

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

**Monday, 09 October 2017 at 10:30**

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

---

## **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 11 September 2017  | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Nottinghamshire Joint Health and Wellbeing Strategy Consultation   | 7 - 16  |
| 5  | Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant   | 17 - 24 |
| 6  | Protection of Vulnerable Residents from Seasonal Flu   | 25 - 38 |
| 7  | Planning for Discharge from Hospital   | 39 - 50 |
| 8  | Supporting Best Practice in Care and Support Planning for Adult Care Services  | 51 - 58 |
| 9  | Adult Social Care and Health Consultation  | 59 - 64 |
| 10 | Member Working Group to Review and Make Recommendations on the Extra Care Strategy   | 65 - 68 |
| 11 | Guide for Self-Funders to Care and Support   | 69 - 72 |

12	Get Up and Go Events - Falls Prevention	73 - 78
13	Proposed Safeguarding Adults Briefing for County Councillors	79 - 80
14	Direct Services Events Activities and Publicity	81 - 86
15	Work Programme	87 - 92

## **Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.  
  
Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.
- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	11 September 2017 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Stuart Wallace (Chairman)  
Steve Vickers (Vice-Chairman)  
Tony Harper (Vice-Chairman)

Joyce Bosnjak  
Jim Creamer  
Boyd Elliott  
Kate Foale

David Martin  
Francis Purdue-Horan  
Andy Sissons  
Yvonne Woodhead

**OFFICERS IN ATTENDANCE**

Caroline Baria, Service Director, ASCH&PP  
Sue Batty, Service Director, ASCH&PP  
Barbara Brady, Interim Director of Public Health  
Paul Davies, Advanced Democratic Services Officer, Resources  
Jennie Kennington, Senior Executive Officer, ASCH&PP  
Ainsley MacDonnell, Service Director, ASCH&PP  
Paul McKay, Service Director, ASCH&PP  
David Pearson MBE, Corporate Director, ASCH&PP

**MINUTES OF THE LAST MEETING**

The minutes of the meeting of Adult Social Care and Public Health Committee held on 10 July 2017 were confirmed and signed by the Chair.

**MEMBERSHIP**

It was reported that Councillors Jim Creamer and Kate Foale had been appointed to the committee in place of Councillors Sybil Fielding and Muriel Weisz, for this meeting only.

**DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS**

None.

**USE OF PUBLIC HEALTH RESERVES**

The Chairman stated that this item had been withdrawn from the agenda, and would be presented at a future meeting of the committee.

## **UPDATE ON TRANSITIONS PROCESS FOR CHILDREN AND ADULTS WITH DISABILITIES**

During discussion, the committee requested a progress report after six months.

### **RESOLVED 2017/050**

That the proposal to proceed with Phase 1, as outlined from paragraph 23 of the report be approved.

## **ADULT SOCIAL CARE SUMMARY REPORT – ISSUES FOR APPROVAL**

### **RESOLVED 2017/051**

- 1) That the transfer of management of support for staff attending the SCOPES clinic from the Adult Access Service to the Hospital Social Work Team (City Hospital) be approved.
- 2) That the change of the team name from Framework Development to Mosaic Development Team be approved.
- 3) That £49,000 from the Better Care Fund be allocated for the extension of mass marketing scams prevention work by two dedicated officers for a further six months from October 2017 to March 2018.

## **SUPPORTING THE DELIVERY AND EXPANSION OF ASSESSMENTS AND REVIEWS**

### **RESOLVED 2017/052**

- 1) That the current position in relation to the number of assessments and reviews completed within the Adult Social Care, Health and Public Protection departments during Phase 1 of the Targeted Reviews project be noted and the extension of the work into Phase 2 as detailed in the report be agreed.
- 2) That the implementation of the pathway approach to reviewing across Adult Social Care, Health and Public Protection be approved.
- 3) That the establishment of the following additional temporary posts be approved to help manage assessments and reviews and to realise efficiency savings:
  - 10 Reviewing Officers at Grade 5 at a cost of £327,740 per annum including on costs.
  - 8 Reviewing Officer Assistants (ROAs) at Grade 3 at a cost of £187,296 per annum including on costs.
  - 1 Team Manager at Band D at a cost of £55,865 per annum including on costs
  - 2 OTs at Band B at a cost of £91,552 per annum including on costs.

- 1 Physiotherapist at a cost of £45,776 per annum including on costs.
  - Extension of 3 OTs from March 2018 to March 2020, at Band B at a cost of £137,328 per annum including on costs.
  - Extension of 7 Temporary Reviewing Officers from March 2018 to March 2020, at Grade 5 at a cost of £229,418 per annum including on costs.
  - Extension of 1 Team Manager from March 2018 to March 2020, at Band D (£39,660 - £41,551) at a cost of £55,865 per annum including on costs.
  - Extension of 4 FTE Business Support Administrators (Data Input Team), Grade 3 from December 2017 to March 2020 at a cost of £93,648 per annum including on costs.
- 4) That the additional £200,000 funding, £100,000 for 2017/18 and £100,000 for 2018/19, to secure additional independent agency support for reviewing and assessments be approved.
- 5) That the delivery of additional efficiency savings of £6 million for the period 2017 – 2021 be approved.

#### **RECOMMENDATIONS AND ACTIONS TAKEN IN RESPONSE TO A PUBLIC REPORT FROM THE LOCAL GOVERNMENT OMBUDSMAN OFFICE**

##### **RESOLVED 2017/053**

- 1) That the actions taken, or being taken, by the council in response to the Ombudsman's investigation, referred to in paragraph 8 of the report, the endorsed.
- 2) That it be noted that the actions will be reported back to the Ombudsman.

#### **WORK PROGRAMME**

##### **RESOLVED 2017/054**

That the work programme be updated to include:

- A report on the use of Public Health reserves to a future meeting
- Progress report on the transitions project after six months
- Report on the Sustainability and Transformation Plan

The meeting closed at 12.00 noon.

**CHAIR**



9 October 2017

Agenda Item: 4

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **NOTTINGHAMSHIRE JOINT HEALTH AND WELLBEING STRATEGY CONSULTATION**

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

1. To ask members of the committee (either as a collective and/or as individuals) to respond to the consultation supporting the refresh of the Joint Health and wellbeing Strategy.
2. To request that members of the Committee promote the consultation within their local constituencies, networks and to colleagues.

#### **Information and Advice**

3. Nottinghamshire Health and Wellbeing Board was set up in May 2011, initially in shadow form and then as a full committee of the County Council from April 2013. Health and Wellbeing Boards were established in all upper tier authorities under the Health and Social Care Act.
4. Board membership includes elected members (in Nottinghamshire from each of the district and borough councils as well as the county council), the directors of adult and children's social care, the director of public health and the local Healthwatch. In Nottinghamshire, in addition to representatives from the district and borough councils the Board also includes representatives from the Police and Crime Commissioners Office and NHS England.
5. The Board has statutory responsibilities to produce:
  - a Joint Strategic Needs Assessment (JSNA), identifying current and future health needs of the local population
  - a Joint Health and Wellbeing Strategy to address those needs identified
6. Boards also have a duty to improve the integration of services and to reduce health inequalities in their area.
7. The first Health and Wellbeing Strategy for Nottinghamshire was agreed in 2014 for the period 2014 to 2017 and is now due for refresh.
8. A consultation document has been prepared and is subject to a countywide consultation until 29 October 2017.
9. The proposed Strategy document includes a **vision** for the Health and Wellbeing Board, an **approach** to clearly set out how the Board will conduct its business, **4 strategic ambitions** and a number of emerging priorities.

10. The Board would welcome the views of the members of the Adult Social Care and Public Health Committee as part of the consultation to agree the second Joint Health and Wellbeing Strategy for Nottinghamshire.

### 11. The vision

*'To work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in communities with the poorest health.'*

This was the vision from the first Strategy which the Board feels continues to be relevant.

The Board would welcome the views of the Committee on their proposed vision.

### 12. Approach

The Nottinghamshire Health and Wellbeing Board proposes to:

- *Concentrate our efforts on issues that require a shared solution.*
- *Focus on measures which prevent the onset of health problems, disability or dependency.*
- *Take a life course approach as we recognise that poor outcomes often result from an accumulation of factors and poor life chances over time*
- *Place health and wellbeing equity at the centre of all public policy making by influencing other agendas e.g. environment planning and transport.*
- *Build on the strengths of our communities and use place based solutions*
- *Use the evidence base of what works to guide our decisions and when evidence is weak we will ensure we evaluate and learn*
- *Recognise that our citizens have a right to participate in the activities and relationships of everyday life as independently as possible and are an active partner in their own care or support rather than a passive recipient*
- *We will include wider partners such as voluntary and community organisations, service providers, patients/service users, carers and family members equally in planning, delivering and reviewing projects/services.*

The Board would welcome any comments from the Committee on their proposed approach.

### 13. Strategic ambitions

The Board is proposing 4 strategic ambitions to focus how it can 'add value'. These are:

#### **A. Healthier decision making**

*We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities*

#### **B. Healthy and Sustainable Places**

*We want to create places which maximise the health benefits for citizens that live or work in those places.*

*This will mean influencing;*

- *The food environment*
- *Physical activity*
- *Tobacco*
- *Mental wellbeing*
- *How we plan where we live - spatial planning*

*Together these will help to;*

- ✓ *Reduce dental decay*
- ✓ *Reduce obesity*
- ✓ *Increase levels of physical activity*
- ✓ *Increase consumption of fruit and vegetables*



- *Warmer and safer homes*
- *Stronger and resilient communities*
- *Jobs and work*
- *Domestic abuse*
- *Compassionate communities supporting those at the end of life*
- *Substance misuse (drugs and alcohol)*
- *ASD/Aspergers*
- *Carers*
- *Sexual health*

- ✓ *Reduce impact of smoking*
- ✓ *Reduce social isolation*
- ✓ *Improve self-reported well being*
- ✓ *Reduce impact of drugs and alcohol*
- ✓ *Improve air quality*
- ✓ *Reduce avoidable injuries (on the road and at home)*
- ✓ *Reduce preventable deaths*
- ✓ *Increase breast feeding*
- ✓ *Reduce unemployment rates*
- ✓ *Reduce suicide*
- ✓ *Improve quality of life for those living with dementia*
- ✓ *Reduce the prevalence of dementia, diabetes and other long term health conditions*

### **C. A good start in life**

- *Child poverty*
- *Children and young people are **safe***
- *Children and young people are **happy and healthy***

### **D. Transforming care services**

*The residents of Nottinghamshire are covered by 2 STPs; Nottingham and Nottinghamshire, South Yorkshire and Bassetlaw. Both STPs are expected to become Accountable Care Systems from 2018/19. Advanced plans are available to the public and already describe in some detail the transformation planned. These support the statutory requirements of the Health and Wellbeing to promote the integration of services.*

Ambition A would require all partners to implement the recommendations made in the Local Government Authorities [Health in All Policies document](#) which was recently published.

Ambitions B and C present opportunities for the Board to start to take action and a number of potential priorities have been included to illustrate potential issues where the Board would utilise its partnership approach to improve health and wellbeing.

A delivery plan will develop these priorities further to identify clearly defined actions, measureable outcomes and defined timescales.

The local Sustainability Transformation Partnerships will be the primary delivery mechanisms for Ambition D but the Board will maintain an overview.

The Board would welcome comments from the Committee about the proposed ambitions and emerging priorities.

14. The focus of the consultation is through an [online survey](#) but has been supported by a series of consultation events held in each of the 7 districts. More information is available on the [Health and Wellbeing Strategy webpage](#) and a copy of the consultation document is attached as Appendix A.

15. In addition to providing feedback during the Committee meeting members are also asked to promote the consultation within their local constituencies, networks and to colleagues.

16. There is a [presentation to support the consultation](#) (scroll to the bottom of the page) which is available for use in meetings and with colleagues if required.

### **Other Options Considered**

17. Feedback will be taken from the current consultation and considered before a final Joint Health and Wellbeing Strategy is agreed.

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

18. To take feedback and views from members of the Committee to inform the Joint Health and Wellbeing Strategy for Nottinghamshire, of which Nottinghamshire County Council is a key partner.

### **Statutory and Policy Implications**

19. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

- 1) Members of the committee (either as a collective and/or as individuals) respond to the consultation supporting the refresh of the Nottinghamshire Joint Health and wellbeing Strategy.
- 2) That members promote the consultation within their local constituencies, networks and to colleagues.

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

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

**Nicola Lane**  
**Public Health and Commissioning Manager**  
**e: [nicola.lane@nottsc.gov.uk](mailto:nicola.lane@nottsc.gov.uk)**  
**t: 0115 977 2130**

### **Constitutional Comments (LMC 21/09/2017)**

20. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

### **Financial Comments (DG 20/9/17)**

21. There are no financial implications arising directly 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



# Nottinghamshire Joint Health and Wellbeing Strategy

## Consultation Document

### The Background - What is the Joint Health and Wellbeing Strategy?

It is the County's overarching plan for improving health and wellbeing outcomes for our residents whilst also reducing health inequalities. It is the main way in which the Board executes its legal duty to work on;

- Improving the health and wellbeing of the people in their area
- Reducing health inequalities
- Promoting the integration of services

In Nottinghamshire we believe that all our residents should have the opportunity to make the choices that allow them to live a healthy life, regardless of their income, education or ethnic background. Whilst there is a lot that can be done to keep people healthy and independent we also know that for some of our residents the time will come when they may need some extra help and support to live well with frailty or ill health. When that happens we will work with care services (NHS and social care) along with housing to ensure people get the care and support they need at the right time and in the right place.

### Our Vision and approach to Health and Wellbeing in Nottinghamshire

#### Our Vision:

**'To work together to enable the people of Nottinghamshire to live longer, be healthier and have a better quality of life, especially in communities with the poorest health.'**

#### To achieve this we will use the following approach:

- As a Board we will concentrate our efforts on issues that cannot be achieved independently and require a shared solution
- We will focus on preventive measures helping people and communities to support each other and prevent problems from arising
- We will take a life course approach when considering how best to focus actions to improve health and wellbeing, recognising that many poor outcomes result from an accumulation of factors and poor life chances over time
- Health and wellbeing equity will be at the centre of all public policy making by influencing other agendas such as employment, housing, economy, environment planning and transport
- We will build on the strengths of our communities and use place based solutions
- We will make decisions based on evidence or when evidence is weak evaluating so we learn
- We will include wider partners such as voluntary and community organisations, service providers, patients/service users, carers and family members equally in planning, delivering and reviewing projects/services

**Q1****Do you agree with the overall Vision?**

☐ Strongly agree
 ☐ Agree
 ☐ Neither agree nor disagree
 ☐ Disagree
 ☐ Strongly disagree

**Is there anything missing from the Vision?**

**Q2****Do you agree that we are taking the right approach?**

☐ Strongly agree
 ☐ Agree
 ☐ Neither agree nor disagree
 ☐ Disagree
 ☐ Strongly disagree

**Do you have any comments about our approach?**


## Our 4 strategic ambitions to focus how the Board 'adds value' are

### 1. Healthier decision making.

We want to make sure that we influence decisions where there is the potential to impact on improving health and reducing health inequalities

### 2. Healthy and Sustainable Places

We want to create places which maximise the health benefits for citizens that live or work in those places.

**This will mean influencing our emerging priorities which are:**

- The food environment
- Physical activity
- Tobacco
- Mental wellbeing
- How we plan where we live - spatial planning
- Warmer and safer homes
- Stronger and resilient communities
- Jobs and work
- Domestic abuse
- Compassionate communities supporting those at the end of life
- Substance misuse (drugs and alcohol)
- ASD/Aspergers
- Carers

**Together these will help to**

- Reduce dental decay
- Reduce obesity
- Increase levels of physical activity
- Increase consumption of fruit and vegetables
- Reduce impact of smoking
- Reduce social isolation
- Improve self-reported well being
- Reduce impact of drugs and alcohol
- Improve air quality
- Reduce avoidable injuries (on the road and at home)
- Reduce preventable deaths
- Increase breast feeding
- Reduce unemployment rates
- Reduce suicide
- Improve quality of life for those living with dementia
- Reduce the prevalence of dementia, diabetes and other long term health conditions

### 3. A good start in life

- Child poverty
- Children and young people are safe
- Children and young people are happy and healthy

### 4. Transforming care services

The residents of Nottinghamshire are covered by 2 Sustainability and Transformation Plans (STPs); [Nottingham and Nottinghamshire](http://www.stpnotts.org.uk) (www.stpnotts.org.uk), [South Yorkshire and Bassetlaw](http://www.smybndccgs.nhs.uk/what-we-do/stp) (www.smybndccgs.nhs.uk/what-we-do/stp). Both STPs are expected to become Accountable Care Systems from 2018/19. Advanced plans are available to the public and already describe in some detail the transformation planned. These support the statutory requirements of the Health and Wellbeing Board to promote the integration of services

Q3

#### Do you support the 4 strategic ambitions?

- ☐ Strongly agree   ☐ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree

#### Is there anything missing from our ambitions?

Q4

We have started to identify potential priorities for action for the Health and Wellbeing Board under the Strategic Ambitions **2. Healthy and sustainable places** and **3. A good start in life**.

#### Do you think that these are the right emerging priorities to support these strategic ambitions?

- ☐ Strongly agree   ☐ Agree   ☐ Neither agree nor disagree   ☐ Disagree   ☐ Strongly disagree

#### Do you think anything is missing from the priorities for action listed?

#### To help us analyse the responses please indicate what type of organisation you are responding on behalf of. Please tick all of the following that apply

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Public sector organisation in Nottinghamshire | <input type="checkbox"/> Private sector                       | <input type="checkbox"/> Third Sector or not for profit organisation |
| <input type="checkbox"/> As a County or District Councillor            | <input type="checkbox"/> On behalf of a local community group | <input type="checkbox"/> None of the above (please state below)      |

If you're responding on behalf of an organisation or group please say which one:

**Do you have any responsibility for a particular part of the County?** Please tick all that apply

<input type="checkbox"/> Ashfield	<input type="checkbox"/> Bassetlaw	<input type="checkbox"/> Broxtowe	<input type="checkbox"/> Gedling
<input type="checkbox"/> Mansfield	<input type="checkbox"/> Newark & Sherwood	<input type="checkbox"/> Rushcliffe	<input type="checkbox"/> Outside of Nottinghamshire (including Nottingham City)

### Stakeholder Network

There is a Stakeholder Network of interested people and organisations which is kept informed of what's happening mainly through emails but also events to discuss particular topics.

### Are you already a member of the Nottinghamshire Health & Wellbeing Board Stakeholder Network?

☐ Yes ☐ No

Would you like to join? Please give an email address we can contact you on:

Please return this form via email to [nottshws@nottsc.gov.uk](mailto:nottshws@nottsc.gov.uk) (a scanned copy is fine if handwriting is legible) or through the post to: Julia Thornborough, Public Health Division, Nottinghamshire County Council, County Hall, West Bridgford, Nottingham NG2 7QP.

**Thank you for taking the time to complete this survey.**



**9 October 2017****Agenda Item: 5**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT**

**QUARTER 1, 2017/18**

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

1. To enable Members to scrutinise the performance and quality of services commissioned by Public Health (PH)

#### **Background**

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties about the commissioning of certain mandatory services to residents<sup>[1]</sup>, the provision of specialist advice to the local NHS, and of health protection advice to organisations across the local system.
3. In discharging these duties, the authority is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.
4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for our residents.
5. Working with public health colleagues, the Public Health Contract & Performance Team manages the performance of providers to ensure that contracts continue to deliver the outcomes and full value for which they were let.

---

<sup>[1]</sup> These mandatory services include: local implementation of the National Child Measurement Programme, assessment and conduct of health checks, open access sexual health and contraception services

## Information and Advice

6. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in Quarter 1 (April to June 2017) against key performance indicators related to Public Health priorities, outcomes and actions within:
  - i) the Public Health Service Plan 2017-2018;
  - ii) the Health and Wellbeing Strategy for Nottinghamshire 2014-17; and
  - iii) the Authority's Commitments 2017-21.
7. A summary of the performance measures is set out at **Appendix A** (to be circulated separately).

## Key Issues in Performance in Quarter 1 of 2017-18

8. The majority of Public Health commissioned services are on track and performing well. For those contracts where performance against plan is an issue or actual performance is not fully explained in Appendix A, more detail is provided below.
9. It is unlikely that the annual target for the number of people being offered or receiving health checks will be met this year. A new IT system for recording health checks is becoming operational this year and this should make it easier for GPs to record health checks. Of those patients offered a health check, 53.1% received a health check compared to the national average of 43.2%.
10. The sexual health providers are offering the HIV test to all new service users and are investigating why the acceptance rate is so low. Service users do not have to accept the test.
11. There is a national issue with the take up of chlamydia testing and whilst two of our sexual health providers are below target, Nottinghamshire as a whole is performing better than our neighbours. Public Health are hoping to commission an on-line chlamydia testing service to address the low take up.
12. Further work is required by the young people's service to register more people onto the C-card scheme and public health are working with the team to support this.
13. Solutions 4 Health continue to underperform in the tobacco control and smoking cessation service. This is due to numbers of people accessing the service being too few. However, of those people who access the service, 55% quit. The provider is offering a new deal to GPs and pharmacists to help increase numbers.
14. The Obesity Prevention and Weight Management provider is performing to plan in a number of key areas and overall is exceeding target. However, the numbers are still below target in children's and maternity services. The PH team are working with the new service management to ensure delivery of more effective approaches but delivery to target is dependent on third parties.

15. There are teething problems in the reporting from the 0-19 service and therefore the performance data received from the provider may not be a true reflection of the work being done. The public health team are working with the provider to address this.
16. The oral health provider has failed to reach the target for training frontline staff to deliver oral health brief advice to children this first quarter, however there is a plan in place to ensure performance improves.

### **Statutory and Policy Implications**

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, the safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working 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**

18. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

### **Public Sector Equality Duty implications**

19. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

### **Implications for Service Users/Safeguarding of Children and Vulnerable Adults Implications**

20. The performance and management and quality monitoring and reporting of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant.

## **RECOMMENDATION**

For Committee to scrutinise the performance of services commissioned using the public health grant

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

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

Nathalie Birkett

Group Manager, Public Health Contracts and Performance

### **Constitutional Comments**

21. No Constitutional Comments are required.

### **Financial Comments**

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

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

Public Health Outcomes Framework 2016-19 at a glance.

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

All

Number	Quality standard
YTD 95% or higher of expected	Standard met or exceeded
YTD less than 95% of expected	Standard not met

Quarter 1 2017/18

Service Name	Indicator or Quality Standard	2016/17 Q1 figures for comparison	Annual plan 2017/18	Plan for this quarter	Actual this quarter	Actual YTD	Forecasted out turn year end
NHS Health Checks	No. of eligible patients who have been offered health checks	8,539	54,309	13,577	7,705	7,705	30,820
	No. of patients offered who have received health checks	5,299	34,215	8,554	4,076	4,076	16,304
	No. of patients who have been identified as high risk and referred to other services as a result of a health check	291			160	160	
Integrated Sexual Health Services	Total number of filled appointments						
	Sherwood Forrest Hospital NHS Trust	5,763	23,543	5,886	6,111	6,111	24,444
	Nottingham University Hospital NHS Trust	3,497	15,387	3,847	3,851	3,851	15,404
	Doncaster and Bassetlaw Hospitals NHS Trust	2,431	9,486	2,372	2,062	2,062	8,248
	Total	11,691	48,416	12,104	12,024	12,024	48,096
	Quality Standard 60 % of new service users accepting a HIV test						
	Sherwood Forest Hospital NHS Trust	No data available	>60%	>60%	No data available	-	No data available
	Nottingham University Hospital NHS Trust	53%	>60%	>60%	62%	62%	>60%
	Doncaster and Bassetlaw Hospitals NHS Trust	65%	>60%	>60%	62%	62%	>60%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test						
	Sherwood Forrest Hospital NHS Trust	56%	>75%	>75%	49%	49%	<75%
	Nottingham University Hospital NHS Trust	74%	>75%	>75%	72%	72%	<75%
	Doncaster and Bassetlaw Hospitals NHS Trust	68%	>75%	>75%	100%	100%	>75%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC						
	Sherwood Forrest Hospital NHS Trust	49%	>30%	>30%	49%	49%	>30%
	Nottingham University Hospital NHS Trust	32%	>30%	>30%	38%	38%	>30%
	Doncaster and Bassetlaw Hospitals NHS Trust	42%	>30%	>30%	52%	52%	>30%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	542	2,200	550	273	273	1,092
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	9	2,000	500	512	512	2,048
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	150	642	161	231	231	924
	Number of unplanned exits	n/a	-	-	160	160	-
	Number of service users in the service (last day of quarter)	8,944	10,394	Rolling	9,734	Rolling	10,647
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	No data available	300	75	86	86	344
	Quality standard 80% Planned exit from treatment	80%	80%	80%	74%	74%	<80%
Tobacco Control and Smoking Cessation	Pregnant Smokers who successfully quit	31	500	125	16	16	100
	Under 18 Smokers who successfully quit	17	200	50	10	10	100
	All other smokers who successfully quit	539	4,300	1,075	470	470	3,000
Illicit Tobacco Services	Number of inspections	Increase on 16/17	30	11	29	29	60
	Number of seizures				18	18	-
Obesity Prevention and Wight Management (OPWM)	Number of adults supported	361	660	165	222	222	800
	Number of children supported	32	208	52	23	23	104
	Maternity	5	104	26	4	4	50
	Post Bariatric	5	60	15	14	14	60
Domestic Abuse Services	No of adults supported	572	1,940	485	458	458	1,940
	No of children, young people & teenagers supported	114	514	129	132	132	514
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	30	259	68	94	94	376
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	19	187	47	50	50	200
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	2,042	7,128	1,782	2,150	2,150	8,600
	Number of emergency parcels provided	1,294	5,445	1,361	1,572	1,572	6,288
Public Health Services for Children and Young People aged 0-19	Quality Standard 75% of mothers receiving antenatal visit from 28 weeks gestation	New contract	75%	75%	52%	52%	<75%
	Quality standard 95% of children receiving a health & development review who reach 2.5 years	New contract	95%	95%	77%	77%	<95%
	Quality standard 95% of reviews undertaken with children by end of Year 1	New contract	95%	95%	82%	82%	<95%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	36	200	50	15	15	200
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	26	100	25	95	95	100
Children's Centres	Quality standard 65% of the under 5 population seen at least once	65%	65%	65%	65%	100%	>65%
	Quality standard 70% of 1:1 support that demonstrates improved outcomes in parents meeting the emotional needs of their child(ren)	70%	70%	70%	99%	99%	>70%
Supporting People: Homelessness Support	Total Number of Individual Service Users Receiving Support	317	1,392	348	328	328	1,312
	People moving on in a planned way	68	300	75	70	70	280
Mental Health	Numbers of Clients with improvement in WEMWBS scores	Increase over year	Currently baselining	Currently baselining	36	Currently baselining	-
Reduction in statutory homelessness	Number of clients entered the service by quarter	No data available from last year	Currently baselining	Currently baselining	162	Currently baselining	-
	Quality standard 80% of new clients completing WEMWBS on entry in to the service	>80%	>80%	>80%	62%	62%	<80%
	Quality standard 80% of new clients completing WEMWBS on exit from the service	>80%	>80%	>80%	32%	32%	<80%

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

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	<b>NHS Health Checks</b>	<p>The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. <a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a></p>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	<b>Integrated Sexual Health Services</b>	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> <li>• Chlamydia (47%),</li> <li>• Genital warts (17%),</li> <li>• Genital herpes (7%),</li> <li>• Gonorrhoea (7%).</li> </ul> <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. <a href="http://www.fhri.org">www.fhri.org</a> <a href="http://www.bashh.org">www.bashh.org</a>. The IHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> <li>• A reduction in under 18 conceptions</li> <li>• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)</li> <li>• A reduction in people presenting with HIV at a late stage of infection.</li> </ul> <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> <li>• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health</li> <li>• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions</li> <li>• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health</li> <li>• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk</li> <li>• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000</li> <li>• An increase in the number of people accessing HIV screening, particularly from those groups most at risk</li> <li>• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV</li> <li>• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups</li> <li>• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM</li> <li>• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire</li> <li>• A reduction in unintended pregnancies in all ages</li> <li>• Increased quality standards across Nottinghamshire and Bassetlaw.</li> </ul>
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	<b>Young Peoples Sexual Health Service - C Card</b>	<p>Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.</p>
1.05	16-18 year olds not in education employment or training	<b>Alcohol and Drug Misuse Services</b>	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness. The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	<b>Young People's Substance Misuse Service</b>	<p>Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need</p>
2.03	Smoking status at time of delivery (maternity)	<b>Tobacco Control and Smoking Cessation</b>	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> <li>• Stopping smoking</li> <li>• Preventing the uptake of smoking</li> <li>• Reducing harm from tobacco use</li> </ul>
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	<b>Illicit Tobacco Services</b>	<p>Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county</p>
1.16	Utilisation of outdoor space for exercise/health reasons	<b>Obesity Prevention and Wight Management (OPWM)</b>	<p>Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.</p>
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	<b>Domestic Abuse Services</b>	<p>This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.</p>
4.15	Excess winter deaths	<b>Seasonal Mortality</b>	<p>In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report16. The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women</p>
1.18	Social isolation	<b>Social Exclusion</b>	<p>Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.</p>
1.01	Children in low income families	<b>Public Health Services for Children and Young People aged 0-19</b>	<p>The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: - help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'</p>
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	<b>Oral Health Promotion Services</b>	<p>In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.</p>
2.05	Child development at 2-2½ years	<b>Children's Centres</b>	<p>Children's Centres play a key role in early intervention and are a vital source of support for young children and their families... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development</p>
1.15	Statutory homelessness	<b>Supporting People: Homelessness Support</b>	<p>The aims of this service are:</p> <ul style="list-style-type: none"> <li>- To address homelessness, support people back to independence and prevent repeat homelessness</li> <li>- To reduce the adverse effects of homelessness on individual and population health and wellbeing</li> <li>- To improve the health and wellbeing of homeless service users</li> <li>- To promote social inclusion</li> </ul>
4.09	Excess under 75 mortality rate in adults with serious mental illness	<b>Mental Health</b>	<p>The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems</p>
1.15	Statutory homelessness	<b>Reduction in statutory homelessness</b>	<p>The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working</p>



## Public Health England National and Local Data

## Health Check

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Percentage of NHS Health Checks offered to the total eligible population in the quarter	2016/17 Q4	4.3	3.9*	3.9	3.9	2.3	5.0	4.9	4.4	1.6	3.0	3.5
Percentage of NHS Health Checks received by the total eligible population in the quarter	2016/17 Q4	2.4	2.3*	1.7	2.1	2.3	2.0	3.5	2.3	0.8	2.0	2.4
Percentage of NHS Health Checks offered which were taken up in the quarter	2016/17 Q4	55.0	57.5*	43.2	53.2	100.0	39.3	71.9	53.2	53.7	66.5	68.5
People invited for an NHS Health Check	2013/14 Q1 - 2016/17 Q4	74.1	71.2*	60.0	68.1	64.6	100*	81.0	65.7	46.5	58.1	68.8
People receiving an NHS Health Check	2013/14 Q1 - 2016/17 Q4	36.2	39.0*	28.2	36.6	64.6	43.2	48.4	34.2	22.7	33.1	48.1
People taking up an NHS Health Check invite	2013/14 Q1 - 2016/17 Q4	48.9	54.8*	47.0	53.8	100.0	43.1	59.7	51.3	48.9	56.0	53.6
People invited for an NHS Health Check per year	2016/17	17.0	15.5*	14.0	14.8	8.7	17.3	18.5	20.0	8.1	13.1	18.8
People receiving an NHS Health Check per year	2016/17	8.5	9.0*	6.2	8.0	8.7	8.2	12.6	11.0	3.9	8.2	11.4
People taking up an NHS Health Check invite per year	2016/17	49.9	58.1*	44.4	54.0	100.0	47.3	67.9	55.2	48.1	62.5	60.7
2.12 - Excess weight in Adults	2013 - 15	64.8	68.8	66.0	68.3	62.7	64.7	69.8	67.3	62.4	67.6	67.3
2.13ii - Percentage of physically active and inactive adults - inactive adults	2015	28.7	28.7	27.8	29.5	33.9	28.0	30.2	27.8	33.3	28.1	26.3
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable (Persons)	2013 - 15	48.1	50.5	67.1	49.5	77.8	40.3	54.8	48.8	70.7	44.2	34.4
4.05ii - Under 75 mortality rate from cancer considered preventable (Persons)	2013 - 15	81.1	80.5	86.7	83.0	90.0	66.9	77.1	80.3	104.6	84.5	84.5

## Alcohol and Drug Misuse

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
10.01 - Admission episodes for alcohol-related conditions (Narrow)	2015/16	647	689	844	713	753	592	582	882	1000	693	568
9.01 - Admission episodes for alcohol-related conditions (Broad)	2015/16	2179	2085	2311	2126	2846	1799	1761	2030	3002	2190	1570
6.02 - Admission episodes for alcohol-specific conditions	2015/16	583	512	762	672	734	382	350	428	889	506	315
5.02 - Admission episodes for alcohol-specific conditions - Under 18s	2013/14 - 15/16	37.4	34.5	33.7	48.5	*	20.2	30.6	40.0	40.6	38.0	*
4.01 - Alcohol-related mortality	2015	46.1	47.8	54.6	52.7	55.6	43.2	43.4	42.4	65.4	47.7	*
2.01 - Alcohol-specific mortality	2013 - 15	11.5	11.6	19.8	12.1	18.3	10.2	6.6	10.4	18.9	11.2	*
2.15i - Successful completion of drug treatment - opiate users	2015	6.7	6.7	7.8	6.4	7.1	6.8*	7.6	8.3	6.3	5.4	*
2.15ii - Successful completion of drug treatment - non-opiate users	2015	37.3	35.8	33.9	37.5	34.6	40.5*	41.3	29.8	44.1	28.5	*
People who inject drugs	2011/12	2.49*	2.62*	4.89*	2.71*	2.72*	0.96*	2.48*	1.99*	3.53*	3.58*	0.26*
Estimates of use of opiates and/or crack cocaine	2011/12	8.4	8.1	14.5	7.4	12.6	4.4	8.8	8.8	12.1	8.7	1.9
1.13i - Re-offending levels - percentage of offenders who re-offend	2014	25.4	25.1	29.4	24.2	26.2	20.7	24.5	23.7	28.6	24.9	20.0
1.13ii - Re-offending levels - average number of re-offences per offender	2014	0.82	0.81	1.02	0.75	0.88	0.62	0.80	0.72	0.99	0.78	0.60
1.13iii - First time offenders	2015	242.4	236.5	314.5	167.5	292.3	140.0	239.9	293.3	333.2	221.2	105.2

## Sexual Health

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Syphilis diagnostic rate / 100,000	2016	10.6	5.0	5.1	5.4	6.7	3.4	2.4	4.6	25.7	4.2	21.0
Gonorrhoea diagnostic rate / 100,000	2016	64.9	38.2	62.9	26.1	54.0	32.0	23.1	44.8	83.7	30.7	36.8
Chlamydia detection rate / 100,000 aged 15-24 (PHOF indicator 3.02)	2016	1882	1820	1746	1607	1711	1942	1993	2004	2168	1423	1402
Chlamydia proportion aged 15-24 screened	2016	20.7	19.1	15.3	15.9	16.7	21.3	22.6	20.9	23.4	13.8	16.0
New STI diagnoses (exc chlamydia aged <25) / 100,000	2016	765	555	728	437	649	506	428	690	833	518	588
HIV testing coverage, total (%)	2016	67.7	60.6	74.6	55.9	48.7	57.9	65.7	70.7	74.0	54.8	70.3
HIV late diagnosis (%) (PHOF indicator 3.04)	2013 - 15	40.1	46.5	38.0	50.8	59.0	43.1	39.1	49.3	40.8	37.5	*
New HIV diagnosis rate / 100,000 aged 15+	2015	12.1	5.7	7.8	3.2	16.9	3.2	3.2	8.9	6.8	4.0	6.2
HIV diagnosed prevalence rate / 1,000 aged 15-59	2015	2.26	1.42	2.14	0.68	3.82	0.78	0.70	2.08	2.91	0.73	0.53
Population vaccination coverage - HPV vaccination coverage for one dose (females 12-13 years old) (PHOF indicator 3.03iii)	2015/16	87.0	87.3	88.7	80.4	72.5	95.7	85.7	90.0	87.7	91.8	86.6
Under 25s repeat abortions (%)	2015	26.5	23.7	21.4	23.0	25.3	22.7	20.0	28.4	23.3	25.7	11.1
Abortions under 10 weeks (%)	2015	80.3	73.4	71.6	71.1	69.7	75.5	71.6	77.5	67.5	77.0	85.2
Total prescribed LARC excluding injections rate / 1,000	2015	48.2	54.8	56.9	66.1	32.6	43.8	61.4	63.1	53.4	52.1	62.7
Under 18s conception rate / 1,000 (PHOF indicator 2.04)	2015	20.8	20.2	26.9	15.4	26.2	16.3	19.7	21.7	31.2	20.3	5.7
Under 18s conceptions leading to abortion (%)	2015	51.2	43.3	40.9	40.3	39.2	58.4	39.9	48.9	39.5	36.1	80.0
Sexual offences rate / 1,000 (PHOF indicator 1.12ii)	2015/16	1.7	1.6	2.2	1.2	1.9	1.0	1.5	2.1	2.6	1.4	1.1

## Tobacco Control and Smoking Cessation

Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Smoking Prevalence in adults - current smokers (APS)	2016	15.5	16.1	17.8	13.9	17.0	13.5	17.7	16.3	21.5	15.7	12.3
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2016	26.5	25.7	27.8	23.3	22.9	22.5	27.2	26.3	31.3	26.3	26.2
Smoking prevalence age 15 years - regular smokers (SDD survey)	2014	8	-	-	-	-	-	-	-	-	-	-
Smoking prevalence age 15 years - occasional smokers (SDD survey)	2014	5	-	-	-	-	-	-	-	-	-	-
Successful quitters at 4 weeks	2015/16	2598	2304	2871	1123	3565	2804	2507	1800	2903	2170	5133
Smoking status at time of delivery	2015/16	10.6*	13.7*	14.2	14.2	11.4	10.0*	*	13.9	18.7	14.5	*
Smoking attributable mortality	2013 - 15	283.5	285.4	305.3	291.0	328.0	239.3	280.2	280.5	401.1	288.3	192.5
Smoking attributable hospital admissions	2015/16	1728	1759	1844	1802	1992	1617	1648	1804	2548	1754	1188

# Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.



Another example we can use to make the economic case is analysis of a 'targeted supervised tooth brushing programme'. This initiative provides a return of £3.06 for every £1 invested after 5 years and £3.66 after 10 years. On this occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

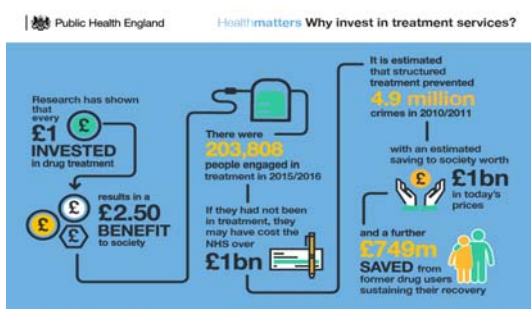
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a saving of £1.90 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short-term (85% due to reductions in offending).

And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.



Drug treatment not only saves lives, it provides value for money to local areas:



<https://publichealthmatters.blog.gov.uk/2017/09/06/making-the-economic-case-for-prevention/>

Oral Health



Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

<https://www.nice.org.uk/media/default/About/what-we-do/NICE guidance/NICE guidelines/Public health guideline/Additional-publications/Cost impact proof-of-concept.pdf>



**09 October 2017****Agenda Item:****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PROTECTION OF VULNERABLE RESIDENTS FROM SEASONAL FLU****Purpose of the Report**

1. To seek approval for the adoption by the Council of an intent to achieve a 75 per cent uptake of seasonal flu vaccination every year for all frontline care staff who are directly employed by the Council and in staff delivering frontline services on behalf of the Council.
2. To seek approval to take forward a proactive and planned media campaign to promote the 2017 Seasonal Flu Campaign through communication to residents using the national Stay Well this Winter Campaign materials and local good news articles in the local press across the county and radio.

**Information and Advice**

3. For older people, pregnant women, and people with long-term medical conditions such as diabetes, heart disease, lung disease, kidney disease or a neurological disease, flu represents a risk of serious complication including pneumonia, exacerbation of pre-existing conditions, possible hospitalisation<sup>1</sup>.
4. Evidence shows that achieving a high level of uptake amongst frontline workers helps to protect vulnerable service users (for example care home and nursing home residents, children who have enduring ill health or a disability, learning disability adults and adults with a long term condition) from avoidable ill-health and mortality<sup>2</sup>. It may also support business continuity by reducing flu-related illness in staff and the consequential costs of agency cover<sup>3 4</sup>.

---

<sup>1</sup> Annual Flu Plan 2017 available at:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/525967/Annual\\_flu\\_plan\\_2016\\_to\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/525967/Annual_flu_plan_2016_to_2017.pdf)

<sup>2</sup> Carman WF, Elder AG, Wallace LA, McAulay K, Walker A, Murray GD, et al. (2000) Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. *Lancet* 2000;355:93–7.

<sup>3</sup> Burls A (2009) Jordan R, Barton P, Olowokure B, Wake B, Albon E, Hawker J. Vaccinating healthcare workers against influenza to protect the vulnerable—Is it a good use of healthcare resources? A systematic review of the evidence and an economic evaluation. *Vaccine*, Vol 24, issue 19, 8th May 2006, p. 4212–4221

<sup>4</sup> Saxen H, Virtanen M. (1999) Randomized, placebo-controlled double blind study on the efficacy of influenza immunization on absenteeism of health care workers. *Pediatr Infect Dis J* 1999;18:779–83.

5. The timing, extent and severity of the influenza season is unpredictable and intermittent epidemics can cause significant illness and mortality. In the community in the UK in 2016 to 2017, the dominant circulating virus was influenza type A(H3N2), with the impact predominantly seen in older adults, with a consistent pattern of outbreaks in care homes. NHS England Chief Executive Simon Stevens has noted that there has been a heavy flu season in Australia and New Zealand (which is an indicator of the possible trend for the UK this winter) and that fighting flu is a top priority for every leader in the NHS<sup>5</sup>.
6. Accordingly, NHS providers have a target of achieving 75 per cent uptake of seasonal flu vaccination amongst frontline staff<sup>6</sup>. Whilst there is no national target for social care, working towards the NHS target is a prudent aspiration as this would ensure that vulnerable people in Nottinghamshire receive the same level of protection from flu in social care settings as is provided by the NHS.
7. Currently, NCC achieves 16.8 per cent uptake. The uptake rate amongst frontline workers in our commissioned services is unknown.
8. This paper proposes that, incrementally over a three year period, the Council should make plans to achieve the target of 75 per cent uptake, to which our NHS Sustainability and Transformation Partners are working, and to secure the same commitment across our own commissioned services.
9. Working to achieve the ambition of a 75 per cent uptake will build on the work achieved to date, in which the Council has already committed to offer all frontline care staff directly employed by the Council an annual seasonal flu vaccination. It has already been recognised that the low uptake of 16.8 per cent in previous years (2015/16 and 2016/17) required improvement with an ambition to increase the uptake of the offer to 40 per cent in the current 2017/18 season, which runs from September 2017 to the end January 2018.
10. Funding of the current offer is met by individual Departments - Adult Social Care and Public Health and Children's Families and Cultural Services. (It is recognised that some employees will be eligible for and may receive the vaccine free from their GP if they have an underlying health condition). The offer of the vaccine reflects guidance set out in the Health and Social Care Act 2008, the Health & Safety at Work Act (1974) and Control of Substances Hazardous to Health Regulations (2002).
11. There are approximately 2,150 directly employed eligible frontline staff. At a cost of £7 per vaccine (using the existing voucher scheme), with an uptake of 75 per cent this would cost £11,291.
12. Currently we do not know the exact number of eligible staff in services externally commissioned. A planning assumption is that this may be in the region of 7,000 staff. To reimburse the providers would require eligible staff to go to a local Community Pharmacy. The cost of the vaccine from local Community Pharmacies varies and is in the range of £5 (Asda

---

<sup>5</sup> Flu Fighter. Getting the flu jab is the best way to protect everyone. Available at: <http://www.nhsemployers.org/news/2017/09/getting-flu-jab-is-best-way-to-protect-everyone>

<sup>6</sup> Flu Fighter. 2017/19 CQUIN Guidance. Available at: <http://www.nhsemployers.org/news/2017/07/flu-fighter-cquin-information>

Pharmacies) to £12.99 (Boots Pharmacies). Taking a midpoint cost of £9 per vaccine achieving an uptake of 75 per cent this would cost £47,250.

Table 1 shows the approximate costs

<b>Costs of seasonal flu vaccination uptake by different staff groups dependant on % uptake</b>				
At a cost of £7 per Seasonal Flu Voucher				
<b>% uptake</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>75%</b>
Directly employed eligible frontline staff	£3,010	£6,020	£9,030	£11,288
At a mid point cost from Community Pharmacy of £9				
<b>% uptake</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>75%</b>
Eligible staff who deliver services on behalf of the Council circa 7,000	£12,600	£25,200	£37,800	£47,250
<b>Total costs</b>	<b>20%</b>	<b>40%</b>	<b>60%</b>	<b>75%</b>
	<b>£15,610</b>	<b>£31,220</b>	<b>£46,830</b>	<b>£58,538</b>

## Media coverage to support 2017/18 Seasonal Flu Campaign period

13. Nottinghamshire STP partners actively contribute to the Seasonal Flu Campaign through the use of media campaigns across the county. Last year the Council made a proactive contribution through an active media campaign in 2016/17 using the Stay Well This Winter Campaign and PHE material in 2016 (refer to Appendix 1 - summary of media campaign from the Council in 2016/17).
14. This paper proposes that the Council continues to actively contribute to this using any of our own relevant good news stories, the national Stay Well this Winter Campaign<sup>7</sup>, the Flu Fighter Communications Tool Kit<sup>8</sup> and PHE Seasonal Flu promotional materials<sup>9</sup>.

## Other Options Considered

15. Offering the seasonal flu vaccination only to directly employed permanent and temporary staff was considered. This option would not target the offer to all frontline staff (both directly employed and staff delivering services on behalf of the Council) who are in regular contact with vulnerable service users. There would need to be careful monitoring of uptake by frontline staff as it is essential that the Council policy protects vulnerable service users, reflects and supports our partner ambition and the NHS Flu Fighters Campaign.

<sup>7</sup> Stay Well this Winter Campaign available at: <https://www.nhs.uk/staywell/#3ggcdcGuDUEBPORd.97>

<sup>8</sup> Flu Fighter Communications Tool Kit available at: <http://www.nhsemployers.org/case-studies-and-resources/2017/08/flu-fighter-communications-guide>

<sup>9</sup> PHE Annual Flu Programme available at: <https://www.gov.uk/government/collections/annual-flu-programme>

## **Reasons for Recommendations**

16. To ensure that the residents of Nottinghamshire receiving services and care from Council funded services are protected against influenza to the same extent in the same way as patients treated in the NHS. This would mean that the Council's seasonal flu vaccination offer reflects the NHS Flu Fighters Campaign and the offer of our partners within the STP.
17. Contributing to a proactive and planned media campaign to support the uptake of seasonal flu will provide protection to the most vulnerable residents within the county and support the uptake of the seasonal flu vaccination by vulnerable groups. Utilising the Stay Well this Winter campaign materials also supports vulnerable residents who are susceptible to the impact of cold weather by promoting winter warmth and wellness over the winter months.

## **Statutory and Policy Implications**

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

## **RECOMMENDATIONS**

1. That the Committee approve the policy to make arrangements to secure 75 per cent uptake (over the next three years) of seasonal flu vaccination for all frontline care staff who are directly employed by the Council or are working in services commissioned by the Council.
2. That the Committee approve the routine annual development of plans for proactive and planned media work to promote the Seasonal Flu Campaign internally and externally through public facing communication and media campaigns in the local press across the county and radio.

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

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

Sally Handley, Senior Public Health and Commissioning Manager

Tel 0115 9772445

Email: [Sally1.handley@nottscc.gov.uk](mailto:Sally1.handley@nottscc.gov.uk)

### **Constitutional Comments (EP 28.09.2017)**

19. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

### **Financial Comments (DG 28.09.2017)**

20. The financial implications are contained within paragraphs 11 and 12 of this report.

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

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

- 'None' or start list here

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

- 'All' or start list here



Media coverage 2016/17 Flu Campaign period

Coverage Report: Flu Vaccinations (see tabs)	
<b>Overview</b>	
Dates from	01 October 2016
Committee	Public Health
Subject	Flu Vaccinations
Number of Releases	4
Number of Coverage	23
Number of enquiries	3
Number of interview requests	3
<b>Types of Publishers</b>	
Newspapers	9
Web	9
Radio	3
TV	0
Neutral/Factual	100%
<b>Coverage by Publishers</b>	
Nottingham Post	1
The Chad	4
The Advertisers	3
BBC	0
Hucknall Dispatch	1
Other local publishers	14
Total coverage	23





Coverage		
	Date	Headline
1	14/10/2016	Flu vaccination
2	14/10/2016	Flu vaccination
3	17/10/2016	Flu vaccination
4	19/10/2016	Flu vaccine to benefit children
5	20/10/2016	More children offered free flu vaccination this winter
6	20/10/2016	More children offered free flu vaccination this winter
7	04/11/2016	Guest columnist: Make sure you get your flu jab this winter
8	04/11/2016	Guest columnist: Make sure you get your flu jab this winter
9	04/11/2016	Vital to get your 'flu jab
10	09/11/2016	Stay one step ahead of flu with vaccine
11	06/12/2016	Warnings after spike in death rates during winter months
12	08/12/2016	Advice to Nottinghamshire's elderly on keeping warm
13	08/12/2016	Advice to Nottinghamshire's elderly on keeping warm
14	08/12/2016	Advice to Nottinghamshire's elderly on keeping warm
15	08/12/2016	Advice to Nottinghamshire's elderly on keeping warm
16	14/12/2016	Advice to elderly on keeping warm
17	14/12/2016	Advice to elderly on keeping warm
18	16/12/2016	Advice to elderly on keeping warm
19	16/12/2016	Council View: Spread the message of warmth this winter
20	29/12/2016	Tips on how to keep warm and healthy during cold weather
21	30/12/2016	Elderly advised to keep warm
22	30/12/2016	Look after elderly and sick as temperatures drop
23	30/12/2016	Elderly warned to stay indoors as temperatures drop suddenly

<b>Publisher</b>	<b>Type</b>
Trax FM	r
Mansfield 103.2	r
Capital FM	r
Ashfield Chad	np
Southwell Advertiser	np
Newark Advertiser	np
worksopguardian.co.uk	w
retfordtoday.co.uk	w
Worksop Guardian	np
Mansfield Chad	np
itv.com	w
hucknalldispatch.co.uk	w
worksopguardian.co.uk	w
eastwoodadvertiser.co.uk	w
worksopguardian.co.uk	w
Ashfield Chad	np
Mansfield Chad	np
Worksop Guardian	np
worksopguardian.co.uk	w
nottinghampost.com	w
Nottingham Post	np
newarkadvertiser.co.uk	w
nottstv.com	w

<b>Source (if available)</b>
<a href="http://www.worksopguardian.co.uk/news/guest-columnist-make-sure-you-get-your-flu-jab-this-winter-1-821">http://www.worksopguardian.co.uk/news/guest-columnist-make-sure-you-get-your-flu-jab-this-winter-1-821</a>
<a href="http://www.retfordtoday.co.uk/news/local/guest-columnist-make-sure-you-get-your-flu-jab-this-winter-1-821">http://www.retfordtoday.co.uk/news/local/guest-columnist-make-sure-you-get-your-flu-jab-this-winter-1-821</a>
<a href="http://www.itv.com/news/central/2016-12-06/warnings-after-spike-in-death-rates-during-winter-months/">http://www.itv.com/news/central/2016-12-06/warnings-after-spike-in-death-rates-during-winter-months/</a>
<a href="http://www.chad.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531">http://www.chad.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531</a>
<a href="http://www.worksopguardian.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531">http://www.worksopguardian.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531</a>
<a href="http://www.eastwoodadvertiser.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531">http://www.eastwoodadvertiser.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531</a>
<a href="http://www.worksopguardian.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531">http://www.worksopguardian.co.uk/news/advice-to-nottinghamshire-s-elderly-on-keeping-warm-1-8279531</a>
<a href="http://www.worksopguardian.co.uk/news/council-view-spread-the-message-of-warmth-this-winter-1-829192">http://www.worksopguardian.co.uk/news/council-view-spread-the-message-of-warmth-this-winter-1-829192</a>
<a href="http://www.nottinghampost.com/tips-on-how-to-keep-warm-and-healthy-during-cold-weather/story-300188">http://www.nottinghampost.com/tips-on-how-to-keep-warm-and-healthy-during-cold-weather/story-300188</a>
<a href="http://newarkadvertiser.co.uk/articles/news/look-after-elderly-and-sick-as-temperatures-d">http://newarkadvertiser.co.uk/articles/news/look-after-elderly-and-sick-as-temperatures-d</a>
<a href="http://nottstv.com/elderly-warned-stay-indoors-temperatures-drop-suddenly/">http://nottstv.com/elderly-warned-stay-indoors-temperatures-drop-suddenly/</a>

5524  
15524

31

15  
39-detail/story.html

## Releases

	Date	Headline
1	13/10/2016	Stay well this winter – get a flu vaccination
2	29/12/2016	Elderly warned to beware of cold weather
3	07/12/2016	As winter sets in - time to get the flu jab
4	05/12/2016	Keep warm and healthy as winter weather bites



**9<sup>th</sup> October 2017****Agenda Item: 7**

## **REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE PLANNING FOR DISCHARGE FROM HOSPITAL**

### **Purpose of the Report**

1. The purpose of this report is to:
  - a) provide the Committee, as requested, with an overview of the current role of adult social care workers in planning discharges from hospital settings
  - b) to seek approval to further promote prevention and people's independence as part of planning their discharge from hospital of Hospital Discharge Packages to deliver the identified savings
  - c) to seek approval to establish the following associated posts:
    - 1 permanent full time equivalent (FTE) Occupational Therapist (Band B)
    - 1 temporary 0.5 FTE Project Officer post (Band B) for two years to March 2020.
  - d) seek approval to request the additional non-recurrent allocation of £10,000 from the improved Better Care Fund for the project to facilitate timely discharges from hospital to residential care
  - e) seek approval for the establishment of the following posts at Queen's Medical Centre to provide social care input to the development of integrated discharge services (funded by the south Clinical Commissioning Group)
    - 1 temporary (18 months) FTE Social Worker post (Band B), £44,882. pa
    - 1 temporary (18 months) FTE Community Care Officer (Grade 5), £32,774 p.a.
  - f) seek approval for the establishment of 3 FTE temporary Social Worker (Band B) and 1 FTE temporary Community Care Officer (Grade 5) posts to manage increased demand arising from hospital admissions over the winter, from November 2017 to 30<sup>th</sup> April 2018 at a cost of £83,710 to be funded from the improved Better Care Fund.

## Information and Advice

### Background

2. The Local Authority plans the discharge of service users from acute hospital settings in accordance with the Schedule 3 of the Care Act 2014 and the Care and Support (Discharge of Hospital Patients) Regulations 2014.
3. These provisions aim to ensure that the local authority and NHS colleagues work together effectively and efficiently to plan the safe and timely discharge of service users from NHS in-patient provision to local authority care and support.
4. In fulfilling these provisions NHS colleagues must supply the Local Authority with a **Notice of Assessment**, which notifies the Local Authority of a patient who is thought to have a social care need which requires support in order to enable the hospital discharge. The patient must have consented to the referral to the Local Authority. Social care staff then have a duty to assess the person and put arrangements in place to meet any eligible care and support needs.
5. Once it has been agreed that the patient meets three conditions for discharge, then NHS colleagues must supply the Local Authority with a **Notice of Discharge**, which confirms the agreed discharge date. The three conditions are:
  - a) A clinical decision has been made that the patient is ready to be transferred (often referred to as the patient being deemed “medically fit” or “medical optimization”)
  - b) A multi-disciplinary team decision has been made that the patient is ready for transfer
  - c) The patient is safe to discharge or transfer on the relevant day.
6. If the processes of notification are followed correctly by NHS staff then a formal day of “delay” can be declared by the NHS Trust for “social care” reasons, if the patient has not left the hospital by 11am on the day after the agreed discharge date and the reason for the delay is due to the Local Authority. Alternatively, the delay reason may be recorded as “joint” if both health and social care are causing the delay. There are nine categories to describe the causes of delays, which could be attributed to “health”, “social care” or “joint” reasons. Delays attributable to “social care” can result from factors such as a delay in securing a suitable care home place or a package of home care to support independent living.
7. Across the three planning areas (South Notts, Greater Nottingham, Mid Notts and Bassetlaw) a social care team is based on site at the following six hospitals:
  - Nottingham University Hospital NHS Trust (Queen’s Medical Centre & City Hospital)
  - Sherwood Forest Hospitals NHS Foundation Trust (King’s Mill, Mansfield Community Hospital & Newark Community Hospital)
  - Doncaster and Bassetlaw Hospitals NHS Foundation Trust (Bassetlaw)
8. Social care staff based within the district teams are also involved in supporting the discharge of Nottinghamshire residents, including those experiencing mental ill-health, from Nottinghamshire Healthcare NHS Trust acute hospital beds across Nottinghamshire. People who live near Nottinghamshire’s borders and for whom Nottinghamshire County



Council has responsibility for social care services will often attend their nearest Accident and Emergency Department in a crisis so social care also work with people staying in surrounding NHS Trusts services, such as United Lincolnshire Hospitals NHS Trust and Derby Teaching Hospitals NHS Foundation Trust.

9. Nottinghamshire County Council led a significant complex piece of work across the County from October 2015 to review and ensure consistency with the local coding of delays across agencies. This is important in order to ensure that performance is reported accurately and also to be able to use the data to identify the right actions to reduce delays. National Delayed Transfer of Care (DToC) guidance states that the Director of Adult Social Care (or their representative) should approve any delays assigned to social care as being appropriate. Processes are now in place with health to do this and whilst the majority are agreed locally at Team Manager level, the process sets out who any delays should be escalated to in health and social care for resolution.

### Performance reporting

10. Delayed Transfer of Care (DToC) statistics are reported each month by each NHS Trust to NHS England and published nationally by NHS England to benchmark the performance of NHS Trusts and Local Authorities. In June 2017 the Corporate Director for Adult Social Care, Health and Public Protection's quarterly performance report to this Committee highlighted local success with Nottinghamshire ranking as the tenth best performing council nationally (out of 153 authorities) for delays attributable to social care and the top shire authority. In July 2017 this significant achievement was recognised by the Secretary of State for Health, who wrote to congratulate the Chief Executive on the Council's contribution to reducing Nottinghamshire delays across the system in the past year.

### Future work to improve discharge planning and transfers of care

11. Social Care Service Directors represent Nottinghamshire County Council on the three local Accident and Emergency (A&E) Delivery Boards and Transformation programmes operating across Nottinghamshire's boundaries. Each A&E Delivery Board has a multi-agency local DToC improvement plan to put in place eight nationally mandated high impact changes:
  - a) **Early discharge planning:** approval on 10<sup>th</sup> July 2017 by this Committee of the extension to March 2020 of additional temporary staff put in place for last winter has supported earlier discharge planning across the County. South and Mid Notts now have social workers linked to specific wards that have high numbers of people requiring social care assessment. This is strengthening day to day working relationships and ensuring that social care is involved at the earliest opportunity to identify and plan to meet people's social care needs. Reductions in average length of hospital stay have been achieved by this development.
  - b) **Systems that model and pro-actively track patient flow** are in place across all hospitals. Nottinghamshire County Council has developed a business case for joint ICT work that could significantly improve the sharing of key health and social care data both in and out of hospital. Agreement from health to jointly progress this work is being sought.

- c) **Multi-disciplinary discharge teams, including the voluntary and community sector:** social care works closely as part of integrated discharge arrangements and is engaged in work-streams to improve this. Bassetlaw has an Integrated Discharge Team (IDT) based at Bassetlaw District Hospital which won the Great British Care Award, East Midlands Care Team of the Year in 2016. The IDT team use a 'Trusted Assessor' model where all members of the team employed either from health or social care are able to complete information on an initial IDT 'Fact Find' document on the hospital wards and make a decision about what discharge pathway is appropriate for the patient and also complete an assessment notice if a full social care assessment is needed.

Further improvement to engage housing consistently as part of integrated discharge arrangements is being progressed by the Housing and Environment workstream of Nottinghamshire's Sustainability and Transformation Plan. The second part of this report addresses the need and a proposal to improve rapid access to other preventative services at this point.

- d) **Discharge to assess/Home First** means that wherever possible people are discharged from hospital once medically fit with rehabilitation/re-ablement if appropriate and assessment of their needs (including social care) takes place at home or, if required, in short term accommodation. Discharge models across the County are shifting towards this, however, full implementation and success depends on there being the right type and volume of community services available. Without this there is a risk of over-reliance on bed-based options. Social care is actively engaged in this work.
- e) **Access to key services seven days a week to improve patient flow:** a multi-agency task and finish group reporting to the Better Care Fund Board is currently reviewing what is in place, what core services require extended access and the inter-dependencies between them. Social Care staff already routinely work seven days a week on a voluntary basis at King's Mill Hospital and Queen's Medical Centre and planning is underway for this to be in place at Bassetlaw Hospital for the winter. Other key social care services identified as a priority to have access to new referrals at weekends are homecare, START re-ablement and all social care short-term assessment units/beds. Work is underway to explore the most cost effective options to enable this.
- f) **Trusted assessors:** this can be applied to various parts of assessment, from relying on information provided by other staff/teams/agencies so the person only has to give their information once, through to staff carrying out holistic assessments and/or assessments on behalf of different agencies. This, for example, can be between ward staff and community health care providers, integrated discharge staff and social care providers, such as care homes, or assessment for services that are funded by another agency. Joint national guidance (July 2017) clarified that this does not remove or replace statutory responsibilities such as assessment under the Care Act and is likely to be distinct from the determination of eligibility for social care and financial assessment to determine the charges a person should fund towards their care. The guidance does recognise, however, that some areas are implementing this and recommends that any Trusted Assessor arrangements require careful joint planning, competency based training and full consideration of any statutory duties that require governance decisions and formal arrangements putting in place across agencies. Any

local proposals that require this will be brought as appropriate to Committee for consideration and a decision.

- g) **A focus on choice and early engagement with patients and families** is fundamental. Better information is being developed for people and their families at the point that someone is admitted to hospital, so that they can start to think about their options at the earliest point and are clear that remaining in hospital once they are medically fit to leave is not an option and alternatives are available.
  - h) **Enhanced health in care homes:** local work is underway across the County to improve training and support for care homes with the aim of reducing the high number of emergency admissions to hospital made by some care homes.
12. Good progress is being made across the County with implementing the eight high impact areas. Local authorities are required to evidence how they have used the improved Better Care Fund to progress these in partnership with their local systems. Discharge planning overall follows a common process (as set out in **paragraphs 2 to 6** of this report) and learning is shared across the three planning areas. Some differences in approach are appropriate, however, reflective of the different hospitals, size, patient needs and profiles, as well as the flows in and out of other services and agencies.

### **Planning hospital discharge care and support packages**

13. National research<sup>1</sup> (2016) has identified that when patients with complex needs are discharged, their care and support plans are often not the most appropriate to increase their long term independence. This happens due to the tight time scales required for discharge plans, acute health staff not being aware of appropriate community discharge options and the influence, for example, hospital consultants can have on family expectations. Improved, multi-disciplinary discharge planning focusing on maximising people's independence was identified as being able to deliver better outcomes for people at less cost for 24% of people reviewed as part of this study. The role of preventative services was also key and it was estimated that between 25 and 40% of people could have benefited from timely access to preventative services but did not receive them.
14. In light of this, Nottinghamshire County Council undertook a review exercise of the care and support packages arranged by Hospital Social Work Teams. Retrospective multi-disciplinary reviews were undertaken on a sample of 24 cases to see if these discharge plans could have been improved. It indicated that in 42% of cases better joint and less risk averse support planning, coupled with rapid availability of the right services, had the potential to have led to a significantly different pathway and package. This would also have been better for the service user's health, wellbeing and independence. Furthermore, the vast majority (83%) of the alternatives were less costly to the Council for the two week period following discharge as they promoted people's independence. The review supported the national study and found that the best combination and level of care from available services/options is frequently not known about, available, or there is insufficient time for busy hospital social care teams to put these in place for service users. Several people would have benefited from low level support from community services and others from health care input which would have resulted in smaller packages of social care

---

<sup>1</sup> June 2016 'Efficiency opportunities through health and social care integration – delivering more sustainable health and care' *Local Government Association*

support. For the whole sample, the total cost of packages for the two weeks prior to the first review following hospital discharge could have been reduced by approximately 3%. As a result Nottinghamshire County Council could achieve gross recurrent savings of £245,000 per annum.

15. The review recommended four actions to deliver these savings:
  - a) Provide additional resources of three full time staff, one linked to each main acute hospital, to enable rapid access to the short term Connect Prevention Service as part of hospital discharge planning. This service is commissioned by Nottinghamshire County Council and is provided by three voluntary sector agencies. One third of the sample could have benefited in the longer term from this low level support. The total cost of social care packages for the two weeks following discharge could have been reduced by approximately 3% due to increased use of community and low level resources.
  - b) Develop the Notts Help Yourself web based directory to have an easy access section for Social Workers which aligns community resources with common pathways and conditions, community and preventative options.
  - c) Develop and implement a 'promoting independence' learning and development plan for hospital social workers and health staff. In a quarter of cases the multi-disciplinary review team judged that there were opportunities to reduce the level of social care commissioned. This included cases when healthcare was judged more appropriate and /or the use of low level options could have reduced the necessary size of social care package. If this inconsistency was eradicated the total two week cost of the care pathways post discharge in the cases reviewed would have been just under 10% lower than the cost of the actual care put in place. In about 13% of cases an alternative such as health led residential rehabilitation or therapeutic focused care delivered at home would have been more appropriate.
  - d) Provide an additional Occupational Therapist post to work across the hospital social care teams in the three local planning areas to promote the therapy and short-term rehabilitation opportunities for individuals and train health and social care hospital based staff to shape a focused support plan on discharge that has rehabilitation at the core of its delivery.
16. Further potential improvements to hospital discharge planning were also identified if more rapid access was available to housing/adaptations/homeless services as part of discharge planning. This is outside the scope of this project as it is already part of Nottinghamshire's Sustainability and Transformation Plan, Housing and Environment work-stream.
17. In order to deliver the recommendations of this review, approval is sought: to:
  - Increase the value of the contract that the Council has with three independent sector voluntary services to provide the short term Connect prevention and early intervention service by an annual cost of £70,000. This will deliver extra capacity in the service equal to three additional staff and can be done within the existing contract value without a further procurement exercise being required.

- Permanently recruit 1 FTE Occupational Therapist (Band B) at an annual salary cost of £44,882 including on-costs, plus £1,500 mileage costs and one-off equipment costs of £3,000.

These costs are required permanently and so have been netted off the gross recurrent savings to achieve net recurrent savings of £130,000 per annum.

18. Recruitment to a temporary 0.5 FTE Project Officer (Band B) post is required to manage, implement and evaluate this aspect of the proposal over years 1 and 2 (starting April 2018); this is counted as a one-off implementation cost of £44,882 pa plus an annual £1,500 mileage budget and one-off equipment costs of £3,000.

### **Working with Residential Care Home providers to facilitate hospital discharge**

19. On 12<sup>th</sup> September ASCH Committee approved a non-recurrent sum of £48,000 to enable work with residential care home providers to identify a way to reduce delays in discharging people from hospital into long term residential care. This remains a cause of both social care and health delays in Nottinghamshire. Delays are caused due to the time it can take care homes to complete an assessment on a potential new resident (for whom all re-ablement options have previously been tried), as well as re-assess people already living there who may have different needs following a stay in hospital. Care home providers can find it difficult to release staff to go to the hospital and do this in a timely way.
20. This was based on a model that was successfully piloted in Lincolnshire to recruit a nursing post hosted by the local Care Providers Association (Linca) that other care home providers would trust to do the assessment on their behalf. Hertfordshire has also established similar posts. Subsequent discussion with Nottinghamshire care home providers has identified that one post working across the whole County would not be viable. The proposed method is to have two part-time qualified nurses, one each for south and mid Nottinghamshire. Their role would be to work with care home providers to identify methodology for trusted assessments in a way that uses existing staff already involved in hospital discharge and would therefore have no, or minimal, ongoing costs. With on-costs, the costs of two such posts total £58,000 which will require an additional £10,000 to that originally agreed. This can be funded from the improved Better Care Fund (iBCF). The aim is to have the posts start as soon as possible so that there is benefit over the winter period.

### **Social Care support to develop Integrated Discharge at Queen's Medical Centre Hospital**

21. As part of the development of the integrated discharge function moving to Discharge to Assess model, the Clinical Commissioning Groups (CCGs) have approved a business case that includes resources to support Nottinghamshire County Council to develop the future model. Funding has been agreed for use in 2017/18 by the CCG for:
  - 1 temporary (18 months) FTE Social Worker post (Band B), £44,882. pa
  - 1 temporary (18 months) FTE Community Care Officer (Grade 5), £32,774 p.a.

### **Managing additional demand in hospitals over the winter**

22. NHS England chief executive, Simon Stevens, has warned hospitals that they should be braced for a "pressurised" 'flu season this winter, with an unusually high demand for beds



expected in the wake of a heavy 'flu outbreak in Australia and New Zealand in recent months. He acknowledges that there is a great deal of work to be done over the next six to eight weeks with partners in local authorities to put local systems on the right footing for the winter ahead and that services for older people are likely to be put under the most pressure.

23. Last winter, an additional six additional temporary Community Care Officers were put in place to help complete additional assessments at King's Mill, Queen's Medical and Bassetlaw Hospitals. Due to significant further demand causing, for example, 95 additional bed places to be opened at King's Mill Hospital, further staff also had to be temporarily moved into the hospitals from the District and Review teams which put pressure across the social care system. The pressures were sustained through to the Easter holidays after which, for example, the two wards with the additional 95 beds at King's Mill Hospital were again closed.
24. In anticipation of likely and potentially even higher demand again for winter and Easter 2017/2018, approval is requested for the following temporary staff for six months up to 30<sup>th</sup> April 2018 at a total cost of £83,710 to be funded from the improved Better Care Fund:
  - 1 FTE Social Worker (Mansfield & Ashfield, King's Mill Hospital), Band B, £44,882 p.a.
  - 1 FTE Community Care Officer (Mansfield & Ashfield, King' Mill Hospital), Grade 5, £32,774 p.a.
  - 1 FTE Social Worker (Newark), Band B, £44,882 p.a.
  - 1 FTE Social Worker (Bassetlaw), Band B, £44,882 p.a.

### **Other Options Considered**

25. The project to improve and strengthen prevention and promoting independence as part of hospital discharge planning was proposed after a thorough review of national, regional and local evidence of potential new areas for savings. It has its basis in a national study by the Local Government Association, followed by local testing which supported the national work.
26. The project to work with care homes to facilitate hospital discharge was designed after considering national models and then engaging local care home providers. The original resource agreed was advised as being able to deliver the outcome in a way that is sustainable and reduces the need for ongoing future funding.
27. There is the option of not putting in place additional resources in hospitals over the winter period, however, this runs the risk of there being delays in discharging people who require social care. Whilst staff can be moved in from other areas temporarily this then starts to create pressures in those teams at a time which impacts on the overall system.

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

28. It is recommended that the Committee approve the proposal regarding "Planning hospital discharge care and support packages" with its associated costs, in order to deliver a net saving of £130,000 per annum.

29. Approval of the additional funding for the project to work with Residential Care Home providers to facilitate hospital discharge will enable a short term solution to a cause of delays for both social care and health over the winter period, as well as deliver a longer term sustainable solution.
30. Approval of additional temporary social care assessment capacity over the winter period will avoid people being delayed in Nottinghamshire's hospitals over winter, due to waiting for a social care assessment and care packages.

## **Statutory and Policy Implications**

31. This report has been compiled after consideration of implications in respect of crime and disorder, 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, sustainability and the environment and ways of working 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**

32. The following resources are required:

### **Planning hospital discharge care and support packages**

- Additional capacity in the Connect Prevention and Early Intervention Service (3 FTE workers, purchased from the voluntary sector) at a cost of £70,000 pa
- Recruitment of 1 FTE permanent Occupational Therapist (Band B) at a cost of £44,882 pa plus £1,500 pa car mileage costs to be funded from the permanent savings achieved
- Recruitment of 0.5 FTE Project Officer (Band B) for years 1 and 2 counted as a one-off implementation cost of £44,882, plus £3,000 one-off car mileage budget to be funded from reserves unless a bid for the improved Better Care Fund is agreed
- one-off costs of ICT equipment for two posts is £6,000 to be funded from reserves unless a bid for the improved Better Care Fund is agreed

### **Working with Residential Care Home providers to facilitate hospital discharge**

- additional non-recurrent funding of £10,000 from the improved Better Care Fund

### **Social Care support to develop Integrated Discharge at Queen's Medical Centre Hospital**

- 1 temporary (18 months) FTE Social Worker post (Band B), £44,882. pa
- 1 temporary (18 months) FTE Community Care Officer (Grade 5), £32,774 p.a.

Both to be funded by the CCGs.

### **Managing additional demand in hospitals over the winter**

- 1 FTE Social Worker (Mansfield & Ashfield, King's Mill Hospital), Band B, £44,882 p.a.

- 1 FTE Community Care Officer (Mansfield & Ashfield, King' Mill Hospital), Grade 5, £32,774 p.a.
- 1 FTE Social Worker (Newark), Band B, £44,882 p.a.
- 1 FTE Social Worker (Bassetlaw), Band B, £44,882 p.a.

All to be funded from the improved Better Care Fund

#### **Savings that can be delivered:**

- With the revised processes and the additional resources net recurrent savings of £130,000 can be achieved.

#### **Human Resources Implications**

33. There are no Human Resources implications arising from this report.

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

34. The proposals will provide more opportunities to enable people to live independently, improve their health and well-being and reduce their need for care and support.

#### **Ways of Working Implications**

35. The new Nottinghamshire County Council posts will have equipment to enable mobile working and flexible use of office accommodation.

### **RECOMMENDATION/S**

That Committee:

- 1) approves the promotion of prevention and people's independence as part of planning their discharge from hospital of Hospital Discharge Packages to deliver the identified savings
- 2) approves the establishment of the following associated posts:
  - 1 FTE Occupational Therapist (Band B) and the post allocated an authorised car user status
  - a temporary 0.5 FTE Project Officer post (Band B) for two years to March 2020 and the post allocated an authorised car user status.
- 3) approves the additional request for non-recurrent allocation of £10,000 from the improved Better Care Fund for the project to facilitate timely discharges from hospital to residential care
- 4) approves the establishment of two posts that will be funded by the south Clinical Commissioning Groups:
  - 1 temporary (18 months) FTE Social Worker post (Band B)
  - 1 temporary (18 months) FTE Community Care Officer (Grade 5)



- 5) approves the establishment of 3 FTE temporary Social Worker (Band B) and 1 FTE temporary Community Care Officer (Grade 5) posts from November 2017 to 30<sup>th</sup> April 2018 at a cost of £83,710 from the improved Better Care Fund.

**Sue Batty**  
**Service Director – Mid Nottinghamshire**

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

Wendy Lippmann  
Transformation Manager (Mid-Nottinghamshire)  
T: 0115 9773071  
E: wendy.lippmann@nottsc.gov.uk

### **Constitutional Comments (SLB 27/09/17)**

36. Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require all reports regarding changes to staffing structures to include HR comments, and that consultation is undertaken with the recognised trade unions.

### **Financial Comments (KAS 27/09/17)**

37. The financial implications are contained within paragraph 32 of the report.

### **HR Comments (SJJ 27/09/17)**

The temporary posts will be recruited to on a fixed term contract basis, the post of Project Officer will require an evaluation before advertising.

### **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.

Proposals for use of the improved Better Care Fund - report to Adult Social Care and Public Health Committee on 10<sup>th</sup> July 2017.

Better Care Fund – Proposed Allocation of Care Act Funding - report to Adult Social Care and Health Committee on 12<sup>th</sup> September 2016

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

All.

ASCPH487



9 October 2017

Agenda Item: 8

## **REPORT OF THE SERVICE DIRECTOR, MID-NOTTINGHAMSHIRE AND SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND DIRECT SERVICES**

### **SUPPORTING BEST PRACTICE IN CARE AND SUPPORT PLANNING FOR ADULT CARE SERVICES**

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

1. This report seeks approval for proposals to deliver consistent application of best practice in developing care and support plans for community based support in both older and younger adult service areas.
2. The report also seeks approval for resources for the projects as set out in **paragraph 20** of this report, in order to deliver recurrent savings and to enable further scoping work to be undertaken which would potentially release additional savings.

#### **Information and Advice**

3. Planning care and support services for individual service users occurs within the Council's Social Care locality teams. In line with implementation of the Adult Social Care Strategy, the locality teams have developed good and innovative ways to undertake assessments and plan care and support services for individuals. New approaches to risk, shared responsibility, promotion of independence and the setting of outcomes are all leading to more effective and better value packages of care being commissioned. This has been key to the delivery of Adult Social Care Strategy objectives to promote independence in a cost effective way.
4. It is proposed to learn from the best practice delivered in locality teams and use it to deliver a more consistent county-wide approach. This will mean ensuring that all teams are planning people's care and support with a greater focus on appropriate short-term goals to achieve greater independence, wherever possible, and then reviewing these goals more regularly to monitor progress and to ensure people continue to receive an appropriate and cost effective level of care and support.
5. In order to support this approach, the department will adopt a number of learning and development approaches with staff. For example, peer reviewing is a technique where social workers review cases with other social work colleagues to help identify how to best meet the needs of the service user including use of community options, family support and appropriate packages of formal support. This will be supported by the ongoing work of the Council's dedicated reviewing teams, which can share good practice with locality teams and identify variations in how services are currently arranged in different locality teams.

6. The department will continue work to collect and analyse information which highlights different trends in the care and support packages put in place by different teams, and will identify the reasons for variation. It should be noted that differences in care packages may be as a result of different service provision being available in some areas, or where costs of similar provision varies due to market pressures and this must be taken into account when analysing variation between teams.
7. All social care teams will be supported to ensure that where a need for social care support is identified there is routine consideration of other solutions which may meet and minimise this need, such as meals at home or assistive technology. There will also be a focus on the need for 24 hour support for younger adults, which is particularly prevalent in learning disability services. This will include further reviews of care and support packages, specifically whether sleep-in support is required and whether assistive technology could better manage risks and promote independence in some settings. Work undertaken in the younger adults' projects to date indicates that there is significant potential to make further savings on both daytime hours and sleep-in night provision through alternative, and less intrusive, means of support.
8. The department plans to undertake analysis of small packages of care to ensure they are supporting people to remain independent for as long as possible, rather than leading routinely to greater levels of support. The Notts Enabling Service, which is still relatively new to many staff, will be promoted where appropriate to help identify alternative community resources which could help to achieve better outcomes for the individual as well as reducing the need for a social care package.
9. There will be further work undertaken to review supported living services for younger adults, where service users receive individual Direct Payments for their care and support but live in a shared environment. By reviewing people in a 'whole home' environment a clearer assessment of how their needs can best be met in that environment can be made, with a clear message regarding consistency of approach for people receiving direct payments that promotion of independence is still key.
10. For older adults, the different patterns of use of day service provision across the County will be reviewed. As part of this, teams will be required to ensure consistency in relation to people in residential care and their access to day services; make best use of Council run day services where there are vacancies; and also consider referrals to the Notts Enabling Service so potential alternatives to day services can be explored.
11. Where service users are receiving care and support from the Council and are assessed as needing to contribute towards the cost of their care, or where a third party is making a top up, strengthened processes around early collection of this contribution will ensure any debt build up is minimised.
12. A key part of this work in relation to younger adults is the review of people currently in residential care with a view to enabling people to move to community based services where it is safe, cost effective and appropriate to do so. Residential care is often unable to reduce people's support significantly due to the general need levels within the home and the costs associated with staffing to these needs levels and therefore progress towards independence can be artificially limited.

13. It is therefore proposed that a detailed piece of work is undertaken to identify the most suitable accommodation and support package for younger adults living in all current residential, nursing and supported living services with a view to enabling people to move, where appropriate, to ensure more cost effective services which best promote the independence of the individual. It is envisaged that there could be a number of moves from residential into supported living and from supported living into general needs accommodation, as well as the potential rationalisation of existing supported living where larger schemes with individual properties may be more cost effective and better suited to meeting longer term needs of individuals than smaller shared or isolated services.
14. Information about individuals needs and their potential to be more independent is being gathered as reviews are undertaken by staff working on current younger adult projects. This will be mapped out in order to identify what housing and support provision is required to enable these moves, the feasibility of actually being able to move people and the interdependencies created by needing to free up certain types of accommodation in order to enable moves from another type of accommodation.
15. For older adults, there can be a point where residential care becomes a better and more cost effective option than being supported at home. The department will therefore consider development of a policy which supports social care staff to make decisions in line with the Care Act, giving choice and control of where a person lives and how they receive support, balanced with the Council's Adult Social Care Strategy which promotes independence alongside value for public money. Approval for this would be sought from Policy Committee.
16. For both younger and older adults, work is needed to further stimulate the housing market to provide good quality community based accommodation as an alternative to residential care. In particular, for younger adults, developing protocols with district and borough councils and social housing providers could ensure general needs accommodation is available to individuals to move out of shared supported living arrangements when they have developed the independent living skills to do this and may be supported by either 'floating' outreach support staff or may no longer require an on-going social care support. This in turn will then free up capacity in shared supported living schemes for people who need it.
17. A countywide Housing Plan for older people is needed to ensure that the design of new build schemes enable older people to be supported at home, for example as their mobility decreases, to promote the development of accessible age and dementia friendly communities, develop smaller homes for older people who do not yet have social care needs but who may wish to downsize their home so it easier to manage in retirement, as well as develop a range of accommodation schemes that can meet higher levels of need and offer cost effective alternatives to high cost individual homecare packages and residential care.

## **Potential savings**

18. As a result of the proposals outlined above, it is anticipated that savings in the region of £1.9m are possible from replacing sleep-ins and reducing day time hours for younger adults where individual risk assessments identify that constant supervision is not required

and people can be supported in alternative ways. In addition there are potential savings of £325,000 from people moving out of supported living services into general needs accommodation and £124,000 from people moving out of residential care homes into supported living settings. This totals £2,349,000. This is in addition to the £770,000 savings target already approved over 2017/18 to 2019/20, £470,000 of which remains to be achieved by continuing the programme of supporting people to move out of residential care into supported living.

19. For older adults, savings will be made by reducing variations in three areas: homecare packages of £300 per week and above; day services for older adults; and short term care for older adults. In total this work is projected to deliver £459,000 savings and further diagnostic work is being undertaken on the data to identify the spread of this across the different areas where variation has been identified. Significant interdependency was identified and is reflected in the total savings associated with this proposal and the savings planned from reviews, which will be routinely undertaken for older adults at two weeks.

### **Resources required to implement this work**

20. The following posts are required:

#### **To support work with older adults**

- 1 FTE Temporary Strategic Development Manager (Band E) – to oversee delivery of the whole older adults savings programme including reducing the use of residential care, as well as develop the data analysis, tools and support to locality managers with improved consistency in care and support planning (2 years April 18 – March 20) at a cost of £124,372

#### **To support work with younger adults**

- 1 FTE Temporary Commissioning Manager (Band E) – to model younger adult accommodation and support requirements, develop the supported housing market and create new pathways for moving people into more independent settings (15 months December 17 - March19) at a cost of £77,733
- 1 FTE Temporary Commissioning Officer (Band C) – to oversee the younger adults consistency of commissioning and work with care support and enablement providers to facilitate change (12 months April 18 - March19) at a cost of £52,076
- 0.5 FTE Temporary Assistant Accountant (Band A) to undertake data analysis and cost modelling to support the Commissioning Manager role (12 months April 18 - March19) at a cost of £19,910
- 4 FTE Temporary Community Care Officers (Grade 5) to undertake assessment and review work for younger adults in receipt of a care, support and enablement service (12 months April 18 - March19) at a cost of £131,097 (£32,774 x 4)
- 1 FTE Temporary Senior Practitioner (Band C) to supervise the Community Care Officer posts, supporting with risk enablement in the community (12 months April 18 - March19) at a cost of £52,076

- extension of 3 FTE Community Care Officers (Grade 5) posts to work with service users to develop new tenancies (12 months April 18 - March 19) at a cost of £98,322 (£32,774 x 3)
- extension of 0.5 FTE Occupational Therapist (Band B) post to establish service user needs in relation to moving out of residential care (12 months April 18 - March 19) at a cost of £22,441.

### **Other Options Considered**

21. Implementing the work proposed without additional staff through locality teams: there is not enough resource within locality teams to undertake the level of reviewing activity required to embed this new approach. The use of an enhanced peer review approach for services within locality teams will be complemented by the ongoing work of the Council's Central Reviewing Teams. The additional Community Care Officer and Senior Practitioner posts requested for younger adults are an extension of the posts currently undertaking the work in supported living services for an existing savings project. These posts may be better co-ordinated by being located within the proposed younger adult reviewing team to ensure review work can be centrally co-ordinated.
22. Oversight and leadership of both the older and younger adults' work is required from strategic commissioning staff to ensure that progress is made sufficiently in all areas and the work does not become disjointed. The resources related to project management and oversight complement the current permanent resource within the commissioning team and therefore staff are required at different grades depending on the capacity of existing commissioning managers to input into current and future work.

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

23. The proposals set out in this report are based on work that has been undertaken in the department to review current practice in care and support planning with service users, and builds on current savings projects that have been successful to date.

### **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. Total new savings potential of £2,808,000 between 2018/19 and 2020/21 as shown in the table below:



	<b>£000's</b>			
	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>	<b>3 year total</b>
Younger Adults	1,500	749	100	2,349
Older Adults	130	130	199	459
<b>Total of Savings</b>	<b>1,630</b>	<b>879</b>	<b>299</b>	<b>2,808</b>

26. This is in addition to the remaining £470,000 savings relating to moving people out of residential care (over 2018/19 and 2019/20) which the extension of the 3 FTE Community Care Officer posts and the 0.5 FTE Occupational Therapist post will contribute to. Total implementation costs are £578,026, the detail of which is shown in **paragraph 20** and will be funded from reserves or through the improved Better Care Fund pending a successful bid.

<b>Area of Support</b>	<b>Post Title (Band)</b>	<b>FTE</b>	<b>Period</b>	<b>Total Cost (£)</b>
Older Adults	Strategic Development Manager (Band E)	1	2 years (April 18-March 20)	124,372
Younger Adults	Commissioning Manager (Band E)	1	15 months (Dec 17- March 19)	77,733
	Commissioning Officer (Band C)	1	12 months (April 18-March 19)	52,076
	Assistant Accountant (Band A)	0.5	12 months (April 18-March 19)	19,910
	Community Care Officers (Grade 5)	7	12 months (April 18-March 19)	229,418
	Senior Practitioner (Band C)	1	12 months (April 18-March 19)	52,076
	Occupational Therapist (Band B)	0.5	12 months (April 18-March 19)	22,441
				<b>578,026</b>

### Human Resources Implications

27. Additional temporary staff as described above will be required (see also **paragraph 36**).



## **Human Rights Implications**

28. Service users in supported living have tenancy rights and therefore moving to other properties can only be undertaken with full consent where a person has capacity or due to a best interest decision.

## **Public Sector Equality Duty implications**

29. The approach outlined in this paper is in line with the Adult Social Care Strategy and as such applies to all service users equally. Services provided will be on the basis of need across all user groups.

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

30. Reducing support could increase risks. Therefore reductions in support, including the removal of sleep-in night provision, must be fully risk assessed and steps put in place to minimise risk where changes are proposed.

## **Implications for Service Users**

31. Service users will be supported to maximise their independence which may mean they receive less support than they have done previously. This should not, however impact on their wellbeing as reductions in support will align to their level of need and availability of alternative support from informal networks and voluntary sector opportunities.
32. Some service users may need to move home, either from residential into the community or between community settings. This will only happen where their assessed needs can be appropriately met in the alternative accommodation and/or they are no longer eligible for specialist supported accommodation.

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

33. Provider organisations may see a reduction in income due to reductions in individual packages of support. Overall sustainability of individual organisations needs to be understood when reducing packages to identify risk areas and protect the viability of the overall market. In many cases recruitment is currently problematic and hours could be recycled into other packages of care and support.

## **RECOMMENDATION/S**

That Committee:

- 1) gives approval for proposals regarding more consistent application of best practice in developing care and support plans for community based support in both older and younger adult service areas in order to make the identified savings.
- 2) gives approval for resources as set out in **paragraph 20** of this report, in order to deliver recurrent savings and to enable further scoping work to be undertaken which would potentially release additional savings.

**Sue Batty**  
Service Director, Mid-Nottinghamshire

**Ainsley MacDonnell**  
Service Director, North Nottinghamshire  
and Direct Services

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

Cath Cameron-Jones  
Group Manager, Strategic Commissioning – ASCH  
T: 0115 9773135  
E: cath.cameron-jones@nottsc.gov.uk

**Constitutional Comments (SLB 28/09/17)**

34. Adult Social Care and Public Health Committee is the appropriate body to consider the content of this report, subject to the Council's Employment Procedure Rules which require all reports regarding changes to staffing structures to include HR comments, and that consultation is undertaken with the recognised trade unions.

**Financial Comments (CT 28/09/17)**

35. The financial implications are contained in paragraphs 25 and 26 of this report.

**Human Resources Comments (SJJ 26/09/17)**

36. The temporary posts will be recruited to on a fixed term contract effective from the date of appointment.

**Background Papers and Published Documents**

None.

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

All.

ASCPH488

**9 October 2017****Agenda Item: 9****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH  
AND PUBLIC PROTECTION****ADULT SOCIAL CARE AND HEALTH CONSULTATION****Purpose of the Report**

1. In order to identify ways to provide services more efficiently and help manage the Council's budget pressures, the Adult Social Care and Health Department undertakes a regular programme of service reviews to consider the way in which social care and support is provided to adult service users in Nottinghamshire. The purpose of this report is to seek approval to consult on four savings proposals in relation to Adult Social Care services:
  - a proposal to review the Adult Social Care and Health Charging Policy in order to reflect the different rates set out in the Department of Health circular 'Local Authority Charging' and in the Care Act 2014
  - a proposal to apply the charge to service users, for particular social care and support services, in advance rather than in arrears
  - a proposal to ensure that the Council's existing home care charging policy is applied for people who continue to require and receive home care after receiving non-charged reablement support where they are awaiting a longer term package of home care
  - a proposal to review the way that support is provided to carers.
2. Approval is also sought to bring a further report to the Committee in January 2018 on the outcome of the consultation process.

**Information and Advice**

3. The proposals described within this report form a part of the Council's overall budget setting process which will have been considered by Policy Committee on 13 September 2017. Consultation is to be undertaken to raise awareness of the challenges being faced by the Council, to describe how the Council is proposing to deal with these challenges and to seek the views of local citizens so that the Council can make informed decisions on how best to provide support and services to the residents of Nottinghamshire.
4. Approval is sought to consult with the public on four proposals under consideration by the Adult Social Care Department as outlined in **paragraphs 5 – 15**, below.

## **Proposal to review the Adult Social Care and Health Charging Policy**

5. The Council proposes to review the charging policy for care and support services in line with the different rates set out in the Department of Health circular Local Authority Charging (DH LAC 2016) and also in accordance with the Care Act 2014. As a result of the changes in legislation, councils are now able to take into consideration a higher proportion of some welfare benefits when assessing an individual's contribution towards the cost of their care and support than had previously been the case. In bringing charging in line with the rates set out in the legislation described above, the Council will be able to reduce the amount it pays for some people's care and support packages whilst ensuring that all individuals retain income levels at or above the guaranteed minimum.
6. Within the charging policy, the Council has a robust process for agreeing to waive some charges in particular situations such as:
  - a complaint by a service user or their carer has been upheld about the quality of the care provided
  - a service has been provided but it has not been made clear to the service user or their family that they may have to contribute towards this service, following a financial assessment of their income and assets.
7. As part of the review of the charging policy, it is proposed that the process for agreeing waivers of charges is amended to include the intention to seek to recover the cost of the waiver from the relevant provider where it is appropriate to do so, for example in response to a complaint that has been upheld.
8. In addition to this it is proposed that the number of financial assessments that any one individual is subject to will be minimised in order to reduce the overall number of assessments undertaken by the Council and to simplify the process.
9. It is estimated that these elements combined would help the Council to save £49,000 a year.

## **Proposal to charge service users in advance rather than in arrears**

10. It is proposed to charge service users in advance for some community based services, such as transport, day services, meals and home care rather than the current system of charging in arrears. People would be charged for the service that has been planned and arranged, with individual accounts reconciled on a monthly basis. The policy on cancellation of services will be reviewed to ensure there is clarity about the circumstances in which service users will be charged for services. This will include charges levied for services that have been arranged but have not been taken up because, for example, the service is cancelled at short notice, and the circumstances in which service users can expect to receive a rebate, for example where the service user is admitted to hospital or the service ends.
11. It is estimated that this proposal would help the Council to reduce the amount of waivers by approximately 75% which would realise approximate savings of £26,000 a year for the Council.

## **Proposal to ensure the Council's existing homecare charging policy is applied for people exiting short term reablement services**

12. The Council's Short-Term Assessment and Reablement Team (START) works with people for a maximum of six weeks to help them regain their independent living skills and confidence following a period of ill-health, which has often required a stay in hospital. National guidance requires that the Council does not charge people for their short term reablement support. There are instances, however, where people remain with the START service for a period after their re-ablement is completed when they require a longer term home care service. This is because it can take a short time for an appropriate, local independent sector home care provider to be available to hand over to. The Council can, therefore, implement its existing home care charging policy for people at this point. This is expected to save £45,000 a year.

## **Proposal to review how support is provided to carers**

13. The Council's Adult Social Care Strategy emphasises the importance of a pathway that resolves people's issues at the earliest possible point through the provision of good information and advice, as well as preventative services. Building on the early success of Carers Support Workers in the Adult Access Service and the Carers Information and Advice Hub, it is proposed that the Council will revise and further improve what it offers carers prior to undertaking a formal Carers' Assessment and Support plan. The aim is to have a proportionate approach that continues to increase the number of carers who have their needs met more promptly through information, advice and services that do not require an assessment in order to access them. Carers' Assessments will still be offered to those carers where there is a significant impact on their wellbeing.
14. Currently a high number of carers move quickly to the single offer of a small one-off personal budget as a Direct Payment, without there being full consideration of use of existing services that could be accessed as part of the support plan. Carers' personal budgets will continue to be available where carers are eligible and it is the most appropriate way of meeting their needs. Providing more carers with the right support earlier and ensuring that they are accessing the full range of services that the Council and Clinical Commissioning Groups (CCGs) already jointly provide, either directly or through the independent and voluntary sector, will therefore make more effective use of resources to support the growing number of carers that the Council is now identifying and supporting. This proposal aims to deliver £150,000 savings.
15. The CCGs are reviewing their model of providing one-off Carers Breaks which are also accessed via the Carers' Assessment and targeted at people who do not have social care needs. This work will therefore be done jointly with the CCGs to ensure there is an increasingly integrated offer for carers.

## **Consultation**

16. Detailed information about all of the four proposals will be shared with the public through a variety of formats, including on-line and in paper format. The information will be provided in alternative formats and languages where requested.

17. The consultation will attempt to reach the following groups in Nottinghamshire:
- Young people
  - Older people
  - Families
  - Disability groups
  - Carers' groups
  - Service users
  - Care service providers
  - Voluntary and Community sector
  - Nottinghamshire citizens' panel
  - Council employees.
18. It is anticipated that the overall consultation campaign will take place between the middle of October and November 2017. The outcome of the consultation process and approval to progress any of the proposals, where appropriate, will be considered by Committee in January 2018.

### **Other Options Considered**

19. Given their nature, the Council wishes to consult with the public on the proposals to review the Adult Social Care and Health Charging Policy; to charge service users for some social care and support services in advance rather than in arrears; to change the existing home care charging policy; and the proposal to review the way that support is provided to carers.

### **Reason for Recommendations**

20. To outline and obtain approval for how the Council undertakes its obligations in respect of consulting with the public on the four proposals outlined in the body of the report.

### **Statutory and Policy Implications**

21. This report has been compiled after consideration of implications in respect of crime and disorder, 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, sustainability and the environment and ways of working 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. Subject to the outcome of the consultation process, it is anticipated that the four proposals, if successfully delivered, could reduce Council costs by £270,000.

### **Human Resources Implications**

23. No direct impact on staff posts has been identified in any of the proposals.

## **Public Sector Equality Duty implications**

24. Equality Impact Assessments have been prepared for all the proposals and will be shared with the public as part of the consultation process.

## **Implications for Service Users**

25. Proposal to review the Adult Social Care and Health Charging Policy: this proposal will have an impact on all service users who contribute towards the cost of their care. Some service users may have to pay more towards the cost of their care. Service users will continue to have a full financial assessment which includes ensuring that they retain sufficient income in accordance with current legislation and guidance.
26. Proposal to charge service users in advance rather than in arrears: the pre-payment of service charges would mean that individuals would have to pay for their service in advance. This may not be aligned with the receipt of some benefits that are not paid in this way and the Council will need to give consideration to this.
27. Proposal to ensure the Council's existing home care charging policy is applied for people exiting short term reablement services: service users will need to contribute or pay in full for home care services provided by the START service once it becomes known that they continue to require home care once their reablement goals have been met in full or it is established that there is no reablement potential. This is line with the existing charging policy for home care.
28. Proposal to review how support is provided to carers: a smaller proportion of carers may receive a Carers' Personal Budget however additional services and support are already in place to meet carers' needs. Alternative ways of providing and financing options that improve carers' health and wellbeing will also be put in place.

## **RECOMMENDATION/S**

That the Committee:

- 1) gives approval to undertake a public consultation on the following four proposals:
  - a proposal to review the Adult Social Care and Health Charging Policy in order to reflect the different rates set out in the Department of Health circular 'Local Authority Charging' and in the Care Act 2014
  - a proposal to apply the charge to service users, for particular social care and support services, in advance rather than in arrears
  - a proposal to ensure that the Council's existing home care charging policy is applied for people who continue to require and receive home care after receiving non-charged reablement support where they are awaiting a longer term package of home care
  - a proposal to review the way that support is provided to carers.
- 2) agrees that a further report on the outcome of the consultation process be brought to Committee in January 2018.

**David Pearson**  
**Corporate Director, Adult Social Care, Health and Public Protection**

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

Jennifer Allen  
Project Manager, Programmes & Projects Team  
T: 0115 9772052  
E: jennifer.allen@nottsccl.gov.uk

**Constitutional Comments (SMG 14/08/17)**

29. The proposals outlined in this report fall within the remit of this Committee.

**Financial Comments (OC 23/08/17)**

30. The financial implications are contained within paragraph 22 of the report.

**Background Papers and Published Documents**

None.

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

All.

ASCPH484



**9<sup>th</sup> October 2017****Agenda Item: 10****REPORT OF THE CHAIRMAN OF ADULT SOCIAL CARE AND PUBLIC  
HEALTH COMMITTEE****MEMBER WORKING GROUP TO REVIEW AND MAKE RECOMMENDATIONS  
ON THE EXTRA CARE STRATEGY****Purpose of the Report**

1. The report proposes that a working group of the Adult Social Care and Public Health Committee is set up to carry out a review of previous Council strategies and success with the development of Extra Care in order to make recommendations to the Committee and the Council for a future strategy.

**Information and Advice****Background**

2. Extra Care 'Housing with Care' is part of the Council's pathway of services for older people. For people whose care and support needs mean that they can no longer be supported at home, because they need a frequent, flexible and very rapid response, Extra Care can provide an alternative to residential care. Extra Care housing comprises self-contained homes with building design features and onsite support services which enable self-care and independent living for older people. Schemes typically comprise a cluster of homes on a single site managed by a housing provider, with personal care and support provided by a care provider based onsite 24/7.
3. In most cases the Council has worked with district councils and both have contributed funding to the development of the schemes, wherever possible drawing down national grant funding from the Homes and Communities Agency.
4. Nominations of individuals to live in the Extra Care accommodation are split between the Council and housing provider, in line with a partnership contract agreed between the two parties. Housing related support, maintenance and repairs for residents are provided by the housing partner, with the County Council providing the onsite home care support as part of its home care contracting arrangements.
5. To date the Council has a total of 11 Extra Care schemes, providing 221 nomination units (including 12 assessment beds). In addition, two new schemes are currently being built and will open in March 2018, with a further third new scheme being built and due to open in March 2019. In total this will increase the Council's nomination units to 296 (and will take the Council's community based assessment bed total to 20).

## **Member working group**

6. It is proposed that a Member working group be established with three members of the Conservative and Mansfield Independent Forum Group, one from the Labour Group and one from the Ashfield Independent Group. The purpose of the group would be as follows:
  - to review the effectiveness of the previous strategies for Extra Care in terms of:
    - meeting the needs of the public
    - utilisation of the extra care facilities
    - meeting the Council's statutory responsibilities and the wider needs of self-funders in Nottinghamshire
    - cost effectiveness for the Council and the wider public purse.
  - to consider examples of strategies and approaches elsewhere, including other counties
  - to make recommendations for a future strategy for Extra Care. These will include:
    - identification of the future need for Extra Care in the County
    - a response to the Council's legal responsibilities and will ensure alignment with the Council Plan and the agreed Adult Social Care Strategy
    - consideration of cost effectiveness, and
    - advice on arrangements to deliver a future strategy.
7. The Member working group will finish its work by the end of the calendar year with a report back to Adult Social Care and Public Health Committee in February 2018.

## **Other Options Considered**

8. An alternative option considered was to develop the strategy without a Member working group to review the effectiveness of Extra Care and consider future options. Given the significance of Extra Care for the communities the Council serves, rising need and cost it is considered that a more detailed scrutiny and review is the most appropriate option.

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

9. The last of the three schemes in development is scheduled to open in March 2019. It is therefore timely to review the success of the Extra Care strategy implemented by the Council to date, and to make recommendations for a future strategy.

## **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. There are no financial implications related to this proposal. However, there are significant financial implications for the Council in relation to the development of new Extra Care facilities in the County.

## **Implications for Service Users**

12. Extra Care facilities are part of a range of services provided to meet the care and support needs of older people who are unable to continue living in their own homes. The working group will take account of the experience of people living in Extra Care facilities, and will look at how other councils meet the needs of older people as part of the review of Extra Care developments to date and recommending what services and support will be required in the future.

## **RECOMMENDATION/S**

That:

- 1) the Committee approves the proposal to set up a Member working group to review the Council's previous strategies and success with the development of Extra Care and to make recommendations to the Adult Social Care and Public Health Committee and the Council for a future strategy on Extra Care.
- 2) Members are identified to be part of the working group (as stated in **paragraph 6**).
- 3) the working group provides a report with recommendations on a future strategy for Extra Care in February 2018.

**Councillor Stuart Wallace**

**Chairman of the Adult Social Care and Public Health Committee**

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

David Pearson,  
Corporate Director, Adult Social Care and Health  
T: 0115 9773919  
E: david.pearson@nottscc.gov.uk

## **Constitutional Comments (LM 27/09/17)**

13. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report. If Committee resolves that any actions are required it must be satisfied that such actions are within the Committee's terms of reference.

## **Financial Comments (KAS 27/09/17)**

14. The financial implications are contained within paragraph 11 of the report.

**Background Papers and Published Documents**

None.

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

All.

ASCPH494

9 October 2017

Agenda Item: 11

## **REPORT OF THE PROGRAMME DIRECTOR FOR TRANSFORMATION**

### **GUIDE FOR SELF-FUNDERS TO CARE AND SUPPORT**

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

1. To seek Committee approval to proceed with promoting a self-funders guide to care and support.

#### **Information and Advice**

2. Under the Care Act 2014, the Council has the same legal responsibilities towards self-funders as people who receive Council-funded care in the following areas:
  - providing advice and guidance
  - signposting to available resources
  - assessing a person's care and support needs.
3. To support self-funders, the Council has created a self-funders guide to care and support. The aim of this guide is to provide useful information to self-funders on a variety of areas such as:
  - information and advice
  - benefits support and independent financial advice
  - how to get an assessment with the Council
  - care and support services
  - the brokerage service
  - how to create a Power of Attorney.
4. Nottinghamshire County Council wishes to encourage self-funders to contact the Council to find out what options are available and help them make the right choices about their support that achieves good outcomes and helps make the most of the money they have.
5. It is particularly important that the right advice and guidance is offered for people who are considering entering a care home and explore alternatives with them first. Failure to offer the right advice at this point has long term consequences for:
  - the individual who is making a life changing decision often at a point of crisis
  - the Council's budget if the individual's funds fall below £23,250 and then seeks funding when there was a better alternative.

6. The guide is available on the public website for self-funders to access and will also be used within the Customer Service Centre, Adult Access Service and locality teams to ensure that self-funders have access to good information, advice and support.
7. The Council plans to publicise this to external partners as a means to supporting self-funders further. This includes the following planned activities:
  - front page of Council website as a news item
  - recurring post on the Council's Facebook page
  - recurring tweet on the Council's Twitter page
  - a link and electronic copy sent to partner organisations such as Age UK, Citizens Advice Bureau, Connect and other organisations and request that they pass on the guide/alert self-funders to its presence when appropriate
  - to be available through Notts Help Yourself in the financial and legal advice section
  - link and electronic copy sent to Nottinghamshire Councillors and MPs in case a constituent should pose a query regarding funding their own care.
8. There is no actual cost for undertaking the above planned activities.

#### **Other Options Considered**

9. To not undertake publicity for self-funders would result in lack of awareness and understanding of information, advice and support available.

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

10. To ensure self-funders are able to make good and informed decisions about their future care and support needs.

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

11. 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**

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

#### **RECOMMENDATION/S**

- 1) That Committee gives approval to proceed with promoting a self-funders guide to care and support.

**Jane North**  
**Transformation Director**

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

Jane North  
Transformation Director  
T: 011597738668  
E: [jane.north@nottscg.gov.uk](mailto:jane.north@nottscg.gov.uk)

**Constitutional Comments (LM 27/09/17)**

13. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

**Financial Comments (KAS 27/09/17)**

14. The financial implications are contained within paragraph 12 of the report.

**Background Papers and Published Documents**

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

Self-funders guide to care and support <http://www.nottinghamshire.gov.uk/media/125424/selffundersguide20170907.pdf>

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

All.

ASCPH493





9<sup>th</sup> October 2017

Agenda Item: 12

**REPORT OF THE SERVICE DIRECTOR FOR MID NOTTINGHAMSHIRE****‘GET UP & GO’ EVENTS – FALLS PREVENTION****Purpose of the Report**

1. This report sets out the details of a series of 22 ‘*Get Up & Go*’ partnership events scheduled to take place across the County between 25<sup>th</sup> September and 7<sup>th</sup> October 2017 for endorsement by the Committee. These events are aimed at promoting the wellbeing of older people and, specifically, getting people more active and reducing the number of falls experienced by Nottinghamshire citizens. The events will occur in a diverse mix of venues including community centres, libraries, hospitals, care homes, supermarkets, churches and sports centres.

**Information and Advice**

2. In September 2016, Committee received a report on the Proposed allocation of Better Care Fund (Care Act) funding. One of the approved projects (£74,000) was related to Falls Prevention – ‘Education and Communication support’. Since January 2017, a Commissioning Officer has been working with a range of partners to raise awareness of the impact of falls and how to prevent them. Analysis of local data and research by the Institute of Public Care<sup>1</sup> have identified falls as one of the key factors that lead to admission to residential care and are influential in setting older people on a pathway to increasing social care support needs. The research cited the potential benefits to social care of increasing the numbers of older people to engage in exercise.
3. The falls prevention work has been focussed on:
  - a) Communications: promoting a comprehensive guide developed by the Chartered Society of Physiotherapy (CSP) entitled ‘*Get Up and Go – A Guide to Staying Steady*’ and promoting the benefits of physical activity and home safety in reducing the falls risk.
  - b) Education: training front line staff (both class-based and online) to identify people at risk of a fall and offering advice on supporting them and signposting to appropriate guidance.
  - c) Development: building the strength of preventative approaches within the falls pathway and the links between prevention and clinical interventions.

---

<sup>1</sup> 2013 Institute of Public Care ‘*Research for Preventative Approaches to Reducing Older People’s Need for Care*’

4. 1<sup>st</sup> October 2017 is the *United Nations International Day of Older Persons* and with this in mind, the Falls Prevention Commissioning Officer has collaborated with a wide range of partners to develop a two week programme comprising of over twenty 'Get Up & Go' events across the County as detailed in **Appendix 1**.
5. The events aim to reach as many older people as possible with the message that it is never too late to 'Get Up and Go', and specifically:
  - a) encourage more reluctant older citizens to engage in physical activity
  - b) provide home safety advice to prevent falls related hospital admissions
  - c) provide information and advice on healthy eating and ageing well.
6. The partners engaged with shaping, hosting and attending the events comprise:
  - a) NHS Falls Teams – providing comprehensive falls prevention advice and guidance
  - b) Nottinghamshire Fire & Rescue Service (NFRS), who provide safe and well advice, including how to avoid trips at home
  - c) Connect service providers (early intervention services commissioned by Adult Social Care, Health & Public Protection) – offering information, advice and brief interventions and identifying people with follow up support needs, including how to find suitable activities in people's local communities
  - d) Everyone Health (physical activity and weight management service provider commissioned by Public Health), which will be promoting the benefits of eating well and keeping active
  - e) District and Borough Councils
  - f) Leisure providers – providing free exercise taster sessions
  - g) Clinical Commissioning Groups
  - h) Private sector agencies - Morrison's Supermarket (hosting 2 events), EON – offering energy saving advice as part of a government initiative
  - i) Other voluntary sector organisations, e.g. National Osteoporosis Society and the Alzheimer's Society
  - j) Volunteers – promoting events and assisting with coordination tasks
  - k) Specialist fitness instructors (Tai Chi and chair based exercise).
7. Additionally there will be competitions and prize draws that will enable participating organisations to collect information on attendees. Prizes have been donated by the Mansfield Palace Theatre and Morrison's Supermarket amongst others.
8. The 'Get Up & Go' events will not only contribute to the Council's efforts to raise awareness of falls and how to prevent them, but increase the shared multi-agency work on this agenda and further the Better Care Fund funded project, which since January has:
  - a) disseminated 18,000 Get Up & Go Guides to citizens
  - b) generated over 2,500 hits to the Council's Falls Prevention webpage
  - c) facilitated multi-agency designed and delivered classroom training to 42 frontline staff
  - d) planned classroom training for a further 200 staff in the autumn
  - e) developed an online training module, available through the Council's learning pool
  - f) facilitated closer working relationships between the NHS, Council, Nottinghamshire Fire & Rescue Service and numerous voluntary sector organisations on the falls prevention agenda.

9. Apologies are given to the Committee that the *Get Up & Go* events were planned prior to obtaining Committee approval. The events are multi-agency with an external, local organiser for each event. With the consent of the Leader and the Chairman of the Adult Social Care and Public Health Committee, the Council continued to play a key role in the programme.
10. By brokering the involvement of a range of organisations in each event including 'In Kind' venue hire, low cost promotion and a supporting NFRS 'Older People's Day' fund, the events have been held at a cost to the Council of less than £2,000.

### **Other Options Considered**

11. Initially, consideration was given to a small percentage of the Falls Prevention project budget being allocated to sponsor locally managed events, but instead, a 'brokering' approach has been employed which has consequently enabled a more consistent engagement of partners across the events and a more controlled use of funds.

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

12. To provide information for the Committee about recent events on falls prevention.

### **Statutory and Policy Implications**

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

### **Financial Implications**

14. The cost of these events has been shared amongst partners and the Council's share is less than £2,000. This will be met from the Better Care Fund allocation of £74,000 for this project.

### **RECOMMENDATION/S**

- 1) That Committee endorses the events that have taken place as part of the current work on falls prevention.

**Sue Batty**  
**Service Director, Mid Nottinghamshire**

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

Lyn Farrow  
Commissioning Manager

T: 0115 977 2503

E: [lyn.farrow@nottscc.gov.uk](mailto:lyn.farrow@nottscc.gov.uk)

### **Constitutional Comments (LM 27/09/17)**

15. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

### **Financial Comments (KAS 27/09/17)**

16. The financial implications are contained within paragraph 14 of the report.

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

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

Better Care Fund – proposed allocation of Care Act funding – report to Adult Social Care and Health Committee on 12 September 2016

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

All.

ASCPH490

## 'Get Up &amp; Go' Events 2017

Date	Venue
<b>Ashfield</b>	
27 September 10am – 3.30pm	Ashfield Health and Wellbeing Centre Portland Street Kirkby in Ashfield NG17 7AE
3 October 9.30am – 12.30pm	Hucknall – Housing 21 Care Home Herbert Buzzard Court Hankin Street Hucknall NG15 7SS
<b>Bassetlaw</b>	
26 September 9.30am – 3.30pm	The Crossing Newcastle Street Worksop S80 2AT
5 & 6 October 9am – 4pm	Morrison's Supermarket Idle Valley Road Retford DN22 7XD
<b>Broxtowe</b>	
29 September 1pm – 3pm	Broxtowe Voluntary Action Oban House 8 Chilwell Rd Beeston NG9 1EJ
5 October 2pm – 4pm	Happy Thursdays Yew Tree Court Union Street Beeston NG9 2NA
7 October 10am – 3pm	Methodist Church Chilwell Road Beeston NG9 1EH
<b>Gedling</b>	
26 September 9.30am – 1 pm	Park House Health Centre 61 Burton Road Nottingham NG4 3DQ
28 September 10am – 2pm	Carlton Forum Leisure Centre Coningswath Road Carlton NG4 3SH
<b>Mansfield</b>	
25 September 9.30am – 1pm	Oak Tree Leisure Centre Jubilee Way South Mansfield NG18 3RT

26 September 10.30am – 1pm	Ladybrook Library 171 Ladybrook Lane Mansfield NG18 5JR
4 October 2pm – 4pm	Ladybrook Community Centre Ladybrook Lane Mansfield NG18 5JJ
5 October 10am – 3pm	Kingsmill Hospital (foyer) Mansfield Road Sutton in Ashfield NG17 4JL
<b>Newark</b>	
27 September 2.15pm – 4.15pm	Burton Court Bilsthorpe Newark NG22 8QP
29 September 10am – 12pm	Newark Sports and Fitness Centre Bowbridge Road Newark NG24 4DH
2 October 10.30am – 2.30pm	Life Springs Centre Sherwood Drive New Ollerton NG22 9PP
3 October 1pm – 3pm	Newark Sports and Fitness Centre Bowbridge Road Newark NG24 4DH
<b>Rushcliffe</b>	
26 <sup>th</sup> September 2pm - 3pm	The Grange Greythorn Drive West Bridgford NG2 7GG
28 <sup>th</sup> September 10am - 4pm	West Bridgford Library Bridgford Rd West Bridgford NG2 6AT
5 October 12pm – 3 pm	Chestnut Avenue Day Centre 20 Chestnut Avenue Bingham NG13 8AU
5 October 10am – 3 pm	Morrison's Supermarket Gamston Lings Bar Rd Gamston, Nottingham NG2 6PS

9 October 2017

Agenda Item: 13

## **REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE AND PUBLIC PROTECTION**

### **PROPOSED SAFEGUARDING ADULTS BRIEFING FOR COUNTY COUNCILLORS**

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

1. To seek Committee's approval for a briefing to be offered to County Councillors on the subject of safeguarding adults on 18 October 2017.

#### **Information and Advice**

2. It is proposed that a briefing be arranged at County Hall to give all County Councillors an opportunity to understand the governance arrangements in relation to safeguarding adults, both within the Council and the wider partnership of the Nottinghamshire Safeguarding Adults Board. The Chair of the Board will attend the event along with relevant County Council officers.
3. The proposed briefing will also enable Councillors to gain a greater understanding of what 'safeguarding adults' means and what to do if they become aware of any safeguarding concerns whilst undertaking their elected member role.
4. The proposed date, time and venue of the briefing is 18 October 2017, 1-2pm, in the Assembly Hall at County Hall.

#### **Other Options Considered**

5. Written and e-learning was considered but felt it was more appropriate to offer Members a briefing and to facilitate a discussion.

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

6. To update Councillors and assist them in dealing with any safeguarding concerns they may become aware of as part of their elected member role.

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

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding

of children, sustainability and the environment and those using the service 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**

8. There will be no costs involved in holding this briefing.

### **RECOMMENDATION**

- 1) That a briefing be offered to all County Councillors on the issue of safeguarding adults, to be held on 18 October 2017, 1-2pm, in the Assembly Hall at County Hall.

**Paul McKay**

**Service Director, South Nottinghamshire and Public Protection**

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

Stuart Sale

Temporary Group Manager – Access and Safeguarding

T: 0115 9774594

E: [stuart.sale@nottsccl.gov.uk](mailto:stuart.sale@nottsccl.gov.uk)

### **Constitutional Comments (LM 26/09/17)**

9. The Adult Social Care and Public Health Committee is the appropriate body to consider the content of the report.

### **Financial Comments (DG 26/09/17)**

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

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

None.

### **Electoral Divisions and Members Affected**

All.

ASCPH491



9<sup>th</sup> October 2017

Agenda Item: 14

## **REPORT OF THE SERVICE DIRECTOR FOR NORTH NOTTINGHAMSHIRE AND DIRECT SERVICES**

### **DIRECT SERVICES EVENTS, ACTIVITIES AND PUBLICITY**

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

1. To seek Committee approval to proceed with a range of events and activities within the Council's directly provided services and undertake promotional work to publicise activities as described in the report.

#### **Information and Advice**

2. Direct services broadly comprises day and employment services, residential care services and the Shared Lives adult placement service.
3. Over the course of the year, the range of public events, publicity and promotional activities that may be undertaken by the Council's directly provided services are wide ranging and there are a variety of reasons for doing so, for example:
  - promotion of services to give information to people in need of social care services and their families
  - encouraging interest in recruitment campaigns for staff, carers and volunteers
  - engagement with local communities within the vicinity of services
  - generation of income through public events.
4. Over the next quarter, direct services would like to undertake the activities detailed in **paragraphs 5 – 13**.

#### **Brooke Farm**

5. A calendar of events is planned between October and December this year with four key events, as follows:
  - **Halloween Pumpkin Carving** and children's fancy dress on 23<sup>rd</sup> & 27<sup>th</sup> October 2017. This event is held annually during the half term holiday. There are 20 places available on each of these dates. The events are booked through the farm and all children must be accompanied by an adult.

- **Christmas at Linby** is an open day at the farm planned for 25<sup>th</sup> November 2017. The farm and shop will be seasonally decorated and Christmas trees will be on sale. There will be craft stalls, seasonal foods and a Santa's grotto.
- **Christmas Tree Sales 2017** start on 25<sup>th</sup> November through to 23<sup>rd</sup> December. Trees are on sale from Brooke Farm, Linby and from the market stall at County Hall throughout this period.
- **Late Night Shopping Event** is planned for 11<sup>th</sup> December 2017 to coincide with the switch on of the Christmas Tree Lights in Linby Village. The farm shop will be open and there will be a Santa's grotto.

6. All of these events would be promoted to the general public with the intention of attracting visitors to the site, raising the profile of Brooke Farm and increasing sales income.

### County Enterprise Foods

7. As a member of the National Association of Care Catering (NACC), the service is involved with the work of the NACC who aim to promote the standard of catering within the care sector and a number of events take place throughout the year at both a national and regional level.
8. **National Meals on Wheels Week** is one such event taking place from 6<sup>th</sup> – 10<sup>th</sup> November 2017 which aims to raise awareness of the importance of community meals services and highlight the social, economical, psychological and preventative benefits of meals on wheels services for vulnerable people. During this week the Chairman of the Adult Social Care & Public Health Committee is invited to accompany the team in a few deliveries to customers on 7<sup>th</sup> November.

### Shared Lives

9. The service runs periodic marketing campaigns supported by the Council's Communications and Marketing team. The aim of the activity is to promote the service to individuals and families who may benefit from it and also to recruit new carers to the scheme. The last campaign took place in June of this year with targeted Facebook advertising, Google remarketing linked to Facebook and the Shared Lives web pages. This resulted in several new carers putting themselves forward for assessment.
10. Given the success of previous promotional activities, the Shared Lives service would like to seek approval to repeat this activity on a six monthly basis.
11. The detail and cost of the events, activities and publicity described in the report is set out in the following table:

Event	Date	Communications & marketing	Costs
<b>Brooke Farm</b>			
Pumpkin carving & children's fancy dress	23 <sup>rd</sup> & 27 <sup>th</sup> October	Facebook sponsored event Social media Council website Press release	£25-£50 No cost No cost No cost

Sale of Christmas trees	From 25 <sup>th</sup> November	Social media Press release Banner outside the farm	No cost No cost No cost
Christmas event at Linby	25 <sup>th</sup> November	Facebook sponsored event Social media Council website Banner outside the farm	£25-£50 No cost No cost No cost
Late night opening	11 <sup>th</sup> December	Social media Council website	No cost No cost
<b>CEF</b>			
National Meals on Wheels Week	Week commencing 6 <sup>th</sup> November	Local press Social media	No cost No cost
<b>Shared Lives</b>			
Shared Lives carer recruitment campaign	Ongoing	Facebook advert to recruit carers Google marketing (targeting potential carers who have visited Shared Lives web page but not completed carer application process) Press release (with case study) Social media Council website Jobs bulletin	£250 £100  No cost No cost No cost No cost

12. All directly provided services hold internal events throughout the year for the benefit of existing service users and their carers and families which give important social and networking opportunities for staff, service users and family carers and provide informal opportunities to meet and share information in a relaxed and social environment. These events are not open to the public and would not normally be promoted or publicised beyond the existing client group and their supporters.
13. Examples of these are Christmas fayres and other events, themed coffee mornings e.g. MacMillan coffee mornings and day service drama productions. None of these events would normally be publicly advertised, although ASCPH Committee members and other local elected members may be invited. The cost of these events are generally met through donations, fundraising and grants. Upcoming internal events include:

### September

- 29<sup>th</sup> Holles Street Short Breaks, MacMillan Cancer Research Coffee Morning  
29<sup>th</sup> Gedling Day Service MacMillan Cancer Research Coffee Morning

### November

- 17<sup>th</sup> Mansfield Day Service Children in Need event

### December

- 5<sup>th</sup> Broxtowe Day Service Coffee and Mince Pies  
6<sup>th</sup> Netherfield Day Service Christmas Fayre  
8<sup>th</sup> Shared Lives Christmas Event

- 9<sup>th</sup> Helmsley Road Christmas Customer and Carer party
- 11<sup>th</sup> Bassetlaw Day Service Coffee and Mince Pies week
- 13<sup>th</sup> Ollerton Day Service Drama Performance
- 13<sup>th</sup> Ashfield Day Service Coffee and Mince Pies
- 13<sup>th</sup> Gedling Day Service Christmas Fayre
- 14<sup>th</sup> Bingham Day Service Christmas Fayre
- 18<sup>th</sup> Mansfield Day Service Coffee and Mince Pies and choir.

### **Other Options Considered**

- 14. To not undertake events, publicity or promotional activities relevant to direct services would result in lack of awareness/ understanding of services available, lack of engagement with local communities and loss of potential additional income.

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

- 15. To ensure that people in need of social care services and their families are aware of the range of services on offer; encourage engagement with local communities, increase income generation and enable recruitment of Shared Lives carers.

### **Statutory and Policy Implications**

- 16. 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**

- 17. The cost of all the activities detailed in **paragraph 11** of the report and can be funded from within the existing service budgets.

## **RECOMMENDATION/S**

- 1) That Committee approves the plan of events, activities and publicity set out in the report.

**Ainsley MacDonnell**

**Service Director for North Nottinghamshire and Direct Services**

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

Ainsley MacDonnell

Service Director

T: 0115 9772147

E: ainsley.macdonnell@nottsc.gov.uk

**Constitutional Comments (LM 27/09/17)**

18. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report.

**Financial Comments (KAS 27/09/17)**

19. The financial implications are contained within paragraphs 11 and 17 of the report.

**Background Papers and Published Documents**

None.

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

All.

ASCPH492



9 October 2017

Agenda Item: 15

## **REPORT OF CORPORATE DIRECTOR, RESOURCES WORK PROGRAMME**

### **Purpose of the Report**

1. To consider the Committee's work programme for 2017.

### **Information and Advice**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
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 finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such

implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION**

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

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

For any enquiries about this report please contact: Sara Allmond – [sara.allmond@nottsc.gov.uk](mailto:sara.allmond@nottsc.gov.uk)

## **Constitutional Comments (HD)**

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

## **Financial Comments (NS)**

2. 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**

None.

## **Electoral Divisions and Members Affected**

All.



## ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>13<sup>th</sup> November 2017</b>			
Approval of refreshed Adult Social Care Strategy	Report to seek approval of the refreshed Adult Social Care Strategy.	Programme Director, Transformation	Stacey Roe/ Bronwen Grieves
Approval of Departmental Strategy for Adult Social Care and Public Health	Report on development of departmental strategy to reflect departmental priorities to meet the commitments in the Strategic Plan.	Programme Director, Transformation/Consultant in Public Health	Jane North/Jonathan Gribbin
Health and development of adult social care workforce	Report on state of adult social care workforce, including health of Council workforce (adult social care and Public Health) and work to develop and improve wider adult social care workforce in the county.	Service Director, Mid Nottinghamshire	Veronica Thomson/Kay Massingham
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care (to include performance on Deprivation of Liberty Safeguards and reference to future inclusion of PH outcomes)	Service Director, South Nottinghamshire	Celia Morris/ Matthew Garrard
Approval for extension of temporary reviewing staff in Integrated Community Equipment Loans Store		Service Director, Strategic Commissioning, Access and Safeguarding	Jane Cashmore/Sarah Docksey
Confirmation of staffing establishment at Helmsley Road Short Breaks Service		Service Director, North Nottinghamshire and Direct Services	Ian Masson
Friary Drop In	To seek approval to contract expiry	Consultant in Public Health	Jonathan Gribbin
<b>11<sup>th</sup> December 2017</b>			
National Children and Adult Services Conference 2017	Report back on attendance at conference.	Corporate Director, Adult Social Care, Health and Public Protection	Jennie Kennington

<b><u>Report Title</u></b>	<b><u>Brief Summary of Agenda Item</u></b>	<b><u>Lead Officer</u></b>	<b><u>Report Author</u></b>
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 2, 2017/18)	Consultant in Public Health	Nathalie Birkett
Progress update on external consultant review of adult safeguarding action plan	Follow up to report in July 2017, with outcome of review visit by external partners regarding adult safeguarding work of the department.	Service Director, Strategic Commissioning, Access and Safeguarding	Claire Bearder
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department (including progress with reviews).	Programme Director, Transformation	Ellie Davies
Public Health Commissioning intentions	Proposals for recommissioning of Public Health Services from 2019 onwards	Director of Public Health	Jonathan Gribbin
Director of Public Health Annual Report 2017	Report to seek approval to the publication of the independent DPH Annual Report for 2017	Director of Public Health	Barbara Brady
<b>8<sup>th</sup> January 2018</b>			
Progress with the Commercial Development Unit process for County Horticultural Services	Progress update on this process and the outcomes so far.	Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/Jane McKay
Progress with alternative service delivery model for directly provided social care services		Service Director, North Nottinghamshire and Direct Services	Ainsley MacDonnell/Jane McKay/Jennifer Allen
<b>5<sup>th</sup> February 2018</b>			
Progress on tender for older people's home based care and support services	Progress report on the tender for these services.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk/Jane Cashmore

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Service Director, South Nottinghamshire	Celia Morris/ Matthew Garrard
<b>12<sup>th</sup> March 2018</b>			
Defence Medical Welfare Service - Aged Veterans Services in Nottinghamshire - project evaluation		Service Director, Mid-Nottinghamshire	Lyn Farrow
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 3, 2017/18)	Consultant in Public Health	Nathalie Birkett
Progress with allocation of Improved Better Care Fund 2017/18	Following approval of proposals for allocation of IBCF (July 2017), report on progress with areas identified in the report.	Corporate Director, Adult Social Care and Health	Jennie Kennington
Progress with the development of the transitions service for children and young adults with disabilities		Service Director, North Nottinghamshire and Direct Services and Service Director, Mid-Nottinghamshire	
<b>16<sup>th</sup> April 2018</b>			
Progress report on savings and efficiencies	Regular update report to committee on progress with savings projects within the department.	Programme Director, Transformation	Ellie Davies
<b>14<sup>th</sup> May 2018</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Service Director, South Nottinghamshire	Celia Morris/ Matthew Garrard
<b>11<sup>th</sup> June 2018</b>			

<u>Report Title</u>	<u>Brief Summary of Agenda Item</u>	<u>Lead Officer</u>	<u>Report Author</u>
<b>9<sup>th</sup> July 2018</b>			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarter 4, 2017/18)	Consultant in Public Health	Nathalie Birkett
<b>To be placed</b>			
Use of Public Health Reserves	Report requesting approval to proposals for use of remaining unallocated reserves	Director of Public Health	Kay Massingham
Progress update on Sustainability and Transformation Plan		Corporate Director, Adult Social Care and Health	Joanna Cooper