1,326,082	1,238,723	115,054
Outbreak Management & Prevention, Data Intelligence and Surveillance, Communications	1,675,780	3,646,884	2,898,406
Compliance and Enforcement	1,741,398	218,183	166,415
Clinically Extremely Vulnerable Support	0	120,500	80,335
TOTAL	**£5,311,448**	**£6,389,813**	**£3,772,568**

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

24 January 2022

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR FOR AGEING WELL COMMUNITY SERVICES

ADDITIONAL CAPACITY TO SUPPORT MORE PEOPLE HOME FROM HOSPITAL

Purpose of the Report

1. This report seeks approval to:

   a) establish the following re-ablement posts from temporary to permanent posts from 1st April 2022 to sustain the additional capacity created to support hospital discharge throughout winter:

   - 16.5 FTE Reablement Support Workers (Grade 2)
   - 5 FTE Senior Reablement Support Workers (Grade 3)
   - 1 FTE Reablement Manager (Band A)
   - 1.5 FTE Occupational Therapists (Band B)
   - 3.5 FTE Community Care Officers (Grade 5)
   - 1 FTE Reablement Coordinator (Grade 4).

   b) establish the following re-ablement posts permanently from 1st April 2022 to support increased hospital discharge:

   - 3.5 FTE Reablement Support Workers (Grade 2)
   - 2 FTE Senior Reablement Support Workers (Grade 3)
   - 0.5 FTE Reablement Manager (Band A)
   - 1 FTE Occupational Therapist (Band B)
   - 2.5 FTE Community Care Officers (Grade 5)
   - 1 FTE Reablement Coordinator (Grade 4).

   c) establish the following social work posts permanently from 1st April 2022 to work with the additional numbers of people requiring support to be able to be discharged home from hospital:

   - 10 FTE Social Workers (Band B)
   - 4 FTE Community Care Officers (Grade 5)

d) approves the extension of the following temporary post from 1st April 2022 to 31st March 2023:

1 FTE Service Improvement Project Manager post (Band C) to continue to support the delivery and embedding of an effective discharge process countywide.

Information

2. On 13th December 2021 Adult Social Care and Public Health Committee approved several temporary posts up to 31st March 2022, in order to support increased numbers of people requiring support to return home after a stay in hospital. This formed part of the joint health and social care Winter Plan.

3. The report also shared the work of the Joint Commissioning and Planning Group which is taking an integrated approach to meet the additional 23.7% increased demand to support hospital discharge in 2022/23. This covers the extra care capacity required to support the new Discharge to Assess Policy to support more people directly home, as well as to support the Hospitals Elective Surgery Recovery plans.

4. A business case on how to deliver this additional capacity has been developed by all system partners. The Finance Leads Group of the Nottingham and Nottinghamshire Integrated Care System (ICS) have reviewed and evaluated the business case options that this sets out for how to fund the gap in home-based social care and health care services on a sustainable basis. Recommendations that include the posts in this report are being made to the Clinical Commissioning Group to fund permanently from April 2022 and decisions are due by the end of January.

5. The temporary posts are currently filled by a combination of staff on temporary Council contracts and agency staff. This report is being presented to Committee prior to a decision being made by the Clinical Commissioning Group about the funding, so that it is possible to let the temporary staff know their position as quickly as possible, with the aim of retaining them after the end of March.

6. The additional re-ablement and social work capacity is only part of the range of services and work required to deliver, monitor and evaluate the capacity plan. Additional capacity will also be purchased from the independent sector. Currently a temporarily funded Service Improvement Project Manager has been supporting this work, however funding for this post also ends on 31st March 2022. Subject to the external funding being secured, approval is also therefore requested to extend this post for a further 12 months up to 31st March 2023.

7. Committee is asked to note that if no further long-term funding is secured post March 2022, the Council will need to reduce its reablement and project management provision in line with substantive funding arrangements. The risks of this are

- that people will remain delayed in hospital longer after they are well enough to return home
- in turn, in times of pressure, this may contribute to hospitals not having enough free capacity to admit new people requiring their care

- that more people who could return directly home from hospital will instead move from hospital into short term residential care.
- delays leaving hospital and moves into short term residential care, instead of directly home, means that many people will lose more of their independent living skills and confidence to live at home. In turn this means that more people will require higher levels of support for longer.

Other Options Considered

8. Different options were modelled as part of developing the business plan to deliver the gap in community care services.

Reason/s for Recommendation/s

9. To provide extra re-ablement and social work capacity to meet projected additional demand of people who will be able to benefit from it in 2022/2023.

Statutory and Policy Implications

10. 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

11. The annual cost of the posts in this report are as follows:

	£
Re-ablement posts (39 FTE, permanent)	1,300,735
Social Work posts (14 FTE, permanent)	634,551
Service Improvement Project Manager (1 FTE, temporary)	55,948
Total	**1,991,233**

The posts are proposed to be funded by the Clinical Commissioning Group as part of a wider business case to support hospital discharge from 1st April 2022. If the funding is not secured, the Council will need to reduce the staffing provision to substantive levels.

Human Resources Implications

12. All posts will be recruited to in line with the Council's HR policy.

Implications for Service Users

13. The ability for everyone to access re-ablement when they need it has a positive impact on supporting people to live at home independently and confidently.

RECOMMENDATION/S

That Committee, subject to external funding being secured:

1) establishes the following re-ablement posts from temporary to permanent posts from 1st April 2022 to sustain the additional capacity created to support hospital discharge throughout winter:

   - 16.5 FTE Reablement Support Workers (Grade 2)
   - 5 FTE Senior Reablement Support Workers (Grade 3)
   - 1 FTE Reablement Manager (Band A)
   - 1.5 FTE Occupational Therapists (Band B)
   - 3.5 FTE Community Care Officers (Grade 5)
   - 1 FTE Reablement Coordinator (Grade 4).

2) establishes the following re-ablement posts permanently from 1st 2022 to support increased hospital discharge:

   - 3.5 FTE Reablement Support Workers (Grade 2)
   - 2 FTE Senior Reablement Support Workers (Grade 3)
   - 0.5 FTE Reablement Manager (Band A)
   - 1 FTE Occupational Therapist (Band B)
   - 2.5 FTE Community Care Officers (Grade 5)
   - 1 FTE Reablement Coordinator (Grade 4).

3) establishes the following social work posts permanently from 1st April 2022 to work with the additional numbers of people requiring support to be able to be discharged home from hospital:

   - 10 FTE Social Workers (Band B)
   - 4 FTE Community Care Officers (Grade 5).

4) approves the extension of the following temporary post from 1st April 2022 to 31st March 2023:

   - 1 FTE Service Improvement Project Manager post (Band C) to continue to support the delivery and embedding of an effective discharge process countywide.

Sue Batty
Service Director, Ageing Well Community Services

For any enquiries about this report please contact:

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Constitutional Comments (LPW 13/01/22)

14. The recommendations fall within the remit of the Adult Social Care and Public Health Committee if the external funding is agreed and included in the annual budget for 2022-2023 to be approved by Full Council in February. If the external funding is not agreed and included in the annual budget for 2022-2023 a separate report will be required to be taken to Policy Committee once funding is agreed to approve it as external funding for additional revenue expenditure in line with the Financial Regulations.

Financial Comments (ZS 12/01/22)

15. The additional Re-ablement, Social Work and Service Improvement Project Manager posts are expected to cost £1,991,233 per annum, funded by the Clinical Commissioning Group. If no long-term funding is secured, the Council will need to reduce their re-ablement, project manager and social work provision in line with substantive funding arrangements.

HR Comments (SJJ 11/01/2022)

16. All permanent posts will be recruited to using the Authority's recruitment policy, the incumbent in the Service Improvement Project Manager post will be offered an extension to their temporary contract subject to funding. The report has been shared with trade union colleagues for information.

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.

Winter planning and the National Hospital Discharge Policy – report to Adult Social Care & Public Health Committee on 13th December 2021

Electoral Division(s) and Member(s) Affected

All.

ASCPH792 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

24 January 2022

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT

ESTABLISHMENT OF A PERSONAL ASSISTANT SUPPORT SERVICE

Purpose of the Report

1. To outline the rationale for the development of a Personal Assistant Support Service.

2. To seek approval to establish the following additional temporary posts (12-month contract until 31st March 2023) required to manage this provision:

   - 1 FTE Direct Payments Commissioning Support Officer - Employment Support (Grade 4) (Recruitment focused)
   - 2 FTE Direct Payments Commissioning Support Officers (Grade 4) (Mosaic and Data Input Team process focused)
   - 1 FTE Direct Payments Team Leader (Hay Band B) to oversee the operational running of the team and line management responsibilities.

Information

3. The successful development of the Personal Assistant (PA) care market is a key strategic aim of the department as people tell us that this is how they want to receive support. In addition, it is a key component of the delivery of the Care Act 2014. Enabling suitable vulnerable adults to use a Direct Payment to employ a Personal Assistant to support them offers unique benefits to individuals receiving support, compared to support delivered by a care agency worker. Personal Assistant packages are more person-centred as they deliver support tailored to the individual's needs. They also offer more choice and control to the Direct Payment recipient which is a key element of personalisation and delivering strengths-based support.

4. Local research has indicated that where people use a Direct Payment to employ a Personal Assistant the care arrangements are more stable and last longer than Direct Payments used to employ an agency to deliver care. Having a small, stable team of support around a person builds mutual trust and respect and leads to improved quality care delivery and satisfaction levels.

5. Nottinghamshire, along with the rest of the country, is currently experiencing shortages across the care workforce. The department has in place plans to build capacity to support people and Personal Assistant support is a key part of that. Currently there is a gap between requests for support from a Personal Assistant and the number of Personal Assistants available, the department is therefore keen to accelerate work to build Personal Assistant capacity.

6. Home Care is usually delivered via a homecare agency, but approximately 917 people receive their homecare from a Personal Assistant (correct December 2021). Personal Assistants are employed directly by the person needing the care. This has several advantages:

- it gives the person employing the Personal Assistant more choice as to the nature of support that they want
- it utilises individuals who may not usually be part of the homecare workforce - in 50% of cases, the Personal Assistant is already known to the person employing them and not otherwise working in the care sector
- the Personal Assistant typically receives a higher rate of pay than most homecare workers employed by an agency
- the person, or if they have insufficient funds, the Council, typically pays less per hour than for normal homecare as there are no agency fees.

The benefits of having a Personal Assistant are further illustrated in the two brief case studies below:

Case Study 1

A employs 2 Personal Assistants as this gives him more choice and control than an agency package would. A is a young man with a physical disability and requires support with personal care and accessing the community. A says “life is a billion percent richer for having a Direct Payment, better than the conveyor belt of changing agency staff.” A feels his staff are the best employees in Newark and they enable him to be independent and are a benefit to both his physical and mental health.

Case Study 2

M is an older adult who has Parkinson's disease and Dementia. M does not want to go into a residential home. Care agencies were tried 4 times per day, however this failed. M now receives a Direct Payment that is used to employ Personal Assistants. M's mental and physical health have improved. This has enabled M to remain in his own home in keeping with his wishes. Using Direct Payments and M employing a Personal Assistant has provided the Council with a saving £267.20 per week.

7. Given the mutual benefits of this approach, the department is currently working to increase the number of people supported by a Personal Assistant to 15 per month. This should also produce an annual saving of £275,900 (£657,000 full-year effect) as per the agreed business case.

8. Frontline workers are positive about the benefits of Personal Assistants but setting up a Personal Assistant package takes time and expertise. Feedback received from frontline

workers has focused on the challenges they experience when undertaking the process, with staff reporting that the process is time consuming and cumbersome. They struggle with the requirement for detailed knowledge of employment law and the time required to source a Personal Assistant. Staff reported that they would be better able to promote the use of Personal Assistants if they could hand over most of this responsibility to the Direct Payments Team.

9. To help increase the use of Personal Assistants the department has a target for the operational teams to support 15 more people each month with a Personal Assistant. Performance in this area has been impacted by the priority given to the pandemic response. The current average monthly figure is 12 new Personal Assistant packages per month (average January to July 2021); this is an average of 24% of all new Direct Payment packages set up per month.

10. A key aspect of making the use of Personal Assistants work is through building up a database of Personal Assistants who can be quickly deployed. This requires dedicated time both in attracting new Personal Assistants, supporting their training and encouraging them to remain in the sector while Direct Payment recipients are matched to them.

11. It is therefore proposed that additional posts are developed within the Direct Payments Team within Integrated Strategic Commissioning. Their role will be to centralise the process and to support frontline workers to increase the number of Personal Assistants employed to deliver personal care packages.

12. Whilst social work staff will still be responsible for undertaking the Care and Support Assessment and related financial assessments, the Direct Payments Team will be responsible for:

- supporting the Direct Payment recipient to become an employer
- sourcing and recruitment of the Personal Assistants
- the referrals for a Disclosure & Barring Service check and Right to Work check
- establishing the financial contract with the Direct Payment Support Service
- completing the Direct Payment calculator for Personal Assistants which accurately calculates the total cost of the package
- submitting the Direct Payment calculator to the Data Input Team to enable the commissioning of the package

13. By introducing this additional support for frontline staff, it is anticipated that the existing target of 15 packages per month can be consistently met (and potentially exceeded) and, in addition, the department can achieve a further 10 Personal Assistants per month. This could deliver additional in-year savings of £158,782 (£350,381 full year effect) which would be used to pay for these extra posts.

14. Approval from the Committee is requested for the establishment of the additional temporary posts detailed below:

- 1 FTE Direct Payments Commissioning Support Officer - Employment Support (Grade 4) (Recruitment focused) (£32,051)
- 2 FTE Direct Payments Commissioning Support Officers (Grade 4) (Mosaic and Data Input Team process focused) (£64,102)

- 1 FTE Direct Payments Team Leader (Hay Band B) to oversee the operational running of the team and line management responsibilities (£52,073).

15. The posts are specialist roles that offer a varied and challenging workload, and it is anticipated that there will be a good level of interest in them. To increase the likelihood of successful appointments, the posts will be advertised internally and externally. We are confident that we will be able to successfully recruit to these posts.

16. Even with the proposed additional staffing, this could create a net saving to the Council of £10,555 in-year savings (full-year effect £210,349). This is as well as increasing the capacity of the front-line workers, who would otherwise be trying to commission the Personal Assistant packages and help to source suitable Personal Assistants.

17. The primary risk to this proposal successfully delivering additional home care capacity, alongside savings to the Council, is the recruitment of sufficient Personal Assistants. Currently, the level of available Personal Assistants is in line with demand. It is therefore proposed that this risk is mitigated by:

    - putting these posts in place for a trial period of 12 months to establish the impact. A minimum of 12 months is required to support effective recruitment and for the new structure to have full impact
    - generating a further promotional drive with front line staff and the wider public to raise awareness of the benefit of using Direct Payments to employ Personal Assistants rather than commissioning a managed service
    - exploring the option of a Personal Assistant 'bank' provision to act as a floating team to cover emergency cover, sickness and potentially annual leave, as this is a common barrier to longer term package sustainability.

Other Options Considered

18. To continue to promote and support Personal Assistants and to use the current staffing within the Direct Payments Team to support frontline staff - this approach has already been tried, and whilst numbers of Personal Assistants have slowly increased it has levelled off and it has not been possible to consistently achieve the required targets.

19. To embed workers within the district teams to undertake this work directly - by centralising the provision within the Direct Payments Team, the Council can spread the benefits across all the district teams and provide economies of scale. Many of the processes and Personal Assistant recruitment activities are specialist in nature and it would be difficult to retain oversight if these were fragmented across several different teams.

Reason/s for Recommendation/s

20. A centralised team will ensure more consistent and robust support for all frontline staff in the promotion and use of Personal Assistants and a faster response to this work.

Statutory and Policy Implications

21. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

22. The cost of the posts requested is expected to be £148,227 for 12 months. It is proposed that this will be funded from the savings projected from having more Personal Assistant packages leaving a projected in-year saving of £10,555 (£210,349 full-year effect) to the Council. However, it is to be noted that this proposal is not primarily focused on generating departmental savings it is about increasing the capacity of the market while also fulfilling strategy priorities to build on what works and to provide what people are asking for.

23. There is a risk that the additional Personal Assistants will not successfully be recruited, and this would result in a greater departmental cost pressure made up of the extra staffing costs for the additional workers. So the project will be actively monitored to ensure the staffing costs are covered. In mitigation, over 50% of Personal Assistants are already known to the person they support. Therefore, having a single team of staff applying a consistent and enthusiastic approach to promoting Personal Assistants to people needing care is highly likely to generate more Personal Assistants. In addition, we have a rising trend of people being supported by Personal Assistants. This is without promotional activity which has reduced in the last 18 months due to Covid related work reprioritisation. Once expanded staff capacity enables promotional activity to be prioritised again, this will also improve awareness of the benefits of having a Personal Assistant and becoming a Personal Assistant, as well as the number of people supported by a Personal Assistant.

Human Resources Implications

24. The proposal detailed within the body of this report requires the fixed term employment of 4 FTE positions, comprising 3 at Grade 4 and 1 at Hay Band B.

RECOMMENDATION/S

That Committee:

1) approves the proposal to centralise within the Direct Payments Team the commissioning of Direct Payments to employ Personal Assistants.

2) approve the temporary establishment of four temporary posts to sit within the Direct Payments Team to undertake the additional business activity for a period of 12 months until 31st March 2023 as follows:

- 1 FTE Direct Payments Commissioning Support Officer - Employment Support (Grade 4) (Recruitment focused)
- 2 FTE Direct Payments Commissioning Support Officers (Grade 4) (Mosaic and Data Input Team process focused)
- 1 FTE Direct Payments Team Leader (Hay Band B) to oversee the operational running of the team and line management responsibilities.

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Constitutional Comments (LPW 10/01/22)

25. The recommendations fall within the remit of the Adult Social Care and Public Health Committee. If Committee resolves that further actions are required, it must ensure that such actions are within its terms of reference.

Financial Comments (KAS 13/01/22)

26. The cost of the posts requested is expected to be £148,227 for 12 months. It is proposed that this will be funded by recruiting a further 10 new Personal Assistants per month. However, the original saving referred to in **paragraph 7** is currently not being achieved as the saving per hour has reduced from £5 to £4 and the number of new Personal Assistants to date is an average of 12 as referenced in **paragraph 9**. To meet the savings in the original target, the number of Personal Assistants per month would need to increase by 3.5 to 18.5 plus a further 10 for the additional saving in this paper.

27. The project will need to be regularly monitored to ensure the costs of these additional staff are being covered by the additional savings from the increased Personal Assistant packages.

HR Comments (SJJ 15/12/21)

28. All posts will be advertised in line with the Council's recruitment policy. The temporary posts will be appointed to on fixed term contracts. The proposals have also been shared with the relevant recognised Trade Unions for information.

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.

ASCPH789

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

24 January 2022

Agenda Item: 9

REPORT OF SERVICE DIRECTOR FOR INTEGRATED STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT

IMPLEMENTATION OF ADDITIONAL SUPERNUMERARY SOCIAL WORKER AND OCCUPATIONAL THERAPIST APPRENTICESHIP POSTS AS PROGRESSION INTO QUALIFIED ROLES

Purpose of the Report

1. To seek approval for an intake of additional supernumerary Social Worker and Occupational Therapist Apprenticeship posts as a progression route into qualified roles.

2. To consider participating in a rolling intake depending on the Department's financial position and the outcome of workforce modelling analysis that is planned in early 2022.

Information

The Council's approach to Apprenticeship

3. The Council as one of the biggest employers in Nottinghamshire has committed to the Government's apprenticeship reforms since their introduction in April 2017.

4. The apprenticeship reforms put employers at the centre of identifying the skills, knowledge and behaviours that are required by the workforce of the future and to ensure apprentices receive high quality training to meet the chosen professional standards. Apprenticeships are a way of ensuring employees are trained in the behaviours that the Council requires and meet competencies for the role that they are appointed to deliver.

5. Apprenticeships are now open to anybody over the age of 16 and are available from entry level (Level 2) all the way through to Higher Apprenticeships at degree (Level 6) and Masters (Level 7) qualifications.

6. The Council's approach to the Apprenticeship Programme is threefold:

   - offering existing employees increased opportunities to develop skills and obtain occupational qualifications

- considering vacant posts as higher-level apprenticeships where an appropriate standard matches the job description and person specification. For example, vacancies for Reablement Managers in Adult Social Care were successfully recruited to with the undertaking of the L5 Apprenticeship in Care Leadership and Management as a condition of that role

- offering apprenticeship opportunities as an entry route into an occupational area in posts that are additional to the staffing establishment. These new roles are paid at Age Related Minimum Wage and are particularly useful when business continuity planning has identified an existing skills shortage and an ageing workforce. These posts are additional to the staffing establishment and are paid for by the team.

7. There is a minimum requirement of 20% work time spent on training over the duration of the apprenticeship. This does not mean the apprentice will be out of the workplace. However, a number of staff in the same team undertaking an apprenticeship may impact on the service delivery of that team.

8. The duration of the Apprentice degree course for Social Workers is three years. However, the Occupational Therapist programme could be three or four years depending on the university course provider. On successful completion of the programme, Occupational Therapist apprentices are eligible to apply to the HCPC (Health and Care Professional Council) for registration as an Occupational Therapist, which is a requirement to practice under the protected title of Occupational Therapist. They are eligible to apply for Professional Membership of The Royal College of Occupational Therapists. Similarly, Social Workers that have completed the programme will be eligible to apply to the Social Work England register and then work as newly qualified staff.

Key workforce planning issues for Social Worker and Occupational Therapist roles

9. The current position on Social Workers and Occupational Therapists potentially retiring in the next three years is shown below:

SW/OT possible retirements (Headcount)	Under 57	57 and Over	% of people who could take early retirement
Social Workers	213	53	20%
Occupational Therapists	75	13	15%

10. Following the regional and local trends, high numbers of Social Workers and the workforce are reaching the age where they may consider retirement in the next three years.

11. Across the Department there are 20 FTE Social Worker and 15 FTE Occupational Therapist unfilled posts and current capacity, demand and performance challenges are due to chronic shortages of social care workforce. The impact of Covid-19 and further demands on the services around staffing and demand has been further highlighted. There is also impact on the ability to work in a preventative way and manage the increased number of priorities.

12. Nationally, the difficulties in recruiting Occupational Therapists and Social Workers have been well documented – the Occupational Therapy profession is no longer on the occupations list which has meant that it is no longer possible to recruit international Occupational Therapists to undertake short term work via agencies.

13. Whilst there are various fast track graduate training programmes for Children's Social Care there are no similar schemes for Adult Social Care and there is a need to start developing unqualified staff into qualified front line roles.

The proposal to fund additional supernumerary Apprentice posts

14. There are currently three Apprentices in the department – 2 FTE Occupational Therapist and 1 FTE Social Worker posts which were fully funded from workforce redesign within establishment. The feedback from the Apprentices and managers has been positive. The quotes below demonstrate how the current apprentices value and appreciate the career opportunities that have been offered to them.

"It is an amazing opportunity; I think the council should continue to have apprentices"

"I absolutely love the apprenticeship. It's amazing! I really look forward to my university day on a Wednesday and it breaks the working week up nicely".

Consideration has been given to broadening access to the Department Social Worker and Occupational Therapist Apprenticeship programme.

15. The proposal is to fund seven additional supernumerary Apprenticeship roles with the split of 4 FTE Occupational Therapist and 3 FTE Social Worker:

Annual cost (per FTE and for all 7 Apprentices) year 1 (2022):

	Grade	FTE	Pay with on cost	Mileage	Phone cost	Total Cost
Apprentice SW/OT	Band 5	1	£35,691	£293	£180	£36,164
Apprentice SW/OT	Band 5	7	£249,835	£2,054	£1,260	£253,149

Additional one-off costs in year 1:

	Mobile	Headset	Laptop	Total one off
1 FTE	£150	£40	£1,560	£1,750
7 FTE	£1,050	£280	£10,920	£12,250

16. The Department recognises the pressures and the financial constraints that the workforce has to operate under in Nottinghamshire. It is committed to ensuring that the workforce is appropriately trained, and with opportunities for career development. An empowered and supported workforce will allow the Council to achieve better outcomes for the citizens of Nottinghamshire.

17. Apprenticeships can play an important role in investing in the workforce, ensuring they feel valued, motivated, and skilled for future service developments. In addition to aiding with staff retention, managing talent and promoting succession planning, the opportunity to access training whilst in work and seeing how that can develop a career pathway may also result in a more diverse workforce.

18. The duration of the Apprentice degree course for Social Workers is three years. However, the Occupational Therapist programme could be three or four years depending on the university. The Department will commit to the duration for the course for the apprentices to complete the qualification. However, the Department will withdraw from the programme or reduce the numbers of apprentices depending on the financial position or further work on workforce remodelling.

19. The summary of the three-year apprentice intake cost profile is as follows:

Roles	**2022 Year 1**	**2023 Year 2**	**2024 Year 3**	**2025 Year 4**
Social worker	3	3	3	
Occupational Therapist	4	4	4	4
Annual salary cost	£253,149	£253,149	£253,149	£144,656
Annual one-off cost	£12,250			
Apprenticeship Levy	£47,000	£47,000	£47,000	£24,000

Other Options Considered

20. Whilst there are various national fast track graduate training programmes for Children's Social Care there are no similar national schemes for Adult Social Care. In this way, the Apprenticeship Levy is being utilised. However, there are annual cost implications for the Council.

21. There are Continuous Professional Development and Advanced Practitioner Modules for Social Workers and Occupational Therapists. Some short courses will continue to be delivered under the existing arrangements, but these are post qualification.

Reason/s for Recommendation/s

22. To support with the highlighted issues around an ageing workforce, staff retention, managing talent and promoting succession planning. Employees will have the opportunity to access training whilst in work and seeing how that can develop a career pathway may also result in a more diverse workforce.

23. Utilising the apprenticeship levy to support employees in developing their skills, knowledge, and qualifications ensures the Council's workforce has the right skills and knowledge required for Adult Social Care service delivery.

Statutory and Policy Implications

24. 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

25. Any financial implication will be covered using the Apprenticeship Levy and the Departmental budget. There will be a financial implication in relation to salary costs and one-off additional costs as outlined in **paragraph 19**.

26. The Department will commit to the three-year Social Worker course and four-year Occupational Therapist course. However, further any decision to participate in the intake for additional supernumerary apprentices will depend on evaluation and the financial position.

Human Resources Implications

27. There will be a corporate recruitment process for all the apprenticeship posts. The use of the Apprenticeship Levy to fund Social Worker and Occupational Therapist qualifications outlined in the report enables the Council to maximise career development opportunities to support succession planning.

RECOMMENDATION/S

That:

1) Committee approves the implementation of additional supernumerary 4 FTE Occupational Therapist and 3 FTE Social Worker Apprenticeship posts as a progression route into qualified roles for a 3 - 4 year programme, as outlined in **paragraph 19**.

2) any decisions to participate in further Social Work and Occupational Therapist Apprenticeship intake will depend on the outcome of the evaluation of the programme, workforce remodelling analysis and the Department's financial position.

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Constitutional Comments (KK 11/01/22)

28. The proposals in this report are within the remit of the Adult Social Care and Public Health Committee.

Financial Comments (DG 23/12/21)

29. The annual cost of the posts will be £253,149 and one-off costs of £12,250. These costs will be met from the Apprenticeship Levy and an increase of Vacancy Level Turnover (VLT) across Adult Social Care & Public Health.

HR Comments (WI 10/01/22)

30. Any HR implications are detailed in **paragraph 27**.

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.

ASCPH791

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

24 January 2022

Agenda Item 10

REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT

MARKET MANAGEMENT POSITION STATEMENT

Purpose of the Report

1. To inform Committee about the work undertaken by the Quality and Market Management Team (QMMT) in response to the Local Authority's statutory duty to ensure that there is a robust and sustainable social care market available for people who live in the County.

2. To provide Committee with an update about social care services that have had their contract with the Council suspended; this information is contained in the **Exempt Appendix**.

Information

3. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972 and is therefore included in an Exempt Appendix. Having regard to all the circumstances, on balance the public interest in disclosing this information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but may damage the financial or business affairs of any person (including the Council).

Financial support to Providers

4. There have been a further three rounds of funding that have been made available to social care Care Quality Commission (CQC) registered providers in Nottinghamshire. The funding streams are as follows:

   - a fourth round of the Infection Control Fund Grant has been made available for providers from 1 October 2021 to 31 March 2022. A further £388 million has been allocated to all local authorities with Nottinghamshire receiving a further £6.6 million for this period of time. This grant will be passported to the providers who are eligible. The same conditions remain with this allocation in that the providers must ensure they complete a monthly return on the spend of their allocation and also complete the NHS Capacity Tracker (for care homes and domiciliary care agencies).

- in November 2021, the Government announced a £168 million Workforce and Retention Grant that would be allocated to local authorities. Nottinghamshire will receive £2.3 million, and this grant again will be passported to CQC registered providers, with a proportion of the grant allocated to homecare/supported living providers due to the current increased workforce issues they are experiencing.

- in December, a further announcement was made that the Government would allocate £300 million grant to local authorities to assist further with recruitment and rewarding the workforce. Nottinghamshire's allocation from this will be £4.4 million which will be passported to providers.

5. There has been initial feedback from providers who have received their workforce grant allocation. A home care provider contacted the QMMT to say '*Thank you for your support in the recent workforce capacity grant release and also to let you know that we have used this grant to uplift the pay rates retrospectively from the latter part of November, increased travel time pay rates to reflect inflation and will also use it to cover enhanced pay rates over the festive seasons as well as winter bonuses. Feedback from the carers on the measures above has been positive and more importantly timely to hopefully stabilise rotas over Christmas*'.

6. There have been over 200 claims from social care providers for the grants. The QMMT will be working with the market to ensure that all those eligible services access this fund so that they are able to support the need to stabilise and increase their workforce over the winter months.

COVID-19 Vaccinations as a condition of deployment for all frontline health and social care workers

7. On 9th September 2021, the Department of Health and Social Care launched a consultation on mandatory vaccinations for frontline health and social care staff.

8. This came off the back of the regulations passed by Parliament on 22nd July 2021 for all staff working in care homes (both Ageing and Living Well) to have had a COVID-19 vaccination. This came into force on 11th November 2021.

9. On 10th November 2021, Parliament passed legislation that all health and social care providers in England are required to ensure workers are fully vaccinated against COVID-19, unless they are exempt.

10. The regulations apply to health and social care workers who have direct face-to-face contact with people whilst providing care.

11. The following are the key timelines:

- 3rd February 2022 – last date for frontline workers to get their first vaccination
- 1st April 2022 – Regulation comes into force.

12. The QMMT will be working with partners in the Clinical Commissioning Group, Care Quality Commission and Nottingham City Council in raising awareness and supporting providers during this period leading up to the Regulations coming into force.

Covid-19 Vaccination as a condition of employment for Care Home Workers

13. The QMMT has been supporting providers since April 2021 to encourage the booster vaccination, and progress has been monitored since this time using NHS Capacity tracker status.

14. The vaccination became mandatory as a condition of employment for all care home workers on 11th November 2021.

15. The self-exemption process for exemptions was put into place on 21st October 2021 as a short-term measure for individuals to be given the opportunity to apply for a clinical Covid exemption pass. The deadline date for the completion of this was 24th December and the government has now extended this deadline until 31st March 2022.

16. The QMMT is monitoring the uptake of the booster vaccination for care home staff and residents.

Covid Outbreaks in Nottinghamshire services

17. The QMMT continues to lead the Nottinghamshire Covid Taskforce with engagement from all partners across the Integrated Care System, the Taskforce monitors outbreaks, trends and carries out surveillance.

18. The number of Covid-19 outbreaks had significantly reduced since August 2021, the outbreaks were of smaller number and the trend is that a smaller number of individuals are affected in the event of an outbreak.

19. As with other strains of the Coronavirus there was uncertainty as to what levels of outbreaks may occur; with the new Omicron strain there is on-going surveillance of the social care market to ensure that where possible outbreaks can be managed and maintained. The QMMT continues to work with colleagues in Public Health to gather information and understand what learning can be shared with other providers in the event of an outbreak

20. The QMMT has been involved in the development of local guidance which has been shared through the Council's communication channels with providers. This guidance will be updated and shared on an on-going basis.

Home Based Care Providers – Experts by Experience Survey

21. This Autumn, 132 people who were in receipt of managed home-based care, completed a survey that had been created to analyse satisfaction with the home-based care delivery. 2021 has been a challenging year for providers and Nottinghamshire County Council wanted to gain an understanding of how this had impacted on the quality of care being delivered, in order to know how best to support the market.

22. An overview of the data analysed is detailed below:

74% of people advised that they had been involved with creating their care plan
72% of people advised that their call times were discussed with them when planning their care
67% of people advised that they were notified in suitable time about changes to their care
98% felt the method of communication from their provider was appropriate
16% of people advised that they had communication difficulties with their provider
95% of people believe that their provider is approachable
93% of people felt that their provider listened to them
6% of people did not know how to raise concerns around the quality of their care
6% did not feel comfortable in raising concerns around the quality of their care
82% were happy with the quality of their care overall.

Of the 18% who were not happy with the quality of the care:

- 83% reference issues with call times
- 13% referenced issues with the cost of the care
- 16% referenced issues around communication.

23. Home-based care providers, for the past year, have often had to work to contingency plans, reducing calls or changing call times, due to staff shortages, related to both the Coronavirus pandemic and recruitment challenges. There was the expectation, prior to releasing the survey, that this may impact on people's satisfaction with the service.

24. Providers report that people in receipt of the service are still specific over preferred times (not time specific based on need) e.g. 8am for 30 minutes, and they receive complaints due to not meeting these preferences. This demonstrates a lack of understanding of the flexible model of care being commissioned and delivered.

25. Communication is still an area of improvement and the QMMT will work with providers to develop this area and establish a communication charter. In addition to communication there will also be a focus on supporting people to be comfortable in raising concerns.

Workforce – Recruitment and Retention

26. Locally and nationally recruitment and retention in the social care market is an issue and therefore a risk in that there is reduced capacity. In response to this issue the QMMT is leading on several initiatives to try and support to improve the workforce.

27. There will be a recruitment campaign to support the social care market that will include the following:

- Commercial Airtime (Radio) – January to March 2022
- Dax – Digital Ad Exchange – listening to audio via an internet connection i.e. radio & music streaming and podcasts etc – January 2022
- Outdoor advertising – roadside (countywide) and bus (out of Mansfield and Worksop bus depots) – January 2022
- Targeted social media – driven through Nottinghamshire County Council social media
- Countywide district campaign – via local publications (January to March 2022 dependent on local publications).

28. The campaign will start at the beginning of January with a heavy targeted focus across all the above channels for the first month. The radio campaign will then continue to be played throughout February and March, alongside the targeted social media and district campaign which will continue into February and March.

29. To support the campaign, showcase local providers and care staff in Nottinghamshire the following has been designed to deliver the local face/voice of care.

30. The creative picture that will be used to support the campaign is bright, colourful and features four straplines and four photos (real carers and residents/service users of Nottinghamshire), which visually represent the different roles in care.

31. Four videos have been produced of local care staff (these will be the same as the photos for continuity) talking about their roles within older and younger adult care homes, homecare and supported living. This is to share their experiences of working in care to the public, who may never have worked or thought of a role in care before.

32. An updated landing page on Nottinghamshire County Council's internet will support this campaign. The internet pages will explain in more detail the career opportunities in social care and link to the providers in Nottinghamshire. The internet page is split up into three areas: Care Homes. Homecare and Supported Living services.

33. The Integrated Care System (ICS) Workforce Group will oversee all the projects that are in progress or being planned. This group brings all the partners in Nottinghamshire together to ensure that there is a robust plan in place to support the social care market in Nottinghamshire. This group also includes provider representatives to ensure all projects meet the required outcomes for social care. There are four priority areas that the group is focussing on for the next 3 to 6 months and below is an update on progress:

PRIORITY 1 – To increase the number of care providers with a registered manager in place

- 2 Skills for Care Lead to Succeed programmes have been run in the County since July 2021 covering approximately 20 care providers, including two Nottinghamshire County Council teams
- The Skills for Care Well Led Endorsed Programme will be promoted from January 2022.

PRIORITY 2 – To increase the number of care providers in Nottinghamshire delivering Good or Outstanding quality services

- There will be a standard item on the agenda for the ICS Care Workforce Oversight Group to discuss and agree content for Integrated ICS Collaborative Forums to the end of March 2022
- The new ICS Workforce Webpages are being launched
- The career pathway pages have been redrafted and are being uploaded
- An Infection Prevention and Control (IPC) Champion Network has been established. This is being led by Health and has been promoted by the ICS Collaborative Forum. It is hoped that this will provide a model for future topic areas to follow to support the development and sustainability of best practice workshops for

subject specific leaders/in-house mentors and will focus initially on the topics that make up the Enhanced Health in Care Homes framework.

PRIORITY 3 – To improve the retention of nurses in nursing homes and the quality rating of nursing services

- A working group has just been set up to explore the recruitment of nurses for social care with partners from across the sector, including Notts NHS Healthcare Trust who have been successfully sourcing nurses through this route for several years. They will be working with the Local Authority, Clinical Commissioning Groups and employers and sharing relevant parts of an already established system
- Working with the Nottinghamshire Alliance of Training Hubs and Health partners to promote apprenticeships in nursing in social care settings and also the opportunity to offer placements to nurses undertaking an apprenticeship
- The creation of a peer network for social care nurses using Teams has been promoted during an ICS Collaborative Forum, but not received much response. This will be reviewed in the New Year.

PRIORITY 4 – To improve recruitment and retention for Independent providers of the External Workforce

- Skills for Care have presented at an ICS Collaborative Forum around the development of recruitment, retention, and engagement in residential care and homebased care settings
- Local recruitment and retention videos are being filmed and will be uploaded to a landing page on the Council's website to encourage interest in applying for jobs with our homebased care and residential care providers.
- The Hertfordshire Care Professional Standards Academy has presented to employers at the Workforce Oversight Group and at an ICS Collaborative Forum and received a positive response. We are now following up on the original business case to request a phased investment of £99,000 to cover the whole of Nottinghamshire's social care workforce
- Co-produced videos are being planned to promote working in care in the private sector as part of the Nottinghamshire County Council wider workforce. One will be for recruitment and the other for induction and set out how the Local Authority supports this professional service. It will welcome them as the face of our social care workforce, emphasise the value of their contribution to social care in Nottinghamshire and the professional approach required. These videos will be able to promote the Hertfordshire offer should it be agreed
- Coffee, Cake, and Chat mornings – to find out about a career in social care are being planned for the New Year. The first one was held at Rushcliffe Arena at the beginning of December, but the turnout was disappointing, and the advertising and social media campaign did not achieve much interest. However, due to the low cost of this approach, it is being considered to run it again in the New Year before deciding whether to try taking it round the County.

Quality Monitoring – Business as Usual

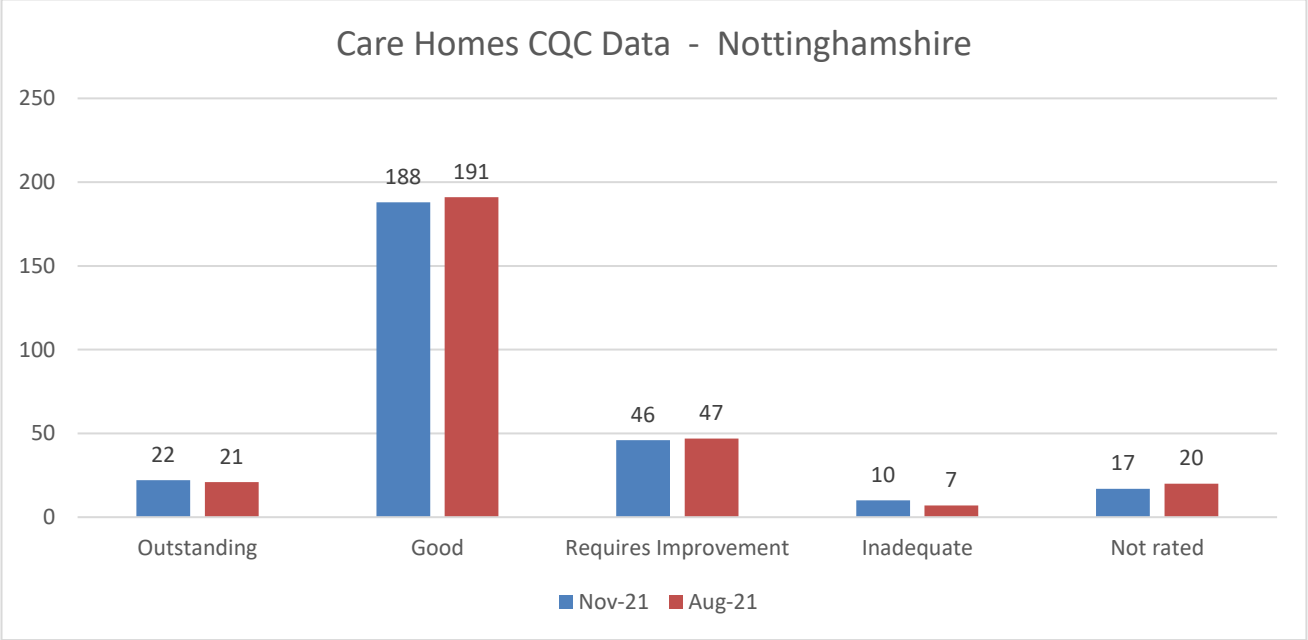
34. The QMMT continues to provide support through the well-established quality monitoring process. Quality monitoring visits and audits are being undertaken routinely by the team.

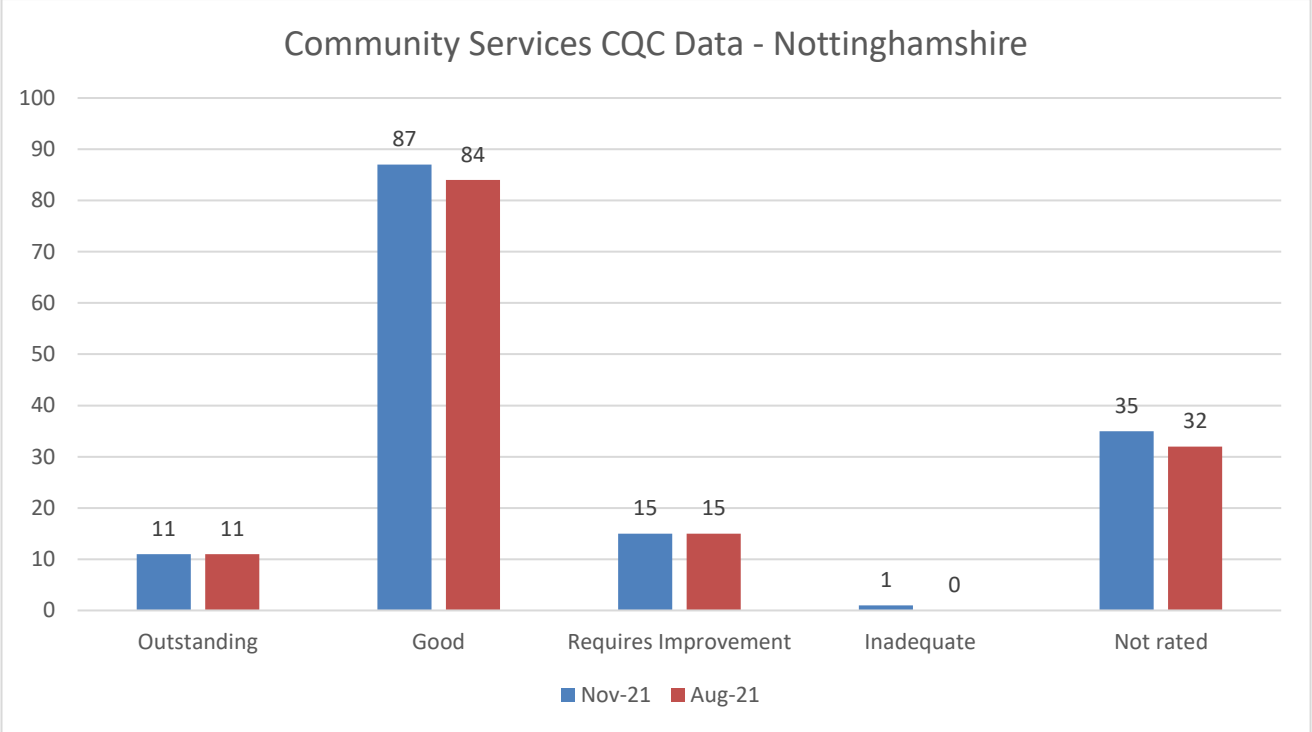
The Ageing Well team has commenced Quality Audits which will determine the care home quality banding for the financial year 2022/23.

- Ageing Well 155 Care Homes
- Living Well 136 Care Homes
- Home Based Care 42 Providers
- Housing with Care 14 Schemes
- Supported Living 35 Providers (190 schemes)
- Day Care 30 Accredited Providers

35. The QMMT will maintain the risk assessment of services based on quality data, Covid data, financial information and other intelligence that informs the level of monitoring/support needed. The team will support services as required to ensure good quality service provision, maintaining strong links with key partners.

36. The Care Quality Commission has not routinely inspected services since early 2020 and is currently taking a risk-based approach in carrying out inspections. An overview of the current ratings for care homes in Nottinghamshire for the past two years are as follows:





37. Since the last report there has been a further increase in the number of services rated as inadequate in both community services and care homes. There have been minimal changes to ratings as the Care Quality Commission approach to inspections is based on risk rather than a routine process. There are a number of services that do not have a rating and this is due to them being newly registered in the last couple of years.

Contract suspensions

38. Sometimes it is necessary to suspend a contract with a provider. This means that they continue to provide the service but for a period of time the Council does not give any new work to the provider. This is usually due to concerns about poor quality and when this happens the service is monitored closely, usually though an Action Plan, to ensure that the required improvements are made and sustained before lifting the contract suspension is considered.

39. Services that have a contract suspension currently are as follows:

Type of service	Number of services	Contract Status	District
Care Home – Ageing Well	4	Suspended	Gedling, Mansfield, Bassetlaw
Care Home – Living Well	6	Suspended	Bassetlaw, Newark
Homecare	1	Suspended	Rushcliffe, Gedling
Housing with Care	1	Suspended	Rushcliffe
Care Support Enablement (Supported Living)	1	Suspended	Newark

40. Since the previous report to Committee in September 2021 the numbers of suspensions have remained the same with some services having their contracts re-instated and new services being placed under a contract suspension.

Other Options Considered

41. No other options have been considered.

Reason/s for Recommendation/s

42. The report provides an opportunity for the Committee to consider any further actions arising from the issues contained within the report.

Statutory and Policy Implications

43. 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

44. The passporting of the following grants will need to be considered:

- Infection Control Fund Grant (round 5) £6.6 million (October 2021 – March 2022)
- Workforce Recruitment and Retention Grant £2.3 million (November – March 2022)
- Workforce Recruitment and Retention Grant £4.4 million (December – March 2022).

Implications for Service Users

45. The Council has a duty under the Care Act 2014 to ensure that high quality services are available for people in Nottinghamshire whether they are funded by the Council or fund their own care either fully or in part. The market shaping duty also requires that the Council works collaboratively with relevant partners including people that use services and their families. The proactive approach of quality monitoring undertaken in Nottinghamshire ensures that every effort is made to ensure that people live independent lives and that their care and support needs are met by high quality care providers that deliver a sustainable service.

RECOMMENDATION/S

That:

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

2) Members advise how the Committee wishes to monitor the actions /issues contained within the report.

Kashif Ahmed
Service Director, Adult Social Care and Health

For any enquiries about this report please contact:

Gemma Shelton
Interim Group Manager, Quality & Market Management
Adult Social Care and Health
T: 0115 9773789
E: gemma.shelton@nottscc.gov.uk

Constitutional Comments (AK 12/01/22)

46. This report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (DG 24/12/21)

47. The following grants have been received and are currently being passported out to providers – Infection Control Fund £6,690,583, Workforce Recruitment and Retention £2,388,121 and Workforce Recruitment and Retention 2 £4,408,838. The spend on the recruitment campaign is being met from the Adult Social Care & Public Health departmental underspend.

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.

Market management position statement – report to Adult Social Care & Public Health Committee on 20th September 2021

Electoral Division(s) and Member(s) Affected

All.

ASCPH790

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

24 January 2022

Agenda Item: 11

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

That the committee considers whether any amendments are required to the work programme.

Marjorie Toward
Service Director, Customers, Governance & Employees

For any enquiries about this report please contact: Jo Toomey – jo.toomey@nottscc.gov.uk.

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

- None

Electoral Division(s) and Member(s) Affected

- All

ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2021-22

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
14th March 2022			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca Croxson
Carers and Short Breaks Strategies	To present to committee proposed strategies for carers and short breaks support.	Service Director, Living Well/ Service Director, Ageing Well/Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert/ Dan Godley
Day Opportunities Strategy 2021 – 2026 – consultation outcomes	To present to committee the outcome of the consultation	Service Director, Living Well/ Service Director, Strategic Commissioning and Service Improvement	Ainsley MacDonnell/Kash Ahmed
Co-production strategy/ framework		Service Director, Strategic Commissioning and Service Improvement	Sarah Craggs
Development and progress of the departmental Prevention Strategy		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Refresh of the Adult Social Care & Public Health Department's Digital Strategy for 2021-2024		Corporate Director, Adult Social Care and Health	Grace Natoli/ Jennifer Allen
Proposed increase in fees for independent sector adult social care providers, Direct Payments and other charges		Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Mental Health discharge avoidance		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Technology Enabled Care		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
25th April 2022			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Oral Health Promotion Service Procurement		Consultant in Public Health	Lucy Elliott
Interim evaluation of routine enquiry into Adversity in Childhood (REACH) Programme	To provide members with an update on the findings of the interim report on the REACH Programme in Nottinghamshire	Consultant in Public Health	Sarah Quilty
Proposals on joint commissioning		Service Director, Strategic Commissioning and Service Improvement	Kashif Ahmed
Continuing to support the Brunts Charity through grant funding		Service Director, Strategic Commissioning and Service Improvement	Anna Oliver
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
13th June 2022			
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca Croxson

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
25th July 2022			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 4)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett