

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

**Monday, 04 December 2023 at 10:30**

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

---

## **AGENDA**

- |   |   |           |
|---|---|-----------|
| 1 | Minutes of the Last Meeting held on 11 September 2023   | 3 - 14    |
| 2 | Apologies for Absence   |           |
| 3 | Declarations of Interests by Members and Officers:- (see note below)                              |           |
| 4 | Progress Report of Nottinghamshire Safeguarding Adults Board Against 2022-23 Strategic Priorities | 15 - 38   |
| 5 | Adult Social Care and Public Health Performance, Risks and Financial Position - quarter 2023/24   | 39 - 86   |
| 6 | Improving the Health Outcomes of People in Nottinghamshire  | 87 - 104  |
| 7 | Work Programme  | 105 - 120 |

### **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 Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 11 September 2023 (commencing at 10.30am)

**Membership****COUNCILLORS**

Roger Jackson (Chairman)  
David Martin (Vice Chairman)

Reg Adair	Eric Kerry
Steve Carr - <b>apologies</b>	Philip Owen
Dr John Doddy	Mike Pringle
Sybil Fielding	Tom Smith
Paul Henshaw	

**SUBSTITUTE MEMBERS**

Councillor Francis Purdue-Horan

**OTHER COUNTY COUNCILLORS IN ATTENDANCE**

Councillor Matt Barney  
Councillor Scott Carlton

**OFFICERS IN ATTENDANCE**

Sue Batty	- Service Director for Community Services and Aging Well
Bridget Cameron	- Interim Service Director for Strategic Commissioning and Integration
Martin Elliott	- Senior Scrutiny Officer
Jonathan Gribbin	- Director of Public Health
Geoff Hamilton	- Senior Public Health & Commissioning Manager
Ainsley Macdonnell	- Service Director for Community Services and Living Well
Kate Morris	- Democratic Services Officer
Siana Reddish	- Team Manager - Joint Market Sustainability
Vivienne Robbins	- Deputy Director of Public Health
Gemma Shelton	- Integrated Group Manager Quality and Market Management
Melanie Williams	- Corporate Director Adult Social Care and Public Health

**OTHERS IN ATTENDANCE**

Volt Sacco - Co-Chair of the Nottinghamshire Care Association

## **1. MINUTES OF THE LAST MEETING HELD ON 12 JUNE 2023**

The minutes of the last meeting of the Adult Social Care and Public Health Select Committee held on 12 June 2023, having been previously circulated, were confirmed and signed by the Chairman.

## **2. APOLOGIES FOR ABSENCE**

Councillor Steve Carr – Medical Reasons – Councillor Francis Purdue-Horan substituting.

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

None.

## **4. SOCIAL CARE MARKET**

Bridget Cameron, Interim Service Director for Strategic Commissioning and Integration gave a presentation summarising the progress on work around the Social Care Market since a report had been brought to this committee in October 2022. A **summary** of the presentation is below:

- Since the investment by the Council of £5.3million into the Social Care Market there had been more timely hospital discharges, reduced waiting times and reduced use of interim care home beds. Commissioned home care hours had increased by 3,200 hours, an increase of 13.5% and a more stable market had emerged.
- Alongside this investment and to drive up the quality of residential care, the band one classification for care homes had been removed. The number of beds impacted had been minimal, and capacity for residential care for over 65's remained sufficient. Some areas in the County had more capacity than others, but county wide there were 15.9% of beds available. Particular improvement in capacity had been seen in capacity for over 65's with mental health needs.
- Since its introduction in September 2022, the number of packages for Personal Assistants had increased from 12 per month to 23 per month (July 2023). Staff within the Direct Payments team reported being more able to source and identify Personal Assistants and support individual commissioning Personal assistants more effectively.
- There had been two Social Care Career events, in September and October 2022. 17 providers supported the event in Retford and 24 in Mansfield. Vacancy rates stood at 9.5% vacancy rate, but work continued with Care providers to support the recruitment of staff.
- Work had continued on the External Social Care Strategy to improve understanding of the workforce in both the independent and voluntary and community sectors. The work aimed to establish long term priorities, strategic planning and standard market commissioning. A particular focus on the sustainable workforce was highlighted, looking to ensure that people with the right skills and right motivations were in place moving into the future. This work was linked into the Integrated Care System Workforce Steering Group.
- Several pilots and projects had been running throughout the year aiming to increase capacity and further stabilise the market. These included:

- The Surge Service – to support capacity and improve flow from hospital to the community – this had delivered 8118 hours of care between January and June 2023
  - Provider led reviews – 47 reviews had been completed in the Mansfield area, with a further 150 planned. Delivered cost and resource effective reviews.
  - Tech enabled care – to support people to remain independent whilst being minimally invasive. This had shown success with those people less willing to engage with traditional care services.
  - Falls acoustic monitoring systems – successful grant funding. 14 providers had received payments with a further 65 expressions of interest being processed.
  - Homebased Care Pathway – reviewing brokerage pathways for Homebased care services.
  - Rural Brokerage – creation of a network to support hard to service packages.
- The annual Big Conversation had focused on carers and caring. There were many examples of good support and positive outcomes highlighted but there were also some examples where support was lacking, particularly around evenings and weekends or inflexibility of support. Some carers reported feeling isolated and bewildered as they stepped into the role of carer.
  - Moving forward, work was continuing with the Nottinghamshire Care Association to expand into all types of care. This work was in early stages but was looking promising. Another focus was on rurality related care delivery and what the care model for rural care should look like.
  - Work also continued with the Integrated Care Board regarding uplift consistency and development of more complex care. A consistent and similar response across the system was needed to ensure the market was supported and sustainable.

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

- Members asked what data was available regarding the improvements around waiting times for care following hospital discharge. They also asked what could be done moving forward to further reduce the waiting time.
- Members wanted to know who “carers” were as referred to in the report, questioning whether they were family, friends or paid care professional, and what improvements could be made for those feeling unsupported and isolated.
- Members commented that the issue around recruitment and retention had been raised again and ran through the report despite the efforts to improve the situation.
- Members asked what plans were in place to mitigate the winter pressures and whether the 14.9% capacity was current or could be used for winter pressures. Members sought assurance that an action plan was in place both within hospitals and the care sector.
- Members highlighted that with the increased use of assistive and care technology also came rolling maintenance costs and contracts. Members wanted to know what the approach to this maintenance cost was, whether it was coordinated across partners or whether it fell to one organisation.

- Members wanted to know what actions were being taken to address the comments from the Big Conversation from some carers who expressed feelings of abandonment and bewilderment and what support was being put in place.
- Members asked about extending the tech enabled care unit pilot from the limited pilot area to the rest of the county.

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

- The data around discharge performance was recorded in the Dashboard that recorded demand as it arose. In some areas capacity was good, yet in others it was still difficult to ensure the right care was available in the right area. The biggest challenge was rural care, where waiting times were not improving as much as in other areas.
- “Carers” as referred to in report included any one with care responsibility, paid or not paid. There was a focus on the unpaid carers at present, usually family members, of all ages including children. As part of the Big Conversation the support for these unpaid carers was a key topic. Moving forward a significant effort would be made to improve the experience of carers jointly with partners and with those with direct experience.
- From a provider perspective the additional funds spent on the market was a positive step and had helped to stabilise the market for many providers in terms of recruitment and retention. Feedback from the workforce had highlighted that the uplift made them felt valued and had ensured continuity of care, which increased positive outcomes.
- The Dashboard allowed capacity to be tracked, and the 14.9% was current capacity. On some occasions capacity and availability were different due to unit staffing.
- Use of virtual wards was due to continue this winter, some of the other models, such as care hotels were not planned. Virtual visit technology would also continue to be used. Specialist technology would be used when needed, however there was work being carried out to investigate the potential use of care receivers’ own technology via an app. Where specialist technology was required the ongoing cost of maintenance was factored into the overall cost. Colleagues in Health were also investigating these issues and joint work was underway.
- Work to address anticipated winter pressures had started in August. Work was underway across the health and care system to determine the likely demand based on current flow and previous year’s figures. The response was system wide, supported by responsive lead providers. A careful balance was needed between ensuring there was enough care over the usual busiest periods of around Christmas and New Year. The Care Association was working closely with the Council looking at ways to build capacity and resilience for the winter months.
- The Making It Real Forum was working with partners to focus on improving support for carers. The forum included several people with lived experience and work to develop a plan that would increase support to carers was underway.
- A full evaluation of the tech enabled care units had started. This involved working alongside providers to establish which cohorts of people it worked most effectively for and how the service could be rolled out to a wider area.

The Chairman thanks the Cabinet Member for Adult Social Care and Public Health, the Service Director for Strategic Commissioning and Integration, the Service Director for Community Services and Aging Well, and the Co-Chair of Nottingham Care Association for attending and answering questions.

**RESOLVED: 2023/008**

1. That the report be noted.
2. That the following issues raised by the Committee in its consideration of the report on the Social Care Market be progressed:
  - a) That information on the outcomes of “The Big Conversation” be circulated to members of the committee.
  - b) That further information on the development and use of technological care solutions be circulated to members of the committee.
  - c) That a further progress report on the Social Care Market be brought to a future meeting of the Adult Social Care and Public Health Select Committee, with a focus and at a date to be agreed by the Chairman.
  - d) That a report on the Council’s work to support carers be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.

**5. NHS HEALTH CHECK PROGRAMME**

Vivienne Robbins, Deputy Director of Public Health introduced a report that provided a summary of the progress on the delivery of the nationally mandated NHS Health Checks and their delivery in Nottinghamshire. Geoff Hamilton, Senior Public Health and Commissioning Manager gave a presentation, the detail of which is **summarised** below:

- The NHS Health Checks programme was a mandated service paid for from the Public Health Grant and were available to adults between the age of 40 and 74. Their aim was the early identification of risk factors for cardiovascular disease with a focus on prevention and early intervention.
- Early identification and treatment of cardiovascular disease led to better health outcomes for people and reduced impact on Health and the Social Care systems.
- In Nottinghamshire the delivery of the NHS Health Check programme was mainly through GP practices. Pre-pandemic the delivery of the programme had been successful. However throughout the pandemic and immediately after there were more pressures in primary care that had impacted on the capacity within primary care to deliver the programme.
- Tests within the NHS Health Checks programme included blood tests for diabetes, pulse and body mass index, and a review of lifestyle risk factors such as alcohol intake, smoking status, exercise habits, family history, age and gender all of which were used to calculate a risk score. These risk scores were used to target specific interventions aimed at reducing and managing risk.

- The Integrated Care Board had developed a sophisticated piece of software that allowed GP practices to identify those with likely higher risk scores to individually target and invite for the health checks.
- A small outreach service was run by pharmacies that targeted workplaces with a higher risk demographic with a view to increasing uptake of health checks within specific higher risk demographic groups.
- Over the last 10 years performance had been steady at 5,000 to 6,000 checks per quarter. During the pandemic the numbers dropped dramatically, and although the numbers had not yet reached pre-pandemic levels they were recovering.
- Compared to the national average, Nottinghamshire sent fewer invites than the rest of the country, however the uptake rate was higher than the national average as those invites sent were very specifically targeted at higher risk individuals.
- Across Nottinghamshire more invites were issued across the Mansfield and Ashfield areas, however uptake rates were highest in Rushcliffe.
- There was a focus on the quality of the Health Checks carried out. Through specialist software it was possible to check how well each practice was completing the templates provided for the Health Checks, allowing for targeted training when needed. Over the last four years that this software had been in use performance had improved significantly.
- Various alternative options to provide Health Checks existed, including through pharmacies, private health care providers and digital provision. There were pros and cons to each option, however the main issue around alternative providers were access to clinical records to target invites.
- A Health Equity Audit had recently been completed to assist in the planning of services, particularly in those areas of higher deprivation where uptake had traditionally been lower. The Audit had also helped to focus activity towards vulnerable groups.

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

- Members asked about the availability of Health Checks for people aged 75 and over who fell out of the remit of these checks.
- Members questioned why only half of the eligible people were invited to Health Checks, and asked what could be done to increase the number of invitations sent.
- Members asked for more information around the possibility of a digital offer or an offer that relied on self-testing, a model that had been shown to be successful with Covid testing through the pandemic.
- Members asked whether factors such employment status were taken into account when targeting invites, in particular where employment sector may impact health, such as heavy engineering, and whether mental health issues, in particular anxiety issues were also a factor for targeting invites.
- Members were positive about screening programmes in general but acknowledged that encouraging people in the more deprived area to participate in the NHS Health



Checks programme was a challenge. They highlighted that encouraging uptake and tackling deprivation were key factors to improved outcomes.

- Members asked if there was data available that demonstrated more positive health outcomes for people who had taken up the invite for the NHS Health Checks.
- Members commented that the uptake rate had been around the same level for the duration of the programme and questioned whether a different approach should be considered. They were generally supportive of a variety of approaches such as self-testing, digital testing and varied providers.

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

- The limit in age of 74 was a nationally set age limit for this particular programme and was not something that could be varied locally. The aim of this programme of Health Checks was early detection and intervention for cardiovascular disease, which would normally have been detected by the age of 75. Those aged 75 and over were offered health checks under a different, statutory NHS programme through GP practices.
- National uptake of the NHS Health Checks was low. Invites were targeted through the use of specialist software to ensure that those most at risk were seen and to avoid overwhelming the primary care network.
- Employment status was not part of the national template used for Health Checks, so it was not a factor taken into account when calculating the risk score. A separate programme of annual health checks for those people with serious mental illness was carried out but there was a question within the checks for 40-74 year olds that addressed mental health, though not specifically anxiety. It did not contribute to the risk score.
- Although direct information about individual patients who had attended the Health Checks was not available, it was possible to see that the early diagnosis of conditions diagnosed through the programme that had previously been asymptomatic had led to earlier treatment and intervention than if someone had not attended a Health Checks. In general this would normally lead to better overall health outcomes.
- Alongside the NHS Health Checks programme there were several other targeted screening programmes and pilots all working towards tackling the contributory factors to cardiovascular disease. These pilots were looking at innovative approaches tailored to different communities and their needs. The learning from these pilots could then be applied to other programmes such as the NHS Health Checks.

The Chairman thanked Deputy Director of Public Health, the Senior Public Health and Commissioning Manager, and the Director of Public Health for attending the meeting and answering Members questions.

#### **RESOLVED: 2023/009**

1. That the report be noted.
2. That the following issues raised by the Committee in its consideration of the report on the NHS Health Check Programme be progressed:

- a) That further consideration should be given on how the uptake of invitations to the NHS Health Check Programme could be increased, especially in areas of Nottinghamshire that are more deprived.
- b) That further work should be carried out to investigate digital opportunities for the delivery of the NHS Health Check Programme.
- c) That a further report on the delivery of the NHS Health Check Programme that covers the issues as detailed at a) and (b) above, be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman

## 6. **PERFORMANCE RISKS AND FINANCIAL POSITION QUARTER 1 2023-24**

Melanie Williams, Corporate Director Adult Social Care and Public Health introduced a report and made a presentation that summarised the performance, risks and financial position of the Department in Quarter 1 of 2023/24 and gave a presentation. A **summary** of presentation is below:

- Around 87% of budget spent in Adult Social Care was for the packages of support and care people received. Costs of providing that support had increased, particularly in care for working aged adults and for older adults leaving hospital who typically needed more care than pre pandemic. Underspend in other areas, such as commissioning activity had been used to offset some of the increased costs.
- The Public Health grant was around £45million and was ringfenced specifically for Public Health activities. There were some uncommitted reserves from previous years underspend. Work was underway to establish the best use for these reserves to address areas of pressure and to improve public health outcomes.
- Investment in service improvements had been made across a number of key areas including:
  - the relationship with Urgent care and supporting people home with increased reablement support.
  - Working to independence for working age adults
  - Preparing for adulthood and links with education.
- Performance improvement work was underway across a range of services to further increase performance and improve outcomes for people including:
  - Recording the reasons that particular outcomes were not achieved in safeguarding plans (currently at 71% against an aspirational target of 100%)
  - Long Term reviews (currently at around 80% of a statutory target of 100%), however it was highlighted that Nottinghamshire was performing well against the national average.
  - Better support for carers to improve access to relevant information and guidance, and access to short breaks. Work was ongoing with the carers co-production group through the Carers Strategy
  - Workforce plan - a focus on equality, diversity and inclusion, and mental health social work recruitment and more streamlined recruitment process for frontline staff.
- Positive performance was highlighted in several areas, in particular around practice quality assurance, Integrated sexual health services recommissioning, Domestic

Abuse and All Age substance misuse services. The 0-19 Healthy Families Programme performed well in Quarter 1 of 2023/24 with a high level of face to face visits (around 97.8%)

- Key risk areas were identified and included:
  - Waiting times for some services, despite some good progress at reducing these recently. Those waiting were prioritised using a robust risk framework.
  - Adult Social Care reform, which had been paused nationally but some elements were still progressing locally. This pause from central government had caused some uncertainty around future expectations.
  - Data quality as part of the CQC quality assurance for client level data required by the Department of Health and Social Care. Work was underway with colleagues to update systems to meet requirements. Improvement plans were in place.

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

- Member asked for additional detail on the work being undertaken on smoking and vaping prevention in schools, as well as costs of these services. Members felt that this would be a good subject for further in-depth scrutiny looking at their value for money.
- Members asked for further information on the figures around discharge, and what the issues may be that could be preventing higher performance in that area.
- Members queried what actions were in place or planned to ensure that performance around Deprivation of Liberty was improved.
- Members highlighted that there were 341 vacancies within the department in March 2023. They asked if the department had projected figures for overspend if all vacancies were filled, and asked whether the delivery of any particular service was impacted more than others because of the vacancies.
- Members asked what was being done to address the forecast overspend in adult social care.
- Members asked if the issues with recruitment and retention were focused on one type of role, or whether they were across a range of services, roles and positions.

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

- Prior to the pandemic Nottinghamshire was one of the top performing Local Authorities for the Deprivation of Liberty. During the pandemic, as colleagues were unable to access accommodation settings, a back log of assessments had developed. Post pandemic a recovery plan had been developed and put in place with elements contracted out to different providers.
- In many vacant roles agency staff were being used, so the associated costs would be higher than for someone employed by the authority. If the department was fully staffed this would even out at about the same cost. Some posts were currently being held vacant to offset the pressure of using agency staff. No particular service was more pressured than others due to these vacancies, but an overall impact on the workforce, in particular the social care workforce could be seen.

- There had been a number of short-term government grants to Public Health and to the Council. Without these grants, programmes like the workforce sustainability programme could not have been as successful as they had been. These grants did cover up some of the budget pressures as the money received through grants was not necessarily annual and ongoing in all cases. Mitigations were in place to address the overspend.
- Work due to take place with Public Health over Autumn 2023 had been designed to ensure that forecasting was reviewed thoroughly. Work was also underway to identify the best use of reserves by investment into services to improve the health of the population. Public Health Grant reserves had the same ringfenced conditions as the grant and could not be used to mitigate overspend in Adult Social Care.
- The vacancies highlighted within the department were seen across the services with no reoccurring pattern in terms of teams affected. The workforce was aging and that contributed to the retention issue as colleagues retired. There were some issues around recruitment of qualified and multi skilled workers such as Best Interest Assessors, and of staff in more rural areas. Strategies were however in place to manage these issues. Although the number of vacancies had remained roughly the same for a number of years there had been an increase in overall posts due to the initiative, so a smaller percentage of the posts were vacant. It was not the same posts remaining unfilled for a number of years.

The Chairman thanked the Corporate Director Adult Social Care and Public Health, the Director of Public Health and the Service Director for Community Services and Aging Well, and the Deputy Director of Public Health for attending the meeting and answering Members' questions.

## **RESOLVED: 2023/010**

1. That the report be noted.
2. That the following issues raised by the Committee in its consideration of the report on the Adult Social Care and Public Health Performance, Risks and Financial Position – Quarter 1 2023-4 be progressed:
  - a) That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the December 2023 meeting of the Adult Social Care and Public Health Select Committee.
  - b) That a task and finish review takes place to investigate the impact and effectiveness of the preventative work that takes place with schools around smoking and vaping

## **7. WORK PROGRAMME**

The Senior Scrutiny Officer presented the Committee's current work programme.

## **RESOLVED: 2023/0011**

- 1) That the work programme be noted.

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

The meeting closed at 1.09pm.

**CHAIRMAN**



**4 December 2023****Agenda Item:4****REPORT OF THE INDEPENDENT CHAIR OF NOTTINGHAMSHIRE  
SAFEGUARDING ADULTS BOARD****PROGRESS REPORT OF NOTTINGHAMSHIRE SAFEGUARDING ADULTS  
BOARD AGAINST 2022-23 STRATEGIC PRIORITIES****Purpose of the Report**

1. To provide an update on the progress made in 2022-23 by Nottinghamshire Safeguarding Adults Board (NSAB) on the three-year strategic plan. The report summarises key information held in the NSAB annual report 2022/23, attached as **Appendix 1**, produced as part of the statutory duties of the Board. This report details that all Care Act statutory duties are being undertaken by the NSAB:
  - Providing a strategic plan ([nsabstrategicplan.pdf \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/nsabstrategicplan.pdf))
  - Publishing an annual report ([Annual reports \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/annualreports))
  - Undertaking Section 44 Safeguarding Adult Reviews as required ([Reviews \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/reviews)).

**Information**

2. Work has progressed to meet the three strategic aims of the Nottinghamshire Safeguarding Adults Board ('the Board'): Prevention; Assurance and Engagement. Progress is reported through the annual report with highlights noted below under the five Board business plan headings:

**To improve communication and engagement with the diverse communities in Nottinghamshire**

3. The Board's Communication sub-group has been reviewed, new terms of reference approved, and wider membership established. Next steps will be for the sub-group to produce a communication strategy focussed to develop consistent messaging to a wider audience.
4. The Board membership has been reviewed putting in steps to widen representation and this is being progressed in the business plan. Representatives are from SERCO, the Dioceses in Nottingham and Southwell, the National Rehabilitation Centre, and the Prison Service. The development of these working relationships will enrich the direction and approaches taken by the Board when seeking assurances across the system. Council lead member representation on the Board is in place to strengthen links moving forward.

## **To increase participation of people with lived experience in shaping services**

5. Following the Panorama programme highlighting abuse at Edenfield Hospital, the Board has engaged with the Nottinghamshire Integrated Care Board to gain assurance through establishing a 'task & finish group' regarding 'closed cultures' in local intellectual disability and mental health settings. The subsequent action plan tasks the Board to engage with advocacy services to enter Mental Health settings and make judgements around the culture and experiences of people accessing these services.
6. The voice of lived experience continues to be embedded within the Board's agenda, an example of this would be the 'our voice' co-production group presenting to the Board on the work undertaken to shape Adult Social Care preparations for inspection. This is ongoing work taken into the 2023-24 business plan.

## **Quality assurance & performance monitoring**

7. As a result of the 'closed cultures' working group, progress has been made by the partnership to create a provider collaborative forum with independent mental health services. Ongoing work to data share with the Care Quality Commission on 'whistleblowing' will also help to understand organisational cultures and improve information flow.
8. The annual report summarises that there has been a 7% (9,090) reduction in concerns being raised at the Multi-Agency Safeguarding Hub (MASH) against the previous year, with 7,720 being dealt with at an early stage by MASH. The Key Performance Indicators show that Nottinghamshire is performing in line with the national Social Adult Collection measures submitted to NHS digital. Data 'spotlights' have been introduced to enable partners to share intelligence and trends to better inform the Board's work.

## **Governance, structure, and support functions**

9. The Board has implemented a layered governance arrangement with the introduction of an Executive group meeting consisting of the three lead statutory agencies with responsibility for the Board: Adult Social Care, Nottinghamshire Police and Nottinghamshire Integrated Care Board.
10. The persons in position of trust multi-agency guidance was developed and launched to inform partners on processes when concerns are raised about professionals. The Board provides ongoing support through face to face and virtual learning offers i.e., raising safeguarding concerns, difficulty engaging, and Domestic Abuse learning covering coercive behaviour. The learning offer is informed by the provider assurance tool and safeguarding adults reviews outlined in the next section.



## **Collaboration and partnership working to continuously learn and improve**

### **Safeguarding Adult Reviews (SARs) – Statutory Duty**

11. Following their publication, two active ‘Safeguarding Adult Reviews’ action plans are in place, with ongoing governance and accountability for progress overseen by the SAR Sub-group and the Board.
12. Two mandatory ‘Safeguarding Adult Reviews’ were commissioned in the reporting period. This will provide reflective learning about support for carers and Homelessness services in Nottinghamshire. The Homelessness case was submitted by the Rough Sleeper Initiative in Nottinghamshire and evidences the benefits of developing the wider membership of the Board.
13. Nottinghamshire Safeguarding Adults Board has submitted a case for the Regional Safeguarding Adult Review, and the independent auditor identified good practice when looking at the learning offer provided by the Board. The report findings have informed the Board’s opportunities to commission ‘system learning’ when mandatory Safeguarding Adult Reviews are undertaken.

### **Financial Implications**

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

## **RECOMMENDATION/S**

That the Adult Social Care and Public Health Select Committee:

- 1) receives and considers the Nottinghamshire Safeguarding Adults Board Annual Report 2022/23.
- 2) continues to review the work of the Nottinghamshire Safeguarding Adults Board by receiving and considering its Annual Report each year.

### **Scott MacKechnie**

#### **Independent Chair of Nottinghamshire Safeguarding Adults Board**

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

Darren Fleetham  
Safeguarding Adults Board Manager  
T: 0115 9774202  
E: [darren.fleetham@nottscc.gov.uk](mailto:darren.fleetham@nottscc.gov.uk).

### **Constitutional Comments (GMG 15/11/23)**

15. This report falls within the remit of the Adult Social Care and Public Health Select Committee to consider (see Section 6, Part 1, paragraph 3 of the Council’s Constitution at page 90).

## **Financial Comments (CMER 10/11/23)**

16. As previously stated, there are no financial implications arising from this report.

## **Background Papers and Published Documents**

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

Nottinghamshire Safeguarding Adult Board 2022-2025

[nsabstrategicplan.pdf \(nottinghamshire.gov.uk\)](#)

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

All.

AS0010



Nottinghamshire  
Safeguarding  
Adults Board  
Stop abuse and neglect

# NSAB

## Annual Report

2022/23



iStock™  
Credit: Halfpoint

# CONTENTS

<b>Message from the Independent Chair</b>	<b>3</b>
<b>Message from the Executive Group - Statutory Members</b>	<b>4</b>
<b>Role of the Board</b>	<b>5</b>
What is the Nottinghamshire Safeguarding Adults Board?	5
What we do	5
How we do it	5
Prevention	6
Engagement	7
Assurance	8
<b>Safeguarding adults reviews</b>	<b>13</b>
Overview	13
Referrals	13
Completed SARs	18
<b>How can I report abuse?</b>	<b>19</b>
What will happen next?	19
<b>Our partners</b>	<b>20</b>





# Message from the Independent Chair



It is my pleasure to introduce the annual report of the Nottinghamshire Safeguarding Adults Board (NSAB) for 2022/23. I joined the NSAB in the latter part of this reporting year as the Independent Chair.

This annual report, written in line with Care Act requirements, details the work that the NSAB has undertaken to carry out and achieve the objectives of its [three-year \(2022-2025\) strategic plan](#), as well as highlighting contributions from our partner agencies.

The NSAB has continued to work towards the key aims identified within the plan:

- Prevention
- Engagement
- Assurance

As in previous years, during 2022/23, the NSAB met quarterly, and also hosted six-monthly partnership events for the wider networks, which were very positively received. Our partnership is based on the premise of mutual respect, high support and high challenge, working collaboratively to resolve issues and monitor the impact we have made together.

The NSAB ensures we continue to work together on current priorities and pro-actively on new issues as they arise. I am very aware the year continued to be shaped by the impact of Covid-19, other world events and the cost of living crisis being felt across our communities. Partner agencies continued to face additional challenges as a result.

Senior leaders from the Board's partners remained visible and engaged, working collectively to ensure we effectively safeguard and promote the wellbeing of our most vulnerable adults. Our wide range of partners

maintained a clear focus on safeguarding adults, continuing to deliver the partnership's priorities and active workstreams.

The work undertaken by the Board is supported by learning and development, quality assurance, safeguarding adults review (SAR), and communication Subgroups, which have all continued to take forward the strategic priorities and update the Board on progress.

July 2022 saw a significant change take place for one of the statutory safeguarding partners; the NHS clinical commissioning groups were restructured to form a single Integrated Care Board (IBC) across Nottinghamshire and Nottingham City.

I would like to extend my thanks to all our partners for their continued support during the year, which I believe bears testimony to the positive and transparent relationships within the Board and the extended partnership.

If you do not have internet access or require this information in an alternative format or language, please email [safeguarding1.adults@nottscg.gov.uk](mailto:safeguarding1.adults@nottscg.gov.uk) or contact the business support team on **0115 977 4673**.



**Scott MacKechnie**  
Independent Chair  
Nottinghamshire Safeguarding  
Adults Board

# Message from the Executive Group Statutory Members



Across our partnership in Nottinghamshire, we take clear action together to ensure that people who draw upon care and support have their health, wellbeing and human rights safeguarded. We work particularly hard to protect people from abuse, neglect and harm, and we can only do this by making sure our colleagues and teams work together. This annual report describes how we do that through our day-to-day work or by working to improve practices, learn from the experiences of people and make changes where this is needed. I am pleased to have the support of Police and NHS colleagues through the Safeguarding Adults Board in delivering safeguarding together.



**Melanie Williams, Corporate Director,  
Adult Social Care and Health,  
Nottinghamshire County Council**

The Nottinghamshire Safeguarding Adults Board brings partners together to understand where there are safeguarding concerns and how to protect vulnerable people from abuse or neglect. NHS partners bring a wealth of passion, commitment and expertise to the partnership and work together to improve outcomes. We take our role as statutory partners very seriously. Safeguarding happens in all organisations and in every setting.



NHS safeguarding teams work across agencies to learn from each other and to tackle problems as they arise. This may be through day-to-day interactions in care settings,

through reporting and investigating concerns, or through sharing learning. Our safeguarding leads come together as a community in the interest of the people we serve.

I am privileged to chair the Safeguarding Adults Review Subgroup and this receives referrals from all partners. Engagement, energy and expertise from the NHS are very evident in this group, as in all parts of the partnership. We are continually learning from each other. Collaboration is key to how we work and this is clear in the strong working relationships that have developed across NHS partners and the partnership as a whole.

**Amanda Sullivan, Chief Executive,  
Nottingham and Nottinghamshire  
Integrated Care Board**

Nottinghamshire Police are proud to be working alongside all of our partners as part of the adult safeguarding partnership. Together we work across Nottinghamshire to assure ourselves that we are doing all we can to reduce and prevent incidents of abuse and neglect towards adults at risk.



The work of the partnership is demonstrated through our yearly reports and highlights the commitment shown by all members to work in collaboration and make safeguarding personal. Our strength is in partnership working and learning from lived experience to improve our collective services.

**Natasha Todd, T/Detective Superintendent  
for Public Protection**

# Role of the board



## What is the Nottinghamshire Safeguarding Adults Board?

The Nottinghamshire Safeguarding Adults Board (NSAB) is a partnership of organisations responsible for safeguarding arrangements within Nottinghamshire.

### These organisations include:

- Nottinghamshire Police
- Nottinghamshire County Council
- The Integrated Care Board (ICB) (Clinical Commissioning Groups (CCGs) before July 2022)
- District councils
- East Midlands Ambulance Service (EMAS)
- Nottinghamshire Fire and Rescue Service
- Nottinghamshire Probation Delivery Unit
- POhWER
- Local NHS Hospital and Foundation Trusts

The Board has an independent chair, Scott MacKechie, who meets regularly with Board members to discuss and take forward the strategic priorities.

The Board's main responsibility is to work together to help adults who may have been abused or neglected and to help prevent instances of abuse or neglect.

We treat cases of suspected abuse extremely seriously and all the organisations within the NSAB work closely together, using the same policies and procedures to ensure that all adults are protected from abuse.

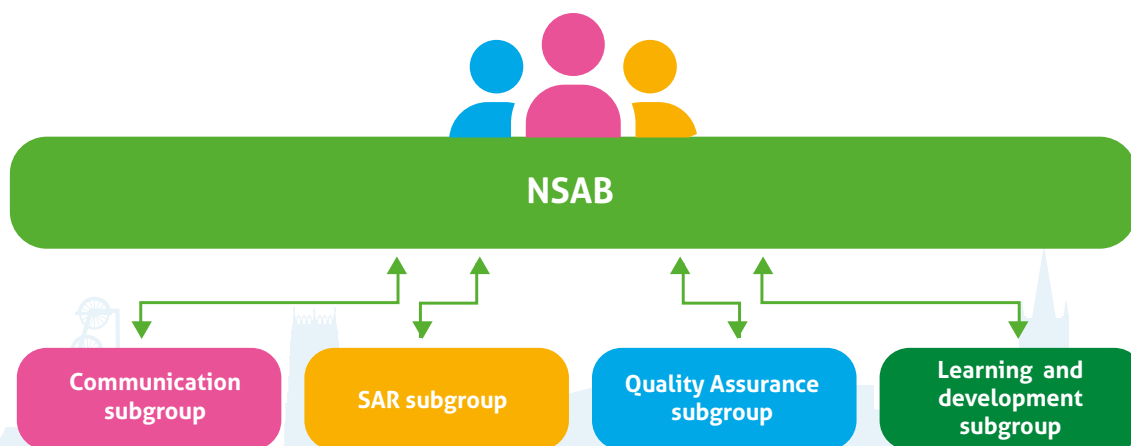
### What we do

The three core duties of the Board are to:

- Publish an annual strategic plan
- Publish an annual report
- Undertake safeguarding adults reviews (SARs)

### How we do it

The Board governance arrangements to deliver the strategic plan and fulfil its statutory duties are shown in the structure below. The subgroups take forward agreed priority areas from the business plan; the work described in this report represents the partners' contributions to safeguarding across Nottinghamshire.



# Prevention



Prevention strategy and focuses	Partnership working
<p>We updated and developed the NSAB prevention strategy with an action plan detailing how it will be achieved.</p> <p>We are developing management information to allow us to measure its impact and success in the following four focus areas:</p> <ul style="list-style-type: none"> <li>• Support for carers</li> <li>• Domestic abuse including controlling or coercive behaviour</li> <li>• Social isolation/self-neglect</li> <li>• Rough sleeping</li> </ul>	<ul style="list-style-type: none"> <li>• We continued developing our working relationships with the Nottinghamshire Safeguarding Children Partnership, Safer Nottinghamshire Board and the Health and Wellbeing Board, working together on linked agendas and ensuring we remain within relevant workstreams e.g. Domestic Abuse, Homes for Ukraine, Transitional Safeguarding and Closed Cultures.</li> <li>• Sharing our strategic objectives and priorities with local strategic boards and partners ensures that we all work in a collaborative way to reduce the risk of abuse and neglect of adults with care and support needs in Nottinghamshire.</li> </ul>
Publicity campaigns	Next steps
<ul style="list-style-type: none"> <li>• As ever, the NSAB heavily promotes the Making Safeguarding Personal approach within its learning opportunities and outward communications.</li> <li>• During 2022/23, publicity campaigns were carried out for notable events such as Elder Abuse Awareness Day and National Safeguarding Adults Week.</li> <li>• Media campaigns were also promoted on social media channels as well as in the NSAB's regular ebulletin.</li> </ul>	<ul style="list-style-type: none"> <li>• Formation of a new Communication subgroup, with broader membership and remit to look at and develop outward-facing communications, including our ebulletin and public website, informational and educational materials, as well as continuing to build good relationships with current and new partner organisations.</li> <li>• Collaborative working with partners and meaningful coproduction with adults with lived experience, to help to shape the approaches taken to prevent abuse and neglect occurring in the communities of Nottinghamshire.</li> </ul>



“A social prescriber is able to take a holistic view about an individual's needs and can signpost them to appropriate services, thereby reducing the number of attendances at hospitals and GP surgeries for issues which are not always medical.”

**Amanda Sullivan,**  
**Chief Executive, Nottingham**  
**and Nottinghamshire**  
**Integrated Care Board**





Learning and development opportunities	Partnership working
<p>As in previous years, the NSAB provided a range of <a href="#">free learning opportunities</a> to support colleagues in their work in safeguarding adults.</p> <p>These covered topics including:</p> <ul style="list-style-type: none"> <li>• Understanding safeguarding concerns</li> <li>• Working with those who have difficulty engaging</li> <li>• Domestic abuse including coercive or controlling behaviour</li> <li>• Disclosure and Barring Service</li> <li>• Trading Standards - raising awareness of fraud and scams</li> <li>• Organisational abuse and closed cultures</li> <li>• Advocacy services</li> </ul>	<ul style="list-style-type: none"> <li>• We maintained regular training and awareness raising opportunities for practitioners and citizens to develop and improve safeguarding practice using written, web based and face-to-face means.</li> <li>• We continued to publish our ebulletins to inform professionals.</li> <li>• Our website now hosts publications and information relevant to safeguarding to support all partners and citizens including Covid-19 related support and prevention of abuse. We ensured partners were aware of these so they could share them more widely in their communities.</li> <li>• We continued to recognise communication and information sharing as a means of prevention and early intervention.</li> </ul>

Partnership and development events	Network engagement
<p>During 2022/23, the NSAB hosted both a partnership event and a development day to identify our priorities and work collaboratively to discuss what actions to take and how to measure their impact. These events focused on:</p> <ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Rough sleepers</li> <li>• Strategic safeguarding and Multi-Agency Safeguarding Hub independent review recommendations</li> <li>• Transitional safeguarding</li> <li>• The cost of living</li> </ul>	<ul style="list-style-type: none"> <li>• During 2022/23, the NSAB worked hard on broadening its engagement with other local partnerships and organisations.</li> <li>• We now have a representative on the Learning and Development subgroup from the Rough Sleeper's Initiative and a local housing association.</li> <li>• We have built on relationships with partners such as the ICB regarding closed cultures in mental health settings and the local authority's Quality and Market Management department, to support work with external care providers.</li> </ul>

**“** We have learnt how important patience is in developing a trusting relationship. Individuals have lost trust because they feel they have been let down so often, so it is essential to be able to listen, to be non-judgemental, and to follow through on what is said and keep the individual updated. **”**

**Ruth Hyde, Chief Executive Officer,  
Broxtowe Borough Council**



## Key achievements

### Theme 1: To improve communication and engagement with the diverse communities in Nottinghamshire

- Analysis of last year's annual 'Safeguarding Awareness' survey was undertaken, which helped the Learning and Development subgroup change how adult safeguarding training and content were delivered.
- Improvements in data collection were made, alongside widening the scope of data analysis with the introduction of a 'spotlights' section to the Quality Assurance subgroup, showcasing partner adult safeguarding intelligence to better inform the Board.

### Theme 2: To increase participation of people with lived experience in shaping services

- An initial review of people's protected characteristics and care and support needs was undertaken. This was later broadened to encompass analysis of the 2021 national census, with the Board confident that it will be able to report on how successfully partners have engaged with district and ethnic communities in respect of adult safeguarding.

### Theme 3: Quality assurance and performance monitoring

- Strategic board managers and chairs across the Nottinghamshire partnership now meet quarterly to look at alignment and cross-over of priorities. Governance arrangements have been reviewed and alterations made to ensure the board has a suitable structure in place to take forward the strategic priorities and assess the impact being made as a partnership. Evaluation of these changes and their effectiveness will be considered during the January 2024 development day held with strategic partners.



- In response to the abuse and neglect reported by a BBC Panorama documentary within a mental health hospital and other published reviews of closed cultures, the NSAB requested assurance from the newly established ICB.
- During the report period a review of the quality assurance framework has resulted in a more robust mechanism to seek assurance and assess risk. This approach will continue to evolve as part of the strategic plan.

## **Theme 4: Governance, structure and support functions**

- The Person in Position of Trust guidance was developed and agreed to support best practice across the system.
- The independent review recommendations were progressed and the Board's terms of reference and membership reviewed.
- A new independent chair was recruited to take forward the recommendations and a revised structure to include an executive group was agreed.
- Key recommendations from the safeguarding independent review were implemented.
- New arrangements for governance and structure of the NSAB were implemented.

## **Theme 5: Collaboration and partnership working to continuously learn and improve**

- A regional thematic review of safeguarding adult reviews (SAR) was undertaken with recommendations made to strengthen working across the East Midlands adult safeguarding network.
- A new quality assurance cycle was developed and agreed by partners. This sets out an ambition to be more data-informed and increases the Board's ability to listen to feedback e.g. from staff and practitioners through an annual survey.
- Listening to people with lived experience is a central priority for the Board. Engagement on the national review and invitation to the 'our voice' coproduction group started to shape this journey in 2022/23.
- Two published SAR action plans were progressed and implemented with further learning expected through upcoming mandatory and non-mandatory SARs.
- A task and Finish group was created following the Panorama television programme exposing the abuse of adults in a mental health hospital, to seek assurance from partners that such 'closed cultures' did not exist locally.
- Rough sleeping is a priority of the Board's prevention strategy, so links with the Rough Sleeper Initiative were improved to help the Board better understand the adult safeguarding needs and challenges of this group.
- Assurance was received from the ICB regarding the ongoing national Learning Disability Mortality Reviews (LeDeR) (Learning from lives and deaths – People with a learning disability and autistic people).



Key challenges	Future focus: 2023/24
<p><b>Covid-19 recovery</b></p> <p>Following a prolonged period of lockdowns and changes in how we work to mitigate risks posed by Covid-19, professionals worked hard to begin understand the impact of the pandemic. This work was complex and multifaceted and will be ongoing. The safeguarding partnership continues to be sensitive to the impact of the pandemic and during 2022/23 focussed on two cohorts identified in the Prevention Plan. Sharp increases in domestic abuse cases and growing concern regarding social isolation were two areas of focus and consideration for the Board to mitigate the effects of the pandemic regarding this.</p>	<ul style="list-style-type: none"> <li>• Develop a robust communication and engagement strategy to gain insights from people and families with lived experience of adult safeguarding. The strategy will look to build on the membership of the Board through the Communication subgroup.</li> <li>• Consider membership of the Board to ensure it represents the diverse population and communities in Nottinghamshire.</li> <li>• Analyse census data to be more informed about current safeguarding issues within communities and to effectively target engagement activities.</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>• Conduct a review of transitional safeguarding approaches and processes.</li> <li>• Develop trauma-informed approaches to better understand how recovery and resilience can be promoted.</li> <li>• Continue to develop preventative approaches with key cohorts e.g. survivors of domestic abuse, people experiencing social isolation, rough sleepers, those suffering from self-neglect and carers.</li> </ul>
<p><b>Seeking assurances about the culture of mental health services in Nottinghamshire</b></p> <p>The Board was keen to gain assurances from the ICB and mental health trusts about the cultures within Nottinghamshire mental health services. This was in response to the Edenfield Hospital abuse and neglect reported by Panaroma. A working group was established and identified two areas requiring further exploration:</p> <ul style="list-style-type: none"> <li>• How information is shared between professional bodies.</li> <li>• Oversight and monitoring of out of area placements within private hospitals.</li> </ul> <p>This was taken forward by a multiagency task and finish group and reported to the Board. Engagement with the Care Quality Commission (CQC) and people with lived experience to have a better understanding of these settings have been identified as key next steps. Out-of-area host commissioner arrangements continue to be a challenge, requiring ongoing discussion at a national level.</p>	
<p><b>Health and social care reforms</b></p> <p>The Board has kept abreast of and supported changes within the newly formed ICB as well as the anticipated inspection of Adult Social Care services by the CQC</p>	



Key challenges	Future focus: 2023/24
<p><b>Engaging with more stakeholders to improve the Board's approach to safeguarding</b></p> <p>As part of the Board's strategic engagement priority, links with the national Chairs Network have been strengthened. Alongside this, work will be undertaken to consult, engage and where possible, co-produce, the work of the Board, with collaboration from Healthwatch, advocacy services, carer and co-production groups already helping inform the initial stages of this aim.</p>	<p><b>Assurance</b></p> <ul style="list-style-type: none"> <li>• Embed the revised quality assurance framework into the Board's everyday practice and learn from feedback e.g. developing methods for people with lived experience to contribute to safeguarding, annual staff survey, 360-degree management reviews.</li> <li>• Work with commissioners to monitor and embed required improvements to culture and services that safeguard adults at risk.</li> <li>• Look at learning from the regional Safeguarding Adult Review (SAR) thematic review, recognising areas of strength and development points. Measure the impact of any learning on safeguarding adults work practices and processes following recommendations made in reviews.</li> <li>• Review relevant policies to ensure current and best practice is followed and informs the Board's training offer.</li> <li>• Continue to develop mechanisms to measure the impact of the work of the Board and its partners.</li> </ul>
<p><b>Mitigating risks for asylum-seekers and refugees coming to Nottinghamshire</b></p> <p>Given the challenges and potential safeguarding risks surrounding this cohort, the Board strengthened links with and sought assurance from Serco Group plc, that they had the necessary policies, procedures and training in place to keep those people in their care safe.</p>	
<p><b>Deprivation of liberty safeguards and introduction of liberty protection safeguards</b></p> <p>The continued delays in the ratification of this legislation will now go beyond the life of the current parliament. This uncertainty has caused challenges in the planning and preparation required to embed the necessary changes across the system.</p>	



## Case study 1: Multi-Agency Safeguarding Hub

A referral was made by a care home reporting that an older adult had left the home without staff's knowledge. Initially, the concern appeared straightforward because the individual had come to no harm and protective measures were now in place. Accordingly, it was determined that the Multi-Agency Safeguarding Hub (MASH) would be able to conclude the concern. However, as part of their enquiry, the MASH community care officer (CCO) requested information from the police and contacted the family and in doing so determined that the door had not been forcibly opened as reported, but rather opened automatically following a fire alarm.

Exercising their professional curiosity, the MASH worker correctly identified that they now had reason to call into doubt both the original investigation completed by the care home and the necessity for the protective measures they had put in place to safeguard the resident. Given this doubt and the need for further enquiries, the Section 42 safeguarding adults enquiry (s.42) was referred to the local district team, whilst the Quality and Market Management Team (QMMT) were informed of the incident. The Deprivation of Liberty Safeguards (DoLS) team was also alerted to the potentially overly restrictive measures put in place ahead of their own assessment. These teams all made further enquiries taking account of the new information and the concern was safely concluded.

## Case study 2: Nottinghamshire County Council, Adult Social Care

A referral was received from a residential college that a member of staff had verbally abused a young adult in their care in front of others, as well as removing their personal possessions. It was recognised that this young person lacked mental capacity to be involved in the safeguarding enquiry, as they were unable to communicate their wishes verbally and did not have anyone to support them. Therefore, arrangements were made for a skilled advocate to work with them to ascertain their wishes and feelings about the outcome they would like to achieve, in line with 'Making Safeguarding Personal'.

As allowed for under s.42 part 2 of the Care Act, it was decided to 'cause others' (the college) to undertake the enquiry on behalf of the Local Authority (LA). Initial action had already been taken and the staff member suspended, pending completion of the enquiry. The conclusions of the enquiry were presented to the social worker with details of what had taken place, the steps already taken to mitigate against future risk, as well as actions proposed, set out for them to consider.

As part of their enquiry, the social worker made a visit to the college and spoke to all concerned, including the advocate who confirmed that they were satisfied with the outcome of the safeguarding enquiry. Given that the risk to the young person had been removed (the worker had been relocated to another area of the site, officially warned and their work placed under supervision) it was determined that a risk protection plan was neither required nor proportionate and the enquiry was subsequently recorded on Mosaic (the adult social care record management system) and closed.



# Local safeguarding data



## **Statutory definition: Section 42 (s.42) enquiry by Local Authority**

**(1) This section applies where a Local Authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):**

- (a)** has need for care and support (whether or not the authority is meeting any of those needs),
- (b)** is experiencing, or is at risk of, abuse or neglect, and
- (c)** as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

**(2) The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case (whether under this Part or otherwise) and, if so, what and by whom.**

Nottinghamshire Adult Social Care follows the 2020 Local Government Association (LGA) guidance: 'What constitutes a safeguarding concern', which confirms that where there is reasonable cause to suspect that all three criteria in s.42 (1) are met, namely that an adult with care and support needs is experiencing or at risk of abuse or neglect and is unable to protect themselves, this must trigger a safeguarding adults enquiry by the Local Authority.

However, the guidance also notes that neither the Care Act nor the associated statutory guidance state that all three criteria must be fulfilled before partner organisations can conclude an issue constitutes a safeguarding concern. They must only be satisfied that an adult has need for care and support and is experiencing, or at risk of experiencing, abuse or neglect, before making a referral – or safeguarding concern – to the local authority.

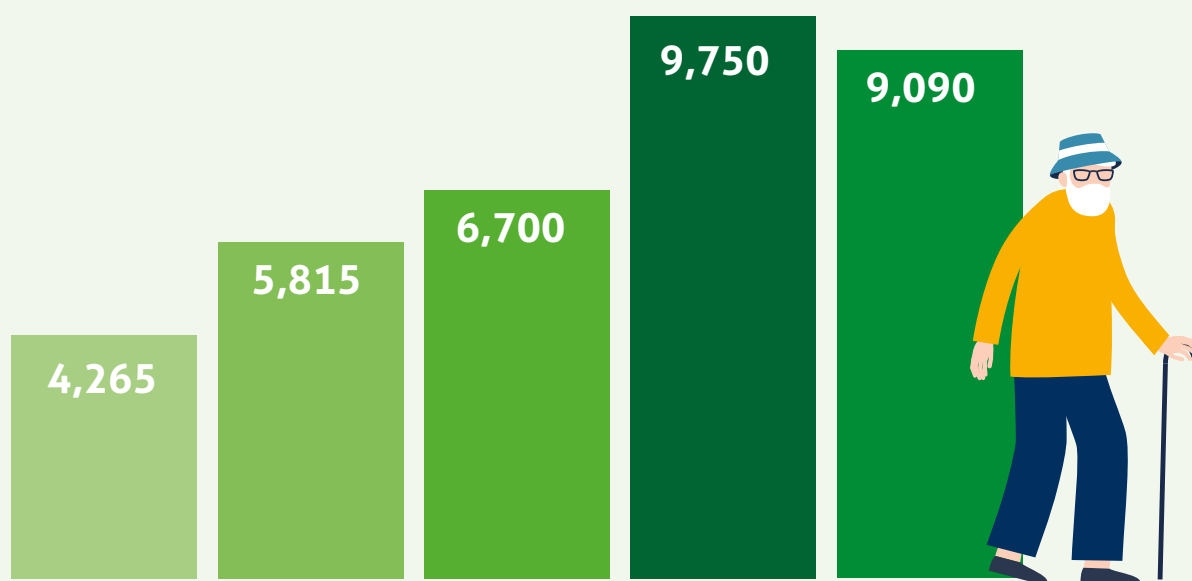
It is for the local authority to seriously consider all referrals, including the third criteria, that the adult is unable to protect himself or herself as a consequence of their needs (which may involve the LA gathering further information), before deciding whether to proceed to a s.42 part 2 enquiry.

Within the data below, 'safeguarding concerns' are a referral (s.42 part 1), and 'safeguarding enquiries' are a Section 42 enquiry (s.42 part 2).

### **The following data consists of:**

- A.** All safeguarding concerns and enquiries that started between 1 April 2022 and 31 March 2023.
- B.** All safeguarding enquiries that were completed between 1 April 2022 and 31 March 2023. This includes referrals and enquiries which started in previous years.

**Chart 1: Number of concerns received**



There was a 7% reduction in the numbers of safeguarding concerns received, down from 9,750 to 9,090. This is at odds with the national picture, which saw a 9% rise. As this is a single data point, it is too early to know if this is a 'one off' or indicative of a change in referral practices. The Board will continue to monitor throughout the year.

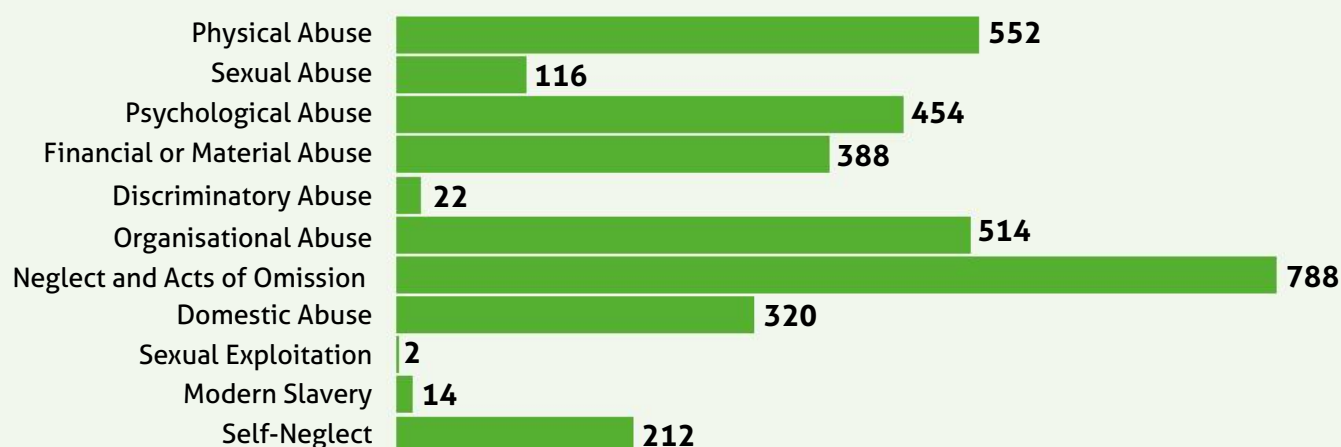
Of the 9,090 total concerns received, 7,720 were dealt with at concern stage. 1,370 were converted to an enquiry s.42 part 2. This was a 64% reduction from 3,755 in 2021/22, whilst the number concluded in the year reduced by 47%, from 3,425 in 2021/22 to 1,810.

This significant change is explained by a change in recording practice, rather than by a reduction in activity. At the beginning of the year, MASH staff began undertaking

safeguarding enquiries as well as triaging them on behalf of district social work teams. For operational reasons, this work was recorded in part 1 of the s.42 safeguarding process within Mosaic (the departmental electronic recording system) rather than in part 2, which meant it was not included within the national Safeguarding Adults Collection (the 'SAC return') reported to NHS Digital. For the same reason, the conversion rate is recorded as reducing from 39% to 15%, which reflected the fact that more work than previously was being concluded by the MASH team (and recorded within part 1 of Mosaic) than by the district social work teams (who recorded their safeguarding activity in part 2), rather than any change in either the quality of referrals received or the way they were triaged.

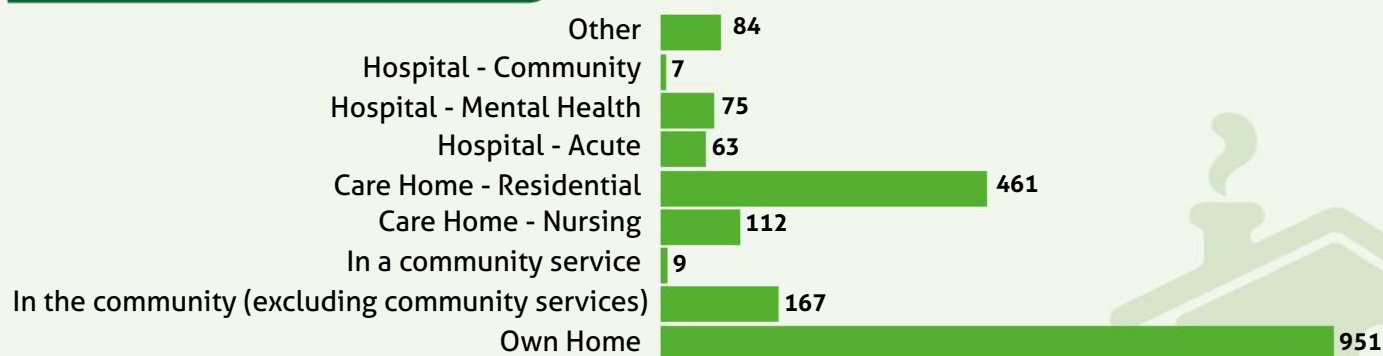


## Chart 2: Type of abuse



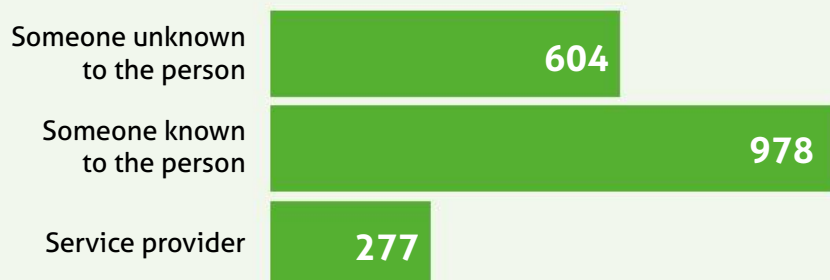
In line with the national picture, the three most common abuse types were Neglect and Acts of Omission, Physical Abuse and Organisational Abuse. This represents a change from the previous year when the third most common type of abuse was Psychological, however the change is minimal with just a 1% difference between them.

## Chart 3: Location of abuse



The three most common locations of abuse remain in an individual's own home, in a residential care home and in the community. This is representative of the national picture.

**Chart 4: Sources of risk**

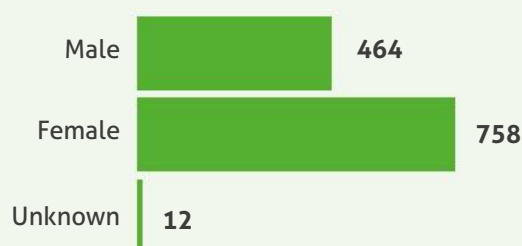


Sources of risk are categorised as 'someone known to the individual', 'a service provider' and 'someone unknown to the individual'. 'Someone known to the individual' remains the most common source.

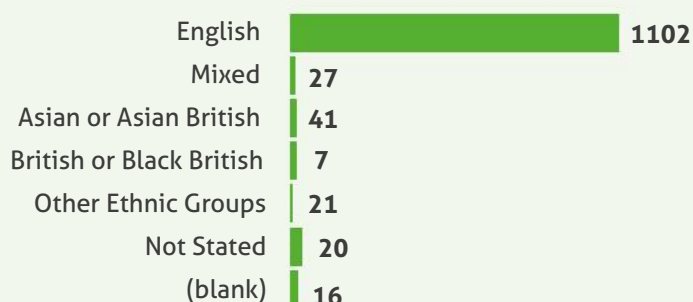


**Chart 5: Demographics for people involved in enquiries**

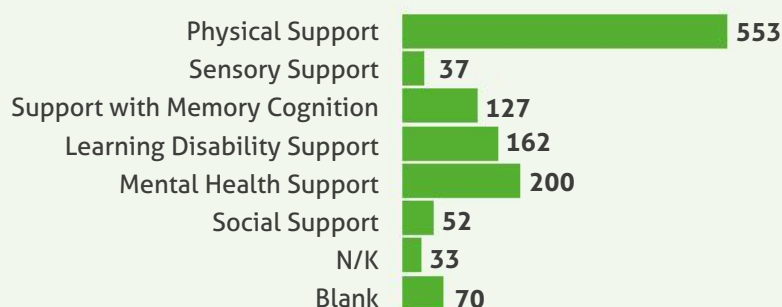
### Gender



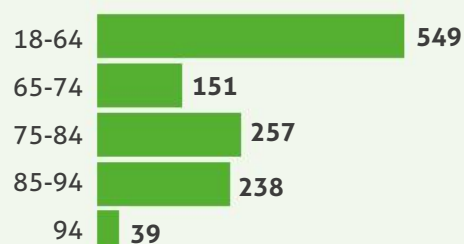
### Ethnicity



### Support Reason



### Age



Note that the total number reported here (**1,234**) relates to the number of individuals involved in enquiries as opposed to the number of enquiries themselves (**1,370**). The latter is higher as individuals can be involved in more than one enquiry within the year.



## Making Safeguarding Personal outcomes

The percentage of people who were asked about their desired outcome for the safeguarding enquiry stood at 80%, in line with the national average and slightly up from the previous year.

The percentage of people who were asked if their outcome had been fully or mainly achieved, reduced from 96% to 93%, slightly below the national average of 95%.

The percentage of safeguarding enquiries where the 'risk was removed or reduced' remained equal to the previous year at 86%, which is slightly lower than the national average.

The percentage of people lacking mental capacity to be involved in their safeguarding assessment and who were supported to do so, decreased slightly from 84% to 83%, but remained above the national average of 79%.

## Local safeguarding data



### Overview

The SAR subgroup manages and oversees the safeguarding adults review (SAR) process locally and is led by Amanda Sullivan, Chief Executive of the ICB.

A SAR takes place when agencies who worked with an adult who has died or come to serious harm as a result of abuse or neglect are brought together to look at lessons they can learn and implement into current practice via updated training and external communications to prevent a similar circumstance occurring again.

The subgroup met eight times throughout the year with good representation from agencies across the partnership. It undertook work in relation to ongoing SARs and referrals and continues to receive regular updates around learning disability mortality reviews (LeDeR).

In addition, the Rough Sleeper Initiative Co-ordinator for Nottinghamshire now attends each meeting and provides information to the subgroup on cases involving the deaths of homeless individuals in the county and the themes arising from these cases.

### Referrals

In 2022/23 the NSAB received three SAR referrals, each of which resulted in a SAR being commissioned, one as a joint review with the Nottinghamshire Safeguarding Children Partnership. At the time of writing, these three SARs are ongoing and the outcomes will be reported in due course.

## Completed SARs

In 2022/23, the subgroup monitored the progress of action logs in relation to two SARs that were completed in the previous year:

### SAR K19:

The subgroup commissioned the SAR in 2019 due to concerns around multi-agency working and missed opportunities to support and engage with Adult K. This case was reported in last year's annual report.

Work continued throughout the year to progress the actions and the learning opportunities. Completion of the action log is anticipated during 2023/24.

### SAR L20:

The subgroup commissioned the SAR in 2020 in response to concerns around multi-agency working and missed opportunities to support and engage with Adult L. This case was reported in last year's annual report.

Work continued throughout the year to progress the actions and learning opportunities. Completion of the action log is anticipated during 2023/24.

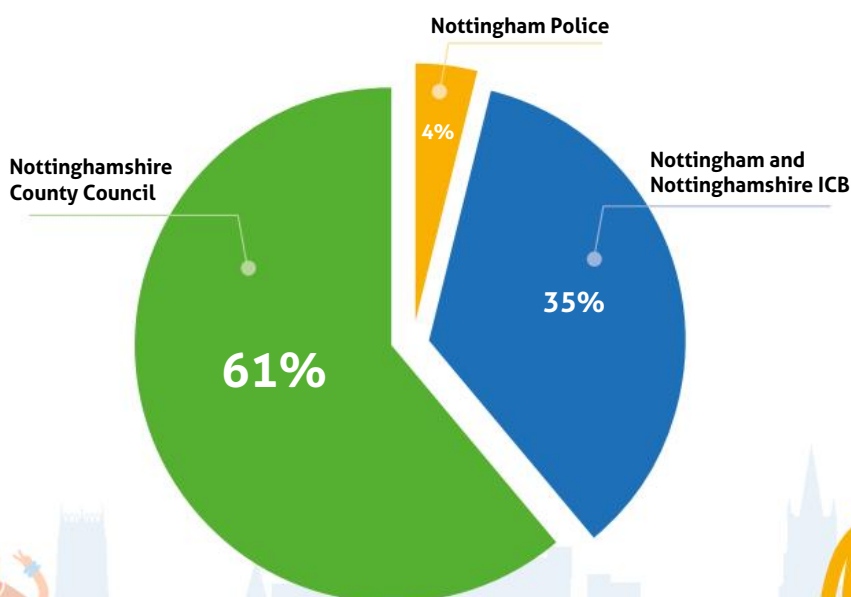
## Learning from SARs

Significant learning obtained from SARs was incorporated into a comprehensive training offering by the Board. Individual courses can be found through the following links: [Learning and development](#) and [Resources](#).

## East Midlands Regional Safeguarding Assurance

In February and March 2023, the Board contributed to the East Midlands Regional Safeguarding Assurance Report. Six safeguarding adults boards took part, with a project team being set up to scrutinise the information submitted. A peer review methodology was used to conduct a desktop review of SARs and create action plans to analyse the effectiveness of the current quality assurance process. The final report identified several recommendations, which the SAR subgroup is now working towards.

## Funding





## How can I report abuse?



If you have been abused, or know someone who has, please report this to Nottinghamshire County Council on **0300 500 80 80** or report via the online portal

You could also report this to someone you trust e.g. police, doctor, family member, social worker. In an emergency, you should contact the relevant emergency service (police, ambulance, or fire and rescue service) by dialling **999**.

### What will happen next?

We may need to inform other people or organisations, such as the person's doctor, but we will ask permission before we do this.

We will work with the person affected to find out what they want to happen following a report of abuse and keep the person involved throughout the process. People have the right to change their minds about what they want to happen during the process.



# Our Partners



**East Midlands Ambulance Service**  
NHS Trust



**Doncaster and Bassetlaw Teaching Hospitals**  
NHS Foundation Trust



**Nottinghamshire Healthcare**  
NHS Foundation Trust



**Nottingham University Hospitals**  
NHS Trust



**Nottingham and Nottinghamshire Integrated Care Board**



**Sherwood Forest Hospitals**  
NHS Foundation Trust



**4 December 2023****Agenda Item:6****REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND  
PUBLIC HEALTH****ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND  
FINANCIAL POSITION – QUARTER 2 2023/24****Purpose of the Report**

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

**Information**

5. **Appendix B** provides full details of the Adult Social Care and Public Health performance, risks and financial position.
6. A slide set at **Appendix A** summarises **Appendix B** and will be used by the Select Committee as the main document.
7. **Appendix C** provides information on the Public Health vital signs performance as detailed at **paragraph 95** in Appendix B.

**Financial Implications**

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

**RECOMMENDATION/S**

That the Adult Social Care and Public Health Committee considers and comments on:

- 1) the financial position of Adult Social Care and Public Health, as at the end of September 2023.
- 2) the summary of Adult Social Care performance against performance themes.
- 3) the summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy.
- 4) the summary of adults' vital signs and key departmental risks.

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

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

**Adults:**

Louise Hemment  
Quality and Risk Lead  
Service Improvement Quality and Practice  
T: 0115 9772645  
E: [louise.hemment@nottsc.gov.uk](mailto:louise.hemment@nottsc.gov.uk)

**Public Health:**

Bryony Adshead  
Executive Officer, Public Health  
T: 0115 9773831  
E: [bryony.adshead@nottsc.gov.uk](mailto:bryony.adshead@nottsc.gov.uk)

**Constitutional Comments (KA 15/11/23)**

9. The contents of this report and the recommendations come within the terms of reference of the Committee.

**Financial Comments (CMER 10/11/23)**

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

**Background Papers and Published Documents**

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

[final-joint-carers-strategy-2023-28.pdf \(nottinghamshire.gov.uk\)](#)

[Nottinghamshire Healthy Families Programme: 2024 and beyond – report to Cabinet on 22 June 2023](#)

Adult Social Care – Our Practice Framework



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

All.

AS0009



# Adult Social Care & Public Health Performance, Risks and Financial Position Quarter 2 (July to September 2023)

ASCPH Select Committee 4<sup>th</sup> December 2023

# Contents

-  FINANCIAL PERFORMANCE
-  BENEFITS REALISATION
-  ASC PERFORMANCE THEMES
-  STORIES OF DIFFERENCE
-  VITAL SIGNS
-  DEPARTMENTAL RISKS



# £ FINANCIAL PERFORMANCE

Previous forecast Variance £ 000	Change in forecast £ 000	Department	Final Budget £ 000	Actual £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	Var as a % of budget
		<u>ASCH Committee</u>					
(334)	182	Strategic Commissioning and Integration	(38,344)	(55,954)	(38,496)	(152)	0.40%
5,659	258	Living Well and Direct Services	155,572	98,118	161,489	5,917	3.80%
(790)	604	Ageing Well and Maximising Independence	145,221	80,402	145,035	(186)	-0.13%
(205)	(156)	Public Health	3,328	(1,584)	2,967	(361)	-10.85%
<b>4,330</b>	<b>888</b>	<b>Forecast prior to use of reserves</b>	<b>265,777</b>	<b>120,981</b>	<b>270,995</b>	<b>5,218</b>	<b>1.96%</b>
144	(144)	Transfer to / (from) Revenue Reserves	(2,891)	(900)	(2,891)	-	0.00%
-	-	Transfer to / (from) Capital Reserves	-	-	-	-	0.00%
-	-	Transfer to / (from) reserves (Ageing Well)	-	-	-	-	0.00%
205	153	Transfer to / (from) Grant reserves	(3,328)	-	(2,970)	358	-10.76%
-	3	Redundancy related costs	-	3	3	3	0.00%
<b>348</b>	<b>12</b>	<b>Subtotal</b>	<b>(6,219)</b>	<b>(897)</b>	<b>(5,861)</b>	<b>361</b>	<b>-5.80%</b>
<b>4,678</b>	<b>900</b>	<b>Net Department Total</b>	<b>259,558</b>	<b>120,084</b>	<b>265,134</b>	<b>5,579</b>	<b>2.15%</b>

- The overall **Adult Social Care and Public Health budget** is forecasting a **£5.579 million overspend** as of 30<sup>th</sup> September 2023.
- Integrated Strategic Commissioning is forecasting a net underspend of £0.15million after reserves, a decreased underspend of £0.04million since period 5.
- **Ageing Well** are forecasting an **overspend of £0.15m**. Overspends across all package types are offset by additional client contributions, additional joint funding income, staffing underspends and anticipated savings.
- The **Maximising Independence Service (MIS)** currently have a forecast **underspend of £0.366million** against a budget of £16million. This is due to Total Mobile licenses pending recruitment of additional staff towards the end of the year and some vacancies
- **Living Well** is forecasting an **overspend of £6.83m million** overspends in Long-Term Care, and Direct Payments plus Predicted Needs, are partially offset by additional funding income and savings still to be delivered.
- **Direct and Provider Services** area continues to forecast an **underspend which at the end of September 2023 was £0.91m**, a shift of £0.06m since the previous month.in addition to savings already delivered in year.
- **Public Health** is forecast to **underspend by £0.36m**, an increase from Period 5 of £0.15m.

- The Council receives a ring-fenced Public Health Grant ('the grant') from the Department of Health and Social Care (DHSC), which is subject to a range of conditions and must be used to fulfil the Council's statutory duty to improve the health and wellbeing of the people within Nottinghamshire, including provision of a number of mandatory services. Amongst other things, these conditions stipulate that "the main and primary purpose of all spend from the grant is public health". Broadly speaking, this means that the grant must be invested in ways that the Director of Public Health and Section 151 Officer identify "have a significant effect on Public Health". In 2023/24 the value of the grant to Nottinghamshire is £44,567,373.
- The table below paragraph 4 summarises the departmental financial position, including Public Health. As of the budget monitoring period ended 30 September 2023, a Public Health underspend of £0.36m is projected, which would be added to the Public Health reserves at the end of the financial year.
- Officers in Public Health will undertake work with finance colleagues to confirm that forecasting is being undertaken with due rigour, identify where there are genuine grounds for uncertainty in the forecasts, and ascertain mitigating actions to address those uncertainties.
- As of budget monitoring period 6, ended 30 September 2023, the uncommitted reserves balance is projected to stand at £8,789,678 by 31 March 2024. If no further investments were made and based on the Section 151 Officer's assumption (for planning purposes) that the grant will increase by 1% annually within the period of the Council's Medium Term Financial Strategy (MTFS), the forecasted reserves would accrue to £6,056,986 by 31 March 2027.
- Therefore, work has been undertaken to identify priorities for further investment during the MTFS period. Some of these, including proposals increasing our investment in severe multiple disadvantages, the Community Infection Prevention and Control service, domestic abuse and tobacco control, have already received approval and are reflected in the budget. Further proposals are being developed, some of which will be incorporated into the annual budget cycle. This will further reduce the projected reserves position for March 2027.



# BENEFITS REALISATION

## Ageing Well

**MIS** delayed delivery of £832K savings due to reduced referrals from hospitals. Situation is improving and focus with partners is on reducing abandoned discharges which is affecting performance against the target. All benefits predicted to be achieved by 25/26

**MIS** enablement has a positive forecast for delivery against the savings target for 2023-24 however unlikely to achieve total savings that include those not achieved from 2021/22 and 2022/23

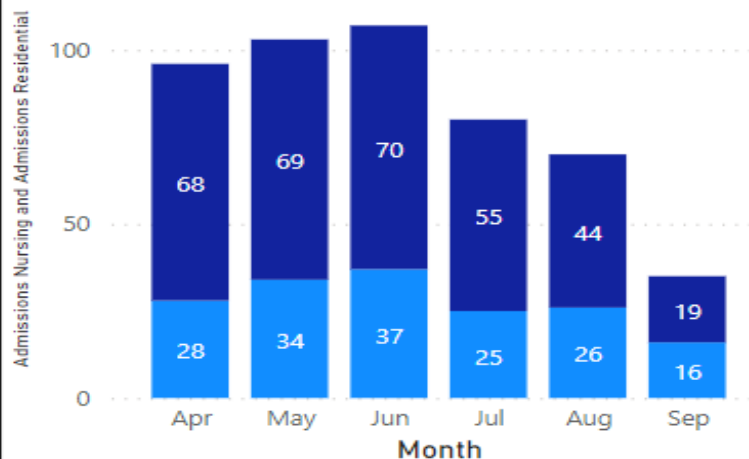
**Strengths Based Approach** – Status is “at risk” methodology being identified to capture pressure and savings, Strategic Insight Unit to look at alternative options to residential care and associated benefits.

Use of interim residential care for people who could go home has now been stopped as a routine option in all hospitals. Reduction seen in new admissions and people in care homes for the first time as described in the slides below.

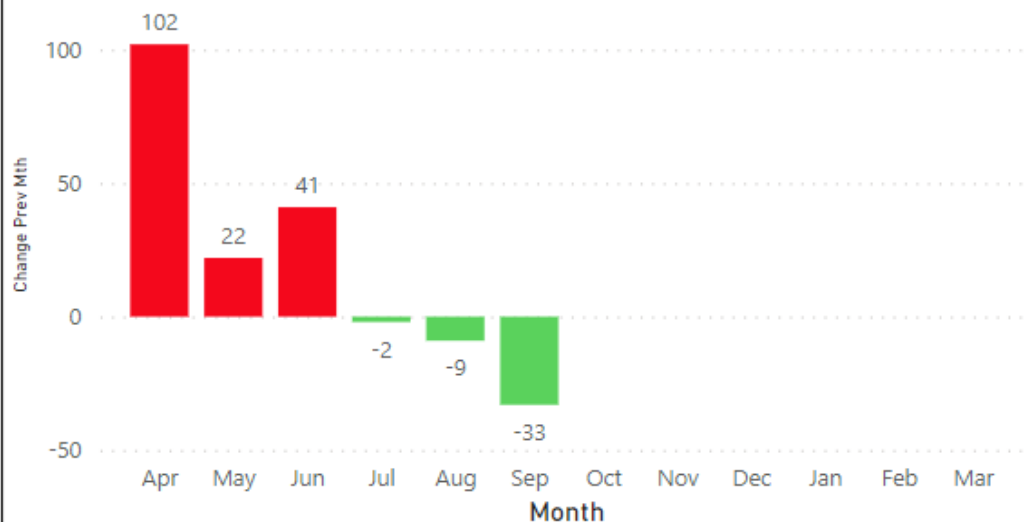
The findings of a recent diagnostic around enhancing and scaling up the Departments Technology Enabled Care (TEC) offer provided evidence of the benefits both financial and for the outcomes of people supported by the Council. TEC Innovation sites have seen identified in the South to progress “proof of concept” which has been funded from the discharge grant

New Admissions by Month

● Admissions Nursing ● Admissions Residential



Change in number of people supported from Previous Month



## Benefits Realisation



- The new appointee and deputyship team works with people unable to manage their own money to achieve their life goal
- This was based upon an increase in deputyship and appointeeship cases coming into the ACFS, so client contributions would go up.
- This increase was based upon a baseline of 1028 in August 2023 and to hit a target of 1210 by March 2025
- The **forecast predicates the target will be hit early**



## Service Improvements

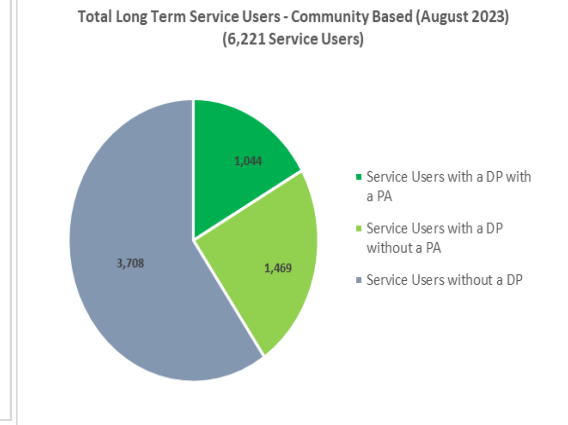
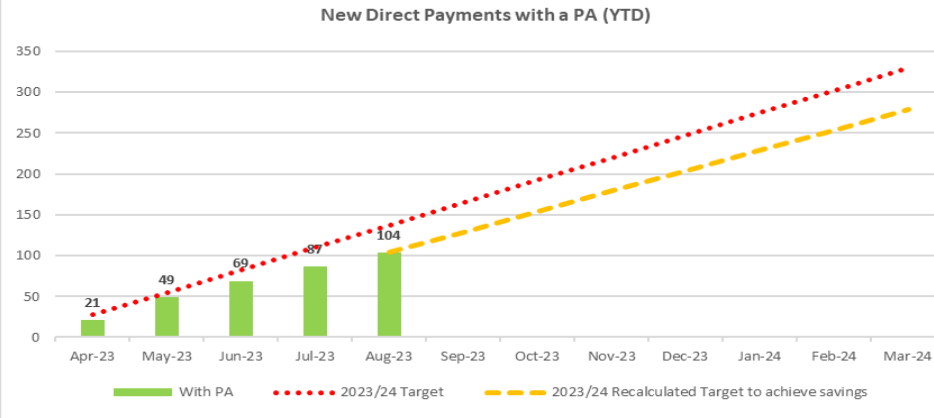
- A new system to **review our letters** about the amount of financial contributions people make towards their care **is in place** – a third of staff have been trained on expectations and 50% of our letters have been reviewed. All work due to be completed by the end of December
- Reducing the amount of “waivers” – **50% improvement on this time over last year from £80 k to £40k**
- **Consultation now live** on “making your direct payments contribution work for you” - The survey will close on 13th Nov
- Online financial assessments for people to complete has a proposed **go live date of 9<sup>th</sup> Oct**
- Place Based working – we are starting local team clinics





# BENEFITS REALISATION

## Strategic Commissioning



The total proportion of people supported that use **Direct Payments (DP)**, to offer people more choice and control over their support is 40.1% with a target of 42%

The utilisation of **Direct Payments** to employ PAs is forecast to meet in-year savings. This is a result of the change of commissioning and the impact of the centralised PA team leading on the commissioning.

## Living Well

Opportunities to build skills and confidence and to prevent or delay the need for ongoing care and support are identified and fully supported.

To date in this financial year, 315 people have been supported by promoting independence workers to increase their skills for independence.

More demand than supply for supported living accommodation

Working with Commissioning colleagues to deliver 205-355 units over next 1-3 years and additional 121 supported living units in next 2-4 years

Review of Preparing for Adulthood pathway and protocol document ongoing including co-production with young people, families, staff and partners,

Development of education links set as priority for 2023/24

Short Breaks services could provide improved service offer to people and carers

Consultation due to commence in October





# ADULT SOCIAL CARE PERFORMANCE THEMES

## Wellbeing and Independence

### Hospital Discharge

The targets for hospital discharge remain off track since June. It takes an average of 5.9% days (6 days last month) to discharge people from when they are well enough to go home, against a target of 3 days. Improvement requires action from all partners and a programme is in place with 3 key priorities. Urgent Care diagnostic by PA Consulting due to be completed end Oct 2023.

Apr	May	June	July	Aug	Sept
Average Days between being ready to leave hospital and discharge					
5.2	5.1	5.5	5.7	6.0	5.9

### Safeguarding

80.5 % of people were asked their desired outcomes, which is above the national average of 80%, but below the target of 100%. The new workflow in Mosaic will improve understanding of performance in this area as the reasons why people are not asked will be recorded. A meeting with key stakeholders to take place to agree a go live date for the new workflow in Mosaic

### Deprivation of Liberty Safeguards (DoLS)

The team are working closely with the new DoLS provider who is not yet delivering sufficient capacity of Best Interest Assessor (BIA) Social Workers. This is the main reason performance remains off track. Mitigation is ongoing recruitment to Council employees which is having improved success and sourcing via our Corporate non-specialist agency contract

There has been a 10.2% improvement in the %age of completed DoLS assessments since last month reaching 56.6% in September. This however remains off track, with mitigations in place to recruit to four BIA posts will hopefully be reflected in performance

### Long-Term Reviews

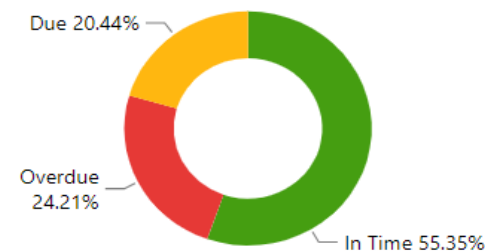
For the month of September 2023, 78% of people who are in receipt of services have received a review in the last 12 months against a national target of 100% which is a slight improvement from last month

In the last twelve months 4,809 people have had a review, with 1,500 currently without a review in the last year.

[Page 50 of 120](#)

Strengths-Based reviews starting in AW North Notts to improve outcomes and reduce spend on statutory services where appropriate

RAG Review Timeliness



**Overdue** - Previous review more than 12 months ago  
**Due** - Review Due within 4 months  
**In Time** - Review due in more than 4 months



# ADULT SOCIAL CARE PERFORMANCE THEMES

## Flexible and Integrated Care and Support

### Carers

To underpin the new All Age Carers strategy a new carer support services (the Carers Hub and Young Carers support) have been jointly commissioned with Nottingham City and the Integrated Care Board and new contracts commenced on 1st October 2023.

Commissioners are currently working with the new Carers Hub service provider to enable a smooth transfer from the previous incumbent, and to ensure minimum disruption to the service that carers receive

Implementation of the new strategy includes changing the way the department works with carers so that all services and teams 'think carer' with their everyday practice. This includes ensuring that workers have 'better conversations' with carers as part of the strength-based approach and ensure they listen and include carers with the support they need to continue their caring role.

Standards have been set by carers who co-produced the new strategy of what 'good' looks like for them through the 'I' and 'We' statements they created. These link directly with the new social care practice framework, with the outcome of audit work against this framework used to evidence where workers are having 'better conversations' as part of the support for the person, as well as the quality of completed assessments of carers needs.

An Integrated Care Strategy event is planned for the 16<sup>th</sup> November 2023 to raise awareness of the strategy with managers, carer service providers, voluntary sector organisations and carers

### Technology Enabled Care

**TEC - 892 referrals** have been received since Apr 23 which for the same period last year is a

**54% increase** for Ageing Well   **36% increase** for Living Well ,  
**20% increase** for MIS   **11% increase** for Discharge to Assess



## Workforce

### Internal Workforce plan progress

Further recruitment activity has continued over the last quarter with the launch of "Shining Stars" recruitment campaign which ran until the end of September 2023. The campaign pilot was a pilot aimed to attract people from diverse backgrounds into some of our hard-to-fill roles in the north of Nottinghamshire.

Through this campaign, our colleagues were showcased as shining stars and the social care department as a place promoting positivity and well-being, delivering high-quality care that truly helps people live in the place they call home.

The campaign prompted 217 applications in total with a high proportion (approx. 61%) of applications for Community Care Officers. Work continues to pre-screen , shortlist and interview the applicants

### External Workforce

Capacity in the care market has been improving steadily over recent months this is partly due to increased recruitment of overseas workers, with approximately 30% of the external social care workforce being overseas workers There is an escalating risk for this workforce in respect of:

- Risks that this workforce is being exploited, there has been an increase in modern slavery etc. in recent months.
- Providers sustainability in respect of financial viability and maintaining capacity to be able to pay the wages for the overseas workers.
- Risks to service delivery if providers have their licences suspended or terminated.

To support the ongoing challenge of recruitment for our social care providers (9.5% vacancy rate) and in recognition of provider feedback around boosting the advertisement of their vacancies, a digital advertising agency has been funded to promote our Opportunities in Nottinghamshire (oppsinnotts) website.

During the period end of March to 31st August there was a total of 22,343 on-site searches for 'care' which then led to a total of 13,665 clicks through to apply for jobs. Evaluation work is underway to determine the impact of this on care vacancies across the county and whether the above figures resulted in an increase in applications and positive recruitment outcomes for the sector.



## Quality Assurance – Annual Conversation Feedback

### Strengths Based Working

#### STRENGTH

Wholesale shift to strengths based working

Investment in professional practice and leadership

#### IMPROVEMENT

Build on practice audit process to increase number of reviews

Deeper dive into quality of assessment and reviewing practice

### Embedding Owning and Driving Performance (ODP)

#### STRENGTH

Significant progress using data to improve performance and outcomes

ODP Tools used by colleagues and performance messages understood

#### IMPROVEMENT

Move from use of data to intelligence  
Improve waiting times for assessment

Automated reporting for areas such as supervision, EPDR and mandatory training

### Becoming co-productive

#### STRENGTH

Big Conversation and listening events

Introduction of Making it real Forum

#### IMPROVEMENT

Making It Real Forum - Develop some people led outcomes and performance metrics

Making it Real Forum has meaningful engagement with political leadership

### Working in Partnership

#### STRENGTH

The strength of joint working in the areas of mental health and learning disabilities

Transfer of Care Hubs and improved support to hospitals

Exceptional support to care providers during pandemic

#### IMPROVEMENT

Improve working with district councils  
Improve inequalities, diversity and inclusion

Working with voluntary, community and wider partners including Healthwatch

### Adult Social Care (ASC) and wider Council

#### STRENGTH

Good level of understanding of the depth and breadth of change delivered in ASC

There is strong financial management

Emerging work on life course approaches such as the Carers Strategy

#### IMPROVEMENT

Build understanding of the risk, cost and outcomes of Social Care waiting times

Maximising Employment, Housing and Place leadership for outcomes for people who draw upon care and support





Mrs B had a fall at home and required reablement support to help her increase her confidence and mobility again. Mrs B's son called AW Rushcliffe for assistance and following an initial strengths-based conversation it was clear that re-ablement would be the best option. Support was arranged quickly, and the following compliment was sent to the AW Community Care Officer:

*"I would just like to take this opportunity to thank you so much on behalf of my mother for all your help and assistance in securing a care package so quickly and effectively in what has been a difficult time for my mother. In addition, may I thank you for setting out the position so clearly and pointing me in the right direction for the future care of my mother."*

**AW Strengths-Based  
Approach**

Feedback from a LW Team Manager following a social worker's excellent strength-based approach with a person who was refusing to engage with social care and wider stakeholders:

*"It was known that the person loved animals so reflecting on the best way to engage with the person, the social worker took her own dog to the visit. The results were immediate. The young adult started to talk about her life and interests and engaged wholeheartedly with the social worker to achieve their outcomes. This was a lateral way of working but so positive and productive – a real person-centred approach!"*



Mum informed me she had felt quite stressed as she had not heard from the team for some time since her original contact with NCC and was worried Kaitlyn would miss out on the opportunity to attend Landmark's.

However, since having the assessment meeting at Worksop Library with GB and the ongoing contact/updates from GB, she has felt such relief and asked that I thank GB for all her support. I confirmed I would pass this on and asked if I could also highlight the work GB has completed to our managers as it is evident GB has applied our policies and processes really effectively and efficiently - without this effort, there would have been a significant delay.

I've also read through the assessment and transport Eligibility, and it really is a good example of how we should record work. It's a shame GB is going on Mat Leave, she could have done a presentation in the team meeting!

I do also think it highlights how well Clinics can work so we need to spread that message too.

**LW Strengths-Based  
Approach**

### **Compliment received by Social Worker in AW Flexible Response Service:**

*"Your support, advice and professional knowledge and understanding has been invaluable to us at a time of considerable emotional distress and anxiety concerning my dear Mum's health. Laura, you are an asset to your team and we wish you every success in the future"*



- Within the **Integrated Sexual Health Services** there has been an increase in the total number of appointments across all three providers. This is positive in the context of continued industrial action and reduced capacity due to recruitment and retention challenges. All providers are meeting or exceeding the quality standard of 60% of new service users accepting a HIV test and 30% of women aged 16-24 receiving contraception accepting Longer Acting Reversible Contraception (LARC).
- **The 0-19 Healthy Families Programme (HFP)** in quarter two when compared to Quarter one increased in both the proportion of new birth review visits completed by 14 days, and in the proportion of 12-month development reviews completed by 15 months. Other key indicators remained consistent.
- This quarter the **Integrated Wellbeing Service** has been working with public health and wider partners to complete a scoping exercise and action plan focused on improving support for people with severe mental illness (SMI). They have also been working within localities with local partners and collaborating with the CVS to better understand how services can be tailored to meet local needs, with a particular focus on health inequalities.
- **Domestic Abuse Services** share that referrals continue to be more complex (involving substance use and mental ill-health) and often at higher and escalating risk levels. Ongoing cost of living pressures have a significant impact on a survivor's ability to leave, resulting in them staying in abusive relationships for longer.
- There has been a slight reduction in the number of successful completions this quarter within **The All Age Substance Misuse Service** due to an increase in complexity of presentations of residents with multiple challenges including poorer mental health, housing issues and increased financial vulnerability. However, there is still a significant number of people presenting to CGL with drug and alcohol dependencies and CGL are overcapacity within the service as per the contract number.





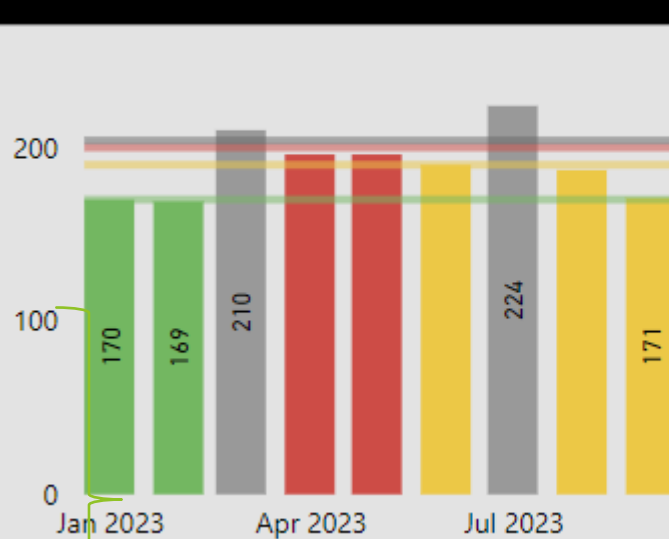
# ADULT SOCIAL CARE VITAL SIGNS

## Statutory Duties

### Waiting Times:

- East Midlands ADASS /IMPACT project looking at the impact of people who are waiting has commenced with survey out to get staff perspectives
- Internally the Vital Signs dashboard is progressing with snapshot examples for
  - Mental Health Act referrals
  - Safeguarding – incomplete s42's
  - Long Term care reviews
- Work continues around the waiting times for care act assessments including carers with the risk prioritisation tool has been piloted with positive results, with rollout due in November.

Number of referrals for MHA Assessments received this

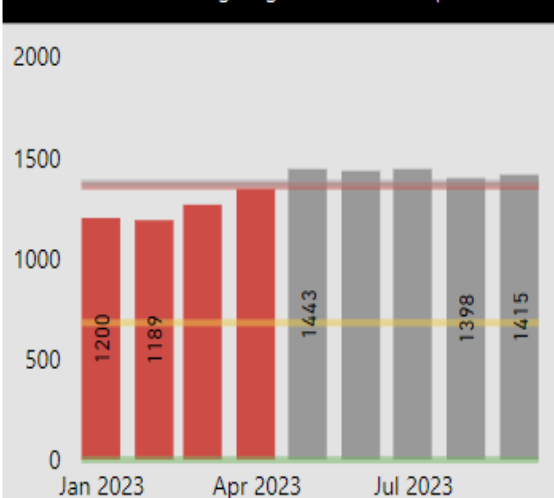


Current Risk Level

0-170  
171-190  
191-200  
200+

Benchmark

Number of outstanding long-term reviews required to be

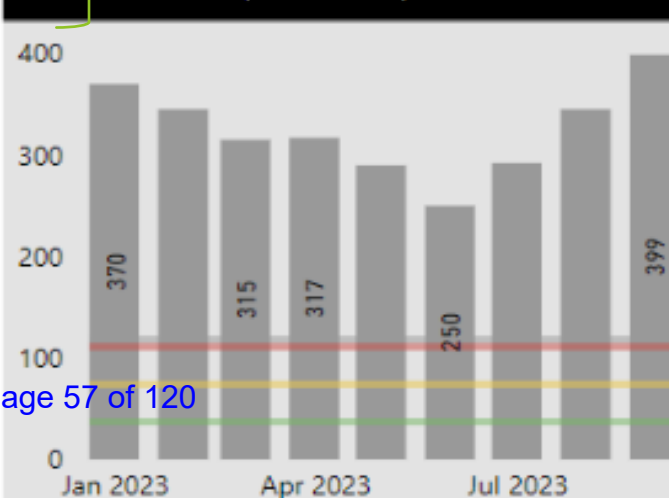


Current Risk Level

0  
1-680  
681-1360  
1360+

Benchmark

Number of incomplete S42 enquiries over 3 months old



Current Risk Level

0-37  
38-74  
75-111  
111+

Benchmark

### Nursing Home Urgent Closure

- CQC notified the Council on the 20/09/2023 of their decision to suspend a registered Nursing Home from 21/09/2023
- This required an urgent escalation to ensure that people were safe and that they and their families were kept informed.
- Unprecedented factors meant that on the day there was a long delay in getting into the service to support safe moves to different care homes, despite all the required health and care services being on site.
- This very difficult situation required **close working between social work operational teams, QMMT, ICB quality team, CHC nurses, medication management, ambulances, police, legal teams, local pharmacists and other care homes.**
- This multi-disciplinary approach resulted in the successful moves of 16 people to a new home in approximately 5 hours
- **A fantastic achievement which would not have been possible without all those people involved.**



### Day Service

- The Council were informed by Thera East Midlands of a day service closure in the Rushcliffe area.
- **Nottingham Mencap** have worked incredibly diligently, driven a real desire to ensure people are not left without a service, to create a new service offer to commence from 22 September.
- Nottingham Mencap have skilfully managed the complexities with family anxieties and have **truly gone above and beyond expectations to ensure this is a successful transition**



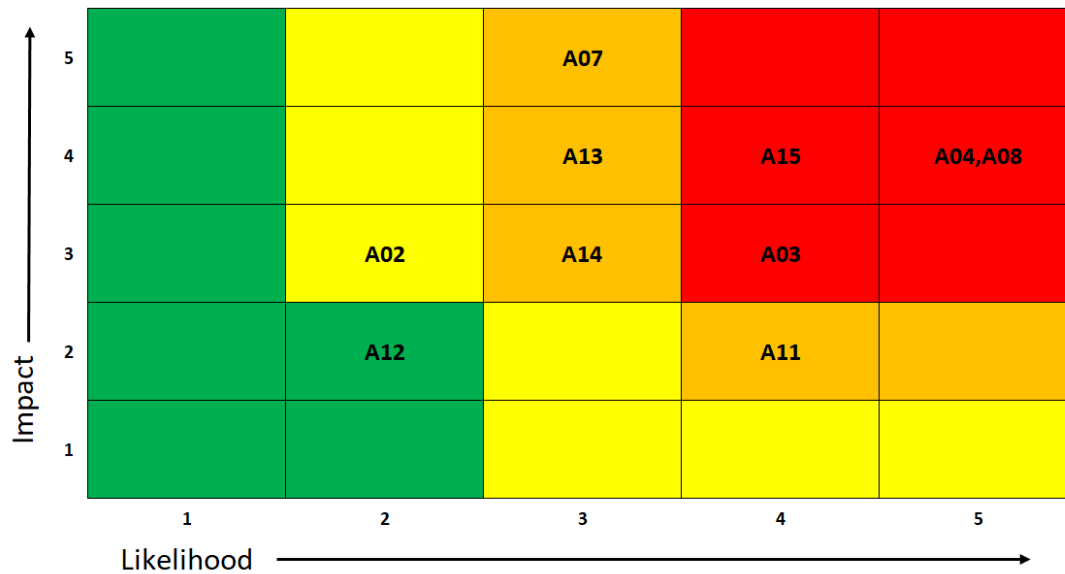
### Extra Care

- Metropolitan and Thames Valley Housing have formally written to the Council as they are exiting the regulated care market due to a change in strategic direction.
- A new care provider will be required for the care of people who currently residing within two schemes in Rushcliffe from **1<sup>st</sup> April 2024.**
- Additional risk as the Provider will not be tendering for the accommodation element of the service in the future which will need to be commissioned separately following some review work and options modelling but will mean no new nominations can be made.





# DEPARTMENTAL RISK



Risk ID	Risk Category	Risk Description	Current risk status	Mitigating actions to reduce risk
A03	Compliance & Regulation	People waiting for a conversation about their needs	VH	Development of vital signs reporting to support operational visibility and prioritisation and provide strategic oversight. DHSC development of wait time metrics to ensure consistency on data and reporting across Local Authorities
A04	Compliance & Regulation	Data gaps following the Introduction of Client Level Data reporting to DHSC	VH	Improvement plans in place to reduce data gap
A08	Financial	DHSC re-alignment for funding for charging reform	VH	Keep up to date with all charging reform updates from DHSC
A15	Financial	Adult Social Care over spend and Benefits Realisation for Ageing Well Strengths Based Approach	VH	A diagnostic has been completed by the Strategic Insight Unit on AW Strengths Based Approach. New targets and actions are being put in place for Group Manager service and team plans.





4 December 2023

Agenda Item:6B

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

### ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 2 2023/24

#### Purpose of the Report

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

#### Information

##### Current Financial Position as at 30 September 2023

Previous forecast Variance £ 000	Change in forecast £ 000	Department	Final Budget £ 000	Actual £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	Var as a % of budget
		<u>ASCH Committee</u>					
(334)	182	Strategic Commissioning and Integration	(38,344)	(55,954)	(38,496)	(152)	0.40%
5,659	258	Living Well and Direct Services	155,572	98,118	161,489	5,917	3.80%
(790)	604	Ageing Well and Maximising Independence	145,221	80,402	145,035	(186)	-0.13%
(205)	(156)	Public Health	3,328	(1,584)	2,967	(361)	-10.85%
<b>4,330</b>	<b>888</b>	<b>Forecast prior to use of reserves</b>	<b>265,777</b>	<b>120,981</b>	<b>270,995</b>	<b>5,218</b>	<b>1.96%</b>
144	(144)	Transfer to / (from) Revenue Reserves	(2,891)	(900)	(2,891)	-	0.00%
-	-	Transfer to / (from) Capital Reserves	-	-	-	-	0.00%
-	-	Transfer to / (from) reserves (Ageing Well)	-	-	-	-	0.00%
205	153	Transfer to / (from) Grant reserves	(3,328)	-	(2,970)	358	-10.76%
-	3	Redundancy related costs	-	3	3	3	0.00%
<b>348</b>	<b>12</b>	<b>Subtotal</b>	<b>(6,219)</b>	<b>(897)</b>	<b>(5,861)</b>	<b>361</b>	<b>-5.80%</b>
<b>4,678</b>	<b>900</b>	<b>Net Department Total</b>	<b>259,558</b>	<b>120,084</b>	<b>265,134</b>	<b>5,579</b>	<b>2.15%</b>

5. The overall **Adult Social Care and Public Health budget** is forecasting a **£5.579 million overspend** as at the end of September 2023.
6. **Integrated Strategic Commissioning** is forecasting a **net underspend** of **£0.15 million** after reserves, a decreased underspend of £0.04 million since Period 5.
7. **Ageing Well** is forecasting an **overspend of £0.15 million**. Overspends across all package types are offset by additional client contributions, additional joint funding income, staffing underspends and anticipated savings.
8. The **Maximising Independence Service (MIS)** currently has a forecast **underspend of £0.366 million** against a budget of £16 million. This is due to a small underspend on Total Mobile licenses pending recruitment of additional staff towards the end of the year and some staff vacancies. A targeted recruitment campaign has had positive results at filling vacancies in the north of the County where recruitment is most difficult.
9. **Living Well** is forecasting an **overspend of £6.83 million**. Overspends in Long-Term Care, and Direct Payments plus Predicted Needs, are partially offset by additional funding income and savings still to be delivered.
10. **Direct and Provider Services** area continues to forecast an **underspend** which at the end of September 2023 was **£0.91 million**, a shift of £0.06 million since the previous month in addition to savings already delivered in year.
11. **Public Health** is forecast to **underspend by £0.36 million**, an increase from Period 5 of £0.15 million. This is due to savings on sexual health and Health Checks.

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

### **Ageing Well**

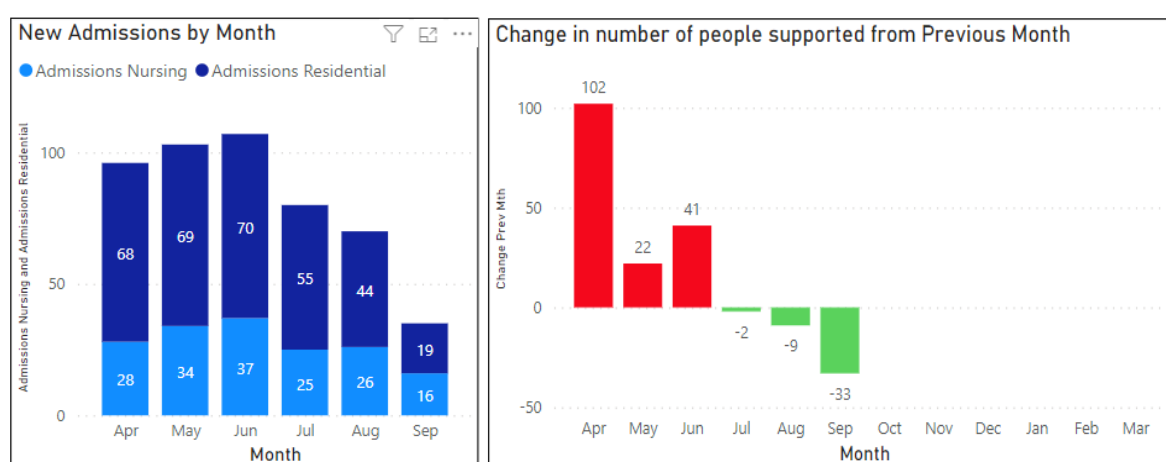
#### **Re-ablement**

12. In Ageing Well, the numbers of referrals from hospital into re-ablement in the Maximising Independence Service (MIS) have improved but are not consistently achieving the numbers needed due to the fluctuating number of abandoned discharges. A plan is in place to address this as part of the Discharge to Assess Improvement Programme. Currently a £832,000 saving is at risk, remaining achievable but over a longer time by 2025/26.
13. Additional community reablement capacity in the MIS was invested in following an independent assessment that there were people who could benefit that were not accessing reablement. The Community Reablement Team is on track to meet their target number of people (622 for the year) which is 408 completions more than the 2022/23 total of 214, a 191% year-on-year increase.
14. The total 2023/24 target includes non-achieved savings slippage from the two previous financial years when re-ablement was diverted to support Covid recovery and market failure, so with these added together, the total savings target set for 2023/24 was £1,961,050. The business case assumptions, however, are based on having a set number

of staff who can work with a set number of people over a year, therefore it is not possible to achieve in year. Positively the team is now working with more people and continues to achieve good outcomes for their health and wellbeing. The current prediction at the end is that all financial benefits will be achieved by 2025/26.

## Strength Based Approaches

15. The Ageing Well strength-based programme outcomes are improving but remains at risk. Work continues with the Strategic Insight Unit (SIU) to look at alternative opportunities for supporting people outside long-term care or most cost-effective options for support, which remains a key objective for the savings associated with this programme. Positively this quarter the department is starting to reduce the numbers of people going into short-term residential care and there has been a reduction in the number of new admissions across Ageing Well for the first time in September. The charts below show the progress.



16. People are currently waiting longer than before the pandemic for all partners' services, including, prevention, social care, primary health care and planned operations. The impact of this is that people are less well when they come to social care and are requiring much larger packages of support. With the aim of intervening before older people reach crisis and their health deteriorates, the department is exploring how technology can help support this. This would also mitigate last year's £1.1 million 2022/23 non-delivered benefits of the Strengths Based Programme and the current year's savings of £1.2 million. The department is currently working on this with Channel 3 who are an external digital consultancy and bring an expertise and knowledge of the digital market.
17. Small, remote monitoring technology is used in people's homes to track daily living and health conditions. For example, these can track temperature, doors opening, night-time activity, use of kitchen appliances etc. The technology learns people's usual routines in about a week and notifications can be set to alert people to changes in behaviour to enable somebody to check in on them either in real time or follow up to see, for example, if they need to visit their GP. The impact of pilots across neighbouring Nottingham City Council and North Tyneside demonstrated:
  - Improved quality of life and independence with more people living at home longer, reducing or delaying the need to move into residential care
  - More accurate understanding of risks to independence

- Peace of mind and reassurance for the family
- Reduced need to increase care packages.

18. Two Technology Enabled Care innovation sites have been identified in the South of the County to progress the rapid development of a model for Nottinghamshire and deploy devices to at least 50 people by the end January 2024. This initial work has been funded from the national discharge grant.

### **Adult Care Financial Services**

19. Adult Care Financial Services (ACFS) have a new appointee and deputyship team that has a savings target of £700,000 over the next two years, based on an increase in deputyship and appointeeship cases coming into the ACFS. The team works with people to maximise their income, use their money to achieve life goals as well as enabling them to pay their financial contributions for their care and support. The most recent forecast predicates the target savings will be reached early.
20. The ACFS team is also in the process of delivering various improvement to their service with some highlights detailed below.
  - A new system to review letters is in place with staff working alongside people with lived experience to do this. To date 50% of letters have been reviewed
  - Since last year, there has been a 50% improvement in reducing the number of people who have financial contributions disregarded because, for example, they say the department was not clear on what they had to pay,

### **Stories of Difference - Strengths-Based Approach to build confidence and mobility at home following a fall**

Mrs B's son called our Rushcliffe team and following an initial strengths-based conversation it was clear a period of reablement would be the best option. Support from our Maximising Independence Service was arranged quickly, and the following compliment was sent to the Ageing Well Community Care Officer:

*"I would just like to take this opportunity to thank you so much on behalf of my mother for all your help and assistance in securing a care package so quickly and effectively in what has been a difficult time for my mother. In addition, may I thank you for setting out the position so clearly and pointing me in the right direction for the future care of my mother."*

## **Strategic Commissioning**

### **Technology Enabled Care**

### **Living Well**

### **Strengths-Based Approaches**

21. Living Well continues to work closely with the Maximising Independence Service to ensure that opportunities to build skills and confidence and to prevent or delay the need for ongoing care and support are identified and fully supported. To date in this financial year, 530 people have been supported by promoting independence workers to increase their skills for independence.
22. The Three Conversations Approach is now embedded as 'business as usual' in Living Well teams. Data is only available from September 2022, but there is an encouraging reduction in the percentage of people progressing from a Conversation 1 to a Conversation 3. This was 29.84% between September and December 2022, and is 26.43% between July and September 2023. One of the aims of the Three Conversations Approach is to use Conversation 1 to try to meet someone's outcomes by building on their strengths and those of the people around them. Therefore, it is encouraging that more outcomes are being met at the Conversation 1 stage. Teams have shown considerable innovation in adopting culture change, with one team using a coaching approach called 'GROW' in their huddles. Huddles are team meetings where ideas and challenges are shared with colleagues. Peer challenge is encouraged in a supportive, encouraging environment. Best practice is shared with all teams through countywide Team Manager meetings.
23. A Team Manager for Strengths Based Approaches has been recruited for Living Well. This person will work with teams to identify how to support them to further embed Strengths Based Approaches.
24. A department wide survey identified what is working well about Strengths Based Approaches, and where things could improve. This has been used alongside other evidence to develop a workplan to support the progression of Strengths Based Approaches.
25. The Living Well strengths-based benefits realisation programme is supported by a detailed project plan. This programme is currently on target to achieve its savings. Objectives within the plan include:
  - Identifying people who can move from residential services to supported living to enable greater independence
  - Working with commissioning to ensure that the right accommodation is available for people at the right time
  - Exploring whether staffing in residential services can be configured in a less restrictive way
  - Using technology-based care to maximise independence
  - Reconfiguring Housing with Support services to reduce voids and ensure available housing is being used effectively
  - Introduction of a revised process to ensure greater accuracy with predicted needs.
26. There is currently more demand than supply for supported living accommodation. Living Well and Commissioning Managers are working closely together to deliver an ambitious programme of new supported living developments over the next five years. Phase 1 of this plans to deliver 205-355 units of supported living over the next one to three years. Phase 2 will see an additional 121 supported living units in the next two to four years.

## **Preparing for Adulthood**

27. A dashboard has been developed to enable more effective management of demand in the Preparing for Adulthood team. The dashboard will help to predict the number of young people who will potentially need support from adult services and is being used to identify people who need to be referred to the team. A methodology has been developed using information from the dashboard to inform financial predictions and future demand for services.
28. Consideration is being given to the resources required to support young people along their journey into adulthood. This is being considered alongside other budget pressures work.
29. Alongside the dashboard, monthly meetings between the Preparing for Adulthood team and the Strategic Commissioning Team are ensuring earlier identification of demand for accommodation for young people.
30. Work has commenced on a review of the Preparing for Adulthood pathway and protocol document. The vision and principles for the pathway have been co-produced with young people, carers and staff.

### **Shared Lives**

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

### **Stories of Difference - Feedback from a Living Well Team Manager following a social worker's excellent strength-based approach with a person who was refusing to engage with social care and wider stakeholders:**

"It was known that the person loved animals, so reflecting on the best way to engage with the person, the social worker took her own dog to the visit. The results were immediate. The young adult started to talk about her life and interests and engaged wholeheartedly with the social worker to achieve their outcomes. This was the latest way of working but so positive and productive – a real person-centred approach!"

### **Public Health Financial Position**

34. The Council receives a ring-fenced Public Health Grant ('the grant') from the Department of Health and Social Care (DHSC), which is subject to a range of conditions and must be



used to fulfil the Council's statutory duty to improve the health and wellbeing of the people within Nottinghamshire, including provision of a number of mandatory services. Amongst other things, these conditions stipulate that "the main and primary purpose of all spend from the grant is public health". Broadly speaking, this means that the grant must be invested in ways that the Director of Public Health and Section 151 Officer identify "have a significant effect on Public Health". In 2023/24 the value of the grant to Nottinghamshire is £44,567,373.

35. The **table** below **paragraph 4** summarises the departmental financial position, including Public Health. As of the budget monitoring period ended 30 September 2023, a Public Health underspend of £0.36m is projected, which would be added to the Public Health reserves at the end of the financial year.
36. Officers in Public Health will undertake work with finance colleagues to confirm that forecasting is being undertaken with due rigour, identify where there are genuine grounds for uncertainty in the forecasts, and ascertain mitigating actions to address those uncertainties.
37. As of budget monitoring Period 6, ended 30 September 2023, the uncommitted reserves balance is projected to stand at £8,789,678 by 31 March 2024. If no further investments were made and based on the Section 151 Officer's assumption (for planning purposes) that the grant will increase by 1% annually within the period of the Council's Medium Term Financial Strategy (MTFS), the forecasted reserves would accrue to £6,056,986 by 31 March 2027.
38. Therefore, work has been undertaken to identify priorities for further investment during the MTFS period. Some of these, including proposals increasing investment in severe multiple disadvantages, the Community Infection Prevention and Control service, domestic abuse and tobacco control, have already received approval and are reflected in the budget. Further proposals are being developed, some of which will be incorporated into the annual budget cycle. This will further reduce the projected reserves position for March 2027.

## **Performance Themes**

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

#### **July - September 2023 Performance**

#### **Hospital Discharge**

39. The targets for hospital discharge remain off track since June. It takes an average of 5.9 days (6 days for August) to discharge people from when they are well enough to go home, against a social care target of 3 days. Improvement on the target requires action from all partners and a programme is in place with 3 key priorities. The findings of the Urgent Care diagnostic by PA Consulting which took place recently are being considered by partners to inform further system wide actions.

#### **Safeguarding**

40. July saw a successful recruitment campaign for the Multi-Agency Safeguarding Hub (MASH). This, alongside improvement changes to workflow processes, has resulted in a reduced risk status.
41. In September 78.3% of people were asked their desired safeguarding outcomes, which is just below the national average of 80%, but below the target of 100%. A meeting with key stakeholders is due to take place to agree a go live date for the new workflow in Mosaic which will improve understanding of performance in this area as the reasons why people are not asked will be recorded.
42. There has been focused work to reduce the numbers of people who had an open safeguarding case for longer than three months, which was identified as a key risk. The numbers of people with safeguarding enquiries open six months or over has reduced from 276 in October 2022 to 37 in August 2023, whilst the number of people with safeguarding enquiries open between three to six months has reduced from 95 in October 2022 to 82 in August 2023. For reference, there are currently over 400 safeguarding enquiries actively being worked on within the department that have been open for three months or less.

### **Deprivation of Liberty Safeguards (DoLS)**

43. Performance against the department's statutory duty to complete 100% of DoLS assessments within timescales remains off track. There has, however, been an improvement in the percentage of completed DoLS assessments reaching 56.6% in September against 44.2% in August.
44. Work continues with the new DoLS provider who are providing capacity to undertake Mental Health assessments, but not yet delivering sufficient Best Interest Assessor Social Workers. The recruitment drive for more Council employed Best Interest Assessor qualified Social Workers in order to reduce the need for agency staff is ongoing and has seen new four posts being recruited to last month. These roles are now attracting more candidates following the national delay of implementation of Liberty Protection Safeguards.

### **Long-Term Reviews**

45. For the month of September 2023, 78% of people who are in receipt of services have received a review in the last 12 months against a national target of 100%. To support improvement in this area a review of the key risk indicator and key risk tolerances for reviews has taken place with monthly targets set with teams with the ambition to reach 100%.
46. In the last 12 months 4,809 people have had a review, with 1,500 currently without a review in the last year.

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

### **July – September 2023 Performance**

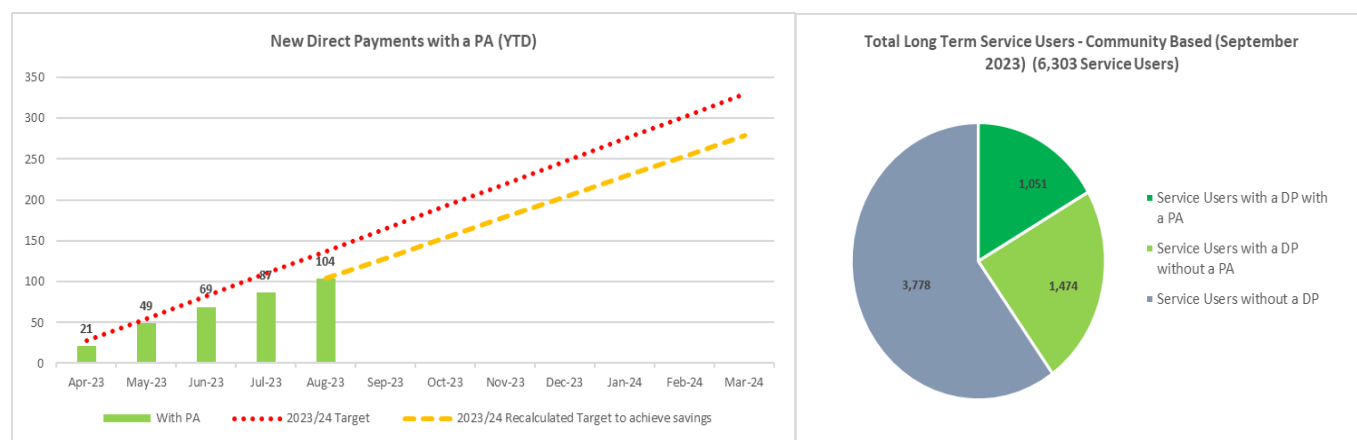
#### **Employment and Training**

47. The parameters and target for the measure *proportion of young adults supported to access employment, education, training or volunteering* have been reviewed and agreed with the Service Director. The target for this year is 650. There are currently 641 young adults supported to access employment, education, training or volunteering.

## C) Flexible and Integrated Care and Support

### Direct Payments

48. The graphs below show the increasing proportion of Direct Payment (DP) packages to employ Personal Assistants (PAs) and demonstrate that the savings target for 2023/24 is currently on track. This is good news for the people employing a PA, as it enhances their levels of dignity and empowerment.



49. Work is ongoing to increase the total proportion of commissioned care packages that use Direct Payments to meet the national target of 42%. Current data shows the department is achieving 40.1%.

### Carers

50. The Integrated Care System launched a new All Age Carers Strategy in March 2023, which can be found in the Background Papers to this report. The strategy has been fully co-produced by carers with lived experience, and their voices of what 'good' looks like for them is at the heart of the strategy document.
51. To underpin the strategy a new carer support services (the Carers Hub and Young Carers support) have been jointly commissioned with Nottingham City and the Integrated Care Board and new contracts commenced on 1 October 2023.
52. Commissioners are currently working with the new Carers Hub service provider to enable a smooth transfer from the previous incumbent, and to ensure minimum disruption to the service that carers receive. Due to current General Data Protection Regulation (GDPR) rules, only 25% of carers registered with the previous provider have currently agreed to transfer to the new service, however this will increase by the end of the year should those remaining 75% of carers choose to contact the new service for support.

53. Implementation of the new strategy includes changing the way the department works with carers so that all services and teams 'think carer' with their everyday practice. This includes ensuring that workers have 'better conversations' with carers as part of the strength-based approach and ensure they listen to carers to support them to continue their caring role.
54. Standards have been set by carers who co-produced the new strategy of what 'good' looks like for them through the 'I' and 'We' statements they created. These have now evolved as a framework to work with, to enable those standards to be met. These link directly with the new social care practice framework. The outcome of audit work against this framework will be used to evidence where workers are having 'better conversations' as part of the support for the person, as well as the quality of completed assessments of carers' needs.
55. The department has also recognised that there needs to be better data available of carers supported, to enable teams to identify and prioritise those needing support. Work is underway to streamline the carers workflow in Mosaic to enable better conversations with carers so their needs can be identified and met in a more person-centred way. The department is also introducing 'carer champion' roles into operational teams. Champions will hold knowledge and expertise in all areas of carer support, to share within their teams.
56. An Integrated Care System (ICS) wide Carers Strategy event is planned to take place on 16 November 2023. This is aimed at managers, carer service providers, voluntary sector organisations and carers from across the ICS. The aim of the event is to raise awareness of the strategy, how it has been co-produced by carers and ensuring that all teams and services 'think carer' in their practice and approach.

**Stories of Difference - Feedback from a carer in Mansfield who told the support worker from the carer's hub:**

"I have been waiting for ages for rails and after meeting you at the group a couple of weeks ago and referring me straight away, I have now got rails on the outside of my home which has made such a difference."

**D) Workforce**

**Workforce Plan Progress**

**Internal workforce**

57. Further recruitment activity has continued over the last quarter with the launch of the 'Shining Stars' recruitment campaign which ran until the end of September 2023. The campaign pilot aimed to attract people from diverse backgrounds into some of the hard-to-fill roles in the north of Nottinghamshire.
58. Through this campaign, colleagues were showcased as shining stars and the social care department as a place promoting positivity and wellbeing, delivering high-quality care that truly helps people live in the place they call home.

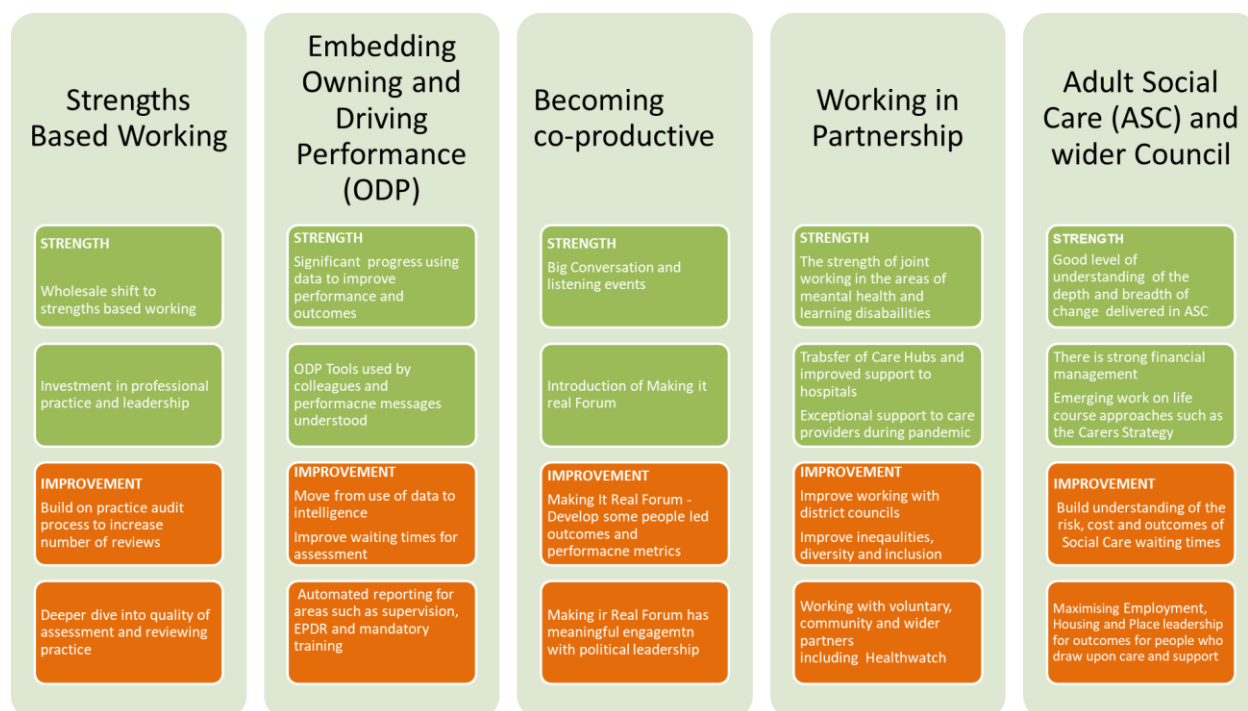
59. The campaign prompted 217 applications in total with a high proportion (approximately 61%) of applications for Community Care Officers. Work continues to pre-screen, shortlist and interview the applicants.

### **External Workforce**

60. Capacity in the care market has been improving steadily over recent months; this is partly due to increased recruitment of overseas workers, with approximately 30% of the external social care workforce being overseas workers.
61. There is an escalating risk for this workforce in respect of:
- Risks that this workforce is being exploited, there has been an increase in modern slavery etc. in recent months
  - Providers sustainability in respect of financial viability and maintaining capacity to be able to pay the wages for the overseas workers
  - Risks to service delivery if providers have their licences suspended or terminated.
62. To support the ongoing challenge of recruitment for our social care providers (9.5% vacancy rate) and in recognition of provider feedback around boosting the advertisement of their vacancies, a digital advertising agency has been funded to promote the Council's Opportunities in Nottinghamshire (oppsinnotts) website.
63. During the period end of March to 31 August there was a total of 22,343 on-site searches for 'care' which then led to a total of 13,665 clicks through to apply for jobs. Evaluation work is underway to determine the impact of this on care vacancies across the County and whether the above figures resulted in an increase in applications and positive recruitment outcomes for the sector.

### **Quality Assurance**

64. As part of Adult Social Care sector-led improvement this year's annual conversation which took place over two days in July was designed to help the department prepare for future Care Quality Commission inspections. The findings showed areas of strength and room for improvement across five main areas and a few examples are described in the table below:



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

### Public Health performance against Annual Delivery Plan – July to September 2023 Performance

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

#### A) Statutory Duties

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

66. In quarter two, the sexual health services continued to provide excellent high-quality care for local residents. Overall, there has been an increase in the total number of appointments across all three providers. This is positive in the context of continuing industrial action and reduced capacity due to recruitment and retention challenges.
67. Commissioners are working with SFHT and DBH to address ongoing trends with reduced activity since COVID. Action plans with service leads have been developed to increase activity levels. These actions involve changes to service delivery to increase capacity to ensure that levels of demand are met. Providers are developing innovative ideas in the context of reduced staffing capacity and the uncertainty and demands of clinician time to support the commissioning of sexual health services. Sexual health services require



intensive service redesign which the recommissioning of services will achieve. This will ensure that residents will have increased choice and access to a single service that covers Nottinghamshire and Nottingham, particularly for people most at risk of poorer sexual health outcomes.

68. All providers are meeting or exceeding the quality standard of 60% of new service users accepting a HIV test. This is important in reducing the transmission of HIV. SFHT are underperforming in terms of the percentage of 15-24 year olds in contact with the service accepting a chlamydia test. The service is working to ensure that staff are encouraging testing and coding this activity when it takes place. The increased access to online testing may be having an impact as many young people are refusing tests because they have already had a test online.
69. All services are meeting the quality standard of 30% of women aged 16-24 receiving contraception accepting Longer Acting Reversible Contraception (LARC). The demand for LARC is increasing due to people struggling to access it in primary care. Engagement is being undertaken to explore how activity can be increased in Primary Care.
70. Re-commissioning of this key Public Health service continues. Bidders who were invited to submit a tender have completed their bid and commissioners are evaluating and moderating the bids. A decision to award a contract or progress with negotiations with bidders will be made shortly.

### **Stories of Difference**

Male in his 40s phoned service complaining of a rash. He had recently returned from holiday in France where he had had a number of new male sexual partners. As there was a concern around MPOX (a rare disease that was the subject of national attention due to increasing numbers), he was asked to submit images via the remote photodermatology service. These were reviewed by the on-call consultant and felt to be possible MPOX. He was asked to attend the service later that day.

A swab for MPOX and other viruses (e.g., herpes) was taken by one of the team, who was wearing full respiratory PPE. He was asked to return home and isolate whilst results were awaited. No other STI screening was carried out at this visit as the infection control procedures suggest minimising staff exposure to the virus. The clinic room was decommissioned for the rest of the clinic session until a full deep clean could be performed as per infection control procedures.

The swab was reported as MPOX positive on day 5 and he was told to continue to isolate until all lesions had healed. Once fully recovered he was invited to attend a regular clinic appointment where he was offered a full sexual health screen. He was offered and accepted PrEP due to his ongoing risk of HIV infection. This case study highlights that the MPOX outbreak has not fully disappeared and the utility of photodermatology for remote initial assessment.

### **Health Checks (GPs)**

71. During quarter one of 2023/24, Nottinghamshire was highlighted as one of the two local authorities in the Midlands region with health check activity levels closest to pre-COVID activity for the number of offers made by GPs to residents. This recovering trend has continued into quarter two of 2023/24, invites were 22.5% higher than in quarter 1 2023/24 and 33.5% higher than for the same quarter 2 period in 2022/23. Completed checks were also up by 14.4% compared to quarter 1 2023/24 and 14.9% higher than for the same quarter 2 period in 2022/23.
72. There continues to be a large variation in health checks activity across GP practices. Higher numbers of offers and checks completed in quarter 2 are driven by large rises among GP practices in Bassetlaw and Newark and Sherwood. A case study from Newgate Primary Care Network (PCN) in Bassetlaw highlighted how strong clinical leadership and collaborative team working is driving increased health checks activity.
73. The completion rate of health checks remains a key issue, with just less than half (49%) of those patients offered a check choosing to accept the invite. More needs to be done to understand reasons why some residents are hesitant about receiving their check and what will enable them to accept and attend for their check when offered.

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

74. The Nottinghamshire Healthy Families Programme (HFP) continued to perform well during quarter two of 2023-24. When compared to quarter one there was an increase in both the proportion of new birth review visits completed by 14 days, and in the proportion of 12-month development reviews completed by 15 months. Other key indicators remained consistent. *Please note due to a change in the timeframe for submission the quarter 2 data may be subject to refresh following full and final validation.*
75. Analysis of performance data relating to the mandated elements of the service for the last year continues to identify that the Nottinghamshire HFP benchmarks well against the England average, the East Midlands average and Nottinghamshire's statistical neighbours.
76. Historically, recruitment of staff, in particular qualified health visitors, has been a challenge for the local provider. This picture is reflected nationally with significant workforce pressures being reported. The provider reports that in Nottinghamshire improvements are being seen in relation to staffing, with less long-term sickness within the workforce and successful recruitment to vacant posts. Workforce capacity, recruitment and retention is monitored closely as part of the ongoing contract management process.
77. The contract for the HFP was due to end on 31 March 2024. At the Cabinet meeting in June 2023, approval was given to extend the contract by six months, bringing the contract end date to 30 September 2024. Cabinet also agreed to re-commission the service using a co-operation approach with the incumbent provider, Nottinghamshire Healthcare NHS Foundation Trust. This process is now underway and commissioners are working with a wide range of stakeholders to shape a revised service model.

#### **B) Strategic Priorities**

##### **July - September 2023 Performance**

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

78. The newly recruited community role hosted by Mansfield Community and Voluntary Service (CVS) Sector, is establishing relationships with local stakeholders and residents in the Bellamy estate in Mansfield. A similar approach is being developed in South Nottinghamshire where the service has worked with local partners to establish a role and its priorities, which shall be hosted by Rushcliffe CVS. In Ashfield, the service is working with Active Notts to establish a role with a focus on children, young people and families in the Coxmoor area of the district. Working with local partners and collaboration with Bassetlaw CVS, planning is underway for a community post with a focus in the Manton area and working with ethnic minority communities. Finally in Newark and Sherwood, the service is aligning priorities of a role with Place Based Partnership and the District Council. These roles will support the service and wider partners in better understanding how services can be tailored to meet local needs, with a particular focus on health inequalities.
79. Your Health Notts has been working with Public Health and wider partners to complete a scoping exercise and action plan focused on improving support for people with severe mental illness (SMI). People with SMI are almost five times more likely to die prematurely than the rest of the population and have a life expectancy gap of up to 20 years less than the general population. It is estimated that for people with SMI, two out of every three deaths are from physical illnesses that can be prevented. Your Health Notts is developing approaches to increase access for people with SMI. A bespoke offer for SMI patients is being developed and informed by people with lived experience.
80. Public Health and Your Health Notts have also been working with Sherwood Forest Hospital Trust to review the pathway and offer of support for people who are on the pre-op waiting list, taking a partnership approach to support eligible pre-op patients into the service to make positive health behaviour changes. Over the coming months, the service will be working with Sherwood Forest Hospital Trust to coproduce and deliver a closed bespoke group as a test and learn pilot.

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

81. The sale of vapes to under-age children continues to out strip the illicit tobacco trade although this is still an issue. Most of the Elf bars (a brand of disposable vape) are aimed at children due to their bright colours, flavours and packaging, and the legal limit of 600 to 700 puffs is now being superseded by illegal vapes that may have up to 10,000 puffs. These are designed as slush puppies, slim fizzy drink cans and the popular Prime drinks with exotic flavours.
82. In-roads are being made against offending premises and a large amount of stock is being removed, costing the traders thousands of pounds. This is causing its own issues with stock now being hidden in sophisticated hides and out of site of the public like illicit tobacco.
83. The service is working in close partnership with the Police due to the sale of vapes to under-age children being linked to some anti-social behaviour and litter. Trading Standards is also working in partnership with the Youth Service and several young people are

interested in taking part in any future Under-Age Selling Operations that local Trading Standards may be conducting.

84. Local Nottinghamshire Authorities are pushing for disposable Elf bars to be banned from local sale not just because of the possible future health effects on children but also the impact of the environment as Elf bars are being disposed of in household rubbish and also household recycling which has obvious cost implications. There is currently a national consultation Government Consultation on Young People and Vaping. The consultation closes on 6 December 2023 ([Creating a smokefree generation and tackling youth vaping - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping)).

### **Homelessness (Framework)**

85. The service continues to offer short term, accommodation-based support to individuals who are homeless. The support addresses the individual's barriers to securing and maintaining a long-term tenancy. Barriers often include financial challenges, independence skills and health issues.
86. In quarter two the percentage of individuals supported to exit the service in a planned way increased. Performance is once again above the 80% target for the service in both hostel and move on accommodation. This indicator reflects the providers' ability to successfully support individuals to address any barriers and enable them to move into longer term tenancy options. Performance indicators that track the success of individuals in maintaining their tenancies in the six months following exit from the service are being developed. These are expected to be piloted during quarter three.
87. As a result of national challenges relating to the availability of suitable and affordable properties, the time that people are spending within the service is increasing. These wider housing challenges are out of the control of the provider but have the impact of reducing the number of people that can be supported. The provider continues to work in close collaboration with local housing authorities across the County to enable timely access to the most appropriate solutions for all individuals.

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

88. Domestic abuse services share that referrals continue to be more complex (involving substance use and mental ill-health) and often at higher and escalating risk levels. Ongoing cost of living pressures have a significant impact on a survivor's ability to leave, resulting in them staying in abusive relationships for longer.
89. Domestic abuse services continue to see high numbers of high-risk referrals into the Multi-Agency Risk Assessment Conference (MARAC). August saw especially high referrals at a time where referrals usually reduce which places pressure on domestic abuse services and the wider safeguarding partnerships.
90. Wellbeing funding has been offered to all organisations to help address staffing challenges. Staffing levels within all services have improved, with vacancies levels low and recruitment and retention rates improving.

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

91. There has been a slight reduction in the number of successful completions this quarter within CGL, due to an increase in complexity of presentations of residents with multiple challenges including poorer mental health, housing issues and increased financial vulnerability. However, there is still a significant number of people presenting to CGL with drug and alcohol dependencies and CGL are overcapacity within the service as per the contract number.

**Oral Health Promotion Services (Community Dental Services (CDS) Community Interest Company (CIC))**

92. Following a re-commissioning process, the oral health promotion services started this financial year with a new provider, Community Dental Services (CDS) CIC. There were issues with staffing and capacity within the service in quarter one. The team has now been fully recruited during quarter 2 and has spent time building their networks and links across communities to build relationships and raise awareness of the services.
93. A key strand of the oral health promotion service delivery is around providing training to frontline staff who are reaching those at-risk of poor oral health outcomes. During quarter 2 training was provided to 58 frontline staff including 41 from child-related services and 17 from vulnerable adult/older people related services e.g., care homes. Training so far has been well received by staff and the provider is working to increase training activity in quarters 3 and 4.
94. CDS have built on the positive start they made in providing immediate and ongoing support to families with children receiving tooth/teeth extraction following tooth decay, supporting a further 91 cases within quarter 2 across all districts and boroughs apart from Bassetlaw, where the team will need more support to access secondary care data required to enable this follow-up support to families.

**Vital signs development across public health**

95. **Appendix C** provides a summary of the Public Health division vital signs and quarter 2 2023/24 data. The Business Intelligence Unit has developed overarching vital signs dashboards and is in the process of developing a Public Health specific performance dashboard that will incorporate a broad range of Public Health key performance indicators that automatically feed into the Adult Social Care and Health and corporate vital signs dashboards. Due to the need to collate performance data from external providers and the minimal change in trends over short periods of time, this data will be updated on a quarterly basis. The workforce vital signs are collated departmentally by HR.
96. The vital signs dashboards will also link into the Nottinghamshire Joint Health and Wellbeing Strategy indicators dashboard which demonstrates Nottinghamshire's performance against the key Public Health Outcomes Framework (PHOF) metrics. This dashboard is available at [hws\\_indicators\\_June2023.html \(nottinghamshire.gov.uk\)](https://www.nottinghamshire.gov.uk/hws_indicators_June2023.html). It can be seen from this dashboard that overall Nottinghamshire performs above or similar to the national average. Areas where Nottinghamshire as whole performs lower than the England average are detailed below:

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

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

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

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

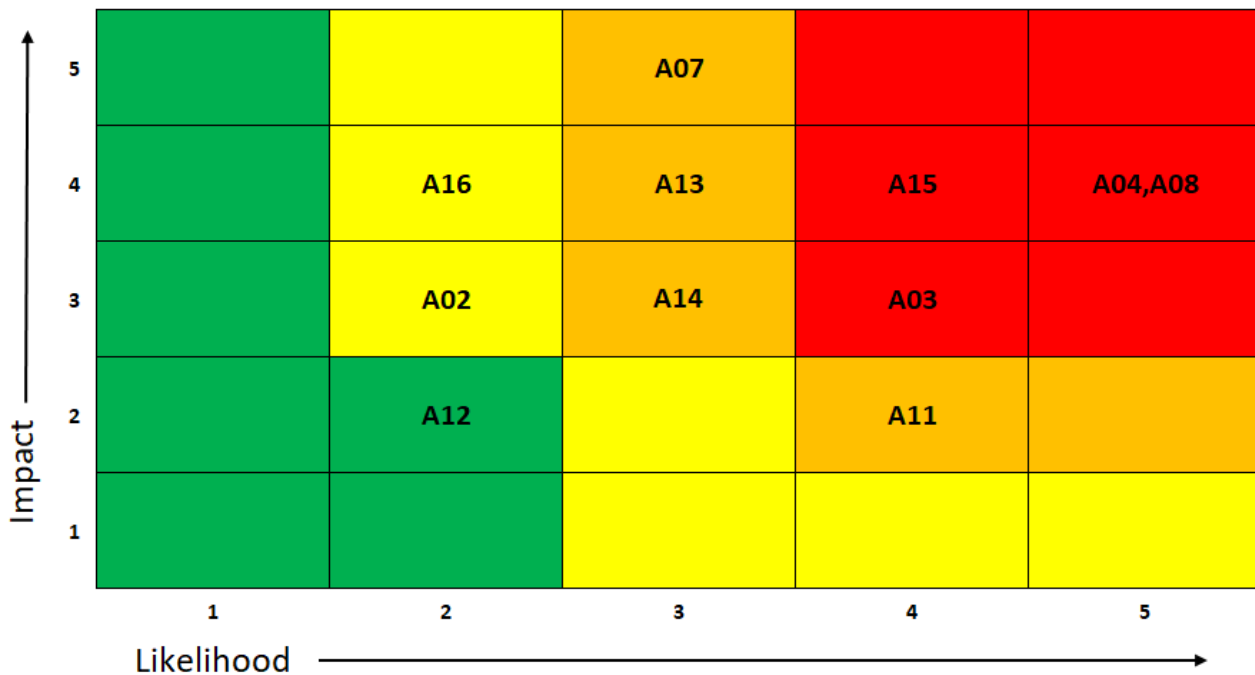
98. The overarching departmental vital signs identified within Adult Social Care and Health are statutory duties (including the Annual Delivery Plan), market sustainability, and workforce.
99. At a local level the adults vital signs dashboard is now being piloted for risks associated with the ability to meet the statutory duties under the Care Act. Regionally the Association of Directors of Adult Social Services (ADASS) has commissioned a project to try and make things better and understand the impact for people waiting for social care services in the East Midlands.
100. The Multi-Agency Safeguarding Hub for Adults has been under significant pressure in recent months due to a combination of staffing issues (illness, departures and new staff), and an increase in workload. As part of the mitigation to this risk the Council is looking to improve how people access social care, including safeguarding (front door) as part of a corporate programme and have used funding from the Department of Health and Social Care to commission external support from experts in making the best use of digital opportunities.
101. Having procured some consultancy support to undertake a diagnostic, the subsequent report and recommendations have now been considered. This has confirmed the priorities to be taken forward and planning is now underway.



102. The department's Quality Market Management Team (QMMT) has recently dealt with a difficult contract suspension that came into effect on 21 September 2023 by the Care Quality Commission. This required an urgent escalation to ensure that people were safe and that they and their families were kept informed.
103. Unprecedented factors meant that on the day there was a long delay in getting into the service to support safe moves to different care homes, despite all the required health and care services being on site.
104. This very difficult situation required close working between social work operational teams, QMMT, Integrated Care Board (ICB) quality team, Continuing Health Care (CHC) nurses, medication management, ambulances, police, legal teams, local pharmacists and other care homes.
105. This multi-disciplinary approach resulted in the successful moves of 16 people to a new home in approximately five hours and was a fantastic achievement and great example of partnership working.
106. A further example of partnership working is extended to Nottingham Mencap who worked incredibly diligently, following the previous provider handing back the contract for day services in Rushcliffe.
107. Nottingham Mencap was driven by a real desire to ensure people were not left without a service, and skilfully managed the complexities with family anxieties and went above and beyond expectations to ensure this is a successful transition with a new service offer which started on 22 September 2023.
108. Lastly Metropolitan and Thames Valley Housing have formally written to the Council as they are exiting the regulated care market due to a change in strategic direction. A new care provider will be required for the care of people who are currently residing within two schemes in Rushcliffe from 1 April 2024.
109. The additional risk with this announcement is the Provider will not be tendering for the accommodation element of the service in the future which will need to be commissioned separately following some review work and options modelling but will mean no new nominations can be made. The impact of this is being worked through presently.

#### **Other areas of departmental risk**

110. The heat map below represents Adult Social Care and Public Health risks as at the end of September 2023.



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

Risk ID	Risk Category	Risk Description	Current risk status	Mitigating actions to reduce risk
A03	Compliance & Regulation	People waiting for a conversation about their needs	VH	Development of vital signs reporting to support operational visibility and prioritisation and provide strategic oversight. DHSC development of wait time metrics to ensure consistency on data and reporting across Local Authorities
A04	Compliance & Regulation	Data gaps following the Introduction of Client Level Data reporting to DHSC	VH	Improvement plans in place to reduce data gap
A08	Financial	DHSC re-alignment for funding for charging reform	VH	Keep up to date with all charging reform updates from DHSC
A15	Financial	Departmental overspend of £5.6m and Benefits Realisation for AW Strengths Based Approach	VH	A diagnostic has been completed by the Strategic Insight Unit on AW SBA. New targets and actions are being put in place for Group Manager service and team plans.

## RECOMMENDATION/S

That the Adult Social Care and Public Health Committee considers and comments on:

- 1) the financial position of Adult Social Care and Public Health, as at the end of September 2023.
- 2) the summary of Adult Social Care performance against performance themes.
- 3) the summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy.
- 4) the summary of adults' vital signs and key departmental risks.

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

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

**Adults:**

Louise Hemment  
Quality and Risk Lead  
Service Improvement Quality and Practice  
T: 0115 9772645  
E: [louise.hemment@nottsccl.gov.uk](mailto:louise.hemment@nottsccl.gov.uk)

**Public Health:**

Bryony Adshead  
Executive Officer, Public Health  
T: 0115 9773831  
E: [bryony.adshead@nottsccl.gov.uk](mailto:bryony.adshead@nottsccl.gov.uk)



## VITAL SIGNS

Vital Sign	Theme	Measure	Services (PH)	Current 2023-24					Frequency	Source
				Q1	Q2	Q3	Q4	Yearly Total / Average		
<b>MARKET SUSTAINABILITY</b>	<b>PH: Risk level 1-4</b>	Public Health Commissioned Services ▪	All	Low, 1	Low, 1			Low, 1	Quarterly	PH risk log
<b>STATUTORY DUTIES</b>	Sexual health services - STI testing and treatment	Total number of filled appointments <sup>1</sup>	Integrated Sexual Health Services Sherwood Forest Hospital NHS Trust / Nottingham University Hospital NHS Trust / Doncaster and Bassetlaw Hospitals NHS Trust	10704	10391			21095	Quarterly	PH Performance & Contracts
		Average Quality Standard 60 % of new service users accepting a HIV test across all Trusts*		74%	73%			74%	Quarterly	PH Performance & Contracts
		Average Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test across all Trusts		67%	65%			67%	Quarterly	PH Performance & Contracts
		Average Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC across all Trusts		48%	46%			48%	Quarterly	PH Performance & Contracts
	Sexual health services - contraception	Number of individuals aged 13-25 registered onto the Young Peoples Sexual Health Service - C Card scheme	Young Peoples Sexual Health Service C Card, NCC	276	121			397	Quarterly	PH Performance & Contracts
	NHS Health Check programme	No. of eligible patients who have been offered health checks	Health Checks General Practice	7741	9483			17224	Quarterly	PH Performance & Contracts
		No. of patients offered who have received health checks		4061	4647			8708	Quarterly	PH Performance & Contracts
	Local authority role in health protection	Qualitative Input accompanying report (Covid Impact Assessment, Health Protection Board, Flu Coverage, Outbreak Response)							Annually	Deputy Director of PH
	Public health advice to NHS Commissioners	Qualitative Input to accompanying report (JSNA, Health Equity Audits, DPH Annual Report, HWB / JHWS/ Integrated Care Strategy)							Annually	Deputy Director of PH
	National Child Measurement programme	Participation rate in National Child Measurement programme in Nottinghamshire (Total)	Healthy Families Nottinghamshire Healthcare Trust					93%	Annual (March)	Fingertips Obesity Profile (PHOF)
	Prescribed children's 0 to 5 services	Percentage of New Birth Visits (NBVs) completed within 14 days		91%	92%			91%	Quarterly	PH Performance & Contracts
		Percentage of 6-8 week reviews completed		87%	87%			87%	Quarterly	PH Performance & Contracts
		Percentage of 12 month development reviews completed by the time the child turned 15 months		93%	95%			93%	Quarterly	PH Performance & Contracts

		Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)		99%	99%			99%	Quarterly	PH Performance & Contracts
STRATEGIC PRIORITIES	Best Start	*See above children's services*	Healthy Families Nottinghamshire Healthcare Trust	*see above children's Services*					Quarterly	PH Performance & Contracts
	Tobacco	Percentage of clients quit at 4 weeks following quit date	Integrated Wellbeing Service ABL Health	57%	63%			57%	Quarterly	PH Performance & Contracts
	Homelessness	Hostel Accommodation percentage exited in a planned way†	Framework Housing Association	68%	83%			68%	Quarterly	PH Performance & Contracts
		Move on Accommodation percentage exited in a planned way†	Framework Housing Association	96%	90%			96%	Quarterly	PH Performance & Contracts
		Leaving hostel accommodation to enter move on accommodation within 18 weeks†	Framework Housing Association	1	11			12	Quarterly	PH Performance & Contracts
		Number of clients exiting the move on accommodation within 12 months of entering the move on service†	Framework Housing Association	0	15			15	Quarterly	PH Performance & Contracts
	Domestic Abuse	Number of new eligible referrals who have engaged and accepted support.	Domestic Abuse Services JUNO, NWAL &	389	114			503	Quarterly	PH Performance & Contracts
	Alcohol / Substance Misuse	Number of successful completions (Young People and Adults and Parents)	All Age Substance Misuse Service Change, Grow, Live	211	204			415	Quarterly	PH Performance & Contracts
	Weight	The percentage of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	Integrated Wellbeing Service ABL Health	21%	12%			21%	Quarterly	PH Performance & Contracts
	Food	No current PH performance measure recorded								
	Air Quality	No current PH performance measure recorded								
	Mental Health	See PHOF below (line 34 & 42)							Annual	
								Notts/England		
ANNUAL DELIVERY PLAN (PHOF)	Helping our people live healthier, more independent lives.	A01a - Healthy life expectancy at birth (Male) - Years						62 / 63	2018-20	PHOF
		A01a - Healthy life expectancy at birth (Female) - Years						60 / 63	2018-20	PHOF
		A02a - Inequality in life expectancy at birth (Male) Slope Index of Inequality - Years						9.3 / 9.7	2018-20	PHOF
		A02a - Inequality in life expectancy at birth (Female) Slope Index of Inequality - Years						7.7 / 7.9	2018-20	PHOF
		C28d - Self reported wellbeing: people with a high anxiety score Proportion - %						24% / 22%	2021/22	PHOF
		E10 - Suicide rate Directly standardised rate - per 100,000						10.3/10.4	2019-21	PHOF



	<b>Supporting communities and families</b>	B02a - School readiness: percentage of children achieving a good level of development at the end of Reception Proportion - %						67% / 65%	2021/22	PHOF
	<b>Keeping children, vulnerable adults, and communities safe</b>	Total recorded offences per 1000 population (excluding fraud)						Not PHOF	Not PHOF	PHOF
	<b>Building skills that help people get good jobs</b>	B05 - 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known Proportion - %						6.5% / 4.7%	2021	PHOF
<b>WORKFORCE</b>	<b>Public Health (not including commissioned services workforce).</b>	Vacancies - no / rate (FTE)		406	395.73			400.87	Quarterly	NCC HR
		Turnover rate (as % of ASCH)		3.16%	2.02%			2.59%	Quarterly	NCC HR
		Avg no of weeks agency staff(wks) on books		34.3	32.49			66.79	Quarterly	NCC HR
	<b>THIS WILL REPORTED AS AN OVERALL ASCH DEPARTMENT INDICATOR</b>	Absence rate (days absent per FTE per year)		16	16.04			32.04	Quarterly	NCC HR
		Sickness absence (average FTE days lost per employee)		3.84	3.37			3.61	Quarterly	NCC HR
		Sickness absence due to stress/depression (%)		34.53%	30.37%			32.45%	Quarterly	NCC HR
		Completed at least one mandatory training course (%)		55.30%	76.51%			65.91%	Quarterly	NCC HR

#### Notes

• This will be global measure taken from PH department Risk log. PH RISK CATEGORIES: Financial, Health & Safety, Environmental, Compliance & Regulation, Workforce, Physical Assets, Reputation, Service Delivery.

<sup>1</sup> Sexual Health Reporting is due to be updated as service is being recommissioned currently. Expectation that in due course the indicators will be changed to reflect the new arrangements. (Expectation that this will be April 2024).

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

†The % of planned exits (versus unplanned) shows the providers ability to work effectively with vulnerable clients and move them on to independence. The number of individuals moved through the provision is greatly affected by external factor:



**04 December 2023****Agenda Item:5****REPORT OF DIRECTOR OF PUBLIC HEALTH****IMPROVING THE HEALTH OUTCOMES OF PEOPLE IN NOTTINGHAMSHIRE****Purpose of the Report**

1. To use the review of public health outcomes for residents of Nottinghamshire County to highlight the building blocks needed for good health and wellbeing and to highlight the impact on inequalities when these building blocks are weak or missing.
2. To highlight the minority of indicators for which current outcomes or trends are unfavourable compared to England and that the work required by the authority or its partners to address these largely falls within the scope of the Nottinghamshire Plan and Nottinghamshire Joint Health and Wellbeing Strategy.
3. To support the Committee in prioritising areas of public health work for development or scrutiny.

**Information**

4. The Council has a statutory duty to take steps to improve the health of people in Nottinghamshire. As part of this, it also has a duty to have regard to guidance published by the Secretary of State including the Public Health Outcomes Framework (PHOF), through which the vision and strategic objectives for England are set.
5. The PHOF sets out a vision; to improve and protect the nation's health and improve the health of the poorest fastest. It focuses on two high level goals:
  - a. Increased healthy life expectancy
  - b. Reduced differences in life expectancy and healthy life expectancy between communities
6. These outcomes reflect the focus not only on how long we live (our life expectancy), but on how well we live (our healthy life expectancy). The explicit focus of the framework set by government is also on reducing differences between people and communities from different backgrounds.

7. In Nottinghamshire, this focus is reflected in the vision and ambition underlying the Council's [Nottinghamshire Plan](#), and the broader Nottinghamshire [Joint Health and Wellbeing Strategy \(JHWS\) 2022-2026](#). These areas of focus are also apparent in the [Integrated Care Strategy](#) as developed by the Nottingham and Nottinghamshire Integrated Care Partnership.
8. To deliver its statutory duty regarding the government's vision and the Council's own plan, it is essential that the Council and its partners attend to the evidence about the key factors through which healthy life expectancy is improved and inequalities reduced.
9. Where appropriate, indicators from the PHOF are used to monitor progress as part of the Nottinghamshire Plan, JHWS and as part of the Council's 'Vital Signs' internal performance monitoring programme. Progress is also reported to the Adults Social Care and Public Health Select Committee on a quarterly basis. This report provides a fuller review of Nottinghamshire's progress against all PHOF indicators to allow prioritisation of Public Health and wider system activity for the next year.

### **Building blocks for good health and wellbeing in every community**

10. The key building blocks for health and wellbeing include every child getting the best start, housing, employment, education, food, transport, air quality and community networks. Access to health and care services is important but contributes a relatively small part compared to these other building blocks. Where these building blocks are in place, healthy life expectancy will improve and inequalities will reduce. Where the building blocks are weak or missing, individuals experience a loss of health at an early age and the life expectancy gap between communities widens.
11. Currently we know that the lives of people in our most disadvantaged areas are, on average, more than 8 years shorter than people in our most advantaged areas. As well as living lives which are shorter, they will also spend 14 years more living in poor health. Some members of our population are particularly affected. Women in our most disadvantaged communities can expect to live on average one third of their lives in poor health and the trend for all women in Nottinghamshire has deteriorated since 2012. This points to the fact that for some communities in Nottinghamshire, the building blocks are weak or missing.
12. The indicators in the PHOF throw further light on these missing building blocks and on a range of service-related interventions which improve and protect the health of the population.

### **Public Health Outcomes Framework**

13. Focusing on the twin goals of increasing healthy life expectancy and reducing inequalities, the PHOF comprises a nationally determined set of indicators which help us to understand long term trends in the health of the population.
14. The set of outcomes comprising the whole PHOF reflects a range of evidence-based action on public health and what can be realistically measured and collected centrally. It should be noted that the information largely relates to population-level outcomes. This is in contrast to contract measures which focus only on outputs and quality for users of services. It represents the most up to date set of data for the whole of England (in some instances local data exist, which are more recent, but these are not available for other areas and so cannot be used for

comparison).

15. The key data on which this report is based are contained in Appendices. These appendices include Nottinghamshire data for a subset<sup>1</sup> of 168 indicators from PHOF and contain the latest available data, most of which are updated annually. The majority of these indicators can be compared numerically to England. These 146 indicators are classified as “better than”, “similar to” or “worse than” the value for England.

### **Public health outcomes: Nottinghamshire compared to England**

16. The majority (107 or over 70%) of indicators within PHOF that can be compared numerically show Nottinghamshire as ‘better than’ or ‘similar to’ England in the latest data. These comparisons reflect factors including the comparatively favourable influence of the social and economic environment, the role of a range of statutory agencies as well as the ongoing contribution of the Council including its Public Health team.
17. A minority (a total of 39) indicators show Nottinghamshire as ‘worse than’ England in the latest data.
18. Indicators where the status of Nottinghamshire relative to England has changed over time are also of interest, and in particular how this status changed between the latest two annual data points<sup>2</sup>. A total of eight indicators for Nottinghamshire improved status relative to England using this measure. These are listed in Appendix 2. The status of sixteen indicators deteriorated.
19. A total of 51 unique indicators for Nottinghamshire are either worse than England in the latest data or the status compared to England has recently deteriorated. These provide a focus for action and are listed in Appendix 3.
20. Some PHOF indicators of concern are not the direct responsibility of Public Health or the local authority. By way of example, some indicators relate to vaccination coverage which are important public health interventions for which the NHS is responsible. Outcomes related to vaccination coverage are considered as part of the workplan for the Nottinghamshire Health Protection Board which reports to the Health and Wellbeing Board.
21. Therefore, the indicators of concern listed in Appendix 3 will be addressed through partnership working, through arrangements with the rest of the County Council, Integrated Care Partnership, Health and Wellbeing Board, Safer Nottinghamshire Board, and the influence of a range of stakeholders at locality level including the role of the voluntary sector. The Director of Public Health also oversees work to identify indicators over which the Public Health Division can exert influence directly.
22. Broadly, the actions required to improve indicators where Nottinghamshire is worse than average are those to which the Council has committed to in the ambitions contained in Nottinghamshire Plan or which partners have identified in the JHWS. More detailed

---

<sup>1</sup> Several indicators report data for males, females and all persons separately or include multiple age groups as separate lines in the PHOF. For brevity this report includes only ‘all persons’ if all three categories are included in the dataset or the broadest age-group available.

<sup>2</sup> Please note that some indicators are new or have changed definitions in the latest release and therefore only one data point is available.

information about these action plans can be provided if needed.

23. Analysis of further data sources provides a rich picture of how health outcomes within the authority vary by different population groups (for example differences in geography, age, gender, ethnicity or vulnerable groups). Together with outcomes data for the whole County, an understanding of inequalities will support targeted work to improve the health for all people.
24. A consideration of the data presented in the PHOF appendices to this report suggests areas for further scrutiny:
- Outcomes and inequalities in women's and children's health; this will include factors that influence life expectancy and healthy life expectancy
  - Substance use, which includes the harms of drugs and alcohol and those experiencing severe multiple disadvantage
25. These areas are prioritised as part of the Nottinghamshire JHWS 2022-2026, which identifies the priorities for systemwide action. These reflect some of the building blocks for good health and wellbeing in which the Health and Wellbeing Board member organisations exert influence. They are grouped into four ambitions:
- Give every child the best chance to maximise their potential
  - Create healthy and sustainable places
  - Provide everyone with access to the right support to improve their health
  - Keep our communities safe, especially for the most vulnerable ("inclusion health") and those with severe multiple disadvantage.
26. In planning for their scrutiny of the Council's public health duty and functions, Committee may wish to focus their attention on these themes, to ensure that the Council is making its full across departmental contribution in each.

## **Reason for Recommendations**

27. The Public Health Outcomes Framework and work to identify local health inequalities is a source of consistent data about the health of Nottinghamshire's population. These data are collected in a systematic and standardised way. This information forms a useful tool for the Council and its system partners to assess the prospects for improving and protecting the health of the population.

## **Statutory and Policy Implications**

28. 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**



29. There are no direct financial implications within the report. Majority of the work from the Public Health division is funded through the ring-fenced Public Health Grant.

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

30. No data protection or information governance risks. All data is at population level and publicly available.

#### **Implications for Residents**

31. PHOF indicators provide a snapshot of the health and wellbeing of Nottinghamshire residents. They provide areas for further development to improve health and wellbeing.

### **RECOMMENDATION/S**

- 1) Note the factors which have the greatest impact on the health and wellbeing of the population and that when these building blocks are weak or missing healthy life expectancy is reduced and inequalities increase.
- 2) Note that the areas of work required to address the minority of outcomes where Nottinghamshire is worse than England average are largely identified in the Nottinghamshire Plan and in the Joint Health and Wellbeing Strategy.
- 3) Consider where the impact of the Council's public health functions would benefit from further scrutiny by the Committee.

#### **JONATHAN GRIBBIN, DIRECTOR OF PUBLIC HEALTH**

**For any enquiries about this report please contact: Insert name, title, telephone number and e-mail address of report author(s) here**

Vivienne Robbins, Deputy Director of Public Health,  
Tel: 0115 977 4150 Email: [vivienne.robbs@nottsc.gov.uk](mailto:vivienne.robbs@nottsc.gov.uk)

David Gilding, Senior Manager, Public Health Information and Intelligence  
Tel: 0115 977 2587 Email: [david.gilding@nottsc.gov.uk](mailto:david.gilding@nottsc.gov.uk)

#### **Constitutional Comments [LPW 24.11.2023]**

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

#### **Financial Comments (PAA29 24/11/2023)**

33. The financial implications are set out in paragraph 29. There are no additional financial costs to the Council arising from the report.

## **Background Papers and Published Documents**

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

- 'None' or start list here

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

- 'All' or start list here

## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ○ Similar to England, ✗ Worse than England, ○ Not numerically compared  
 Trend: 📈 getting better, 📉 getting worse, ↔ no trend detected, — not calculated  
 ❤️ Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
<b>Indicators that are better than England</b>						
✓ Children in low income families (all dependent children under 20)   Persons   0-19 yrs	2016	17.0	15.2	📈		
✓ School readiness: percentage of children achieving a good level of development at the end of Reception   Persons   5 yrs	2021/22	65.2	66.8	—	•	❤️
✓ School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1   Persons   6 yrs	2021/22	75.5	77.1	↔		
✓ School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception   Persons   5 yrs	2021/22	79.5	81.5	—	•	
✓ School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception   Persons   5 yrs	2021/22	67.1	68.2	—	•	
✓ Pupil absence   Persons   5-15 yrs	2021/22	7.6	7.4	↔		
✓ Violent crime - hospital admissions for violence (including sexual violence)   Persons   All ages	2018/19 - 20/21	41.9	33.2	—		
✓ The rate of complaints about noise   Persons   All ages	2020/21	12.0	5.3	↔		
✓ Homelessness: households owed a duty under the Homelessness Reduction Act   Not applicable   Not applicable	2021/22	11.7	5.8	—		
✓ Homelessness: households in temporary accommodation   Not applicable   Not applicable	2021/22	4.0	0.4	—		
✓ Proportion of New Birth Visits (NBVs) completed within 14 days   Persons   <14 days	2021/22	82.7	95.3	📈		❤️
✓ Percentage of physically active children and young people   Persons   5-16 yrs	2021/22	47.2	52.2	—		
✓ Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 14 years)   Persons   <15 yrs	2021/22	84.3	68.0	—	•	
✓ Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years)   Persons   0-4 yrs	2021/22	103.6	85.0	—	•	
✓ Deaths from drug misuse   Persons   All ages	2018 - 20	5.0	2.8	—		
✓ Cancer screening coverage: breast cancer   Female   53-70 yrs	2022	65.2	74.7	📉		
✓ Cancer screening coverage: cervical cancer (aged 25 to 49 years old)   Female   25-49 yrs	2022	67.6	76.3	↔		
✓ Cancer screening coverage: cervical cancer (aged 50 to 64 years old)   Female   50-64 yrs	2022	74.6	79.2	📉		
✓ Cancer screening coverage: bowel cancer   Persons   60-74 yrs	2022	70.3	74.4	📈		

## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ⚡ Similar to England, ✖ Worse than England, ⚪ Not numerically compared  
 Trend: 📈 getting better, 📉 getting worse, ↔ no trend detected, — not calculated  
 🌱 Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
✓ Abdominal Aortic Aneurysm Screening Coverage   Male   65	2021/22	70.3	86.8	↔		
✓ Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check who received an NHS Health Check   Persons   40-74 yrs	2018/19 - 22/23	42.3	55.0	—		
✓ Cumulative percentage of the eligible population aged 40 to 74 who received an NHS Health check   Persons   40-74 yrs	2018/19 - 22/23	27.4	29.1	—		
✓ Emergency hospital admissions due to falls in people aged 65 to 79   Persons   65-79 yrs	2021/22	992.7	928.1	—		
✓ New STI diagnoses (excluding chlamydia aged under 25) per 100,000   Persons   All ages	2022	495.8	343.4	📈		
✓ Population vaccination coverage: Dtap IPV Hib (1 year old)   Persons   1 yr	2021/22	91.8	94.7	📉		
✓ Population vaccination coverage: MenB (1 year)   Persons   1 yr	2021/22	91.5	94.5	↔		
✓ Population vaccination coverage: Rotavirus (Rota) (1 year)   Persons   1 yr	2021/22	89.9	93.1	↔		
✓ Population vaccination coverage: PCV   Persons   1 yr	2019/20	93.2	95.2	↔		
✓ Population vaccination coverage: Dtap IPV Hib (2 years old)   Persons   2 yrs	2021/22	93.0	95.4	📉		
✓ Population vaccination coverage: MenB booster (2 years)   Persons   2 yrs	2021/22	88.0	91.7	—		
✓ Population vaccination coverage: MMR for one dose (2 years old)   Persons   2 yrs	2021/22	89.2	92.4	↔		
✓ Population vaccination coverage: PCV booster   Persons   2 yrs	2021/22	89.3	92.5	📉		
✓ Population vaccination coverage: Flu (2 to 3 years old)   Persons   2-3 yrs	2022/23	43.7	46.3	↔		
✓ Population vaccination coverage: Hib and MenC booster (2 years old)   Persons   2 yrs	2021/22	89.0	92.4	📉		
✓ Population vaccination coverage: DTaP and IPV booster (5 years)   Persons   5 yrs	2021/22	84.2	86.8	↔		
✓ Population vaccination coverage: MMR for one dose (5 years old)   Persons   5 yrs	2021/22	93.4	95.7	📉		
✓ Population vaccination coverage: MMR for two doses (5 years old)   Persons   5 yrs	2021/22	85.7	88.0	↔		
✓ Population vaccination coverage: Flu (primary school aged children)   Persons   4-11 yrs	2022	56.3	62.9	—		
✓ Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old)   Female   13-14 yrs	2021/22	67.3	71.0	📉		
✓ Population vaccination coverage: HPV vaccination coverage for two doses (13 to 14 years old)   Male   13-14 yrs	2021/22	62.4	64.9	—		
✓ Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) (14 to 15 years)   Persons   14-15 yrs	2021/22	79.6	80.6	📉		

## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ○ Similar to England, ✗ Worse than England, ○ Not numerically compared

Trend: ↗ getting better, ↘ getting worse, ↔ no trend detected, — not calculated

♥ Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
✓ Population vaccination coverage: Flu (at risk individuals)   Persons   6 months-64 yrs	2022/23	49.1	52.9	↗		
✓ Population vaccination coverage: Flu (aged 65 and over)   Persons   65+ yrs	2022/23	79.9	83.5	↗		
✓ Population vaccination coverage: PPV   Persons   65+ yrs	2020/21	70.6	74.2	↔		
✓ Population vaccination coverage: Shingles vaccination coverage (71 years)   Persons   71	2021/22	44.0	47.3	—		
✓ TB incidence (three year average)   Persons   All ages	2019 - 21	7.8	1.6	—		
✓ Percentage of 5 year olds with experience of visually obvious dentinal decay   Persons   5 yrs	2021/22	23.7	18.1	—		
✓ Under 75 mortality rate from respiratory disease   Persons   <75 yrs	2021	26.5	22.6	—		
✓ Premature mortality in adults with severe mental illness (SMI)   Persons   18-74 yrs	2018 - 20	103.6	94.6	—		
<b>Indicators that are similar to England</b>						
○ Healthy life expectancy at birth   Male   All ages	2018 - 20	63.1	62.4	—		♥
○ Life expectancy at birth   Female   All ages	2021	82.8	82.6	—		♥
○ Life expectancy at birth   Male   All ages	2021	78.7	78.6	—		♥
○ Life expectancy at birth   Male   All ages	2018 - 20	79.4	79.5	—		♥
○ Disability free life expectancy at birth   Male   All ages	2018 - 20	62.4	62.2	—		
○ Healthy life expectancy at 65   Female   65	2018 - 20	11.3	10.2	—		
○ Disability-free life expectancy at 65   Male   65	2018 - 20	9.8	9.4	—		
○ School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception   Persons   5 yrs	2021/22	49.1	49.7	—		♥
○ School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1   Persons   6 yrs	2021/22	62.0	63.7	↔		
○ First time entrants to the youth justice system   Persons   10-17 yrs	2022	148.9	141.2	↔		
○ Gap in the employment rate between those with a physical or mental long term health condition (aged 16 to 64) and the overall employment rate   Persons   16-64 yrs	2021/22	9.9	13.3	—		
○ The percentage of the population with a physical or mental long term health condition in employment (aged 16 to 64)   Persons   16-64 yrs	2021/22	65.5	61.1	—		
○ Gap in the employment rate between those who are in receipt of long term support for a learning disability (aged 18 to 64) and the overall employment rate   Persons   18-64 yrs	2021/22	70.6	72.7	—		
○ Gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 64)   Persons   18-64 yrs	2020/21	66.1	67.6	—		

## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ⚪ Similar to England, ✖ Worse than England, ⚪ Not numerically compared  
 Trend: 📈 getting better, 📉 getting worse, ↔ no trend detected, — not calculated  
 ❤️ Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
18 to 69) and on the Care Plan Approach, and the overall employment rate   Persons   18-69 yrs						
Percentage of people in employment   Persons   16-64 yrs	2021/22	75.4	74.4	↔		
Sickness absence: the percentage of employees who had at least one day off in the previous week   Persons   16+ yrs	2019 - 21	1.8	2.4	—		
Utilisation of outdoor space for exercise or health reasons   Persons   16+ yrs	Mar 2015 - Feb 2016	17.9	16.7	—		
Social Isolation: percentage of adult social care users who have as much social contact as they would like   Persons   18+ yrs	2021/22	40.6	43.3	—		
Social Isolation: percentage of adult social care users who have as much social contact as they would like   Persons   65+ yrs	2021/22	37.3	40.3	↔		
Loneliness: Percentage of adults who feel lonely often or always or some of the time   Persons   16+ yrs	2019/20	22.3	23.0	—		
Under 18s conception rate / 1,000   Female   <18 yrs	2021	13.1	15.1	—		
Under 16s conception rate / 1,000   Female   <16 yrs	2021	2.1	2.4	—		
Low birth weight of term babies   Persons   >=37 weeks gestational age at birth	2021	2.8	2.5	↔		
Reception: Prevalence of overweight (including obesity)   Persons   4-5 yrs	2021/22	22.3	23.0	↔		❤️
Year 6: Prevalence of overweight (including obesity)   Persons   10-11 yrs	2021/22	37.8	37.6	📉		❤️
Percentage of looked after children whose emotional wellbeing is a cause for concern   Persons   5-16 yrs	2021/22	37.0	39.0	↔		
Emergency Hospital Admissions for Intentional Self-Harm   Persons   All ages	2021/22	163.9	165.2	—		
Percentage of adults aged 16 and over meeting the '5-a-day' fruit and vegetable consumption recommendations (new method)   Persons   16+ yrs	2021/22	32.5	33.2	—		
Proportion of the population meeting the recommended '5 a day' on a 'usual day' (adults) (old method)   Persons   16+ yrs	2019/20	55.4	56.3	—		❤️
Percentage of physically active adults   Persons   19+ yrs	2021/22	67.3	67.3	—		❤️
Percentage of physically inactive adults   Persons   19+ yrs	2021/22	22.3	21.0	—		
Smoking Prevalence in adults (18+) - current smokers (APS)   Persons   18+ yrs	2022	12.7	12.6	—		
Estimated diabetes diagnosis rate   Persons   17+ yrs	2018	78.0	80.9	—		
Self reported wellbeing: people with a low satisfaction score   Persons   16+ yrs	2021/22	5.0	6.8	—		
Self reported wellbeing: people with a low worthwhile score   Persons   16+ yrs	2021/22	4.0	4.5	—		

Source: Office for Health Improvement and Disparities. <https://tinyurl.com/brn24> © Crown copyright 2023. Accessed 25/10/2023

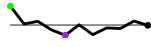





















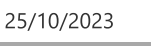


## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ⚪ Similar to England, ✖ Worse than England, ⚪ Not numerically compared

Trend: 📈 getting better, 📉 getting worse, ↔ no trend detected, — not calculated

🌱 Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
Self reported wellbeing: people with a low happiness score   Persons   16+ yrs	2021/22	8.4	9.3	—		
Self reported wellbeing: people with a high anxiety score   Persons   16+ yrs	2021/22	22.6	24.0	—		
Emergency hospital admissions due to falls in people aged 65 and over   Persons   65+ yrs	2021/22	2,099.9	2,068.9	—		
Emergency hospital admissions due to falls in people aged 80 plus   Persons   80+ yrs	2021/22	5,310.8	5,377.2	—		
HIV late diagnosis in people first diagnosed with HIV in the UK   Persons   15+ yrs	2020 - 22	43.3	54.3	—		
Proportion of drug sensitive TB notifications who had completed a full course of treatment by 12 months   Persons   All ages	2020	84.2	85.7	↔		
NHS organisations with a board approved sustainable development management plan   Not applicable   Not applicable	2015/16	66.2	63.6	↔		
Infant mortality rate   Persons   <1 yr	2019 - 21	3.9	4.0	—		
Under 75 mortality rate from causes considered preventable   Persons   <75 yrs	2021	183.2	184.9	—		
Under 75 mortality rate from all cardiovascular diseases   Persons   <75 yrs	2021	76.0	76.0	—		
Under 75 mortality rate from cardiovascular diseases considered preventable   Persons   <75 yrs	2021	30.2	31.2	—		
Under 75 mortality rate from cancer considered preventable   Persons   <75 yrs	2021	50.1	54.3	—		
Under 75 mortality rate from liver disease   Persons   <75 yrs	2021	21.2	21.4	—		
Under 75 mortality rate from liver disease considered preventable   Persons   <75 yrs	2021	18.9	19.4	—		
Under 75 mortality rate from respiratory disease considered preventable   Persons   <75 yrs	2021	15.6	12.9	—		
Mortality rate from a range of specified communicable diseases, including influenza   Persons   All ages	2021	9.4	8.7	—		
Suicide rate   Persons   10+ yrs	2019 - 21	10.4	10.3	—		
Preventable sight loss: glaucoma   Persons   40+ yrs	2021/22	12.6	14.4	—		
Preventable sight loss: diabetic eye disease   Persons   12+ yrs	2021/22	2.8	3.1	—		
Hip fractures in people aged 65 and over   Persons   65+ yrs	2021/22	551.2	578.3	—		
Hip fractures in people aged 65 to 79   Persons   65-79 yrs	2021/22	235.7	223.4	—		
Winter mortality index   Persons   All ages	Aug 2020 - Jul 2021	36.2	32.5	—		
Winter mortality index (age 85 plus)   Persons   85+ yrs	Aug 2020 - Jul 2021	42.8	40.8	—		

## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ⚪ Similar to England, ✗ Worse than England, ⚪ Not numerically compared  
 Trend: 📈 getting better, 📉 getting worse, ↔ no trend detected, — not calculated  
 📈 Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
<b>Indicators that are worse than England</b>						
✗ Healthy life expectancy at birth   Female   All ages	2018 - 20	63.9	60.0	—		📈
✗ Life expectancy at birth   Female   All ages	2018 - 20	83.1	82.6	—		📈
✗ Disability free life expectancy at birth   Female   All ages	2018 - 20	60.9	58.1	—		
✗ Healthy life expectancy at 65   Male   65	2018 - 20	10.5	9.2	—		
✗ Disability-free life expectancy at 65   Female   65	2018 - 20	9.9	8.4	—		
✗ Children in absolute low income families (under 16s)   Persons   <16 yrs	2021/22	15.3	18.9	—	•	
✗ Children in relative low income families (under 16s)   Persons   <16 yrs	2021/22	19.9	23.3	—	•	
✗ 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known   Persons   16-17 yrs	2021	4.7	6.5	📉		
✗ Adults with a learning disability who live in stable and appropriate accommodation   Persons   18-64 yrs	2021/22	78.8	75.0	↔		
✗ Adults in contact with secondary mental health services who live in stable and appropriate accommodation   Persons   18-69 yrs	2020/21	58.0	43.0	—		
✗ The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment (aged 18 to 64)   Persons   18-64 yrs	2021/22	4.8	1.7	↔		
✗ The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment (aged 18 to 69)   Persons   18-69 yrs	2020/21	9.0	5.0	—		
✗ Sickness absence: the percentage of working days lost due to sickness absence   Persons   16+ yrs	2019 - 21	1.0	1.8	—		
✗ Social Isolation: percentage of adult carers who have as much social contact as they would like   Persons   All ages	2012/13	41.3	32.1	—	•	
✗ Obesity in early pregnancy   Female   Not applicable	2018/19	22.1	25.1	—	•	
✗ Smoking in early pregnancy   Female   Not applicable	2018/19	12.8	16.3	—	•	
✗ Baby's first feed breastmilk   Persons   Newborn	2020/21	71.7	61.1	—	•	
✗ Breastfeeding prevalence at 6-8 weeks after birth - current method   Persons   6-8 weeks	2021/22	49.2	46.3	📈		
✗ Smoking status at time of delivery   Female   All ages	2021/22	9.1	12.6	📈		📈
✗ Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 to 24 years)   Persons   15-24 yrs	2021/22	118.6	131.2	—	•	
✗ Percentage of adults (aged 18 plus) classified as overweight or obese   Persons   18+ yrs	2021/22	63.8	66.1	—		

Source: Office for Health Improvement and Disparities. <https://phof.org.uk> Page 98 of 120 © Crown copyright 2023. Accessed 25/10/2023

## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ⚪ Similar to England, ✗ Worse than England, ⚪ Not numerically compared  
 Trend: 📈 getting better, 📉 getting worse, ↔ no trend detected, — not calculated  
 🌱 Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
✗ Successful completion of drug treatment: opiate users   Persons   18+ yrs	2021	5.0	3.3	📉		
✗ Successful completion of drug treatment: non opiate users   Persons   18+ yrs	2021	34.3	24.5	📉		
✗ Successful completion of alcohol treatment   Persons   18+ yrs	2021	36.6	28.4	↔		
✗ Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison   Persons   18+ yrs	2021/22	37.4	23.0	📈		
✗ Admission episodes for alcohol-related conditions (Narrow)   Persons   All ages	2021/22	494.0	601.0	—		
✗ Percentage of cancers diagnosed at stages 1 and 2   Persons   All ages	2020	52.3	50.4	📉		
✗ Newborn Hearing Screening: Coverage   Persons   <1 yr	2021/22	98.7	98.1	📉		
✗ Newborn and Infant Physical Examination Screening Coverage   Persons   <1 yr	2021/22	96.6	96.2	—		
✗ Cumulative percentage of the eligible population aged 40 to 74 offered an NHS Health Check   Persons   40-74 yrs	2018/19 - 22/23	64.7	52.9	—		
✗ Percentage reporting a long-term Musculoskeletal (MSK) problem   Persons   16+ yrs	2022	17.6	20.4	—		
✗ Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)   Female   12-13 yrs	2021/22	69.6	63.4	📉		
✗ Population vaccination coverage: HPV vaccination coverage for one dose (12 to 13 year old)   Male   12-13 yrs	2021/22	62.4	55.1	—		
✗ Adjusted antibiotic prescribing in primary care by the NHS   Persons   All ages	2022	0.9	0.9	—		
✗ Under 75 mortality rate from cancer   Persons   <75 yrs	2021	121.5	134.4	—		
✗ Excess under 75 mortality rate in adults with severe mental illness (SMI)   Persons   18-74 yrs	2018 - 20	389.9	438.1	—		
✗ Preventable sight loss: age related macular degeneration (AMD)   Persons   65+ yrs	2021/22	103.8	120.3	—		
✗ Preventable sight loss: sight loss certifications   Persons   All ages	2021/22	39.9	47.7	—		
✗ Hip fractures in people aged 80 and over   Persons   80+ yrs	2021/22	1,465.9	1,607.7	—		
<b>Indicators that are not compared numerically</b>						
⚪ Inequality in life expectancy at birth   Female   All ages	2018 - 20	7.9	7.7	—		🌱
⚪ Inequality in life expectancy at birth   Male   All ages	2018 - 20	9.7	9.3	—		🌱
⚪ Inequality in healthy life expectancy at birth ENGLAND   Female   Not applicable	2017 - 19	19.3	NA	—		

## Nottinghamshire County PHOF outcomes compared to England

✓ Better than England, ⚪ Similar to England, ✗ Worse than England, ⚪ Not numerically compared

Trend: 📈 getting better, 📉 getting worse, ↔ no trend detected, — not calculated

🌱 Part of monitoring for Joint Health and Wellbeing Strategy

Indicator details	Latest data	England latest	Notts latest	Notts trend	Notts recent	JHWS
⚪ Inequality in healthy life expectancy at birth ENGLAND   Male   Not applicable	2017 - 19	18.6	NA	—		
⚪ Life expectancy at 65   Female   65	2021	21.0	20.8	—		
⚪ Life expectancy at 65   Female   65	2018 - 20	21.1	20.6	—		
⚪ Life expectancy at 65   Male   65	2021	18.4	18.0	—		
⚪ Life expectancy at 65   Male   65	2018 - 20	18.7	18.5	—		
⚪ Inequality in healthy life expectancy at birth LA   Female   All ages	2009 - 13	NA	14.4	—		
⚪ Inequality in healthy life expectancy at birth LA   Male   All ages	2009 - 13	NA	14.9	—		
⚪ Inequality in life expectancy at 65   Female   65	2018 - 20	4.8	5.1	—		
⚪ Inequality in life expectancy at 65   Male   65	2018 - 20	5.2	5.4	—		
⚪ People in prison who have a mental illness or a significant mental illness   Persons   18+ yrs	2018/19	7.4	NA	—		
⚪ Killed and seriously injured (KSI) casualties on England's roads   Persons   All ages	2021	95.6	86.1	↔		
⚪ The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime   Persons   All ages	2016	5.5	2.7	—		
⚪ The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time   Persons   All ages	2016	8.5	4.6	—		
⚪ Fuel poverty (low income, low energy efficiency methodology)   Not applicable   Not applicable	2021	13.1	13.0	—		
⚪ Infectious Diseases in Pregnancy Screening: HIV Coverage   Female   All ages	2017/18	99.6	NA	—		
⚪ Population vaccination coverage BCG: areas offering universal BCG only   Persons   1 yr	2021/22	NA	NA	—		
⚪ Population vaccination coverage: Hepatitis B (1 year old)   Persons   1 yr	2021/22	NA	100.0	—		
⚪ Population vaccination coverage: Hepatitis B (2 years old)   Persons   2 yrs	2021/22	NA	87.5	—		
⚪ Emergency readmissions within 30 days of discharge from hospital   Persons   All ages	2020/21	15.5	NA	—		
⚪ Estimated dementia diagnosis rate (aged 65 and older)   Persons   65+ yrs	2023	63.0	68.2	↔		

Source: Office for Health Improvement and Disparities. <https://fingertips.phe.org.uk> © Crown copyright 2023. Accessed 25/10/2023

## Appendix 2

### Indicators where the status compared to England has improved.

A move from worse-than or similar-to England in the most recent data

- School readiness: percentage of children achieving the expected level in the phonics screening check in Year 1 | Persons | 6 yrs
- School readiness: percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1 | Persons | 6 yrs
- Social Isolation: percentage of adult social care users who have as much social contact as they would like | Persons | 65+ yrs
- Gap in the employment rate for those who are in contact with secondary mental health services and on the Care Plan Approach, and the overall employment rate | Persons | 18-69 yrs
- Percentage of physically active children and young people | Persons | 5-16 yrs
- Population vaccination coverage: Meningococcal vaccine (MenACWY) | Persons | 14-15 yrs
- HIV late diagnosis in people first diagnosed with HIV in the UK | Persons | 15+ yrs
- Premature mortality in adults with severe mental illness (SMI) | Persons | 18-74 yrs





## Appendix 3

**Indicators where Nottinghamshire is either worse than England or the trend is getting worse.**

### Overarching indicators

- Healthy life expectancy at birth | Female | All ages
- Life expectancy at birth | Female | All ages
- Disability free life expectancy at birth | Female | All ages
- Healthy life expectancy at 65 | Male | 65
- Disability-free life expectancy at 65 | Female | 65

### Wider determinants of health

- Children in absolute low income families (under 16s) | Persons | <16 yrs
- Children in relative low income families (under 16s) | Persons | <16 yrs
- 16 to 17 year olds not in education, employment or training (NEET) | Persons | 16-17 yrs
- Adults with a learning disability who live in stable and appropriate accommodation | Persons | 18-64 yrs
- Adults in contact with secondary mental health services who live in stable and appropriate accommodation | Persons | 18-69 yrs
- The percentage of the population who are in receipt of long term support for a learning disability that are in paid employment | Persons | 18-64 yrs
- The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment | Persons | 18-69 yrs
- Sickness absence: percentage of working days lost due to sickness absence | Persons | 16+ yrs
- Social Isolation: percentage of adult carers who have as much social contact as they would like | Persons | All ages

### Health improvement

- Obesity in early pregnancy | Female | Not applicable
- Smoking in early pregnancy | Female | Not applicable
- Baby's first feed breastmilk | Persons | Newborn
- Breastfeeding prevalence at 6-8 weeks after birth - current method | Persons | 6-8 weeks
- Smoking status at time of delivery | Female | All ages
- Year 6: Prevalence of overweight (including obesity) | Persons | 10-11 yrs
- Hospital admissions caused by unintentional and deliberate injuries in young people | Persons | 15-24 yrs
- Percentage of adults classified as overweight or obese | Persons | 18+ yrs
- Successful completion of drug treatment: opiate users | Persons | 18+ yrs
- Successful completion of drug treatment: non opiate users | Persons | 18+ yrs
- Successful completion of alcohol treatment | Persons | 18+ yrs
- Adults with substance misuse treatment need who successfully engage in community based structured treatment following release from prison | Persons | 18+ yrs
- Admission episodes for alcohol-related conditions (Narrow) | Persons | All ages
- Percentage of cancers diagnosed at stages 1 and 2 | Persons | All ages
- Cancer screening coverage: breast cancer | Female | 53-70 yrs
- Cancer screening coverage: cervical cancer | Female | 50-64 yrs
- Newborn Hearing Screening: Coverage | Persons | <1 yr
- Newborn and Infant Physical Examination Screening Coverage | Persons | <1 yr
- Cumulative percentage of the eligible population offered an NHS Health Check | Persons | 40-74 yrs
- Percentage reporting a long-term Musculoskeletal (MSK) problem | Persons | 16+ yrs

## Health protection

- Population vaccination coverage: Dtap IPV Hib (1 year old) | Persons | 1 yr
- Population vaccination coverage: Dtap IPV Hib | Persons | 2 yrs
- Population vaccination coverage: PCV booster | Persons | 2 yrs
- Population vaccination coverage: Hib and MenC booster | Persons | 2 yrs
- Population vaccination coverage: MMR for one dose | Persons | 5 yrs
- Population vaccination coverage: HPV vaccination coverage for one dose | Male | 12-13 yrs
- Population vaccination coverage: HPV vaccination coverage for one dose | Female | 12-13 yrs
- Population vaccination coverage: HPV vaccination coverage for two doses | Female | 13-14 yrs
- Population vaccination coverage: Meningococcal ACWY conjugate vaccine (MenACWY) | Persons | 14-15 yrs
- Adjusted antibiotic prescribing in primary care by the NHS | Persons | All ages

## Healthcare and early deaths

- Under 75 mortality rate from cancer | Persons | <75 yrs
- Excess under 75 mortality rate in adults with severe mental illness (SMI) | Persons | 18-74 yrs
- Suicide rate | Persons | 10+ yrs
- Preventable sight loss: age related macular degeneration (AMD) | Persons | 65+ yrs
- Preventable sight loss: sight loss certifications | Persons | All ages
- Hip fractures in people aged 80 and over | Persons | 80+ yrs

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

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

**Information**

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

**Other Options Considered**

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

**Reasons for Recommendations**

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

**Statutory and Policy Implications**

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

## **Financial Implications**

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

## **RECOMMENDATIONS**

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

**Marjorie Toward**

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

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

Martin Elliott, Senior Scrutiny Officer

[martin.elliott@nottsgov.uk](mailto:martin.elliott@nottsgov.uk).

## **Constitutional Comments (HD)**

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

## **Financial Comments (NS)**

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

## **Background Papers and Published Documents**

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

- None

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

- All

# WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
11 September 2023	The Social Care Market	Cabinet Member – Adult Social Care and Public Health	<p>Resolved at October 2022 meeting:</p> <p>“That a further report on Social Care Market Pressures be brought to the September 2023 meeting of the Adult Social Care and Public Health Select Committee to provide members with a progress report on the activities being carried out and on their impact.”</p>	<ol style="list-style-type: none"> <li>1. That the report be noted.</li> <li>2. That the following issues raised by the Committee in its consideration of the report on the Social Care Market be progressed: <ol style="list-style-type: none"> <li>a) That information on the outcomes of “The Big Conversation” be circulated to members of the committee.</li> <li>b) That further information on the development and use of technological care solutions be circulated to members of the committee.</li> <li>c) That a further progress report on the Social Care Market be brought to a future meeting of the Adult Social Care and Public Health Select Committee, with a focus and at a date to be agreed by the Chairman.</li> <li>d) That a report on the Council’s work to support carers be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.</li> </ol> </li> </ol>

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

	Health checks	Cabinet Member – Adult Social Care and Public Health	To review the current provision of health checks to enable scrutiny of how outcomes could be improved	<ol style="list-style-type: none"> <li>1. That the report be noted.</li> <li>2. That the following issues raised by the Committee in its consideration of the report on the NHS Health Check Programme be progressed: <ol style="list-style-type: none"> <li>a) That further consideration should be given on how the uptake of invitations to the NHS Health Check Programme could be increased, especially in areas of Nottinghamshire that are more deprived.</li> <li>b) That further work should be carried out to investigate digital opportunities for the delivery of the NHS Health Check Programme.</li> <li>c) That a further report on the delivery of the NHS Health Check Programme that covers the issues as detailed at a) and (b) above, be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.</li> </ol> </li> </ol>
	Performance, finance and risk update	Cabinet Member – Adult Social Care and Public Health	<p>To provide a progress report on departmental performance, risk and financial situation.</p> <p>To agree how the committee would like to receive and monitor this information in the future.</p> <p style="text-align: center;">Page 108 of 120</p>	<ol style="list-style-type: none"> <li>1. That the report be noted.</li> <li>2. That the following issues raised by the Committee in its consideration of the report on the Adult Social Care and Public Health Performance, Risks and Financial Position – Quarter 1 2023-4 be progressed: <ol style="list-style-type: none"> <li>a) That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the December 2023 meeting of the Adult Social Care and Public Health Select Committee.</li> <li>b) That a task and finish review takes place to investigate the impact and effectiveness of the preventative work that takes place with schools around smoking and vaping.</li> </ol> </li> </ol>



**WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023**

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

**WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023**

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
4 March 2024	Suicide Prevention	Cabinet Member – Adult Social Care and Public Health		
	Mental Health Services and support within ASC&PH	Cabinet Member – Adult Social Care and Public Health		
	Performance, finance and risk update	Cabinet Member – Adult Social Care and Public Health	To provide a progress report on departmental performance, risk and financial situation.	
	Day Opportunities Strategy	Cabinet Member – Adult Social Care and Public Health	To consider the findings of the task and finish review on the Day Opportunities Strategy.	

# WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

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

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

### Items pending scheduling or removal

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

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

Support for Carers	Cabinet Member – Adult Social Care and Public Health	Resolved at September 2023 meeting:  a) That a report on the Council's work to support carers be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.	To be scheduled
NHS Health Check Programme	Cabinet Member – Adult Social Care and Public Health	Resolved at September 2023 meeting:  a) That further consideration should be given on how the uptake of invitations to the NHS Health Check Programme could be increased, especially in areas of Nottinghamshire that are more deprived.  b) That further work should be carried out to investigate digital opportunities for the delivery of the NHS Health Check Programme.  c) That a further report on the delivery of the NHS Health Check Programme that covers the issues as detailed at a) and (b) above, be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.	To be scheduled

# WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

## Reviews

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



			<div>vi. the outcomes of the consultation activity that will be carried out with people who have lived experience of the implementation of the Day Opportunities Strategy and how this will be used to review and develop the service model.</div>	
--	--	--	--	--

# WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

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

**WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023**

<b>Project Start Date</b>	<b>Item</b>	<b>Cabinet Member Responsibility</b>	<b>Purpose of Review</b>	<b>Current Status and activity</b>
TBC	Preventative work around smoking and vaping.	<p>Cabinet Member – Children and Young People’s Services</p> <p>Cabinet Member - Adult Social Care and Public Health</p>	<p>Resolved at the September 2023 meeting:</p> <p>That a task and finish review takes place to investigate the impact and effectiveness of the</p>	

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

### Items for information briefings for committee members

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

## WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 11 SEPTEMBER 2023

### Items to be scheduled during 2024/25

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

