

Cabinet

Thursday, 09 March 2023 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|--|-----------|
| 1 | Minutes of the last meeting of Cabinet held on 26 January 2023 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Key Decision - Spherical Tokamak for Energy Production (STEP) Fusion Project Update | 7 - 12 |
| 5 | Key Decision - Fair Cost of Care, Market Sustainability Plan and Market Position Statement and Proposed External Fee Strategy and Fee Increases for Independent Sector Adult Social Care Providers | 13 - 118 |
| 6 | Key Decision - Nottingham and Nottinghamshire All Age Carers Strategy | 119 - 166 |
| 7 | Key Decision - The Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025 | 167 - 232 |
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Notes

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Keith Ford (Tel. 0115 977 2590) or a colleague in Democratic Services prior to the meeting.

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

Meeting CABINET

Date Thursday 26 January 2023 (commencing at 10.30 am)

membership**COUNCILLORS**

Ben Bradley MP (Chairman)
Bruce Laughton (Vice-Chairman)

Chris Barnfather
Matt Barney
Neil Clarke MBE
John Cottee
Keith Girling
Richard Jackson
Tracey Taylor
Gordon Wheeler

OTHER COUNCILLORS IN ATTENDANCE**Deputy Cabinet Members**

Reg Adair
Mike Adams
Sinead Anderson
Andre Camilleri
Scott Carlton
Tom Smith
Jonathan Wheeler

Other Councillors

Jim Creamer
Boyd Elliott
Kate Foale
Glynn Gilfoyle
Paul Henshaw
Johnno Lee

OFFICERS IN ATTENDANCE

Adrian Smith	Chief Executive
Marjorie Toward Isobel Fleming	Chief Executive's Department

James McDonnell
Phil Rostance
Nigel Stevenson
Keith Ford

Melanie Williams Adult Social Care and Public Health Department

Colin Pettigrew Children and Families Department

Derek Higon Place Department

1 MINUTES

The minutes of the last meeting of Cabinet held on 15 December 2022, having been previously circulated, were confirmed and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

None.

3 DECLARATIONS OF INTERESTS BY MEMBERS AND OFFICERS

None.

4 ADULT SOCIAL CARE MARKET POSITION STATEMENT, MARKET SUSTAINABILITY PLAN AND FEE STRATEGY

RESOLVED 2023/001

- 1) That the work to date and the current position with regards to the Market Sustainability, Market Position Statement, the Fair Cost of Care exercise and the related Fee Strategy, including the submission to the Department of Health and Social Care, be acknowledged.
- 2) That authority be delegated to the Cabinet Member for Adult Social Care and Public Health to approve the final submission to be made to the Department for Health and Social Care in February following consultation with the Monitoring Officer and the Section 151 Officer.
- 3) That it be noted that a report would be brought to Cabinet meeting in March 2023 to consider and adopt the final Market Sustainability Plan, final supporting Fee Strategy and Market Position Statement and Market Sustainability Plan.

5 FINANCIAL MONITORING REPORT: PERIOD 8 2022-23

RESOLVED 2023/002

- 1) That the
 - a) individual Portfolio revenue budgets for 2022-23 be noted;
 - b) the contingency request detailed in the report be approved;
 - c) the summary of capital expenditure to date, year-end forecasts and variations to the capital programme be noted;
 - d) Council's Balance Sheet transactions be noted.

6(a) RESPONSE TO OVERVIEW COMMITTEE'S CONSIDERATION OF DRAFT BUDGET AND MEDIUM TERM FINANCIAL STRATEGY PROPOSALS

RESOLVED 2023/003

- 1) That the issues raised by Overview Committee and the subsequent response of the Cabinet Member-Finance and Section 151 Officer, as detailed in the addendum circulated separately to the Cabinet report, be noted and given due consideration ahead of the Budget proposals being finalised.

6(b) RESPONSE TO OVERVIEW COMMITTEE'S CONSIDERATION OF DRAFT BUDGET AND MEDIUM TERM FINANCIAL STRATEGY PROPOSALS

RESOLVED 2023/004

- 1) That the report be noted and, subject to the further consideration of the issues raised by Overview Committee, the following proposals be recommended to Full Council:
 - a) The Annual Revenue Budget for Nottinghamshire County Council is set at £591.303 million for 2023/24.
 - b) The principles underlying the Medium-Term Financial Strategy are approved.
 - c) The Cabinet be authorised to make allocations from the General Contingency for 2023/24.
 - d) That the 2.00% Adult Social Care Precept is levied in 2023/24 to part fund increasing adult social care costs.
 - e) The County Council element of the Council Tax is increased by 2.84% in 2023/24. That the overall Band D tax rate is set at £1,723.66 with the various other bands of property as set out in the report.

- f) The County Precept for 2023/24 shall be collected from the District and Borough councils on the dates set out in Table 8.
- g) The Capital Programme for 2023/24 to 2026/27 be approved at the total amounts below and be financed as set out in the report:

<u>Year</u>	<u>Capital Programme</u>
2023-24	£156.217m
2024-25	£115.189m
2025-26	£50.407m
2026-27	£45.274m

- h) The variations to the Capital Programme be approved.
- i) The Minimum Revenue Provision policy for 2023/24 be approved.
- j) The Capital Strategy including the 2023/24 Prudential Indicators and Treasury Management Strategy be approved.
- k) The Service Director – Finance, Infrastructure and Improvement be authorised to raise loans in 2023/24 within the limits of total external borrowings.
- l) The Treasury Management Policy for 2023/24 be approved
- m) The Council delegates responsibility for the setting of Treasury Management Policies and Practices relating to Pension Fund cash to the Pension Fund Committee.

The meeting closed at 11.02 am

CHAIRMAN

**REPORT OF THE CABINET MEMBER FOR ECONOMIC DEVELOPMENT AND ASSET
MANAGEMENT****SPHERICAL TOKAMAK for ENERGY PRODUCTION (STEP) FUSION PROJECT UPDATE****Purpose of the Report**

1. To provide an update to Cabinet regarding the United Kingdom Atomic Energy Authority's (UKAEA) Spherical Tokamak for Energy Production, (STEP) fusion project and to seek approval for the County Council's further role in facilitating the benefits of the STEP prototype being located at West Burton.

Background

2. STEP was announced as part of the Government's Ten Point Plan for a Green Industrial Revolution in 2020, and is an ambitious Government led programme to design and construct a prototype fusion power plant. It would result in the UK being one of the first countries in the world to commercialise fusion energy and would be at the international forefront of the clean energy revolution, bringing visibility on a global stage.
3. The programme is being led by the United Kingdom Atomic Energy Authority (UKAEA) who launched a nationwide search for a site to host its ground-breaking STEP fusion project in early 2021.
4. STEP is an ambitious programme to design and construct a prototype fusion power plant by 2040 with £222 million funding from the UK Government to produce a concept design by 2024. The STEP prototype reactor will be used to research and develop the technology and enable a fleet of commercial plants to follow in the years after 2040.
5. The aim for this first phase of work is to produce a 'concept design' by 2024. Between 2024 and 2032, the design will be further developed through detailed engineering design and, at the same time, planning permission to build the power plant will be sought. The aim is to have a fully evolved design and approval to build by 2032, enabling construction to begin. By 2040 STEP will bring the world's first commercially viable fusion plant into commission.
6. On 6 February 2023 the Science and Innovation Minister, George Freeman, speaking at West Burton stated that: *'Fusion energy now has the potential to transform our world for the better by harnessing the same process powering the sun to provide cheap, abundant, low-carbon energy across the world. The UK is the world-leader in fusion science and technology, and now we are moving to turn fusion from cutting edge science into a billion-pound clean energy industry to create thousands of UK jobs across the UK, grow exports and drive regeneration of this former coalfield site through a fusion innovation cluster in Nottinghamshire.'*
7. The Minister also announced the creation of UK Industrial Fusion Solutions Ltd. The establishment of Industrial Fusion Solutions will enable STEP to accelerate its journey towards

delivery of electricity from fusion energy to the grid. The new body, which will be formed over the next 18 months, will be established as a programme delivery organisation, driving performance and pace and engaging industry in this endeavour.

8. Alongside the establishment of the new organisation, the UKAEA are beginning to map out future skills requirements and, as part of this, they are committing to the development of a STEP Skills Centre at West Burton. This will provide as many opportunities as possible to people across the area.
9. Speaking at the same event Professor Sir Ian Chapman, UKAEA Chief Executive, said: *'We look forward to working with people in the region to develop our ambitious plans and realising broader social and economic benefits'*.

A zero-carbon future

10. In May 2021 the County Council declared a Climate Emergency to achieve carbon neutrality in all of its activities by 2030. The STEP project would be a major advancement in delivering the Council's own policy objectives for delivering environmental improvements and economic growth.
11. At the regional level, locating the STEP project in Nottinghamshire would also create thousands of highly skilled jobs linking directly into and driving forward a range of Green Recovery projects and strategies already in place. This would include transformational projects such as the Energy Research Accelerator (ERA) and the D2N2 Economic Recovery and Growth Strategy – 'The heart of the UK's Green Revolution'.
12. Given the significant benefits that could be derived from playing a leading role in the development of a Zero-carbon economy, it is clear that a high-profile project such as STEP should continue to be supported in Nottinghamshire.

Securing STEP in Nottinghamshire

13. Policy Committee (17 March 2021) endorsed the proposal for the County Council to act as the nominating body for submission of STEP Site nominations to the UKAEA promoting sites within Nottinghamshire. While Policy Committee originally considered this matter in March 2021 the Economic Development & Asset Management Committee (7 December 2021) further considered all matters related to the STEP project and its location.
14. The County Council played a key role in the preparation and submission of the bids, acting as the nominating body and working with EDF as the landowner, relevant Local Authorities and a wide range of stakeholders such as Bassetlaw District Council, Midlands Engine, D2N2 LEP, local universities and businesses to promote West Burton as the site for STEP.
15. Central Government announced in October 2022, that Nottinghamshire had been successful in securing West Burton as the UKAEA's site for STEP. This is a major achievement given the range of other competing sites in the UK.

STEP Enabling Collaboration: a proposed approach

16. In light of the Council's successful role as the nominating body for the STEP programme siting process, the Council is now considering, together with stakeholders, proposed arrangements to continue the collaborative working which has been recognised by the Science and Innovation Minister, George Freeman, as a factor in the success of West Burton being the chosen location for STEP.
17. At this embryonic stage, the County Council wishes to build on the successful collaboration that helped to secure STEP and to build a strong network to ensure that the socio-economic benefits are realised for the communities, businesses and academic institutions of the County and wider geography. If the UK is to move from a fusion science superpower to a fusion industry superpower, we need to help the emerging fusion sector to plan with clarity and confidence. It is now time to look at how the stakeholders can support this growing fusion industry whilst maintaining the benefits locally.
18. In the Review of Nuclear and Related Industries in the Midlands Report (January 2023) the Midlands Engine recommendations include: *'Support the development of the fusion energy sector. The government's announcement that the new STEP Fusion plant will be built at West Burton A in north Nottinghamshire will enable a significant Midlands-based fusion technology sector to develop and will strengthen the local supply chain'*. It goes on to recognise *'the siting of this key fusion facility in the Midlands Engine is an outstanding opportunity for growth as well as high-value jobs and skills and will almost certainly be a magnet for inward investment'*. It proposes an action to: *'Establish a fusion working group involving universities, industry and local authorities to ensure benefits from engaging with this new sector are maximised'* with an outcome of *'An active ecosystem supporting the major development of fusion in the region and beyond'*.
19. To enable these aspirations to be realised, the following proposals are in discussion with stakeholders. Members are invited to consider these arrangements at this stage. Depending on how it is decided to establish these Boards, further reports may be required to the relevant decision makers to agree these arrangements. The establishment of any of these Boards would include agreeing terms of reference for each.

STEP Strategic Collaboration Board

Chaired by Sir John Peace (Midlands Engine) with representatives from EDF, UKAEA, academia, the local MP. The representatives from the County Council would include the Chief Executive, the Leader and the Cabinet Member for Economic Development & Asset Management who would be present in his role as chair of the Regional Collaboration Board.

Purpose: Set up to support and create an attractive inward investment environment for fusion and associated industries in the region. Its aims are to maximise the benefits of the STEP programme being located in Nottinghamshire, and to promote wider enabling matters not covered by the STEP programme but complimentary to it. It will also provide an ambassadorial role linking into government departments and agencies and encouraging and working with fusion companies and organisations wishing to relocate to the region to better understand the conditions required to improve the long term success of the region as a base for such industries.

STEP Regional Collaboration Board

Chaired by the County Council's Cabinet Member for Economic Development & Asset Management with Leaders and/or portfolio holders for economic development from neighbouring local authorities plus their officer supports.

Purpose: To advise on strategic economic development issues to drive STEP enabling work. Its aims are to review and oversee future enabling investment in the locality and region around STEP and to ensure all board members plans are aligned with and contributing to the delivery of STEP. The board will also make recommendations to the Strategic Collaboration Board around matters that should be deliberated at a government level.

STEP Programme Interface Board

Chaired by the County Council's Chief Executive with senior officer representatives from the County Council, the UKAEA and the Chief Executive of Bassetlaw District Council.

Purpose: To align the STEP programme deliverables and objectives with the enabling work within the region. To oversee the key issues and matters arising from the Strategic Collaboration Board and Regional Collaboration Board to enable the most appropriate delivery and/or funding route. To direct and guide the work of the Collaboration Programme Team (STEP Enabling) to ensure alignment with the STEP Programme, Strategic Collaboration Board and Regional Collaboration Board. To direct and guide the work of the Collaboration Programme Team (STEP Enabling) including the organisation and delivery of workstreams to assist with the enabling work with a particular focus on stakeholder management and communications, infrastructure, planning; planning; education and skills; investment zones and economic development (inward investment); supply chain (creation of) and availability of development land in the region.

STEP Collaboration Programme Team

Chaired by the County Council's Programme Director with officer representatives from Bassetlaw District Council, West Lindsey District Council, Lincolnshire County Council, Midlands Engine, D2N2 LEP, UKAEA, EDF and the Energy Research Accelerator (ERA) and continues to meet.

Purpose: This is the programme team which worked together to submit the successful nomination for STEP at West Burton and it continues to build upon robust working relationships. The team will continue to work with the stakeholders to support the collaborative working and the setting up of the arrangements and Boards going forwards.

Other Options Considered

20. The selection of the West Burton site has secured the high-profile STEP project in Nottinghamshire. This will result in the creation of thousands of highly skilled jobs in Nottinghamshire and across the East Midlands and drive the green industrial revolution. As a result, the 'do nothing' option was discounted.

Reasons for Recommendations

21. Fusion generated energy is needed to radically decrease carbon emissions. The County Council has an ambition to raise the profile of Nottinghamshire, doing all the authority can to create the best conditions for investment and growth. Nottinghamshire as home to the UK's ground-breaking prototype fusion power plant will pave the way to a supply of low carbon, clean energy and help support thousands of new highly skilled jobs.

22. By acting as the nominating body, the County Council was instrumental in securing STEP in the County. It can continue to facilitate the delivery process and ensure that the knowledge from a wide range of bodies and stakeholders can be harnessed and fed into the next stage to ensure economic growth opportunities are fully realised.

Statutory and Policy Implications

23. 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

24. There were short term County Council resource requirements to support the successful STEP site nomination submission which amounted to £50,000 which was funded through the Investment and Growth Services budget.
25. The focus on supporting the additional work for the final stages of the nomination process were identified as an additional budget requirement of up to £100,000 including programme leadership, technical information gathering, research, public relations, programme coordination and associated activity. A range of these resources including officer capacity have previously been commissioned through Arc Partnership Limited. Those costs were met from the Investment and Growth Services budget for major projects.
26. Now that the site nomination process has been successful the County Council requires further resources in order to fund ongoing support such as programme coordination and associated activity as previously provided during the nomination stages. It is still unclear what the exact nature of the additional support will be, but examples include a baseline economic impact assessment which would assist the cases for the development of offsite infrastructure improvements for instance.
27. Stakeholders including the UKAEA, Midlands Engine and Bassetlaw District Council have indicated a willingness to combine expertise and financial resources in order to fund studies such as the economic impact assessment. For the next year it is therefore proposed that the County Council provides an allocation of up to £200,000 from the existing Investment & Growth Services budget to continue to develop the STEP programme for economic growth alongside contributions from other parties.

RECOMMENDATIONS

It is recommended that Cabinet:

- 1) notes the current proposals for the regional collaboration arrangements which continue to be progressed as outlined in the report, subject to any future approvals by the relevant decision makers required to establish these bodies, agree their terms of reference and nominate relevant members and officers to them;
- 2) approves a funding requirement of up to £200,000 from the existing Investment & Growth Services budget to further the necessary work to support the STEP programme: and
- 3) agrees to receive a further report to review the delivery of STEP and the collaboration arrangements in twelve months' time.

Councillor Keith Girling

Cabinet Member for Economic Development and Asset Management

For any enquiries about this report please contact: Matthew Neal, Service Director Investment and Growth, 0115 9773822

Constitutional Comments (CEH 23.02.2023)

The report and recommendations can be considered by Cabinet.

Financial Comments (KRP 24/02/2023)

The financial comments are as set out in the report with the proposed funding of up to £200k being contained within the existing Investment & Growth Services budget.

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.

- [Policy Committee 17 March 2021: A zero carbon energy future for the UK: Potential sites in Nottinghamshire for energy production](#)
- Economic Development & Asset Management Committee 7 December 2021: [A zero carbon energy future for the UK: potential sites in Nottinghamshire for energy production](#)
- [Midlands Engine: Review of nuclear & related industries in the Midlands](#)

Electoral Division(s) and Member(s) Affected

- All.

REPORT OF THE CABINET MEMBER, ADULT SOCIAL CARE AND PUBLIC HEALTH**NOTTINGHAMSHIRE'S COST OF CARE REPORTS, ADULT SOCIAL CARE MARKET SUSTAINABILITY PLAN, MARKET POSITION STATEMENT AND FEE UPLIFTS****Purpose of the Report**

1. The report brings together the work of the Fair Cost of Care exercise in adults that took place in the summer 2022. It presents the:
 1. Cost of Care report for care homes (65+)
 2. Cost of Care report for domiciliary care (18+)
 3. Market Sustainability Plan
 4. Market Position Statement refresh (2023-2025)
 5. Proposed fee increases for independent sector adult social care providers for 2023/24.
2. In relation to the above points, the report:
 - provides an update to Cabinet on the final submission of the cost of care reports made to the Department for Health and Social Care (DHSC) on 1 February 2023
 - presents the final Market Sustainability Plan for approval ahead of publishing and sharing with the DHSC, on 27 March 2023
 - seeks approval for the refreshed Market Position Statement (2023-25)
 - seeks Cabinet approval for the proposed distribution of £20.280m fee increases to independent sector care and support providers across the different adult social care services.

Information

3. The Care Act 2014 requires local authorities to manage and develop the market for care in their area and many use a local cost of care exercise to ensure they are paying their providers appropriately to have sufficient good quality local care.
4. A report was taken to Cabinet in July 2022 describing the immediate financial pressures faced by the care market, notably the impact on the homecare market. Increasing provider instability and challenges in recruitment were having an impact on the supply of carers needed to meet increasing demand. Cabinet agreed further investment in Homecare and Supported Living that was funded from a combination of the Market Sustainability and Fair Cost of Care Grant 2022/23 and the Market Reserve to recognise the cost of care exercise, the labour market position in Nottinghamshire and the pressures on providers.

5. The care market is a significant employer within the County. There are an estimated 25,000 social care jobs in Nottinghamshire of which 23,500 are delivering direct care and support. The Market Position Statement (**Appendix 4**, page 13) describes the workforce as predominantly white and female (84%). Fifty-seven per cent of the workforce works full time (37 hours) and the average age of a worker is 43 years old, with 26% of workers being over 55 years old. Skills for Care estimates that the turnover rate for 2021-22 was 30.7% (across all social care job roles). In the independent sector this rate is 32.5% - with the regional average for the independent sector at 33.1%
6. The homecare market has seen improvement since the decision in July and this measure has been proven to have had a positive impact on the homecare market, though the overall adult social care market remains vulnerable.
7. The government released a grant, the Market Sustainability and Fair Cost of Care Fund, for 2022/23, to support local authorities to prepare for paying providers a fair cost of care. As a condition of receiving the fund, local authorities were required to evidence the cost of care exercises for 65+ care homes and 18+ domiciliary care markets alongside a provisional market sustainability plan and a spend report detailing how funding allocated for 2022/23 was being spent. The draft documents were shared with DHSC in October 2022.
8. The final cost of care exercises were to be published on each Council's website. In accordance with this grant requirement, Nottinghamshire County Council published the Cost of Care report for care homes (65+) (**Appendix 1**) and the Cost of Care report for domiciliary care (**Appendix 2**) on its adult social care website on 1 February 2023 and submitted these to DHSC.
9. The Care Act 2014 states that 'high quality, personalised Care and Support can only be achieved where there is a vibrant, responsive market of services available'. Each local authority has a duty, under section 5 of the Care Act, to shape and maintain an efficient and effective market of services for meeting care and support needs in the local area is firmly placed with them. This work is carried out in Nottinghamshire County Council by the Strategic Commissioning Team. Commissioners are expected to fulfil the Council's duty to the Act as well as influencing and driving the pace of change required in the market, using innovative approaches to ensure there is sufficient choice and control while delivering cost-effective outcomes and high-quality provision of services.
10. Commissioners will consider any gaps in the market and develop a plan to address this locally or working regionally with other commissioning organisations.
11. DHSC have also been interested in market stability and required councils to produce a Market Sustainability Plan (**Appendix 3**). The draft plan was shared with the department in October 2022 on a departmental template. This template was changed in February 2023 to reflect the delay to charging reform and the resulting new template comprised three sections:
 - Section 1: Revised assessment of the current sustainability of local care markets
 - Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets

- Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified.
12. The government guidance stated that Market Sustainability Plans can provide local authorities with an opportunity to signal their assessment of current market sustainability and intended direction of travel to local markets and the public. DHSC advised that these plans should support other existing documents such as Market Position Statements and Joint Strategic Needs Assessments.
 13. Commissioners annually undergo a cost of care exercise and produce a plan to ensure there is sufficient provision to meet need; this is then considered against the local market position statement. Where the commissioning need has changed, the statement is changed.
 14. The Council's Market Position Statement has been refreshed (**Appendix 4**). The aim of Market Position Statements is to bring together information and analysis about the local market for the benefit of the local market so that current and prospective providers understand the local context, what is likely to change and where the opportunities might be in the future.
 15. The Care Act places a duty on councils to ensure provider sustainability and viability. Section 4.31 of the Care Act statutory guidance relates to the role of councils, as part of their market shaping duties, in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities:

“When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages of care and agreed quality of care. This should support and promote the wellbeing of people who receive care and support and allow for the service provider ability to meet the statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow for retention of staff commensurate with delivering services to the agreed quality and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.” (p48).

The Budget

16. The Council's net budget for the Adult Social Care and Health department in 2023/24 is £259.6m, with a gross budget of £497.1m. The vast majority of this is spent on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements.
17. The department's gross budget allocations for externally provided care and support services for 2023/24 are broken down as follows:

Area of service	Gross Budget
Care Home placements – Ageing Well	£98.6m
Care Home placements – Living Well	£73.4m
Home Care & Extra Care services	£31.2m

Supported Living services	£62.2m
Direct Payments	£52.4m

Care and support services in Nottinghamshire

18. The total number of people funded by the Council in long term residential or nursing care placements was 2,939 as at the end of November 2022. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.
19. The Council commissions a range of care and support services such as Home Care, Supported Living and Day Care services from independent sector providers to help people to remain living independently in their own homes. At the end of January 2022, there were 8,391 people receiving community-based care and support services, based on their eligible needs, across all service user groups. People accessing care and support services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.
20. The Council also commissions a range of carers support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 4,310 carers. Many of these services are delivered through a Direct Payment.

Proposals for fee increases from April 2023

21. Consistent with national legislation the Council uplifts fees in line with the National Living Wage and other statutory changes. In April 2022 the uplift agreed for 2022/23 included the planned increase to National Insurance Contributions of 1.25% for the Adult Social Care Levy.
22. In October 2022 the government announced that the Adult Social Care Levy increase was being reversed from 6 November 2022 for the remainder of this financial year, therefore employers are no longer incurring this additional cost. However, the Council made no consequent adjustment to the fees paid to providers. The proposed fee increases for 2023/24 take account of the fact that providers are no longer incurring this additional cost, and this has been factored into the proposed uplifts for 2023/24.
23. In April 2023 the National Living Wage will increase by 9.7% with the following rates:

	23 and over	21 to 22	18 to 20	Under 18	Apprentice
April 2023 Rates	£10.42	£10.18	£7.49	£5.28	£5.28

24. In anticipation of the cost pressures in social care arising from the increase in National Living Wage adjusted for the removal of the National Insurance levy, a further £16.018m has been allocated to Adult Social Care department's base budget for 2023/24 to be applied to adult social care services commissioned from independent sector providers.

25. In Nottinghamshire the inflationary increases proposed have been calculated by directly applying the percentage increase in National Living Wage to the proportion of the current fee that is directly staff related. As a result, the proposed percentage uplifts by service vary from 6.87% to 10.49% after adjusting for the change in National Insurance contributions with the detail of the percentage increase for each service provided in the follow sections.

Ageing Well Residential and Nursing Care Home Fees

26. The Council has a proactive approach to ensuring that it meets its legal duty in taking account of the cost of care and ensuring a sustainable market across the whole County. It currently has a fee structure that is based on five quality bandings that are determined by an annual quality audit of the homes. The contract includes an inflation-linked fee increase to be applied annually using indices that were agreed as a part of a previous 'Fair Price for Care' exercise. This increase is applied to all banded Ageing Well care home fees.
27. Since 2016 and the introduction of the National Living Wage, in addition to the inflation indices, the annual inflationary increase for Ageing Well Residential and Nursing Care home fees has also included an amount for the increase in the National Living Wage for the forth coming year.
28. In addition, this year it is proposed that quality band 1 is removed. The quality bands were introduced in 2011 and, despite the fees being increased each year, the recent cost of care exercise has demonstrated the band 1 fees are now too low. The proposal would be to have quality bands 2 to 5 only and for the care homes on the current band 1 to be moved to band 2. The expected additional cost of this would be up to £350,000, for long term, new and short-term placements. It is proposed that this is funded through use of the Market Sustainability and Improvement Grant for 2023/24 and 2024/25.
29. Combining the increase relating to the increase in the National Living Wage as per **paragraph 23** with the contractual inflation linked increase for these services it is proposed that a 9.32% increase is applied across all Ageing Well banded care home fees within Nottinghamshire.
30. The table below outlines the proposed weekly fee levels to be applied from April 2023:

Care Home Banding	Proposed Fee 2023/24 Care Home	Proposed Fee 2023/24 Care Home including DQM Payment**	Proposed Fee 2023/24 *Nursing care	Proposed Fee 2023/24 *Nursing care including DQM Payment
Band 2	£640	£706	£717	£773
Band 3	£680	£742	£754	£813
Band 4	£695	£757	£771	£829
Band 5	£716	£779	£794	£848

**For all care homes with nursing, the above fee levels are net of Funded Nursing Care Contribution. The Integrated Care Board (ICB) administer this element of the fee.*

*** DQM – Dementia Quality Mark Payment – those homes which provide high quality care and meet the Council’s Dementia Quality Mark will receive an enhanced payment for those people whose primary care requires complex dementia care.*

Living Well residential and nursing care home rates

31. Fee levels for Living Well residential and nursing care home provision are negotiated and commissioned via the Dynamic Purchasing System with the care home providers on an individual basis based on the specific needs of the service user. In many cases, the fees have previously been determined using the ‘Care Funding Calculator’ which is a widely recognised tool used by many health and social care commissioners, as it enables value for money considerations and provides a useful means of benchmarking the cost of complex care across the region.
32. Since 2016 annual increases have been approved in line with the increase in National Living Wage and other statutory changes, as per **paragraph 23** above.
33. It is proposed that an 8.05% increase is applied to all Living Well in county and out of county care home fees to cover the increase in the National Living Wage, as per **paragraph 23**, except in the following circumstances, where the uplift will be decided on an individual basis:
 - a) packages negotiated in the three months prior to this Cabinet decision. For these packages an uplift will not be automatically applied as the fees will reflect up to date costings. Where this is not the case, providers can contact the Adult Social Care department with the appropriate evidence that an uplift is required in order to meet the National Living Wage requirements.
 - b) packages over £1,900 per week. For these packages an uplift will not be automatically applied as fees should already be covering an enhanced pay level for the staff required to deliver these specialist services. Where this is not the case, providers can contact the Adult Social Care department with the appropriate evidence that an uplift is required in order to meet the National Living Wage requirements.

Home-based care, Housing with Care and Supported Living rates

34. Home-based care, Housing with Care and Supported Living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 - 5 years, and the current Home-based care contract has recently been extended for up to 5 years. Tendering processes provides the Council with the opportunity to test the market through an open and transparent competitive process to seek best value from providers.
35. Since 2018/19, the Council has been working with a ‘Lead providers’ model with each covering a large geographical area based on district council boundaries. ‘Additional providers’ are contracted to supply care to supplement the lead providers. There are also a small number of spot contracts from legacy arrangements that are reducing over time. The Dynamic Purchasing System can be used to procure individual packages of care.

36. The above contracts do not require the Council to apply an annual inflationary increase.
37. Since 2016 annual increases have been approved in line with the increase in National Living Wage and other statutory changes, as per **paragraph 23** above.
38. The additional investment in the rates, approved by Cabinet in July 2022, resulted in improved stability in the market and it is proposed that this is maintained through use of the Market Sustainability and Improvement Grant for 2023/24 at an estimated cost of up to £5m.
39. Applying the increase in National Living wage, as per **paragraph 23** above, it is proposed that a 6.87% increase is applied to 'Lead', 'Additional' 'Supplementary', Spot and DPS contracted Home-based care and Supported Living rates, and 7.66% is applied to Housing with Care rates. All other legacy contract arrangements will be negotiated in line with the new Lead and Additional provider rates.

Day Care Rates

40. The Council has established matrix rates for day services, based on the following categories, reflecting their levels of need.
41. Since 2016, annual increases have been approved in line with the increase in National Living Wage and other statutory changes, as per **paragraph 23** above.
42. Applying the increase in National Living wage as per **paragraph 23** above, it is proposed that a 7.43% increase is applied to all externally commissioned day services. The table below outlines the proposed weekly fee levels to be applied from April 2023:

	2023/24
Complex needs	£43.50 per session
High level needs	£22.44 per session
Medium level needs	£15.89 per session
Low level needs	£10.95 per session
1:1 support	£13.99 per hour
2:1 support	£27.97 per hour

43. There are some spot purchased arrangements which are negotiated on an individual basis.

Shared Lives rates

44. Payments to Shared Lives carers are made at banded rates which are based on the complexity of the needs of the person placed with them. Nottinghamshire has a five banded rate schedule shown in the table below. For long term placements the payment to the carer is made up of three elements. These are room rent, which is usually paid through housing benefit; a personal contribution, which is a payment towards food and bills; and the payment made for care costs by the County Council.
45. Applying the increase in National Living Wage, as per **paragraph 23** above, it is proposed that the current care rates are increased by 6.87% and further recommended that the

contribution to food and bills, that is paid by the service user, is increased to £10.50 per night (£73.50 per week). The proposed increase to the nightly charge is based on the increase of 10.1% to Universal Credit from April 2023. The table below shows the gross payment made up of these elements:

Service User need level	Proposed gross payment to carers per week in 2023/24
Basic	£270.67
Low	£405.21
Medium	£564.04
High	£738.61
Complex	£1,057.57

Direct Payments

46. A Direct Payment is where the service user receives an amount of money directly from the Council for their care costs. They then employ Personal Assistants directly to support them.
47. Since 2016 annual increases to the Personal Assistant rates under a Direct Payment have been approved in line with the increase in National Living Wage and other statutory changes, as per **paragraph 23**.
48. Under a Direct Payment the cost of a Personal Assistant is entirely staffing related so applying the National Living Wage increase, as per **paragraph 23**, it is proposed that a 10.49% increase is applied to Direct Payment Personal Assistant packages
49. The amount of increase applied for Direct Payments provided through home care agencies, or Supported Living providers, may vary depending on the providers' existing hourly rates, so where a home care provider's rate is above the rate of the Lead or Additional provider operating in the same geographical area, the Council will not automatically apply the rate increase. Any increase to be applied will be determined on a case-by-case basis depending on the needs and circumstances of the individual service user, at the point of review.

Sleep-in provision

50. To ensure that the National Living Wage and on costs can be paid for all hours covered by sleep-in provision, it is proposed to increase the rate by 8.59% to £116.29 per night.

Use of the Adult Social Care Market Sustainability and Improvement Grant 2023/24

51. The Care Act 2014, places a general duty on local authorities to oversee the care market, ensuring that services are sustainable and can continue to meet the care and support needs of adults and their carers when a registered care provider becomes unable to carry on a regulated activity because of business failure.

52. It is important to reduce the likelihood of business failure by paying a fair cost of care. The Council's recent investment in the market helped the homecare market, the overall adult social care market remains vulnerable in the County.
53. The cost of care exercise, and resulting benchmarking against all East Midlands Councils, will provide valuable insight into regional issues. This is important to consider as what is emerging or prevalent in one local area could well emerge in another.
54. The Council's intention, subject to funding over the next three years, is to move towards a local Cost of Care that covers costs in line with inflation, that supports local conditions, improves market sustainability, and supports the social care market in Nottinghamshire.
55. The plan is to develop the external market making a clear commitment to ensure that future funding will be used to move toward a cost of care that is deemed to be fair.
56. The Market Sustainability and Improvement Grant (2023/24) is included within the Adult Social Care and Public Health budget for 2023/24. This will be used for the following:
- (a) to maintain the increase in fees for home care and supported living agreed by Cabinet on 14 July 2022 (£5 million)
 - (b) to remove the quality band 1 fees scale for Ageing Well Care Homes as stated at **paragraph 28** above (£350,000)
 - (c) the remainder of the fund will be used according to the grant settlement categories as follows:
 - a. Increasing adult social care capacity;
 - b. reducing waiting times; and
 - c. increasing workforce capacity and retention

and decisions on the amount of the fund used for each category will be made by the appropriate decision maker.

Other Options Considered

57. Other options are not being considered as the Council is following national guidance for the grant and the annual process for the application of annual inflationary increases for care and support services purchased from independent sector social care and support providers.
58. The Council has a legal duty under the Care Act 2014 to ensure a sustainable social care market across the County. The increases in the National Living Wage are also legally binding.

Reason/s for Recommendation/s

59. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty extends to

ensuring that there is a viable and sustainable market of social care providers who can deliver the required services.

60. Consideration has been given to the current fee levels paid to care and support providers within the context of the increasing cost pressures arising from the impact of the National Living Wage. The proposed fee increases should help providers to continue to deliver care and support services at a time when they are facing substantial increases in their costs, most of which relate to staff pay and terms and conditions of employment.
61. At Full Council on 9 February 2023, Members approved the Council's budget which included the allocation of £20.280m to meet provider cost pressures in Adult Social Care arising from the impact of the National Living Wage, and the Fair Price for Care inflation for 2023/24. This has been calculated after mitigating for the reversal of the National Insurance levy which was provided for in last year's uplift. This report now seeks Cabinet approval for the proposed distribution of £20.280m fee increases to independent sector care and support providers across the different adult social care services. In addition, the Council's budget included the Council's share of the Market Sustainability and Improvement grant for 2023/24.

Statutory and Policy Implications

62. 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 (National Health Service) 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.

Consultation and Informal Dialogue with the Select Committee

63. The Fair Cost of Care exercise has involved consultation with providers in the market.
64. Informal dialogue has also been undertaken with the Select Committee. On 7 February, members of the Adult Social Health and Public Health Select Committee received an introductory briefing on the Fair Cost of Care, Market Sustainability Plan, Market Position Statement and the Fee Increases 2023/2024 from the Interim Service Director Strategic Commissioning and Integration.
65. At the briefing, members received a presentation and were provided with information on:
 - How The Market Sustainability and Fair Cost of Care Fund ('the fund') [2022] had set funding parameters for local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to specifically support local authorities to move towards paying providers a fair cost of care and how as a condition of receiving future funding, local authorities were required to evidence the work undertaken to prepare their markets for wider charging reform and thereby increase market sustainability.
 - The Fair Cost of Care, including:

- how Care Analytics, a specialist in financial analysis of care markets and the cost of care, had been commissioned to undertake an independent 'Fair Cost of Care' detailed cost analysis exercise
 - how the Council had engaged with the local and national care forums regarding the cost of care exercise using a range of engagement processes
 - how responses to the consultation were received directly by Care Analytics to address any concerns about business anonymity
 - that Care Analytics had provided the Council with two reports (18+ home care and one 65+ care homes).
- The initial Cost of Care reports that had been submitted to the Department for Health and Social Care.
 - A summary of the key findings from the reports of 18+ home care and one 65+ care homes.
 - The Market Sustainability Plan that was being developed and how the findings of the cost of care exercise had identified high level themes and key lines of enquiry in advance of the plan being shared with the Department for Health and Social Care on 27 March 2023.
 - How a Market Position Statement was required to be produced to ensure that the Council could meet its market shaping duties under the Care Act 2014 and how the document would summarise the supply and demand in Nottinghamshire and signal business opportunities within the care market in Nottinghamshire.
66. Having received and considered the information contained in the presentation, members took the opportunity to ask questions and discuss the issues raised.
67. On 23 February, members of the Adult Social Care and Public Health Select Committee received a second briefing from the Corporate Director, Adult Social Care and Health, and the Interim Service Director, Strategic Commissioning and Integration, on the Cost of Care Reports, Adult Social Care Market Sustainability Plan, Market Position Statement and the Fee Uplifts 2023/2024.
68. At the meeting, members received a presentation and were provided with information on:
- How the cost of care exercises (18+ homecare and 65+ care homes) had been completed and had been submitted to the Department for Health and Social Care and published on the Council's website.
 - That the draft Market Sustainability Plan had now been completed. It was noted that the Plan would signal the Council's assessment of market sustainability and intended direction of travel to local markets and the public.
 - How the draft Market Sustainability Plan:

- showed a high-level profile of the 'hot spots' for 18+ homecare and 65+ care homes
- had used analysis from the cost of care exercise to highlight areas for reconsideration by commissioners who would use this information to re-think delivery in certain areas.
- The Cost of Care exercise.
- How it was good practice for each local area to have a Market Position Statement. This is the Council's message to each Adult Social Care market sector about what the Council was hearing and seeing and how it stated what the Council was doing to support the market.
- How the report to Cabinet was seeking approval for fee uplifts for commissioned adult social care services with effect from 3 April 2023 as follows:
 - the increase in the Ageing Well care home fees in line with the 'Fair Price for Care' agreed inflation calculation and National Living Wage increase
 - the increase in the fees for Living Well residential and nursing care placements
 - the increase in the fees for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision.
- The future of the Adult Social Care Market, noting:
 - the investment in the market in 2022 has helped to stabilise the homecare market
 - that the overall Adult Social Care market was still vulnerable
 - how the report to Cabinet sought approval to use the Market Sustainability and Improvement Grant 2023/24 to continue to stabilise and improve the market position.
- The approvals being sought by Cabinet regarding the Market Sustainability and Improvement Grant 2023-24.

69. Having received and considered the information contained in the presentation, members took the opportunity to ask questions and discuss the issues raised.

70. The outcome of the informal dialogue carried out was that those members of the Adult Social Care and Public Health Select Committee that attended the two meetings were supportive of the proposed recommendations around the Cost of Care reports, the Adult Social Care Sustainability Plan, the Market Position Statement, and the proposed fee uplifts. In addition, members requested that further scrutiny activity takes place through the Adult Social Care and Public Health Select Committee to enable members to scrutinise and examine the impact of the proposals on the social care market in Nottinghamshire.

Financial Implications

71. National funding was made available to support the Fair Cost of Care exercise of £162m for 2022/23. Of this, Nottinghamshire's allocation was £2.31m. The spend report was submitted to the DHSC in October 2022.
72. At least 75% of 'the fund' for 2022/23 must be spent on uplift of care fees. The spend report submitted to the DHSC on 14 October 2022 set out that the Council expected to use £1,929,447 (81%) to partially fund the £1 per hour increase in rates paid to homecare providers from September 2022 as agreed by Cabinet in July 2022, with the remaining 19% being used for implementation activity.
73. £20.280m has been added to the Adult Social Care department's budget for 2023/24 to cover the cost of the annual rate increases arising from the National Living Wage increase adjusted for the reduction in National Insurance contributions and Fair Price for Care inflation for Ageing Well care homes.
74. The ongoing cost pressures arising from the impact of the National Living Wage have been built into the Council's Medium Term Financial Strategy as approved by Full Council in February 2023.
75. The cost of maintaining the £1 per hour fee increase for Homecare and Supported Living providers and removing quality band 1 for Ageing Well Care Homes is expected to cost up to £5.3m and will be funded from the Market Sustainability and Improvement Grant in 2023/24 and the remaining grant funding for 2023/24 will be spent as set out in **paragraph 56**.

Public Sector Equality Duty Implications

76. The Council must have due regard to the Public Sector Equality Duty implications when making a decision. An Equality Impact Assessment has been completed. The outcomes are expected to be broadly positive for those with protected characteristics. By increasing the rates, the likelihood of providers serving notice on those citizens they support is reduced and there are opportunities within the Market Sustainability and Improvement Grant, cited in the report, to continue to support the market, as necessary.

Implications for Residents

77. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. An increase in fees paid by the Council to independent sector care and support providers will help to ensure that there are sufficient and viable services within the local market to meet current and future needs.

RECOMMENDATION/S

That Cabinet:

- 1) notes the final submission of the cost of care reports (**Appendices 1 & 2**) made to the Department for Health and Social Care on 1 February 2023.

- 2) approves the final Market Sustainability Plan (**Appendix 3**) for publication and submission to the Department for Health and Social Care on 27 March 2023.
- 3) approves the refreshed Market Position Statement (2023-25) (**Appendix 4**).
- 4) approves the fee uplifts for commissioned adult social care services with effect from 3 April 2023 and to approve the use of the Market Sustainability and Improvement Grant (2023/24) as outlined in **paragraph 56** above.

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

For any enquiries about this report please contact:

Melanie Williams
Corporate Director, Adult Social Care and Health
T: 0115 8043928
E: melanie.williams@nottsccl.gov.uk

Constitutional Comments (CEH 28/02/23)

78. The report and recommendations can be considered by Cabinet under its terms of reference.

Financial Comments (KAS 01/03/23)

79. The financial implications are contained within **paragraphs 71 to 75** of the report.
80. In accordance with the Market Sustainability and Fair Cost of Care Fund grant conditions for 2022/23 at least 75% of the £2.31m received will be used to partially fund the in-year uplift to homecare and supported living rates from September 2022.
81. £20.280m has been added to the Adult Social Care department's budget for 2023/24 to cover the cost of the annual rate increases arising from the National Living Wage increase adjusted for the reduction in National Insurance contributions and Fair Price for Care inflation for Ageing Well care homes.
82. The Market Sustainability and Improvement Grant for 2023/24 is within the approved Adult Social Care and Public Health department budget for 2023/24. The cost of maintaining the current Homecare and Supported Living rates and applying the annual uplifts to these rates and removing quality band 1 for Ageing Well Care Homes is expected to cost up to £5.3m and will be funded from this grant with the remainder of the grant for 2023/24 spent as per **paragraph 56**.

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.

Published [Market Sustainability and Fair Cost of Care Fund: purpose and conditions 2022 to 2023 - GOV.UK \(www.gov.uk\)](#)

Published [Market sustainability and fair cost of care fund 2022 to 2023: guidance - GOV.UK \(www.gov.uk\)](#)

Published Social Care Reform White Paper:
<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper>

Published [Adult Social Care Reform Impact and Risks Cabinet report dated 14th July 2022](#)

Published [Adult Social Care Market Pressures Cabinet Report dated 14th July 2022](#)

Published Section 5 of the Care Act – shaping the market and support services [Care Act factsheets - GOV.UK \(www.gov.uk\)](#)

Published Care and Support Statutory Guidance (Sec 4.31) [Care and support statutory guidance - GOV.UK \(www.gov.uk\)](#)

Published further background information on [Think Local Act Personal \(TLAP\)](#)

Autumn Statement in Detail - [CBP-9315.pdf \(parliament.uk\)](#)

[Market Sustainability and Fair Cost of Care | Nottinghamshire County Council](#)

[Market Pressure Report July 2022 Nottinghamshire County Council](#)

[Fair Price for Care – Older Persons Care Home Fees – report to Policy Committee on 13th February 2013](#)

[Annual Budget Report 2023-24 - report to Full Council on 9 February 2023](#)

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

A0037

MARKET SUSTAINABILITY AND FAIR COST OF CARE FUND 2022 TO 2023

COST OF CARE REPORT – AGE 65+ CARE HOMES

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SECTION 1: BACKGROUND AND CONTEXT

1. The Market Sustainability and Fair Cost of Care Fund ('the fund') set out funding parameters in support of local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to specifically support local authorities to move towards paying providers a fair cost of care.
2. The fund parameters later changed to defer the implementation of section 18(3) in response to a consultation on statutory guidance to implement the government's flagship funding reforms. This meant the date for full implementation of this section was moved to October 2025 with councils required to work towards this implementation date.
3. As a condition of receiving future funding, local authorities are required to evidence the work undertaken to prepare their markets for wider charging reform and thereby increase market sustainability. This required them to produce:
 - Cost of care exercises for 65+ care homes and 18+ domiciliary care.
 - A provisional market sustainability plan, using the cost of care exercise as a key input to identify risks in the local market, with consideration given to the further commencement of Section 18(3) of the Care Act 2014, which is currently in force only for domiciliary care.
 - A spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose.
4. The remainder of this report sets out the approach adopted in meeting the conditions of the fund and how the cost of care estimates submitted to DHSC were determined.

SECTION 2: INTRODUCTION

5. This report sets out the engagement and work undertaken with a range of care providers in responding to the Department of Health and Social Care (DHSC) Fair Cost of Care (FCoC) Guidance.
6. The report sets out the initial cost of care findings to satisfy the DHSC conditions in supporting the Council to secure important future grant funding based on meeting the specific conditions. These will help support some of the pressures that are being experienced across the local care marketplace but also seeks to present any gaps identified during the process.
7. The Council notes at the time of writing, that the national conditions for the adult social care market remain under significant challenge for the following reasons:

- Persistent capacity gap between demand and workforce supply due to recruitment and retention.
- Provider and staff wellbeing and resilience continue to be impacted by managing Covid and not yet recovered from the continued response.
- High demand from the NHS as the Council moves toward winter.
- The cost of living increases and impact on the workforce, such as fuel, and lower income care workers.
- Unstable and increasing inflation increasing costs.

SECTION 3: APPROACH TO THE EXERCISE

8. The Council, alongside other East Midlands local authorities, commissioned the services of Care Analytics, a specialist in the financial analysis of care markets and the cost of care, to undertake an independent 'Fair Cost of Care' (FCoC) detailed cost analysis exercise.
9. From May 2022, the Council engaged with the local and national care forums regarding the Cost of Care exercise, and the approach and tools Nottinghamshire County Council would use.
10. By connecting with national care forums, this provided insight into how other Councils and care providers have approached the national DHSC Fair Cost of Care Guidance and methodology allowing for a better quality of response.
11. It was essential that the Council was confident that contact was made with the correct people in organisations. Initial work was undertaken, prior to launch, to contact all care providers to ensure information held for each provider was accurate.
15. Several engagement approaches were used with care providers to promote the work and improve quality of responses, including:
 - Individual calls to care providers
 - Online interactive forums
 - In person forums
 - Presentations
 - Coordinated communication over email
12. All providers operating in the care market within the area of the Council were sent a detailed survey designed to capture the necessary operational and contextual detail to draw out the inherent costs of delivering care in the local market.

13. Responses were received directly by Care Analytics, rather than by the Council, to address any concerns regarding anonymity of business data. These returns have been reviewed by Care Analytics, with responses clarified where needed, to produce the resulting data analysis of median and quartile costs required from this exercise.
14. The Council tracked response rates and provided support throughout the period to encourage providers to respond. The Cost of Care Survey formally closed 9 September 2022 and was then sent to Care Analytics.
15. As queries arose, Care Analytics requested additional data from several providers to ensure accuracy of information.
16. The Council deemed the engagement to be well received and collaborative, despite coming at a time of great challenge for the care providers.

SECTION 4: THE SURVEY

17. The survey was designed by Care Analytics. It is an adapted version of the survey they have used to conduct their existing market review service. As Care Analytics' market reviews have a wider scope than the FCoC exercise required by DHSC, the survey includes a wider set of questions. This will enable a thorough analysis of the marketplace to be undertaken after the current FCoC process.
18. The survey asked detailed questions about the care home's facilities and residents. It asked for a detailed breakdown of current staffing, wage rates by role, employment terms and conditions, and use of agency staff. Non-staff operating costs are collected from previous or current financial years at a granular level. Finally, there were a range of free text questions that providers could answer in their own words to inform the market review.
19. To promote engagement, providers were offered the opportunity to submit financial information in whatever format was exported from their finance system or was already available in their accounts. This was collected during the summer of 2022 asking for the 2022/23 financial year data. Where older data was provided, i.e., old year accounts, it was uplifted using Consumer Price Indices to 2022/23 prices at that time. Where the data was for a previous year, many providers took advantage of this opportunity as it saved them considerable time.
20. To support the data submissions received from providers via the survey, two financial years' worth of accounts data were also requested, to help identify outlier costs or exceptional spends in any one particular year.

21. Care Analytics then standardised the data into the required format for analysis including the non-staff costs to fit the necessary structure of the Fair Cost of Care template. This is not an exact science as costs are recorded in diverse ways in finance systems. Wherever possible, the Council has sought not to leave costs as 'other,' as this makes meaningful comparison between homes difficult.
22. Providers were also asked to identify any costs that had, or would, increase for 2022/23 to an extent that would not be reflected using CPI measures of inflation. Many providers took advantage of this by providing details about structural cost increases, notably utilities and insurance. Each provider's costs were updated to reflect any new baseline where data was supplied.
23. Payroll data was collected from a recent payroll period in the 2022/23 financial year to inform employer national insurance and pension contributions as a percentage of wages.
24. Care Analytics noted that utility costs have been far more variable than is usually the case during the period of the cost of care exercise and cautioned the utility analysis could have a significant error margin in relation to this.

SECTION 5: SURVEY RESPONSES

25. Care providers were not obligated to participate in the cost of care exercise and were not required to send any cost information to the Council as part of the process. As such, some care providers decided not to get involved, despite the Council actively encouraging all care providers to engage.
26. There are 155 care homes registered in the county for residents aged 65+ years. Of these, 84 are older adult residential homes and 71 are older adult nursing homes though some nursing homes are known to operate as residential only homes.
- 59 care homes submitted a survey
 - 52 older adult care homes in Nottinghamshire submitted a usable survey (34%)
 - 25 (32%) older adult nursing homes
 - 27 (32%) older adult residential care homes
 - The Council has been able to use 52 of the 59 care home surveys as useable returns
 - 7 returns could not be used but will influence future commissioning plans.
 - Only 23 (92%) of the nursing homes in the survey sample had nursing residents. The other two homes' feedback has only been used for residential analysis.

- 12 (52%) of the remaining 23 older adult nursing homes reported a substantial number of residential residents and so have been used for both the residential and nursing analysis. Where nursing homes reported only a handful of residential residents without nursing, all residents were classified as nursing.

27. The sample of care homes with usable surveys were considered well balanced in terms of:

- Residential and nursing status
- Proportionate mix of small providers and larger groups
- Spread of occupancy reflective of the wider market
- A mix of homes based on the age of the care home.

28. It is likely the sample is at least broadly representative of the wider market.

29. It should be emphasised that Nottinghamshire has care homes operating with varying operational business models meaning direct comparisons are not easily like-for-like.

SECTION 6: RETURN ON CAPITAL AND RETURN ON OPERATIONS

30. DHSC has provided some guidance to support the calculation of a return on capital and a return on operations. There is a large amount of discretion around the underlying calculation of both elements and expectations of a level of return will differ across provider business structures. The level of return needs to address both the layers of risk and desired profit. The Council has set out below its proposed approach for both elements.

Section 6.1: Return on Capital

31. The Council has provisionally used the 'Potential Approach 1' as set out in the DHSC guidance whereby the return on capital value has been calculated using the median freehold value per bed (note: separate valuations have been obtained from this exercise for 65+ residential care and 65+ residential care with nursing care homes).

32. The Council has additionally included a provision in the calculation to reflect an estimate for the value of the equipment and furniture in a care home, the equivalent of depreciation. A return on capital has then been calculated using a rate of return on capital of 6.0%. It should be noted that there was a large range of asset values within the survey responses that may not be reflective of the homes that the Council are commissioning from. Some of the values did not correlate with the recent sale and purchase data being reviewed by Care Analytics. The cost difference of applying 6% to the asset values between the 25th and 75th percentile amounts to a difference of £40-50 per bed per week. This difference is significant. Further

work needs to be undertaken to understand whether the median values in the Care Analytics report are reflective of what the Council is commissioning.

33. The above method is a similar approach to that used within the existing fees model. The alternative DHSC suggested method 'Potential Approach 2' using the Local Housing Allowance for Nottinghamshire would potentially generate a lower return.

Section 6.2: Return on Operations

34. Return on operations is a mark-up on operating costs. To maintain a working market, providers need a reasonable rate of return on operations. The public sector should not be rewarding care home operators with excess profits, but equally it is recognised that providers need to make a return to remain in the market and maintain provision.
35. The Council has provisionally input 5% for a return on operations. It believes this is a fair minimum plausible mark-up, noting that different operating models can produce very different needs for a rate of operating return. The figure should be seen as a guide rather than representing a robust assessment.

SECTION 7: SURVEY ANALYSIS BY TYPE

Residential services - derived from usable surveys

Cost of care exercise results - all cells should be £ per resident per week, MEDIANS.	
Total Care Home Staffing	
Nursing Staff	
Care Staff	
Therapy Staff (Occupational & Physio)	
Activity Coordinators	
Service Management (Registered Manager/Deputy)	
Reception & Admin staff at the home	
Chefs / Cooks	
Domestic staff (cleaning, laundry & kitchen)	
Maintenance & Gardening	
Other care home staffing (please specify)	
Total Care Home Premises	
Fixtures & fittings	
Repairs and maintenance	
Furniture, furnishings and equipment	
Other care home premises costs (please specify)	
Total Care Home Supplies and Services	
Food supplies	
Domestic and cleaning supplies	
Medical supplies (excluding PPE)	
PPE	
Office supplies (home specific)	
Insurance (all risks)	
Registration fees	
Telephone & internet	
Council tax / rates	
Electricity, Gas & Water	
Trade and clinical waste	
Transport & Activities	
Other care home supplies and services costs (please specify)	
Total Head Office	
Central / Regional Management	
Support Services (finance / HR / legal / marketing etc.)	
Recruitment, Training & Vetting (incl. DBS checks)	
Other head office costs (please specify)	
Total Return on Operations	
Total Return on Capital	
TOTAL	

	1st quartile	Median	3rd quartile
Count of answers	All residential placements (excluding nurses)	All residential placements (excluding nurses)	All residential placements (excluding nurses)
41	£386.02	£447.69	£490.40
41	£264.83	£295.70	£331.72
34	£8.82	£11.80	£15.25
41	£29.04	£37.92	£49.12
32	£10.01	£11.57	£16.64
39	£14.84	£20.57	£30.51
41	£49.49	£52.53	£59.35
39	£7.89	£10.05	£15.01
41	£22.03	£29.60	£44.35
14	£7.95	£17.75	£22.40
41	£16.88	£21.31	£29.17
34	£0.34	£3.49	£8.25
41	£95.06	£113.95	£129.99
41	£29.18	£32.22	£37.89
39	£7.00	£8.93	£14.60
33	£1.13	£2.51	£4.72
14	£1.01	£2.43	£5.27
35	£1.95	£4.64	£6.61
41	£3.76	£5.32	£6.95
40	£3.24	£3.53	£4.46
40	£0.94	£1.73	£2.13
35	£0.67	£1.08	£1.50
41	£27.28	£34.65	£43.28
36	£3.74	£5.04	£6.32
40	£0.59	£2.14	£4.69
35	£2.80	£4.90	£10.79
41	£35.39	£55.71	£76.04
17	£20.40	£30.36	£49.71
38	£2.32	£9.44	£22.35
37	£0.84	£2.45	£3.70
17	£13.68	£68.39	£81.78
	£26.92	£32.35	£37.04
	£81.15	£102.19	£131.79
	£646.57	£781.48	£909.61

Supporting information on important cost drivers used in the calculations:	
Number of location level survey responses received	
Number of locations eligible to fill in the survey (excluding those found to be ineligible)	
Number of residents covered by the responses	
Number of carer hours per resident per week	
Number of nursing hours per resident per week	
Average carer basic pay per hour	
Average nurse basic pay per hour	
Average occupancy as a percentage of active beds	
Freehold valuation per bed	

Count of answers	All residential placements (excluding nurses)	All residential placements (excluding nurses)	All residential placements (excluding nurses)
41	41	41	41
84	84	84	84
1,489	1489	1489	1489
41	21.1	24.6	26.2
41	£9.93	£10.08	£10.39
41	81.8%	89.5%	93.9%
24	£55,327	£73,566	£99,215

Nursing services - derived from usable surveys

		1st quartile	Median	3rd quartile
	Count of answers	All nursing placements	All nursing placements	All nursing placements
Cost of care exercise results - all cells should be £ per resident per week, MEDIANS.				
Total Care Home Staffing	23	£596.29	£656.85	£764.79
Nursing Staff	23	£140.94	£187.44	£225.78
Care Staff	23	£271.36	£297.67	£348.09
Therapy Staff (Occupational & Physio)				
Activity Coordinators	20	£9.12	£10.87	£12.97
Service Management (Registered Manager/Deputy)	23	£32.83	£40.25	£53.78
Reception & Admin staff at the home	21	£12.51	£16.95	£19.63
Chefs / Cooks	22	£16.83	£23.83	£32.95
Domestic staff (cleaning, laundry & kitchen)	23	£51.77	£59.15	£76.70
Maintenance & Gardening	22	£10.03	£13.59	£15.53
Other care home staffing (please specify)				
Total Care Home Premises	23	£24.29	£32.91	£41.59
Fixtures & fittings	8	£3.69	£6.07	£13.05
Repairs and maintenance	23	£17.15	£22.77	£31.93
Furniture, furnishings and equipment	18	£0.91	£1.93	£10.67
Other care home premises costs (please specify)				
Total Care Home Supplies and Services	23	£102.41	£125.02	£157.82
Food supplies	23	£29.46	£33.78	£44.71
Domestic and cleaning supplies	21	£5.21	£10.66	£13.61
Medical supplies (excluding PPE)	23	£1.78	£4.74	£17.43
PPE	14	£2.17	£3.48	£7.02
Office supplies (home specific)	18	£4.54	£5.23	£9.07
Insurance (all risks)	23	£4.00	£5.45	£8.21
Registration fees	23	£3.19	£3.56	£4.24
Telephone & internet	23	£1.05	£1.66	£2.29
Council tax / rates	23	£0.85	£1.39	£1.61
Electricity, Gas & Water	23	£26.33	£31.56	£43.82
Trade and clinical waste	23	£5.04	£6.59	£7.73
Transport & Activities	23	£1.78	£3.50	£4.86
Other care home supplies and services costs (please specify)	18	£4.95	£7.92	£13.01
Total Head Office	23	£20.34	£46.92	£62.12
Central / Regional Management	9	£11.00	£23.70	£30.35
Support Services (finance / HR / legal / marketing etc.)	23	£2.06	£13.56	£26.58
Recruitment, Training & Vetting (incl. DBS checks)	22	£1.50	£3.39	£6.42
Other head office costs (please specify)	6	£8.42	£32.49	£55.35
Total Return on Operations		£37.17	£43.09	£51.32
Total Return on Capital		£81.66	£109.74	£126.68
TOTAL		£862.16	£1,014.53	£1,204.32
Supporting information on important cost drivers used in the calculations:				
Number of location level survey responses received	23	23	23	23
Number of locations eligible to fill in the survey (excluding those found to be ineligible)	71	71	71	71
Number of residents covered by the responses	23	674	674	674
Number of carer hours per resident per week	23	23.1	25.4	27.3
Number of nursing hours per resident per week		6.3	7.6	8.9
Average carer basic pay per hour	23	£9.86	£10.08	£10.65
Average nurse basic pay per hour		£18.59	£19.14	£19.83
Average occupancy as a percentage of active beds	23	72.4%	89.3%	94.5%
Freehold valuation per bed	10	£55,768	£80,104	£94,792

Residential and Nursing Median - derived from usable surveys

	65+ care home places without nursing	65+ care home places without nursing, enhanced needs	65+ care home places with nursing	65+ care home places with nursing, enhanced needs
Cost of care exercise results - all cells should be £ per resident per week, MEDIANS.				
Total Care Home Staffing	£423.69	£471.68	£633.42	£680.28
Nursing Staff			£187.44	£187.44
Care Staff	£271.70	£319.69	£274.24	£321.10
Therapy Staff (Occupational & Physio)				
Activity Coordinators	£11.80	£11.80	£10.87	£10.87
Service Management (Registered Manager/Deputy)	£37.92	£37.92	£40.25	£40.25
Reception & Admin staff at the home	£11.57	£11.57	£16.95	£16.95
Chefs / Cooks	£20.57	£20.57	£23.83	£23.83
Domestic staff (cleaning, laundry & kitchen)	£52.53	£52.53	£59.15	£59.15
Maintenance & Gardening	£10.05	£10.05	£13.59	£13.59
Other care home staffing (please specify)				
Total Care Home Premises	£29.60	£29.60	£32.91	£32.91
Fixtures & fittings	£17.75	£17.75	£6.07	£6.07
Repairs and maintenance	£21.31	£21.31	£22.77	£22.77
Furniture, furnishings and equipment	£3.49	£3.49	£1.93	£1.93
Other care home premises costs (please specify)				
Total Care Home Supplies and Services	£113.95	£113.95	£125.02	£125.02
Food supplies	£32.22	£32.22	£33.78	£33.78
Domestic and cleaning supplies	£8.93	£8.93	£10.66	£10.66
Medical supplies (excluding PPE)	£2.51	£2.51	£4.74	£4.74
PPE	£2.43	£2.43	£3.48	£3.48
Office supplies (home specific)	£4.64	£4.64	£5.23	£5.23
Insurance (all risks)	£5.32	£5.32	£5.45	£5.45
Registration fees	£3.53	£3.53	£3.56	£3.56
Telephone & internet	£1.73	£1.73	£1.66	£1.66
Council tax / rates	£1.08	£1.08	£1.39	£1.39
Electricity, Gas & Water	£34.65	£34.65	£31.56	£31.56
Trade and clinical waste	£5.04	£5.04	£6.59	£6.59
Transport & Activities	£2.14	£2.14	£3.50	£3.50
Other care home supplies and services costs (please specify)	£4.90	£4.90	£7.92	£7.92
Total Head Office	£55.71	£55.71	£46.92	£46.92
Central / Regional Management	£30.36	£30.36	£23.70	£23.70
Support Services (finance / HR / legal / marketing etc.)	£9.44	£9.44	£13.56	£13.56
Recruitment, Training & Vetting (incl. DBS checks)	£2.45	£2.45	£3.39	£3.39
Other head office costs (please specify)	£68.39	£68.39	£32.49	£32.49
Total Return on Operations	£31.15	£33.55	£41.91	£44.26
Total Return on Capital	£102.19	£102.19	£109.74	£109.74
TOTAL	£756.28	£806.68	£989.92	£1,039.13

	65+ care home places without nursing	65+ care home places without nursing, enhanced needs	65+ care home places with nursing	65+ care home places with nursing, enhanced needs
Supporting information on important cost drivers used in the calculations:				
Number of location level survey responses received	41	41	23	23
Number of locations eligible to fill in the survey (excluding those found to be ineligible)	84	84	71	71
Number of residents covered by the responses	1489	1489	674	674
Number of carer hours per resident per week	22.6	26.6	23.4	27.4
Number of nursing hours per resident per week			7.6	7.6
Average carer basic pay per hour	£10.08	£10.08	£10.08	£10.08
Average nurse basic pay per hour			£19.14	£19.14
Average occupancy as a percentage of active beds	89.5%	89.5%	89.3%	89.3%
Freehold valuation per bed	£73,566	£73,566	£80,104	£80,104

SECTION 8: INTERPRETATION OF ANNEX A RESULTS

36. Whilst it is fair to say that the median is less skewed by high outlier values as opposed to mathematical averages, the median values themselves can be skewed if the dataset does not comprise an appropriate and representative sample of the existing make-up of care providers in the local market. Although Nottinghamshire's survey response resulted in a reasonably good sample size for care homes, work is still being undertaken on whether this was representative of the care home market.
37. It is difficult to draw sound conclusions from incomplete or inaccurate data. Some providers did not respond to queries raised leaving their information incomplete.
38. In some instances, providers submitted data that was unable to be substantiated through queries or financial analysis.

SECTION 9: NEXT STEPS

39. The Council will use this data to influence the market sustainability plan and future fee strategy which will be published in March 2023. In addition to the survey responses, the following will also be considered when determining the fee uplift:
- National Living Wage and statutory changes
 - National Inflation
 - Care Analytics wider market analysis has not yet concluded
 - Grant funding available
 - Occupancy rates
 - Asset valuation
 - The market position where nursing beds are occupied by residential placements and the impact this has on the residential cost analysis
 - Likely market capacity required to meet adult social care demand locally in line with our strategy
 - Factoring in Funded Nursing Care (FNC) payments on top of our rates for nursing homes
40. The Fair Cost of Care exercise was undertaken at a significantly challenged and volatile point in time with unprecedented levels of cost changes in a number of areas that significantly impact on the care market. The Council needs to determine which areas are likely to become permanently changed.

SECTION 10: NOTTINGHAMSHIRE'S CARE MARKET

41. Now, and in the coming years, Nottinghamshire County Council will be required to meet the care and support needs of an ever-increasing proportion of the elderly population. Resident expectations, and those of their families and unpaid carers, will rightly require innovation and modernisation of services through maximising the use of public funding to provide a variety of options to meet an increasingly diverse range of need.
42. The draft Market Sustainability Strategy (2023 to 2026) will be developed to strengthen a care and support marketplace that helps us to deliver the ambition underpinned by the [Council Plan](#) to be *Healthy, Prosperous, Green*, and the [Health and Wellbeing Strategy 2022-2026](#) focused on *wellness and the benefits of longer term integration with health....on the communities we all support*.
43. The care sector provides valuable care that has a significant role in supporting prevention, delaying the escalation of needs and in empowering people to live more independently. The initial findings of this exercise are the start of a journey to collaborate with local care partners and better understand how services can be shaped and improved to support A Life, Lived Well for all. In this ambition work has commenced in engaging, consulting, and coproducing, what the future could look like through Better Together and Your Voice.

[Better together | Nottinghamshire County Council](#)

[Co-production: working together | Nottinghamshire County Council](#)

APPENDIX A: The questionnaire template



Care Analytics care
home commissioning

The Council want to thank care providers that took part in the local cost of care exercise, and we look forward to furthering our engagement.

MARKET SUSTAINABILITY AND FAIR COST OF CARE FUND 2022 TO 2023

COST OF CARE REPORT – DOMICILIARY CARE

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SECTION 1: BACKGROUND AND CONTEXT

1. The Market Sustainability and Fair Cost of Care Fund ('the fund') set out funding parameters in support of local authorities to prepare their markets for reform, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to specifically support local authorities to move towards paying providers a fair cost of care.
2. The fund parameters later changed to defer the implementation of section 18(3) in response to a consultation on statutory guidance to implement the government's flagship funding reforms. This meant the date for full implementation of this section was delayed to October 2025 with councils required to work towards this implementation date.
3. As a condition of receiving future funding, local authorities are required to evidence the work undertaken to prepare their markets for wider charging reform and thereby increase market sustainability. This required them to produce:
 - Cost of care exercises for 65+ care homes and 18+ domiciliary care.
 - A provisional market sustainability plan, using the cost of care exercise as a key input to identify risks in the local market, with consideration given to the further commencement of Section 18(3) of the Care Act 2014, which is currently in force only for domiciliary care.
 - A spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund's purpose.
4. The remainder of this report sets out the approach adopted in meeting the conditions of the fund and how the cost of care estimates submitted to DHSC were determined.

SECTION 2: INTRODUCTION

5. This report sets out the engagement and work undertaken with a range of care providers in responding to the Department of Health and Social Care (DHSC) Fair Cost of Care (FCoC) Guidance.
6. The report sets out the initial cost of care findings to satisfy the DHSC conditions in supporting the Council to secure important future grant funding based on meeting the specific conditions. These will help support some of the pressures that are being experienced across the local care marketplace but also seeks to present any gaps identified during the process.
7. The Council notes at the time of writing, that the national conditions for the adult social care market remain under significant challenge for the following reasons:

- Persistent capacity gap between demand and workforce supply due to recruitment and retention.
- Provider and staff wellbeing and resilience continue to be impacted by managing Covid and not yet recovered from the continued response.
- High demand from the NHS as the Council moves toward winter.
- The cost of living increases and impact on the workforce, such as fuel, and lower income care workers.
- Unstable and increasing inflation increasing costs.

SECTION 3: APPROACH TO THE EXERCISE

8. The Council, alongside other East Midlands local authorities, commissioned the services of Care Analytics, a specialist in the financial analysis of care markets and the cost of care, to undertake an independent 'Fair Cost of Care' (FCoC) detailed cost analysis exercise.
9. From May 2022, the Council engaged with the local and national care forums regarding the Cost of Care exercise, and the approach and tools Nottinghamshire County Council would use.
10. By connecting with national care forums, this provided insight into how other Councils and care providers have approached the national DHSC Fair Cost of Care Guidance and methodology allowing for a better quality of response.
11. It was essential that the Council was confident that contact was made with the correct people in organisations. Initial work was undertaken, prior to launch, to contact all care providers to ensure information held for each provider was accurate.
15. Several engagement approaches were used with care providers to promote the work and improve quality of responses, including:
 - Individual calls to care providers
 - Online interactive forums
 - In person forums
 - Presentations
 - Coordinated communication over email
12. All providers operating in the care market within the area of the Council were sent a detailed survey designed to capture the necessary operational and contextual detail to draw out the inherent costs of delivering care in the local market.

13. Responses were received directly by Care Analytics, rather than by the Council, to address any concerns regarding anonymity of business data. These returns have been reviewed by Care Analytics, with responses clarified where needed, to produce the resulting data analysis of median and quartile costs required from this exercise.
14. The Council tracked response rates and provided support throughout the period to encourage providers to respond. The Cost of Care Survey formally closed 9 September 2022 and was then sent to Care Analytics.
15. As queries arose, Care Analytics requested additional data from several providers to ensure accuracy of information.
16. The Council deemed the engagement to be well received and collaborative, despite coming at a time of great challenge for the care providers.

SECTION 4: HOMECARE PRINCIPLES, CROSS-SUBSIDIES AND RURAL HOMECARE DELIVERY

17. Most councils pay for standard homecare using hourly rates. However, from a service delivery perspective, the fundamental unit of homecare is the visit.
18. Care Analytics considered the responses in line with several key principles for homecare commissioning:
 - a) Pricing, the operating model (or commercial model), and zone boundaries all overlap to such an extent that they should not be considered in isolation. Decisions should be made as a whole system
 - b) Incentive structures within the overall system usually matter more than formal rules.
 - c) Commissioners should have realistic and clear expectations about providers 'cherry picking' which clients they support, insisting that providers meet all their contractual requirements can only go so far if the delivery of care in certain areas is unsustainable
 - d) As far as possible, zones should align to 'natural' operating areas of key providers. This should consider where care workers come from as well as where clients live
 - e) The overall system should also be designed around geographic and demographic constraints
 - f) As far as possible, extreme visit 'cross-subsidies' should be minimised (where certain types of visit are profitable for a provider and others are loss making)
19. Providers often incur materially different costs for different types of visit:
 - a) Visits of different length: average travel time and mileage are the same per visit, so shorter visits cost proportionately more per chargeable hour

- b) Visits in different locations: there can be large differences in travel-related costs between the extremes of dense urban areas compared to isolated rural areas. There are also a range of other additional costs and complexities associated with rural delivery compared to urban homecare, such as greater coordination issues and challenges managing ad hoc situations (such as temporarily replacing a care worker)
 - c) Visits at different times of the day or days of the week: this can include obvious examples, such as higher pay for care workers at the weekend or in the evenings, or less obvious examples such as using different mixes of part-time and full-time staff at different times of day.
20. Even if providers pay their care workers in such a way that they do not incur materially different costs for different types of visit, there will still be implications for the effective hourly rate of pay for care workers and other working conditions.
21. In Care Analytics experience, it is common for councils to ignore the cost implications of different visit lengths and to inadequately reflect cost differences across the urban-rural continuum.
22. Pricing structures also serve as a signal for operational staff in the council to commission care, which can lead to inefficiencies from a system perspective. For example, if 2 x 15 minute visits cost the same to the council as 1 x 30 minute visit, then there is a misalignment between how the council and providers incur costs.
23. Given the complexity of homecare, a degree of visit cross-subsidisation is inevitable. However, the greater the mismatch between how providers incur costs and how they generate income, the greater the likelihood that problems in the system will emerge.
24. In Care analytics experience, it is rare for councils to adequately reflect the challenges of delivering rural homecare in the prices they pay. Even where the council pays higher prices for rural compared to urban delivery, it is often only sufficient to reflect the costs when rural homecare is 'perfect'. At least to some extent, it is unavoidable that if higher prices are paid to more accurately reflect the complexities of rural delivery (to try to promote supply), this will often overpay compared to costs incurred by providers when clients fit seamlessly into existing rounds. The whole system implications of paying higher prices must also be considered as large homecare packages in isolated rural areas will be very expensive at higher hourly rates.

SECTION 5: THE SURVEY

25. The survey was designed by Care Analytics. It is an adapted version of the survey they have used to conduct their existing market review service. As Care Analytics' market reviews have

a wider scope than the FCoC exercise required by DHSC, the survey includes a wider set of questions. This will enable a thorough analysis of the marketplace to be undertaken after the current FCoC process.

26. The survey used a dataset that is a client-level financial report that includes data fields to enable both a trend analysis and extensive snapshot analysis, as of the start of the 2022-23 financial year. The report does not contain either hours of support or visits, due to the way the information is recorded on the care system. This limits the scope of analysis.
27. Current council soft intelligence was also considered, including key history and trajectory from both discussions and various reports as well as semi-structured interviews with council staff.
28. Information was considered from public domain data such as provider websites, other online information, CQC inspection reports, wages and terms and conditions from job advertisements, statutory accounts of providers operating in the area and various public data sets, such as the CQC care directory, inflation indices, postcode and geospatial data, and various statutory returns completed by councils and published by the DHSC.
29. Payroll data was collected from a recent payroll period in the 2022/23 financial year to inform employer national insurance and pension contributions as a percentage of wages.
30. Care Analytics noted that utility costs have been far more variable than is usually the case during the period of the cost of care exercise.

SECTION 6: SURVEY RESPONSES

31. Care providers were not obligated to participate in the cost of care exercise and were not required to send any cost information to the Council as part of the process. As such, some providers decided not to get involved, despite the Council actively encouraging all care providers to engage.
32. Surveys were considered where they related to standard homecare. Standard homecare refers to homecare delivered in people's homes and paid for in units of time. It excludes non-standard homecare such as sleep-in support, waking night support and live-in care.
 - a) 130 surveys were sent out (42 contracted and 78 non-contracted)
 - b) 21 surveys were returned but 1 was out of scope
 - c) 12 usable surveys (9%) out of 130
 - d) These surveys accounted for 14,800 contracted hours per week
 - e) At that point in time, the Council commissioned 20,000 hour per week from the market. The surveys represented 74% of the total hours commissioned by the Council

33. Queries were sent to every provider, even though not all providers responded, to try to ensure the data was as robust as possible.
34. 7 surveys were excluded on the grounds of data quality, mostly owing to:
- a) Gaps from unanswered questions or
 - b) Inconceivably high unit costs not supported by other evidence and not validated via the query process.
35. A further survey was received too late after the deadline.

SECTION 7: RETURN ON OPERATIONS

36. In data provided for the Cost of Care exercise, return on operations was initially set at 5% however the Council's current modelling allows for 3% return. As our payment mechanisms are generous, this can be considered an additional 10% return, resulting in more of a 13% return on operations.
37. Care Analytics stated that a surplus below 5% can only be considered sustainable where the assumed costs have considerable slack. By contrast, a 10% assumption may be reasonable (or even necessary) where the operating costs are assumed to be extremely efficient.
38. Based on the surveys received from all the areas where Care Analytics is working during 2022-23, providers stated sustainable operating profit levels ranged from circa 3% (usually with a caveat about the need for large volumes) to upwards of 30%. This range is largely reflected in the surveys for providers operating in Nottinghamshire.
39. Many of the highest stated sustainable profit levels were from independent providers where the owners time working for the business is not fully reflected as a cost (though Care Analytics have added modest notional costs in many such instances for both commensurability with other businesses and to ensure 'costs' are not unduly understated). It can be difficult to interpret some provider's expected or desired 'profit' in the more common use of the term.
40. Profit levels in company accounts across the exercises range from small losses to high profits (upwards of 20%), though again this can be distorted by unpaid owner input (paying themselves via dividends).
41. For information the rates would vary as follows with either 3% or 5% return on operations:

	1st quartile	Median	3rd quartile

Total with a 3% return on operations	£19.26	£20.52	£22.66
Total with a 5% return on operations	£19.63	£20.91	£23.10

	15 minutes	30 minutes	45 minutes	60 minutes
Total with a 3% return on operations	£24.40	£20.99	£19.85	£19.28
Total with a 5% return on operations	£24.88	£21.39	£20.23	£19.65

SECTION 8: SURVEY ANALYSIS

Section 8.1: Initial findings for upper and lower quartile - derived from usable surveys

Cost of care exercise results - all cells should be £ per contact hour, MEDIANS.	Response rates by question	1st quartile	Median	3rd quartile
Total Careworker Costs	12	£14.58	£15.01	£15.48
Direct care	12	£9.63	£9.70	£9.82
Travel time	12	£1.18	£1.73	£2.10
Mileage	12	£0.36	£0.40	£0.69
PPE	10	£0.01	£0.04	£0.08
Training (staff time)	12	£0.20	£0.20	£0.21
Holiday	12	£1.36	£1.42	£1.43
Additional noncontact pay costs	1	£0.28	£0.28	£0.28
Sickness/maternity and paternity pay	12	£0.11	£0.12	£0.12
Notice/suspension pay	12	£0.03	£0.03	£0.03
NI (direct care hours)	12	£0.76	£0.90	£0.99
Pension (direct care hours)	12	£0.21	£0.22	£0.27
Total Business Costs	12	£4.11	£4.91	£6.52
Back office staff	12	£1.92	£2.37	£3.56
Travel costs (parking/vehicle lease et cetera)	8	£0.02	£0.04	£0.19
Rent/rates/utilities	12	£0.30	£0.40	£0.44
Recruitment/DBS	12	£0.03	£0.04	£0.11
Training (third party)	9	£0.07	£0.08	£0.14
IT (hardware, software CRM, ECM)	11	£0.22	£0.30	£0.36
Telephony	12	£0.08	£0.12	£0.17
Stationery/postage	12	£0.05	£0.07	£0.08
Insurance	12	£0.08	£0.10	£0.12
Legal/finance/professional fees	10	£0.07	£0.14	£0.24
Marketing	10	£0.05	£0.15	£0.18
Audit and compliance	4	£0.13	£0.14	£0.14
Uniforms and other consumables	10	£0.03	£0.04	£0.15
Assistive technology	3	£0.01	£0.02	£0.04
Central/head office recharges	8	£0.54	£0.60	£0.97
Other overheads	12	£0.08	£0.27	£0.35
CQC fees	12	£0.09	£0.09	£0.10
Total Return on Operations		£0.93	£1.00	£1.10
TOTAL		£19.63	£20.91	£23.10
Supporting information on important cost drivers used in the calculations:	Response rates by question	1st quartile	Median	3rd quartile
Number of location level survey responses received	12	12	12	12
Number of locations eligible to fill in the survey (excluding those found to be ineligible)		22	22	22
Carer basic pay per hour	12	£9.50	£9.57	£9.77
Minutes of travel per contact hour	12	7.1	10.7	13.1
Mileage payment per mile	12	£0.25	£0.25	£0.30
Total direct care hours per annum	12	36,306	54,565	81,204

Section 8.2: Costs split by visit length- derived from usable surveys

Cost of care exercise results - all cells should be £ per contact hour, MEDIANS.		15 minutes	30 minutes	45 minutes	60 minutes
Total Careworker Costs		£18.79	£15.47	£14.36	£13.81
Direct care		£9.70	£9.70	£9.70	£9.70
Travel time		£3.98	£1.99	£1.33	£1.00
Mileage		£0.92	£0.46	£0.31	£0.23
PPE		£0.08	£0.04	£0.03	£0.02
Training (staff time)		£0.24	£0.21	£0.19	£0.19
Holiday		£1.69	£1.45	£1.37	£1.32
Additional noncontact pay costs		£0.65	£0.33	£0.22	£0.16
Sickness/maternity and paternity pay		£0.14	£0.12	£0.11	£0.11
Notice/suspension pay		£0.04	£0.03	£0.03	£0.03
NI (direct care hours)		£1.08	£0.92	£0.87	£0.84
Pension (direct care hours)		£0.26	£0.23	£0.21	£0.21
Total Business Costs		£4.91	£4.91	£4.91	£4.91
Back office staff		£2.37	£2.37	£2.37	£2.37
Travel costs (parking/vehicle lease et cetera)		£0.04	£0.04	£0.04	£0.04
Rent/rates/utilities		£0.40	£0.40	£0.40	£0.40
Recruitment/DBS		£0.04	£0.04	£0.04	£0.04
Training (third party)		£0.08	£0.08	£0.08	£0.08
IT (hardware, software CRM, ECM)		£0.30	£0.30	£0.30	£0.30
Telephony		£0.12	£0.12	£0.12	£0.12
Stationery/postage		£0.07	£0.07	£0.07	£0.07
Insurance		£0.10	£0.10	£0.10	£0.10
Legal/finance/professional fees		£0.14	£0.14	£0.14	£0.14
Marketing		£0.15	£0.15	£0.15	£0.15
Audit and compliance		£0.14	£0.14	£0.14	£0.14
Uniforms and other consumables		£0.04	£0.04	£0.04	£0.04
Assistive technology		£0.02	£0.02	£0.02	£0.02
Central/head office recharges		£0.60	£0.60	£0.60	£0.60
Other overheads		£0.27	£0.27	£0.27	£0.27
CQC fees		£0.09	£0.09	£0.09	£0.09
Total Return on Operations		£1.18	£1.02	£0.96	£0.94
TOTAL		£24.88	£21.39	£20.23	£19.65

Section 8.3: Initial findings, median costs per hour - derived from usable surveys

Cost of care exercise results - all cells should be £ per contact hour, MEDIANS.	18+ domiciliary care
Total Careworker Costs	£15.01
Direct care	£9.70
Travel time	£1.73
Mileage	£0.40
PPE	£0.04
Training (staff time)	£0.20
Holiday	£1.42
Additional noncontact pay costs	£0.28
Sickness/maternity and paternity pay	£0.12
Notice/suspension pay	£0.03
NI (direct care hours)	£0.90
Pension (direct care hours)	£0.22
Total Business Costs	£4.91
Back office staff	£2.37
Travel costs (parking/vehicle lease et cetera)	£0.04
Rent/rates/utilities	£0.40
Recruitment/DBS	£0.04
Training (third party)	£0.08
IT (hardware, software CRM, ECM)	£0.30
Telephony	£0.12
Stationery/postage	£0.07
Insurance	£0.10
Legal/finance/professional fees	£0.14
Marketing	£0.15
Audit and compliance	£0.14
Uniforms and other consumables	£0.04
Assistive technology	£0.02
Central/head office recharges	£0.60
Other overheads	£0.27
CQC fees	£0.09
Total Return on Operations	£1.00
TOTAL	£20.91
Supporting information on important cost drivers used in the calculations:	18+ domiciliary care
Number of location level survey responses received	12.00
Number of locations eligible to fill in the survey (excluding the	22.00
Carer basic pay per hour	9.57
Minutes of travel per contact hour	10.68
Mileage payment per mile	0.25
Total direct care hours per annum	54,565

Section 8.4: Number of appointments per week by visit length

The information below is taken from the Council's Electronic Call Monitoring (ECM) data for week commencing 28 March 2022.

	15 mins	30 mins	45 mins	60 mins	>60 mins	Total	
First quartile	0.0	36.0	12.0	2.0	0.0	74.8	
Median	9.0	178.0	67.0	17.0	1.0	383.5	
Third quartile	60.0	338.0	126.0	55.0	6.0	550.0	

SECTION 9: INTERPRETATION OF RESULTS

42. Care is recorded by package and not by hour meaning analysis and benchmarking is challenging. It has been possible to derive the number of hours for open care packages at the end of March 2022 by dividing the total cost of the care package by the hourly rate charged by the respective providers in the relevant 'Lot' and/or for the relevant contract type. This has a significant error margin, as (i) hourly rates are recorded in the system for many of the DPS and spot providers (so a £20.00 rate has been applied) not the lead, additional or supplementary providers, and (ii) it is not always obvious which hourly rate applies where providers have different rates in different areas and for different contracts.
43. Double-handed care refers to homecare visits where there are 2 care workers supporting the client at the same time. When analysing homecare hours, each care worker is counted separately on doublehanded visits (1 hour of doublehanded support is counted as 2 hours). Even with the derived hours, it is still not possible to differentiate between singlehanded and doublehanded care in Nottinghamshire's data due to the way the data has been pseudonymised.
44. In most councils, doublehanded care usually represents 40-50% of homecare delivery (in terms of hours), and it is also usually the area of most growth. Nottinghamshire County Council has a high proportion of homecare clients receiving more than 28 hours of care per week. Further analysis is required to differentiate between single and doublehanded care.
45. Whilst it is fair to say that the median is less skewed by high outlier values as opposed to mathematical averages, the median values themselves can be skewed if the dataset does not comprise an appropriate and representative sample of the existing make-up of care providers in the local market. Although Nottinghamshire's survey response resulted in a reasonably good sample size for care homes, work is still being undertaken on whether this was representative of the care home market.
46. It is difficult to draw sound conclusions from incomplete or inaccurate data. Some providers did not respond to queries raised leaving their information incomplete.
47. In some instances, providers submitted data that was unable to be substantiated through queries or financial analysis.

SECTION 10: NEXT STEPS

48. The Council will use this data to influence the market sustainability plan and future fee strategy which will be published in March 2023. In addition to the survey responses, the following will also be considered when determining the fee uplift:

- National Living Wage and statutory changes
- National Inflation
- Care Analytics wider market analysis has not yet concluded
- Grant funding available
- Likely market capacity required to meet adult social care demand locally in line with our strategy

49. The Fair Cost of Care exercise was undertaken at a significantly challenged and volatile point in time with unprecedented levels of cost changes in a number of areas that significantly impact on the care market. The Council needs to determine which areas are likely to become permanently changed.

SECTION 11: NOTTINGHAMSHIRE'S CARE MARKET

50. Now, and in the coming years, Nottinghamshire County Council will be required to meet the care and support needs of an ever-increasing proportion of the elderly population. Resident expectations, and those of their families and unpaid carers, will rightly require innovation and modernisation of services through maximising the use of public funding to provide a variety of options to meet an increasingly diverse range of need.

51. The draft Market Sustainability Strategy (2023 to 2026) will be developed to strengthen a care and support marketplace that helps us to deliver the ambition underpinned by the [Council Plan](#) to be *Healthy, Prosperous, Green*, and the [Health and Wellbeing Strategy 2022-2026](#) focused on *wellness and the benefits of longer term integration with health....on the communities we all support*.

52. The care sector provides valuable care that has a significant role in supporting prevention, delaying the escalation of needs and in empowering people to live more independently. The initial findings of this exercise are the start of a journey to collaborate with local care partners and better understand how services can be shaped and improved to support A Life, Lived Well for all. In this ambition work has commenced in engaging, consulting, and coproducing, what the future could look like through Better Together and Your Voice.

[Better together | Nottinghamshire County Council](#)

[Co-production: working together | Nottinghamshire County Council](#)

APPENDIX A: The questionnaire template



Care Analytics
homecare commissio

The Council want to thank care providers that took part in the local cost of care exercise, and we look forward to furthering our engagement.

MARKET SUSTAINABILITY PLAN

Section 1:**a) Assessment of current sustainability of the 65+ care home market**

There are 155 care homes for residents aged 65+ in Nottinghamshire. Of these 71 are nursing homes and 27 are residential with 7,151 registered beds across the county. Although more Nottinghamshire care homes have an 'outstanding' CQC rating than the national average (6% vs 4%), there are fewer homes rated 'good' (69% vs 74%).

Countywide, registered bed capacity in older adult care homes has grown by 2% in Nottinghamshire since 2014, despite beds in closed homes (-16%) being greater than those in new homes (15%). The growth in net capacity has been caused by increases in capacity in existing homes (4.3% of beds the market).

The older adult care homes in Nottinghamshire have a high mean number of beds (46) compared with that of England, East Midlands and all Shire Counties (circa 43 beds). This is because there are fewer smaller homes and more larger homes than the national average.

The west of Nottinghamshire has many care homes. The concentration of these homes also continues beyond the administrative boundary of the county into both Nottingham City and Derbyshire. The east of Nottinghamshire is very different to the west of the county and shares many geographical and population features with Lincolnshire: sparsely populated, and towns far away from each other (making commuting between towns for low-paid jobs difficult).

Commissioning care home placements, especially nursing placements, is more challenging in the east and north of the county than the more populated areas in the west (where there are more care homes and multiple urban population centres close together). The east and north of the county have also seen the closures of in-house residential homes in recent years which, in these localised areas, contributed a significant proportion of the local market bed capacity.

Nottinghamshire appears to have large homes with a lot of vacant beds. Vacancy rate is more important for market forces than competition resulting from home size. Over Covid, more providers mothballed beds or units and it is unclear in the cost of care exercise if participating homes reported occupancy rates on registered beds or on available and staffed beds.

6% of rooms in older adult care homes have less than 12m² usable floor space (sometimes called 'undersized'). However, 17% of rooms do not have an ensuite toilet.

Nottinghamshire has 5.6% more registered beds per head of elderly population aged +75 than the average for the East Midlands, 11.6% more beds per capita than all Shire Counties, and 10.1% more beds per capita than the whole of England.

For the 57 older adult care homes (both residential and nursing) in the Nottinghamshire sample that supplied staffing data for the cost of care exercise, agency care workers accounted for 5.1% of total care worker hours. This compares to 5.9% as an overall average for the six East Midlands councils.

The use of agency staff is lower in Nottinghamshire than the average for the rest of the East Midlands however, this is not true for all care homes, as some homes have very high agency usage.

For the 27 nursing homes in the Nottinghamshire sample that supplied staffing data, agency nurses accounted for 10.4% of total nurse hours. This is a little lower than the 12.6% overall average for the six East Midlands councils.

Following a fair cost of care exercise in 2011, the Council implemented Quality Bandings for Ageing Well (over 65) care homes. This banding scheme was developed and co-produced with providers at the time and has been reviewed periodically over the years. The quality bandings determine the fees the Council pay for placements for that year and the banding are 1-5, with 5 being the highest rating and providers receive the higher fees for each placement. There are 5 quality bands for residential and nursing placements, with a Dementia Quality Mark payment for each banding, which means that there are 20 different fee levels in the quality bands.

Care homes in the county are classified annually into one of the five different bands based on five key areas of delivery. The banded rate paid per resident differs between residential and nursing care, so there are 10 distinct banded rates all based on quality. Each care home quality audit accounts for 70% of the banding outcome, with the remaining 30% based on the care home environment (which is a separate audit reviewing the care home environment which is reviewed only when homes are updated or new builds).

The Dementia Quality Mark (DQM) is reviewed bi-annually and Ageing Well care homes must apply to become an accredited service. For the care homes that achieve the DQM they only receive the enhanced payment for those people living at the home who meet the criteria. 34 homes have qualified for a Dementia Quality Mark.

Nottinghamshire County Council (NCC) are supporting, and promoting, the use of technology within adult care settings. This is being supported through the Digitising Social Care project which is a joint project with two phases (i) establishing digital care planning systems with a fund to support CQC registered services to purchase a system (56 providers have expressed an interest and (ii) a sensor-based falls system which is for care homes and funding available from the project.

Nottinghamshire County Council (NCC) commissions 29% of the beds in the care home market in the county.

Councils differ in the types of care categories they use and how they pay for the care. For neighbouring councils (see table below), this varies from 2 to 20 different categories. The councils shown are ordered low to high using the lowest rate for residential.

Nottinghamshire is an outlier because its highest rates (band 5) are far above the others. The Council's pay rates reward better quality of placement.

Type of placement	Residential	Res Dementia	Nursing	Nursing higher
North Northamptonshire	£480	£580	£531	£583
West Northamptonshire	£480	£580	£531	£583
Rutland	£488	£521	£567	£567
Nottinghamshire Band 1	£505	£520	£549	£561
Lincolnshire	£533	£587	£588	£687
Leicester	£536	£605	£571	£571
Derby	£543	£543	£557	£557
Milton Keynes	£560	£608	£608	£653
Derbyshire standard	£577	£626	£621	£669
Nottingham	£579	£579	£579	£579
Derbyshire enhanced	£601	£648	£644	£692
Leicestershire standard	£615	£615	£615	£615
Nottinghamshire Band 5	£628	£684	£696	£744

Notes:

Recruitment and retention remain considerable issues within the care home market in Nottinghamshire. 5 nursing homes in the county (253 beds, 7% of the 3,663 registered nursing beds) are not providing nursing despite being registered as such.

The nurse pay range in Nottinghamshire is a little higher than the aggregate results for the 6 East Midlands councils, mirroring the pay being slightly higher in counties compared to cities. It is becoming increasingly common for homes to pay >£20 per hour to recruit and retain nurses. Most geographical areas have a range of pay for standard care works starting from the statutory NLW to near £11 per hour.

b) Assessment of current sustainability of the 18+ domiciliary care market

At the time of the cost of care exercise, summer 2022, the Council commissioned c.20,000 hours of homecare per week. Based on the available data, NCC commission the least homecare per capita among East Midlands councils.

Homecare is delivered through separate lead and additional provider contracts for each of the 6 zones (Lots) in the county. There are also supplementary and spot providers either operating countywide or in specific Lots. The zones are Bassetlaw, Broxtowe, Gedling, Mansfield & Ashfield, Newark & Sherwood, and Rushcliffe. All the zones bar Mansfield & Ashfield correspond to a single district. All Lots have a lead provider bar Rushcliffe who utilise the additional and supplementary providers to deliver the care. The current contracts started July 2018 and will last for 5 years; the contracts can be extended for 5 further years.

Lead providers have first refusal on new clients (with 4 hours to respond). Contractually, each lead provider is required to accept 75% of referrals and 100% of services for nominated individuals in ExtraCare [Housing with Care] housing schemes. If a referral is 'non-actioned' through no fault of the provider, it counts to their target. If a lead provider does not accept a referral, then work is passed to all additional providers (4 hours to respond). In the case of multiple responses, work is allocated based on the tender ranking of the additional provider and how quickly they can respond. A lower ranked provider will win the work if it can respond within 24 hours and higher ranked providers cannot.

Referrals that are not picked-up by the lead or additional providers and are not deemed urgent, are made available to any of the other providers in the Lot area. These referrals are held for up to 7 calendar days before being advertised to other providers through the Dynamic Purchasing System (DPS).

The 3 lead providers are also NCC's 3 largest; they collectively support c.45% of NCC homecare clients. 60% of clients receiving NCC-commissioned homecare are supported by only by 5 providers.

NCC has a flexible homecare delivery model. Framework providers are paid based on commissioned hours of care, only adjusted when actual delivery for an individual client drops below 90% of planned hours in a 4-week period. A provider can adjust call lengths as long as they stay within the total commissioned hours for each person over a 4-week period. If over, payment is capped at commissioned hours. This method of payment means that care workers can shorten visits where appropriate, reducing the need for travel-time payments between calls. This payment model supports the commissioning model effectively.

Hourly rates vary by provider and Lot (so many providers have different rates in different parts of the county). The hourly rates were set by providers at the contract initiation, though the council uplifts the rates each year by a standard percentage (determined by the council).

- Lead providers have hourly rates between £18.85 and £19.81 per hour (though 4 of the 5 rates are circa £19.80).
- Additional providers have hourly rates between £18.41 and £22.13, with a simple mean of £19.79 per hour.
- Supplementary and spot providers have a similar range of hourly rates.

Nottinghamshire is a diverse county, with both fully urban districts and districts where more than half the population lives in rural areas. Large parts of Nottinghamshire will require care workers to travel long distances (if there is any supply at all).

Care workers who travel long distances for homecare shifts more likely work full time. They will also potentially be paid for shift payments (rather than contact-time-only pay). They will therefore incur higher average costs, irrespective of higher transport costs.

The homecare market has been fragile and will be particularly susceptible to several factors.

- Persistent capacity gap between demand and workforce supply due to recruitment and retention.
- Provider and staff wellbeing and resilience continue to be impacted by managing Covid and have not yet recovered from the continued response.
- High demand from the NHS as the Council moves toward winter always impacts on demand at a time when care workers are also wanting to be with their families.
- The cost of living increases and impact on the workforce (such as fuel) and particularly lower income care workers are causing some workers to seek easier work options.
- The job market has more choice currently and not all roles are as demanding.
- Unstable and increasing inflation increasing costs.

Supply had dipped over Covid but the use of the Market Sustainability and Fair Cost of Care Fund and Council budgets to pay all homecare providers a £1 uplift has seen supply pick up. With this additional £1, the Council are paying near the median cost of care. It is not unusual for the home care rates to come out of such an exercise as broadly similar to those paid by councils as the care home providers tendered these rates; the reasons providers often require more money is where they are paying staff in excess of the NLW.

Analysis of homecare trends over the period April 2019 and April 2022 show:

- 7% growth in the number of clients receiving NCC-commissioned homecare
- More growth in men receiving NCC-commissioned homecare increasing by 14% compared to only 3% increase for women. *Different to other councils in the East Midlands* mostly been caused by growth in the 75-84 and 85-94 age groups.
- 22% of clients receiving council-commissioned homecare in Nottinghamshire have a care package of fewer than seven hours per week
- High proportion of homecare clients receiving >28 hours per week
- Growth in clients in urban areas, in rural town and fringe areas.
 - Growth of more than 15% in 5 districts (Mansfield, Broxtowe, Bassetlaw, Gedling, Rushcliffe)
- Fall in number of clients in more rural areas
 - Fall in Ashfield, Newark & Sherwood

Section 2: Assessment of the impact of future market changes between now and October 2025, for each of the service markets

Care Provision

Like most parts of England, the elderly population is growing in Nottinghamshire, with the fastest proportionate growth in the most elderly age groups. This has significant implications for likely demand for care works in 5-, 10- and 20-year timeframes, as well as major workforce implications. The working age population in Nottinghamshire is only forecast to grow by 5% over the next 20 years.

Consequently, the ratio of potential workers to people likely to need care and support is going to markedly fall. Across Nottinghamshire, the ratio of people aged 20-64 to those aged 75+ is forecast to fall from circa 5.5-to-1 today to 3.7-to-1 in 20 years' time.

Nottinghamshire is a diverse county, with both fully urban districts and districts where more than half the population lives in rural areas. With extensive rural areas in the districts of Bassetlaw, Newark & Sherwood, and to a lesser extent Rushcliffe, and these areas currently being impacted by adequate care delivery, care staff recruitment and retention is likely to become increasingly challenging in the future where rural locations tend to have fewer workers and more elderly.

As large parts of Nottinghamshire will require care workers to travel long distances (if there is any supply at all) creative commissioning models need to be considered.

Care home staff are currently paid broadly at, or above, the NLW. To meet demand in rural, or less profitable areas of the county, pay and conditions will need to change and NCC will need to determine the extent the commissioning model can be adapted.

Care homes

Changes to the care cap and thresholds will result in anticipated increases in the number of people eligible, and taking up, local authority support for their care. As section 18(3) comes into force, this position is expected to be compounded, as individuals realise that they can save significant amounts of money by utilising the council fee rates.

To meet this demand while still providing choice will require significant investment. 12% of NCC-commissioned placements in older adult care homes are for full-cost payers (self-funders whose placement is commissioned via the council). Processes will need to be scaled up within all Councils to meet new demand but full implementation of Section 18(3) still depends on care home providers being willing to sell beds to the Council.

NCC have a current mix of older and newer care homes. As the older homes are closed (with clients needing to be moved to alternative placements) or renovated (with more homes with loans or mortgages) costs will rise. Newer care homes are being developed primarily for the self-funder market. Currently there is an increase in the number of services in Rushcliffe, with services still being built and other services being extended. This includes more luxury rooms or suites. The Council currently holds 29% of the care home market. Moving towards 2025, the share of the market bought by council will need to increase but expectations of providers to meet the cost of rooms, paying above their break-even point, will also increase.

There is an over-provision of residential care within the county, particularly in the Mansfield, Ashfield and Gedling areas. Based on a sample of CQC inspections reviewed through the cost of care exercise that reviewed 3 years of data, a high proportion of local older adult care homes were already operating with occupancy below 70% of rooms prior to the pandemic (with many below 50%).

There are already care home capacity issues in certain areas of the county. Over the next 2-5 years, there is risk that more homes could close in rural, or not-so-profitable locations. Work will continue to ensure there is sufficient spread of appropriate care to meet demand. Significant investment will be needed to manage this rapidly changing market.

The cost of care exercise noted the council's relatively tight care home inflationary uplifts but also recognises the commissioning model is generous at the higher quality bands.

The market could change rapidly, in relative terms, to meet the requirements of section 18(3):

- There will be less residential beds required as individuals are supported to live longer within their home or community
- More homes become unprofitable as return on operations and return on capital are reduced
- More nursing homes are likely to close or take more residential placements – this can result in higher overall costs than a similar placement in a residential home due to requirements of staffing structures to meet the needs of nursing clients
- Already there are not enough nursing homes that can meet the needs of the most complex residents' needs; this is likely to be exacerbated and competition for placements is expected to be high
- The use of technology and alternative care models will be prioritised to maximise available staffing capacity.

Homecare

In almost all homecare businesses, direct care worker costs are close to fully variable. The main financial risks from changes in demand relate to back-office staffing.

Nottinghamshire providers operate with a wide range of efficiency around back-office staffing levels. Such a range is common across the region. However, Nottinghamshire also accounts for a high proportion of the small branches (delivering less than 1,000 hours per week) where the branch only delivers 100-200 hours per back-office FTE.

Complexity of client need has increased, impacted also by the result of the Covid pandemic. The Council is regionally 2nd highest for 28+ hour care packages for homecare.

NCC is mindful of the Impact of rises in NLW increases on staffing stability and has good communication with the market around pressures.

In September 2022, the Council agreed a £1 uplift for all homecare and community care, support and enablement providers in the county. Prior to this uplift, care providers were struggling to meet demand; since September, supply has increased.

Section 3: Plans for each market to address sustainability issues, including fee rate issues, where identified.

The local care market

The Council's intention, subject to funding over the next three years is to move toward a local Cost of Care that covers costs in line with inflation, which support local conditions, improves market sustainability, and supports the social care market in Nottinghamshire.

The plan is to develop the external market fee strategy that will make a clear commitment, to ensure that future funding will be used to move toward a cost of care, that is deemed to be fair.

Several factors are taken into consideration annually when planning for future care market capacity and fees paid. These include:

- National Living Wage and other statutory changes
- National inflation
- Cost of care market analysis
- Grant funding available
- Likely market capacity required to meet adult social care demand locally in line with our strategy and market position statement
- Occupancy rates
- Asset valuation
- The market position where nursing beds are occupied by residential placements and the impact this has on the residential cost analysis and associated nursing cost analysis
- Funded Nursing Care (FNC) payments on top of rates for nursing homes

	23 and over	21 to 22	18 to 20	Under 18	Apprentice
April 2022 Rates	£9.50	£9.18	£6.83	£4.81	£4.81
April 2023 Rates	£10.42	£10.18	£7.49	£5.28	£5.28

In April 2023 the National Living Wage will increase by 9.7% with the above rates.

In anticipation of the cost pressures in social care arising from this increase, a further £16.018m has been allocated to the Adult Social Care Department's base budget to be applied to adult social care services commissioned from independent sector providers.

(a) 65+ care homes market

NCC currently audit and classify homes annually into one of the five different bands based on five key areas of delivery. The cost of care exercise noted the council's relatively tight care home inflationary uplifts but also recognises the commissioning model is generous at the higher quality bands.

For 2023/24, the proposal is to remove quality band 1. The quality bands are increased annually as per the agreed cost of care process developed in 2011. Since this time, band 1 fees are now proportionally lower than other bands. Cabinet will be asked to reduce the bandings to quality bands 2 to 5 only and for care homes on this lower band to be moved to band 2. This would be an investment of c.£350,000 if approved, for long term, new and short-term placements. This investment will be maintained through the use of the Market Sustainability and Improvement Grant for 2023/24 and subject to this grant being continued.

The current and proposed fee rates for 2023/24 are as follows:

Care Home Banding	Proposed Fee 2023/24 Care Home	Proposed Fee 2023/24 Care Home including DQM Payment**	Proposed Fee 2023/24 *Nursing care	Proposed Fee 2023/24 *Nursing care including DQM Payment
Band 2	£640	£706	£717	£773
Band 3	£680	£742	£754	£813
Band 4	£695	£757	£771	£829
Band 5	£716	£779	£794	£848

(b) 18+ domiciliary care market

Home based care, Housing with Care and Supported Living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 - 5 years, with the current contract has been extended for up to 5 years. Tendering processes provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.

Since 2018/19, The Council has been working with the 'Lead providers' model with each covering a large geographical area based on district council boundaries. 'Additional providers' are also contracted to supply care to supplement the lead providers. There are also a small number of spot contracts from legacy arrangements that are reducing over time.

In addition, the Dynamic Purchasing System can be used to procure individual packages of care.

The above contracts do not require the Council to apply an annual inflationary increase

Since 2016 increases have been approved in line with the cost of the National Living Wage and other statutory changes.

In addition, in July 2022 Cabinet agreed a further in year rate increase of £1 per hour for Homecare and Supported Living, due to the instability in the market. This increase was funded from a combination of the Market Sustainability and Fair Cost of Care Grant 2022/23 and the Market Reserve. It is proposed that this is maintained through use of the Market Sustainability and Improvement Grant for 2023/24 at an estimated cost of up to £5m, subject to continued funding from the department.

It is proposed that a 6.87% increase is applied to 'Lead', 'Additional' 'Supplementary', Spot and DPS contracted Home-based care and Supported Living services and 7.66%% is applied to Housing with Care services. Legacy arrangements will be negotiated in line with the Lead and Additional provider rates.



Adult Social Care Market Position Statement Refresh 2023- 2025



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FOREWORD

Welcome to Nottinghamshire's Market Position Statement 2023 to 2025 refresh, which aims to give commissioning partners across health and social care an understanding of the health and social care market in Nottinghamshire, informed by our vision to improve the health and wellbeing of our local community.

We have considered a range of factors including population projections, market intelligence, needs analysis, and finance to identify trends and predict future health and social care needs in Nottinghamshire. The document considers our role as part of a wider health and social care system and aims to describe our joint priorities through clear commissioning intentions and key signals to the market. Importantly this will enable providers and partners currently operating in Nottinghamshire, and those who may wish to in the future, to understand the range of services currently delivered and our requirements to collectively shape and develop a vibrant diverse market for current and future generations.

Since the last Market Position statement 2018 to 2021, we have received feedback from people who use services, carers and providers that whilst there is a diverse range of support available, there are times where the time, place, or level of care people receive may not be correct. Nottinghamshire's response to this is to focus on reablement and preventing the need for long term care, ensuring regular strength-based reviews are focussing more on maximising independence. To enable this, we want to work with a range of partners to collectively reimagine how support can be provided in Nottinghamshire, expanding our thinking from traditional task orientated care and support models to consider how people can access support and assets in their local community at the right time.

We continue to strive to enable more people to live in their own home, be that in supported accommodation or ordinary housing. Information, advice, prevention and early intervention services will be available to help people to help themselves and reduce the need for long term reliance on care services to lead fulfilled and healthy lives.

The [Council's Strategic Plan 2021-2023](#) highlights our priorities and underpins this Market Position Statement. The statement is also aligned to our wider joint [Health and Wellbeing strategy 2022-2026](#).

The Covid-19 pandemic response and moving into recovery has allowed us to review what is important for Nottinghamshire. We have seen great community spirit, people helping people, businesses helping businesses, and service providers and our staff and partners going the extra mile under unprecedented circumstances, including cost of living crises, changes from national policy and continued pressures on workforce. We want to build on the changes we have seen in the last year, underpinned by our approach to prevention, delaying and reducing the need for traditional longer term care and reducing the need for people to enter more acute settings.

COMMISSIONING PRINCIPLES

Nottinghamshire County Council Adult Social Care and Health Department is committed to ensuring there is a high quality, sustainable, agile, efficient, diverse, and digitally capable health and social care market in Nottinghamshire. Our commissioning principles which underpin this vision are:

- 1) **Early intervention:** The Council will focus on early intervention and prevention to reduce avoidable health inequalities.
- 2) **Asset-based commissioning:** The Council aims to enable people and communities, together with a range of partners, to become equal co-commissioners and co-producers, making best use of all assets to improve whole life and community outcomes.
- 3) **Outcome focused:** The Council will work with partners to ensure services are person centred and outcome focused.
- 4) **Optimising discharge pathways:** Prevailing models of service delivery, pathways and integration will focus on hospital avoidance, the development of innovative approaches to appropriate discharge to assess pathways and supporting people with a reablement approach.
- 5) **Dynamic commissioning:** The Council is moving towards more flexible commissioning models which enable services to respond quickly and meet short term demand identified.
- 6) **Reduce inequalities:** The Council aims to reduce inequalities, promote fairness and opportunity for all, and support the most vulnerable residents.
- 7) **Recognising social value:** Social value which encompasses community wealth-building and sustainability is a key focus for all our commissioning and procurement activities.
- 8) **Value for money:** The Council will secure high quality and best value for money for the residents of Nottinghamshire.
- 9) **Maximising independence:** The Council will work with partners who can help people develop and maintain their independence.

CO-PRODUCTION

Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included, and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power, and have influence over decisions made.” [National co-production advisory group, Think Local Act Personal](#)

The [Better Together](#) plan was co-designed with [Our Voice](#) co-production group and explains our plans for moving towards more co-production across the county.

Our vision is that our services, policies and strategies are developed by people and carers with lived experience, our staff and other stakeholders working together as equals from start to finish.

“We want to be involved in the designing and reviewing of social care services in Nottinghamshire. We would like people to be involved in the Big Conversation, attend listening events and let the Council know what support people need. For us, it is about culture change and learning from what has gone right as well as wrong”

Ed Lowe, Chair of Voice co-production group

To find out more and hear from people talking about co-production in Nottinghamshire visit our [webpage](#)



COMMISSIONING PRIORITIES FOR 2023-2025

Priority Area	Commissioning Activity	Provider opportunities and anticipated outcomes
Improve wellbeing through prevention and promoting independence	Review of commissioned prevention services to enable a more cohesive response to prevention service delivery within Nottinghamshire	<p>Outcome: supporting early intervention and a reduction in crisis response.</p> <p>Opportunity: recommissioning of services anticipated in 2023.</p>
Improving Mental Health Services	Develop the mental health community-based offer to ensure a more cohesive response to promoting prevention and early intervention.	<p>Outcome: social care and health services will be aligned to offer an integrated response, enabling more people to receive the right support at the right time.</p> <p>Opportunity: potential development opportunity for providers with mental health expertise, including substance misuse and personality disorder support services.</p>
	Commission supported accommodation to prevent hospital admission and enable appropriate housing and support upon discharge.	<p>Outcome: new accommodation will enable the Council to prevent delays in hospital discharge, ensuring people have access to supported accommodation in communities they are familiar with.</p> <p>Opportunity: new requirement for housing provision and specialist support for people with complex mental health needs.</p>
Reducing the number of people in a secure hospital	Review existing services across the Nottinghamshire Integrated Care System (ICS) to ensure community support services are available to prevent further hospital admissions.	<p>Outcome: ensuring the right support is available in the community for complex care, reducing hospital admissions and delayed discharges.</p> <p>Opportunity: unplanned care bed and nurse led psychologically informed environments required. In addition, more respite provision for people with a learning disability and/or autism who have complex needs and display behaviours of concerns needed.</p>

Priority Area	Commissioning Activity	Provider opportunities and anticipated outcomes
Supporting carers	Commissioning of bespoke housing and support to facilitate hospital discharge for people who display behaviours of concern or have a history of offending behaviours.	<p>Outcome: enable more people to live in their local community, with security of tenure, in a place they call home.</p> <p>Opportunity: requirement for additional 50 units of bespoke housing and specialist support.</p>
	Provision of bespoke forensic support services to prevent hospital readmission and to support timely discharge.	<p>Outcome: develop a wider range of forensic support services to support people to live with independence in the community.</p> <p>Opportunity: Market gaps/limited choice in current provision to provide a housing and support offer.</p>
	Working with the Integrated Care Board and neighbouring Local Authority Partners to ensure a robust support offer is available to carers.	<p>Outcome: enhance the range of support available to carers. Expand the planned break services for people with very complex physical or behavioural needs.</p> <p>Opportunity: retender of existing carer support services anticipated in 2023. Development of short breaks or specialist respite services.</p>
Supporting older adults' hospital discharge	Ongoing work with contracted homebased care and support providers to enable capacity and quality in delivery.	<p>Outcome: enable people to receive high quality and innovative home based care support</p> <p>Opportunity: for home-based care and support providers to apply to become Additional Providers or to join the Dynamic Purchasing System (DPS).</p>

Priority Area	Commissioning Activity	Provider opportunities and anticipated outcomes
Keeping people in their own homes	Ensure services are designed with a reablement focus, supporting people to maximise independence.	<p>Outcome: support more people to maintain independence and stay in their own homes</p> <p>Opportunity: to work with the Council using innovative and dynamic approaches to reablement. Considering the role of early intervention, Positive Behavioural Support and technology enabled care.</p>
	Develop accommodation options which ensure people can live in a place they call home.	<p>Outcome: increased accommodation options, reducing reliance on residential care.</p> <p>Opportunity: for housing providers to respond to open tenders for supported housing, enabling the Council to increase supported living, extra care and supported living plus services.</p>
Increasing the use of tech enabled care	Increasing the use of tech enabled care where this can improve outcomes for individuals and provide a cost effective solution to meeting assessed needs.	<p>Outcome: support people to achieve outcomes and maximise independence.</p> <p>Opportunity: to reimagine local approaches, enabling existing and future providers to provide more innovative, digital support solutions.</p>
Giving people greater control through the use of direct payments	Increasing the number of Personal Assistants available for people using direct payments from either health or social care through the Support With Confidence scheme.	<p>Outcome: enable greater choice and control</p> <p>Opportunity: to receive training and advice to enable individuals to become a Personal Assistant. More PA's required in all areas of Nottinghamshire, especially Newark and Sherwood and the rural areas of districts.</p>

Priority Area	Commissioning Activity	Provider opportunities and anticipated outcomes
Maximising day opportunities	Implement the Council's Day Opportunities Strategy, enabling people to access a wider range of opportunities including learning new skills, taking up hobbies and sports, socialising in their local communities, going into higher education, volunteering or getting paid employment	<p>Outcome: support people to access the right support, which may include developing skills and confidence to progress into education, volunteering, and employment.</p> <p>Opportunity: new day opportunity Framework Agreement open from January 2023 to offer services to the Council.</p>

THE COUNTY OF NOTTINGHAMSHIRE 2021

Nottinghamshire has a two tier structure; the County Council and seven district and borough councils.

The council is the 11th largest local authority in the UK.

There is currently 1 Integrated Care System (ICS) that covers both the county and city. The county comprises of 3 Place Based Partnership's (Bassetlaw, Mid Notts and South

Nottinghamshire is a large and vibrant community. The County Council area (excluding the city of Nottingham) is 805 square miles covering both urban and rural areas.

20% of the population lives in the rural areas mostly small towns and villages.



We have an older population comparable to the national figure

Life expectancy at birth for females is 83 years.

Life expectancy at birth for males is 80 years.

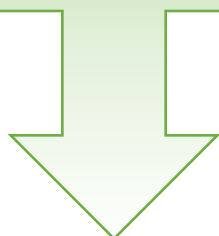
Life expectancy varies across districts. Life expectancy is much lower in Bassetlaw, Ashfield and Mansfield. But it is much higher in Rushcliffe.

Mansfield, Ashfield and Bassetlaw have some of the highest levels of deprivation in the country.

Rushcliffe Borough has very low levels of deprivation.

Population of Nottinghamshire 2021

There were 826,257 people living in Nottinghamshire in 2021, this figure is predicted to rise to 886,428 by 2029.



Age Group	2021	2029	Increase over the 8 years	Percent increase
0-15	145,831	151,992	6,161	4.2
16-17	17,534	21,656	4,122	23.5
18-64	486,662	504,047	17,385	3.6
65-74	93,365	104,604	11,239	12.0
75-84	60,395	75,765	15,370	25.4
85+	22,470	28,364	5,894	26.2
All ages	826,257	886,428	60,171	7.3

Note: The 2029 population projection is based on 2018 population estimates and do not reflect the 2021 census. This may cause a slight overestimate in the projections.

KEY TRENDS

In general people are living longer but with greater levels of ill health and disability. Men spend around 18 years of their life in poor health and for women it is 23 years.

The proportion of 85+ who need care and support is increasing.

National research shows that 1 in 4 (26%) of adults provided unpaid care during the height of the Covid pandemic. Nationally 1 in 5 young people under the age of 18 are caring for someone.

Based on 2021 Census data, it is estimated there are now 85,218 unpaid carers living in Nottinghamshire, of which 25,125 are providing over 50 hours of care each week. Approximately 38.5% of carers are aged over 65.

The number of older people who live alone will increase. Those living in rural areas without access to accessible transportation are particularly vulnerable.

Key Trends

Growing population of people with a diagnosis of autism

Growing population of people with behaviour that challenges

Nottinghamshire has a small Black and Minority Ethnic Community who live throughout the county and need culturally sensitive services.

Deprived areas of Nottinghamshire have poorer health and wellbeing outcomes.

Approximately two thirds of the adult population in Nottinghamshire is overweight or obese.

People with more complex needs are being supported in the community rather than in hospitals.

CURRENT SOCIAL CARE MARKET OVERVIEW

Nationally, on average 10% of the population aged 65 and over receive social care support funded by local authorities. In Nottinghamshire, just under 4% of the population of older people in the County receive support from the Council

Breakdown of Key Services	How many people approx. in receipt of a package funded by NCC (as at 30 th Nov 2022)	Annual Budget Expenditure
Direct Payments	2,514	£46.6m
Homecare providers	2,107	£25.4m
Housing with Care schemes	174	£4.4m
Day services	1,402	£5.9m
Shared Lives	32	£1.3m
Supported living	1,145	£59.2m
Residential care homes - older adults	1,587	£155.7m
Nursing homes – older adults	643	
Care homes – younger adults	709	

The total number of individuals receiving one or more of the above packages is **8964** (source: Commissioned Services Report November 2022).

Self-Funders

A self-funder is someone who pays for their own care. Nottinghamshire's Adult Social Care offer applies equally to people who pay for their own care as well as those whose care costs are met by the Council. This includes providing advice and guidance, signposting to available resources and assessing care and support needs. Market Shaping activities take into consideration the wider care market and will continue to encourage the provision of high-quality, cost-effective services for self-funders and people using a direct payment.

THE SOCIAL CARE WORKFORCE IN NOTTINGHAMSHIRE

The Facts

There are an estimated **25,000** social care jobs in Nottinghamshire of which **23,500** are delivering direct care and support.

There are **500** registered nurses working in social care, 62% of whom have been in their role for no more than two years (average time is 4 years).

The workforce is predominantly white and female (84%). Fifty-seven per cent of the workforce works full time (37 hours).

The average age of a worker is **43** years old, with 26% of workers being over **55** years old.

Skills for Care estimates that the turnover rate for 2021-22 was **30.7%** (across all social care job roles). In the independent sector this rate is **32.5%** - with the regional average for the independent sector at **33.1%**

Not all staff turnover results in workers leaving the sector, of new starters in this area, over two thirds (**63%**) were recruited from within the Adult Social Care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

In 2021/2022, the overall vacancy rate for direct care roles was an estimated **10.4%** (**19.6%** in local authority care roles and **9.5%** in the independent sector).



www.skillsforcare.org.uk



The Social Care Workforce in Nottinghamshire

Key Messages for Providers

Attract younger people **and** a more diverse workforce including people with learning disabilities and people with health and social care needs into the sector.

Focus on recruiting people with the values, qualifications, skills, knowledge and attitudes to fit your organisation, adopting best practice approaches to recruitment to optimise retention.

Providers should consider what terms and conditions they can offer to staff such as attractive rates of pay, pensions and other benefits to attract and retain staff within the sector.

Incentivise and retain experienced staff with a focus on career development and on-going training, including specialist skills training to ensure there is a developing skill base within social care.

Recognise that the nature of social care work is changing, as people are living longer with more complex conditions and expect more personalised support, choice and control.

There continues to be a shortfall of care workers with the right skills to support people with complex conditions and behaviours which challenges services. Again, providers should be aware of career development opportunities that may support the future needs of the service.

Older people's services must ensure that staff are specifically trained in dementia.

All services to provide basic mental health awareness and wider diversity training to staff in all services to enable all groups to be supported appropriately.

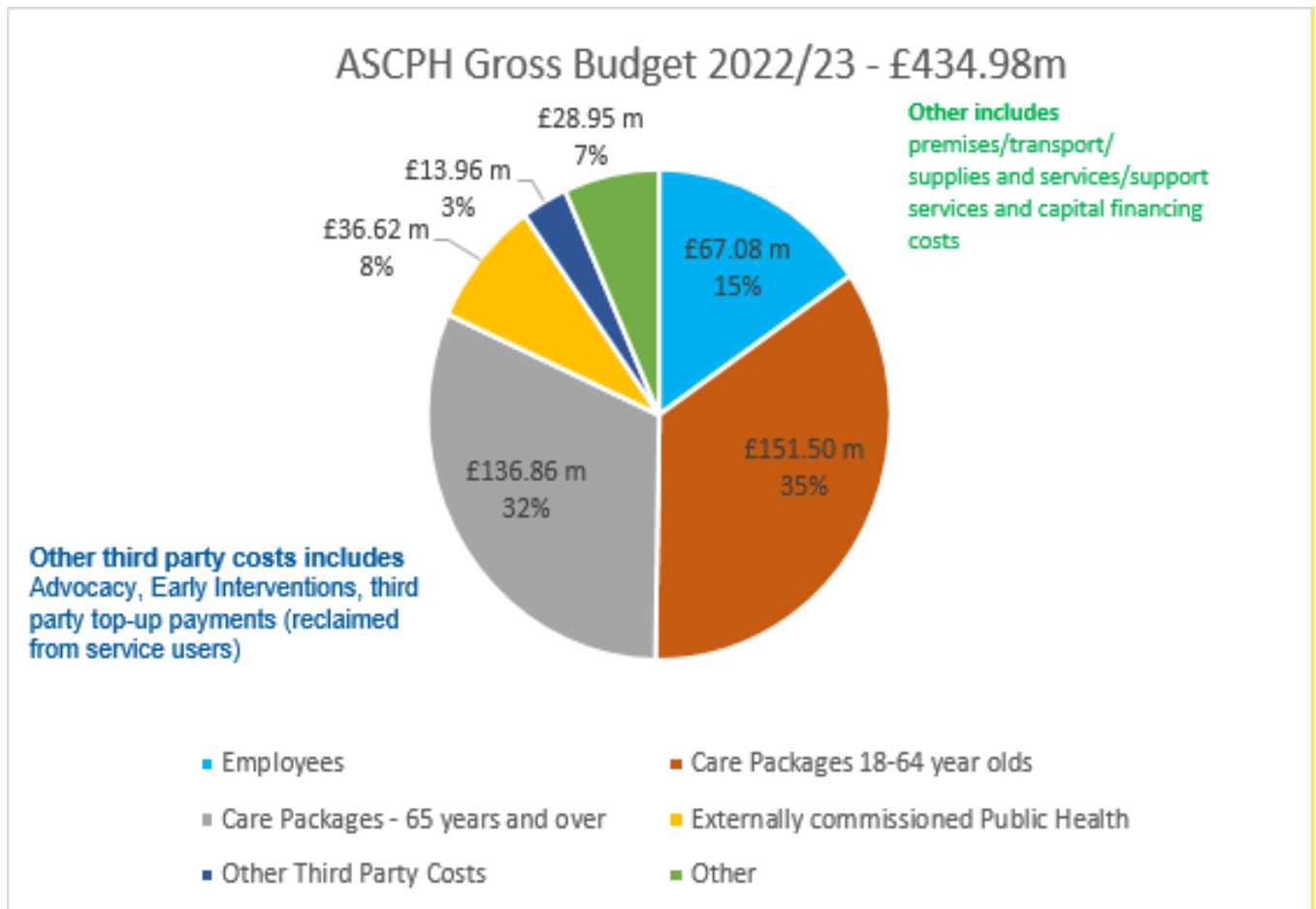
All providers must ensure staff complete Learning Disability and Autism training appropriate to their role.

Providers should consider their wellbeing offer to staff; provide appropriate supervision, team meetings and staff support, especially for those working in more isolated positions in homecare or outreach.

<https://www.skillsforcare.org.uk/home.aspx>

FINANCIAL CONTEXT

The net budget for adult social care is £231.453 million and the gross budget is £434.98 million broken down as follows: 81% of the gross budget is spent on care and support services that are commissioned from independent sector providers including voluntary sector organisations.



WHAT IS NOTTINGHAMSHIRE COUNTY COUNCIL DOING TO SUPPORT THE MARKET?

Strategic Commissioning and Quality and Market Management Teams

The Strategic Commissioning and Quality Market Management Teams work in partnership to directly commission services to meet the needs of those receiving social care but also to have oversight of the wider market, ensuring quality services are available for self-funders and those using a direct payment. The teams support providers by:

- Engaging with the market relating to specific upcoming tenders or soft market testing to inform tender development
- Facilitating regular provider forums, electronic newsletters and emails
- Supporting existing providers to improve quality and develop strong provider relations encouraging shared problem solving.
- Meeting with providers thinking of developing new services to advise on need and how they may access the market.
- Offering advice and guidance to new micro providers
- Offering training with certificated evidence for people wanting to be Personal Assistants (PA's)
- Providing a 'Provider Corner' on the [Notts Help Yourself](#) to highlight opportunities around external funding, changes in legal requirements, training opportunities and advertise services
- Partnership working with Nottingham City Council, District Councils and Health to try and integrate commissioning, reducing bureaucracy for providers (around quality monitoring for example) and people (around the use of personal budgets where individuals may now get a personal health budget and a social care personal budget and choose to take them as a single direct payment).

Procurement

When procuring services, Nottinghamshire County Council, as a 'Best Value' authority is under a duty to "make arrangements to secure continuous improvement in the way in which functions are exercised, having regard to a combination of economy, efficiency and effectiveness". When undertaking a procurement this involves challenging how services are provided, consulting with individuals, comparing the performance of suppliers, and using fair and open competition wherever possible to secure efficient and effective services. We advertise contract opportunities over a certain contract value through Central Government's repository '**Contracts Finder**' which provides contract information referring to future opportunities, current opportunities, awarded contracts and pre-procurement engagement with the market. Nottinghamshire County Council currently runs tender processes through ProContract found at www.eastmidstenders.org where organisations apply for contract opportunities. This ensures opportunities and the tender documents are made available, free of charge, to interested organisations.

Public procurement in the UK is governed by several Directives and Regulations. Following the UK's departure from the EU it is envisaged that during the term of this MPS there will be changes to the Public Contract Regulations affecting how Goods and Services are procured.

Messages to the Market

- Think about how you can meet the gaps in services highlighted in this document
- Ensure that you understand how to tender for any work e.g. dynamic purchasing system, framework agreement.
- Advertise/share your services and resources on Notts Help Yourself.org.uk
- Attend provider and stakeholder meetings and forums with NCC and ICBs to find out about any developments in the market and share your views with us
- Come and talk to us before developing a new service, especially if planning approval or CQC approval is required or you are hoping to attract Council funded business.

Have you ever thought about setting up your own business? You can find useful information on the Council's [setting up a small social care enterprise](#) page.

Have you ever thought about becoming a Personal Assistant? you can find out more information and PA videos on the Council's [Personal Assistant](#) pages.

Contact Strategic.Commissioning@nottsc.gov.uk if you are thinking of developing any new care or support service in Nottinghamshire.

PREVENTION SERVICES - HELPING PEOPLE TO HELP THEMSELVES

Self-care and management of long-term conditions is a key element of all services. It is applicable to us all; it describes all the of the things we do which maintain our physical and mental health and emotional wellbeing.

The Council are supporting individuals to self-care by connecting people to existing community resources or short-term support that avoids or delays the need for long-term packages of care.

Commissioned services offer

Our **Prevention** service is commissioned to support the Council's prevention and promoting independence priorities. It aims to reach people early and maximise the use of informal and community-based solutions to achieve a person's goals.

It provides person-centred, strength-based, short and medium-term support for anyone over 18 at risk of deteriorating health and independence. This service also focuses on ensuring it meets the needs of people with eligible support needs, lack the skills or confidence to manage independently or keep themselves safe.

It is targeted at people who require information, advice, signposting and/or short-term help to work out how they can adapt to their circumstances in order to continue to self-manage. The support can be accessed for up to 12 weeks and focusses on ensuring that people can manage their health and wellbeing effectively, are living in appropriate homes, have networks of social contact and informal support, are managing financially and can acquire the skills or access the technology to enable them to continue to live without formal support or with minimal intervention.

Prevention services will deliver

- **Increased independence**, including navigation of prevention and community services and effective self-care.
- **Improved quality of life** and wellbeing for people who need care and support and carers.
- **Reduced social isolation** and loneliness
- Delayed and/or **reduced need for care and support**

Contracting Arrangements

Work is underway with health partners and other stakeholders, to develop integrated place-based approaches to Prevention that build stronger communities and utilise community assets. This will lead to greater opportunities for providers to collaborate, while delivering their own areas of specialism.

Messages to the Market

- Providers should anticipate recommissioning opportunities for this set of needs during 2023 with a view to new contracts commencing from autumn 2023.
- The Notts Help Yourself.org.uk service directory is widely used to source information and advice on available services across Nottinghamshire. Providers offering services should consider registering their services on NHY.
- Providers should focus on building a local network that supports working collaboratively and nurture opportunities to deliver services more seamlessly across a local area.

Moving Forward is a short term, mental health support service. It was re-commissioned during 2019 to continue to work closely with statutory mental health services, supporting people to address housing and money problems, and improve mental well-being. The service started in January 2020 and aims to support people to 'Regain Control' of money & housing issues; 'Build knowledge, develop skills & access resources', achieving healthier lifestyles, social connection, skills for living, employment and skills sharing; and 'Stay Independent & Well', developing a plan for on-going self-management. Support is available to people in contact with community mental health teams, people open to crisis teams and to people who need support around housing or money support to enable them to leave hospital. Where appropriate, referrals may also now be made by the County Council's Customer Service Centre.

Contracting Arrangements

This provision is delivered under single provider framework which has been extended until January 2025. The call offs described above were awarded for an initial period of 3 years and have been extended for a further 3 years. Annual expenditure on this contract is currently £1.174 million.

Message to the Market

Mental Health Support Services will:

- Intervene at the earliest opportunity (in both community and hospital settings)
- Deliver person-centred, strength-based approaches that support recovery and focus on prevention of escalating need.
- Work with health partners to ensure people receive an integrated response when their mental health is deteriorating
- Use holistic approaches for the improvement of mental and physical health and wellbeing
- Work to address issues of parity of esteem between mental and physical health
- Build on other community resources to promote skills for self-care and independence

Further opportunities may arise during the course of the contract. The framework contract holder, Framework Housing Association, may choose to work with others as appropriate to deliver any future call offs.

Internal Services Offer

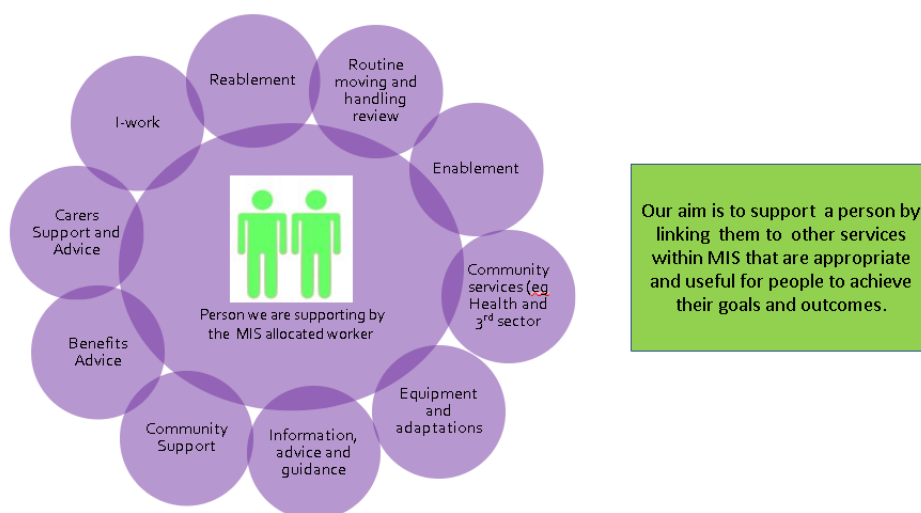
District social work teams, the Adult Access Team and the Customer Services Centre provide information, advice and support to anyone who may need a service. In addition, the Council provides support through the Maximising Independence Service.

Maximising Independence Service

The **Maximising Independence Service (MIS)** is a Council run service based in the Adult Social Care and Health department. The aim of the service is to help people to maximise their independence as much as possible by providing information, advice and guidance, setting short-term goals and identifying support to achieve those goals. Anyone who needs short-term support to retain, regain or increase their independence can be referred to the service. This includes both those who do and do not already receive support from adult social care.

The Maximising Independence Service has a number of 'tools' to help people achieve their goals:

- **Reablement**
- **Enablement**
- **Benefits Team**
- **Community support**
- **i-work**
- **Blue badges**



People who are D/deaf

The County Council commission a support service for people who are D/deaf, deafened, and hard of hearing including those who use British Sign Language (BSL) as their first language and people experiencing hearing loss. The 2021 Census shows that in Nottinghamshire 241 people registered their first language as BSL. There are 604 Deaf people with or without speech known to the Council. There are a few commissioned services which can support people who are D/deaf, deafened and hard of hearing in Nottinghamshire.

Commissioning Intentions:

The Council is reviewing current support and services which are available to D/deaf people in Nottinghamshire. The Council is working closely with key stakeholders and D/deaf people in the planning of future services and will continue to find innovative new ways to engage and support D/deaf people.

Contracting Arrangements:

The Deaf Support Service, contracted to Places for People, provides housing related support. It enables residents to access and maintain tenancies and access local services which assist them to maintain themselves within their local communities. Drop-in facilities are also provided which assist local people to gain access when required. The current contract value is £61,500 per annum. This contract was extended until March 2023.

Nottinghamshire Deaf Society (NDS) – This is a D/deaf charity located at the former Deaf School in Nottingham. The Council makes a financial contribution of £18,000 per annum towards the provision of a welfare rights service, information advice and signposting, and opportunities for social connection. This contract has been extended until July 2023.

NDS also hold a contract with the City Council, on behalf of the City and County Councils and also some local health services, for the provision of British Sign Language interpreting. The County Council's contribution is £19,715 per annum. This contract runs until November 2023.

Message to the Market

- The Council is keen to see providers support D/deaf people across Nottinghamshire in a way that enables them to find and deliver some of their own solutions
- The Council wants to see providers building strong local partnerships to support a broader health, well-being and promoting independence agenda across the County
- The Council wants to retain an interpretation service to ensure D/deaf people have the autonomy to access information, services and support in a timely way whilst having the opportunity to provide feedback
- Through engagement work the Council has highlighted having D/deaf staff is crucial to promote effective communication between the support worker and the person
- Providers should anticipate recommissioning opportunities for this set of needs during 2023 with new contracts commencing in late 2023

SUPPORTING PEOPLE TO MAXIMISE THEIR INDEPENDENCE

A range of services have been commissioned to provide practical help and support to enable people to remain as independent as possible.

Handy Person Adaptation Service

The Handy Person Adaptation Service (HPAS) provides the help and support people need to keep safe and secure in their home with high quality essential adaptations and small practical jobs at low cost. This service is available to Nottinghamshire residents aged 60 or over, or who have a disability and the work is carried out by professional traders who have 'Buy with Confidence' accreditation. The jobs will reduce the risk of a fall or help people to remain living independently and range from fitting key safes and internal grab rails, to putting up shelves and curtain rails or fixing loose carpets to prevent trip hazards.

Contracting Arrangements

This service was recommissioned in April 2022 and the current contract will terminate in April 2025. The annual value of the contract for this service is £580k.

Message to the Market

The Council is keen to work with small local providers as well as larger providers to provide local services for people

HPAS providers can alert the Council to where there might be a concern about the safety or well-being of a person they are delivering a service to.

Integrated Community Equipment Loans Service (ICELS)

The service aim is to deliver a range of community equipment and minor adaptations to meet people's assessed needs for both Adults and Children. The service promotes and enables people to remain independent in their own homes, loaning equipment to support care needs as well as supporting hospital discharges and preventing admissions to care or acute settings.

ICELS is commissioned as a Partnership between Health and Social Care covering Nottingham City and Nottinghamshire County. The service handles over £30million of equipment each year, with around £16million of equipment delivered to people and £14million collected back into the service. Around 90% of the collections are refurbished back into the service to be re-issued to someone else.

Contracting Arrangements

The service has been recently recommissioned for a further 10 years until 2033 and will continue to be delivered by The British Red Cross. Expenditure on this service is £10 million a year.

Message to the Market

- Providers are encouraged to consider the ICELS services when supporting people, which may include supporting access to equipment, provide guidance on how to use it properly, working proactively to support people to develop and maximise their independence
- Providers and people are encouraged to return equipment once it is no longer needed to ensure resources are placed where needed.

This describes a range of devices which can be used to assess needs, manage risks and support self-care. The Council currently provides TEC equipment to over 3500 people with social care needs. This comprises a mix of equipment connected to a telecare monitoring centre; equipment connected to pagers to alert carers and standalone TEC equipment which is predominantly used to enable people to self-manage their care needs. The Council also utilises activity monitoring systems to assess how well people are managing their independence at home. In response to the Covid pandemic, the Council launched a Digital Inclusion Project in 2021, which is now being used to support people with social care needs to acquire digital skills and access online support and information through the loan of a tablet computer, mobile data and 1:1 support.

The Council uses a nationally recognised model to evaluate the impact of its TEC services and is currently achieving significant net efficiency savings and demonstrating improved outcomes for people, including avoidance of residential care admissions, improved carer support and faster discharge from hospital to home.

Moving forward the Council is keen to maximise benefits from the analogue to digital upgrade of the UK telephone network and digital technologies, including the opportunities this presents for hybrid care delivery, predictive analytics and enhanced use of data.

Contracting Arrangements

The current annual spend on TEC equipment and services is around £500k. The main contract for TEC equipment is currently with Tunstall Healthcare Limited and covers TEC equipment, installation, maintenance, equipment recycling and telecare monitoring. The service was recommissioned in October 2021 and runs until March 2023, with an option to extend up to the end of September 2024. The contract for the support element of the Digital Inclusion Project is with Nottingham Mencap and expires in March 2024.

Message to the Market

- Providers should anticipate tender opportunities for TEC Services in the second half of 2023 with new contracts commencing from Spring 2024.
- The Council wants to work with providers to ensure that the opportunities presented by the analogue to digital telephone switchover are utilised to improve efficiencies and deliver improved outcomes for people receiving social care.
- The Council expects providers to utilise TEC within their service offer to maximise service flexibility and accessibility.
- The Council will actively support providers to work with people who use their service to identify how TEC can be best implemented to maximise service flexibility and accessibility to enable person centred approaches.
- The Council wants to see that people are at the heart of the care they receive, and that TEC is used to facilitate this wherever appropriate.
- The digital inclusion programme has highlighted the profound benefits that the introduction of digital skills and opportunities brings to improving someone's independence. The Council encourages TEC and digital inclusion to be extended into other service provision at every opportunity.

Disabled Facilities Grant

Disabled Facilities Grants (DFGs), which support the provision of adaptations for people with long term conditions and disabilities, are funded by central government via the Better Care Fund (BCF). The County Council, which is allocated the BCF, works in partnership with the District and Borough Councils across Nottinghamshire, which manage the mandatory, major adaptation element of the programme in accordance with their duties for disabled people of all tenures.

£7.9m is specifically allocated for the District and Borough Councils for major adaptations work and passported to them for this purpose; £420k is used to fund a Warm Homes on Prescription (WHOP) scheme, £640k is set aside for the Handyperson and Adaptation Service and the remainder is used for other discretionary projects.

Adaptations completed include ramps, level access showers, kitchen adaptations, vertical lifts and stairlifts. The County Council's Occupational Therapy (OT) staff assess people's needs, secure quotes for equipment-based solutions and make recommendations to district and borough partners, who design the adaptation work and procure this from a range of building contractors and specialist equipment providers.

In 2021/22, there were around 700 major adaptations* recommended for people of all ages: children, working-age adults and older adults.

*one individual may have received more than one major adaptation

Contracting Arrangements

Currently, all district and borough councils procure major adaptations through a list of experienced local building construction companies. Housing partners also procure specialist equipment such as wash/dry toilets and ceiling track hoists from a range of specialist equipment suppliers. All works are completed after seeking two or three quotes per scheme, which are sought either by the OT or the Designated Council Officer, managing DFGs locally.

In September 2020, the County Council put in place a Single Provider Framework Agreement for the provision and installation of stairlifts funded both by DFGs and other routes. This Framework is due to be extended and will expire in August 2024. Linked to this, new opportunities are likely to arise in 2024.

Commissioning Intentions

The County Council has an ambition to work more collaboratively with the District and Borough Councils to:

- Improve data systems and, thereby, flow of information and adaptation works, enabling more people to benefit;
- Retain a strong focus on prevention and the role that DFGs can play, alongside other programmes, to support people to achieve their independence and well-being goals;
- Explore alternative ways of working for options that might deliver time and spending efficiencies;
- Consider attainable social value e.g., through use of recycled equipment and sustainable building practices.

Messages to the market

1. Following a review of the stairlift framework in 2023, a renewed opportunity may open up to stairlift suppliers in 2024.
2. NCC and Districts would like to grow the number of contractors and providers that can provide major adaptations work in any or all districts in the County. District and Borough Councils would be interested in receiving enquiries from building contractors who have experience in major adaptations for the disabled, to join a local Approved Contractor list for such works.

Existing building contractors might also consider expanding their operations and should discuss these plans with their local district or borough contact:

Ashfield District Council info@ashfield.gov.uk [Local business opportunities - Ashfield District Council](#) [Find tenders and contracts - Ashfield District Council](#)

Bassetlaw District Council procurement@bassetlaw.gov.uk [Make a Procurement Enquiry \(bassetlaw.gov.uk\)](#)

Broxtowe Council Procurement@broxtowe.gov.uk [Procurement & Contract Opportunities : Broxtowe Borough Council](#)

Gedling Council [Procurement and tendering process - Gedling Borough Council](#)

Mansfield Council [Procurement and selling to the council – Mansfield District Council](#) [Procurement Portal – Mansfield District Council](#)

Newark & Sherwood District Council [Tendering for Council contracts | Newark & Sherwood District Council \(newark-sherwooddc.gov.uk\)](#)

Rushcliffe Borough Council customerservices@rushcliffe.gov.uk [Procurement - Rushcliffe Borough Council](#)

Home First Response Service (HFRS)

HFRS is a short-term rapid response service for people who need social care support to remain at home. It is commissioned from an external provider organisation. The service is mainly used for people over the age of 65 but can be for younger adults if required. It provides short-term support, the duration of which will depend on individual need but will normally be for up to 14 days. The service adopts a reablement approach. Support is delivered in a way that builds on people's strengths and supports them to retain and regain independence.

HFRS can help people get home from hospital quickly using the national "Discharge to Assess" model. This requires that people should return home as soon as they are medically safe to do so and be supported to settle back in. If needed, a period of reablement will follow. It is only once this is completed that health and social care assessments will be completed to establish ongoing needs.

HFRS can also support someone already at home if they have a short-term crisis and are at risk of unnecessary admission to hospital or urgent short-term care in a care home. This includes situations where, at short notice, informal carers (e.g. family and friends) who normally provide support, are unable to do so due to illness or other unforeseen circumstances.

The service will:

- help people to recuperate from illness or short-term crisis
- support people to regain skills and rebuild confidence
- help people live as independently as possible
- help people who are struggling with everyday tasks at home e.g. getting dressed, getting about their home or making a drink.

Following the period of short-term support, if necessary, the Council will carry out an assessment of a person's needs to establish whether any longer-term support is needed.

HFRS is one of three short-term, reablement focused services that the Council is responsible for. The others are the "Maximising Independence Service" (MIS), which is provided by the Council and the "Rapid Response Service", which is commissioned from an external provider organisation.

Contracting Arrangements

The Council has established a single provider Framework Agreement, through which a range of short term Home Based Care and Support Services are procured. HFRS is one of the services that is "called off" under the Framework Agreement. The Framework Agreement runs for four years from April 2023 with an option to extend for two further terms of up to two years. The value of the current HFRS call off is £3.2 million per annum, with the options of further call offs to be made in future.

Commissioning intentions

Over the term of the current contract, the Council will explore the potential for a more integrated approach to commissioning and providing short term reablement services. This will consider a closer operational alignment between all Council and NHS services and the way that resources are invested in them.

Advocacy

Nottinghamshire County Council and Nottingham City Council jointly commission an advocacy service which is delivered by POhWER and is known as Your Voice, Your Choice. The service has been designed to fulfil the local authority's statutory requirements in relation to advocacy. These are:

- Independent Mental Health Advocates (IMHA)
- Independent Mental Capacity Advocates (IMCA)
- Paid Representatives
- Independent Complaints Advocates (ICAs)
- Care Act Advocates.

The service was commissioned in October 2016 and a block contract was awarded for a period of 3 years and extended until October 2023. A competitive tender process commenced in January 2023 to ensure a new advocacy service is in place for October 2023. Annual expenditure on this service is currently around £900k across the County and City.

Message to the Market

- This service will be recommissioned as a single provider framework and all the statutory advocacy requirements will be the subject of call off contracts. This model may give small, specialist advocacy providers the opportunity to work in partnership with the lead provider to ensure the advocacy offer across the County and City meets the needs of all its residents.
- The single provider framework recognises potential changes that will be required as a result of the implementation of Liberty Protection Safeguards (LPS) and the Mental Health Act reforms.

Support for Carers

Based on the 2021 Census data, it is estimated that there are now 85,218 unpaid carers within Nottinghamshire, of which 25,125 are carers providing over 50 hours of care each week. In the County, there are a number of commissioned services that can support unpaid carers and young carers.

Commissioning Intentions

The Council has worked in partnership with the Integrated Care Board (ICB) and Nottingham City Council colleagues to review all current services which are available to carers in Nottinghamshire and Nottingham City. The Council has worked closely with key stakeholders and carers in the planning of future services and will continue to find innovative ways to engage and support carers through integrated commissioning arrangements.

The intentions for commissioned services are to:

- Identify carers early and support them at the first opportunity
- Offer information, advice, guidance and training
- Ensure that carers have a voice and that this is heard
- Enable carers to connect with one another
- Ensure carers are able to access breaks from caring and prevent carer breakdown
- Provide a whole family approach to support
- Ensure carers are supported with their health and wellbeing to live a balanced life
- Provide access to education, training, volunteering and employment opportunities
- Support carers in their life after caring



Contracting Arrangements

Information, advice and support for carers is provided by the Nottinghamshire Carers Hub. The current service was commissioned at the end of 2019, with the specification developed following the outcome of a commissioning review and from working in partnership with carers and key stakeholders. Further investment in this service has enabled more support being offered to carers including increased one-to-one support and having conversations with carers to determine their needs.

The Carers Engagement and Promotion service, which was commissioned at the end of 2019, was developed to identify five key activities. These include:

- support for local employers in identifying and supporting carers in their workforce
- involving carers with engagement and consultation activities in developing services
- supporting GPs with the identification and support for carers within their practice and
- supporting schools with the identification and support of young carers.

Support for young carers (aged under 18) is provided via group activities. This contract commenced July 2021 for 12 months and has been extended for a further 15 months. It is anticipated new services will commence from October 2023.

Message to the Market

- The Council is keen to see providers identify carers across Nottinghamshire in a timely way so that their needs are met, and they are supported in their caring role.
- The Council wants to see providers developing strong local partnerships, involving carers in the broader countywide carers' health and wellbeing agenda.
- Providers should anticipate recommissioning opportunities for carer support services from spring 2023, with new contracts commencing from autumn 2023.
- Providers should consider the needs of carers, including the role of coproduction and engagement, at all levels of service development.
- There is an expectation all service providers must consider the needs of carers within their approaches, working to embed the principles of our carers strategy to ensure a whole family approach to support.

HELPING PEOPLE WHEN THEY NEED IT

Direct Payments, Personal Health Budgets and Integrated Budgets

A Personal Budget is the amount of money the local Council allocates to an individual based on its assessment of their needs. People can take all their personal budget as a Direct Payment (DP) or use a mix of a Direct Payment and a managed service (arranged and purchased by the Council). A Direct Payment is an allocation of funding which is sufficient to meet an individual's support needs. It is a monetary payment made directly to the individual for them to use to meet their assessed eligible social care needs. Direct Payments are the Council's preferred mechanism for personalised care and support. They provide independence, choice and control by enabling people to commission their own care and support in order to meet their eligible needs.

The Adult Social Care Department and the NHS in Nottinghamshire are working together to extend this approach to meet both social care and health needs. This is being achieved by the development of:

- Direct Payments to meet social care needs
- Personal Health Budgets to meet health needs
- Integrated budgets for people with both social care and health needs

In December 2022, 2498 people used a DP, which is over 41% of the number of people receiving community based social care support.

People who receive a Direct Payment are required to open a separate bank account from which transactions relating to the use of the Direct Payment must be made. The Council's preferred option is for people to open a Pre-Paid Debit Card account provided by EML. The Council has a contract with EML to provide these accounts, which have a full range of on-line and telephone banking functions. Account information can be accessed remotely by the Council, meaning that account holders do not need to provide regular statements to the Council for audit and monitoring purposes.

In December 2022, over 34% of people receiving a DP were using a Pre-paid Debit Card Account. Over 68% of new DP recipients chose to use these accounts and it is predicted that there will be a steady increase in their use. It is important for providers of care and support services to have the technology available to be able to accept payments through online, telephone and face to face chip and pin transactions.

Up to 40% of people use their DP to employ a Personal Assistant (PA) to provide care and support. The Council is actively promoting the use of PAs because of the benefits that this can deliver in terms of increasing independence, choice, control and dignity. For example, DP packages have been shown to be more sustainable than packages

where an agency has been used. The individual has more choice and control when they employ a PA because they can control how they receive their support.

People interested in being employed as a PA are encouraged to participate in the Council's 'Support with Confidence' (SWC) scheme which provides a list of individuals offering care and support services. Registration on the scheme demonstrates that individuals have completed 3 modules of e-learning and have been DBS checked. Once registered through SWC the individual can promote themselves on the PA Directory on the Notts Help Yourself website. This is a dedicated area which brings together PAs and people wanting to employ a PA.

People who need help to manage a Direct Payment can purchase this from a number of non-contracted provider support services operating in Nottinghamshire using money that the Council puts into the Direct Payment for this purpose. The Council has contracts in place with five provider organisations to deliver Direct Payment Support Services and most Direct Payment recipients use one of these organisations. Although this is the Council's preferred approach, people can choose to use other provider organisations. The contract for the provision of a Direct Payment Support Service is between an individual and the provider organisation.

The main types of support service provided are:

- support to manage the Direct Payment money through a supported bank account
- payroll services for people who employ their own staff
- support for people who employ their own staff, including short term support to recruit and contract with workers and on-going support to help people meet their responsibilities as employers.

Around 836 people use Direct Payment Support Services and the annual cost of support is approximately £242,000.



Commissioning Intentions

- To increase the number of people requesting a DP to meet care and support needs
- To increase the proportion of DP recipients who use a Pre-Paid Debit Card
- To increase the number of people who use a DP to employ a PA
- To increase the numbers of PAs going through the Support With Confidence Scheme, offer more learning and development and peer support network opportunities to develop a better skilled PA workforce.

Contracting Arrangements

Where an individual chooses to meet their social care needs using a DP, they will use this to purchase and contract for their own services. People will be directed to the [Notts Help Yourself](#) website to find out about the social care services and organisations that are available within Nottinghamshire. The contracting arrangements for services provided through a DP are between the individual and the provider. There is no contract arrangement with the Council.

The Council currently has a contract with EML to provide Pre-Paid Debit cards to DP recipients as a means of managing the DP.

Messages to the Market

- The Council and the NHS are looking for creative, person centred approaches to meeting people's needs for both social and health care related support.
- Providers are encouraged to register and list their organisation on [Notts Help Yourself](#) to raise the profile of business.
- Personal Assistants should register on the PA Register
- The Council is keen to increase the range of different services available for people in receipt of a DP.
- Providers should have the technology available to be able to accept payments through online, telephone and face to face chip and pin transactions.

Anyone interested in becoming a Personal Assistant can find out more information and watch PA videos on the Council's [Personal Assistant](#) pages

Micro Providers

There are over 200 organisations listed on the Notts Help Yourself website that identify as being micro-providers (businesses that have ten or less paid or unpaid workers) and approximately 100 listed as a small organisation (under fifty employees). They provide a variety of services. The Council offers specific support to micro-providers to enable local people to develop business ideas that will help individuals within their local community to be more independent and to meet their needs. Anyone interested in accessing this support, should complete the [enquiry form](#) on the NCC website. The Council will:

- listen to your ideas and give you professional feedback
- support you to understand legal requirements and any care regulations that might apply to what you plan to do
- advise and provide practical information on regulation, training and insurances
- direct you to other organisations who can help
- connect you to [training opportunities](#) for local social care providers
- promote your organisation to people who need your services by encouraging you to register your service on [Notts Help Yourself](#)

Messages to the Market

We need providers to work in partnership with us

- Think about how you can meet the gaps in services highlighted in this document
- Ensure that you understand how to tender for any work e.g. dynamic purchasing system
- Advertise/share your services and resources on Notts Help Yourself
- Attend provider and stakeholder meetings and forums with NCC and CCGs to find out about any developments in the market and share your views with us
- Come and talk to us before developing a new service, especially if planning or CQC approval is required or you are hoping to attract council funded business.

Have you ever thought about setting up your own business? You can find useful information on the Council's [setting up a small social care enterprise](#) page.

Home Based Care and Support Services

These services address the needs of people who require longer term or ongoing social care and support at home or in their local communities. The Council commissions Home Based Care Services from external provider organisations. These services are provided to people who have been assessed as eligible for social care and support, and for whom the Council has a responsibility to contribute towards the cost of the care. There is a wider marketplace of Home-Based Care providers that can be used by self-funders. Home based care and support is part of a system of services to keep people living at home. Other parts of the system include short-term reablement, rapid response, carer support, assistive technology and Housing with Care.

Services are based on an ethos of promoting independence. They encourage people to retain and regain their confidence and independent living skills and over a longer period to reduce their dependency on care services. Support varies according to individual need but includes help with all aspects of daily living, such as personal and domestic care, accessing the community and social networks and regular and planned respite for informal carers where this is part of an on-going package of care. At times support may extend to include basic health care tasks with the appropriate training and oversight from health clinicians.

The Council commissions long term services from a group of external providers, who have successfully bid for contracts in six area-based hierarchies. The areas covered are:

- Broxtowe
- Gedling
- Rushcliffe
- Mansfield and Ashfield
- Newark and Sherwood
- Bassetlaw.

The hierarchy in each area consists of a single Lead Provider, supported by up to 25 further Additional and Supplementary providers.

The Lead Provider

The single Lead Provider for each area is contracted to provide Home Based Care and Support Services to most (around three quarters) of the people needing a Council arranged service in their home area. When a person is assessed as needing long-term home-based care and support, this is always offered first to the Lead Provider. The Lead Provider also delivers care and support to people living in local Housing with Support schemes.

Additional Providers

If the Lead Provider is unable to provide the care requested, it is then offered simultaneously to the group of Additional Providers for the relevant area all of whom can offer to pick it up. Additional Providers have a ranked order. If more than one Additional Provider offers to pick up a Package of Care, it is allocated to the highest ranked provider. Additional providers are required to make offers on at least 10% of cases referred to them during a financial year.

Supplementary Providers

If none of the Additional Providers can provide the care requested, it is then referred to the Supplementary Providers who also have a ranked order. When required, requested care is offered in turn to Supplementary Providers in the relevant area, based on their ranked order position. Supplementary Providers are not obligated to provide the care requested and Providers will be approached in turn until the care can be provided. As a guide we expect Supplementary Providers to pick up at least 20% of referrals offered to them during a financial year.

Contracting Arrangements

Using a Dynamic Purchasing System (DPS), the Council has established a Dynamic Provider List for Home-Based Care and Support Services. The list was established in January 2017 and will continue until December 2027 (unless terminated earlier). Organisations may submit applications at any time during the life of the list. The Council evaluates the applications and successful bidders join the list.

Organisations that are included on the list are invited to tender for specific individual contracts, which include those for the on-going home-based care and support services described above for Lead, Additional and Supplementary Providers. Invitations to Tender are issued as and when the Council requires extra capacity. In January 2023 the Council aimed to commission between 20 -25 provider organisations in each area.

Annual spend on long-term home based care and support services is approximately £27.7 million per annum.

The Rapid Response Service – Home-Based Care and Support

In addition to long-term services, the Council also commissions a short term Rapid Response Service to deliver home-based care and support. Support may be required for a period of just a few days up to a few weeks. The service is used where support needs to be arranged very quickly. If necessary, the service will support someone within 4 hours of a referral being made. It is used in circumstances where people are experiencing a crisis at home, where there is unplanned disruption to a person's normal long-term care and support package, and when urgent or short-term support is needed to give informal carers a period of respite. The service may also be used when other appropriate services that would normally be used are not available.

The Rapid Response service is commissioned from a single provider organisation, which covers the whole of Nottinghamshire. The current contract started in October 2021 for an initial 2-year term. This may be extended by up to 5 years in two increments, 3 years (the first extension period) plus 2 years (the second extension period).

Message to the Market

- The Council needs homebased care providers who are flexible, person-centred and use an enabling approach. They must work in partnership to be outcome focused and charge realistic rates to create a sustainable service.
- Home care providers are encouraged to join the homebased care dynamic purchasing system in order to apply for contracts for services that may be advertised in the future.
- The Council welcomes the opportunity to work in partnership with home care providers to explore and test concepts and innovations such as Technology Enabled Care, considering the outcomes which can be achieved for people.

Housing with Care (also known as Extra Care)

Nottinghamshire County Council currently commissions 222 Housing with Care units across Nottinghamshire predominantly for older people. This provision is based in 12 Housing with Care schemes within six districts. The schemes have varied tenure arrangements including shared ownership or social rent plus private ownership. Schemes are delivered either by district or borough councils; Arm's Length Management organisations (ALMOs) or housing associations.

Commissioning Intentions

We aim to increase the number of Housing with Care places available to the Council with further developments planned up to 2025. Providers are required to assist the Council develop different and flexible models of Housing with Care within different housing arrangements including mixed tenure schemes. Some of this provision will be refocussing domiciliary care currently delivered in sheltered housing schemes and other housing schemes.

The focus of these services will continue to be on independent living, using technology and enhancing the model of reablement to avoid or delay the need for higher levels of care or admission to residential or nursing homes. Providers will be required to develop services that demonstrate effective outcomes for residents with dementia and other specialist needs as the population lives longer with more complex needs.

Additionally, the Council wishes to explore mixed models of housing with care to ensure a balance of needs which support a vibrant community. This may involve the inclusion of some younger adults with low level support needs. Future schemes will establish links to other community resources ensuring the housing scheme is considered an integral part of the local community.

The Council wishes to ensure strong partnership working across housing and care providers and the Council's social care teams to deliver good quality, joined up care and support with a focus on enablement and maintaining and promoting independence, including genuinely encouraging the development of social groups and activities run by the tenants for the tenant.

Contracting Arrangements

For existing services, the care and support services in the current Housing with Care schemes are delivered by the lead provider for the home-based care for the local district.

Development of new Housing with Care services will be commissioned through tender for the housing which may also include the care contracts.

Messages to the Market

- The Council invites providers of Housing with Care (Extra Care) to approach the Council as part of on-going market engagement.
- Please see details of where services will be required over the next 2 years and which can be found on the [Housing with Care Strategy](#)
- Please see standards expected in housing design when offering Housing with Care in the Nottinghamshire County Council design specification.

Housing with Support

The Council's aspiration is for adults with social care needs to live as independently as possible in their own home. The Council wants to take a 'whole life approach' to support individuals, working to ensure that:

- a) there is the right support at the right time in the right place, for all Nottinghamshire residents who have an eligible assessed need
- b) those with care and support needs have access to the right kind of housing to enable maximum independence
- c) people are supported to live and be part of their local community, in a place they can call home.

The Council has developed a [Housing with Support strategy](#) which sets out the Council's approach to how it will work with all its partners including health, district and borough councils, other housing organisations, care and support providers as well as the wider voluntary and third sector organisation to ensure that people have access to appropriate housing where it is needed with the right support.

The Council uses the term 'Housing with Support' as a broad term which covers a variety of different types of supported housing options that the Council has a duty to provide. These include

- providing support and care in an individual's own home
- providing housing as part of the care and support solution.

Commissioning Intentions

The Housing with Support Team is responsible for the oversight of the Council's Supported Accommodation portfolio, commissioning both the housing and the care and support provider to deliver supported accommodation schemes throughout the county. These schemes support adults with disabilities who are predominantly under 65, with an aim to maximise independence and over time reduce the reliance on paid support.

This portfolio consists of around 200 schemes and 750 units of accommodation. It is expected the number of housing units managed by this team will increase aligned to the following commissioning intentions:

- To increase the number of supported accommodation units available in Nottinghamshire.
- To reduce the reliance on residential care services, achieved in part by increasing the number of alternative housing options which will include tech enabled care, general needs housing, supported living and supported living plus services.
- Supported accommodation will be strategically managed, ensuring the right housing is available when required. This will include moving people out of residential care into more independent forms of supported accommodation where appropriate and others from supported accommodation into less intensive supported accommodation options. Where individuals do not need specialist housing or would not benefit from shared support hours, their needs

- will be met in general needs accommodation.
- Tenancy support will be focused on enabling maximum independence.

Messages to the Market

Via formal procurement, the Council intends to work with partners to develop new housing accommodation to meet existing and future needs which include:

- 50 additional units of specialist housing and Supported Living Plus services for people with complex needs. Accommodation must be suitable for individuals who may display behaviour of concern, with considered environments that manage risks, and a comprehensive model of positive behavioural support embedded within the delivery of the care.
- Approximately 300 units of accommodation to incorporate
 - Individual flats within a single scheme base
 - Shared accommodation suitable for short term tenancies
 - Shared and individual units to accommodate wheelchair users
- Individuals will be encouraged to move on towards greater independency and providers will be expected to create opportunities for positive outcomes.

Care Support and Enablement (CSE)

Care, Support and Enablement (CSE) providers are commissioned in Nottinghamshire to deliver responsive, flexible, and creative services that are capable of actively supporting individuals to participate within their local community and access relevant services and support. The aim of CSE services is to promote independence and ensure the services received by individuals are tailored to meet their needs and their level of independence.

CSE support is designed to meet the needs of an individual, or group of individuals in supported living settings or on an outreach basis. Accommodation may vary and can include self-contained or single person services, and shared provision including core and cluster or shared houses and flats with shared support.

The Council currently commissions support for 734 individuals living in supported accommodation within Nottinghamshire. In addition, there are approximately 400 people who receive outreach support comprising of under 40 hours per week. It is envisaged the number of outreach and CSE packages of support the Council commissions in the future will increase, informed by growing population predictions and an increased number of supported housing units procured by the Council.

Commissioning Intentions

The Council is introducing a new Multi Provider Framework Agreement for Care, Support and Enablement (CSE) services to start from April 2023, replacing the previous Framework Agreement.

Providers are required to have a minimum of three years organisational and/or personnel experience in the delivery of CSE services to adults with disabilities and/or complex needs.

In line with the Housing with Support Strategy, the Council wishes to work with providers who clearly display innovative and person-centred approaches aimed at maximising independence, working to support people into and out of supported living.

Within both supported living and plus services, the Council seeks to work with providers who have a thorough understanding of Positive Behavioural Support and how this can reduce intensive support requirements.

Contracting Arrangements

The new Framework Agreement consists of a maximum of 5 ranked providers in the 7 geographical areas of the County. The Framework will remain open to allow for future providers to apply to meet gaps in service provision.

In supported living schemes where elements of shared and/or night-time support are commissioned, a deficit in payment for any shared care costs can occur when a unit

becomes vacant. Where there is a deficit in the shared care costs and the Council has sole Nomination Rights, the shared element will be paid unless the service is suspended.



Messages to the Market

- The Council encourages providers who can deliver Care, Support and Enablement (CSE) services in Nottinghamshire to apply to join the multi provider framework
- The Council welcomes conversations with providers regarding the CSE review including talking to providers who can work flexibly to deliver innovative cost-effective outreach solutions such as the use of community hubs or community networks
- The Council expects an increase in the number of CSE and outreach packages it's commissions, informed by population projections and the increased number of supported accommodation units in Nottinghamshire

Day Opportunities

Day Opportunities are one of a range of community services available to people with care and support needs and are used by a range of people including adults over 65, people with physical disabilities, people with learning disabilities, autism and mental ill health. Over 1,300 people access these services, and it accounts for approximately 6.9% of the net Adult Social Care budget 22/23.

People who are eligible for social care are assessed by the Council with their needs within one of the 4 bands. Services are purchased at this fixed price per session (a session is defined as a half day) for a maximum of fifty weeks per annum. Should an individual require one-to-one or two-to-one support, the session rate automatically defaults to low needs.

Commissioning Intentions

A consultation with people who use services, carers, providers, frontline staff and other partners resulted in the development of a [new day opportunities strategy](#) in May 2022.

The strategy describes offering people who use services a wider range of opportunities including learning new skills, taking up hobbies and sports, socialising in their local communities, going into higher education, volunteering or getting paid employment.

The strategy also recognises the role day opportunities has in supporting carers to have breaks, and it looks to expand the weekend and evening opportunities available.

The next step is to deliver the new model, in partnership with people who use services, carers/families, day service providers and Nottinghamshire County Council staff. The new day opportunities contract will start from September 2023.

Contracting Arrangements

There are 60 external and 10 internal day service providers on the existing accredited providers list. This accredited list will be replaced by the new day opportunities Framework Agreement from September 2023.

People with eligible needs will be supported to have choice and control on the selection of which day opportunity is right for them, selecting from a range of external day opportunities on the Framework, or internal services.

In instances where an individual wishes to attend an external provider not on the Framework, a direct payment can be considered. Funding for a direct payment is calculated using the same method as for an approved provider, and in some instances a top-up may be required.

Tendering for a new day opportunities Framework Agreement will commence in January 2023. All new business will be purchased under the new Framework Agreement.



Messages to the Market

- The Council intends to commission a new Framework Agreement for Day Opportunities, which will replace the existing accredited list of day service Providers
- More day opportunities should be provided in the community, rather than be building based (where appropriate)
- More day opportunities should be provided in the evenings and weekends as well as during the day time
- Day opportunities should not automatically be viewed as a service for life but as a stepping stone to greater independence, where appropriate
- The Council needs providers who can cater for people with complex physical needs

Care Homes – Over 65s (Aging Well)

Residential care is for people with more complex needs where they are no longer able to be supported at home. As of January 2023, the Council held contracts with 151 independent sector care homes of which 63 offer nursing care.

Overall, the number of care homes in Nottinghamshire has reduced slightly in the last 3 years. Nottinghamshire has historically had an over provision of residential beds particularly in the Mansfield, Ashfield and Gedling areas. We are also now seeing an increase in the number of services in Rushcliffe with new services still being built and other services being extended. This can put strain on existing public services and as such providers should liaise with primary care services to ensure sufficient capacity in areas such as GP and District Nursing to support the home prior to development.

Newark and Sherwood have seen a number of homes close which has reduced the available bed capacity over the last 12 months. This has not resulted in an under provision of placements for residential services but has impacted on those looking for nursing care. The Council is also seeing a need for providers that can offer cost effective care to individuals suffering with complex dementia and related challenges, which is currently putting sustained pressure on mental health provision.

Nottinghamshire County Council has worked closely with the local Nottinghamshire Care Homes Association to develop a 'local **fair price for care**' funding model for use with older people's care homes. An initial model was introduced in October 2008 and comprises of 5 quality bands with associated fee rates for Care Homes, Care Homes (dementia), Care Homes with Nursing, and Care Homes with Nursing (dementia). We have seen a decrease in the number of Band 1 homes (lowest quality) and an increase in Band 4 and 5 (highest quality). 69.5% of care homes are in Band 4 or 5.

The Council has implemented a **Dementia Quality Mark (DQM)** in 2013. This means providers are assessed in the quality of the dementia care provided. Care homes apply for this award and this is assessed on a two yearly basis. The DQM award means that the care home will receive enhanced payments for those residents who meet the criteria. There are currently 35 care homes with the DQM award for 2022-24.

Nottinghamshire County Council proactively supports providers to use the NHS Capacity Tracker. During the Covid 19 pandemic the use of the Capacity Tracker became more prevalent. Nottinghamshire County Council works with providers to use the tracker and to keep vacancy information up to date. The capacity tracker also enables us to understand the workforce and infection prevention control issues that providers are dealing with on a daily basis. We work pro-actively with Nottingham & Nottinghamshire Integrated Care Board as part of the Integrated Care System to monitor information providers submit into the tracker and to use this data to understand the status of the health and social care system in Nottinghamshire.

Commissioning Intentions

- During 2023, the updated Care Home Services (Ageing Well) Framework will

be fully implemented. It is intended to open the Framework for a third round to ensure providers have the opportunity to bid to join the Framework before we limit new long term placements to Framework providers only.

- Providers who are yet to join the Framework should do so at the next opportunity or risk not being offered new work. Plans will be communicated as to how current placements will be moved to the Framework, and how non-Framework providers will be affected.
- The Framework also allows us to tender for block contracts for short term needs. Only providers on the Framework will be able to bid for these opportunities.

Messages to the Market

In Nottinghamshire there is an over provision of residential care homes beds. The Mansfield/Ashfield locality in particular has a large number of residential care homes which has resulted in a high number of vacancies.

As the number of people living with dementia is growing, the Council needs universal services to be better at meeting the needs of people with dementia. In particular all care homes are expected to have staff trained to meet the needs of people who have dementia.

Care Homes – Under 65s (Living Well)

There are 129 CQC registered homes in Nottinghamshire offering placements to adults aged under 65. 120 homes are registered to deliver residential care and nine provide nursing care. Most homes focus on supporting people with a learning disability, with fewer catering for a mental health condition or physical disability.

The local market is saturated with residential care homes supporting people with low to moderate needs. Changes in the population suggests there is an increasing demand for services to support those with complex needs. The Council recognises existing services may need to consider how they best align to future need, which include services for people with a forensic need, mental health conditions, short breaks and positive behavioural support (PBS).

The Council anticipates it will meet future accommodation-based needs within supported living and housing with care developments, and on this basis does not identify a strategic need to increase the number of residential care services in Nottinghamshire.

The Council is keen to contract with providers who deliver reablement and active support. The aim is for people to be supported to gain skills and achieve greater independence, enabling them to take more control of their lives. The Council will work with providers that promote individual skills, confidence, and independent connections to reduce dependency.

Commissioning Intentions

- Support people to move on from residential care into supported living services where appropriate
- Work with services, where environmentally appropriate and in people's best interests, to actively consider reregistration into supported living
- Better understand the availability of current short break/respite services
- Contract with providers who have skilled understanding of PBS and can draw on specialist functional analysis when required. Ultimately all services should deliver this.
- Service design and approach which achieves positive outcomes for people, including promoting independence, use of active support and reducing intensity and frequency of behaviours that may challenge.
- Providers who can model deployment of staff based on a combination of background/core support which enables people to reduce the reliance on dedicated 1:1 support and live with less restriction.
- Seek services that can proactively support people transitioning from children to adult services, maximising their opportunity to develop independent living skills.

Contracting Arrangements

There are spot or open contracts in place for existing and historic placements, but all new placements are made via the Dynamic Purchasing System (DPS).

The DPS is a web-based portal introduced by the Council in August 2016. Providers receive individual service specifications for people which are written by the social worker with the involvement of those needing a service and their family/carer/friends. Providers are required to submit a response based on essential and desirable criteria. Individuals will then have the choice of the top three providers based on the quality of their response to the specification and the cost.

Any under 65 care home provider wishing to offer residential or nursing care placements to the Council will need to apply to be approved via the Council's DPS.

Messages to the Market

The Council wishes to reduce its reliance on residential care and will explore alternative types of accommodation-based support, which may include general needs housing, supported living and housing with care.

There is a greater supply of residential beds than demand. We do not need more homes for people with moderate needs. The majority of homes are located in Ashfield and the fewest are located in Rushcliffe. The Council would welcome discussion with existing service providers who can offer:

- Cost effective short breaks
- Unplanned/emergency care beds
- Opportunities to reregister a service into supported living
- Cost effective services which are registered with the CQC for nursing and treatment for people in hospital who have a learning disability and/or autism.

Procurement Forward Plan

Name of Contract	Indicative Annual Value	Contracting Format	Indicative Commencement Date
Prevention Services	£1.6 million	Three Placed Based Geographical Lotted Framework Agreement	October 2023
Carers Engagement and Promotion	£263,749	Single Provider Framework Agreement	October 2023
Carers Hub Service	£300,000	Single Provider Framework Agreement	October 2023
Young Carers Support Services	£76,000	Single Provider Framework Agreement	October 2023
Access to Advocacy	£900,000	Single Provider Public Sector Contract	October 2023
Day Opportunities	£6.2 million	Multiple Provider Framework Agreement	July 2023
Prison Social Care (Ranby)	£12,500	Single Provider Public Sector Contract	April 2024
Prison Social Care (Whatton)	£60,000	Single Provider Public Sector Contract	April 2024
Technology Enables Care Services	£450,000	Single Provider Public Sector Contract	September 2024
Digital Inclusion Project Support	£57,000	Single Provider	March 2024
Specialist Forensic Housing	TBA	Single Provider Public Sector Contract	March 2025
Supported Living in all areas of Nottinghamshire (Accommodation Only)	TBA	Multiple Provider Public Sector Contracts	April 2024
Extra Care	TBA	Single Provider Public Sector Contract	April 2025

Tell Us What You Think

This Market Position Statement (MPS) is published electronically to allow us to update it annually and can be found on: www.nottshelpyourself.gov.uk To discuss any of the areas within this Market Position Statement further or give feedback please complete the questionnaire below or send us a general email to: strategic.commissioning@nottscg.gov.uk

Useful resources that could be found on the Nottinghamshire County Council website

- [Nottinghamshire Adult Social Care Strategy](#)
- [Nottinghamshire Plan 2021-2031](#)
- [Nottinghamshire Housing with Support Strategy Adults 18-64](#)
- [Nottinghamshire Insight – Joint Strategic Needs Assessment](#)

Market Position Statement Survey (MPS)

We would like your views on the content and format of the MPS which we will be updating on a regular basis. Your feedback is anonymous and confidential. Please tick all the answers that apply.

1. Are you currently a provider of social care within Nottinghamshire?

Yes No Not applicable

If No, what would encourage/enable you to offer a service within Nottinghamshire in the future?

If you are not a current provider, what was the purpose of reading the MPS?

2. As a current provider, what type of service are you?

- Care home
- Housing with Care
- Housing with Support
- Home care
- Day service
- Care Support and Enablement
- Voluntary and Community Sector
- Other (please specify)

3. How would you rate your experience of working with Nottinghamshire County Council?

Very good Good Ok Poor

If poor, please provide suggestions of what could be done to improve this?

4. How would you rate the Market Position Statement?

Topic	Very good	Good	Ok	Poor
Relevant to your service				
Easy to read				
Content				
Does it tell me what I want to know?				

Please provide suggestions of what could be done to improve the MPS or any additional comments below

5. Is there anything else you would like to see in future editions of the Market Position Statement?

Thank you for completing the survey.

**REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND
PUBLIC HEALTH****NOTTINGHAM AND NOTTINGHAMSHIRE ALL-AGE CARERS STRATEGY****Purpose of the Report**

1. The report sets out the vision for supporting carers in the future. The overall aim is to enable unpaid carers to access the right support they need to enable them to maintain their caring role whilst having a life alongside caring. The Council has co-produced this work with carers with lived experience, Nottingham and Nottinghamshire Integrated Care System partners, as well as Nottingham City Council, to ensure all local carers can access the support they need, regardless of where they live.
2. The report seeks approval of the final version of the All-Age Carers Strategy, attached as **Appendix 1**, and subsequent implementation activity.
3. This is a Key Decision because it will have significant effects on two or more electoral divisions and the proposed spend is over £1 million.

Introduction

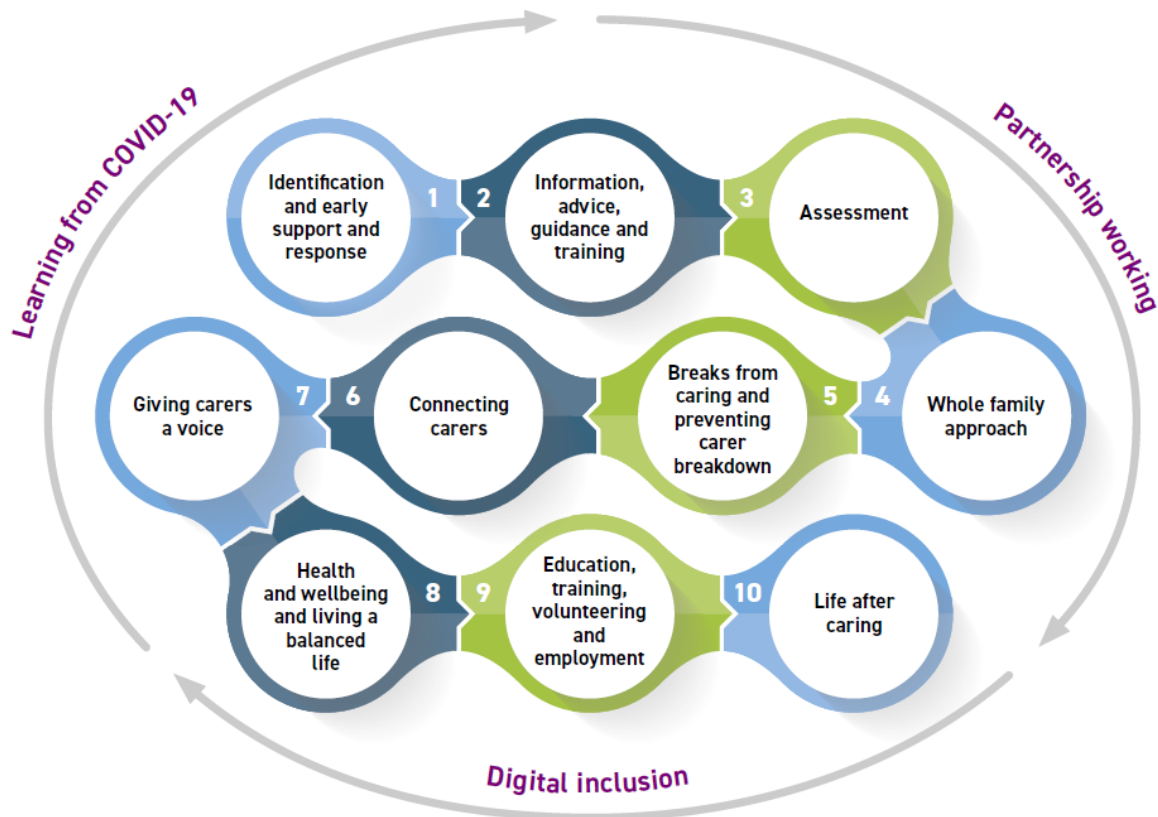
4. The Carers Strategy was developed in partnership with carers and colleagues from Nottingham City Council and the Nottingham and Nottinghamshire Integrated Care Board and supports the vision, ambitions and aspirations of the Nottinghamshire Plan (2021-2031) This builds on a history of good working in partnership and brings the City Council into this relationship; it is the first time that partners have worked in such an integrated way and the strategy has been fully co-produced with carers. Consultation on the draft strategy was agreed at the Adult Social Care and Public Health Committee in March 2022 (see list of Background Papers).

Vision

5. The vision of the new Carers Strategy is “to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives, to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies they come into contact with”.

Ambitions and outcomes

6. The Strategy was co-produced with carers with lived experience. Carers created 10 key components of the Strategy:



7. In order to address the gaps in provision and the challenges currently faced for supporting carers, partners have identified several ambitions, including:
- better identify and support carers in local health community settings
 - develop a joint approach with all providers of health and adults and children's social care to support carers for the lifetime of their caring role
 - have better conversations with carers at the first point of contact to identify support options for carers and the person they care for
 - ensure the offer of short breaks or replacement care is more flexible, accessible and available to meet carers' needs and prevent carer breakdown
 - continue to develop and build on the involvement of carers in the co-production and co-design and monitoring of services
 - further develop advice and information for employers and businesses with supporting carers in the workforce
 - develop a new information, advice and support Carers Hub service for carers in Nottingham City and Nottinghamshire
 - develop new services for young carers to provide age-appropriate support.

The full list of ambitions can be found on page 24 of the Strategy (**Appendix 1**).

Co-production and partnership approach

8. The proposals of joint working in co-production and in partnership with carers and the City Council and Integrated Care Board colleagues provides an opportunity to work across the whole system in a truly integrated way. The key benefits of this will be to strengthen and enhance the way carers are identified and supported with the commitment from all partners to make the best use of joint resources including ensuring parity of provision across the Integrated Care System footprint.
9. Approval was received from the Cabinet Member for Adult Social Care and Public Health on 23 January 2023 to carry out integrated commissioning and proceed with the procurement of the following future carers support services:
 - Engagement and Promotion Service
 - Carers Hub
 - Young Carers Service
 - Respite Service
10. The approval was conditional upon the draft Carers Strategy being approved in the form included at **Appendix 1** to this report. The approval report is listed as a Background Paper.
11. The carers co-production working group (known as the Carers Panel) was formed with a group of eight carers, from the City and the County. These carers have a broad range of caring experiences of different people with a diverse range of health conditions, needs, age groups and social backgrounds.
12. The Carers Panel developed “I” statements which describe what good services and support should look like for carers; these can be found on pages 19 - 23 of the Strategy (**Appendix 1**).
13. Following approval of the final strategy document, each key partner from the Integrated Care System will produce service delivery plans to agree and commit to delivering their key objectives in supporting carers in a more integrated way.

Building on our existing strengths and areas identified for improvement

14. The Strategy identifies successes and achievements in supporting carers over the past few years. The aim is to build on those existing strengths to enhance the support offer to carers. Some examples of these include:
 - a) a new ‘strength based’ approach to assessment by having better conversations with people to identify more personalised support to meet needs
 - b) access to a wider range of short breaks and respite support options to enable carers to get time away from their caring role
 - c) access to a wide range of information, advice and support via the Carers Hub service.
15. The new Strategy addresses areas identified for improvement for carers in the County from the last national Survey of Adult Carers in England which takes place every two years. The data from this survey informs the wider report of the Adult Social Care Outcomes Framework, which measures how well care and support services achieve outcomes which

matter most to people. There are four key areas that Nottinghamshire need to address in relation to carers:

- 1) carers' quality of life
 - 2) carers able to have as much social contact as they would like
 - 3) overall satisfaction of carers with social services
 - 4) carers being included or consulted in discussions about the people they care for.
16. The development of the Strategy document and subsequent action plans will address the above identified key themes where performance needs to improve. This can be particularly seen in the 'I' statements produced by carers, for example "I want to be seen as more than a carer and have opportunities to live a balanced life outside of my caring role" and "I want to be involved in decisions affecting my cared for at all stages and by all professionals/services involved".
17. The Strategy also links into the work and support for carers identified within the Day Opportunities strategy, and the ongoing short breaks review, whereby individual action plans will be produced, which will detail how carers and their cared for will be able to access the provision of an enhanced and flexible support offer which meets their needs and desired outcomes.

Background

18. The [Care Act 2014](#) requires local authorities to "adopt a whole system, whole council, whole-family approach, co-ordinating services and support around the person and their family and considering the impact of the care needs of an adult on their family, including children".
19. Likewise, the [Children and Families Act \(2014\)](#) "extended the right to a needs assessment to all young carers, regardless of who they care for or the type of care provided. This means that when a child is identified as a young carer, the needs of everyone in the family will be considered, triggering both children's and adults support services."
20. The financial contribution that carers make nationally to the economy (according to Carers UK in 2015), was estimated at £132 billion per annum – this is now estimated to have increased to £193 billion in 2020, due to the impact of the Covid-19 pandemic.
21. Nottinghamshire has an estimated 189,040 carers and of these 45,181 are estimated to be providing over 50 hours of care per week. Further, 5,562 young people (aged under 25) are estimated to be carers. The Council carried out 6,100 carers assessments and reviews during 2021/22.
22. In line with national figures, projections for Nottinghamshire show an anticipated increase in people aged over 65 carrying out caring roles over the next 15 years. The anticipated increase is approximately 30% (just under the England average expected increase of 34%) and this rising trend is likely to be seen across the whole carer population (including young carers and working age carers) as more people are living longer with a range of health and social care needs, thereby requiring higher levels of carer involvement.

23. Carers are currently able to access a range of services to support them which are independent from the provision of services to those they care for. Some of these may be subject to assessment of need (i.e. access to a short break) however others are available universally to all carers to prevent needs escalating and to reduce the likelihood of carer breakdown. Current commissioning includes:
- a) Carer Support Services
 - b) Carers breaks (funded in the carer's name)
 - c) Carers one-off support (personal budgets)
 - d) Support to peer led groups
 - e) Contribution to Admiral nurses to support carers of people with dementia
 - f) Contribution to dementia advice service.
24. Significant support is also provided for carers following a joint assessment of need with those they care for. Provision includes:
- a) Access to respite care (commissioned in the name of the person being cared for)
 - b) Provision of breaks within a short breaks unit
 - c) Direct Payments.
25. The Strategy meets the ambitions of the Nottinghamshire Plan, in particular ambition 1, helping people live healthier and more independent lives.
26. The Strategy has made a commitment to procure carers services collectively as an Integrated Care System to avoid the disparity of provision between the City and County and to improve the service offer for those requiring support.

Consultation

27. On 14 March 2022 the Adult Social Care and Public Health Committee gave approval for wider consultation on the Strategy to confirm the approach and to inform next steps.
28. Those responding to the consultation in the main agreed with the direction of the draft, however some areas were highlighted as requiring further detail as carers were unable to recognise their personal caring situation within the Strategy (for example, carers were unclear whether the Strategy related to them if they cared for a person with mental health needs or if they were a parent carer).
29. Following feedback, the Strategy has been amended to strengthen the areas highlighted and make changes to language where necessary to encompass parent carer support.

Interdependencies - short breaks and day opportunities

30. Throughout the development of the Strategy there has been close alignment with the Day Opportunities review and strategy development and the review of internal short breaks provision.
31. The carers spoken with were keen to emphasise how important both services are in helping them to take regular breaks from caring and enable them to maintain their caring role.

32. The workstreams will continue to work closely together throughout the implementation of both the Day Opportunities strategy and carers strategy and through the review of short breaks provision and internal short breaks services to ensure that the needs of carers and those they care for are met in the most appropriate way.

Implementation

33. The Carers Panel and Carers Strategy groups continue to meet in order to produce plans to support the implementation of the Strategy and to make sure the outcomes and commitments within it are met. Some of the areas being considered are:
- ensuring carers assessments and support planning follow strengths-based approaches in line with the Strategy and wider Adult Social Care and Health priorities
 - working with operational staff teams across children's and adult services to support the provision of whole family assessments so that the needs of both carer and cared for can be considered together
 - completing a review of the current young carers support planning processes and how outcomes are met to ensure they are fit for purpose
 - reviewing the short breaks offer to enable the provision of respite that is more flexible and responsive to the needs of the carers and those they care for
 - working with NHS partners to support the provision of Admiral nurses to support those caring for people with dementia
 - recommissioning carer services in line with the Strategy.

Impact on Children and Families Services

34. A number of carers who were involved in the co-production of the strategy were also parent carers and spoke about provision to parent carers and how this linked with the ethos of the strategy and provision of services. Young carers have also been consulted, particularly in relation to service specification which will form part of strategy implementation.
35. In order to meet the needs of young carers and parent carers in the future the Council will look to:
- Increase support to parent carers through the Carers Hub for information, advice, guidance and signposting including access to carer benefits and support groups
 - Strengthen the Carers Hub service specification to include pathways for parent carers and the role of the Family Service to ensure parent carers are referred back to Nottinghamshire County Council for whole family approaches to support and assessment
 - Enhance the Young Carers Support Service to move away from being activity focused to more holistic support offering one-to-one provision and peer support as required
 - Increase support to schools and GP practices to maximise identification of carers (including parent carers and young carers) to provide support at the earliest opportunity
 - Increase awareness of the Carers Hub and Young Carers Support Service throughout Children's and Young People's provision and through the Customer Services Centre to ensure correct signposting.

36. In addition, the adults and children's departments will work together to review the young carers assessment and personal budgets to ensure these are achieving the desired outcomes.

Supporting practice

37. The Strategy will support social care staff, across both children's and adult services, to ensure that best practice is adhered to when supporting carers, families and assessing needs. In line with wider social care approaches the Strategy emphasises the need to support people through personalised and strengths-based approaches and to look at the caring situation as a whole, for example through a whole family assessment. Particularly in the case of young carers, this will ensure that carers are not completing tasks that are inappropriate and would be better served through a commissioned service for the person they care for.
38. In line with this, the Strategy also emphasises the requirement to have the most appropriate conversations with carers in the right time and place in line with the three conversations approach adopted by social care. In the majority of cases carer support will be carried out by the Carers Hub in a manner that mirrors conversation one. Social care staff will then receive referrals for those who need a full carers assessment and either a one-off intervention (via a Personal Budget) or ongoing support, often commissioned through the package of care for the person they care for.

Informal Dialogue with Select Committees

39. On 21 November 2022, members of the Adult Social Health and Public Health Select Committee received a briefing on the proposed All-Age Carers Strategy from the Service Director for Strategic Commissioning and Integration, and the Service Director for Ageing Well. The full draft Strategy and an accompanying covering report had been circulated to members of the Committee in advance of the meeting. Councillor Mike Pringle, Councillor Philip Owen, Councillor Eric Kerry and Councillor Paul Henshaw were in attendance.
40. Members of the Children and Families Select Committee received a briefing on the Strategy on 13 February 2023 from the Interim Service Director for Strategic Commissioning and Adult Social Care, the Commissioning Manager for Ageing Well, and the Group Manager for Early Help. Councillor Sam Smith, Councillor Anne Callaghan, Councillor Roger Jackson, Councillor Callum Bailey, Councillor Francis Purdue-Horan, Councillor John Lee, Councillor Michelle Welsh and Councillor Tom Smith were present.
41. At the briefing meetings, members received a presentation that summarised the proposed Strategy and included information on:
- How the Strategy had been co-developed in partnership both with carers themselves and with colleagues from Nottingham City Council and the NHS Nottingham and Nottinghamshire Integrated Care Board as part of a whole-system approach to co-production.
 - The vision that underpinned the Strategy to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives,

and to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies that they come into contact with.

- The Strategy's ambitions for partnership working, digital inclusion and learning from Covid-19.
 - The key components of the Strategy, how it would deliver on its stated ambitions and what services would be in place.
 - How the current gaps identified in service provision for carers would be addressed.
 - The processes around the recommissioning of services and the pooling of budgets and resources to support the effective delivery of the Strategy.
 - The alternative options that had been considered in the development of the proposed Strategy.
 - The recommendations that were being made to Cabinet and the reasons for these recommendations.
42. Having received and considered the draft Strategy, presentation and other associated information, members took the opportunity to ask questions regarding its development and content, and to consider any recommendations that they wished to make to Cabinet.
43. As a result of the pre-decision scrutiny that was carried out, the relevant members of Adult Social Care and Public Health Select Committee and the Children and Families Select Committee provided the following outcomes to Cabinet for their consideration:
- a) That the draft All-Age Carers Strategy be approved by Cabinet.
 - b) That consideration be given to how the support provided to carers could be further enhanced, giving regard to the opportunities provided by networking and information sharing with colleagues and organisations (both regionally and nationally) who are involved with providing support to carers.
 - c) That the Strategy should clearly identify the Council's aspiration to work as closely as possible with Nottinghamshire schools to ensure that proactive support for all young carers is in place year-round, in addition to effectively signposting the commissioned support services that are available. This includes the ambition to make sure that school staff and governors are fully informed about and engaged with young carers and have received the proper training on how to identify and support these young people effectively, where appropriate.
 - d) That both Select Committees receive a progress report on the implementation of the Strategy in 12-months' time at their March 2024 meetings.
44. The Cabinet report has been amended to reflect these points, most notably in **paragraphs 15(e) and 37**.

45. The Strategy mentions supporting schools on page 17, ‘... helping schools with identifying and supporting young carers’, and working with key partners, including schools, in the ‘We’ section on page 19 of the strategy:

“We will work together with key partners across the system to identify carers and provide signposting and support. This will include GP practices, schools, healthcare providers (including hospitals), and care providers.”

Other Options Considered

46. Continuing to support carers in the current format, through a range of commissioned, local authority and health routes in an uncoordinated way.

Reason/s for Recommendation/s

47. Carers have been instrumental in the production of the Carers Strategy and have co-produced the document at all stages. Carers have clearly stated that the current way services and support are commissioned and delivered does not meet their needs. Instead, they have asked that carer support is delivered and commissioned in an integrated way across health and social care so that support covers the whole County. This will enable equitable access to provision and an integrated support system that is easier for carers to navigate.
48. The Strategy lays down the commitment to enable carers to receive the care and support they require when they need it, regardless of where they live within the Integrated Care System. It will ensure parity of provision across Nottingham and Nottinghamshire and, through commissioned services, increase the support available in line with the Carers Strategy and National Policy and Guidance.

Statutory and Policy Implications

49. 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

50. There are no direct financial implications arising from this report. Any recommissioning and service provision will be contained within the existing budget envelope.

Public Sector Equality Duty implications

51. A system-wide Equality Impact Assessment has been undertaken for this work. The Carers Strategy will have a positive impact on carers. By listening to carers, and working closely with them, committing to the coproduced vision and aspirations for the carer community, the Council is committed to improving the experiences and support for carers in the County.

Implications for Residents

52. The Strategy and its ultimate implementation will have a positive impact on carers (and their families) by providing an integrated approach to delivery of carer support. It will ensure that carers have a clear place to go for access to support, provide this at the earliest opportunity and support wider identification of carers to enable more carers to access provision. By working in conjunction with Nottingham City Council and NHS Nottingham and Nottinghamshire, funding can be maximised to ensure that carers get the best possible and equitable service regardless of where they live in the County or City and for whom they may care.

RECOMMENDATION/S

- 1) That Cabinet approves the final version of the All-Age Carers Strategy, attached as **Appendix 1**, and subsequent implementation activity.

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

For any enquiries about this report please contact:

Anna Oliver
Commissioning Manager Ageing Well
T: 0115 977 2535
E: anna.oliver@nottsc.gov.uk

Constitutional Comments (LPW 02/02/23)

53. The recommendations fall within the remit of Cabinet, by virtue of its terms of reference.

Financial Comments (KAS 02/02/23)

54. There are no direct financial implications arising from this report. Any recommissioning and service provision will be contained within the existing budget envelope.

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.

[Nottingham and Nottinghamshire Carers Strategy - report to Adult Social Care & Public Health Committee on 14 March 2022](#)

[Recommissioning of Carers Service Across Nottingham and Nottinghamshire - decision of Cabinet Member for Adult Social Care & Public Health on 23 January 2023](#)

Strategy Consultation responses

Electoral Division(s) and Member(s) Affected

All.

A0036

Joint Carers Strategy

2023-2028



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Foreword

Becoming a carer is something many people will experience in their lifetime, this role can be rewarding but also hugely challenging. We want to ensure that carers are recognised, valued and supported to live happy, healthy and fulfilled lives. We welcome the publication of a new Carers Strategy, which for the first time will be a strategy to support carers across the whole health and social care system in Nottingham City and Nottinghamshire County.

We recognise the important role that carers undertake in providing unpaid care to their family members, friends, or others and how valued and vital their commitment and contribution to society is in sustaining our local health and social care systems. We are conscious that many individuals will have experience in a caring role with three in five of us taking on a carer role within our lifetime. Carers provided an invaluable contribution of £193 billion in savings to the UK economy in 2020. This includes the £530 million a day saved within the first eight months of the pandemic.

We recognise and understand the many challenges that carers face. It has been well highlighted especially in more recent times, how the responsibility of caring can have a detrimental impact on people's lives and specifically on their physical and mental health and wellbeing. The impact of the Covid-19 pandemic has made caring even more challenging and has resulted in many carers taking on additional responsibilities impacting on their lives even further. Carers have told us that they are stretched and require more support. Despite these challenges, we also acknowledge that caring can be very rewarding for those providing invaluable assistance and support for their loved one.



The aims and objectives of this new strategy will detail how we plan to better support and meet the needs of all carers over the next five years, by working together to make best use of our joint resources. Its basis will focus on building on and refining those things that have worked well for many carers but will also focus on our aspirations for the future. This includes earlier identification of carers in the community, the provision of more personalised support, addressing health inequalities and improving access to support for those carers who are seldom heard. It will also include providing better support for working carers and young carers, and support for carers when their caring role has ended.

Our commitment to the aims and objectives set out in this document, working in co-production with our carers and key partners will improve the lives and opportunities of carers living within Nottingham City and Nottinghamshire County.

Signatories to be added



Introduction and overview to our strategy

This strategy is for all unpaid carers who live in, or are caring for someone that lives in Nottingham City or Nottinghamshire County, regardless of the condition or age of the person they are supporting.

The strategy sets out what we will do together to improve the health and wellbeing of carers. We will develop high quality support services for carers that meets their needs and improves their lives as a carer and ensure they are recognised and valued as partners in delivering services. To do this Nottinghamshire County Council, Nottingham City Council and NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) will work together as a whole Integrated Care System (ICS) to plan and deliver the carers strategy. This is the first time we have worked together in this way to support carers.

We know that working together will improve the lives of both carers and those they care for, by improving the way carers are identified and supported, by making the best use of our joint resources and ensuring consistency of services across the city and county.

This strategy has been co-produced with carers from Nottingham City and Nottinghamshire County, and they have been involved in every stage of the development and design of the strategy. Their voices and experiences of their caring roles are directly shaping the future of services and support which are important to them. We are also talking to other key stakeholders and providers of carer support services to help develop future support for carers.

In developing the strategy, we understand that all carers are different and have their own strengths, needs, priorities, interests and desired outcomes.



Who is a carer?



Nationally women make up **58%** of carers and **20%** of women aged 45 to 54 are providing unpaid care to someone with a disability or illness who is older

(Carers UK, 2021)

The Care Act 2014 defines a carer as ***“an adult who provides or intends to provide care for another adult”*** and ***“A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally, or through a voluntary organisation”***.

The Children and Families Act 2014 defines young carers as ***“a person under 18 who provides or intends to provide care for another person”***.

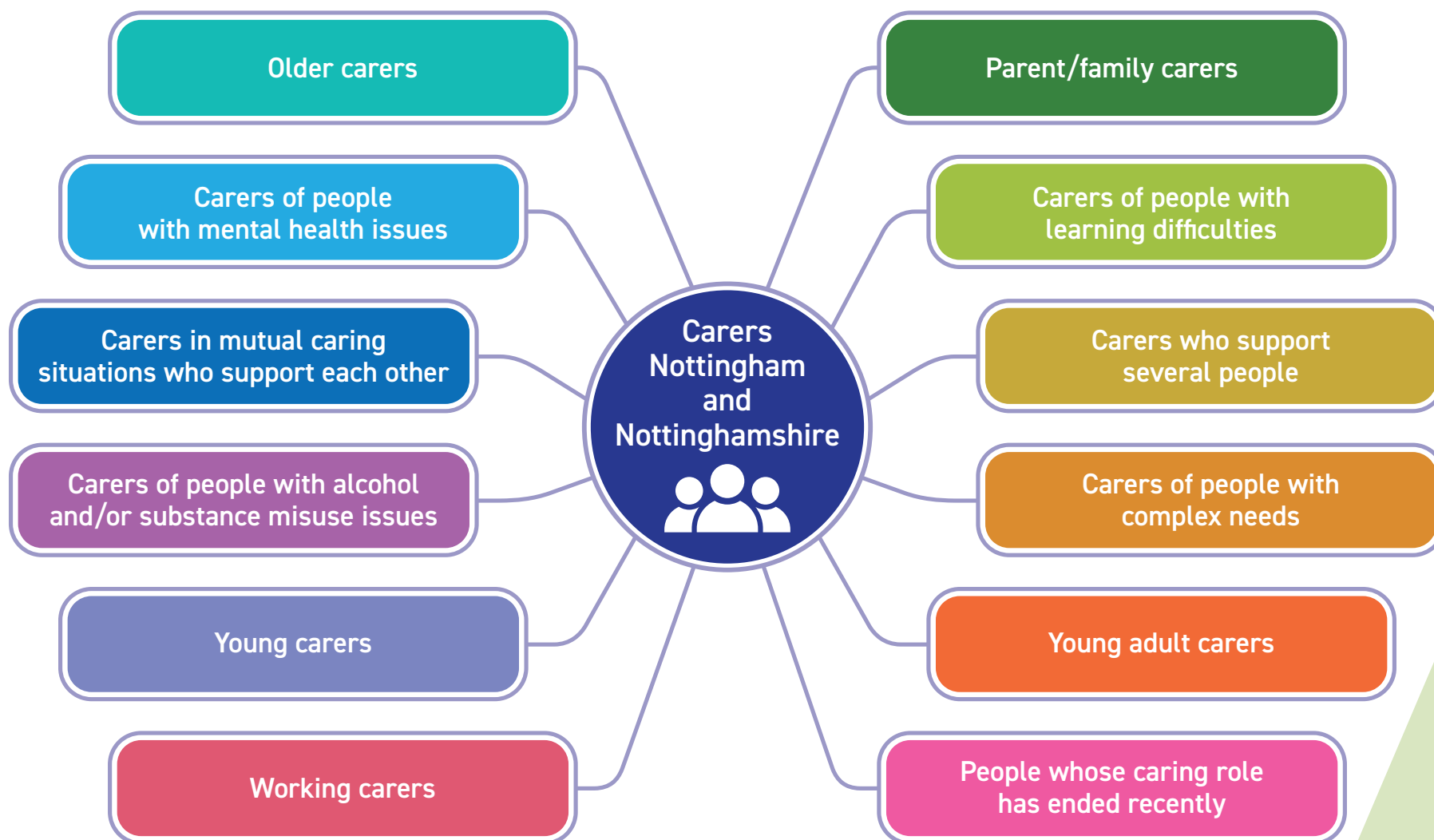
The Children’s and Families Act 2014 also defines parent carers as ***“a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility”***.

A carer doesn’t necessarily have to live with the person they care for to be a carer - some carers don’t live in the same town or city as the person they care for, but their lives are still affected by their caring role. Anyone can become a carer, and often caring responsibilities for a family member, loved one, friend or neighbour can arise unexpectedly.

Many carers, especially early in their caring journey, do not see themselves as carers or see that the support they provide is helping someone close to them who is in need due to disability or illness.

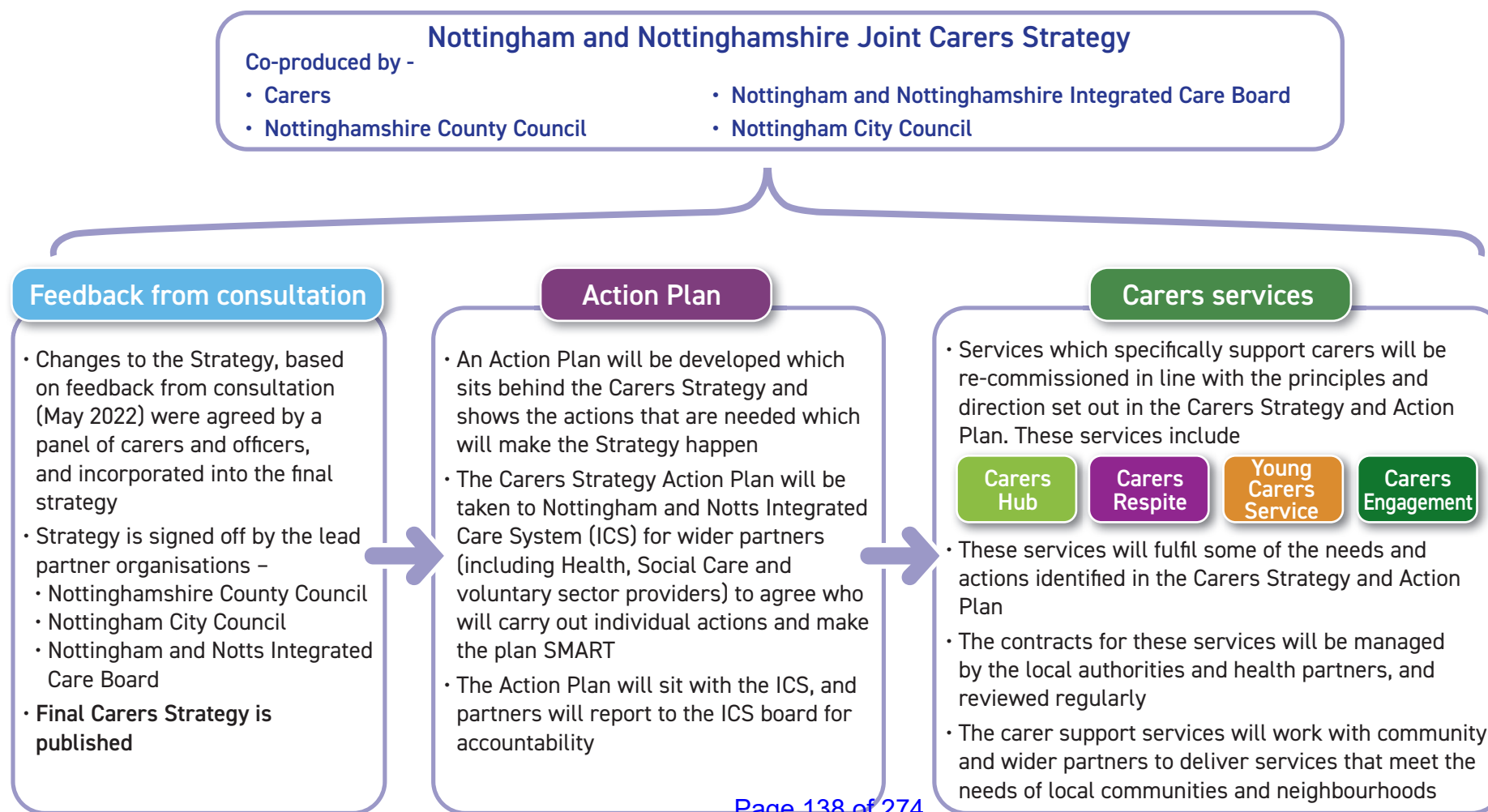


This strategy is for all unpaid carers who live in, or are caring for someone that lives in Nottingham City and Nottinghamshire County, including but not limited to:



The purpose of the Carers Strategy is to provide an overall agreed direction for how carers in Nottingham City and Nottinghamshire County will be supported. It is not intended to be an action plan in its own right, but for an action plan to follow from the Strategy. This will include the detail of how the Carers Strategy will be followed through, informing service design and transforming intentions into action.

The diagram shows how the Strategy will be used to influence and improve system-wide support for carers.



Our vision and principles

‘Our vision is to support and work in true and active partnership with carers and their families for them to achieve healthy, balanced lives, to give them the confidence that they will be supported in a fair, respected and honest way by all the agencies they come into contact with.’

The following principles will underpin the work that we do to support carers, and from these detailed action plans will be created to identify the specific things that will develop or services further.

Our principles are:

- 1 To work in a way that is tailored to each carer to meet their needs and support their health and wellbeing and maintain their independence
- 2 To reduce isolation and health inequalities by improving access to carers who are ‘seldom heard’ or who are from minority ethnic groups
- 3 To ensure carers have a voice, that they are listened to and are treated with respect as people with lived experience in carer support
- 4 To improve the lives of all carers by everyone working together
- 5 To identify and support carers as early as possible
- 6 To provide the right support across the health and social care system to meet the needs of all carers and the people they care for by delivering high quality services
- 7 To make best use of available resources in supporting carers across the health and social care system



Informing the strategy



Nationally **1 in 5**
young people under 18
are caring for someone
(BBC, 2018)



The voices and experiences of carers are the most powerful influence in informing this strategy.

Carers will be involved in every aspect of planning and designing future support services, and this is called **co-production**.

‘Co-production is when you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered’ (Care Act 2014)

As organisations we are committed to becoming increasingly co-productive. Over the last two years, there has been a lot of engagement and involvement with carers locally, regionally and nationally to find out their views and feedback from their personal experiences.

One key source of feedback from carers is the national survey of adult carers in England (SACE), which takes place every two years. This survey asks carers about their quality of life and their general health and wellbeing. The data from this survey informs the wider report of the Adult Social Care Outcomes Framework (ASCOF), which measures how well care and support services achieve outcomes which matter most to people.

The results are included in official statistics reports and help inform local and national policy decisions, such as this strategy.



In England and Wales, the total number of unpaid carers has decreased from 5.8 million in 2011 to **5 million in 2021** according to data from the 2021 Census. Despite this decrease, **51% are providing between 20 and 50 hours of care per week**, compared to 37% of carers in 2011 (Carers UK, 2021)

We are also informed by the Government about how we should provide support to unpaid carers. The recently published Government white paper, 'People at the Heart of Care: Adult Social Care Reform' sets out a 10-year vision for care and support in England. Based on the aims of the Carers Action Plan 2018 to 2020, the white paper highlights three key core strands relating to improving support to unpaid carers. These are:

1. Working with the sector to kick-start a change in the services provided to support unpaid carers
2. Identifying, recognising and involving unpaid carers
3. Supporting the economic and social participation of unpaid carers.

In addition to national requirements set by the Government, we need to make sure that this strategy sets out how carers are recognised and supported in the wider health and care system as well as in carers support services locally. Examples include the Health and Wellbeing Board, adult social care, primary care, mental health and urgent care. All of these have strategies which outline how health and social care will work together to improve how we plan support around the individual and those who care for them.



What carers have told us is most important to them



National research shows
1 in 4 (26%) of adults
provided unpaid care during
the height of the pandemic

Carers have told us what is most important to them in their caring role and how the Covid-19 pandemic has impacted on this.

The feedback given tells us about the contact, support and services carers have experienced from local authorities, health providers in the local community, hospital services and social care providers. It can include any contact with key agencies or organisations that carers may access to help support them in their caring role.

Several common key themes have been identified from the engagement and consultation work, feedback and research that has been undertaken – more details of this work is listed in the attached appendix. Many of these are not new, but by understanding carers needs and the impact of their caring role, organisations can think about what support and services are needed now and in the future.



The top five key themes identified are:



Accessing the right support for the cared for



Access to relevant and appropriate information, advice and guidance



Access to short breaks or replacement care to get a break from caring



Support for carer health and wellbeing - both mental and physical



Being listened to and being able to access good communication and information from health and social care providers



What do we know about carers?



In Nottinghamshire **38.5%** of carers are aged over 65 compared with **26.6%** in Nottingham City (Carers Hub)



The 2021 Census data tells us that there are now **82,172** carers within Nottinghamshire, of which **24,499** are carers providing **over 50 hours** of care per week



The Census 2021 indicated that there are **24,346** within Nottingham City, with **7,710** providing **over 50 hours** of care per week

In Nottingham City



65%
are **female**



35%
are **male**

(Carers Hub)

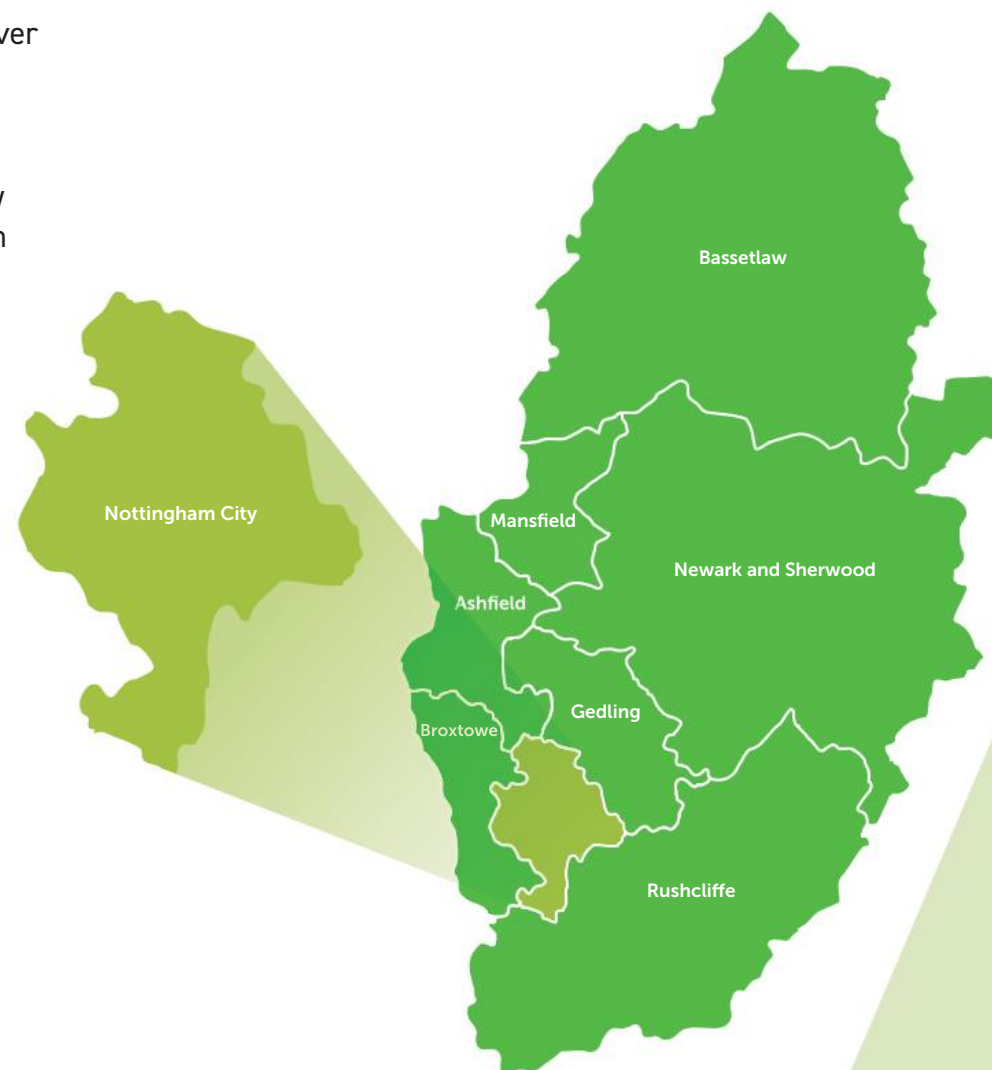
In Nottinghamshire



70%
are **female**



30%
are **male**



Support we provide for carers

Carers across the Nottingham City and Nottinghamshire County are able to access a number of services to support them with their caring role. Available support may depend on whether the cared for is an adult or a child. All carers can access free information and advice and be referred and supported onwards as appropriate.

Other forms of support may include:

- Support groups for carers or to support them with the condition of the person they care for
- Access to health and leisure activities, sometimes at a reduced rate
- One to one support and guidance
- Access to activities for young carers
- A break from the caring role or respite care
- Direct payments for the carer to meet their assessed outcomes

We also work with a number of organisations and services to:

- Identify carers at an early stage in GP practices and schools
- Work with GP practices and schools to help them provide appropriate support once carers have been identified
- Engage with carers to improve services and provision of support
- Develop carer friendly communities and services

For further information on the services that offer this support please visit the [Nottingham City Council](#) or [Nottinghamshire County Council](#) website.

Our successes and achievements – what are we doing well?

The Care Act 2014 and the Children and Families Act 2014 state what we must do legally to support carers. Over the past six years, our support to carers has evolved and developed in ways that go beyond these legal requirements.

We need to continue to build on those things that have worked well, by developing and refining those support offers which mean carers have a wider range of support options which meets the needs of all carers.

We have been successful in developing more choice for carers to provide them with an improved support offer by:

- enabling more carers of adults to have an assessment of their needs, and developing the way in which assessments are undertaken to identify more personalised support to carers in meeting their needs
- providing access to a wider range of short breaks and replacement care to enable carers to get a break from their caring responsibilities
- increasing the number of carers identified and referred for support from partner organisations
- a Carers Hub service, which provides information, advice and support to carers in Nottingham City and Nottinghamshire County, including access to carer support groups, carer breaks, support with physical and mental health and wellbeing, and a range of other support options
- specific support for young carers, including assessment and personal budgets, age-appropriate activities, and peer support groups

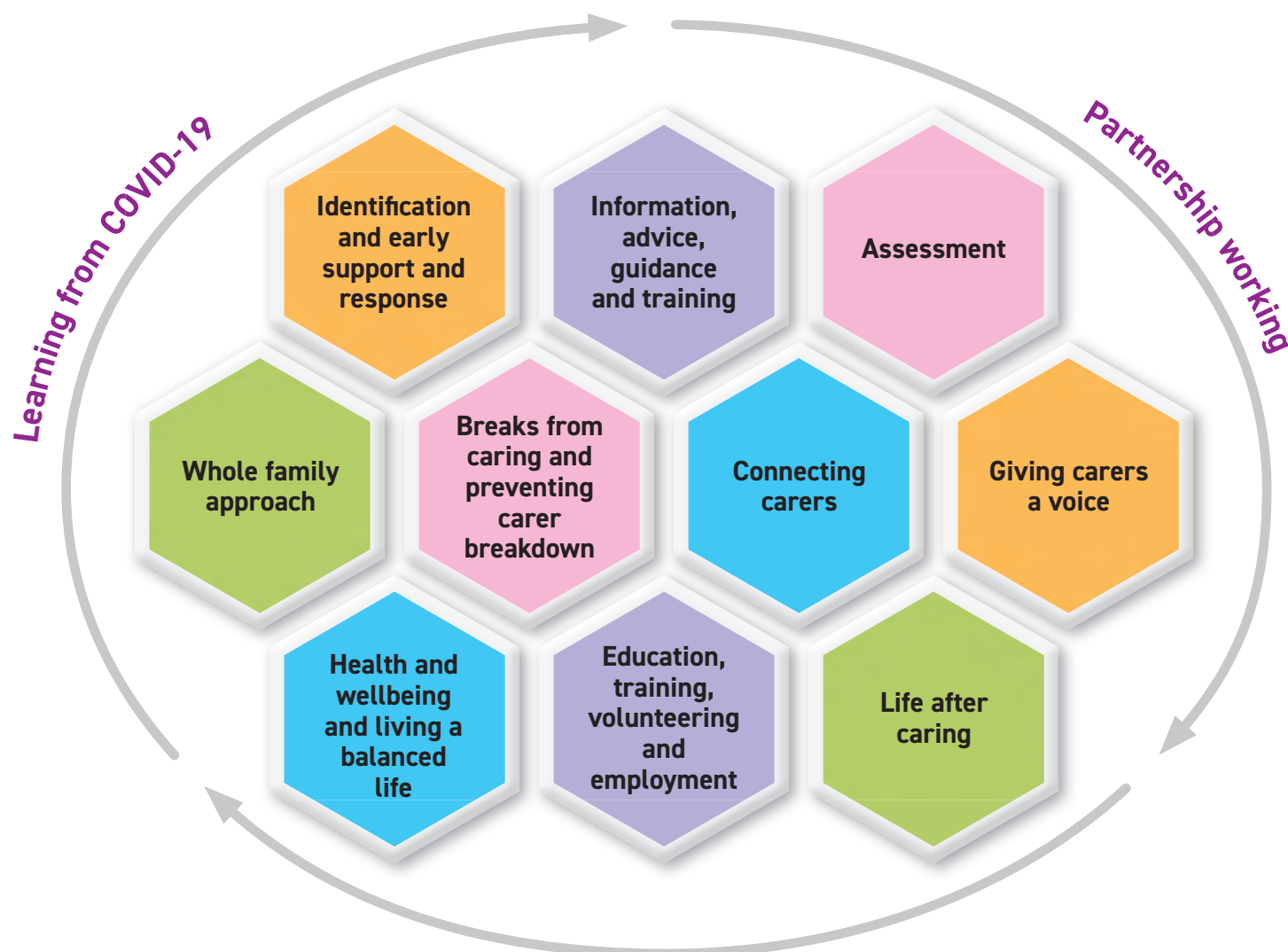
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- access to carer information via various on-line platforms, including local authority websites, [Notts Help Yourself](#) and [Ask Lion](#), [Facebook Nottinghamshire County Council](#), [Facebook Nottingham City](#), [Nottinghamshire County Council twitter](#) and [Nottingham City Council Twitter](#)
- access to learning and training to support carers with practical tasks
- improved access to services and support for the cared for
- access to register for a Carers Emergency Card
- helping schools with identifying and supporting young carers
- supporting GP practices with carer identification and awareness to enable signposting to ongoing support
- access to assistive and digital technology to support caring
- help for employers and businesses to support carers in their workforce
- improved support provided to carers in response to the Covid-19 pandemic including:
 - a successful campaign to enable carers to get priority access to their Covid-19 vaccination
 - wellbeing phone call checks to all carers
 - on-line carer support groups and activities via Zoom and Microsoft Teams
 - on-line wellbeing sessions, including mindfulness, counselling, and self-care for carers

Key components of the Carers Strategy



Carers have worked with us to create the ten key components of the strategy. They have formulated “I” statements which describe what good services and support should look like for carers.

In response to these “I” statements, the partner organisations have developed “We” statements to say what they should be doing to meet carers’ needs and outcomes.

Key component

1 Identification and early support	
Vision: Carers should be identified and offered support at the earliest opportunity, i.e. at the point of diagnosis or discharge.	
'I' statements <ul style="list-style-type: none"> • I want to be able to access information and support when I need it • I would like support at first contact to understand my situation • I would like help to understand what a carer is 	'We' statement <ul style="list-style-type: none"> • We will work together with key partners across the system to identify carers and provide signposting and support. This will include GP practices, schools, healthcare providers (including hospitals), and care providers
2 Information, advice, guidance and training	
Vision: Carers should be able to find information easily and quickly. Professionals should have consistent training and be involved in delivering equal quality experiences for carers.	
'I' statements <ul style="list-style-type: none"> • I would like information or training to support me at the time I need it, for it to be easily accessible, meets my needs and available from whoever I make contact with 	'We' statement <ul style="list-style-type: none"> • We will work with carer support services to ensure carers have access to accurate and relevant information about carers assessments and carer's rights, personal budgets and direct payments as well as support in understanding the specific needs of the person that I care for • We will provide opportunities for training for carers including both on practical tasks and self-care

3 Assessment	
Vision: Assessments need to have an end point/clear goal. This needs to be shared with carers to promote need for assessment.	
'I' statements <ul style="list-style-type: none"> • I want the right to an assessment of my needs as a carer • I would like to tell my story once and then agree when I will have further conversations to explain my situation so my needs can be best met • I want to feel valued and listened to 	'We' statement <ul style="list-style-type: none"> • We will make sure carers have the right conversations in the right place that focus on their strengths and support them to solve problems, and find solutions when looking at their needs and how these can be met • We will work with carers to agree outcomes that build on their strengths and expertise
4 Whole Family Approach	
Vision: Appropriate support and guidance is given to all family members (including extended family networks) and their needs and impact of the person they care for's condition are considered continually.	
'I' statements <ul style="list-style-type: none"> • I want my needs and the needs of my family to be considered and appropriate support provided recognising the impact on all of us 	'We' statement <ul style="list-style-type: none"> • We will work together with everyone's agreement to have joint conversations with carers and people they support to meet needs and agree what to do

5 Breaks from caring and preventing carer breakdown	
Vision: Carers should be able to access different types of respite, depending on their needs, including short breaks, sitting services, weekly breaks. This should be easy to access. Carers should be supported from an early stage with plans in place for changes/emergencies and access to breaks for their own wellbeing.	
'I' statements <ul style="list-style-type: none"> • I can access information and support when I need it • I should be able to access different types of bespoke flexible and timely respite to meet my needs 	'We' statement <ul style="list-style-type: none"> • We will ensure that carers have access to the right information, advice and support when they need it and help support planning for emergency situations • We will provide carers with options to take breaks from caring, to maintain their own physical and mental health and wellbeing
6 Connecting carers	
Vision: Peer support for carers needs to be accessible for all. Carers can learn from each other and share experiences.	
'I' statements <ul style="list-style-type: none"> • I want to be able to share my experiences with other carers in ways that are accessible to me face-to-face, virtual or otherwise 	'We' statement <ul style="list-style-type: none"> • We will support carers and people they care for to be in touch with their local communities and services to avoid being cut off from people or feel lonely or isolated

7 Giving carers a voice	
Vision: Carers feel valued and that their views and experiences are listened to by professionals and others. Opportunities to give feedback and have a say are frequent, relevant and have a purpose/impact.	
'I' statements <ul style="list-style-type: none"> I want to be involved in decisions affecting my cared for at all stages and by all professionals/services involved 	'We' statement <ul style="list-style-type: none"> We will enable carers to have a voice and be listened to by professionals in agreeing care and support decisions
8 Health and wellbeing and living a balanced life	
Vision: Carers should have their wellbeing prioritised as well as that of their cared for. Carers should be able to access respite and support so they can look after their own health and wellbeing needs, access relevant support easily and take breaks.	
'I' statements <ul style="list-style-type: none"> I want to be able to feel safe and supported in my caring role, as well as knowing the person I'm caring for is also safe and well looked after I want to be seen as more than a carer and have opportunities to live a balanced life outside of my caring role 	'We' statement <ul style="list-style-type: none"> We will provide carers with options to enable equal and fair access to health and social care services and support, to maintain their own health and wellbeing, and to feel safe and looked after We will ensure carers can consider their own personal needs and goals as well as those relating to their caring role

9 Education, training, volunteering and employment	
Vision: Carers are able to access courses, employment and opportunities without their caring role limiting their options. They are supported to do this.	
'I' statements <ul style="list-style-type: none"> I want to be able to take up education, employment and volunteering opportunities offered to me, professionally and personally, without my caring role impacting on these opportunities 	'We' statement <ul style="list-style-type: none"> We will encourage organisations to support carers to access opportunities for training, voluntary or paid employment to fulfil their potential if they choose
10 Life after caring	
Vision: Recognise and put support in place to enable carers to be supported to see their life outside of caring while they are receiving support as a carer, so they are prepared when their role changes.	
'I' statements <ul style="list-style-type: none"> I deserve to be recognised as a carer after my caring role ends I need support to prepare me for a time when my caring role reduces or ceases 	'We' statement <ul style="list-style-type: none"> We will support carers preparing and planning with the changes in their caring role or to a non-caring role

These 'I' and 'We' statements will be used to form an action plan. Each organisation will commit to actions in the action plan so that we can develop and improve support for carers. This is on top of making sure we support carers in the way set out in the Care Act 2014 and the Children and Families Act 2014. We will work to make sure that carers remain a priority for Nottingham City and Nottinghamshire County by working with the ICS.

Our plans for the future

As well as the successes of what we have achieved in supporting carers over the past seven years, there have been challenges in ensuring that carers can get the support that they need. The impact of Covid-19 has highlighted many of these challenges even further.

By building on the strengths of what has worked well for carers across the system, we will work jointly together along with our carers in the co-design and co-production of what future support will look like during the life of this strategy and beyond.

Where there were challenges or gaps in support over the past six years, we aim to address these in response to what carers have told us and what good will look like for them:

- better carer identification and support in local health community care settings
- develop a joint approach with all providers of health and adults and children's social care to support carers for the lifetime of their caring role
- have better conversations with carers at the first point of contact to identify support options for carers and the person they care for
- develop services which will support the whole family
- the offer of short breaks or replacement care to be more flexible, accessible and available in meeting carers needs and preventing carer breakdown. Access to some of these services may be dependent on meeting certain eligibility criteria
- break down barriers where communication and sharing of information about the cared for person is an issue



- provide access to digital solutions and technology to support the carer and the cared for
- continue to develop and build on the involvement of carers in the co-production and co-design and monitoring of services
- find ways to improve access to support those carers who are 'seldom heard' and carers from minority ethnic groups to reduce isolation and health inequalities
- further develop advice and information for employers and businesses with supporting carers in their workforce
- develop ways to support carers with a life after their caring role has ended
- develop a new information, advice and support Carers Hub service for carers in Nottingham City and Nottinghamshire
- develop new services for young carers to provide age-appropriate support
- support carers with issues around transport for carers and their cared for to get to essential appointments



Appendix A

Engagement activity with carers

Nationally:

Carers UK: Breaks or Breakdown Carers Week 2021 report

['Breaks or breakdown', Carers Week 2021 report - Carers UK](#)

NHS Digital: Measures from the Adult Social Care Outcomes Framework

[Measures from the Adult Social Care Outcomes Framework - NHS Digital](#)

Regionally:

- Sortified: Supporting Unpaid Carers by adapting services and responding to need during the Covid-19 crisis report (on behalf of ADASS East Midlands) – March 2021 (Not yet publicised)



Locally:

Date	Event/Document	Method	Numbers	Findings/outcome
February 2019	Nottingham City Council: Carers Consultation - collated feedback			<ul style="list-style-type: none"> Carers need to know <ul style="list-style-type: none"> what they're entitled to how to access it where to go to resolve issues and complaints Carers are still not sure where to go for support particularly - <ul style="list-style-type: none"> carers without internet access carers of people with substance misuse issues parent carers
November 2020	Day Opportunities consultation	Consultation and survey	Over 1,500 responses received from service users and carers	<p>With carers citing the following as being of importance to them:</p> <ul style="list-style-type: none"> getting a regular break having their own support network being able to carry out their caring role having the opportunity for hobbies and leisure activities being able to keep going to work
February 2021	Carers survey/ consultation (new carers assessment proposals)	Consultation and survey	5287 sent out 1957 returned	<p>Consultation question on new proposals (Yes/No)</p> <p>Survey to ask carers to rank in order what support is most important to them based on eight key areas of support</p>

Date	Event/Document	Method	Numbers	Findings/outcome
March – August 2021	Short Breaks Carers Group	Co-production group with 6 carers	N/A	Carers were asked about their experiences of short breaks and other types of respite
March – August 2021	‘Impact of Covid-19’ Carer Group	Co-production group with 11 carers	N/A	The group identified a number of key themes on what impacted on carers during the first 12 months of the Covid-19 pandemic
May – June 2022	Draft Carers Strategy	Consultation and survey	143 returned	Feedback highlighted key points requiring clarification and expansion within the strategy document

Appendix B

Local documents

Nottinghamshire County Council

The Nottinghamshire Plan

[The Nottinghamshire Plan: Our plan for a healthy, prosperous and greener Nottinghamshire](#)

Adult Social Care Strategy

[Adult Social Care Strategy | Nottinghamshire County Council](#)

[Nottinghamshire Local SEND Offer](#)

Nottingham City Council

Adult Social Care Strategy – Better Lives, Better Outcomes

[Better Lives Better Outcomes - Nottingham City Council](#)

[Nottingham City Local SEND offer](#)

NHS Nottingham & Nottinghamshire Integrated Care Board

Nottingham and Nottinghamshire Integrated Care System Health Inequalities Strategy 2020-2024

[Our plans & priorities - Nottingham & Nottinghamshire ICS - Nottingham & Nottinghamshire ICS \(healthandcarenotts.co.uk\)](#)

National documents

Carers UK State of Caring – A snapshot of unpaid care in the UK [State of Caring Survey - Carers UK](#)

Carers Week 2020 Research Report The rise in the number of unpaid carers during the coronavirus (COVID-19) outbreak

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[Carers Week 2020 Research Report - Carers UK](#)

Caring Behind Closed Doors: six months on (2020)

<https://www.carersuk.org/scotland/policy/policy-library/caring-behind-closed-doors-six-months-on>

House of Commons Informal Carers Report 2021

[Informal carers - House of Commons Library \(parliament.uk\)](#)

NHS Commitment to Carers 2014

[NHS England » NHS England's Commitment to Carers](#)

NICE Guidelines 2020

[Overview | Supporting adult carers | Guidance | NICE](#)

People at the Heart of Care: Adult Social Care Reform White Paper – December 2021

[People at the Heart of Care: adult social care reform white paper - GOV.UK \(www.gov.uk\)](#)

The Care Act 2014

[Care Act 2014 \(legislation.gov.uk\)](#)

The Children and Families Act 2014

[Children and Families Act 2014 \(legislation.gov.uk\)](#)

The NHS Long Term Plan 2019

[NHS Long Term Plan](#)

Engagement activity with carers has been undertaken by the following organisations:

Nationally:

Carers UK: Breaks or Breakdown Carers Week 2021 report

[‘Breaks or breakdown’, Carers Week 2021 report - Carers UK](#)

Regionally:

- Sortified: Supporting Unpaid Carers by adapting services and responding to need during the Covid-19 crisis report (on behalf of ADASS East Midlands) – March 2021

www.sortified.com/eastmidlandscarers

Locally:

Nottingham City Council: Carers Consultation - collated feedback - February 2019

Nottinghamshire County Council:

- ‘Impact of Covid-19’ Carer Group – March – August 2021
- Carers survey/consultation (new carers assessment proposals) – February 2021
- Short Breaks Carers Group – March - August 2021
- Day Opportunities consultation – November 2020

Appendix C

Committees, Board and Cabinet are responsible for approving or supporting the development of this Strategy:

Nottinghamshire County Council:

- Adult Social Care and Public Health Committee - [Historical Committees > Adult Social Care and Public Health Committee \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/committees/adult-social-care-and-public-health-committee)
(The draft strategy and request to go out to public consultation were approved by the then Adult Social Care and Public Health Committee on 14 March 2022)
- Children and Families Select Committee - [Democratic Management System > Committees > Children and Families Select Committee \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/committees/children-and-families-select-committee)
- Commissioning Board
- Carers' Commissioning Forum

Nottingham City Council:

- Adults Leadership Team
- People's Leadership Team
- Corporate Leadership Team
- Executive Panel
- Executive Board - [Browse meetings - Executive Board - Nottingham City Council](https://www.nottinghamcitycouncil.gov.uk/committees/executive-board)
- Nottingham City Health and Wellbeing Board - [Health & Wellbeing Board - Nottingham City Health & Wellbeing Board \(healthynottingham.co.uk\)](https://www.healthynottingham.co.uk/committees/health-and-wellbeing-board)

NHS Nottingham & Nottinghamshire Integrated Care Board:

- Quality and Performance Committee



Glossary

Assistive and digital technology	Refers to a range of electronic or digital equipment or tools which can help assist and support carers and the people they care for to improve their quality of life. Electronic equipment can include lifelines and sensor monitoring equipment used to detect falls or dispense medication which can support independence and give carers a break. Carers may also be able to have support to access the internet, thus allowing attendance at online carer support events or classes reducing isolation, increasing mental wellbeing and improving job opportunities.
Carer's emergency card	The carers emergency card can identify carers in the event of an emergency. The card is carried by the carer and includes an emergency phone number anyone can call, which will enable contact to be made to family or friends to let them know there is an emergency or visit person you care for and arrange emergency help. This scheme is currently only available to carers who live in the county.
Digital inclusion	Digital inclusion is about making sure everyone can have access and use the internet in a way that makes their life easier. Improving digital inclusion can involve enhancing people's digital skills, providing them with internet connectivity, and making the internet accessible to a range of user needs.
Direct payments	Direct Payments are monetary payments available to people who are eligible for care and support, which provide independence, choice and control for individuals by enabling the arrangement and payment of care and support themselves in order to meet their needs.
Health inequalities	Health inequalities are systematic differences in health between different groups of people that are avoidable and unfair. For example, differences in life expectancies, physical and mental health.
Integrated Care System	This is a partnership between organisations, within a given area, that meet health and social care needs of their local population. Within Nottinghamshire, the organisations include Nottingham City Council, Nottinghamshire County Council, Nottingham and Nottinghamshire Integrated Care Board and the mental health and acute NHS hospital trusts.
Partnership working	Working together with key organisations to enable or achieve a joint outcome.

Personal budgets	This is an amount of money, calculated by local councils, which is allocated to a carer to meet their assessed needs. The amount provided is determined by the type of support needed and the cost. The council can manage this budget and provide and arrange services on behalf of the person, or alternatively the amount of money can be given directly, so that the person can arrange and pay for their own services. This is called a direct payment.
Respite	Respite is a break from caring. This can take different forms, for example a sitting service in the person's home, a replacement care service which is put in place to provide the support normally provided by a carer to enable them to have a break, day activities for the cared or overnight care in a residential care home. Respite can be planned or accessed at short notice (i.e., in an emergency or crisis). Respite is sometimes called Short Breaks or replacement care.
Replacement care	A respite care service which is put in place to provide the support normally provided by a carer to enable the carer to get a break from their caring responsibilities.
Seldom-heard	Refers to groups of under-represented people, who are less likely to be heard by health and social care service professionals and decision-makers due to various barriers, which may prevent their engagement.
Short breaks	A term used to describe a type of respite service which provides a break from the normal routine of caring. Short breaks are usually planned in advance and are not the result of an emergency or crisis in the home, or because of illness e.g., hospitalisation of the carer.
Sitting services	Sitting services are a form of respite or short breaks support provided in the cared for and carers own home, usually for a short period of time during the day (i.e. 2 to 3 hours). The support provided to the cared for includes engaging with and supporting the person, which could include some personal care tasks. Where personal care is needed, support workers are required to be trained in providing personal care.

SMART	This stands for Specific, Measurable, Achievable, Results focused, and Time bound. It's a way of making sure that the objectives set can be met and we will know when they have been achieved.
Social prescribers	Social prescribers are link workers who work in local health communities, that give people time, focusing on what matters to them by taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support. Social prescribers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.



REPORT OF THE CABINET MEMBER, ADULT SOCIAL CARE AND PUBLIC HEALTH**THE NOTTINGHAMSHIRE COMBATING SUBSTANCE MISUSE PARTNERSHIP (THE PARTNERSHIP) STRATEGY AND DELIVERY PLAN 2023-2025****Purpose of the Report**

1. To seek approval of the Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025
2. This is a key decision due to the anticipated impact on multiple electoral divisions in the County. It has been informed by the Substance Misuse Joint Strategic Needs Assessment and the Health Needs Assessment.

Information**Strategy Context**

3. The Government's [Drug Strategy: From Harm to Hope](#) was published in December 2021 to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people who use drugs a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm, and overall drug use. The three strategic priorities of the strategy are:
 - Priority 1: Break drug supply chains
 - Priority 2: Deliver a world-class treatment and recovery system
 - Priority 3: Achieve a generational shift in demand for drugs
4. Nottinghamshire has so far been allocated over £8,000,000 in From Harm to Hope grants, which are aimed at delivering Priority 2: Deliver a world-class treatment and recovery system. These allocations were confirmed by the Office of Health Improvement and Disparities (OHID) on 16th February 2023 and are a continuation from the grants allocations in 2021-2022, this is detailed below:

From Harm to Hope Grant	Year 1 2022/23	Year 2 2023/24	Year 3 2024/25
Supplementary Substance Misuse Treatment and Recovery Grant	£850,409	£1,656,644	£2,718,779
In Patient Detoxification Grant (as part of East Midlands Consortium)	£693,196 (of which £128,203 for Nottinghamshire)	£693,196 (of which £128,203 for Nottinghamshire)	£693,196 (of which £128,203 for Nottinghamshire)
Individual Placement Scheme Grant	£138,936	£170,082	£176,530
Substance Misuse and Housing Grant	£38,231 Low amount due to what we can realistically spend in this financial year	£899,248	Amount to be confirmed
Total	£1,720,772	£3,419,170	£3,588,505

5. The Supplementary Substance Misuse Treatment and Recovery Grant must be spent on a menu of interventions defined by OHID which improves substance misuse treatment outcomes and increases the number of people who present to treatment. This funding will therefore be used to expand on the provision of the current service provider, Change Grow Live, via a contract variation.
6. The operational plans for Year 2 of the Supplementary Substance Misuse Treatment and Recovery Grant spend must be submitted to OHID by 10th March 2023. Nottinghamshire County Council has negotiated an extension of this deadline to 20th March 2023 and is currently finalising the submission, in line with the Strategy and Delivery Plan proposed below and as agreed with the Combating Substance Misuse Partnership for Nottinghamshire. They will be submitted by 20th March and shared with the Cabinet Member for Adult Social Care and Health and the Cabinet Member for Children and Families prior to this.
7. Nottinghamshire County Council lead on the East Midlands Consortium for the Inpatient Grant and commissioned Framework Housing Association for three years (2022-2025) to deliver detoxification services to residents. £693,196 describes the full value for the Consortium; the allocation for Nottinghamshire is £128,203.
8. The Placement Grant is an evidence-based programme which aims to support people in substance misuse treatment to gain sustained employment and started in November 2021. The additional funds up to 2024/25 will be allocated to the existing contract in place with Change Grow Live via a contract variation.
9. Nottinghamshire County Council has been identified by the Department of Levelling up, Housing and Communities as eligible to receive funding for a programme of housing support interventions for those who use substances under the From Harm to Hope Strategy. The Substance Misuse and Housing Grant will provide funding for a programme of housing support in a targeted number of areas to deliver interventions for people in drug and alcohol treatment with a housing need. The total amount of funding for the first two years will be £937,479.

Nottinghamshire Combating Substance Misuse Partnership (The Partnership)

10. The Partnership was approved as an outside body at the [July 2022 Cabinet](#). The Council is a member of The Partnership which is a multi-agency forum accountable for delivering the outcomes of the From Harm to Hope Strategy. It will provide a single setting for understanding and addressing shared challenges related to substance use-related harm, based on the local context and need. Other members include the Police and Crime Commissioner, the Chief Constable and the Nottingham and Nottinghamshire Integrated Care Board. The Council will work closely with these to address the causes, treatment and recovery needs and consequences of substance use for the population of Nottinghamshire.
11. It has an obligation under the From Harm to Hope Strategy to develop an initial three year local strategy delivery plan. This will implement the Government's From Harm to Hope commitments and also the recommendations from the [Nottinghamshire Substance Misuse Joint Strategic Needs Assessment](#) and Health Needs Assessments. Reporting on an annual basis on progress on the local implementation of the From Harm to Hope Strategy is required by the National Joint Combating Drugs Unit. This is done using the National Outcomes Framework.
12. The resulting local Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan also:
 - a. Includes a local fourth priority - the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants. This recognises the wider reasons for people using drugs and alcohol.
 - b. Places an equal focus on alcohol as well as drugs, recognising the greater level of alcohol abuse in the County and that it is a priority for the [Nottinghamshire Joint Health and Wellbeing Strategy](#) and the Nottingham and Nottinghamshire Integrated Care System Health Inequalities Strategy.
 - c. Seeks to provide an additional focus for integrated partnership working between the large number of organisations involved in implementing From Harm to Hope.
13. The first Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan has been endorsed by The Partnership at its meeting on 25 January 2023.
14. Although a partnership strategy, the Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan will contribute significantly to the delivery of the vision and ambitions set out in [The Nottinghamshire Plan 2021-31](#). In particular:
 - Ambition 1: Helping our people live healthier and more independent lives
 - Ambition 2: Supporting communities and families
 - Ambition 3: Keeping children and vulnerable adults and communities safeIt is now being presented to Cabinet for adoption by the Council.

Background of Need

15. The infographic in **Appendix 1** gives a summary of the need surrounding substance misuse in Nottinghamshire. The key facts are:

- a. Local estimates suggest that there could be in the region of at least 175,600 individuals in Nottinghamshire who use substances frequently and could benefit from a substance misuse intervention, with 12,800 dependant on substances. These figures are likely to be under-estimates due to the hidden nature of some substance misuse¹.
 - b. Nottinghamshire has a greater unmet need for alcohol compared to drugs. This is the reason for the equal emphasis on alcohol and drugs in the Local Strategy.
 - c. Substance misuse is associated with a wide range of health and social issues and has enormous health and social care financial costs.
 - d. Anyone could be at risk of developing a substance misuse problem during their lives. Everyone has the potential to develop an addiction to a health harming behaviour.
 - e. There are recognised risk and protective factors at different stages of life, and these are inextricably linked to the family and community environment. Certain populations are particularly at risk.
 - f. Substance misuse does not exist in isolation. Effectively addressing a community's substance misuse issues means addressing the wider determinants of health: the social, economic and environmental factors that impact on peoples' health.
16. The Partnership outlines how it will address these issues and prevent residents from misusing substances but also support and treat those who do to enable them to live healthier and happier lives and remain independent for longer within the new Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025. This is provided in **Appendices 2 and 3**.

Summary of the Combating Substance Misuse Strategy and Delivery Plan

17. The ambitions of the new strategy align with other plans across the Nottinghamshire system. These include [The Nottinghamshire Plan](#), The Nottinghamshire Integrated Care System's Health Inequalities Strategy and [The Nottinghamshire Police and Crime Plan](#).
18. The overarching objectives for the three year life of the strategy are:

Overarching Objective	Impact on Nottinghamshire People and Communities
A sensitive and resilient co-produced process will be fully embedded for the voices of those who use or could use substance misuse services to be heard and influence the work of The Partnership and the implementation of this strategy	By working with and empowering people through co-production we can transform power into individual and communities, enhancing their autonomy, empowerment and trust ² . A population that has these elements can more readily address the wider determinants that underpin (their) health mentioned above, leading to improved health and wellbeing.
Services that come into contact with the at-risk and most vulnerable populations	By identifying people who need to access substance misuse services early, we can treat

¹ Paragraphs a-f are taken from Nottinghamshire Substance Misuse JSNA

² [The Value of Co-Production: Healthwatch Suffolk](#)

will routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.	people early and prevent escalation to the wide range of health and social issues and health and social care financial costs. The impact on Nottinghamshire People is likely to be a healthier population overall and more available funding for other important health and social care issues.
<p>The Partnership will own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> •individuals experiencing co-existing mental health and substance use issues •individuals in the criminal justice system •individuals who are drinking alcohol at health harming levels •individuals who are experiencing multiple disadvantages for example Substance Misuse, homelessness, Domestic Violence •children and young people whose parents are misusing substances •individuals leaving prison who have substance use issues •more evidence-based prevention activity for those who are at risk of substance use. 	<p>As can be seen, opposite and stated above, there are a number of people who are more at risk of substance misuse, a stark inequality in the population. By improving prevention and treatment pathways for those who are more at risk, we will reduce those inequalities.</p> <p>The beneficial impacts of reducing health inequalities are both economic and social³. Social benefits include a fairer society which means people are equally empowered to live their lives independently.</p> <p>Economic benefits include a healthier population that will not only reduce the cost to the health and social care services but also be more economically active in the County.</p>
Eliminate barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.	Improving the quality of data plays a role in improving services and decision making, as well as being able to identify trends and patterns (including identifying health inequalities), draw comparisons, predict future events and outcomes, and evaluate services ⁴ . Thus the impact of improving data quality is a more effective public health, healthcare and social care system meaning the population can be supported to have better health and wellbeing.
Develop and maintain system wide alignment and oversight of substance misuse funding and spend in order to obtain visibility and transparency for all partners and avoid overlapping and gapping	By avoiding overlapping and gapping in funding we will make more funding available to address all aspects of substance misuse, particularly its' prevention.

³ [Institute of Health Equity: Benefits of Reducing Health Inequalities](#)

⁴ [Data Quality Improvement: NHS England](#)

There will be a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of Child Criminal Exploitation.	This is related to the objective regarding data quality where the impact would ultimately be improving health and wellbeing. In improving health and wellbeing for children (continuing on from giving them the Best Start ⁵) we increase the chances of preventing substance misuse in adult years, leading to reduced health inequalities and a fairer and more economically active population.
Tackle the conditions in which people in Nottinghamshire are born, grow, live, work and age (wider determinants) which have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities with regard to those who are more susceptible to substance misuse.	As outlined in the Nottinghamshire Joint Health and Wellbeing Strategy ⁶ , the "building blocks of health" such as work, housing and education are vitally important to achieving good health and wellbeing. Those who access substance misuse services are often lacking these building blocks. By addressing these we can improve the health and wellbeing of the whole population.
Improvement on all local outcome framework metrics	The Local Outcome Framework is part of a mechanism to monitor how well we are progressing towards achieving the objectives above. As part of the co-production process we will also include the voice of lived experience from those who access substance misuse services or who have otherwise been affected by substance misuse.

19. The priorities of the strategy have been identified from the From Harm to Hope Strategy requirements and also evidence of need outlined in the Substance Misuse Joint Strategic Needs Assessment and Health Needs Assessment. In terms of engagement, the short deadline given by the Government in developing the Delivery Plan meant that engagement was via Substance Misuse Services providers. Ongoing engagement and co-production are an integral part of this strategy and delivery plan, exemplified in the overarching objective: "A sensitive and resilient co-produced process will be fully embedded for the voices of those who use or could use substance misuse services to be heard and influence the work of The Partnership and the implementation of this strategy" and therefore engagement will continue to take place.

Other Options Considered

20. The other option considered was that The Partnership Strategy and Delivery Plan was not put forward for approval by the Council. This was not considered a viable option because it is a national requirement for The Partnership to produce a delivery plan detailing local implementation of the From Harm to Hope Strategy. As the Council is a member of The Partnership, failure to approve the Strategy and Delivery Plan would result in The Partnership being unable to fulfil this responsibility.

Reason/s for Recommendation/s

⁵ [Nottinghamshire Best Start Strategy 2021-2025](#)

⁶ [Nottinghamshire Joint Health and Wellbeing Strategy 2022-2026 \(healthynottinghamshire.org.uk\)](https://healthynottinghamshire.org.uk)

21. The Combating Substance Misuse Partnership is one of the Council's outside bodies. The Partnership has an obligation under the Government's From Harm to Hope Strategy that it develop an initial three year local strategy delivery plan. This will implement the Government's From Harm to Hope commitments and also is informed by the recommendations from the Nottinghamshire Substance Misuse JSNA and Health Needs Assessments. The Partnership have agreed the Local Strategy and Delivery Plan and therefore the Council, as a member of The Partnership, needs to adopt the Local Strategy and Delivery Plan to work with the partners on achieving the Governments From Harm to Hope Strategy at a local level in Nottinghamshire.

Statutory and Policy Implications

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

Financial Implications

23. This strategy aims to deliver the National From Harm to Hope Strategy with our local evidence based objectives. Funding will be via Government grants and therefore there are no financial implications for the Council.

RECOMMENDATION/S

That Cabinet:

- 1) Approves the new Nottinghamshire Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025

COUNCILLOR MATT BARNEY
CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH

For any enquiries about this report please contact:

Sue Foley
Public Health Consultant
Nottinghamshire County Council
E: Sue.Foley@nottscc.gov.uk

Constitutional Comments (CEH 27/01/23)

24. The report and recommendations can be considered by Cabinet.

Financial Comments (DG 28/02/23)

25. Grants have been confirmed by OHID as per para 4 for Year 1 £1,720,772, Year 2 £3,419,170 and Year 3 £3,588,505 to support the delivery of the Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025. All of the grants received have been included in the budgets at their draft allocations except for the Individual Placement Scheme Grant, which will be an in-year virement. All grant have been approved by Nigel Stevenson as the S151 officer.

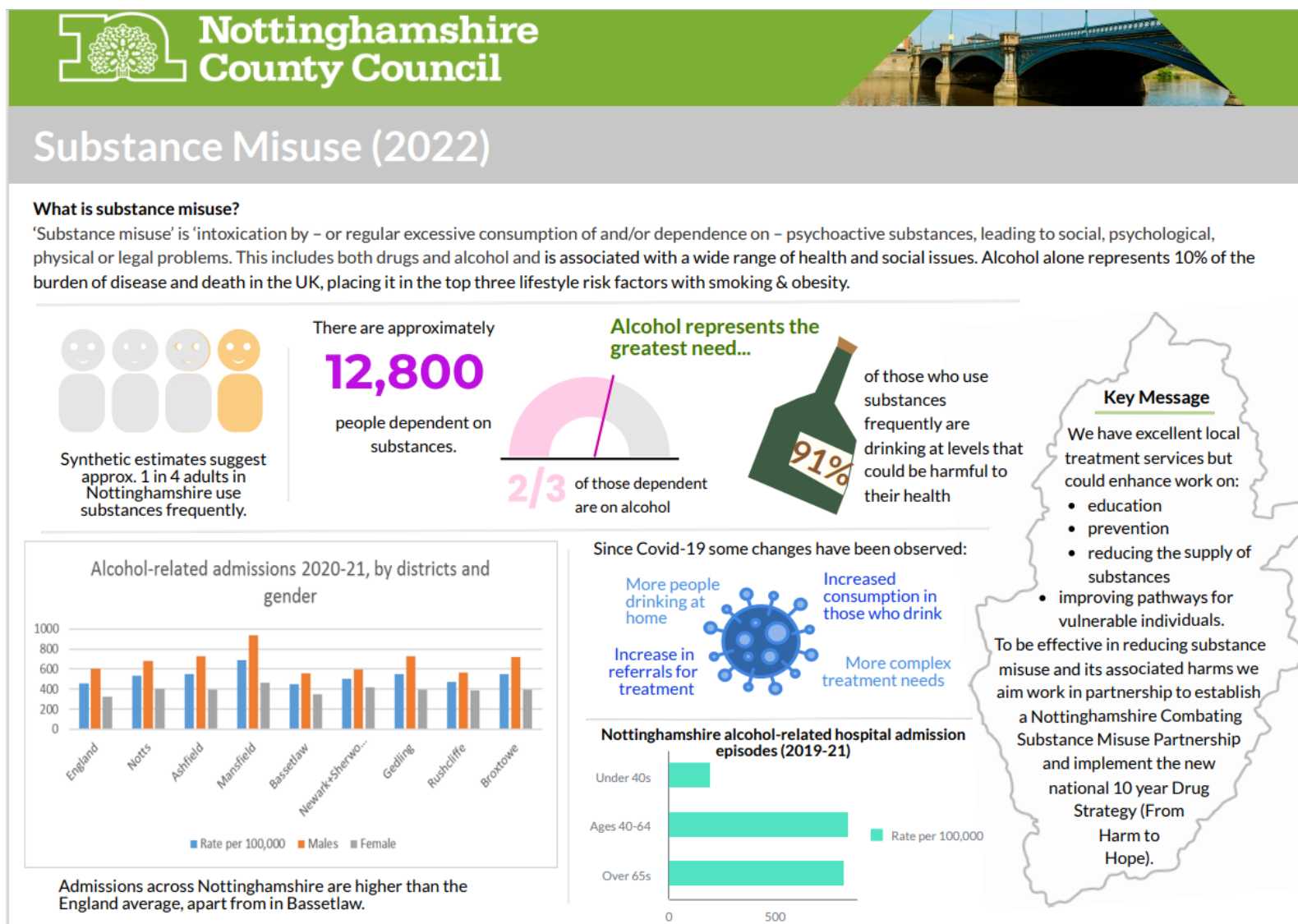
Background Papers and Published Documents

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 Combating Substance Misuse Partnership Strategy and Delivery Plan 2023-2025

SRO and Team

December 2022



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Version Control

Version	Author(s)	Notes
0.1	SF (using HM Government FHTH Strategy and Local Guidance)	Early draft to NCSMP meeting 05.10.2022
0.2	SF and T&F Group	Second draft to T&F Meeting 22.11.2022
0.3	SF and T&F Group	Third draft to T&F Meeting 14.12.2022
0.4	SF and T&F Group	Fourth Draft to T&F Group and PH SLT prior to circulation to the Partnership for approval
0.5	SF and T&F Group	HNA Executive Summary added
0.6	SF and T&F Group	Post PH SLT feedback
0.7 FINAL	Partnership Feedback	FINAL VERSION

1 Background

- The Government's new [Drugs Strategy: From Harm to Hope \(FHTH\)](#) was published in December 2021. Its objective is to cut off the supply of drugs by criminal gangs and give people with a drug addiction a route to a productive and drug-free life. It is underpinned by investment of over £3 billion over the next three years. The three strategic priorities of the strategy are:
 - a. Break drug supply chains
 - b. Deliver a world-class treatment and recovery system
 - c. Achieve a generational shift in demand for drugs
- Local areas are required to produce their own delivery plans for implementing the FHTH Strategy.
- In Nottinghamshire we have developed a local strategy as our approach will also cover a fourth priority, namely the Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants. This recognises the wider reasons for people using drugs and alcohol.
- The Nottinghamshire strategy will also place an equal focus on alcohol as well as drugs, recognising the greater level of alcohol abuse in the County (see Section 3) and that it is a priority for the [Nottinghamshire Joint Health and Wellbeing Strategy](#) and the [ICS Health Inequalities Strategy](#)¹.

2 Nottinghamshire Combating Substance Misuse Partnership

- The Nottinghamshire Combating Substance Misuse Partnership (hereafter termed The Partnership) is a multi-agency forum accountable for delivering the outcomes of the local FHTH Strategy. It will provide a single setting for understanding and addressing shared challenges related to substance use-related harm, based on the local context and need.
- The Partnership has the accountability for delivering the outcomes in the [National Combating Drugs Outcomes Framework](#). These are incorporated into the Local Outcomes Framework in Appendix 3. The membership and responsibilities of The Partnership are informed by the [local guidance](#).
- For more information on the Governance arrangements of The Partnership, please see the latest Terms of Reference (TOR) in Appendix 7.
- There is currently no standard definition of substance use, so for the purposes of the Partnership and this strategy we will use the definition from the new [Nottinghamshire Substance Misuse JSNA](#):

‘Substance misuse’ is defined here as ‘intoxication by – or regular excessive consumption of and/or dependence on – psychoactive substances, leading to social, psychological, physical or legal problems. It includes problematic use of both legal and illegal drugs’. ‘Psychoactive substance’ means a substance that changes brain function and results in alterations in perception, mood, consciousness, cognition, or behaviour.

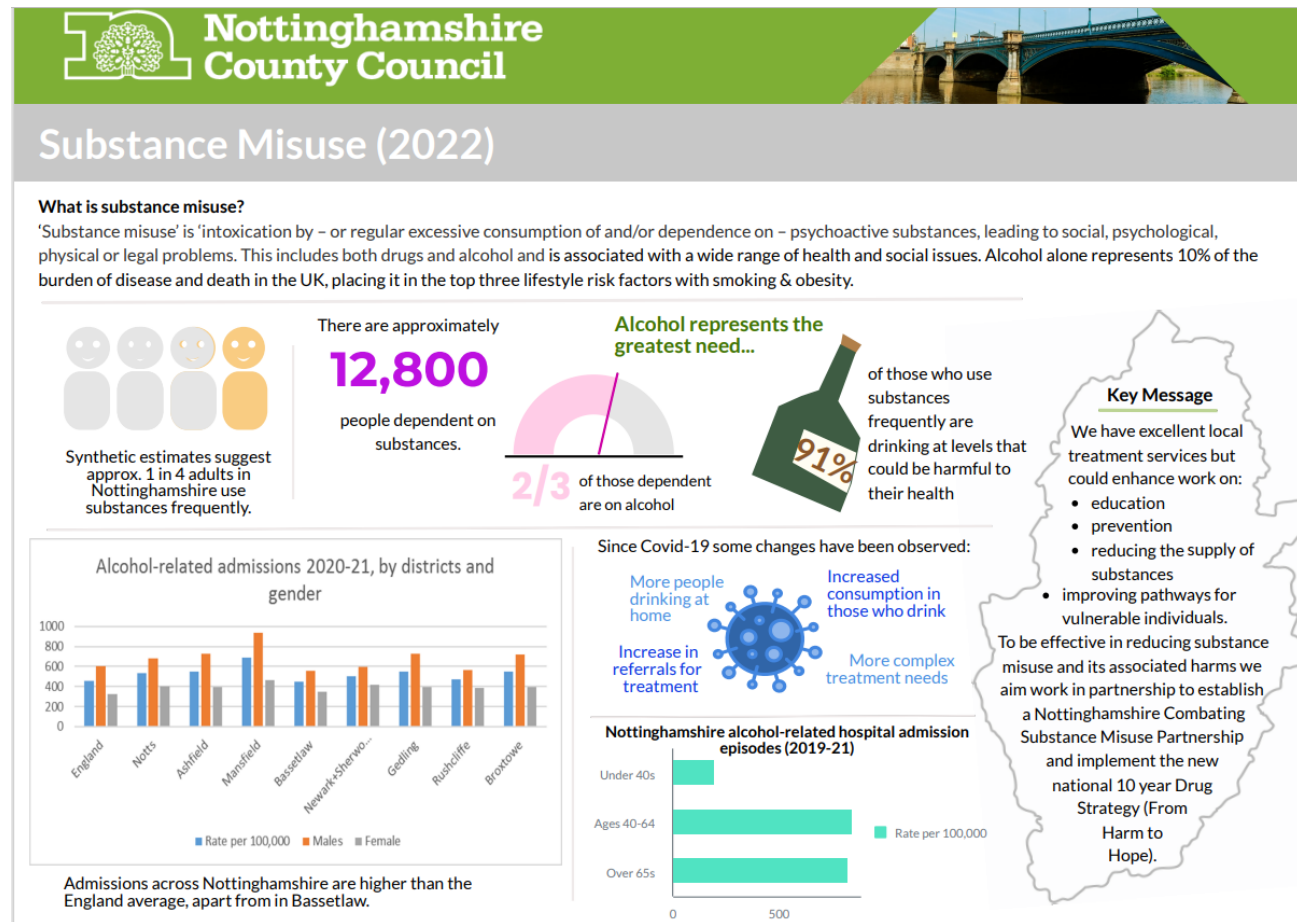
¹ Awaiting publication of the updated version of this plan- alcohol is still a priority

3 Where Are We Now?- Current Needs Regarding Substance Use in Nottinghamshire

3.1 Key Points and Recommendations from Nottinghamshire Substance Misuse JSNA and HNA

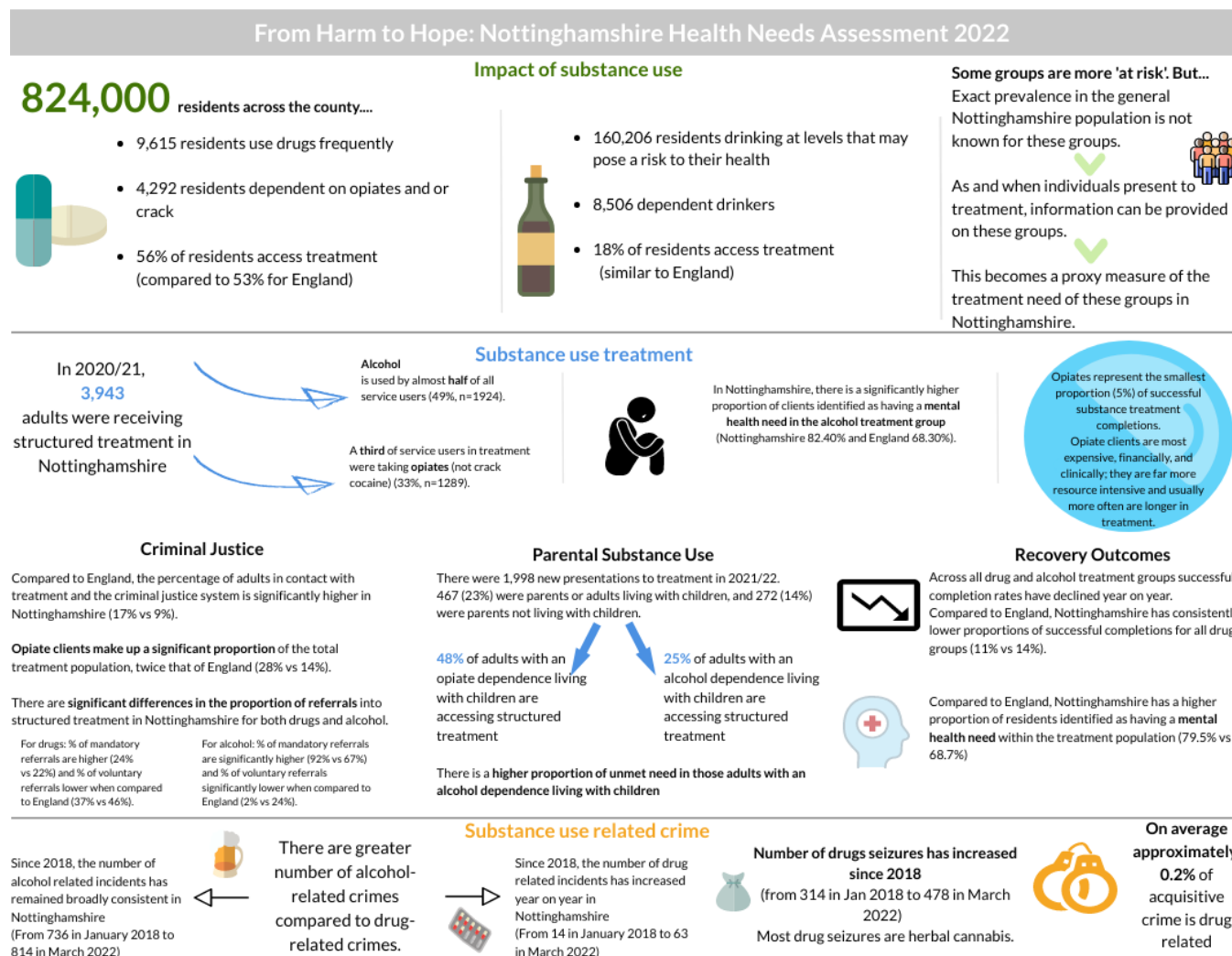
3.1.1 Nottinghamshire JSNA

Full report: [Nottinghamshire Substance Misuse JSNA](#) Recommendations are in Appendix 1.



3.1.2 Health Needs Assessment

Executive Summary is Appendix 6



3.2 Linked Plans and Strategies

For how the Nottinghamshire Joint Health and Wellbeing Strategy links to this strategy in terms of Governance, see section 6.2.1.

Strategy/Plan	Related Objectives/Approach
Nottinghamshire Joint Health and Wellbeing Strategy	<p><u>Ambitions:</u></p> <p>1) Give every child the best chance of maximising their potential We will work together for every child in Nottinghamshire to have the best possible start in life, because we know that a good start shapes lifelong health, wellbeing and prosperity.</p> <p>3) Everyone can access the right support to improve their health Health, care and community services will work together to strengthen their focus on promoting good health and wellbeing and preventing illness, by building on people's strengths.</p> <p>4) Keep our communities safe and healthy We will support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.</p> <p><u>Priorities:</u> Alcohol <u>Related Priorities:</u> Tobacco, domestic abuse, mental health, homelessness</p> <p><u>Cross Cutting Themes:</u> Equity and Fairness- health inequalities, inclusion health, social justice Prevention: Primary, secondary, tertiary, primordial (wider determinants) Environmental sustainability</p>
Nottinghamshire Joint Health and Wellbeing Strategy: Ambition 1 Nottinghamshire Best Start Strategy 2021-2025	<p><u>Ambitions:</u></p> <p>1. Prospective parents are well prepared for parenthood-</p> <p>a. Deliver targeted support to our more vulnerable parents-to-be including pregnant teenagers.</p> <p>b. It is important that prospective parents are supported with their mental health, smoking and alcohol use, weight management and activity levels, and with anything else that may have detrimental impact on their wellbeing.</p> <p>2. Mothers and babies have positive pregnancy outcomes</p> <p>a. Review and strengthen pathways of care and partnership working for women with complex social needs or multiple vulnerabilities. One aim of this is to reduce parental stress</p> <p>b. Ensure swift referral pathways are in place for expectant parents who are deemed as vulnerable</p>
Nottinghamshire Joint Health and Wellbeing Strategy: Ambition 3	<p><u>Ambitions:</u></p> <p>It is our ambition in Nottingham to create a smoke-free generation for Nottingham & Nottinghamshire by 2040</p> <p>Long Term Outcome: Reduced Smoking Prevalence in Adults (18+)- current smokers</p> <p>Theme 3: Helping Vulnerable Individuals to Quit</p>

Nottinghamshire Tobacco Control Alliance Initial Delivery Plan			
Nottinghamshire Joint Health and Wellbeing Strategy: Ambition 4 Action Plan		OVERARCHING OBJECTIVES	RELATED TOPICS AND ACTIONS
		1. We will embed trauma informed practice and approaches within our system to support people who are marginalised in our communities to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want.	Trauma Informed Approach Make Every Adult Matter (MEAM)- long term Prevention- long term
		2. We will have a system focused approach that embeds inclusion health ² and brings together lived experience and a range of organisations within the voluntary and community sector with statutory organisations across health, social care, housing and criminal justice.	All Our Health- Inclusion Health Place Based Partnerships
		3. We will make sure we listen to the voices of people with lived experience and to frontline workers so that we can identify and address barriers to care and improve the support people receive.	Co-Production Lived Experience
		4. We will improve access to services, resolving problems through greater flexibility and making sure that staff know how to engage effectively with people that experience severe multiple disadvantage (SMD) ³ .	Tackle exclusionary practices- long term Pathways- long term
		5. We will help services work more closely together, planning and delivering services around the person rather than expecting people to navigate what can be a very complex system.	Multidisciplinary Teams Neighbourhood Teams
		6. We will develop our understanding of the experience of SMD and how that impacts on people's lives.	National Guidance Learning from other areas
Nottingham and Nottinghamshire Integrated Care System	DRAFT <u>Aim one: Improve outcomes in population health and healthcare</u>		

² Inclusion health is a 'catch-all' term used to describe people who are socially excluded, typically experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma), experience stigma and discrimination, and are not consistently accounted for in electronic records (such as healthcare databases). Click [here](#) for more information

³ People facing multiple disadvantage experience a combination of problems including homelessness, substance misuse, contact with the criminal justice system and mental ill health. They fall through the gaps between services and systems, making it harder for them to address their problems and lead fulfilling lives. For more information click [here](#)

Initial Integrated Care Strategy 2023-2027 (DRAFT)	<ul style="list-style-type: none"> ○ We will ‘Make Every Contact Count’ (MECC) for traditional areas of health, for example, mental health and healthy lifestyles, and incorporate signposting to other services like financial advice which support people to improve their health and wellbeing. <p><u>Aim two: Tackle inequalities in outcomes, experiences and access</u></p> <ul style="list-style-type: none"> • Our second aim is to tackle inequalities in health outcomes, experiences and access – and increase equity (fairness in approach) for the people of Nottingham and Nottinghamshire. We will aim to support people in greater need (those living in the 20% most deprived areas, in vulnerable or inclusion groups and those experiencing severe multiple disadvantage). • We will focus and invest in prevention priorities, like tobacco, alcohol, healthy weight and mental health, to support people’s independence, prevent illness and premature death from heart attack, stroke, cancer, chronic obstructive pulmonary disease (COPD), suicide and poor birth outcomes.
Nottinghamshire Plan	<p><u>Ambitions:</u></p> <ul style="list-style-type: none"> • Improving health and wellbeing in all our communities • Growing our economy and improving living standards • Reducing the County’s impact on the environment • Helping everyone access the best of Nottinghamshire.
PCC Make Notts Safe Police and Crime Plan	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> • Preventing crime and protecting people from harm • Responding efficiently and effectively to community needs • Supporting victims and survivors, witnesses and communities
Community Safety Partnership Plans	<p>South Notts Community Safety Partnership Mid Notts Community Safety Partnership Bassetlaw Community Safety Partnership</p>
Nottinghamshire Domestic Abuse Strategy 2021-2024	<p>To provide a comprehensive response and address all aspects of domestic abuse. Eight priority areas have been identified to cover the breadth of issues for survivors and their families and provide a community coordinated response. The priority areas are:</p> <ul style="list-style-type: none"> ➤ Safe accommodation ➤ Children and young people ➤ High risk survivors – specialist support: <ul style="list-style-type: none"> ○ Designed specifically for survivors with additional and / or complex needs such as, mental health advice and support, drug and alcohol advice and support [not limited to], including sign posting accordingly. ➤ Health services ➤ Prevention ➤ Community services

	<ul style="list-style-type: none"> ➤ Criminal justice and the Courts ➤ Perpetrators
Nottinghamshire Homelessness Framework (currently in draft form)	<p>DRAFT</p> <ol style="list-style-type: none"> 1. Prevent more people from experiencing, or being at risk of, homelessness 2. Improve our collective response to people who are experiencing homelessness – especially those with severe and multiple needs. 3. Ensure we work collaboratively to have a joined up, sustainable, responsive and appropriately funded system.

4 Where Do We Want to Be?- Overarching Objectives

4.1 For 10 Year Strategy (2023 to 2033)

4.1.1 Principles and Approach

- We will adhere to the principles laid out in the Government's Local Guidance for implementation of this strategy and delivery plan. These can be found in the Partnership TOR in Appendix 7.
- Our approach to implementing this strategy and delivery plan is to:
 - Adopt a public health and trauma-informed mindset to our actions and interventions
 - Ensure all our actions and interventions are based on a sound research and data informed evidence base.

4.1.2 Objectives

Using academically sound evidence based actions and interventions we will:

Priority	Commitments (adapted from HM Government 2022)
1. Break Drug Supply Chains	a. Target the "middle market"- breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
	b. Disrupt gang operations
	c. Roll up county lines- bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
	d. Tackle the retail market- improving targeting of local drug gangs and street dealing
	e. Restrict the supply of drugs into prisons- applying technology and skills to improve security and detection
2. Deliver a World-Class Treatment and Recovery System	a. Deliver world-class treatment and recovery services- strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes, including those with a co-existing mental health condition
	b. Strengthen the professional workforce- developing and delivering a comprehensive substance misuse workforce strategy
	c. Ensure better integration of services- making sure that people's physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader health and social care, and recovery
	d. Improve access to accommodation alongside treatment- access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
	e. Improve employment opportunities- linking employment support and peer support to Jobcentre Plus services
	f. Increase referrals into treatment in the criminal justice system- specialist substance misuse workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug and/or alcohol treatment

	g. Keep people engaged in treatment after release from prison- improving engagement of people before they leave prison and ensuring better continuity of care in the community
3. Achieve a Generational Shift in the Demand for Drugs and Alcohol	a. Ensure there are local pathways to identify and change the behaviour of people involved in activities that cause drug and alcohol-related harm
	b. Deliver school-based prevention and early intervention- ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs and misusing alcohol
	c. Support young people and families most at risk of substance misuse or criminal exploitation- co-ordinating early, targeted support to reduce harm within families that is sensitive to all needs of the person or family and seeks to address the root causes of risk
4. Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	a. Support people who are marginalised in our communities due to substance misuse to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want (JHWBS, 2022)
	b. Tackle the conditions in which people in Nottinghamshire are born, grow, live, work and age (wider determinants) which have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities with regard to those who are more susceptible to substance misuse.

4.2 For 2023-2025 Strategy

For 2023-2025 the focus will be on the following objectives:

Overarching	Services that come into contact with the at-risk and most vulnerable populations will routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Overarching	<p>The Partnership will own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> • individuals experiencing co-existing mental health and substance use issues <ul style="list-style-type: none"> • individuals in the criminal justice system • individuals who are drinking alcohol at health harming levels • individuals who are experiencing multiple disadvantages for example Substance Use, homelessness, Domestic Violence • children and young people whose parents are using substances <ul style="list-style-type: none"> • individuals leaving prison who have substance use issues • more evidence-based prevention activity for those who are at risk of substance use.

Overarching	The voice of lived experience will inform all parts of the strategy taking particular focus of those with protected characteristics.
Overarching	A sensitive and resilient co-produced process will be fully embedded for the voices of those who use or could use substance misuse services to be heard and influence the work of the Partnership and the implementation of this strategy
Overarching	There will be improvement on all Local Outcomes Framework metrics
Overarching	Develop and maintain system wide alignment and oversight of substance misuse funding and spend in order to obtain visibility and transparency for all partners and avoid overlapping and gapping
Overarching	Eliminate barriers and challenges to collecting and sharing data across public sector services regarding substance users that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
Priority 1: Breaking Drug Supply Chains	Working in partnership to identify those most vulnerable and perceptible to criminal exploitation, ensuring interventions and safeguarding are in place to reduce harm.
Priority 2: Deliver a World Class Treatment and Recovery System	All substance use funding decisions will be based on the findings and recommendations of the Health Needs Assessment
Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	There will be a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of Child Criminal Exploitation (CCE).
Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Levels of staff and parental knowledge and confidence levels with regards to how to appropriately identify and respond to concerns will be ascertained.
Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Support schools in improving their responses/work with parents
Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Support people who are marginalised in our communities due to substance use to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want (JHWBS, 2022)
Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Tackle the conditions in which people in Nottinghamshire are born, grow, live, work and age (wider determinants) which have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities with regard to those who are more susceptible to substance misuse.

5 How Are Going to Get There?- Delivery Plan

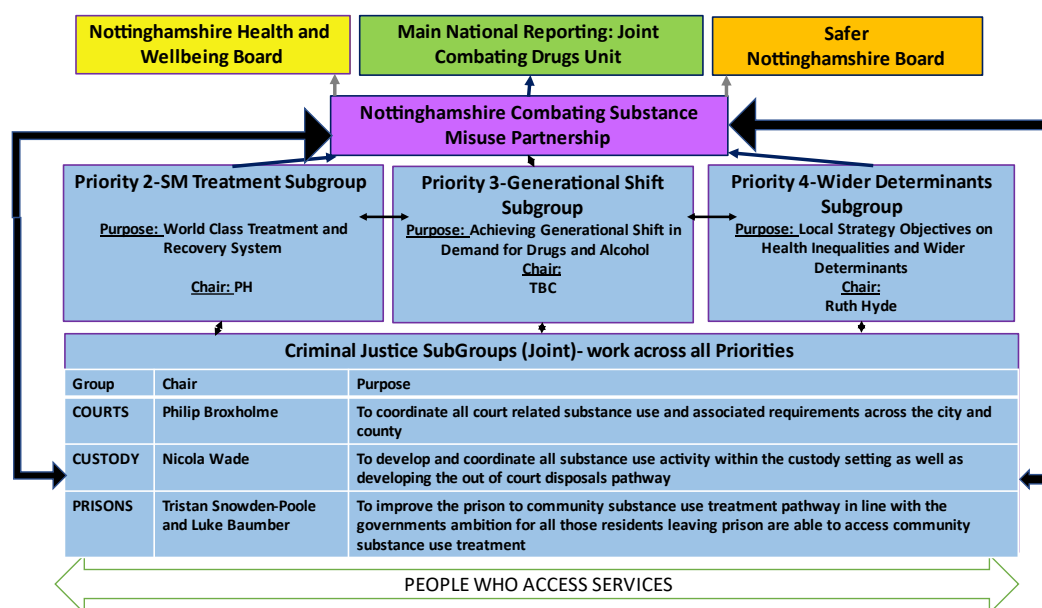
5.1 Governance

5.1.1 Accountability

- The Senior Responsible Owner (SRO) has overarching responsibility for delivery of this strategy.
- Other members of the Partnership will be responsible for their elements of delivery in line with the reporting frameworks and outcomes associated with the funding they receive.

5.1.2 Partnership Subgroups

Please note these are the initial plans and will be updated as the Partnership develops



5.2 Delivery Plan 2023-2025

- See Appendix 2 for delivery plan
- See Appendix 3 for Local Outcomes Framework
- See Appendix 4 for more information on Priority 3 delivery plan
- See Appendix 5 for Nottingham and Nottinghamshire Alcohol Harm Reduction Action Plan

6 How Will We Know When We've Got There?- Monitoring and Evaluation

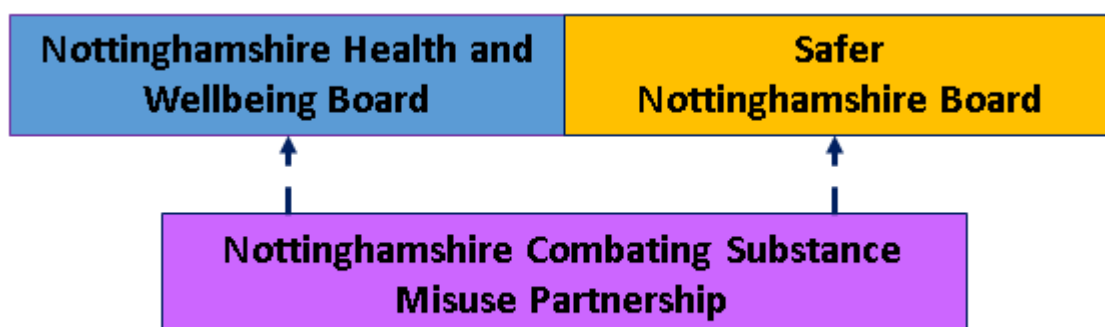
6.1. National and Local Outcomes Framework

- The National Combating Drugs Outcomes Framework outlines the goals with metrics that will be used to measure progress. It is the single overarching framework for central and local government to monitor progress towards our commitments.
- SROs will account for progress against this framework and the future supporting metrics, allowing central government and others to identify where best practice can be shared and where areas require further support or action.

See Appendix 3

6.2 Monitoring and Evaluation

6.2.1 Local Reporting



- The Partnership does not have formal local accountability to other Partnership groups, however it will report to:
 - The Nottinghamshire Health and Wellbeing Board to reflect the work that Partnership will do to help achieve the [Nottinghamshire Joint Health and Wellbeing Strategy](#) (JHWBS) objectives on alcohol and inclusion health.
 - The Safer Nottinghamshire Board to reflect the work done by the Partnership which will help to achieve the Board's objectives.

6.2.1.1 Nottinghamshire Health and Wellbeing Board (HWB)

- This strategy and delivery plan will provide part of the implementation of the Nottinghamshire JHWBS. Section 3.2 outlined the relevant links between this strategy and delivery plan and the JHWBS.
- The local reporting to the Nottinghamshire Health and Wellbeing Board will be:
 - A one page summary of topics and actions from the latest Partnership meeting will be included in the HWB Chair's Report
 - An update on progress of the strategy and delivery plan will be given in the quarterly and annual updates of each relevant Ambition of the JHWBS.
 - A specific report will be provided to the Board if requested.

6.2.1.2 Safer Nottinghamshire Board (SNB)

- The Safer Nottinghamshire Board is a countywide strategic group that is required under Crime and Disorder Regulations 2007 to ensure the delivery of shared priorities and a community safety agreement. It supports local community safety partnerships, which were set up as statutory bodies under sections of the 1998 Crime and Disorder Act, and aims to bring together agencies and communities to tackle crime and ASB in local areas.
- This strategy and delivery plan links to this Board in terms of the criminal justice objectives but also the importance of a public health approach to those experiencing substance misuse.
- The local reporting to the Safer Nottinghamshire Board will be:
 - A one page summary of topics and actions from the latest Partnership meeting will be included as an information update in the SNB Meeting papers.
 - An update on progress of the strategy and delivery plan will be given bi-annually in the form of a report.
 - A specific report will be provided to the Board if requested.

6.2.2 National Reporting

- The local SRO and partnership lead will act as the main points of contacts for central government to provide communications regarding the overarching drugs strategy.
- Annual reporting:
 - The partnership should annually take stock of its progress in reducing drug related harm, reporting against the National Combating Drugs Outcomes Framework and additional local metrics.
 - This stocktake should draw on any relevant inspection reports provided by organisations including the CQC, Office for Standards in Education, Children's Services and Skills (Ofsted), His Majesty's Inspectorate of Probation, His Majesty's Inspectorate of Prisons, and His Majesty's Inspectorate of Constabulary Fire and Rescue Services (HMICFRS).
 - It should also make use of self-audit tools as provided by government departments and sector organisations or developed by local areas themselves. Delivery of drug treatment, for example, should be reviewed with reference to the upcoming Commissioning Quality Standard. While plans should provide stability in partnership aims and activity, we would expect the plan to be assessed and updated as necessary at least every three years, in conjunction with the needs assessment.
- First National report is due: April 2023.
- Awaiting further guidance from National Government.

References

HM Government (2022), Guidance for Local Delivery Partners From Harm to Hope: A 10 Year Drugs Plan to Cut Crime and Save Lives, WWW page at: [Guidance for local delivery partners \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance-for-local-delivery-partners).

HM Government (2022), Guidance for Local Delivery Partners From Harm to Hope: A 10 Year Drugs Plan to Cut Crime and Save Lives Appendix 2, WWW page at: [Guidance for local delivery partners - appendix 2 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/guidance-for-local-delivery-partners-appendix-2).

Appendix 1 Recommendations from Substance Misuse JSNA and HNA

JSNA Recommendations

These recommendations should be considered by local partners in the context of having a stronger focus and more consistent approach to education and prevention across Nottinghamshire, with substance misuse being considered in the context of broader risk taking behaviour.

Governance	
1	Establish a Nottinghamshire Combating Substance Misuse Partnership Board that will deliver the ambitions of the new national Drug Strategy 'From Harm to Hope' and will be led by the relevant partner organisations. This should be co-ordinated and make use of the best available up-to-date evidence. The Board will ensure that local views and the views of those with lived experience are incorporated into its work
2	Implement locally the new national Drug Strategy, in particular the development of commissioning plans, implementation of commissioning standards, health needs assessments for drugs and alcohol and ensuring capacity in the system for both commissioning and delivery of services.
Commissioning and Service Delivery	
3	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
4	Commissioners and providers of mental health and substance misuse services should continue to implement and build upon the new Mental Health/Substance Use Pathway, including a process for reviewing the effectiveness of the pathway
5	The new substance use criminal justice pathway should be formally evaluated to monitor the impact on treatment outcomes for this cohort
6	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACH)).
7	Those who have been in substance use treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.
Alcohol	
8	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.
9	Through the Nottinghamshire and Nottingham City Alcohol Harm Reduction Group, explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.

10	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.
Prevention and Early Intervention	
11	Resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
12	Stakeholders and services should continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.
13	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.
14	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance misuse in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance misuse and the impact of that on the child(ren)/family unit.
Data	
15	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance users that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.
16	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance users who come into contact with public sector services, to enable strategic and targeted action

HNA Recommendations

Overarching recommendations
<p>To deliver the ambitions of 'From Harm To Hope' the members of the Combating Substance Misuse Partnership Board must own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> • individuals experiencing co-existing mental health and substance use issues • individuals in the criminal justice system • individuals who are drinking alcohol at health harming levels • individuals who are experiencing multiple disadvantages for example Substance Misuse, homelessness, Domestic Violence • children and young people whose parents are misusing substances • individuals leaving prison who have substance use issues • more evidence-based prevention activity for those who are at risk of substance use. <p>Ensure the voice of lived experience informs all parts of the strategy taking particular focus of those with protected characteristics.</p>
Priority 2: Deliver a world-class treatment and recovery system

1	Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.
2	Local Police data quality and reporting requires improvement in order to demonstrate a relevant picture of need in Nottinghamshire.
3	Early identification of need and easy access to support and treatment for alcohol is required across the health and social care system. There needs to be sufficient capacity in the system in order to deliver this
4	Systemised approach to drug and alcohol testing within and across prison settings is required in order to identify those with a substance use need and strengthen current prison to community pathways.
5	Criminal Justice pathways require evaluation to determine the impact of both mandatory and voluntary approaches on substance use treatment outcomes.
6	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.
Priority 3: Achieve a generational shift in demand for drugs	
7	Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.
8	Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.
Priority 4: The Bigger Picture: Reducing Health Inequalities and Tackling Wider Determinants	
9	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.
10	Services that come into contact with the at-risk and most vulnerable populations should routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate. Particular focus should be on children services so that parental substance use can be identified to mitigate the impact of that on the child(ren)/family unit.

Appendix 2 Nottinghamshire From Harm to Hope Delivery Plan 2023 to 2025



Nottinghamshire
Combating Substance

Appendix 3 Local Outcomes Framework

Priority 1 - Break Drug Supply Chains

National Combating Drugs Outcomes Framework Outcomes - Reducing Drug Related Crime, Reducing Supply

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Reduce the harm caused by drug related criminal activity.	To reduce the number of incidents with a drugs marker.	To understand the number of criminal activities involving drugs in Nottinghamshire, the number of people involved and the impact of drugs on the community		The number of incidents with a drugs marker and the total number of people involved.	Nottinghamshire Police	It is a manual process completed by an inputting officer. It is often overlooked, and it is worth noting that an actual drugs offence (possession/supply) may not have a drugs marker ticked as it is deemed to be 'self-explanatory'. Therefore, a limitation is that not every drug crime will be included in this indicator as crimes such as possession of drugs are not automatically recorded. As the recording process improves there may be an initial increase in the number of incidents recorded.
Reduce the amount of illicit drugs in circulation.	To increase the detected number of drug trafficking incidents.	To help understand the amount of drugs coming into the county. Each drug trafficking incident disruption will help to break supply chains		The number of people involved in drug-trafficking incidents.	Nottinghamshire Police	The number recorded can be linked to the amount of focus that the police are putting on targeting drug supply at a particular time.
Reduce the impact of crime on residents.	To reduce the overall number of drug related acquisitive crimes in Nottinghamshire.	To help understand the wider impacts of drugs on the community through drug related acquisitive crime. Acquisitive crime can help fund criminal drug supply chains and so reducing acquisitive crime cycle help break the drug supply chains.		The breakdown of acquisitive crime into number of acquisitive crime incidents drug offence.	Nottinghamshire Police	There are data quality issues with the number of acquisitive crimes with a drugs marker therefore improvement in data quality needs to take place. As the recording process improves there may be an initial increase in the number of incidents recorded.

Priority 2 - Deliver A World-Class Treatment and Recovery System

National Combating Drugs Outcomes Framework Outcomes - Increase Engagement in Treatment, Improve Recovery Outcomes

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Improve mental health provision for those with a substance use problem.	To reduce the number and percentage of service users with a mental health need but not receiving mental health treatment.	To ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need.	Review mental health and substance use pathways to ensure individuals accessing services for support with drugs and/or alcohol are receiving appropriate mental health support/ treatment in line with the identified need	(n) = mental health treatment being received by clients identified as having a mental health treatment need as recorded on National Drug Treatment Monitoring Service (NDTMS) and not receiving treatment/ clients entering treatment identified as having a mental health treatment need as recorded on NDTMS.	NDTMS	The data includes those declined to commence treatment for their mental health need/Missing. However, the provider of substance use services in Nottinghamshire has said this represents a proportion of the total within the data.
Ensure there is continuity of substance use treatment for residents leaving prison.	To increase the percentage of people leaving prison and engaging in structured community treatment.	To ensure there is continuity of treatment for those leaving prison.	Systemised approach to drug and alcohol testing within and across prison settings is required in order to identify those with a substance use need and strengthen current prison to community pathways.	The indicator measures the proportion of adults released from prison (into a Local Authority Area) with substance use treatment need who go on to engage in structured treatment interventions in the community within 3 weeks of release.	NDTMS/ Fingertips	
Understand the most effective way of engaging those in the criminal justice system into treatment.	To assess the most effective way to engage residents into treatment (mandatory vs voluntary).	To evaluate the impact of both mandatory and voluntary approaches to substance use treatment.	Police, probation and substance use treatment services to evaluate the impact of both mandatory and voluntary approaches to substance use treatment	Proportion of CJIT adults by referral pathway– Drugs/Alcohol. Successful completions as a proportion of those from the identified criminal justice referral pathways.	NDMTS – Drug/Alcohol Commissioning Support Pack 2022-23 Change Grow Live (CGL)	Definitions: A mandatory referral pathway implies referral from probation services for an assessment by the CJIT. Voluntary referrals refer to voluntarily referring following release from prison, or voluntarily referring following a cell sweep, or voluntarily referring from the liaison and diversion team or other voluntary reason.
Improve treatment outcomes.	To reduce the number and proportion of substance use deaths in treatment.	To improve treatment outcomes, reduce harms		Proportion and number of deaths in drug treatment (for all drug groups) for Nottinghamshire.	NDTMS	

Priority 3 - Achieve A Generational Shift in Demand For Drugs (and Alcohol)

National Combating Drugs Outcomes Framework Outcomes - Reducing Drug Use

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Reduce children's exposure to substance use issues.	To reduce the number of parents with a substance use problem.	To mitigate the impact on children who have a parent(s) with substance use issues.	Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues	Proportion of new presentations family status, for Nottinghamshire. Those recorded as not a parent or had no contact with children.	NDTMS Adult Partnership Activity Report	
Reduce the prevalence of drug use in the children and young people population.	To increase the number of children and young people referred into treatment.	If those children and young people receive treatment this will help to reduce prevalence in the population.		The number of children and young people in treatment in Nottinghamshire.	NDTMS ViewIt	
Increase educational awareness and resilience in children and young people about substance use.	To increase the number of children and young people receiving evidence-based resilience programmes that include substance.	To increase awareness of the dangers of substances amongst children and young people.	Evidence based resilience programmes should be commissioned for delivery in targeted schools across the county where risk-taking behaviour and problems are identified. Schools should be supported to identify substance use issues and should be advised as to quality evidence-based interventions that can be delivered. This is in line with the new national Drug Strategy regarding preventing young people from taking drugs.	The number of children and young people receiving evidence-based resilience programmes that include substance use	Nottinghamshire Police and Crime Commissioner	

Priority 4 - Bigger Picture: Reduce Health Inequalities and Tackle Wider Determinants of Substance Use

National Combating Drugs Outcomes Framework Outcomes – Local Priority

Outcome	Objective	Rationale	HNA Recommendation	Definition	Data Source	Caveats
Reduce the prevalence of substance use in the homeless population.	To increase the number of homeless people in treatment.	The homeless population are the most vulnerable individuals and experience multiple disadvantages.	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.	The homeless caseload for Nottinghamshire over time.	CGL	
Ensuring that those leaving treatment are engaged in meaningful activities.	Increase the number of residents who are in employment or volunteering when they complete treatment.	<p>Unemployment and housing problems have a marked negative impact on treatment outcomes and exacerbate the risk that someone will relapse after treatment.</p> <p>As Dame Carol Black also alluded to in her report, “employment is an essential part of recovery, both for financial stability and to offer something meaningful to do” and “having a home is key to recovery”.</p>		<p>Clients successfully completing treatment working ≥ 10 days in last 28 at exit is the proportion of clients aged 18 and over who successfully completed treatment reported working at least 10 days of paid work in the last 28 days at the time of their exit TOP. This column is reported for clients who successfully completed treatment in the latest rolling 12- month period. Clients must have had a TOP at both start and exit to be counted.</p> <p>Clients successfully completing treatment volunteering is the proportion reported for clients who successfully completed treatment in the latest rolling 12-month period who were engaged in volunteering at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.</p> <p>Clients in unpaid structured work is the proportion reported for clients who successfully completed treatment in the latest rolling 12- month period who were engaged in unpaid structured work at the end of treatment. Due to the new implementation of this item, only a TOP at exit is required for reporting.</p>	NDTMS Diagnostic and Outcomes Monitoring Executive Summary (DOMES)	

Reduce the prevalence of drug and alcohol use in the population.	<p>To reduce the number of people that use drugs frequently (within the last month).</p> <p>To reduce the number of adults drink at levels that pose a risk to their health and adults that are dependent on alcohol.</p>	Reducing the prevalence within society will improve residents' overall health and wellbeing.		<p>Synthetic estimates of drug use in Nottinghamshire for people aged 16-59 using class A and any drug which they use frequently and in the last month.</p> <p>Synthetic estimates of adults in Nottinghamshire drinking at levels that pose a risk to their health (14 units a week) and dependent drinkers.</p>	Crime Survey for England and Wales - JSNA Substance Use Young People and Adults	This data is based on synthetically model local need based on national data. This means applying a percentage that is representative of Nottinghamshire to published national data to certain populations.
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Appendix 4 Further Information on Priority 3 Objectives and Actions

Nottinghamshire County Council Emerging Threats Team

Priority 3: Achieve a generational shift in the demand for drugs
b. Delivering school-based prevention and early intervention- ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs and misusing alcohol
c. Supporting young people and families most at risk of substance misuse or criminal exploitation- co-ordinating early, targeted support to reduce harm within families that is sensitive to all needs of the person or family and seeks to address the root causes of risk

Key: [Short term = by 31.12.22](#)

[Medium term = by 31.8.23](#)

[Long term = after 1.9.23](#)

Background information/local context

Anecdotal evidence arising from TETC consultations with schools suggests that increasing numbers of young people are using drugs, volatile substances, and alcohol. Referrals to the MASH for concerns about exploitation (CSE/CCE) and the use of/carrying of weapons by young people (both in and outside of school), have also significantly increased. Presentations at A&E for drugs overdoses and alcohol poisoning are also on the rise. District councils report regular ASB activity in local parks which appears to be linked to drugs and alcohol. Staff in primary schools report concerns about pupils in Y5 and Y6 associating with older teenagers in community spaces where there are identified concerns around child criminal exploitation and drugs.

Schools are required to teach about these issues in an age-appropriate way through their [RSHE](#) curriculum offer and all staff must have an awareness of safeguarding issues that can put children at risk of harm [KCSiE 2022](#). This includes behaviours linked to drug taking and/or alcohol misuse, serious violence (including that linked to county lines). Feedback from our RSHE local practitioner networks indicates that many staff feel lacking in confidence and knowledge of these subjects and are often unsure where to access advice and support, or signpost children and families to. TETC co-production work with children and young people evidences that many of those who use drugs or alcohol do so to manage their mental health, including anxiety and low mood and depression. Of those who are affected, there are observable common themes related to identity and sense of belonging and a greater prevalence of high risk-behaviours amongst children with additional needs and vulnerabilities. Many of those who use drugs/alcohol regularly are also identified as being at risk of child criminal exploitation and gang-related activity/youth violence. These young people are also much more likely to be excluded from school and have disrupted education. There is a link between school exclusion and increased risk of becoming involved in criminalised behaviour and being incarcerated. Incidence of poor mental health is far greater amongst the prison population than in society in general. Children who have a close family

member in prison are themselves more likely to struggle with mental health and are at increased risk of alcohol and substance misuse, and the cycle is thus perpetuated.

Objective (what)	Issues identified (why)	Action Required (how)	Date (when)
1a. Develop a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of CCE.	<p>Currently we do not have a comprehensive picture across the county and there is a need for more concrete data and intelligence.</p> <p>Anecdotal evidence points to an increase in cannabis use by children and young people. Schools are emphasising a trend in children getting younger and younger when they begin using cannabis. Evidence tells us that cannabis is a potential gateway drug to other stronger drugs and becoming involved in CCE.</p>	Liaise with partner agencies including health, police, social care, district councils, public health and specifically commissioned services and charities to obtain any quantitative data for each district and risk	Short term
		Work with an identified secondary school to survey all students anonymously across all year groups- questions to include- how safe they feel; whether they, or anyone they know have used / been affected by drugs/alcohol/CCE / youth violence.	Short term
		Further co-production work with focus groups of students to gather more student voice	Medium term
		Depending on the success of this, consider rolling out the survey to the other secondary schools in the Ashfield District initially.	Medium Term
		Pilot a piece of co-production work with 3 primary schools in a district of high prevalence to develop a greater understanding of children's attitudes towards drugs and alcohol and their perspective on risks in the local community.	Medium
		Replicate this pilot in other districts across the county	Long

1b. Ascertain levels of staff and parental knowledge and confidence levels with regards to how to appropriately identify and respond to concerns. Support schools in improving their responses/work with parents	Not all schools participate in our local RSHE practitioner networks and there is also a lack of quantitative and qualitative data.	Survey RSHE leads at the November RSHE network. Ask for the names of partners / organisations they would refer to / take guidance from if they have concerns around a child using drug/ alcohol, involved in CCE	Short term
	<p>Education professionals are reluctant to seek support for these issues due to concerns of perceived reputational damage if drugs/alcohol/CCE is linked to the school. These barriers result in us not having an accurate countywide understanding of these issues.</p> <p>Inconsistencies in the quality of school policies. Some schools have policies specifically around drugs / alcohol / CCE /</p>	<p>Devise a survey and supporting letter for parents and staff (secondary pilot school- with questions around how confident they feel in recognising the early signs of risk and in responding appropriately)</p> <p>Analyse the results/feedback and develop case studies to encourage further schools to take a similar approach</p> <p>Support schools to create bespoke packages of support to meet the needs of their individual communities/student body/parents and carers, including signposting to services</p> <p>Pilot advice 'clinics' in the Ashfield district. Encourage schools to bring case studies, complex cases, and examples of good practice to share and seek support from TETC team and their peers</p> <p>Promote the use of the Harms Outside the Home Toolkit and regional website to support staff and parents/carers in accessing resources/ expertise</p> <p>Review all secondary schools and at least 5 primary school's policies in the Ashfield district</p> <p>Identify examples of good practice/areas for improvement</p>	<p>Short Term</p> <p>Medium term</p> <p>Long term</p> <p>Medium</p> <p>Medium</p> <p>Medium</p> <p>Medium</p> <p>Long</p>

	knives and weapons, whereas some will incorporate these into the 'behaviour in schools' policy.	Support schools to shape and develop policies around RSHE, knives and weapons and Search and Seize based on findings	
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2. Work with key partners to understand local training and support offers and to ensure that details are widely known and used.	We are not confident that all schools are aware of what help is available in relation to training and in response to issues involving CCE, alcohol and substance misuse.	<p>Liaise with CGL, Hetty's, Life Skills and other providers to understand their training offer and to identify any gaps which the TETC team might be able to support with.</p> <p>Update School's portal with details of training and support offer.</p>	<p>Short term</p> <p>Medium</p>
	When contacting TETC team for advice and guidance, many schools request details of partner agencies they can refer to for further guidance / training. Schools report that there is not a single point of information.	<p>Update the following pages on school's portal:</p> <ul style="list-style-type: none"> - Knives and Weapons - Gangs - Child Criminal Exploitation (including grooming) - Alcohol - Smoking & vaping - Substance Misuse <p>Include an overview of what schools need to know to support their practice and why it is important that they understand the topic. This will be broken down further to include:</p> <ul style="list-style-type: none"> - Whole school learning - Training information - Parent / carers 	Short term

		<ul style="list-style-type: none"> - Primary - Secondary - SEND 	
3. Educate young people about the risks and harms of using drugs & alcohol, and CCE in an age-appropriate way	Not all teaching staff feel competent / confident in delivering certain sections of the RSHE curriculum – including drug/alcohol use and CCE	<p>Survey RSHE leads at the November RSHE networks. Understand any specific themes which the majority are struggling with.</p> <p>Gather examples of good practice to share with other schools by attending the RSHE and DSL networks</p> <p>Use the Intent training platform to understand from teachers what barriers they face in delivering sessions around smoking linked to cannabis usage.</p> <p>Encourage teachers to use the transferable strategies related to smoking prevention when educating children about drugs.</p>	<p>Short</p> <p>Short / Medium</p> <p>Short term</p>
4. Strengthen the work undertaken in schools to understand and teach about the associated risks of drugs/alcohol/volatile substances/CCE to mental health	Co-production with young people has identified that many of those who use alcohol/drugs/volatile substances struggle with anxiety, low-mood, and depression. Many have	<p>Seek out available national data sets with respect to current trends</p> <p>Share this data with Senior Mental Health Leads in schools to ensure that staff are aware of the increased likelihood of some students using drugs/smoking/alcohol to self-medicate mental health issues.</p> <p>Establish closer links with the Healthy Families and Mental Health Support Teams to ensure there is a joined-up approach in each district and that interventions to support children with low level mental health needs take account of this data</p>	<p>Medium</p> <p>Medium</p>

	<p>experienced early childhood trauma and young people with additional needs/vulnerabilities, are disproportionately represented in the cohort of cyp who we know to be high-risk in terms of CCE/drugs/alcohol/substance misuse. Previous studies such as Understanding Society- The UK Household Longitudinal Study- youth questionnaire, UK, evidenced a correlation between the incidence of children and young people using drugs, alcohol and smoking and low mood, anxiety, and depression. The impact of the pandemic is likely to have resulted in more young people “self-medicating” in this way.</p>	<p>Support schools to embed topics within their RSHE offer which focus on tools to promote positive mental health and prevent illness- e.g., managing bereavement and loss</p>	Medium
		<p>Support schools to become more trauma-informed and to work in a relationship/strengths-based way when managing dysregulated behaviour and distress to reduce the risk of exclusion/ poor attendance</p>	
		<p>Promote the use of the EPS “Understanding Behaviour”, “Foundations of Identity” and “Harms Outside the Home” toolkits and the NottAlone website and encourage schools to work with parents and carers to better understand/recognise early indicators/concerns</p>	Medium
		<p>Update the Healthy Mind school’s portal pages. Specifically:</p> <ul style="list-style-type: none"> • Loss and Bereavement • Mental Health conditions • Resilience • Self-Harm and Suicidal Ideation • Mental Health Leads <p>Disseminate information via</p> <ul style="list-style-type: none"> - Head Teacher Bulletin - TETC newsletter - Governor newsletter (Governorhub) 	Medium
			On going

Appendix 5 Nottingham and Nottinghamshire Alcohol Action Plan

To be inserted

Appendix 6 Executive Summary Health Needs Assessment



Nottinghamshire
From Harm to Hope E

Appendix 7 Nottinghamshire Combating Substance Misuse Partnership Terms of Reference



Nottinghamshire
Combating Substance

Priority	Commitments (from HM Government 2022)
1. Break Drug Supply Chains	a. Targeting the “middle market”- breaking the ability of gangs to supply drugs wholesale to neighbourhood dealers
	b. Going after the money- disrupting gang operations and seizing their cash
	c. Rolling up county lines- bringing perpetrators to justice, safeguarding and supporting victims, and reducing violence and homicide
	d. Tackling the retail market- improving targeting of local drug gangs and street dealing
	e. Restricting the supply of drugs into prisons- applying technology and skills to improve security and detection
2. Deliver a World-Class Treatment and Recovery System	a. Delivering world-class treatment and recovery services- strengthening local authority commissioned substance misuse services for both adults and young people, and improving quality, capacity and outcomes
	b. Strengthening the professional workforce- developing and delivering a comprehensive substance misuse workforce strategy
	c. Ensuring better integration of services- making sure that people’s physical and mental health needs are addressed to reduce harm and support recovery, and joining up activity to maximise impact across criminal justice, treatment, broader
	d. Improving access to accommodation alongside treatment- access to quality treatment for everyone sleeping rough, and better support for accessing and maintaining secure and safe housing
	e. Improving employment opportunities- linking employment support and peer support to Jobcentre Plus services
	f. Increasing referrals into treatment in the criminal justice system- specialist substance misuse workers delivering improved outreach and support treatment requirements as part of community sentences so offenders engage in drug and/or alcohol treatment
	g. Keeping people engaged in treatment after release from prison- improving engagement of people before they leave prison and ensuring better continuity of care in the community
3. Achieve a Generational Shift in the Demand for Drugs (see Appendix 3 for further details)	a. Applying tougher and more meaningful consequences- ensuring there are local pathways to identify and change the behaviour of people involved in activities that cause drug and alcohol-related harm
	b. Delivering school-based prevention and early intervention- ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs and misusing alcohol
	c. Supporting young people and families most at risk of substance misuse or criminal exploitation- co-ordinating early, targeted support to reduce harm within families that is sensitive to all needs of the person or family and seeks to address the root causes of risk
4. Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	(Suggested commitments) a. We will support people who are marginalised in our communities due to substance misuse to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want (JHWBS, 2022)
	b. We tackle the conditions in which people in Nottinghamshire are born, grow, live, work and age (wider determinants) which have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities with regard to those who are more susceptible to substance misuse.

Nottinghamshire Combating Substance Misuse Partnership Delivery Plan

KEY

Status	G	Open - actions underway
	A	Open - overdue
	R	Open - overdue, requires urgent attention
	C	Complete and/or closed (with reason for closure noted)

Key Focus Areas for 2023-2025 (overarching objectives):

1. Co-Production and Lived Experience
2. SM risk assessments and referrals
3. Fully integrated SM pathways inclusive of priority groups
4. Data and Intelligence Sharing
5. Transparency and collaboration on funding
6. Impact on Children and families
7. Addressing Health Inequalities and Wider Determinants
8. Improvement on all local outcome framework metrics
9. Focus on Dual Diagnosis Pathway

Action ref	Date added	Topic	Action detail	Owner	Deadline	Status	Status updated on	Notes
LONG TERM OBJECTIVES TO ACHIEVE BY END OF 2025								
1	31.12.2022	Overarching	Services that come into contact with the at-risk and most vulnerable populations will routinely and systematically include substance use in the Risk Assessments they complete, and referrals should be made as appropriate, especially regarding parental substance use and the impact of that on the child(ren)/family unit.	All	31.12 2025			

2	31.12.2022	Overarching	<p>The Partnership will own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> • Individuals experiencing co-existing mental health and substance use issues (dual diagnosis) • Individuals in the criminal justice system • Individuals who are drinking alcohol at health harming levels • Individuals who are experiencing multiple disadvantages for example Substance Use, homelessness, Domestic Violence • Children and young people whose parents are using substances • Individuals leaving prison who have substance use issues • More evidence-based prevention activity for those who are at risk of substance use. 	All	31.12.2025			
3	31.12.2022	Overarching	The voice of lived experience will inform all parts of the strategy taking particular focus of those with protected characteristics.	Public Involvement Lead	31.12.2025			
4	31.12.2022	Overarching	A sensitive and resilient co-produced process will be fully embedded for the voices of those who use or could use substance use services to be heard and influence the work of the Partnership and the implementation of this strategy	Public Involvement Lead	31.12.2025			
5	31.12.2022	Overarching	There will be improvement on all Local Outcomes Framework metrics	All	31.12.2025			
6	31.12.2022	Overarching	Develop and maintain system wide alignment and oversight of substance misuse funding and spend in order to obtain visibility and transparency for all partners and avoid overlapping and gapping	Partnership Lead/ Data and Digital Lead	31.12.2025			

7	31.12.2022	Overarching	Eliminate barriers and challenges to collecting and sharing data across public sector services regarding substance misusers that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.	Data and Digital Lead	31.12.2025			
8	31.12.2022	Priority 1: Breaking Drug Supply Chains	Promote the submission of intelligence from neighbourhood officers to build the intelligence picture of neighbourhood drug supply	Priority 1 Lead	31.12.2025			Links to overarching data and intelligence objective
9	31.12.2022	Priority 1: Breaking Drug Supply Chains	Maximise partnership information and intelligence to develop a broader understanding of the drug supply chains within Nottingham and Nottinghamshire.	Priority 1 Lead	31.12.2025			Links to overarching data and intelligence objective
10	31.12.2022	Priority 1: Breaking Drug Supply Chains	Continue to review the analytical capacity of Nottinghamshire Police, and particularly within local Neighbourhood Policing to target local drug gangs and street dealing	Priority 1 Lead	31.12.2025			
11	31.12.2022	Priority 1: Breaking Drug Supply Chains	Utilising intelligence led policing to undertake proactive targeting of local drug gangs to disrupt criminal activity such as warrants and other enforcement activity	Priority 1 Lead	31.12.2025			
12	31.12.2022	Priority 1: Breaking Drug Supply Chains	Maximise opportunities to utilise legislation to seize and confiscate criminal proceeds, through legislation such as Proceeds of Crimes Act (POCA), etc.	Priority 1 Lead	31.12.2025			
13	31.12.2022	Priority 1: Breaking Drug Supply Chains	Work with partners to maximise criminal justice outcomes and civil enforcement opportunities, including civil orders and property seizure orders, etc	Priority 1 Lead	31.12.2025			
14	31.12.2022	Priority 1: Breaking Drug Supply Chains	Work collaboratively with Local, Regional and National law enforcement colleagues to tackle the control and upstream supply via deploying resources to identify those organised crime groups engaged in County Lines and disrupting these.	Priority 1 Lead	31.12.2025			

15	31.12.2022	Priority 1: Breaking Drug Supply Chains	Utilise specialist force assets to tackle the operation of County Lines and Organised Crime Groups in the force area	Priority 1 Lead	31.12.2025			
16	31.12.2022	Priority 1: Breaking Drug Supply Chains	Work with the National County Lines Co-ordination Centre to ensure intelligence is coordinated and distributed to enable enforcement on groups who provide drugs to areas	Priority 1 Lead	31.12.2025			
17	31.12.2022	Priority 1: Breaking Drug Supply Chains	Working in partnership to identify those most vulnerable and perceptible to criminal exploitation, ensuring interventions and safeguarding are in place to reduce harm.	Priority 1 and Priority 3 Leads	31.12.2025			Links to Priority 3
18	31.12.2022	Priority 1: Breaking Drug Supply Chains	Work with the National Prison Service to continue to develop intelligence and interventions to disrupt drug supply within Nottingham and Nottinghamshire Prisons.	Priority 1 Lead	31.12.2025			
19	31.12.2022	Priority 2: World Class Treatment and Recovery System	All substance misuse funding decisions will be based on the findings and recommendations of the Health Needs Assessment	Priority 2 Lead	31.12.2025			
20	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	There will be a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of CCE.	Priority 3 Lead	31.12.2025			
21	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Levels of staff and parental knowledge and confidence levels with regards to how to appropriately identify and respond to concerns will be ascertained.	Priority 3 Lead	31.12.2025			
22	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Support schools in improving their responses/work with parents	Priority 3 Lead	31.12.2025			

23	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Support people who are marginalised in our communities due to substance use to ensure they are safe from harm and their needs are met. Services will support people to build on their strengths to live the lives they want (JHWBS, 2022)	Priority 4 Lead	31.12.2025			
24	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Tackle the conditions in which people in Nottinghamshire are born, grow, live, work and age (wider determinants) which have a huge impact on the health and wellbeing of Nottinghamshire and there are a large number of inequalities with regard to those who are more susceptible to substance misuse.	Priority 4 Lead	31.12.2025			

Nottinghamshire Combating Substance Misuse Partnership Delivery Plan

KEY

Status	G	Open - actions underway
	A	Open - overdue
	R	Open - overdue, requires urgent attention
	C	Complete and/or closed (with reason for closure noted)

Key Focus for 2023:

1. Barriers to data collecting and sharing
2. Whole system alignment and oversight of substance use funding
3. Complete implementation of Year 1 and commence implementation of Year 2 of the SSMTRG
4. Commence implementation of the spend plan for the Housing Grant
5. Commence review and evaluation of criminal justice pathway
6. Alignment of evidence based messaging re drug and alcohol risk
7. Early Help System re vulnerable families and children
8. School based interventions- linking Emerging Threats Team and Police Schools Liaison
9. Target inequalities

Action ref	Date added	Topic	Action detail	Owner	Deadline	Status	Status updated on	Notes
SHORT TERM OBJECTIVES TO ACHIEVE BY END OF 2023								
1	31.12.2022	Overarching	<p>The Partnership will own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> • Individuals experiencing co-existing mental health and substance use issues (dual diagnosis) • Individuals in the criminal justice system • Individuals who are drinking alcohol at health harming levels • Individuals who are experiencing multiple disadvantages for example Substance Use, homelessness, Domestic Violence • Children and young people whose parents are misusing substances • Individuals leaving prison who have substance use issues • More evidence-based prevention activity for those who are at risk of substance use. <p>Ensure appropriate clinical and operational oversight is in place across Partnership for the pathways listed and support Provider collaboration</p>	All				
2	31.12.2022	Overarching	Commence development of system wide alignment and oversight of substance use funding and spend in order to obtain visibility and transparency for all partners and avoid overlapping and gapping	Partnership Lead/ Data and Digital Lead	31.12.2023			

3	31.12.2022	Overarching	Explore the barriers and challenges to collecting and sharing data across public sector services regarding substance users that come into contact with those services (including hospital Emergency Departments, primary care, maternity services, Police and criminal justice services (including prisons, probation and community rehabilitation companies)) and identify any opportunities.	Data and Digital Lead	31.12.2023			Continue the work with local prisons and community substance use treatment providers regarding data quality of NDTMS C20 data set.
4	31.12.2022	Overarching	Along with improved data collection and sharing, identify the most effective governance structure to enable a more complete picture and strategic overview of substance users who come into contact with public sector services, to enable strategic and targeted action	Data and Digital Lead				
5	31.12.2022	Overarching	Develop a sensitive and resilient co-produced process for the voices of those who use or could use substance use services to be heard and influence the work of the Partnership and the implementation of this strategy	Public Involvement Lead				
6	31.12.2022	Overarching	Ensure understanding of how Make Every Adult Matter principles and current work for homelessness links to substance use- including Primary Care LES on Assisted Access	All/ ICB and Secondary Care Reps/ JHWBS Ambition 4 Lead				
7	31.12.2022	Overarching	Obtain baseline data on all metrics in Local Outcomes Framework in order to develop a dashboard for monitoring and evaluation purposes	Data and Digital Lead				
8	31.12.2022	Overarching	Develop a Monitoring and Evaluation Plan for the NCSMP Strategy incorporating M&E methods in JHWBS	Partnership Lead/ Data and Digital Lead				M&E Plan not to be solely reliant on the Local/National Outcome Metrics
9	31.12.2022	Overarching	Build understanding of how organisations can further link in to the current substance use pathway, especially to reduce inequalities	All				
10	31.12.2022	Priority 1: Breaking County Lines	Promote All Our Health e-learning on County Lines Exploitation to all health and care workers (as part of an All Our Health promotion)	ICB and ASC Representatives				

11	31.12.2022	Priority 2: World Class Treatment and Recovery System	Implement the supplementary substance use treatment and recovery grant (SSMTRG) action plan for 2022-2023 including details on plans for workforce development and workforce targets	Priority 2 Lead				Submit quarterly returns to OHID on spend and activity of the SSMTRG
12	31.12.2022	Priority 2: World Class Treatment and Recovery System	Plan and commence the implementation for year 2 of the SSMTRG using the recommendations of the Health Needs Assessment.	Priority 2 Lead				
13	31.12.2022	Priority 2: World Class Treatment and Recovery System	Plan and commence the implementation of the SM and Housing Grant which will develop pathways for assessment of complex needs and ensure their health, social and housing needs are addressed	Priority 2 Lead				Submit quarterly returns to OHID on spend and activity of the SM and Housing grant
14	31.12.2022	Priority 2: World Class Treatment and Recovery System	Commissioners and providers of mental health and substance use services should continue to implement and build upon the new Mental Health/Substance Use Pathway, including a process for reviewing the effectiveness of the pathway (adults and young people)	Priority 2 Lead				To support the substance use pathway and development group for co-existing substance use and mental health. This group will support the development of the co-existing substance use and mental health pathway development.
15	31.12.2022	Priority 2: World Class Treatment and Recovery System	Implement the substance use and housing grant as stipulated by OHID grant conditions.	Priority 2 Lead				To convene a working group of key stakeholders to support the implementation of the substance use and housing grant
16	31.12.2022	Priority 2: World Class Treatment and Recovery System	Set up a criminal justice working group which will drive forwards the substance use and criminal justice agenda. Task and finish groups will also be set up to support specific elements of the criminal justice pathways e.g. custody, court and prison.	Priority 2 Lead				
17	31.12.2022	Priority 2: World Class Treatment and Recovery System	Evidence based trauma programmes and interventions should continue to be implemented across the system to ensure trauma informed local services, including formal evaluation of these programmes and interventions (e.g., Route Enquiry into Adverse Childhood Programme (REACH)).	Priority 2 Lead/ Ambition 4 Lead				

18	31.12.2022	Priority 2: World Class Treatment and Recovery System	Those who have been in substance use treatment for 4 years or more should continue to receive targeted support to move them through the system and exit successfully. For those who are unlikely to leave treatment, improvements made whilst in treatment should be monitored.	Priority 2 Lead					CGL did this as part of an audit-needs systematic approach
19	31.12.2022	Priority 2: World Class Treatment and Recovery System	Systemised approach to drug and alcohol testing within and across prison settings is required in order to identify those with a substance use need and strengthen current prison to community pathways.	NHS England Representative					
20	31.12.2022	Priority 2: World Class Treatment and Recovery System	To deliver the Individual Placement Support (IPS) programme within CGL which supports service users into paid work.	Priority 2 Lead					Funding for 2023/24 received, plans submitted to OHID
21	31.12.2022	Priority 2: World Class Treatment and Recovery System	Explore the possibility of expanding Hep C screening / Fibroscan screening to actual treatment at these sites once a diagnosis was made	ICB Representatives					
22	31.12.2022	Priority 2: World Class Treatment and Recovery System	Explore the possibility of providing long term condition management via nurses and GPs in a PCN supported hub next to alcohol or drug services and/or providing hospital outpatient services and testing at community / local sites instead of the hospital.	ICB Representatives					
23		Priority 2: World Class Treatment and Recovery System	Explore developing pathways for assessment of complex needs- in particular: a. The system finds it difficult to assess jointly for substance use, mental health and social care need (including where there is potential but undiagnosed acquired brain injury or learning disability). b. The process to agree on what basis an interim assessment placement should be funded.	ICB/ASC Representatives					

24		Priority 2: World Class Treatment and Recovery System	Develop specific actions around working in partnership with acute hospitals to ensure appropriate expertise and support is in place for substance use dependent patients and that strong pathways are in place to continue specialist substance use treatment and support in the community. This could include: a. The development of seamless pathways for continuation of detox in the community. b. Actions relating to joint commissioning review of the ACT evaluation (NHSEI pilot site at NUH) and agreeing the long term sustainable pathway across the ICS)	ICB/Acute Trust Representatives				
25		Priority 2: World Class Treatment and Recovery System	Explore ways of further linking employment support and peer support to Jobcentre Plus services	DWP Representatives				
26	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Develop a plan for substance misuse services in schools linking the Emerging Threats Team and Police Schools Liaison Officers	Priority 3 Lead				
27	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Stakeholders and services will continue to engage in national campaigns and initiatives aimed at addressing substance misuse and promoting healthier lifestyles, such as Dry January, Sober in October and Stoptober.	All members				
28	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Explore Behavioural Insights methodology to further enhance services to motivate and support people to recognise they may have a substance use problem, seek help and successfully address it.	Priority 3 Lead				

29	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Explore how the Early Help System approach can strengthen taking a whole family approach to supporting vulnerable families and children at risk of substance use	Priority 3 Lead					Closer partnership working is required between substance use, domestic violence, mental health and Children's Services to mitigate the impact on children who have a parent(s) with substance use issues.
30	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Delivering school-based prevention and early intervention- ensuring that all pupils receive a co-ordinated and coherent programme of evidence-based interventions to reduce the chances of them using drugs and misusing alcohol 1a. Develop a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of CCE. 1b. Ascertain levels of staff and parental knowledge and confidence levels with regards to how to appropriately identify and respond to concerns. Support schools in improving their responses/work with parents	Priority 3 Lead					
31	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Delivering school-based prevention and early intervention-2. Work with key partners to understand local training and support offers and to ensure that details are widely known and used.	Priority 3 Lead					
32	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Delivering school-based prevention and early intervention- 3. Educate young people about the risks and harms of using drugs & alcohol, and CCE in an age-appropriate way	Priority 3 Lead					
33	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Delivering school-based prevention and early intervention- 4. Strengthen the work undertaken in schools to understand and teach about the associated risks of drugs/alcohol/volatile substances/CCE to mental health	Priority 3 Lead					

34	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Align approaches and strengthen working relationships between School and Early Intervention Officers (Police) with the Emerging Tackling Threats team (NCC) and the Schools Health Hub	Priority 3 Lead				
35	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Map current organisations and their input to schools regarding tackling substance misuse	VRU				Carly McKinney
36	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	<p>1. Make sure services and actions are reaching out to those most at risk, including those with adverse childhood experiences (ACEs).</p> <p>2. Ensure partners are targeting their actions in the geographical areas with the most inequalities in the north and west of the county in Ashfield, Mansfield and Bassetlaw.</p> <p>3. Design and deliver a small project in a prioritised area which will address identified needs and safety requirements of marginalised substance misusers.</p>	Priority 4 Lead				<p>DRAFT ACTIONS</p> <p>1. Initially scrutinise the JSNA, HNA and other relevant sources to bring to the group key points and priorities on health inequalities and wider determinants concerning:</p> <p>a. which aspects should the other subgroups focus on that this group can advocate and provide challenge for</p> <p>b. potential small projects for Priority 4 group</p>
37	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	<p>Ensure partners who work in areas related to the wider determinants of substance use are linked in and aligned with the objectives of the Partnership, in particular:</p> <p>Place Based Partnerships and Primary Care Networks (with actions relating to GP Practice role in MECC and VBA but also joint assessment of complex needs)</p>	Priority 4 Lead				<p>and then regular scrutiny in order to update Priority 4 actions and oversight and challenge to the other Priorities.</p> <p>2. Small Project:</p> <p>a. Once needs and safety requirements identified, analyse current evidence base regarding</p>

38	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Explore evidence based interventions to address smoking and alcohol consumption in prisons	CJ Subgroup Prisons Lead and PH Tobacco Control Lead				
39	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	In line with the ICS Health Inequalities Strategy priorities, implement targeted interventions to address the significant impacts of alcohol and liver disease, such as systematically offering Identification and Brief Advice (IBA) to individuals who are drinking at increasing risk or high-risk levels and improving alcohol interventions in both primary care and secondary care (including hospital Emergency Departments). Where possible, this work should be aligned with the Making Every Contact Count (MECC) workstream.	Chair Nottinghamshire hire Alcohol Harm Reduction Group				
40	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	Explore why Nottinghamshire and some of its districts are still doing significantly worse than England for certain types of alcohol-related hospital admissions and develop partnership plans to address this. This will require system mapping of the impact of the Covid pandemic on alcohol consumption at the local level, the need (post-Covid pandemic) and existing services available to inform future commissioning.	Chair Nottinghamshire hire Alcohol Harm Reduction Group				
41	31.12.2022	Priority 4: Bigger Picture: Reducing Health Inequalities and Addressing Wider Determinants	In line with the local Alcohol Plan, District/Borough Councils should consider data presented in their local alcohol profile to inform future alcohol licensing policy and decision making.	Chair Nottinghamshire hire Alcohol Harm Reduction Group				

Nottinghamshire Combating Substance Misuse Partnership Delivery Plan

Key Focus for 2024:

1. MEAM framework
2. Complete year 2 and commence year 3 plan of SSMTRG
3. Improvement on 75% of metrics in Local Outcomes Framework

KEY

Status	G	Open - actions underway
	A	Open - overdue
	R	Open - overdue, requires urgent attention
	C	Complete and/or closed (with reason for closure noted)

Ref	Date Added	Topic	Detail	Owner	Deadline	Status	Status updated on	Notes
MEDIUM TERM OBJECTIVES TO ACHIEVE BY END OF 2024								
1	31.12.2022	Overarching	<p>The Partnership will own and lead on pathways for those who use substances to ensure that they are fully integrated across the system.</p> <p>In particular, priority areas are:</p> <ul style="list-style-type: none"> • Individuals experiencing co-existing mental health and substance use issues (dual diagnosis) <ul style="list-style-type: none"> • Individuals in the criminal justice system • Individuals who are drinking alcohol at health harming levels • Individuals who are experiencing multiple disadvantages for example Substance Use, homelessness, Domestic Violence • Children and young people whose parents are misusing substances • Individuals leaving prison who have substance use issues • More evidence-based prevention activity for those who are at risk of substance use. <p>Develop shared commissioning oversight to outcomes across pathways (e.g. monitoring of the NHT mental health contract aligns with monitoring of the substance misuse services)</p>	All	31.12.2024			

2	31.12.2022	Overarching	Building on the work carried out during the Covid pandemic, apply the principles of the Make Every Adult Matter framework in conjunction with other work programmes and partners (such as homelessness, mental health and domestic abuse) in order to develop a long-term co-ordinated approach for the most vulnerable individuals who experience multiple disadvantages.	Partnership Lead with JHWBS Ambition 4 Lead	31.12.2024			
3	31.12.2022	Overarching	Improvement in 75% of metrics in Local Outcomes Framework	All	31.12.2024			
4	31.12.2022	Overarching	Contingency Plan for outcome of Devolution process	SRO/ Partnership Lead	31.12.2024			
5	31.12.2024	Priority 2: World Class Treatment and Recovery System	Implement the supplementary substance misuse treatment and recovery grant (SSMTRG) action plan for 2023-2024 including details on plans for workforce development and workforce targets	Priority 2 Lead	31.12.2024			Submit quarterly returns to OHID on spend and activity of the SSMTRG
6	31.12.2025	Priority 2: World Class Treatment and Recovery System	Plan and commence the implementation for year 3 of the SSMTRG using the recommendations of the Health Needs Assessment.	Priority 2 Lead	31.12.2024			
7	31.12.2026	Priority 2: World Class Treatment and Recovery System	To implement year 2 the substance misuse and housing grant as stipulated by OHID grant conditions.	Priority 2 Lead	31.12.2024			Submit quarterly returns to OHID on spend and activity of the SM and Housing Grant
8	30.12.2022	Priority 2: World Class Treatment and Recovery System	The new substance use criminal justice pathway should be formally reviewed to monitor and improve the impact on treatment outcomes for this cohort	Priority 2 Lead	31.12.2024			
9	31.12.2022	Priority 2: World Class Treatment and Recovery System	To implement the substance use and housing grant as stipulated by OHID grant conditions.	Priority 2 Lead	31.12.2024			

10	31.12.2022	Priority 2: World Class Treatment and Recovery System	Contingency Plan for sustainability regarding FHTH grants	Priority 2 Lead	31.12.2024			
11	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Pilot a piece of co-production work with 3 primary schools in a district of high prevalence to develop a greater understanding of children's attitudes towards drugs and alcohol and their perspective on risks in the local community.	Priority 3 Lead	31.12.2024			
12	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	Support schools to shape and develop health and wellbeing policies around Relationships, Sex and Health Education (RSHE) and safeguarding and CCE policies on knives and weapons and Search and Seize based on findings	Priority 3 Lead	31.12.2024			

Nottinghamshire Combating Substance Misuse Partnership Delivery Plan

KEY

Status	G	Open - actions underway
	A	Open - overdue
	R	Open - overdue, requires urgent attention
	C	Complete and/or closed (with reason for closure noted)

Key Focus for 2025:

- 1.Refresh JNSA and HNA
2. Evaluation of 2023-2025 Strategy and Development of 2026-2028 Strategy

Action ref	Date added	Topic	Action detail	Owner	Deadline	Status	Status	Note
1	31.12.2022	Overarching	Refresh HNA (and JSNA if required)	Data and Digital Lead	31.12.2025			
2	31.12.2022	Overarching	Improvement on all Local Outcomes Framework metrics	All	31.12.2025			
3	31.12.2022	Overarching	Evaluate Strategy and Delivery Plan for 2023-2025 and develop Strategy and Delivery Plan for 2026-2028	SRO/ Partnership Lead	31.12.2025			
4	31.12.2022	Priority 2: World Class Treatment and Recovery System	To implement year 3 the substance use and housing grant as stipulated by OHID grant conditions.	Priority 2 Lead	31.12.2025			Submit quarterly returns to OHID on spend and activity of the SM and Housing Grant
5	31.12.2022	Priority 2: World Class Treatment and Recovery System	Implement the supplementary substance misuse treatment and recovery grant (SSMTRG) action plan for 2023-2024 including details on plans for workforce development and workforce targets	Priority 2 Lead	31.12.2025			Submit quarterly returns to OHID on spend and activity of the SSMTRG
6	31.12.2022	Priority 2: World Class Treatment and Recovery System	Plan and commence the implementation for year 3 of the SSMTRG using the recommendations of the Health Needs Assessment.	Priority 2 Lead	31.12.2025			

7	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	<p>Develop a better understanding of the current Objective: Develop a better understanding of the current landscape in terms of young people's drug / alcohol use and risk of CCE.</p> <p>Action: Replicate pilots launched in 2023</p>	Priority 3 Lead	31.12.2025			
8	31.12.2022	Priority 3: Achieving a Generational Shift in the Demand for Drugs and Alcohol	<p>Ascertain levels of staff and parental knowledge and confidence levels with regards to how to appropriately identify and respond to concerns. Support schools in improving their responses/work with parents</p> <p>Action: Support schools to create bespoke packages of support to meet the needs of their individual communities/student body/parents and carers, including signposting to services</p>	Priority 3 Lead	31.12.2025			

REPORT OF THE CABINET MEMBER, ADULT SOCIAL CARE AND PUBLIC HEALTH**NOTTINGHAMSHIRE HEALTHY FAMILIES PROGRAMME: 2024 AND BEYOND****Purpose of the Report**

1. This paper seeks approval to the principle of developing a co-operation arrangement between the Council and Nottinghamshire Healthcare NHS Foundation Trust (NHFT) for the design of the future Healthy Families Programme and its subsequent delivery. Under this arrangement, and subject to the satisfactory and affordable outcome of negotiation, the Council would enter into a new contract with NHFT, to be approved at a future meeting of the Cabinet.

Information

2. The Nottinghamshire Healthy Families Programme (HFP) is a public health nursing service that supports families to provide their children with the best start in life. The Nottinghamshire HFP prevents the escalation of health and wellbeing issues by identifying and acting on opportunities to intervene early. Supporting parents and carers to keep their children healthy and safe, enabling them to reach their full potential, is the key outcome of this service. The Healthy Families Programme in Nottinghamshire integrates several prescribed services which the Council has a duty to provide.
3. Behind the Council's commitment is the fact that giving children the best start in life is a fundamental part of improving health and reducing inequalities. This is because the foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status¹. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if a child receives appropriate support, they have a real chance of maximising their potential.
4. The Government's Healthy Child Programme is the national evidence based universal programme for children aged 0 to 19 and is its response to the strength of the evidence about giving children the best start. The government's requirements are at the heart of Nottinghamshire's HFP. It includes a universal offer for all children and families to ensure every child gets the good start they need, as well as a targeted offer, providing a personalised response and extra support for those who need it.

¹ Michael Marmot, 2010, Fair Society, Healthy Lives

5. Nottinghamshire's Best Start Strategy (2021-2025) sets out key steps towards a vision for every child in Nottinghamshire to have a good start in life. It is a priority in the Nottinghamshire Health and Wellbeing Strategy (2022-2026) and supports the delivery of several ambitions in the Council's Nottinghamshire Plan (2021-2031).
6. The current contract for the Nottinghamshire HFP ends on 31st March 2024. The current contract will continue for its remaining duration so that the Council fulfils its statutory responsibilities and sustains the delivery of good outcomes. The co-operation approach outlined in this paper, which will be set out in the new contract, will deliver and seek to strengthen those outcomes in the period beyond the current contract. The design of the new Healthy Families Programme will address the need for close integration with the Council's early help offer as it develops further over the duration of the new contract. A recommendation about entry into the new contract (including the service design for achieving this integration) will form a key decision to be brought to the Cabinet towards the end of the current contract period.

Statutory responsibilities

7. Local Authorities have a statutory responsibility, under the Health and Social Care Act of 2012, to provide public health nursing services, including the Healthy Child Programme and the National Child Measurement Programme, which weighs and measures children in school, to their local population of children, young people, and families. More specifically, five universal health visitor reviews, from late pregnancy to age 2.5 years, are mandated for delivery.
8. The mandatory delivery of the Nottinghamshire HFP is vital to ensure that children, young people, and families receive the support they need to thrive in their formative years.

Summary of the Nottinghamshire Healthy Families Programme

9. A key role of the Nottinghamshire HFP is to identify children with specific health and care needs and risks and ensure these families receive targeted, personalised care at the earliest opportunity to prevent escalation to other services. Each of the 20 Healthy Family Teams work in partnership with a wide range of services as part of a joined-up health, social care, and early year's system to build resilience in families. They are uniquely placed to intervene early, building therapeutic relationships to prevent issues escalating by identifying and supporting families in need. The Nottinghamshire HFP deliver preventative and early help work to reduce the need for specialist interventions from a range of health and social care services.
10. The service promotes early intervention by identifying and delivering targeted support to families in need. Critical to identifying opportunities to support families is the programme of health and development reviews by public health nurses. As nursing professionals involved with the families, they are able to provide guidance which is relevant and effective in supporting child development, parenting and healthy choices.
11. The Nottinghamshire HFP contract also includes the delivery of the Family Nurse Partnership Programme, which is an intensive home-visiting programme for young first-time mothers. It also includes the National Child Measurement Programme, which local authorities are statutorily obliged to deliver. This programme weighs and measures children in school at Reception and Year 6.

12. Local Authorities have a statutory responsibility for safeguarding, in partnership with health. The Children Act 1989 places a duty on local authorities. The Nottinghamshire HFP are vital in enabling the Council to fulfil this duty.
13. Safeguarding is a core responsibility for the Nottinghamshire HFP as part of the Council's statutory duty to promote and safeguard the welfare of children in their area. The workforce promotes the welfare and safety of children and families, contributing to multi-agency decision-making, assessments, planning, and interventions relating to children in need, children at risk of harm and Looked After Children. A specialist practitioner from the Nottinghamshire HFP completes a comprehensive assessment of health need prior to all safeguarding meetings led by children's social care services, to inform the development of safeguarding plans. The therapeutic relationship built between the specialist practitioner and the family supports the Council to implement these plans.
14. The Nottinghamshire Healthcare NHS Foundation Trust (NHFT) is the current provider of the Nottinghamshire HFP and is also responsible for delivering almost all community health services for children and young people aged 0 to 19 across Nottinghamshire. Delivery of the Nottinghamshire HFP requires close partnership working with these services, and some elements are also integrated with wider NHS commissioned services for children and families (e.g. integrated posts to support children with special educational needs and disability (SEND), an integrated paediatric continence team comprising of HFP and ICB commissioned staff and an integrated speech, language and communication needs pathway spanning universal support through to specialist provision). This ensures that care pathways across NHFT, and with other NHS primary and secondary care services, deliver improved outcomes and experience for children and families.
15. Further detail on the full scope of the Nottinghamshire HFP service, including the National Child Measurement Programme and the Family Nurse Partnership Programme, can be found in Appendix 1.

Performance, contract management and continual service improvement

16. The Nottinghamshire HFP contract, which commenced 1st April 2017, integrated several previously separate contracts: the health visiting service, the school nursing service, the Family Nurse Partnership Programme, the National Child Measurement Programme, and infant feeding support services. This required NHFT to integrate the 0 to 19 workforce, resulting in significant workforce transformation. The integration reduced fragmentation and introduced family-centred care, supporting the improvement of outcomes for children, young people, and families.
17. Both the quality and performance of the Nottinghamshire HFP has been excellent, consistently benchmarking well for the mandated universal health visitor reviews when compared to the England average and statistical comparators.
18. Listening to feedback, experiences and ideas has helped shape the delivery of the Nottinghamshire HFP. Service user experience is closely monitored and in response to the question 'What did we do well?' recent feedback from 2022 includes:
 - *[Name] has been an amazing Health Visitor, she picks up the tiniest details and pays attention to myself and my baby. She provides multiple solutions to any concerns. She is very hard working and doesn't take anything for granted. Thank you [Name]!*

- *I had a text conversation with a lady called [Name] who was very kind, helpful and reassuring about some concerns I had about my new-born. She listened to me and answered all my questions. I felt much better afterwards.*
- *Just always so nice and reassuring and for a new mum who has a lot on you just generally made me feel great and that I was doing a good job Thankyou*
- *On time, professional, went through my concerns in more detail and told me what help we are entitled too, overall pleasant experience.*
- *"[Name] and [Name] at the BABES group in Netherfield were absolutely fantastic! They were kind and supportive and gave us the motivation to carry on and start breastfeeding exclusively! It changed everything for us, and I am so grateful to them!"*
- *[Name] was very thorough, explained everything very clearly and as a result I feel supported and aware of what to do if a problem was to arise.*
- *[Name] was very helpful at my sons 3-year review, in helping me in all the right directions thank you.*

19. Responses to 'What could be better?', alongside other engagement activity, shapes service development and continual improvement. For example, parents in Ashfield were reporting behaviour challenges with children aged 5 to 11, generating a high number of referrals for parenting support, which resulted in a potential delay in receiving timely support. In response, their local Healthy Family Team developed a behaviour workshop for families, using evidence-based tools. Following the workshop, parents reported that they were: better informed of how to manage unwanted behaviours, more confident to put routines in place, and did not feel that they needed additional support from more formal behaviour management services. Many reported that had they not received support from the Nottinghamshire HFP, they would have sought support from other statutory services.

20. Public health commissioners have a well-established collaborative relationship with the children and young people's division of NHFT to manage the delivery of this service. Working through its public health function, the Council ensures that robust performance management and quality assurance mechanisms are in place, this includes financial scrutiny via an open book accounting arrangement with NHFT. This enables the Council to continually transform and enhance the service offer for the benefit of local children, young people, and families. See Appendix 1 for further detail.

Requirements of the Nottinghamshire Healthy Families Programme from 2024 onwards

21. The ambition for the future of the Nottinghamshire HFP is to improve outcomes for children, young people and families by maintaining the positive performance as well as continually improving and transforming the service in line with evidence and best practice. The Nottinghamshire HFP delivers outcomes which are integral to the development of Family Hubs and the early help system in Nottinghamshire. The design of the future programme must ensure that the service retains the flexibility to transform to meet the needs and opportunities of the wider system of which it remains an important and prescribed element.

22. The service specification for the Nottinghamshire HFP will describe elements of delivery that are integrated with other health services for children and families also provided by NHFT. The contract will set out clear requirements in relation to continual service improvement, maximising opportunities to explore further integration across the Council and NHS services, and the need to respond to changing policy, guidance, or emerging local need.

23. A high level of intersection and co-operation between the Nottinghamshire HFP and other Council and NHS functions is required. There are many activities and delivery areas where co-operation between the Nottinghamshire HFP and other community health services delivered by NHFT is essential, including:
- Posts that are shared across the Nottinghamshire HFP and other NHFT services,
 - Integrated care pathways that operate across service areas,
 - Shared triage and assessment, and smooth escalation and de-escalation of care across NHFT services,
 - The management of a single clinical care record across NHFT services,
 - Integrated safeguarding arrangements across NHFT services, among others.
24. This co-operation is essential to ensure that all children and young people grow up with the best health possible, are protected from harm, and can fulfil their potential, as described in the ten ambitions of the Council's Best Start Strategy.
25. The Nottinghamshire HFP will work together with the Council's children and family services and will be a core component of the early help system. Opportunities to further strengthen or integrate the provision of early help, intervention, and prevention for children and families in Nottinghamshire will be fully embraced.

Establishing a co-operation approach

26. Following a formal appraisal of the service goals and options available, the use of a contract between two public contracting authorities via co-operation ("a co-operation approach") has been assessed against competitive tender and potential contract extension. A co-operation approach enables two public contracting authorities to enter into a contract where there is sufficient evidence of co-operation between the contracting parties with a view to achieving objectives they have in common and where that is in the public interest for the delivery of their public services. The use of a co-operation approach and, following negotiation, entering into a contract with NHFT, emerged as the preferred option.
27. Co-operation and negotiation, rather than competitive tender, is recommended for several reasons:
- It enables the Nottinghamshire HFP to continue to be delivered alongside other community health services for children and young people,
 - It enables integration to continue, including the integrated approach to safeguarding children across all care pathways that NHFT deliver for children and young people aged 0 to 19,
 - It prevents the potential fragmentation of well-established services,
 - It secures the well performing, high quality 0 to 19 service currently delivered,
 - It is likely to reduce workforce attrition, when compared to the competitive tender option,
 - It allows for adjustments to the budget, scope or specification of the services to be incorporated into the final contract.
28. The Health and Care Act of 2022 created a legislative framework that supports collaboration and partnership-working to integrate services to best meet the needs of the local population. A co-operative approach is fully consistent with this and NHFT have demonstrated a strong commitment to this over the life of the current Nottinghamshire HFP contract.

29. In recommending the co-operation approach, consideration has been given to the requirement to comply with the Public Contract Regulations 2015, and the need to deliver best value. Input from the Council's legal services has been obtained. There is evidence that the requirements for the co-operation approach are met in principle and so the route is, in legal terms, available for use. No procurement approach is without risk of legal challenge, therefore using the co-operation route, also carries some risk of challenge. However, this risk has been mitigated by the extensive work undertaken to ensure that both legal and procurement rules are being adhered to. As the co-operation arrangements are negotiated and developed there will be a need for further analysis to ensure that the final configuration of the agreement continues to meet the relevant legal tests for co-operation under the Public Contract Regulations.

Activities to be undertaken during development of the co-operation arrangements

30. There is a comprehensive project plan in place setting out the activities that will be undertaken as part of the co-operation process, including:

- A programme of engagement with children, young people and families, policy leads across public health and children's services, and with partner organisations,
- Joint work with the Council's children and family services to further explore opportunities to strengthen or integrate early support for families,
- A review of the evidence base and policy guidance and a refresh of the service specification, key performance indicators, outcome measures and quality monitoring requirements. These documents will clearly reflect any amendments to service design or delivery,
- Formal consultation, which will take place where required,
- Work, with input from legal services, to ensure the contract is sufficiently robust, and break clauses are included.

31. Agreeing the final service design and other matters to be included within the new contract will require a further decision from Cabinet. Before taking such a report, the Cabinet member for ASCPH will consult with the Cabinet member for CFS to ensure that the arrangements meet the requirements of both portfolios and meet and relevant statutory requirements for the services and their delivery.

32. The co-operation process will include a co-production approach that engages children, young people, and families who have lived experience of the Nottinghamshire HFP to shape, design and review the service offer and to ensure that the co-operation agreement reflects a division of responsibilities which reflects best use of each public body's knowledge, resources and expertise in order to deliver the best outcomes for people using these services.

Other Options Considered

33. A comprehensive options appraisal has been developed to consider the approaches to re-procurement of this contract that are available to the Council's commissioners. This includes consideration of both co-operative and competitive approaches (i.e., tender). Co-operation has emerged as the preferred option informed by commissioners, contracting leads, procurement colleagues and with the support of legal services. Public authority co-operation provides opportunities for integration, summarised in paragraph 23, that are not characteristic of competitive approaches.

Reason/s for Recommendation/s

34. The report recommends that the Council continues to invest in the Healthy Families Programme from April 2024 (for an initial period of five years, and up to a maximum of nine years) to continue to deliver improved health outcomes for children and young people, as this is a statutory requirement for local authorities.
35. As shown earlier in the report the Nottinghamshire HFP plays a fundamental role in giving children the best start in life and reducing inequalities. Monitoring and oversight of the NHFT provision has demonstrated excellent performance and quality.
36. In terms of the recommendation to develop the service using a co-operation approach, appraisal by colleagues within the Council has shown this will maintain the high performance demonstrated by the incumbent provider. This approach will retain the highly skilled and effective workforce, secure the continuation of integrated service delivery models for local families based on the most up-to-date evidence and current population need; and ensure value for money and delivery of high-quality care, resulting in improved outcomes for children, young people, and families.

Statutory and Policy Implications

37. 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

38. The contract value for 2024-25 is currently predicted to be £14,862,418 per annum. Commissioners recommend the award of a five-year contract with the potential for an extension of up to four years. This would bring the maximum contract length to nine years, and the total potential contract value to £133,761,762. The precise values would be dependent on the negotiation and development of the co-operation agreement and further information will be provided when the matter is reported back to Cabinet for approval to enter into the agreement.
39. The 2024-25 financial envelope is based on the funding that is needed to ensure that the Council can fulfil its statutory responsibility to provide public health nursing services, including the Healthy Child Programme and the National Child Measurement Programme. The predicted funding is affordable within the public health ring-fenced grant and will continue to secure a high performing service for Nottinghamshire residents. It should be noted that this funding envelope is an indicative value which may need be adjusted according to the outcome of design work described in paragraph 6.
40. Public health services are funded via the public health ring-fenced grant, which the Council receives annually from the Department of Health and Social Care to fulfil its statutory duties to improve health and wellbeing. This is reserved for the delivery of specific public health functions. In 2022-23 the value of the grant to the Council is £43.16m. This represents an increase of 1.55% compared to 2021-22.

41. The financial implications of the proposed approach outlined in this paper can be contained within the public health grant, however it is important to note the assumptions and risks that are built into public-health forecasts for the period of the Council's medium-term financial strategy. Firstly, in lieu of information about the level of the grant in future years, the Section 151 Officer has agreed an assumption, for planning purposes, that the grant will increase by 1% annually within the period of the Council's medium-term financial strategy. Secondly, there is a degree of uncertainty about the ability of other services commissioned by public health to withstand inflationary and demand pressures within existing contract values. To manage these risks a contingency is held in grant reserves. This also ensures that use of the Council's general reserve will not be required.
42. NHS pay settlements must be paid to the Nottinghamshire HFP workforce in line with the requirements of the NHS Agenda for Change programme. Public Health has an obligation to pay NHS providers in line with Agenda for Change, including pay settlements, and the relevant funding for this is included in the public health ring-fenced grant.

In a letter dated 7th February 2022 from the Director General, Office for Health Improvement and Disparities, an obligation was placed on local authorities in the use of the Grant which stated: *The Public Health Grant will need to cover all pay pressures for 2022-23, including the impact of NHS pay settlements. Funding previously allocated to reflect the additional costs to local authorities of the 2018 NHS pay settlement is now baselined as part of the Grant.* The letter goes on to state: *The expectation is that ongoing funding for this pressure will be managed through business-as-usual arrangements.*

This means the contract value for the Nottinghamshire HFP may be subject to change in line with future pay settlements.

Consultation and dialogue with Select Committees

43. As the activity described in this paper progresses, timely advice will be taken regarding the requirement to consult. A programme of stakeholder engagement and co-production will be delivered in line with best practice, and formal consultation will take place where appropriate.
44. On 16 February 2023 members of the Adult Social Care and Public Health, and the Children and Families Select Committees received a briefing on the proposed recommissioning strategy for the Nottinghamshire Healthy Families Programme from 2024 from Jonathan Gribbin, Director of Public Health, Amanda Fletcher, Consultant in Public Health, Kerrie Adams, Senior Public Health and Commissioning Manager and Helena Cripps, Public Health and Commissioning Manager. The full draft Cabinet report had been circulated to members of the committee in advance of the meeting along with a number of appendices.
45. At the meeting, members received a full briefing that summarised the proposed commissioning approach that included information on:
- The current contract, due to end on 31 March 2024, and the work that has taken place with the provider, NHFT, over the term of the contract to transform and shape services provided by the programme, integrate into the wider early years offering, and improve performance across all services to better than regional and statistical neighbours.
 - The previous competitive tender process and the impact it had on staff and end user confidence.

- The formal options appraisal that set out the pros and cons of the three potential methods of procurement for the contract, including advice from legal and procurement colleagues, and how the co-operative approach afforded more opportunity for negotiation and flexibility within the contract, allowing service transformation to take place and to ensure that services remained cost effective.
- The national trend to move to a co-operative approach supported by the Health and Care Act 2022, allowing continued negotiation throughout the procurement process.
- The development of partnership working with the provider, for example the open book accounting allowing a high degree of financial scrutiny by the Council of the provider, ensuring budget is allocated appropriately to maximise outcomes for children.

46. Having received and considered the draft Cabinet report, its appendices and additional information around options appraisals, members of the committee took the opportunity to ask questions regarding the Nottinghamshire HFP and to consider any recommendations that they wished to make to the Cabinet Member for Adult Social Care and Public Health.

47. During the discussion members made several comments and queries including:

- What were the criteria used to categorise families as universal or targeted families?
- Were officers confident in the accuracy of data presented around health visiting statistics, specifically whether appointments took place in person or over the phone, and whether anomalies were potentially area based.
- Which professional should complete the 1-1.5-year development review assessments, a healthcare practitioner or a health visitor?
- What checks and balances were in place around the parent-led assessment model and how did practitioners ensure safeguarding issues were recognised?
- Was this the first instance of co-operative procurement that the Council has undertaken, and had external legal advice been sought?
- Concerns were raised about development of babies born through the pandemic and the impact that this had on their development as they grew up and started to access nursery settings. The Chairman of the Health Scrutiny Committee confirmed that health visiting would be considered by the Health Scrutiny Committee at its March meeting this year to look at this issue.

48. Officers providing the following responses to the queries raised:

- Families were assessed as either universal or targeted families via a comprehensive health assessment using a range of methods including the use of previous medical records such as GP records and hospital notes, and detail of previous or current contact with other agencies and/or services.

- The data submitted by NHFT had been subject to rigorous scrutiny. Officers confirmed they were confident in the accuracy of the data but would ask that it is checked again by NHFT to provide assurance to members. If the data could be broken down into district level detail this would be circulated to members. Covid restrictions were in place during parts of 2021 and checks and assessments took place in line with national guidance in place at the time.
 - 1-1.5-year development assessments may be carried out by other members of the Healthy Family Team, such as healthcare practitioners with nursery nurse and/or early years qualifications, rather than by health visitors. The checks at this age are not so clinical in nature, focusing instead on early child development, and other members of the Healthy Family Team have the knowledge and skills relevant to the kind of checks being completed. These reviews, when delivered by another member of the Healthy Family Team, are delegated and overseen by a health visitor.
 - Following on from parent-led assessment forms, families were invited into a community venue where further assessment and discussion would take place. The healthcare practitioner would ensure that the responses the parent has given on the assessment form match what they observe of the child in the community setting. This forms part of a wider system in place to support safeguarding.
 - Officers will establish if this is the first co-operative procurement approach taken by the Council and feed back to members. Legal and procurement colleagues have been involved in the development of this piece of work from an early stage and felt that it was not necessary to take formal external legal advice. They did consider the approach taken by colleagues from other Local Authorities who had undergone similar procurement routes. Legal and procurement colleagues were confident that the thresholds and criteria were met to allow the co-operative approach to move forward.
 - Officers were keen to see the issues discussed around health visiting brought to the March Health Scrutiny meeting to ensure that work could be completed going forward to develop services to best support this cohort of children as they grow up.
49. The outcome of the informal dialogue carried out was that those members of the Adult Social Care and Public Health Select Committee and the Children and Families Select Committee who were present were supportive of the proposed approach to commissioning the Nottinghamshire Healthy Families Programme 2024 and beyond. In addition, the members requested that further scrutiny activity takes place through the Adult Social Care and Public Health, and Children and Families Select committees throughout the period of service design for the recommissioned service.

Public Sector Equality Duty implications

50. At this stage of the formation of the proposals no specific impacts on particular groups are anticipated. However, as the proposals are developed, equality impacts will be assessed for consideration by Cabinet when reaching its decision on the co-operation agreement

Safeguarding of Children and Adults at Risk Implications

51. The Nottinghamshire HFP play an important role in safeguarding and promoting the welfare of unborn babies, children, and young people. These responsibilities are clearly defined in the current service specification. A co-operative arrangement will enable the continuation of the current robust governance process that facilitates an integrated approach to safeguarding children across all NHFT's community healthcare pathways for children and young people.

Implications for Residents

52. There will be no adverse impact for residents. Children, young people, and families will continue to receive a high-quality service from the Nottinghamshire HFP.

RECOMMENDATION/S

53. It is recommended that:

- a. The principle of developing a new contract for delivery of the Nottinghamshire Healthy Families Programme, for a period of up to nine years and based on the indicative costs detailed in the Financial Implications section of this report, be progressed via a co-operation arrangement between the Council and Nottinghamshire Healthcare NHS Foundation Trust (NHFT), subject to the satisfactory and affordable outcome of further negotiation and development activity described in the report.
- b. A further report be brought back to Cabinet for approval of the co-operation agreement, following development and negotiation of the co-operation agreement setting out how co-operation will operate and how each of the public authorities will deliver their respective obligations in the public interest.

COUNCILLOR MATT BARNEY

CABINET MEMBER – ADULT SOCIAL CARE AND PUBLIC HEALTH

For any enquiries about this report please contact:

Kerrie Adams | Senior Public Health Commissioning Manager | kerrie.adams@nottsccl.gov.uk | 0115 977 2198

Helena Cripps | Public Health Commissioning Manager | helena.cripps@nottsccl.gov.uk | 0115 977 2159

Constitutional Comments (SJF 06.12.22)

39. Cabinet has the authority to consider the report and determine the recommendations within it, since they are matters within the Terms of Reference of the Cabinet (Constitution Section 5, Part 2, CA.2 - page 73).

Financial Comments (DG 09.12.2022)

40. The annual contract value (commencing 2024-25) is currently predicted to be £14,862,418 per annum, which will be met from the Public Health Grant. Any inflationary increases over the life of the contract (between 5 and 9 years) will be managed within the Public Health Grant and its reserves

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.

- Healthy Child Programme 0 to 19: health visitor and school nurse commissioning (commissioner guidance), Public Health England, 2016 (updated March 2021), available [here](#).
- Nottinghamshire's Best Start Strategy, 2015-25, available [here](#).
- The Best Start for Life, a vision for the critical 1,001 days, HM Government, 2021, available [here](#).

Electoral Division(s) and Member(s) Affected

- 'All'

Appendix One: Procurement of the Nottinghamshire Healthy Families Programme

Part One: Summary of the Nottinghamshire Healthy Families Programme

What is the Nottinghamshire Healthy Families Programme?

An early intervention and prevention public health nursing service, delivering the Government's Healthy Child Programme. Local Authorities have a statutory responsibility to deliver the Healthy Child Programme, including the National Child Measurement Programme, which weighs and measures children in school. More specifically, five universal health visitor reviews are mandated for delivery.

The service is known locally as the Nottinghamshire Healthy Families Programme (HFP) and is delivered by 20 local Healthy Family Teams who provide care to children, young people, and families from before birth to their late teens (0 to 19 years). Care for families is delivered by specialist public health practitioners (health visitors and school nurses) and supported by a highly skilled team made up of a number of clinical and non-clinical professionals.

The Nottinghamshire HFP also includes the Family Nurse Partnership Programme for first time parents under the age of 20, delivered by specially trained Family Nurses.

What do Healthy Family Teams deliver?

Healthy Family Teams (HFT) are universal in reach and personalised in response: support is offered to all families in Nottinghamshire - most family's needs will be met by the universal offer, with targeted, evidence-based support given to those who need it, as early as possible.

HFT's use strengths-based approaches to:

- Provide evidence-based interventions and motivational interviewing
- Assess child development and undertake holistic assessments
- Provide advice and promote health, wellbeing and development to children and families
- Promote health protection and keep children safe

Safeguarding is a core responsibility for HFT's who work to promote the welfare and safety of children and families. Across 2021-22 HFT's attended 14,727 individual safeguarding meetings, and as of September 2022 HFT's had 3,109 children and young people under safeguarding caseloads.

In the **early years** HFT's deliver:

- Antenatal contact (in pregnancy)
- New baby review (health, wellbeing, and development)
- 6 to 8-week review (health, wellbeing, and development)
- 1-year health and development review (comprehensive assessment of a child's health, social, emotional, behavioural and language development)
- 2 to 2.5-year health and development review (comprehensive assessment of a child's health, social, emotional, behavioural and language development)
- Advice and support around parenting, child development and healthy choices, including infant feeding support from birth, through home visits and bookable sessions in community settings
- Focus on maternal mental health, including programmes of support
- Extra support and contacts for families with identified needs, including a targeted review at age 3 to support school entry

For **school age** children and young people, HFT's deliver:

- Health review, information and support for primary and secondary school-age children and young people
- Advice and support at school entry and Year 7, and an assessment of health and wellbeing at Year 9, via online questionnaire
- Programme of sessions for emotional health and wellbeing including anger, anxiety, eating, low mood, self-esteem, self-harm, and sleep, delivered on a one-to-one basis
- Brief intervention or short session of support, including group support, for alcohol, healthy relationships, online safety and sexual health
- Continence support: assessment, care planning, review and provision of products

HFT's also offer digital support including:

- Websites: Health for Under 5's, Health for Kids, Health for Teens
- Text messaging: Parentline (parents and carers) and Chat Health (young people)
- HFT advice line (telephone), where colleagues answered more than 10,000 calls in 2021-22
- Electronic 'information prescription' (RECAP)

The Government identifies [high impact areas](#), six in the early years, and six for school aged children and young people, which underpin the work of HFT's.

What is the Family Nurse Partnership Programme?

An evidenced-based home visiting programme for vulnerable first-time teenage parents and their children. Specially trained Family Nurses work intensively with young parents throughout pregnancy and until their child is aged 2. Family Nurses are experts in the parent-infant relationship and early child development and work closely with young families to ensure they have the knowledge and tools they need to give their child the best possible start in life.

In 2021-22 a total of 203 clients successfully graduated from the Family Nurse Partnership Programme, to be supported by universal services, such as Healthy Family Teams and Children's Centre Services. A further 252 clients enrolled in the programme, beginning their journey with a Family Nurse.

What is the National Child Measurement Programme?

A nationally mandated programme of height and weight checks, which involves measuring the height and weight of all school children in Reception and Year 6. HFT's co-ordinate and deliver the programme in all maintained schools in Nottinghamshire, including academies.

Part Two: Contract and Performance

The Nottinghamshire HFP contract commenced 1st April 2017 and ran for an initial period of three years with a four-year extension enacted, bringing the contract end date to 31st March 2024. Notably, NHFT were the sole bidder for this competitively tendered contract, despite a programme of market engagement aimed at identifying and supporting all potential bidders.

Robust contract management processes are in place to ensure a well performing, high-quality and value-for-money service is available for the population of Nottinghamshire. These processes include:





- Financial scrutiny, applied via an open book accounting agreement with NHFT where queries and challenges are formally raised and resolved,

- A quarterly Contract and Quality Review Meeting (CQRM), where scrutiny is applied to the data within the performance framework and quality schedule, and any plans for improvement are assessed for progress,
- A performance framework, applied to the contract based on evidence of what works to improve outcomes for children, young people and families and underpinned by national guidance,
- A quality schedule, applied to the contract based on local and national NHS quality dashboards and guidance,
- A service review meeting held for each element of the service following review of the performance schedule, where areas for celebration or service improvement are explored with clinical leads,
- Collaborative partnership meetings held to drive ongoing service transformation and ensure an appropriate, evidence-based model of care continues to be delivered,
- Quality assurance visits, that focus on specific elements of service delivery and form part of the quality assurance process.

These arrangements enable the Council to continually transform and enhance the service offer for the benefit of local children, young people, and families. For example, in collaboration with NHFT, commissioners have increased the focus on 0 to 5's in line with national evidence, including:

- The expansion of maternal mental health assessment to the 1-year review,
- The introduction of continuity of carer to age 1,
- The implementation of a parent-infant relationship universal intervention,
- Increased assessment of social and emotional development,
- The implementation of a 3-year targeted review to support school readiness.

Key performance

2021-22			
Reviews delivered	Nottinghamshire	Statistically similar neighbours	National average
Percentage of new birth visits completed, by 14 days*	7,221 (count) 95.3 % 	Not known	82.6 %
Percentage of 6-to-8-week reviews completed by 8 weeks	7,603 (count) 89.8 % 	85.0 %	81.5 %
Percentage of 12-month development reviews completed	7,235 (count) 92.6 % 	81.8 %	81.9 %
Percentage of 2-to-2.5-year reviews completed	6,914 (count) 85.3 % 	77.7 %	74.0 %

Key

 Nottinghamshire value better than the England average (statistically significant)

Source: Fingertips, Office for Health Improvement and Disparities, 2022

*In Nottinghamshire in 2021-22 the total number of new birth reviews delivered, including those delivered after 14 days, was 7,557, representing 99.7% of new birth reviews due.

Part Three: Co-operation approach

The Council must comply with its legal obligations under the Public Contract Regulations 2015, its obligation to deliver best value, and the requirements of the Constitution. Some elements are excluded from the Public Contract Regulations, meaning that a competitive tender process is not required, including contracts which use the 'co-operation exemption'. Where that exemption applies a contract can be entered into with a relevant public body such as an NHS Trust. Taking a co-operative approach would enable the Council to enter into a contract with NHFT for delivery of the Nottinghamshire HFP from 2024 onwards.

A formal options appraisal has been undertaken to assess the use of a contract, via the co-operation route, against a competitive tender process. The co-operation route has been identified as the preferred option for the procurement of this service.

In addition to the benefits identified in the main paper, this approach also secures the well performing, high quality 0 to 19 service currently delivered. It is anticipated that a co-operation approach will reduce workforce attrition, when compared to the alternatives. It is important to note here that there are national shortages of health visitors and school nurses, making it challenging for service providers to recruit to vacancies that may occur in the event of workforce instability.

REPORT OF THE DEPUTY LEADER AND CABINET MEMBER FOR TRANSFORMATION

STRATEGIC COMMISSIONING FRAMEWORK

Purpose of the Report

1. To seek Cabinet approval of the Strategic Commissioning Framework (Appendix A) and supporting plans:
 - a. High-Level Training Plan (Appendix B)
 - b. Implementation Plan (Appendix C).
2. This is a Key Decision because it will have significant effects on two or more electoral divisions.

Information

Background

3. The Nottinghamshire Plan sets out the ambition to be a forward looking and resilient Council that is always looking to make services more efficient and sustainable and better meet people's needs. An identified area of focus for the next four years is joining up our commissioning activity across Council services to achieve financial benefits and improve services for people.
4. To achieve this, the aim set out for 2022-23 was to strengthen the processes used to choose how to provide services for residents by developing our approach to 'strategic commissioning' to ensure that funding is used effectively to meet identified needs and demonstrates good value for money.
5. The Council aspires to build resilience and skills within our citizens that can support them through their life course to achieve their potential and enjoy a good life in our County. In accordance with the approach detailed in the Nottinghamshire Way, key to strategic commissioning is the ambition to be evidence and data led to understand how to change patterns of investment into the short, medium, and long term to improve the lives of people within Nottinghamshire.

Strategic Commissioning

6. Strategic Commissioning is the cycle of assessing the needs of people and communities and using this to design effective services and support and, where necessary, influencing the market to shape and secure the right services to deliver outcomes sought at the right cost.

Strategic Commissioning includes the following steps:

- a. assessing the needs of a population, now and in the future
 - b. setting priorities and developing commissioning strategies to meet those needs in line with local and national targets
 - c. securing services to meet those needs and targets
 - d. monitoring and evaluating outcomes (direct and indirect)
 - e. Coproducing, consulting, and involving a range of stakeholders, people, and communities in the whole process.
7. Strategic Commissioning is important as it enables the Council to procure services that will deliver the priority outcomes as set out in the Nottinghamshire Plan such as whole family approaches, prevention, personalisation, strength-based and asset-based approaches, collaboration with partners, excellence in contract management and has place at its core.
8. Well-planned strategic commissioning also offers the opportunity to increase the value and financial sustainability of services commissioned by making the most effective use of available resources and providing the most efficient and consistent delivery models, which results in benefits too for residents.
9. Strategically commissioned services can also be provided through direct delivery as well strategic alliances, partnerships or through procurement and this is an area in which further opportunities can be identified.

Current approach to commissioning

10. The Council has some very good examples of commissioning practice in place. These are outlined below:
11. Place property commissioners have worked collaboratively with Children's, ARC and local developers to build a new Primary School in Bingham. This was in response to a new housing development and to ensure enough school places are available to support the growing community. There were multiple outcomes as a result:
 - a. Environmental - the school has been designed to be self-sufficient with air source heat pumps, high-efficiency lighting and two electric vehicle charging stations.
 - b. Social – new school built in Bingham by developers to meet local needs.
 - c. Economic- local jobs and economy stimulated through the building and development work.
12. Children's department commissioners and the Transformation Delivery worked with Derby City Council to secure matched capital funding from DFE to establish two 2-bed children's

homes to support young people with complex mental health needs and/or challenging behaviours across D2N2. The capacity of these and two further homes will be shared between the D2N2 partners and will also provide an integrated service with health, resulting in:

- a. Reduced cost to both health and participating authorities through establishing services at the right level which reduce escalation.
- b. Strengthening collaboration between the D2N2 councils and fostering closer working with health through the two Integrated Care Boards (ICBs).
- c. Creating new capacity within the region, ensuring children get the right care close to home
- d. Accessing funding that has an emphasis on collaboration and consortia

13. Turning Point have been awarded a contract to deliver an innovative new approach in Nottinghamshire in relation to supported housing and recovery for Adults with complex mental health needs. This will offer an integrated approach combining housing support with clinical and social care interventions. The clinical interventions will be delivered by Nottinghamshire Healthcare NHS Foundation Trust, working with Turning Point to ensure individuals receive the tailored treatment and support they need. Benefits include:

- a. Joint working, such as referral management, safeguarding and monitoring physical health will be underway, however staff from each organisation will also be able to bring their own areas of expertise to meet the needs of the people in the service.
- b. Providing a wraparound service that meets individuals needs and doesn't duplicate provision or leave people with gaps in their care.
- c. Enabling service users to continue to be supported in the community and less likely to have to be admitted to hospital.

14. Public Health's Specialised domestic abuse support services for Nottinghamshire are co-commissioned with the Office of Police and Crime Commissioner (OPCC). Joint commissioning brings efficiencies to the procurement process, joint contract review meetings and quality assurance, the benefits are much wider too in terms of the strategic development of the County's Domestic Abuse sector. Outcomes include:

- a. The establishment of the Nottinghamshire DA Local Partnership Board, in-line with the DA Act's (2021) requirement, in a joint leadership team of both the Director of Public Health and the Chief Executive of the OPCC in a working partnership across the wider local Domestic Abuse landscape.
- b. Direct support for service users and their children, including quality advocacy support, as well as a 24 Hr Helpline that is also jointly commissioned.

15. The above examples illustrate the good practice already in place and the Strategic Commissioning Framework will provide an overarching framework to enhance this good work and ensure consistency across the Council.

Strategic Commissioning Framework

16. In 2020, the Council commissioned Newton Europe¹ as a strategic partner to carry out a diagnostic of the cross transformational programmes of the Council and to identify opportunities for development. Strategic Commissioning was identified as a potential area that can enhance commissioning discipline and provide a strategic focus to enable the delivery of the Councils Plan.
17. To progress developing our approach to 'strategic commissioning', the Strategic Commissioning Programme was created as part of the Council's Transformation Portfolio. A Cross-Council Programme Board were established to work collaboratively to develop a framework to shape the Council's approach to strategic commissioning.
18. The programme has been designed with two phases. Phase one has included the initial development of the framework, with a supporting toolkit, training plan and application of the framework through a demonstrator. Subject to the approval of the framework, phase two will be scoped and developed in due course.

Purpose of the Strategic Commissioning Framework

19. The Strategic Commissioning Framework (Appendix A) provides a foundation to build on the good practice that is already underway across the Council. It will strengthen the existing commissioning discipline in the Council and provide a consistent approach to planning, designing, and evaluating services.
20. The Strategic Commissioning Framework is intended to guide our service and strategic development and market shaping activity at every step of the commissioning cycle to improve outcomes and incorporate evidence on what works across the diverse range of Council's duties, services, and interventions. The Framework includes eight principles to support the delivery of effective and efficient services over the short, medium, and longer-term.
21. Using the new Strategic Commissioning Framework, and through co-production with residents, the framework will support the Council to ensure there is a clear focus on improving multiple outcomes for the lowest possible cost, whilst also maximising social value for the resources that the Council and its partners have available.
22. The potential financial benefit to aligning our priorities in commissioning activity across the Council sits not only within the Council's Transformation Portfolio but also by considering how this framework complements and influence other approaches around the council such as organisational development.
23. The Strategic Commissioning framework also provides the opportunity for the Council to join up commissioning activity with partners across the county and the region, and work across place-based partnerships to maximise wider commissioning at scale.

¹ Management Consultancy firm Newton Europe is a UK-based specialist in operational improvement

Development of the Strategic Commissioning Framework

24. The cross-Council Programme Board has steered and challenged the content and development of the Framework to ensure that it support and aligns with the values of the Council. The Task and Finish Group has involved commissioners from across the Council in shaping the interactive toolkit and the supporting resources.
25. Best practise models of strategic commissioning in other organisations were considered, along with building on what is working well already across the council, to reach a consensus at key stages throughout the framework's development and design.
26. There will be a variety of training activities available to ensure that commissioners can be supported in building their strategic commissioning competencies. The framework is also being tested in a pilot scenario to provide early lessons to learn from.

Training

27. With the right training and support, commissioners will have the skills and expertise to enable them to commission strategically, focusing on multiple outcomes and results, whilst aligning effort and resources across the Council to best effect.
28. Strategic Commissioning competencies are the knowledge, skills, behaviours, and characteristics that underpin effective strategic commissioning. A self-assessment against these competencies has been undertaken by departments which has informed the high-level training plan as per (Appendix B).

Toolkit

29. An interactive toolkit has been designed and developed in collaboration with commissioners across the Council. This is to ensure that commissioners are equipped with the correct resources to be supported effectively in strategic commissioning activities.
30. The toolkit will provide commissioners with additional support and resources that they can use such as templates, checklists and worked examples for the different stages of the commissioning cycle.
31. Further development of the toolkit will occur over time to ensure those involved in commissioning continually reflect on the quality of the process to advance a culture of continual improvement within the council.

Demonstrator

32. Mental Health Accommodation has been identified as a cross-Council area to run a demonstrator/pilot for the Strategic Commissioning Framework to test out the approach.
33. Working in partnership with the Integrated Care System, Nottinghamshire Healthcare Trust, and Nottingham City Council, the purpose of this demonstrator/pilot is to work through the strategic commissioning cycle, assessing against the framework to demonstrate if it works in the way intended. Findings from this demonstrator will be fed back into the continual review of Strategic Commissioning as it evolves.

Implementation of the Strategic Commissioning Approach

34. A Plan has been developed to support the implementation of the Strategic Commissioning Framework across the Council (Appendix C). It details the steps that must be taken to ensure that the benefits associated with the framework are realised and includes:
- a. Strategic Commissioning Toolkit
 - b. Strategic Commissioning Training Plan
 - c. Communications Plan
35. The Implementation Plan will also consider how the principles of Strategic Commissioning can support the delivery of the Nottinghamshire Plan:
- a. improving health and wellbeing in all our communities
 - b. growing our economy and improving living standards
 - c. reducing the County's impact on the environment
 - d. helping everyone access the best of Nottinghamshire.
36. Phase two will focus on using the Strategic Commissioning Framework and principles to enable further development work on innovation, transformation, and change. Through principle seven, 'Empowerment of Commissioners' we will start to see the culture and confidence of our commissioners grow and enable a move to more transformational cross-council work.

Other Options Considered

37. The alternative option to developing the Strategic Commissioning Framework was to do nothing. This is not a suitable option given the Council's ambition to secure cost-effective outcomes and the opportunities through strategic commissioning to spend money wisely and make evidence-based decisions.

Reason for Recommendation

38. To ensure that Strategic Commissioning becomes the way that we commission corporately, driving the culture change required to a data-driven, needs-led, strategic council resulting in better outcomes for residents.

Statutory and Policy Implications

39. 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

40. An allocation of £50,000 has been agreed by the Section 151 Officer through corporate contingency to provide the training budget required.

Human Resources Implications

41. The learning and development objectives and training needs analysis and high-level strategic training plan are set out in the report and its appendices.

Implications for Sustainability and the Environment

42. Principle five of the framework focuses on delivering social value through our commissioning work, there is a commitment to identify opportunities for multiple outcomes to improve social, environmental, and economic wellbeing in Nottinghamshire.

RECOMMENDATIONS

That Cabinet:

1. Approves the Strategic Commissioning Framework and the associated Training and Implementation Plan as set out in the report.

COUNCILLOR BRUCE LAUGHTON

DEPUTY LEADER AND PORTFOLIO HOLDER FOR TRANSFORMATION

For any enquiries about this report please contact:

Kaj Ghattaora, Group Manager – Procurement, 0115 977 3267, kaj.ghattaora@nottsc.gov.uk

Constitutional Comments (SJF – 13/02/2023)

43. This decision is about approval of the Strategic Commissioning Framework. Cabinet is the appropriate body to consider the recommendation since Cabinet has delegated responsibility for policy development and changes, including where the policy falls within the remit of more than one Portfolio.

Human Resources Comments (HG 27/2/23)

44. The learning and development needs and objectives of the proposed training and implementation plan are set out in the report and its appendices.

Financial Comments (NS 27/02/2023)

44. The financial implications are as set out in paragraph 40 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.

- November 2020 -Report to Improvement and Change Sub Committee – Transformation and Change Programmes and the Transformation Model and Structure.

Electoral Division(s) and Member(s) Affected

- All

Strategic Commissioning Framework | 2023





Foreword

Strategic Commissioning is about securing good outcomes for our residents and in particular those who draw upon our services and support. Strategic Commissioning when it is at its best is about using clear data and needs assessment to understand need, and through coproduction and use of insight, develops solutions and interventions that can address that need in a cost-effective way, making best use of public money.

As a Council we aspire to building resilience and skills within our citizens that can support them through their life course to achieve their potential and enjoy a good life in our County. This Strategic Commissioning framework is intended to guide our service development, strategic development and market shaping activity at every step of the commissioning cycle to improve outcomes and incorporate evidence on what works across the diverse range of Council's duties, services and interventions.

The goal is to foster practice and culture where strategic planning is focused on outcome and results and aligns effort and resources across the Council to best effect, demonstrating the underlining principles of the Council plan such as whole family approaches, prevention, personalisation, strength-based and asset-based approaches, collaboration with partners, excellence in contract management and has place at its core.

This document will set out what is required to implement the framework, how strategic commissioning competency will be developed through the Nottinghamshire Way and the key areas of strategic activity that will enable delivery of the Council Plan and Transformation programmes.



Cllr Bruce Laughton

Deputy Leader
Nottinghamshire County Council



Nottinghamshire County Council's Strategic Commissioning Framework

Our Council Plan 2021-2025 states our ongoing commitment to make Nottinghamshire a place:

- where People are healthier and live independent lives for longer
- where communities and families are resilient and well supported
- where our children, vulnerable adults and communities are kept safe
- that enjoys improved transport and connectivity
- that protects its environment and reduces its carbon footprint
- that is attractive and vibrant
- where businesses are stronger with more high-quality jobs
- that attracts more investment in infrastructure, the economy and green growth
- where people have the education and skills, they need to get good local jobs

To achieve our priorities, Nottinghamshire County Council needs to build on the success of existing commissioned arrangements and set the direction of travel alongside the new Council Plan. Using the new strategic commissioning framework, and through co-production with services users and residents, we are aiming to ensure there is a clear focus on improving outcomes for the lowest possible cost, whilst maximising social value for the resources that the Council and its partners have available.

The Council has already responded well to the funding challenges, but with expectations that the funding challenges will remain, and that demand for services will increase as Nottinghamshire's population is projected to increase from 828,200 in 2019 to 895,000 in 2031.

The Council remains more determined than ever to be ambitious for Nottinghamshire and to deliver for its residents. We spend nearly £600m with third parties which gives us a fantastic opportunity to benefit our residents through delivering social return on every pound we spend.



Our Vision for Strategic Commissioning

‘Strategic Commissioning is data/evidence led, collaborative and supports the achievement of strategic aims by securing cost-effective outcomes.’

Definition of Strategic Commissioning

For the purposes of this document strategic commissioning is defined as

‘The cycle of assessing the needs of people and communities in Nottinghamshire. Using these to design effective services and support and, where necessary, influencing the market to shape and secure the right services to deliver the outcomes sought at the right cost. Thereafter, monitoring and reviewing the impact of those services being delivered to assess whether we can learn and improve those services for the benefit of the people and communities of Nottinghamshire’.

It is important to remember that strategically commissioned services can be provided through direct delivery as well strategic alliances, partnerships or through procurement.



Strategic Commissioning Principles

The principles adopted in our strategic commissioning framework will support the delivery of effective and efficient services over the short, medium and longer-term through:

- a culture that supports innovation, collaboration and partnerships
- smart resourcing and governance that ensures value for money and resilience.

Principle 1:

Resident Focused - all commissioning will be based on a clear understand of residents’ needs

Our Aim:

We will put our residents at the centre of our commissioning approach. Users from all our communities will inform and shape future commissioning decisions and residents will have a say in the vision for their local area.

How will we achieve this?

- Embed opportunities for residents to be involved in all stages of the commissioning cycle
- There will be early involvement of existing and prospective service users to understand priorities and inform commissioning decisions.
- Embed customer experience and insights into our contract monitoring arrangements
- Gather new insights from our residents through community research

Principle 2:

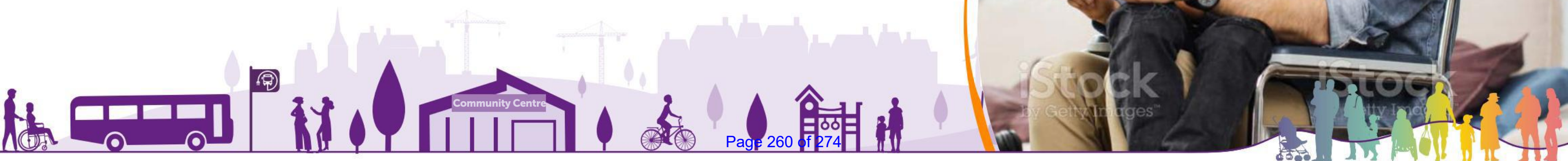
Outcomes orientated – our commitment to better commissioning means achieving the best outcomes

Our Aim:

Through an outcome-based approach, we will focus on the difference we can make and not just focus on inputs and processes. We will promote innovation and make effective use of resources, specifically identifying multiple outcomes and delivering value for money each time.

How will we achieve this?

- Working with residents we will define the outcomes to be achieved in our Council Plan and Commissioning Intentions.
- Be clear about how the outcomes contribute to the Council’s strategic priorities at the start of the commissioning process.
- Start with defining the outcomes and vision for what we are setting out to achieve before identifying the options for delivery.
- Ensure we embed robust mechanisms and monitoring processes to measure, and report based on SMART outcomes.



Principle 3:

Effectively manage demand – ensure our commissioning approach helps to manage demand

Our Aim:

Forecasting, planning and developing a better understanding of demand for our services will be a key part of our commissioning approach.

How will we achieve this?

- Understanding what causes demand for services and identify opportunities for changing level of demand. This will be key for managing future pressures on services against available resources.
- Take a long term and holistic view of demand to avoid delivering false economy where reduction in provision in one area results in an increase elsewhere.
- Develop an early intervention and prevention strategy.
- Understanding the impact of our intervention – what we are setting out to do and what difference has it made.



Principle 4:

Evidence based – we will use our data and insights to inform robust decision-making.

Our Aim:

Data and insights play a key role in commissioning by enabling us to understand levels and types of need. We have a wealth of data – both within the Council and from our providers. We will actively harness and analyse the data at every step of the process to ensure the appropriate decisions and actions are taken.

How will we achieve this?

- Use NCC and Partner data to identify trends and understand demand
- Use our data to identify solutions and feed into commissioning plans and decision making
- Conduct robust review and evaluation of services commissioned before re-commissioning
- Use the Strategic Insight Unit (SIU) to analyse and report on the effectiveness of our commissioning decisions
- Develop and analyse category level spend to feed into commissioning intentions



Principle 5:

Deliver social value – we are committed to improving social, environmental and economic well-being in Nottinghamshire

Our Aim:

Commissioning should ensure the maximum benefit in delivering multiple outcomes outcomes for our residents. We will create opportunities that enhance our communities and improve the lives of our residents.

How will we achieve this?

We will develop a sustainable procurement policy statement which sets out how we will enhance social value through our commissioning. This will include:

- Encouraging a diverse base of suppliers
- Maximising community benefits through encouraging suppliers to make social contributions to the area
- Promoting greater environmental sustainability
- Increasing employment and training opportunities through our contracts



Principle 6:

Market shaping – we will work with our providers to develop and shape the market

Our Aim:

Our providers have a key role in achieving outcomes for our residents. Our aim is to take our relationship with providers, existing and new, a step further by shaping solutions with the market to respond to needs, support capacity building, encourage innovation and help build sustainable service models.

How will we achieve this?

- Regular market engagement activities with clear and coherent communication
- Analyse the current market and identify strengths, weaknesses and any gaps
- Shape the market for short, medium, and long term
- Maintain and strengthen relationships with providers, supporting them to be flexible to local needs



Principle 7:

Commissioning culture – we will empower our commissioners

Our Aim:

Develop a ‘commissioning culture’ – empower our commissioners to be bold, ambitious and have confidence to explore new delivery models. We will not default to always procuring what we’ve had before – we will consider a full range of options.

How will we achieve this?

- Give commissioners proactive management of existing contracts in order to develop innovative solutions
- We will undertake a holistic approach to forward thinking commissioning
- We will support our commissioners to develop the skills and expertise required to deliver our commissioning principles
- Developing our commissioners as leaders – not view strategic commissioning as transactional at a micro level



Principle 8

Commissioning together – where appropriate, we will integrate commissioning across departments and with partners

Our Aim:

We will look to integrate commissioning (expertise, capacity and resources) across departments and with partners to maximise benefits for our residents.

How will we achieve this?

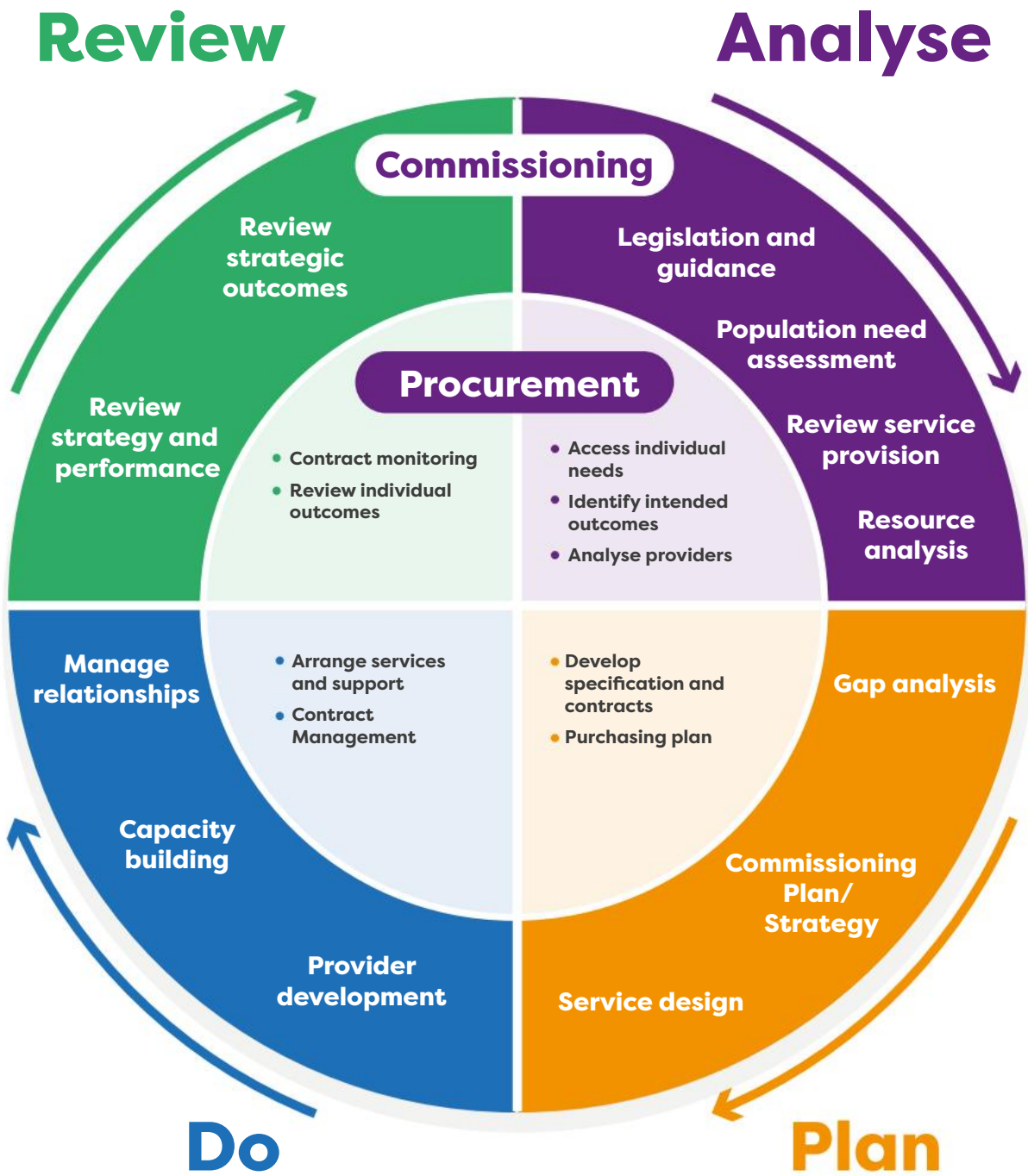
- We will develop a forward plan of commissioning activity and engage with our partners and across departments to focus on service users
- We will demonstrate open and honest communication and flexibility to work in an integrated way from planning to delivery
- We will look to avoid duplication and positively influence how collective resources are used, for example through pooled budgets or shared services
- We will work to shared values and goals and take joint responsibility for delivering outcomes



A consistent commissioning approach to planning, designing and evaluating services

Good commissioning is not an end in itself, but rather it is an approach that we use to ensure that the decisions we take and the services we offer to our residents are the most effective that they can be. Across every service we will demand equally high standards for commissioning.

Figure 1: Commissioning Framework





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Appendix B: Strategic Commissioning - High Level Training Plan- January 2023

Objectives

1. Commissioners will have the skills and expertise to enable them to commission strategically, focusing on multiple outcomes and results, whilst aligning effort and resources across the Council to best effect and as referenced in the Nottinghamshire Way.
2. Commissioners will be confident that each time they commission they are able to do so in a data driven and needs led way to ensure that the best outcome is achieved for the best value, supporting the Council priority of '*Smart resourcing and governance that ensures value for money and resilience*'
3. Commissioners will be able join a community and network of other commissioners who can offer support to each other when undertaking day to day activities involving strategic commissioning.

Training Needs Analysis

4. Strategic Commissioning competencies are the knowledge, skills, behaviours, and characteristics that underpin effective strategic commissioning. A self- assessment against these competencies has been undertaken by departmental commissioning colleagues from across the Council in the summer of 2022.
5. The results from the self-assessment activity generated a clearer understanding of the current competencies/capabilities of our commissioners and has highlighted the additional support that will be required to enable our commissioners to deliver against the new framework effectively.

Training Options

Activities	Information	Cost	Timescale	Audience	Outcome
Toolkit- Guidance note	Short guidance note will be made available to provide users with further guidance around how to best utilise the toolkit and its resources.	N/A	April 2023	All staff with commissioning responsibilities	Staff will understand how to access and use the online toolkit to support them in their strategic commissioning activities.
E Learning	Training module will be provided to introduce the strategic commissioning principles and framework.	N/A	Date TBC	All staff with commissioning responsibilities	Staff will have access to resources written to support them in their strategic commissioning activities.
'Learning together'	Sessions will be held via teams/hybrid to discuss in more detail the different elements of Strategic Commissioning, led by subject matter experts and linked to the eight principles.	N/A	Monthly sessions April- Sep 2023	All staff with commissioning responsibilities and any other staff with an interest in the area.	Staff will be able to upskill themselves and tap into a wider community of commissioners and subject matter experts from across the authority.
External training provision Public Service Transformation Academy (PSTR)	'The Commissioning Academy' ¹ . Designed to equip a small group of professionals to tackle the challenges facing public services, take up new opportunities and commission the right outcomes for their communities.	£50,000	Dates TBC	Senior representative and Commissioning Managers from each department.	Commissioners to be developed as leaders – not to view strategic commissioning as transactional at a micro level. All participants will join an alumni network, providing access to a supportive group of peers

¹ Launched by Cabinet Office in 2013, the Commissioning Academy combines the latest and proven practices on leading change across complex system. PSTR are the Cabinet Office's delivery partners for delivery of the training.

Appendix C: Strategic Commissioning- Implementation Plan- January 2023-September 2023

This plan demonstrates how the Strategic Commissioning Framework will be implemented across the Council. It details the steps that must be taken to ensure that the benefits associated with the framework are realised.

This plan will also help to ensure that through Strategic Commissioning, the goals outlined in the Nottinghamshire Way are considered in all the Council's commissioning activities.

Activity	By when	Information
Framework & Toolkit		
Framework document	Jan 2023	Framework document drafted and final design applied by Design and Print. Approval to be sought from Cabinet in March 2023.
Draft Strategic Commissioning Toolkit	Feb 2023	An interactive toolkit has been developed which includes templates, checklists, and additional resources to support commissioners in undertaking strategic commissioning activities. Draft Intranet Pages
Programme Board - Virtual Update	Feb 2023	Provide Programme Board members with an update around what has been delivered through the programme and what is to be presented to Cabinet.
Cabinet Meeting	Mar 2023	Approval of the Strategic Commissioning Framework and the associated plans.
Toolkit and Framework uploaded to the Intranet	Mar 2023	Online interactive resource to support commissioners, will be uploaded and kept dormant, ready for the official launch of the Framework in April 2023.
Framework and toolkit Launched	Apr 2023	Official launch of framework and toolkit - supported by internal and external communications.
Training		
High level plan developed	Jan 2023	High level plan developed to outline proposed training activities.
Detailed Training Plan for Commissioners	Mar 2023	Detailed training plan to be produced. This will include further detail around a range of training and development offers to support staff in their strategic commissioning activities and will be aligned to the approach detailed in the Nottinghamshire Way.
Circulate Training Plan for Commissioners	Apr 2023	Commissioners will be able to identify and register for the appropriate training. Where costs are involved, this will need to be approved by managers.
Deliver Training Activities	April - Sep 2023	Roll out the training offer to commissioners as required/requested. Demonstrating the direct links to delivery of the Nottinghamshire Plan and the key ambitions through strategic commissioning.

Undertake skills matrix self- assessment	Sep 2023	Undertake another self- assessment using the original skills matrix to measure the success of the framework, toolkit and training for informing and guiding commissioners work in this area.
Communications		
	January 2023	High level plan developed to outline proposed comms activities.
	March 2023	Detailed plan to be produced to communicate the launch of the Strategic Commissioning Framework, Toolkit, and associated Training offer.

REPORT OF THE CORPORATE DIRECTOR, PLACE DEPARTMENT**THE KING'S CORONATION AND OTHER NOTTINGHAMSHIRE COUNTY COUNCIL EVENTS 2023****Purpose of the Report**

1. To update Members on the plans for three key events and the resources required to support these events:
 - Celebrating The King's Coronation across Nottinghamshire
 - Nottinghamshire County Council's contribution to the Nottinghamshire Show
 - Celebrating Nottinghamshire Day

Information**King's Coronation – 6th to 8th May 2023**

2. The King's Coronation will see people across the UK and the Commonwealth come together to celebrate. The National Coronation Programme will include the procession and service at Westminster Abbey on 6 May, the 'Coronation Big Lunch' across the country on 7 May (with a concert taking place in Windsor in the evening), and 'The Big Help Out' community activity on the bank holiday, Monday 8 May, which will encourage people to try volunteering and join work being undertaken to support their local community.
3. Partners across Nottingham and Nottinghamshire including The Lord-Lieutenant, Local Authorities, Universities, Emergency Services and the Voluntary Sector, are working together to help plan and coordinate local activities and events that will take place over the Coronation weekend across the City and County.
4. Nottinghamshire County Council, working with the Lord-Lieutenant, will lead and support a number of key initiatives taking place across Nottinghamshire including:
 - A veterans breakfast and provision of a big screen which will show the Coronation at Thorseby Courtyard on Saturday 6 May 2023.
 - A King's Coronation Service at Southwell Minster on Sunday 7 May 2023, with 600 attendees including Civic Heads, uniformed groups, community, charity and voluntary sector representatives.
 - Facilitation of road closures for Nottinghamshire communities wishing to host street parties and The Big Lunch activity across the weekend.
 - A media and communications campaign to help coordinate and promote Coronation activity across the City and County, working with our partners in the City, District and Parish Councils.

- Promotion through a central Coronation website and social media platforms of all key Coronation related events taking place across the City and County during the Coronation weekend, informing members of the public and encouraging them to get involved.
- Supporting the 'Big Help Out' and encouraging involvement across a number of locations in the County.

Nottinghamshire Show – 13th May 2023

5. The County Council and Nottinghamshire Show organisers are working together to ensure the County Council has a significant presence at the Show for 2023 and future years. This will comprise fun and engaging activities aligned with both the objectives of the show and the Council's Nottinghamshire Plan objectives, particularly in relation to the creation of a healthy, prosperous and green Nottinghamshire.
6. Key themes will include outdoor education activity, support to rural communities including mobile Libraries, and promoting initiatives to support delivery of the Carbon Neutral plan and the meeting of the Council's target of net zero for 2030.

Nottinghamshire Day – 25th August 2023

7. Nottinghamshire Day takes place on the 25 August, and is an opportunity to celebrate the identity, heritage, culture, and local traditions of our county. It is a way to champion our local communities, to better understand and celebrate the histories and traditions of the places we live, work and enjoy in our leisure time.
8. A civic event to raise the Nottinghamshire Flag, hosted by the County Council Chairman, will take place on Friday 25th August.
9. Digital resources for businesses, schools and organisations and members of the public wishing to celebrate Nottinghamshire Day will be made available.
10. Celebration of the Nottinghamshire Day will also be incorporated within the Robin Hood Festival which takes place over the bank holiday weekend of the 26th – 28th August 2023 at Sherwood Forest.

Funding

11. The service director for finance has confirmed that a budget of £100k has been identified from the contingency budget to support all of the activity reported above in 2023/24. This will cover all costs including:
 - Facilitation of road closures for local community events across Nottinghamshire.
 - Hiring of a big screen and facilities at Thoresby Courtyard to host a Veterans Breakfast event.
 - Promotion and communication materials for all activity.
 - Activities associated with Nottinghamshire Day and the County Council's presence at the Nottinghamshire Show.

- The purchase of official framed portrait photographs of The King which will be displayed at key Council venues and be used for future Citizenship Ceremonies.

12. In respect of the County Council's continued representation at the Nottinghamshire show and celebrations pertaining to Nottinghamshire Day it is intended to establish a permanent budget from contingencies of £40k in total.

Other Options Considered

13. The Council could opt to take a reduced part in the coordination of Coronation activity, However, it was felt that the Council is best placed to undertake this lead, together with the Lord-Lieutenant, supporting activity being delivered by District and Borough Councils.
14. It is important that the Council is able to facilitate and take part in civic celebration of the County's history, heritage, culture and traditions as well as supporting the local economy through its engagement with the Nottinghamshire Show and the role it plays in relation to Nottinghamshire Day.

Reasons for Recommendations

15. To ensure that all Members are aware of the joint partnership approach being proposed by Nottinghamshire County Council to celebrate the Coronation in Nottinghamshire, activity at the Nottinghamshire show, and Nottinghamshire Day, and that all Members and residents of Nottinghamshire are informed of local activity taking place and have the opportunity to participate in the various celebrations.

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. As stated above in paragraph 11, a budget of £100,000 has been identified from contingency which will help support the planned and co-ordinated partnership approach described within this report.
18. Paragraph 12 sets out a request to establish a permanent budget of £40k to support future events and support for the Nottinghamshire Show and Nottinghamshire Day.

Human Resources Implications

19. The work required will be undertaken by staff from within the current staffing establishments of both the Place and Chief Executives Department.

RECOMMENDATIONS

- 1) Members note the plans for celebrating The King's Coronation across Nottinghamshire.
- 2) Members note the plans for contributing to the Nottinghamshire Show and Nottinghamshire Day and approve the establishment of a permanent budget of £40,000 to support these events in future years.

Derek Higton
Corporate Director, Place Department

For any enquiries about this report please contact: Julie Forster, Group Manager, Business Support (0115) 977 2302

Constitutional Comments (CEH 28.02.2023)

20. The report and recommendations can be considered by Cabinet.

Financial Comments (NS 24/2/23)

21. The financial implications are set out in paragraphs 12, 17 and 18 of the report. Allocation of funding from contingency will be actioned for 2023/4. Funding for future years will be accounted for in establishing the budget for 2024/5.

HR Comments (HG 27/2/23)

22. . The Human Resources implications are contained at paragraph 19.

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