

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

**Monday, 11 November 2019 at 10:30**

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

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## **AGENDA**

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last meeting held on 7 October 2019   | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Integrated Wellbeing Service   | 7 - 16  |
| 5  | Brushing Buddies: A Supervised Tooth-brushing Scheme - Evaluation Report   | 17 - 40 |
| 6  | Deprivation of Liberty Safeguards (DoLS)   | 41 - 48 |
| 7  | Review of the Staffing Structure within Adult Social Care  | 49 - 76 |
| 8  | Development of a Departmental Approach to Co-Production  | 77 - 80 |
| 9  | National Safeguarding Adults Week Events and Communications  | 81 - 84 |
| 10 | Work Programme   | 85 - 90 |

## **Notes**

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

Customer Services Centre 0300 500 80 80

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

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.

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

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	7 October 2019 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Tony Harper (Chairman)  
Francis Purdue-Horan (Vice-Chairman)

Joyce Bosnjak  
Stephen Garner  
Bruce Laughton  
John Longdon  
David Martin

Mike Pringle  
Steve Vickers  
Muriel Weisz  
Yvonne Woodhead

**ALSO IN ATTENDANCE**

Councillor Dr John Doddy

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's  
Sue Batty, Service Director, Adult Social Care & Health  
Nathalie Birkett, Group Manager, Adult Social Care & Health  
Melanie Brooks, Corporate Director, Adult Social Care & Health  
Jonathan Gribbin, Director of Health, Adult Social Care & Health  
Paul Johnson, Service Director, Adult Social Care & Health  
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health  
Louise Lester, Consultant in Public Health, Adult Social Care & Health  
Ainsley Macdonnell, Service Director, Adult Social Care & Health  
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health  
Sarah Quilty, Senior Public Health & Commissioning Manager, Adult Social Care & Health

**1. MINUTES OF THE LAST MEETING**

The minutes of the meeting of Adult Social Care and Public Health Committee held on 9 September 2019 were confirmed and signed by the Chair.

**2. APOLOGIES FOR ABSENCE**

Councillor Yvonne Woodhead submitted apologies that she would be arriving late to the meeting.

## **MEMBERSHIP CHANGES**

The following membership changes were made for the meeting of 7<sup>th</sup> October 2019 only:-

Councillor Garner in place of Councillor Sissons  
Councillor Longdon in place of Councillor Quigley MBE  
Councillor Laughton in place of Councillor Elliott  
Councillor Pringle in place of Councillor Fielding

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

None

### **4. PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 APRIL 2019 TO 20 JUNE 2019**

Councillor Francis Purdue-Horan, Nathalie Birkett and Louise Lester introduced the report and responded to questions.

Members requested an additional item be added to the work programme providing an in-depth report into Mental Health and Homelessness.

#### **RESOLVED 2019/071**

That there were no actions arising from the report.

### **5. COUNTY COUNCIL RESPONSE TO GOVERNMENT CONSULTATION – ADVANCING OUR HEALTH: PREVENTION IN THE 2020S**

Councillor Tony Harper and Jonathan Gribbin introduced the report, gave a presentation and responded to questions.

Members requested that additional information on the built environment and mental health service provision be included in the response.

#### **RESOLVED 2019/072**

That the proposed County Council response to the Government consultation with the additional information discussed at the meeting included be approved.

### **6. SUBSTANCE MISUSE SERVICE AND NEW PSYCHOACTIVE SUBSTANCES (NPS)**

Councillor Tony Harper and Sarah Quilty introduced the report and responded to questions.

### **RESOLVED 2019/073**

To receive a follow up report regarding the implementation of the All Age Substance Misuse Treatment and Recovery Service for Nottinghamshire in October 2020, which includes NPS information, and that this be included in the work programme.

Councillor Yvonne Woodhead arrived during consideration of this item.

### **7. USE OF PUBLIC HEALTH RESERVES**

Councillor Tony Harper and Jonathan Gribbin introduced the report and responded to questions.

### **RESOLVED 2019/074**

That the proposed additional use of Public Health reserves be approved.

### **8. PROGRESS REPORT ON BUDGET, SAVINGS AND IMPROVING LIVES PORTFOLIO**

Councillor Francis Purdue-Horan and Paul Johnson introduced the report and responded to questions.

### **RESOLVED 2019/075**

That there were no actions arising from the report.

### **9. AGEING WELL SERVICES – PROGRESS AND FUTURE PRIORITIES**

Councillor Tony Harper and Sue Batty introduced the report, gave a presentation and responded to questions.

### **RESOLVED 2019/076**

- 1) That the future strategy and key priorities for the development of Ageing Well services for older adults aged 65 years and above be approved.
- 2) That a joint publicity initiative on the opening of Priory Court Housing with Care Scheme, in partnership with Bassetlaw District Council be approved.

### **10. THE NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM FIVE YEAR SYSTEM PLAN**

Councillor Tony Harper and Melanie Brooks introduced the report and responded to questions.

### **RESOLVED 2019/077**

- 1) to receive the draft of the Nottingham and Nottinghamshire 2019/21 Five Year System Plan, attached as **Appendix 1**, and areas that relate to Adult Social Care and Public Health.

2) that the Council has been adequately engaged and considered in the plan.

## **11. WORK PROGRAMME**

Members had requested that the following additional item be added to the work programme:-

- An in depth report on Mental Health and Homelessness

### **RESOLVED 2019/078**

That the work programme, with the additional item, be agreed.

The meeting closed at 12.31 pm.

**CHAIR**

**11 November 2019****Agenda Item: 4****REPORT OF DIRECTOR OF PUBLIC HEALTH****INTEGRATED WELLBEING SERVICE****Purpose of the Report**

1. To inform Committee of the result of the procurement exercise for Nottinghamshire's Integrated Wellbeing Service (IWS) and provide timescales for mobilisation and launch.
2. To seek Committee approval to publicly launch and promote the service to residents and stakeholders across Nottinghamshire for the duration of the contract.
3. To seek Committee approval to proceed with promoting Alcohol Awareness Week and other ongoing substance misuse and alcohol communications.

**Information**

4. The Authority is responsible for improving the health of their resident local population and for Public Health (PH) services. This responsibility is reflected in the Council Plan 'Your Nottinghamshire, Your Future 2017-2021' and is explicit in ambition 6 'People are healthier'.
5. Evidence shows that in certain parts of Nottinghamshire, health risk behaviours such as smoking and obesity are higher than the national and regional average. More importantly, evidence suggests that there are a significant number of people who have multiple risk factors such as smoking, excessive alcohol consumption, physical inactivity and a poor diet. This has implications for both the individual and society. For the individual it means an increased proportion of life spent with illness and disability. For society, it means increased health and social care costs.
6. In response to this, a more person-centred and personalised approach is required when delivering health behaviour change services. A service is needed that addresses multiple health behavioural risk factors rather than individual standalone behaviours delivered by separately commissioned services. In October 2018 Committee approved an Integrated Wellbeing Service (IWS) model that brings health behaviour change functions together into one Service.

This includes;

- Stop smoking services

- Weight management services
- Healthy eating support
- Physical activity
- Alcohol Identification and Brief Advice (IBA)

## **Outcome of procurement**

7. The outcome of the procurement process is that the bidder offering the best value solution to residents is ABL Health (ABL). ABL is a community-based health and behaviour change service provider founded in 2009. It has predominately engaged with and developed services within communities across the North of England, particularly in Greater Manchester and Merseyside. The company is clinically led and CQC registered. It provides a range of innovative, evidence based, healthy lifestyle, behavioural change and wellbeing programmes including weight management, nutrition support and smoking cessation.
8. The procurement of the IWS used the Competitive Dialogue process. The process enabled the Authority to have lengthy and constructive in-depth dialogue with interested bidders to discuss technical and financial requirements and develop deliverable solutions.

## **Integrated Wellbeing Service Model**

9. From the perspective of a Nottinghamshire resident accessing the service, the experience will be different to current services. Previous health behaviour change services have focused on individual health risks such as smoking, weight and physical inactivity. The IWS will combine these services along with alcohol Identification and Brief Advice (IBA) see Appendix 1. Interventions will be underpinned with the recognition of the importance of mental wellbeing in supporting behaviour change and the workforce will be trained to recognise and support good mental health and wellbeing.
10. Residents will enter the service via a single point of access and be supported by a key worker using a 'My Story' holistic assessment tool. Service Users will benefit from additional evidence-based behaviour change coaching that aims to produce a tailored plan that addresses people's priorities, needs and strengths. Support will also aim to address the wider influences on people's health such as housing and personal finances by producing joint plans with external organisations such as social prescribing.
11. Residents with multiple health behaviour risks will have the opportunity to address health risks individually or simultaneously rather than having to attend multiple services and repeat health conversations. This will maximise the opportunity for Service Users to make multiple behaviour changes and so have a greater impact on their health and wellbeing.
12. In order to maximise engagement, there will be a wider range of options to access the service including telephone, face to face group support and a new digital offer, at times and locations convenient to residents. Service Users will be linked to local organisations and community resources to ensure that they are supported to maintain lifestyle change.

13. Whilst the service is available to all Nottinghamshire residents, the IWS will target resources to areas with the greatest need and priority groups such as pregnant women, adults with increased risk or living with a long-term condition and residents with a mental health illness.

### **Additional value and impact for stakeholders**

14. From the perspective of stakeholders from across the health and social care system, there will now be a single behaviour change service that residents can be referred into. The Service will support partners at a strategic level to deliver Nottinghamshire County Council, District, Health & Wellbeing Board and Integrated Care Systems priorities. It will link with the rollout of social prescribing, community asset-based development and the aims of the NHS Long term plan to embed prevention and reduce health inequalities.
15. A key component of the IWS model is to work with communities and local stakeholders to support the long-term co-production of local community assets across Nottinghamshire to improve public health outcomes. The IWS will be a part of the community that it serves and support local residents, services and organisations to develop the strengths and capacity of individuals, families and communities to enable sustainable behaviour change. It will offer local employment opportunities, provide training to develop health champions, co-locate with other services, support community events and offer a community fund to enhance community capacity.

### **Budget and contract length**

16. The current Public Health budget available to invest in the IWS is £2,630,000 per year. The contract is up to a maximum of 9 years, comprising an initial contract term of five years with options to extend by up to four years. The service model, funding allocation, procurement approach and recommended contract duration, and permission to proceed with procurement was approved by committee on 8 October 2018.

### **Outcomes and payment system**

17. ABL will be expected to deliver 10,000 behaviour change outcomes per year across the life course of the contract. Behaviour change outcomes include:
- Number of successful smoking quits at 4 weeks
  - Number of adults and children who lose weight
  - Number of adults who reduce their alcohol consumption
  - Number of physically inactive adults and children who increase their physical activity levels
18. The payment approach for the IWS is a block payment with service credits. A block payment gives the provider financial security with which to develop an innovative service model. To manage the financial and performance risk to the Authority, a service credit has been added to the payment approach. A service credit is a mechanism by which amounts are deducted from the contract value if the provider fails to meet the performance standards set in the service specification. To retain the service credit and to ensure that activity and resources are focused on areas of the greatest need, the provider is required to secure 60% of outcomes from the 40% least advantaged areas of Nottinghamshire.

## **Next Steps**

19. During the mobilisation period lasting from the 1st October 2019 until the end of March 2020, officers together with the provider will define overarching service outcomes and key performance indicators. These may evolve further over the lifetime of the contract, to reflect newly emerging needs and policy landscape. The provider will work closely with the incumbent providers to ensure a smooth transition for Nottinghamshire residents. The new provider is expected to build effective partnerships with local stakeholders.
20. As part of mobilisation, effective promotion of the new service is vital to ensure that Nottinghamshire residents and health and social care professionals are aware of the service. Although establishing the IWS brand will take time, the Council can play a role in promoting the service, particularly as it is a Council commissioned service. It is proposed that a series of launch events will be held across all the districts to meet the new provider and further establish partnerships with the wider community. It is also proposed to use targeted advertising to promote the service to priority groups and communities.

## **Alcohol Awareness Week**

21. Alcohol Change UK is a leading UK alcohol charity formed from the merger of Alcohol Concern and Alcohol Research UK. As part of Alcohol Change UK work, each year, they promote an alcohol awareness week which is focused on awareness raising and campaigning for change. The focus for this year's campaign (from the 11<sup>th</sup> to the 17<sup>th</sup> November) is 'Alcohol and Me'. The campaign will focus on encouraging people to test their knowledge around the drinking guidelines and health impact associated with drinking.
22. It is proposed that a local campaign in Nottinghamshire supporting this year's theme 'Alcohol and me' is undertaken through highlighting case studies in the local media. A social media plan will also be developed to promote the support available to people who wish to change their behaviour. Front line staff will also be utilised to offer intervention and brief advice to people at risk via information scratch cards.

## **Reasons for Recommendation**

23. A rigorous procurement process has been conducted using competitive dialogue which has resulted in ABL Health being the successful provider.
24. Whilst the provider will be primarily responsible for its own communications and service publicity, it is important for the Local Authority to be able to support the launch and ongoing delivery of the IWS through its own media channels. This would include using the County Council's social media channels and selective proactive press releases to promote specific aspects of the service throughout the duration of the contract.
25. As part of Alcohol Awareness Week, Nottinghamshire County Council Public Health Division would like to undertake a publicity campaign through the local media, social media and via front line staff and a press release to promote the 'Alcohol and Me' theme as well as the ability to undertake further ongoing alcohol and substance misuse communications.

## **Statutory and Policy Implications**

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

### **Crime and Disorder Implications**

27. No crime and disorder implications are contained within this report.

### **Financial Implications**

28. The IWS contract will be funded from the Public Health Grant.

### **Human Resources Implications**

29. No HR implications as this is a commissioned service.

### **Human Rights Implications**

30. No known human rights implications, service functions will still be provided and available to the communities across the County.

### **Implications in relation to the NHS Constitution**

31. No known NHS Constitutional implications. Further conversations are taking place with NHS Stakeholders across the County.

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

32. We have considered the equality implications of the consultations reach and completed an Equality Impact Assessment on the process. The document has been uploaded onto the Council's publicised page.

<http://www.nottinghamshire.gov.uk/jobs-and-working/equality/completed-equality-impact-assessments-eqias>

### **Smarter Working Implications**

33. No smarter working implications.

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

34. No additional safeguarding implications.

## **Implications for Service Users**

35. Service users will receive a new service offer which is integrated and coordinated. This should improve the information and support available to residents across the county.

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

36. The service model is working within local communities, responding directly to communities needs which will be more sustainable long term.

## **RECOMMENDATION/S**

It is recommended that the ASCPH Committee:

- 1) Approve the launch and continued service promotion of the IWS to Nottinghamshire residents for the duration of the contract.
- 2) Approve that the County Council supports the Alcohol Awareness Week from the 11<sup>th</sup> to the 17<sup>th</sup> November and contribute towards ongoing substance misuse and alcohol communications.

**Jonathan Gribbin,  
Director of Public Health**

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

Rebecca Atchinson, Senior Public Health and Commissioning Manager:

[Rebecca.atchinson@nottsc.gov.uk](mailto:Rebecca.atchinson@nottsc.gov.uk) or

Matthew Osborne, Health Improvement Principal:

[matthew.osborne@nottsc.gov.uk](mailto:matthew.osborne@nottsc.gov.uk)

## **Constitutional Comments (AK 29/10/2019)**

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

## **Financial Comments (DG 10/10/19)**

38. The IWS budget envelope is £2,630,000 per year and will be funded from the Public Health grant.

## **Background Papers and Published Documents**

39. 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.

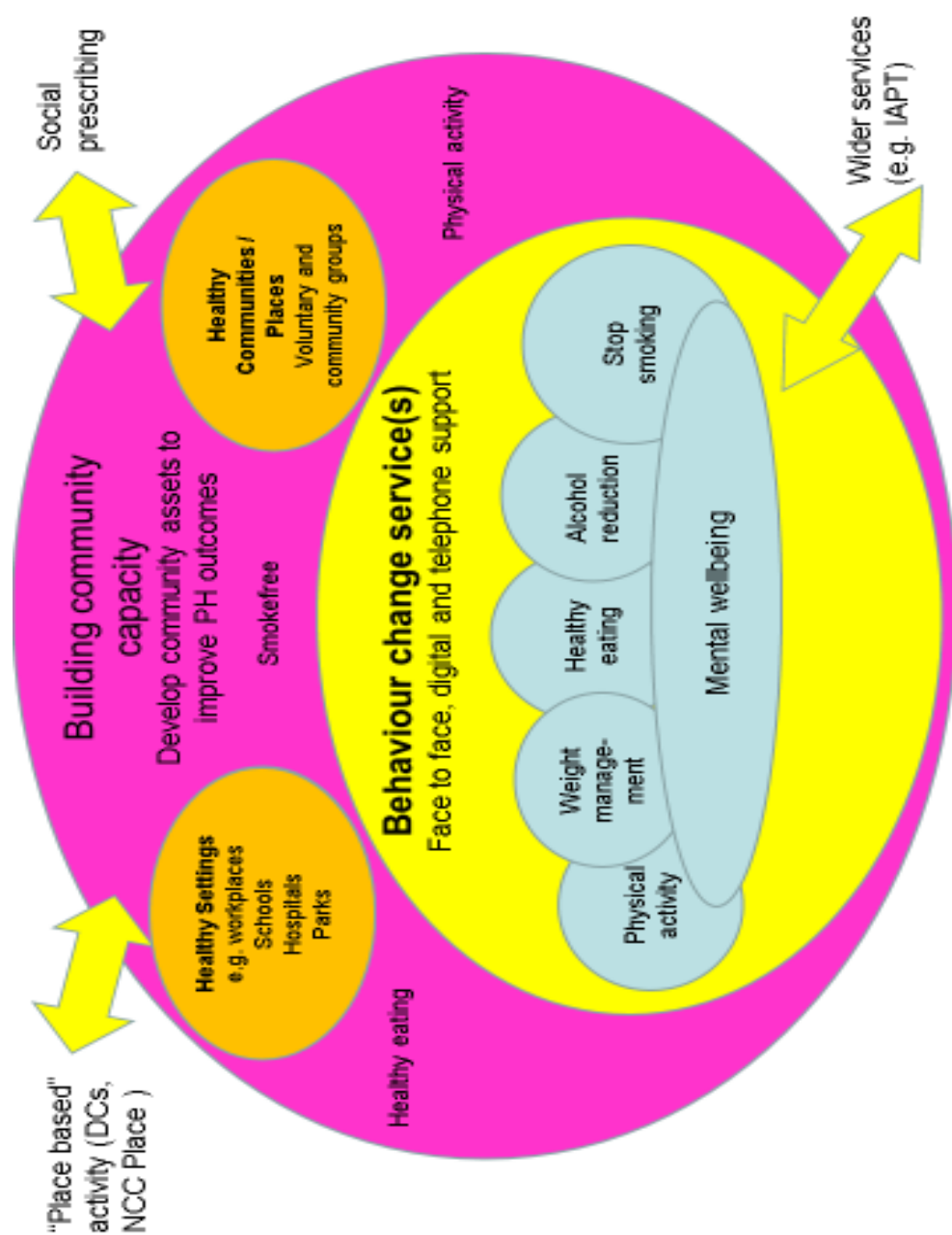
- Commissioning Intentions paper – February 2018 – Adult Social Care and Public Health Committee.
- Commissioning Intentions paper Integrated Wellbeing Service – October 2018 – Adult Social Care and Public Health Committee.

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

All



## Appendix 1



Nottinghamshire  
County Council

Integrated Wellbeing Model

v2



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

### **BRUSHING BUDDIES: A SUPERVISED TOOTH-BRUSHING SCHEME - EVALUATION REPORT**

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

1. To inform Members of the evaluation of the *Brushing Buddies* supervised tooth-brushing scheme, which forms part of the County Council's commissioned oral health promotion service, to request that Members consider whether there is any additional action that they wish to be taken, and to seek approval for promotional activity to publicise the *Brushing Buddies* service and the results of the evaluation.

#### **Information**

2. Nottinghamshire is similar to or better than the national average with regards to oral health outcomes. National surveys of both adults' and children's oral health show improvements over time, reductions in decayed, missing and filled teeth in children, and adults keeping teeth longer as they age. However, oral health diseases continue to be widespread, despite being highly preventable. Tooth decay affects around 20% of five-year olds in Nottinghamshire, and oral health inequalities persist, usually associated with socio-economic background.
3. As part of its Public Health responsibilities, the Council has a statutory duty to "provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas".
4. The Council commissions an oral health promotion service, which provides oral health promotion training for frontline staff in dental, children's and older people's services, a resources service and a supervised tooth-brushing scheme. These activities are all in line with National Institute of Clinical Excellence (NICE) and Public Health England (PHE) guidance<sup>1</sup>. Contract performance is reported to Committee within the quarterly report on performance and quality in Public Health commissioned services. The service is provided by Nottinghamshire Healthcare NHS Foundation Trust.
5. As part of this service, the *Brushing Buddies* supervised tooth-brushing scheme operates in 23 Nottinghamshire schools with linked nurseries, selected on the basis of local oral health need. The evidence-based intervention aims to introduce a life skill and improve the oral health of children aged between 3 and 6 years of age, giving them an opportunity to brush their teeth

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<sup>1</sup> NICE PH55 *Oral Health: Local authorities and partners (2014)*; and PHE *Oral Health Toolkit for Local Authorities (2014)*

during the school day. 140 teachers have been trained to deliver the programme and around 2,900 children are currently taking part. Whilst the Brushing Buddies scheme itself is restricted to the target schools, all county schools have access to the service's Teeth Tools for Schools curriculum-based resource for teaching staff, which is actively used by around two thirds of schools at present.

6. Research demonstrates that the application of fluoride toothpaste in a supervised school-based intervention can have a significant beneficial effect on children with high risk of tooth decay. PHE estimates the return on investment to be £3.66 per £1 spent after ten years. In the local scheme, analysis of pre-participation questionnaires given to parents showed the opportunities for improvement of children's oral health, with 22% of responding parents stating their child only brushed their teeth once a day and 28% that they had not been to a dentist.
7. Teacher and parent comments demonstrate that the scheme is valued, with both reporting positive impacts for the children. For example, one father wrote: "*My little girl hated tooth-brushing before, but now she encourages the whole family to tooth-brush*". Obtaining feedback from the young children themselves is done imaginatively by asking the children to draw pictures of themselves tooth-brushing. Year 1 children (aged 5-6) are also asked some simple questions, for example whether they brushed their teeth that morning or whether they had ever visited the dentist. Responses show that the Year 1 children understand why brushing their teeth is important. 100% of teachers who took part in the scheme stated that their knowledge and confidence had increased as a result. Overall the evaluation has provided evidence for improving the approach to oral health in children.
8. The service continues to use the results of monitoring and evaluation to plan its activity, with the following actions planned for 2019/20:
  - a. Encourage communication between schools and linked dental practices
  - b. Offer more engagement opportunities to parents
  - c. Encourage partnership working, for example with the Schools Health Hub and Healthy Families Teams
  - d. Create opportunities for child engagement, such as drawing competitions
  - e. Continue to offer oral health promotional activities to children and parents
  - f. Plan to participate in National Smile Month for 2020.
9. The 2018/19 Annual Report on the *Brushing Buddies* programme is attached at Appendix A. This contains a detailed evaluation of the work of the supervised tooth-brushing scheme.

### **Other Options Considered**

10. None.

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

11. To provide an opportunity for Members to consider and comment on the quality of Public Health activity commissioned by the Council.

### **Statutory and Policy Implications**

12. 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**

13. The commissioned oral health promotion service has a total annual value of £83,000, which is met out of the Public Health grant.

### **Implications in relation to the NHS Constitution**

14. The supervised tooth-brushing scheme is a targeted element within the wider oral health promotion service. The targeted schools were selected on the basis of local oral health need. As such, the scheme is compliant with the wider social duty in the NHS constitution to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health are not keeping pace with the rest of the population.

### **Implications for Service Users**

15. Evaluation of Public Health services is a mechanism by which commissioners can secure assurance about the safety and quality of services funded with Public Health grant.

## **RECOMMENDATION**

- 1) That Committee considers the *Brushing Buddies* annual evaluation report and decides whether there is any additional action that Members wish to be taken.
- 2) To approve promotional activity to publicise the *Brushing Buddies* service and the results of the evaluation.

**Jonathan Gribbin**  
**Director of Public Health**

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

Geoff Hamilton, Senior Public Health and Commissioning Manager  
(Tel: 0115 9772646; email: [geoff.hamilton@nottsc.gov.uk](mailto:geoff.hamilton@nottsc.gov.uk))

### **Constitutional Comments (LW 30/10/2019)**

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

### **Financial Comments (DG 10/10/2019)**

17. The costs are funded from the Oral health promotion service which has a budget of £83,000, which is met out of the Public Health grant.

## **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.

- [Public Health England \(PHE\) Children's oral health profile for Nottinghamshire compared to England](#)
- [PHE return on investment of oral health improvement programmes for 0-5 year olds](#)
- [NICE Public Health Guideline 55 Oral Health: Local Authorities and Partners](#)
- [PHE Local Authorities improving oral health: commissioning better oral health for children and young people – an evidence-informed toolkit for local authorities](#)

## **Electoral Divisions and Members Affected**

- Wards where participating schools during 2018/19 were located are as follows:
  - Arnold South (Arnbrook Primary and Nursery; Arnold Mill Primary)
  - Ashfields (Leamington Primary and Nursery)
  - Beeston Central and Rylands (John Clifford Primary)
  - Blidworth (Blidworth Oaks Primary)
  - Bramcote and BeestonNorth (Beeston Fields Infants)
  - Carlton East (St John the Baptist Primary)
  - Eastwood (Brookhill Leys Infant and Nursery; Springbank Primary)
  - Farndon and Trent (Christ Church CofE; Mount CofE)
  - Hucknall West (Holgate Primary)
  - Kirkby North (Abbey Hill Primary; Morven Park Primary and Nursery)
  - Mansfield East (Oak Tree Primary and Nursery)
  - Newark West (Sir Donald Bailey Academy)
  - Newstead (Burntstump Seely CofE; Hawthorne Primary)
  - Retford West (St Joseph's)
  - Southwell (Holy Trinity)
  - Sutton North (Healdswood Infants)
  - Sutton West (Brierley Forest Primary)
  - Toton, Chilwell and Attenborough (Sunnyside Primary)

# brushingbuddies

## A Supervised Toothbrushing Programme Annual Report 2018 – 2019 (Year 3)



*'Brushing Buddies' is a supervised toothbrushing programme within targeted schools identified in Nottinghamshire County. The Oral Health Promotion team provide schools with the knowledge, skills and resources to deliver their own unique onsite supervised school-based toothbrushing programme.*

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## **Introduction & Background**

In 2014, both NICE and PHE published key documents, which upon reviewing the evidence of effectiveness of oral health improvement programmes, both recommended the commissioning of targeted supervised toothbrushing in early years' settings, (*Improving oral health: A toolkit to support commissioning of supervised toothbrushing programmes in early years and school settings*, PHE 2016).

The National Dental Epidemiology Programme for England, Oral Health Survey of Five year old children completed in 2014 demonstrated that: in England 24.7% of 5 year old children surveyed had experienced dental decay, in Nottinghamshire 21% of those examined from the sample showed signs of decay. The average number of decayed, missing or filled teeth (dmft) in the whole English sample was: 0.8. In Nottinghamshire County it was 0.6, areas of Nottinghamshire County have made some progress in reducing dental decay. The National Dental Epidemiology Programme for England, Oral Health Survey of Five year old children completed in 2017 demonstrated a small improvement to 20.1% of 5 year olds in Nottinghamshire now showed signs of dental decay (an improvement of 0.9%). Nevertheless, continued support is required to ensure continued improvements in child dental health, including regular tooth brushing using fluoride toothpaste, reducing the consumption of sugary snacks and fizzy drinks and supporting access to dental services.

It is acknowledged that the dental health of individuals from the lower end of the socioeconomic scale is markedly worse than that of individuals from the upper end (Locker, 2000).

## **Outline of Brushing Buddies**

The Brushing Buddies supervised toothbrushing scheme is an evidence-based intervention across 23 Nottinghamshire schools. The intervention aims to introduce a life skill & improve the oral health of young children. The intervention involves children aged between 3-6 years to be given an opportunity to brush their teeth during the school day, as research demonstrates that the application of fluoride toothpaste in a supervised school-based intervention can have a significant effect on children with high caries risk (Curnow et al., 2002).

## **The Aim**

The aim of the programme is to utilise 'teacher power' by training and empowering teaching staff to become 'brushing buddies' supporting their students. After receiving training onsite to accommodate the individual needs of the school site, staff and students, schools receive resources and materials to deliver the programme under the regular monitoring and careful supervision of the Oral Health Promotion Team.

The Oral Health Promotion Team targets the most deprived wards within Nottinghamshire County. The programme is based on evidence of good practice (Childsmile, Designed to smile and Bradford's Building Brighter Smiles).

The programme was commissioned to commence April 2015.

The first year focused on nursery children (cohort 1) to deliver the programme where children will be supervised to brush their teeth once a day.

The second year followed cohort 1 in to reception (foundation 2) but also embraced the new nursery children (cohort 2).



The third year will follow cohort 1 in to year 1, follow cohort 2 in to reception and embrace the new nursery children (cohort 3).

The aspiration is that everyone should brush twice a day, but for the purposes of Brushing Buddies the focus is toothbrushing once a day in school but also encouraging parents to continue to help children to brush their teeth twice a day at home.

## The Target

Targeting of the programme is important. The evidence states that supervised tooth brushing programmes are more effective in areas of high tooth decay rates and less effective when children are already brushing their teeth at least twice a day with fluoride toothpaste. The positive impact on inequalities depends on appropriate targeting of high risk populations, high engagement rates, compliance and retention. Successful implementation depends on engaging with parents, schools and early years settings. The Oral Health Promotion Team monitors and ensures teacher supervision and provides ongoing support in terms of training, cross-infection control and consent for participation.

Brushing Buddies is also supported by the Teeth Tools for Schools curriculum based resource for teaching staff, in 2016-17 at least 74% of all Nottinghamshire County schools were actively using the educational resources (100% of Brushing Buddies schools). In 2017-18 this grew to 94% (100% Brushing Buddies schools) which was attributed to the introduction of a FREE online version available through the Oral Health website [www.nottinghamoralhealth.com](http://www.nottinghamoralhealth.com). 2018-19 saw many changes in schools, every school was contacted by email, survey monkey and also telephone to capture the most up to date data. 282/284 schools responded (99%) where upon 195 (66%) were actively using the resource, 87 schools pledged to use it in the very near future. 2 schools did not respond to any method of communication.

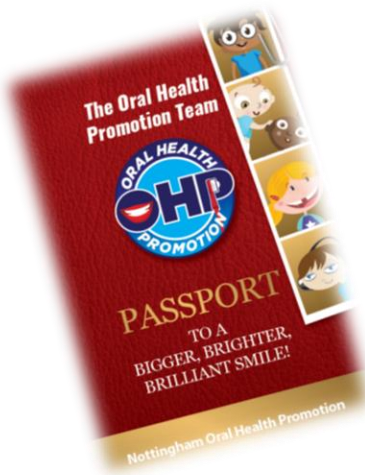
Area	2013	2014	2015	2016	2017	2018 New System
Bassetlaw	30/50 (58%)	34/50 (68%)	25/50 (50%)	28/50 (56%)	49/51 (96%)	50/50 (100%) Contacted 30/50 (60%) Using 20/50 (40%) Pledged
Mansfield	19/35 (54%)	22/55 (62%)	31/35 (89%)	29/35 (83%)	34/35 (97%)	35/35 (100%) Contacted 24/35 (69%) Using 11/35 (31%) Pledged
N & S	21/47 (45%)	29/47 (62%)	29/47 (62%)	39/47 (83%)	44/47 (94%)	45/46 (98%) Contacted (Minster) 27/46 (59%) Using 18/46 (39%) Pledged
NNE	18/41 (44%)	34/41 (83%)	34/41 (83%)	31/42 (76%)	37/40 (93%)	41/41 (100%) Contacted 27/41 (66%) Using 14/41 (34%) Pledged
NW	21/36 (58%)	25/36 (69%)	35/36 (97%)	35/36 (97%)	36/36 (100%)	35/36 (97%)Contacted (Beeston Rylands Jun) 29/36 (81%) Using 6/36 (17%) Pledged
Rush	19/38 (50%)	24/38 (63%)	29/38 (76%)	17/38 (45%)	32/38 (84%)	39/39 (100%)Contacted 29/39 (74%) Using 10/39 (26%) Pledged
Ashfield	18/38 (47%)	21/38 (55%)	15/38 (39%)	30/33 (91%)	36/38 (95%)	37/37 (100%) Contacted 29/37 (78%) Using 8/37 (22%) Pledged
County	146/285 (51%)	189/285 (66%)	198/285 (69%)	209/281 (74%)	268/285 (94%)	282/284 (99%) 195/284 (69%) Using 87/284 (31%) Pledged 2/284 Unable to contact = 0.7%



## Brushing Buddies Resources

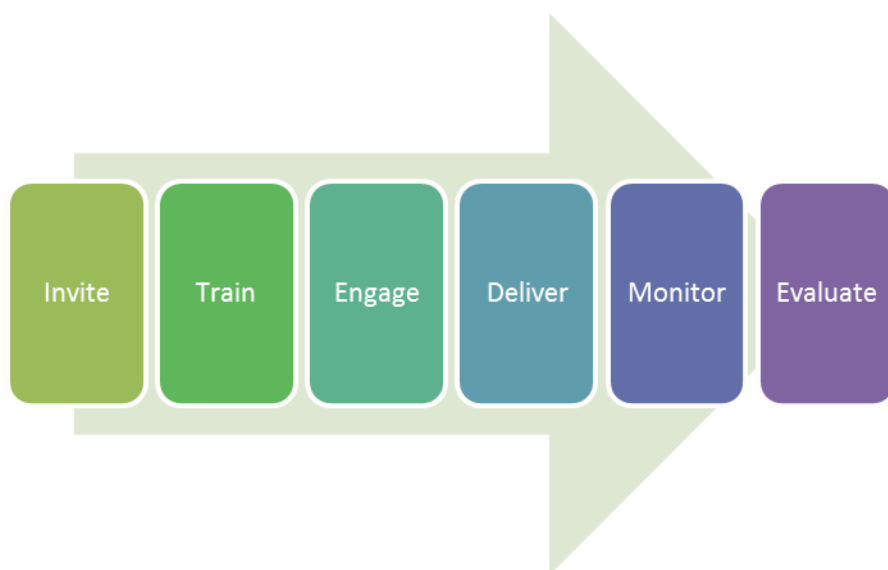
The chart below outlines the resources required for a class of 30 children.

- Fluoride Toothpaste (50 tubes per year)
- Age-appropriate toothbrush (8 per child per year)
- Storage units (1 x 20 hole, 1 x 10 hole or 1 x 30 hole)
- Plates (2 plates)
- Take home pack (toothbrush and toothpaste)
- Oral Health Passport ( 1 per child)
- Electronic resources (Guidance document, wall chart, toothbrushing charts, certificates, parent leaflet, consent form, cleaning chart etc)
- Set of story books (also electronic copy shared)
- Copy of teeth Tools For Schools Educational Resource (Electronic copy also shared)



## Process Plan

To ensure consistency, co-operation and full engagement, a simple six step system is followed.



**Invite:** Formal invitations sent to Head Teacher and Nursery/Foundation Lead.

**Train:** All staff associated with the programme are trained before commencement of programme. This ensures all staff are competent and confident to support the programme delivery as well as able to support children and families. *Refer to Appendix 1: Brushing Buddies Training Outline*

**Engage:** Schools are encouraged to engage with families to ensure maximum consent and promote good oral health at home. The Oral Health Promotion Team supports each site with a range of promotional activities and resources. *Refer to Appendix 2: Brushing Buddies Core Offer*

**Deliver:** Every child is offered the opportunity to brush on site once a day.

**Monitor:** The Oral Health Promotion Team visits each site at least once a term to ensure best practice is followed and reduce any risk factors.

**Evaluate:** Evaluation is ongoing with teachers, families and children.

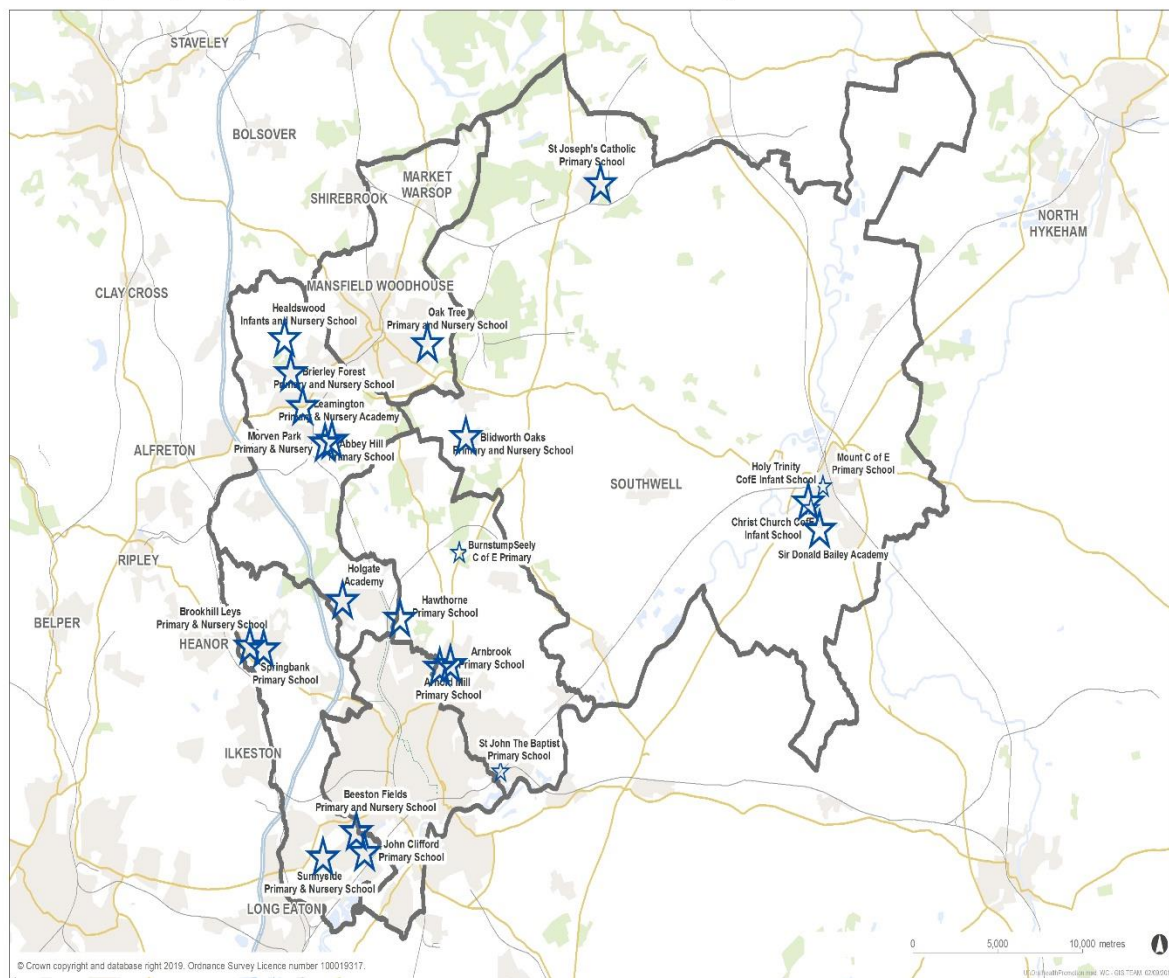


## School Details

Following instruction and ongoing data provided by Commissioners, 20 Nottinghamshire County schools from the most deprived wards were invited to participate within the “Brushing Buddies” Programme.

**Figure 2 Map of Nottinghamshire County Brushing Buddies Schools 2018/19**

### Schools participating in the Notts Oral Health Promotion Service | 2019



## Who is involved in delivering Brushing Buddies?

It is important to appreciate the diversity of each individual school and child. Every school is running the programme to accommodate their unique facilities, workforce, fluctuating numbers and the autonomous child in addition to a tight demanding curriculum. Brushing Buddies relies upon the support from a variety of staff, support workers, families and students to enable it to be successful. From 2017 every school will be 'buddied' with a local dental practice to promote the importance of dental access and encourage a strong working relationship.



## Programme variations

Every Brushing Buddies school has an individual way of delivering the programme with in their school. Some examples include:

### Carpet/Table Area Brushing Techniques

This year the majority of three – four year olds (F1), four - five year olds (F2) and five to six year olds (Y1) sites are tooth brushing in a dry area, often a carpet area or table top. Brushing Buddies in Nottinghamshire County has 23 F1/F2/Y1 sites participating in this way.

### Sink Area Brushing Techniques

This year saw just 2 classes from the 23 sites preferring a sink method.

### Additional input

There are now 4 sites where the preschool (2-year olds) have been included. These sites all currently follow the carpet/table method.



## School Engagement

To support the Brushing Buddies programme an array of additional oral health engagement activities are offered and arranged.

- Assemblies (whole school and year group)
- Tales with the Tooth Fairy
- Parent workshops
- Health Events
- Story Café
- Stay and play sessions
- Transition sessions
- Media opportunities; radio and television interviews

"A little girl in nursery refused to toothbrush at first and it took several weeks to coax her in to holding a toothbrush with toothpaste on and now she toothbrushes in a group every "day" 15.01.19



## Evaluation Methodology /Outcome evaluation

	School	2 Year Old Unit	Nursery	Reception	Year 1	Consent %
1	Abbey Hill Primary School	32	80	32	34	100%
2	Arnbroom Primary School	N/A	20	34	83/90	95%
3	Arnold Mill	N/A	33	45	N/A	100%
4	Beeston Fields Primary School	N/A	52	60	60	100%
5	Bestwood Village Hawthorne Primary	N/A	40	30	31	100%
6	Blidworth Oaks	13	50	45	N/A	100%
7	Brierley Forest Primary and Nursery School	N/A	78	60	N/A	100%
8	Brookhill Leys Primary & Nursery School	N/A	90	60	60	100%
9	Burnt Stump Primary	N/A	3	10	N/A	100%
10	Christ Church CofE Infant School	4	22	30	32	100%
11	Healdswood Infants and Nursery School	N/A	78	N/A	N/A	100%
12	Holy Trinity (Replaces Mansfield Primary / Park Gate)	N/A	60	45	N/A	100%
13	Holgate Primary	N/A	78	60	N/A	100%
14	John Clifford	N/A	32	60	N/A	100%
15	Leamington Primary and Nursery Academy	N/A	100	60	60	100%
16	Morven Park Primary and Nursery School	N/A	60	60	60	100%
17	Mount CofE Primary and Nursery School	N/A	60	30	60	100%
18	Oak Tree Primary and Nursery School	N/A	60	40	30	100%
19	Springbank Primary School	N/A	50	30	30	100%
20	St Johns C of E Primary	N/A	N/A	30	29/30	98%
21	St Joseph's Catholic Primary	N/A	60	30	30	100%
22	Sunnyside Spencer Academy	N/A	46	30	N/A	100%
23	Sir Donald Bailey Academy Leaving Summer 2019	32	178	45	N/A	100%
	<b>TOTAL</b>	<b>81</b>	<b>1252</b>	<b>938</b>	<b>599/647</b>	<b>2910/2918 (99.7%) *8 non consents in Year 1</b>



## Process evaluation

### A. Parents

The Oral Health Promotion Team offer parent engagement opportunities to all schools.

All parents are invited to complete a questionnaire prior to commencement of Brushing Buddies. To date: 314 parents have responded from Nottinghamshire County (3% stated their child did not have their own toothbrush at home, 34% of parents stated they struggled with toothbrushing at home and 36% stated their children struggled with toothbrushing at home, 22% stated their child only brushed once a day, 94% stated they knew how to find a dentist yet 28% had not yet been to the dentist, 11% of those that had been to the dentists needed treatment, 25% stated their child still used a bottle/dummy, 83% felt toothbrushing at school would help at home).



#### **Post parent engagement comments include:**

A father said "My little girl hated tooth brushing before, but now she encourages the whole family to toothbrush."

A Mother said "I have really noticed a difference during tooth brushing at home, it is much easier."

A Mother said "My child is much happier visiting the dentist and engages in teeth matters."

A Parent said "My child has shown her 2 siblings how much toothpaste they should be using."

Three Parents stated they were pleased how the 2 minute timer had helped their children brush for longer.



## **B. Teachers**

### **Pre-programme:**

During 2016-17 in Nottinghamshire County 183 teaching staff were trained to deliver the Brushing Buddies programme where 100% felt it had increased their knowledge and confidence and were motivated to commence. In 2017 -2018, 60 additional staff were trained where 100% felt it had increased their knowledge and confidence and were motivated to commence. In 2018- 2019, 140 staff were trained, 100% felt their knowledge and confidence had increased. This year saw the introduction of all staff being encouraged to attend a refresher training session at the beginning of the New School Year. This was to ensure knowledge was kept high, poor habits kept to a minimum and the confidence of the current staff could help motivate new staff. This will become standard practice for the new school year - September 2019.

Comments from teaching teams included:

"We are feeling really confident and can't wait to start in 2 weeks' time" Sir Donald Bailey  
"We are feeling really positive but not sure what time we will brush yet, we are really excited about the parent engagement activities" Butlers Hill  
"We are really keen to start the programme with Nursery" Arnbrook  
"We are really excited about taking part with Brushing Buddies as we were part of the pilot programme"  
"A little boy in nursery refused to even hold his toothbrush at first but once he saw the other children toothbrushing he joined in." Springbank

### **Post Programme Evaluation:**

Nottinghamshire County schools took part in an end of year evaluation. All attended a training session (100%) and all stated they increased in confidence and knowledge.

- ***When asked what they enjoyed the most about the programme, some stated:***

"Enjoy talking about the health impacts of brushing your teeth" Christ Church  
"The progress the children have made throughout the programme" Jeffries  
"I think that knowing that we have made a difference to the health of our children's teeth" St Josephs  
"Watching the children gain confidence through brushing at school" Abbey Hill  
"The children's enjoyment and excitement of brushing their teeth in school" Leamington.  
"That this educates both the children and their parents. It also gives children an extra opportunity to be independent" Oak Tree Lane

- ***When asked what they enjoyed least about the programme, some schools stated nothing but other comments included:***

"At the beginning it was difficult to fit everything in that we do in nursery, but we worked hard together and now it flows really well" St Josephs  
"Washing the toothbrush rack on a weekly basis" Abbey Hill.  
"Fitting it into the busy day" Leamington.



- **Other comments include:**

"We use this to aid phonics, maths and PSHE" Christ Church

"Children are very engaged and show high levels of enjoyment, routines are now in place and it is very successful" Jeffries

"Thank you for everything and we look forward to working with you again in September" St Josephs

"We have found the staff all very helpful, approachable and friendly. If we've needed anything they have been in touch promptly". St Josephs

"There are a few children with ASD and behavioural issues that won't brush at home but enjoy doing it in school as part of our routine" Christ Church.

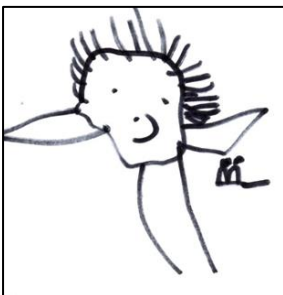
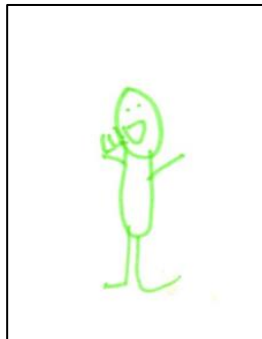
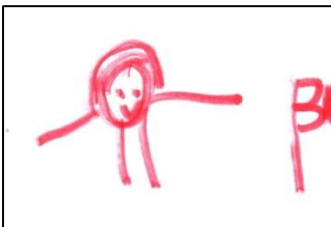
"One of our children really disliked toothbrushing at home, so we sent a tube of toothpaste and a toothbrush from school and now he enjoys it at home and school" Healdswood.

"One family said they do not like spending money on toothbrushes, so we sent some home and now all the children brush at home at least once a week" John Clifford.

### C. Students

It has proved very difficult at this age to obtain feedback without it being too directed therefore influencing the feedback. The Oral Health Team visited various schools and asked the children to draw a picture of themselves toothbrushing.

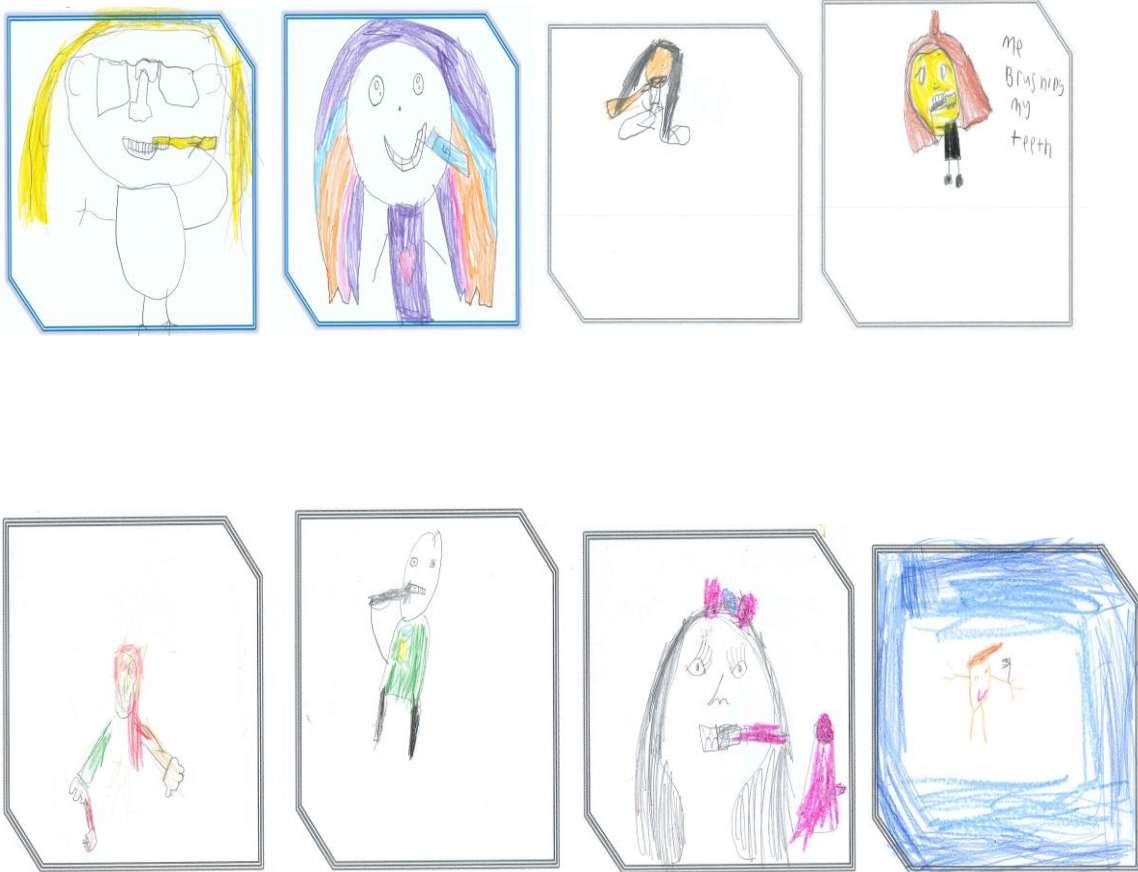
**Here is a sample of the results from Reception children:**



**Here is a sample of the results from Year 1:**

We asked Year 1 students for some feedback and 140 responded; 75% stated they enjoyed toothbrushing at school, 77% had brushed teeth at home that morning and 75% had remembered to brush teeth the night before; 82% stated they had visited a dentist.

We also asked year 1 students why they thought it was important to brush their teeth, their responses included 'so your teeth don't fall out; so you do not get black teeth; to have shiny teeth; for healthy teeth.'



## Reflections from the Oral Health Team

At the beginning of the programme it was hard to imagine that schools would come on board and deliver Brushing Buddies on site in the short time available. In the beginning it was a challenge embracing some negativity from some schools and working hard with the teams to turn it into a positive experience. But now all the schools are really motivated and use their unique skills and knowledge to the advantage of their individual school, students and families.

This last year has been the most difficult year yet to motivate and encourage schools to continue with the Brushing Buddies Programme. The team have worked extremely hard to support school staff to overcome: staff shortages, reduced workforces, increasing numbers of SEND children in class with an array of complex challenges and the amount of curriculum based activities they need to complete in a school day. This is also in addition to the additional onsite duties they need to complete.



“I am proud to say all of the schools have embraced the programme and we as a team truly appreciate how difficult it is in an already challenging environment and packed schedule; juggling OFSTED, child protection and a busy curriculum is challenge enough without the addition of daily toothbrushing. So to hear such positive feedback and amazing comments justifies all the hard work of all partners involved” Julia Wilkinson (Senior Health Promotion Specialist - Oral Health).



## Recommendations

Brushing Buddies strives to constantly evolve and develop due to the active engagement of the schools and also responding to any feedback shared. Therefore the following actions have been implemented for the new school year:

### **Toothpaste (2016)**

Feedback from staff and observations during monitoring has highlighted that some children are reluctant to “spit out” excess toothpaste. Therefore the Brushing Buddies Guidance and Training will advocate using a smear of fluoride toothpaste rather than the recommended guidance of a small pea-sized amount of Fluoride toothpaste. This should reduce any risk and reduce the amount of froth created when tooth brushing.



### **Toothbrush Stickers (2017)**

Feedback from staff and demonstrations from monitoring visits highlighted the difficulty in putting the small stickers onto the toothbrushes to identify the child to the allocated child number. Therefore permanent marker pens were provided alongside the stickers to allow staff to write the **child's number or name onto the brush (and toothbrush racks).**



### **30 Hole Toothbrush Rack (2018)**

The costs for the 30 hole toothbrush racks soared in 2017, therefore an alternative supplier was sought, although this took additional time to source the outcome will save costs. The new rack also introduces numbered toothbrushes too, therefore the toothbrush stickers and permanent marker pens will cease from September 2018.





### **New 30 Hole Toothbrush Rack and Numbered toothbrushes (2019)**

The team are always looking to improve the service and commissioned a slim line version of the 30 hole rack that was locally manufactured. Listening to feedback from staff and students, the racks were also made in bright colours in addition to the matching toothbrushes having the numbers printed on them - the teaching staff have been extremely positive about the racks and the new toothbrushes as the stickers were problematic.



## Summary & Conclusions

2018-19 was another successful year for Brushing Buddies, the programme continues to develop thanks to the ongoing support and engagement from local schools, parents and partner organisations. Strong foundations have been formed and are maintained with all schools and communication networks continue to grow through regular schools visits, a steady newsletter and the new “BFG” Brushing Buddies Focus Group which aims to meet twice a year at volunteer schools. Moving forward the Oral Health Team plan to offer more engagement activities within schools to ensure the teams remain enthusiastic and motivated. Flexibility is key to partnership working!

<p><b>Advantages:</b></p> 	<p><b>Challenges:</b></p> 
<ul style="list-style-type: none"> <li>✓ The positive impact Brushing Buddies has made within local schools and families.</li> <li>✓ The ongoing interest from other areas within the UK requesting information on how Brushing Buddies is implemented in Nottingham.</li> <li>✓ Children designing the artwork that has been received well by children and schools.</li> <li>✓ The flexibility of Brushing Buddies has enabled every school to embrace the programme uniquely to them.</li> <li>✓ Building a firm foundation and a strong relationship with both team and school.</li> <li>✓ Children now toothbrushing <u>at least</u> once a day.</li> <li>✓ A new found relationship between school and local dental practice.</li> <li>✓ Schools wanting to embrace the programme across the whole school.</li> <li>✓ Interest from schools that are not targeted; leading the way for a potential income regeneration opportunity.</li> <li>✓ The creation of a new oral health toolkit to support safeguarding in school.</li> </ul>	<ul style="list-style-type: none"> <li>⚠ Accommodating varying sizes of classes and groups; matching to rack size and resources i.e. 20 children did not mean one 20 rack it could mean 3 10 racks to accommodate group sizes.</li> <li>⚠ Gaining access to school (parking and monitoring).</li> <li>⚠ Fluctuations in school populations throughout the year.</li> <li>⚠ Appreciating the other commitments within school – safeguarding, Ofsted, Christmas and curriculum.</li> <li>⚠ Concerns over the amount of toothpaste swallowed versus spat out.</li> <li>⚠ Language barriers can affect the time taken to return consents.</li> <li>⚠ Special educational needs require further support and direction over participation.</li> <li>⚠ Keeping the schools motivated.</li> <li>⚠ Predicting the amount of stock required, usage often exceeds this.</li> <li>⚠ Staff turnover and movement through school as this means additional training sessions will need to be delivered as and when.</li> <li>⚠ Some staffing structures are not confirmed until late on in the year or early in the school year and this can make planning training difficult.</li> </ul> <p><b><i>An infection control review is planned for Summer 2019 to ensure current practices remain stringent.</i></b></p>



## Planned for 2019 – 2020

Building on the success of 3 previous years and feedback from Brushing Buddies monitoring, focus groups and evaluation the following activities are proposed for the school year 2019 – 2020 in Nottinghamshire County.

**Dental Access:** Each school is linked with a Local Dental Practice to motivate regular dental attendance and build strong relationships for future health promotion activities. Promotional involvement including Dental Access Tickets will be offered. New schools to the programme will be associated with a dental practice within their first term. This year stronger communication will be encouraged between school and dental practice.

**More engagement with parents:** Active engagement with schools has demonstrated an improved relationship and enthusiasm from each school. Therefore the new school year will see more engagement opportunities with parents offered to strengthen and extend current links further, in addition to promoting home oral hygiene routines.

**The wider community:** Building on the success of the Brushing Buddies Task Group and now that Brushing Buddies is firmly placed in the community, the Oral Health Team will encourage increased participation and communication streams from local partner organisations such as the Healthy Schools Hub, Healthy Families Teams, Volunteers and children's centres etc. Brushing Buddies is an ideal platform to break down barriers to family engagement and support local health interaction.

**Child participation:** As the children move through the school and improve their ability to communicate their thoughts, the Oral Health Promotion Team will create engagement opportunities to capture this i.e. drawing competitions and focus groups.

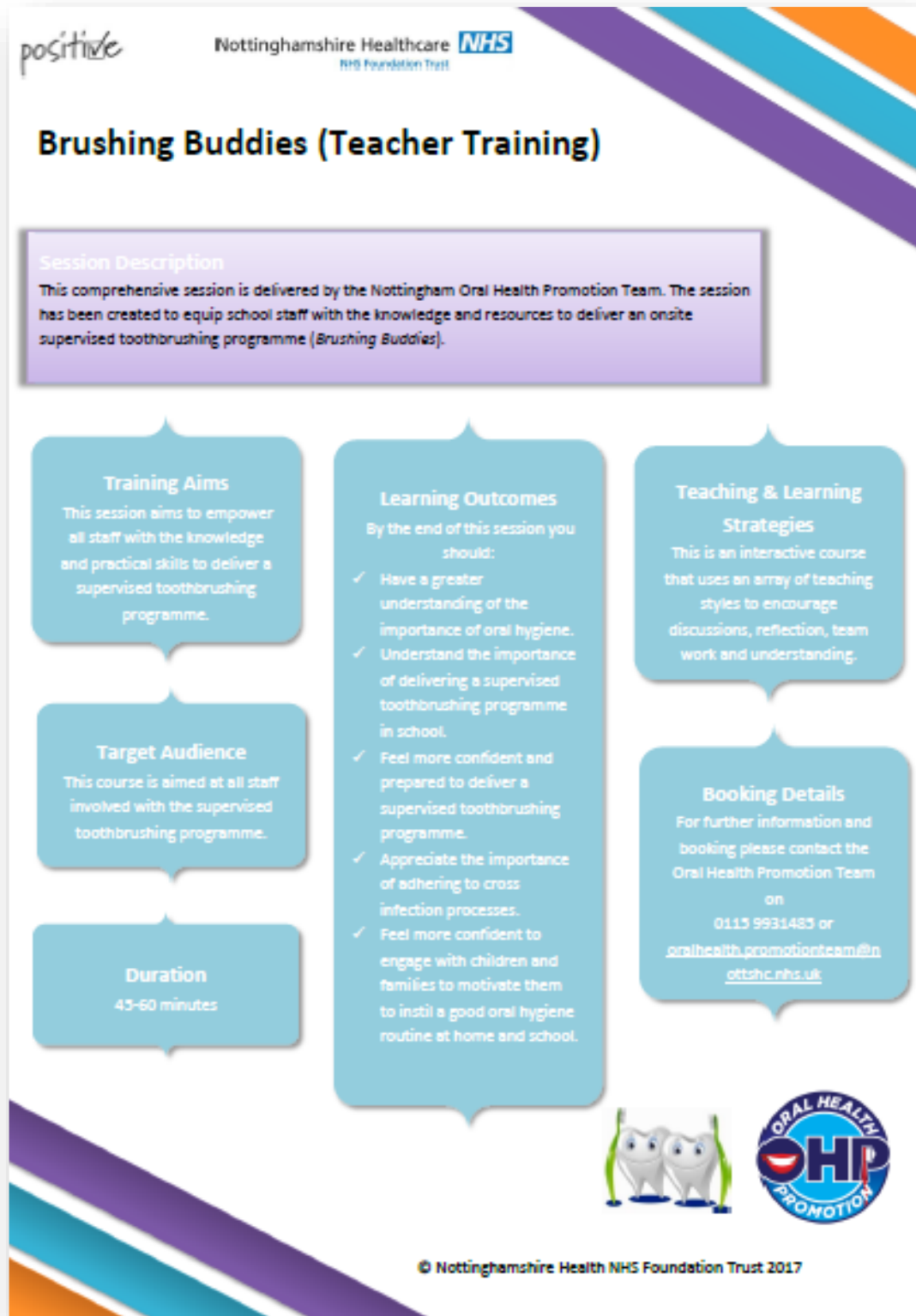
**Promotional activities:** To build strong relationships and to keep the schools engaged and motivated over the last 12 months the team have delivered a variety of oral health promotional activities with children and parents. Due to the huge success and positive feedback from schools, engagement activities will continue to be offered.

**National Smile Month** (Smiles Across The Miles): During National Smile Month 2019 all Brushing Buddies sites were encouraged to take part in a "tickle your teeth at ten o'clock for 2 minutes" on a specific during National Smile Month to raise awareness of the importance of oral hygiene. This initiative was led by the Nottingham Oral Health Team but also delivered across Derbyshire, Derby City, Lincolnshire, Lincoln City, Northamptonshire, Leicestershire and Leicester City. The campaign will be coproduced and promoted again for 2020 following engagement with schools to ensure maximum reach and output.



## Appendices

### Appendix 1: Brushing Buddies Teacher Training Outline



The poster is titled "Brushing Buddies (Teacher Training)" and is part of the Nottinghamshire Healthcare NHS Foundation Trust initiative. It features a purple and blue color scheme with diagonal stripes in the corners. The content is organized into several sections: "Session Description" (purple box), "Training Aims", "Target Audience", "Duration", "Learning Outcomes", "Teaching & Learning Strategies", and "Booking Details" (all in blue boxes). At the bottom, there are illustrations of two smiling tooth characters and the Oral Health Promotion logo.

**positive** Nottinghamshire Healthcare **NHS**  
NHS Foundation Trust

## Brushing Buddies (Teacher Training)

**Session Description**  
This comprehensive session is delivered by the Nottingham Oral Health Promotion Team. The session has been created to equip school staff with the knowledge and resources to deliver an onsite supervised toothbrushing programme (Brushing Buddies).

**Training Aims**  
This session aims to empower all staff with the knowledge and practical skills to deliver a supervised toothbrushing programme.

**Target Audience**  
This course is aimed at all staff involved with the supervised toothbrushing programme.

**Duration**  
45-60 minutes

**Learning Outcomes**  
By the end of this session you should:

- ✓ Have a greater understanding of the importance of oral hygiene.
- ✓ Understand the importance of delivering a supervised toothbrushing programme in school.
- ✓ Feel more confident and prepared to deliver a supervised toothbrushing programme.
- ✓ Appreciate the importance of adhering to cross infection processes.
- ✓ Feel more confident to engage with children and families to motivate them to instil a good oral hygiene routine at home and school.

**Teaching & Learning Strategies**  
This is an interactive course that uses an array of teaching styles to encourage discussions, reflection, team work and understanding.

**Booking Details**  
For further information and booking please contact the Oral Health Promotion Team on 0115 9931483 or [oralhealth.promotionteam@notts-hc.nhs.uk](mailto:oralhealth.promotionteam@notts-hc.nhs.uk)

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## *Last but not least...*

*We would like to say a huge **thank you** to everyone who has been involved in the Brushing Buddies programme from development to delivery. Working together ensures Brushing Buddies embraces the diversity of each school and the autonomy of every smile.*

### **The Oral Health Promotion Team**

**Stapleford Care Centre  
Church Street  
Stapleford  
Nottinghamshire  
NG9 8DB**

**Tel: 0115 9931485**

**Email: [oralhealth.promotionteam@nottshc.nhs.uk](mailto:oralhealth.promotionteam@nottshc.nhs.uk)**

**Website: [www.nottinghamoralhealth.com](http://www.nottinghamoralhealth.com)**

 **@OHPtoothfairies**

 **OHPtoothfairies**



**11<sup>th</sup> November 2019****Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, AGEING WELL SERVICES****DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)****Purpose of the Report**

1. To update the Committee on a new statutory framework on Liberty Protection Safeguards (LPS), which will replace the Deprivation of Liberty Safeguards (DoLS) arrangements, and highlight the implications for the Council.
2. The report also provides the Committee with an outline high level implementation plan to meet the new national requirements at the earliest implementation date of 1 October 2020 and seeks approval to receive a further detailed report within the next six months.

**Information**

3. Current Deprivation of Liberty legislation applies to people who are in hospital, residential and nursing care homes who do not have the capacity to consent to their care and treatment. It provides a framework to assess mental capacity and determine what is in a person's best interest. Where care arrangements restrict people's liberties, trained social care staff ensure reasonableness and that less restrictive measures have been considered.
4. In 2013 Nottinghamshire County Council was receiving an average of 300 DoLS referrals a year.
5. In December 2014 and June 2015 reports were presented to the Committee which highlighted the impact for the Council arising from the legal judgements in relation to the Deprivation of Liberty Safeguards. These had arisen from the publication of the Supreme Court judgment in the case of P v Cheshire West, which further defined the meaning of Deprivation of Liberty and significantly expanded the number of people to whom it applied.
6. The threshold for assessment quickly became much lower than that which existed before the introduction of the Deprivation of Liberty Safeguards in 2009. In March 2014, following the Cheshire West judgement, the volumes of referrals nationally increased ten-fold within the first few years and this was against a backdrop of financial pressures. The DoLS process is very prescriptive, involves six different assessments and involves high levels of administration. Additional resources were therefore required to meet the rising numbers of referrals and meet the Local Authority's statutory duties.
7. Nottinghamshire County Council approved additional resources and a Corporate Strategy and project were established. The result was that Nottinghamshire has been able to manage down the growing waiting list for assessments. The Association of Directors of Adult Social

Services (ADASS) national interim guidance was used to risk assess and prioritise applications

8. The workload in Nottinghamshire has risen steadily to the level originally predicted in 2014. 5,000 referrals were made to Nottinghamshire County Council in 2018/19, averaging at about 75 a week. Unallocated work in Nottinghamshire averages at approximately 300 referrals at any time.

## **The benefits of DoLS**

9. There is a broad range of positive outcomes that people can experience as a result of the DoLS assessment process. It can, for example, significantly enhance people's quality of life, increase the amount of choice that people have over key decisions about their care and treatment, as well as over day-to-day decisions about their life. The following brief case studies provide some examples:

- During the DoLS process a Best Interest Assessor (BIA) may decide that a person does have the capacity to make decisions about their care and treatment. They will then make sure that the care provider listens to their preferences and choices about how they want to be looked after. Sometimes this means helping them to make the choice to return to their own home.

*Mrs P had moved from hospital into a residential care home following a sudden illness. The care home applied for a deprivation of liberty authorisation to prevent her from leaving. During the DoLS assessment, the BIA concluded that her health had improved and she had now regained the mental capacity to make the decision about where she wanted to live. Mrs P wanted to return home but her family were reluctant to agree because they thought that she would be safer in a care home. With support, Mrs P did return home safely in line with her wishes.*

- A BIA can stipulate that certain conditions must be applied to a person's care. These must be about reducing the restrictions on their liberty, for example, making sure that sedative medications are reviewed, or being helped to do activities that they enjoy.

*Mr B lives in a care home, he is deprived of his liberty because he is not free to leave and he does not have the capacity to understand or agree to this. As part of his care plan he is given sedative medications in his food. He is often at the door trying to get out. Before going into the care home Mr B would take a walk in the park every morning. The BIA applied conditions that required the care home to review his medication monthly with the prescribing GP and also to support him to take a daily walk outside.*

- A BIA can also make recommendations that a care home provider ought to follow.

*The authorisation to deprive Mr B of his liberty recommended that the care home should allow his wife to bring their pet dog to see him and that he be allowed to take his meals in his bedroom if he wished.*

- A BIA may conclude that it is not in a person's best interest to live in a particular care home, this may be for example, because the service does not have staff with the right skills to provide the necessary care or because the person's family are not close by and cannot visit.

*Mrs J has Huntington's disease. She has lived in a care home for 5 years. Her condition had progressed and she now required specialist health care. The BIA concluded that it was not in her best interests to remain in this care home because they did not have staff that were qualified to look after her, this triggered a continuing health care assessment and she was moved to a specialist facility funded by Health.*

- A BIA must appoint a paid representative to support someone who is deprived of their liberty and has no family or friends to help them.

*Mr H is a young man with a learning disability, he was in care as a child and has no contact with his family. He is deprived of his liberty because he would be at severe risk if he was allowed to go out on his own. He does not understand this and is often objecting. His paid representative visits him every 2 weeks to talk to him and listen to his concerns. The paid representative can request a review or refer to the courts if they believe that the authorisation should be appealed.*

### **The introduction of Liberty Protection Safeguards and reasons for this**

10. The House of Lords, in 2015, described the DoLS process as 'being broken and not fit for purpose, overly bureaucratic and burdensome' and the Law Commission report (2017) had confirmed the urgent need for reform to a more person-centred, timely and proportionate system. In 2019 it was reported nationally that there was a backlog of some 125,000 - 140,000 cases within local authorities. This backlog helped create the need for the Mental Capacity Amendment Bill which is seen as a much-needed overhaul of the Deprivation of Liberty Safeguards.
11. The Mental Capacity Amendment Bill successfully passed through Parliament on 16<sup>th</sup> May 2019, heralding the introduction of the new statute - Liberty Protection Safeguards (LPS) - with the national estimated implementation date being 1<sup>st</sup> October 2020 at the earliest, in order to allow time for implementation planning.
12. The new LPS framework is intended to streamline the assessment process, reduce the need for everyone to have the current high level of scrutiny and build improved assessment of what is in the best interests as an appropriate safeguard into initial planning of care packages and assessment of need. Proportionality is established as an important principle. This will still require resources, however the process and outcomes for people will be improved because the majority of work will be upfront rather than retrospective for people in the services they are provided.

### **Implications of Liberty Protection Safeguards**

13. LPS increases the responsibility for ensuring LPS safeguards are provided by more organisations and extends safeguards into children's services and to more care settings.
14. Clinical Commissioning Groups (CCGs) and Health Trusts will now share the responsibility for understanding and correctly applying the principles of the Mental Capacity Act and implementing the LPS safeguards. Therefore, they will become Responsible Bodies joining local authorities in this role. The local authority however remains the Responsible Body for the Residential and Care Home Sector and for independent hospitals.
15. Extension of the safeguards now includes 16/17 year-olds in line with the Mental Capacity Act. These are new responsibilities for the Children and Families department.

16. Supported accommodation and private and domestic settings are also now including under LPS whereas DoLS only applied to hospitals and care homes.

## High Level Implementation Plan

17. An implementation working group has already been established within the department to consider communication and training requirements for staff as well the redesign of electronic work processes and to begin work with external partners. The diagram below illustrates the work streams and task groups required to implement the new legislation:

High Level Implementation Plan	2019						2020									
Task name	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
<b>LPS Workplan &amp; Implementation Schedule</b>																
LPS Workplan & Implementation Workgroup																
Communication Strategy																
External Partner Engagement (Health & CCGs)																
Children's Services 16-17 year olds																
<b>Workforce Redesign &amp; Training</b>																
LPS Policy, Process & Guidance																
<b>Business Support Workforce Model</b>																
ICT Task Group																
<b>LPS Implemented</b>																

## New Training implications

18. One of the most significant implications of LPS will be to make the shift so these safeguards become 'everybody's business'. Whilst current Best Interest Assessors in the DoLS team will require specialist conversion training to manage the most complex work, 600-700 social care assessment staff will require training and briefings for these new arrangements. Over the next 12 months this will be a significant undertaking but will ensure that under LPS, mental capacity, best interests and liberty safeguards considerations are embedded and become part of the current Care Act Assessment and Support Planning process for all vulnerable adults.
19. The Department of Health and Social Care training triangle (attached as **Appendix 1**) also shows the training task ahead. The numbers of staff to be trained is highest at the initial care planning stage and the numbers decrease as the roles become specialist roles such as the Approved Mental Capacity Professional. Mental Capacity Act training will be extended, reinforced and, where identified as a need, supplemented into workforce training.
20. The Principal Social Worker is currently undertaking scoping and awareness raising and where gaps in training are identified training will be delivered.

21. The department intends to work in partnership with its Regional ADASS network to benefit from training events and material that will be supplied as funding is to be available for this.
22. Currently more detailed planning cannot take place until the Draft Code of Practice is produced which was expected in Summer 2019 but has been delayed. An example of this is a current lack of clarity regarding who can carry out assessments of mental capacity. It is not clear whether qualified or unqualified staff will be able to undertake this role so the responsibilities of staff and future workforce requirements for LPS cannot be determined until more detail is known. The final Code of Practice is expected in May 2020.
23. For these reasons the changes cannot be included as part of the overall departmental workforce remodelling currently underway. Once further information is available, an analysis will be completed of the roles required to fulfil the revised statutory obligations and assessment process with input from the Human Resources team. Trades Unions will be consulted appropriately.

### **Other Options Considered**

24. There are no other options to be considered as this is a change of legislation and will impose statutory obligations.

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

25. A further report in the next six months will update the Committee as more detail emerges regarding the new LPS arrangements.

### **Statutory and Policy Implications**

26. 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**

27. Some national funding is anticipated to support implementation of LPS, however currently there are no details as to what this might be or whether it will meet the new burdens until these are clarified in the Code of Practice and Regulations. It is anticipated that there will be costs to implement LPS e.g. training. Financial implications will be covered in future reports to Committee regarding the approval of any new LPS arrangements.

### **RECOMMENDATION/S**

- 1) That Committee agrees to receive a further detailed report regarding the new Liberty Protection Safeguards arrangements within the next six months.

**Sue Batty**  
**Service Director, Ageing Well Services**

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

Annie Greer  
Strategic Development Manager – Deprivation of Liberty Safeguards  
T: 07779 428979  
E: [annie.greer@nottsccl.gov.uk](mailto:annie.greer@nottsccl.gov.uk)

**Constitutional Comments (AK 10/10/19)**

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

**Financial Comments (AGW 29/10/19)**

29. While it is anticipated that the implementation of Liberty Protection Safeguards will have financial implications, this update report does not have any direct financial implications.

**Background Papers and Published Documents**

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

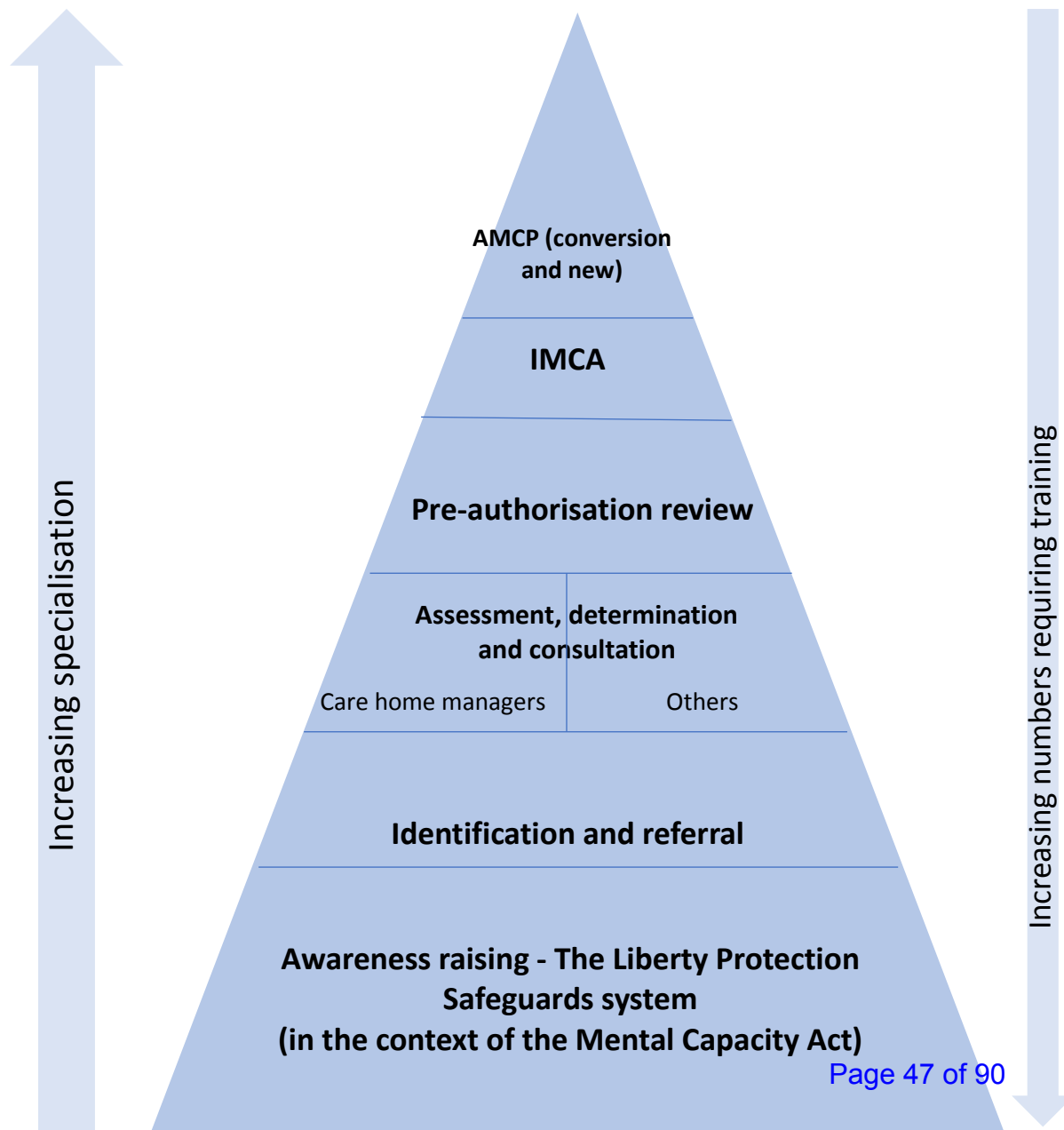
[Deprivation of Liberty Safeguards – report to Adult Social Care and Health Committee on 1st December 2014](#)

[Deprivation of Liberty Safeguards – report to Adult Social Care and Health Committee on 1st June 2015](#)

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

All.

ASCPH683 final



Other considerations:

- Training of regulators
- Awareness/comms for appropriate person role

- Who?**  
Registered professionals only  
Existing BIAs  
Other roles still being worked through in line with regulations
- Who?**  
Existing and new advocates
- Who?**  
TBC locally but likely to be managers or AMCPs
- Who?**  
Care home managers (arrange, determine and consult only)  
Doctors, psychologists, occupational therapists, first tier nurses, speech and language therapists and social workers
- Who?**  
People who have the responsibility in their organisation to advise others and to trigger the LPS process)
- Who?**  
Care home staff, homecare/domiciliary care, supported living, shared lives, personal assistants  
Social workers, social care assistants (all adult social workers; children's social workers that work with children with disabilities, occupational therapists)  
NHS: GPs, district nurses, SALTs, practice nurses, healthcare assistants, community practitioners,  
Psychiatrists and other relevant consultants, NHS hospital staff and Board members, safeguarding leads, CHC leads  
Independent hospital staff and Board members (similar to NHS hospital staff)  
People who use services and family carers, peer advocates, self advocacy groups  
Residential schools and colleges, Foster carers  
Housing staff  
Advocacy staff  
Commissioners/contract teams in both health and social care, Middle and senior managers,  
Councillors  
Court of Protection visitors



11<sup>th</sup> November 2019

**Agenda Item: 7**

## **REPORT OF THE SERVICE DIRECTOR, AGEING WELL SERVICES**

### **REVIEW OF THE STAFFING STRUCTURE WITHIN ADULT SOCIAL CARE**

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

1. To seek Committee approval of the revised departmental workforce structure for the Adult Social Care Department to improve capacity and resources to deliver the Council's adult social care strategy.

#### **Information**

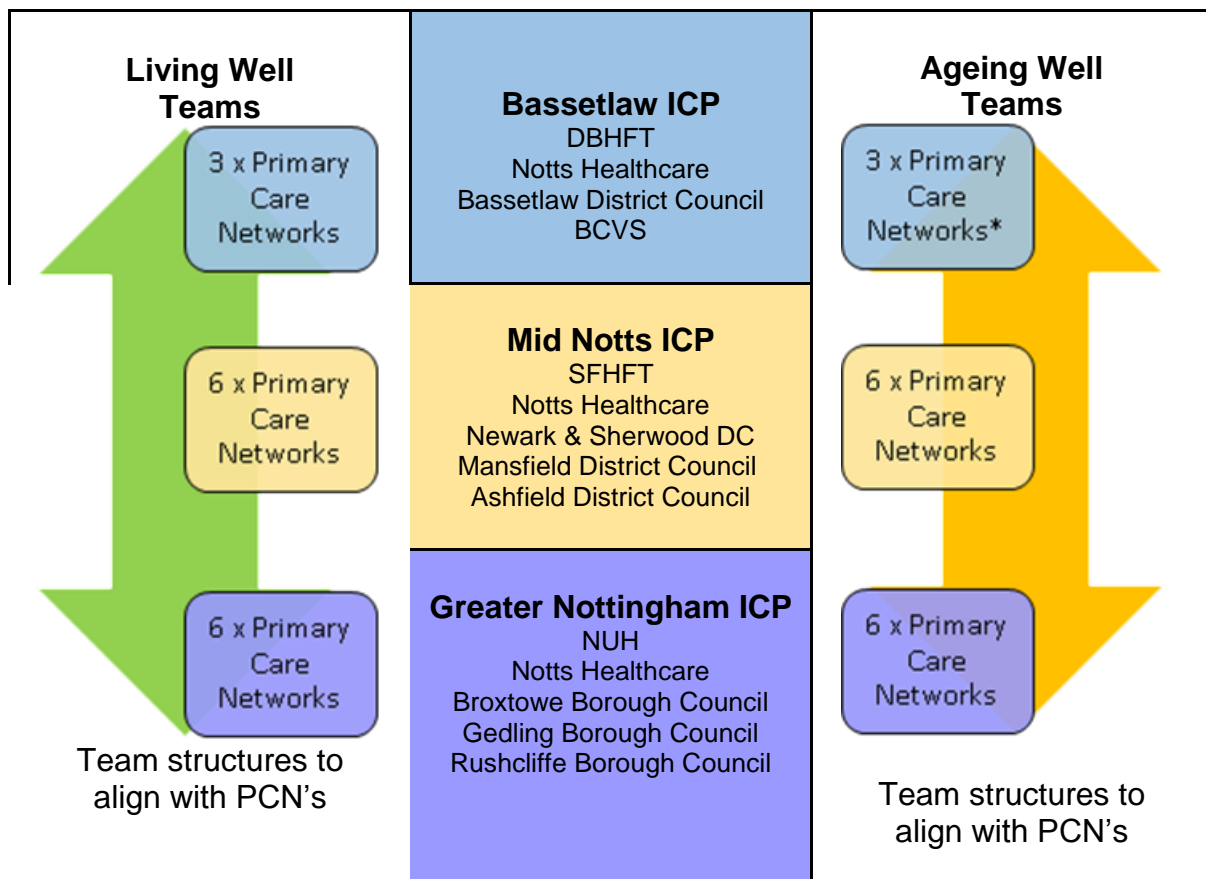
2. A report setting out a revised Senior Management structure for the Adult Social Care Department was approved by Committee on 9<sup>th</sup> September 2019. This report covers the proposed structure for the rest of Adult Social Care Department. Public Health, the majority of Provider Services, the Joint Improvement Programme and the Integrated Community Equipment Loan Service are out of scope of this report. The report also outlined the key drivers for change for the wider workforce review as:
  - delivering a new departmental operating model that drives key governance and decision making through setting strategy, policy and scrutiny with Elected Members. This will be underpinned by robust strategic commissioning plans informed by needs analysis, data analytics and the evidence base. This will in turn drive service commissioning and a mixed economy of provision
  - management capacity that is efficient and focused on delivery of key priorities and cultural change
  - embedding a high-performance culture with the conditions for delivery of excellent practice with absolute focus on improving outcomes for residents
  - ensuring a permanent staff structure resourced within available budget and able to deliver the departmental strategy
  - clear lines of accountability.
3. A workforce review has been completed across all services delivered by the Department. This included early engagement with nearly half of the department's 1,811 employees. In addition, a survey was circulated to all staff within the Department for those who were unable to attend, and 131 staff responded to the survey.

4. From the engagement sessions and survey a set of six key principles were developed which are considered important to future service delivery. These were:
  - Promoting people's independence and strengths at every opportunity
  - Improving people's experience of social care
  - Protecting the most vulnerable in our society
  - A workforce that allows us to work flexibly to meet demand
  - Developing a sustainable health and social care system
  - Being cost effective and as efficient as possible.
5. Staff told us about the things they felt the Department was already doing well and about those areas they felt could be improved. Whilst staff had many varied views, six key areas of consensus emerged which are described below:
  - staff told us how the Department's existing Reablement and Enablement services work well and increase people's independence and reduce the need for ongoing packages of support. Staff felt strongly that these services should be expanded to ensure that there is enough capacity to offer these services to all people who could benefit, especially when they may have new or increasing needs for support. The proposed Maximising Independence Service (MIS) will bring Reablement and Enablement services together under one Group Manager, to provide a joined-up service for people of all ages above 18 years, from the start of their journey with the Department. The MIS will provide a consistent offer to all new service users. It will provide good information and advice, resolve people's issues at the earliest opportunity, provide therapy led short term preventative services to support people to regain their independence and wellbeing and support people to remain living in their own homes for as long as possible.
  - staff told us that having specialist knowledge and expertise about a person's support needs (for example, mental health or visual impairment) is vital to being able to help people to achieve their goals. They felt that access to specialist teams and roles helps the Department to deliver a better service but that there were still opportunities to encourage better integration and multi-disciplinary working between services and teams, particularly in relation to people who have more than one support need or diagnoses. The proposed structure for the Living Well Service will create multi-speciality teams bringing together staff from the existing Learning Disability, Mental Health, Asperger's and Physical Disability Teams, to provide a more holistic approach to support service users and their families.
  - staff told us that they felt that the Department relied too heavily on temporary posts and that this had a detrimental impact on staff morale and staff turnover. The proposed structure significantly reduces the number of temporary posts within the Department in key areas of service delivery.
  - staff told us that where teams have been able to co-locate across specialisms and alongside health teams this is working very well and is of benefit to both service users and staff. In the proposed Ageing Well structure, teams have been aligned to local Primary Care Networks to facilitate better joined up working with Health which will provide a better and smoother service for people. It is intended that the proposed Living Well model will also align to Primary Care Networks.

- staff told us that a key element in promoting independence is supporting people to gain employment. The iWork team supports people into paid employment with support tailored to the individual and the specific employment opportunity with the objective of jobseekers being able to function independently in the workplace. It is therefore proposed that the iWork team transfers, as is, to the Maximising Independence Service as part of the wider enablement offer.
- staff told us that we need to simplify some of the Department's operational processes and a programme of work is being planned to address this with their involvement.

6. The proposed new model for the Department will provide an improved customer journey because more people will be provided with prevention and re-ablement services to improve their independence and wellbeing. Also, more people will retain the same team and lead worker until their issues are resolved, avoiding the need for them to be passed on to different teams and workers whenever possible.

7. The proposed workforce model represents a shift to a place-based approach. Community teams have been designed to align to Primary Care Networks to develop virtual multi-disciplinary teams working proactively with people with complex and/ or long-term conditions in local communities, supporting people to remain as healthy and independent as possible. This model will also enable social care staff to be more visible to people in their local areas, as well as to our key partners in the NHS, district councils and the community and voluntary sector. The diagram below visualises this place based and collaborative approach to shaping local communities.



8. An assessment of the proposed distribution of the workforce, across the County's seven districts, shows that this is broadly in line with both the current proportion of packages of care being supported and the spend on these packages. Numbers of new service users approaching the Council is consistent by district across services for people aged 65 years and over and for people aged 18-64 years old. Workflow across the districts and localities will continue to be monitored.
  
9. The Department has successfully trialled a number of new ways of working over the past two years and it is now timely to remodel the workforce in a way that shifts resources to maximise the evidence benefits of these. For example:
  - investment in the 3 Tier Model and work with the Customer Service Centre has supported an increased resolution rate in the Adult Access Service from 76% in 2017/18 to 84% currently
  - increased investment and focus on reablement services have seen an 18% increase in people completing a programme of reablement in 2018/19 compared to 2017/18
  - 79% of people who completed a programme of reablement in the first half of 2019/20 needed no ongoing package of homecare, compared to 74% in 2017/18
  - the establishment of the Notts Enabling Service has allowed an additional 879 people to take part in a programme of independence
  - only 9% of people supported by the Notts Enabling Service go on to require formal assessment and support. This combined with the work to resolve people's support needs at the earliest opportunity has seen a 39% reduction since 2016/17 in the requirement for formal assessments and support plans.
  
10. The Department's overall performance against various benchmarking figures to date has been good. There are some areas, however, where there is further room for improving the services that we offer. For example, data shows that whilst the Department offers a programme of independence to 43% of people aged over 65 years and 65% of people aged 18 – 64 years old, there are more aspirational national targets outlined by the Institute for Public Care (IPC) that we intend to work towards. These include that:
  - the proportion of older people who receive less than 10 hours of domiciliary care as a proportion of all older people receiving domiciliary care should be no more than 15%
  - the proportion of older people assessed as having care who are offered a programme of reablement should be more than 70%
  - the proportion of adults with a learning disability who are offered a programme of enablement should be more than 30% (with 100% of those with moderate to low needs)
  - the proportion of adults who have a newly acquired disability who should be offered an assessment to help them maximise their opportunities for independent living should be over 90%
  - the proportion of adults recovering from mental ill-health who should have a programme to support their long-term recovery, that includes helping them to both self-manage their symptoms plus includes peer support, should be over 70%
  - the proportion of those who are assessed as needing domiciliary care and should receive their care within 48 hours of the assessment being completed should be over 90%.

## Provider Services

11. In September 2019, the Committee approved a reduction in Direct Services Group Manager posts from two to one Group Manager, Provider Services, from April 2020. It is proposed that in order to support this reduction, both existing Service Manager posts are retained, one for day opportunities and one for registered services.
12. Alongside the review of the Department's structure and workforce, a longer term piece of work is being undertaken to agree development plans for all aspects of directly provided services within Adult Social Care, including day and employment services, County Horticulture, County Enterprise Foods, Shared Lives, short breaks and other residential services. Proposals are being developed in line with strategic objectives and the principles of the workforce review, with a view to adapting or redesigning service delivery and staffing structures where necessary.
13. Plans for some areas of service are further progressed than others, for example a development proposal for the County Horticulture and Work Training Service was approved by the Committee in February 2018 which included improvements to the commercial offer at Brooke Farm. This is now at a stage where changes need to be considered in relation to hours of operation and the job roles needed to run an effective enterprise. The current workforce structure will be redesigned to support this and may include changes to existing job descriptions and working hours with the potential for alternative roles to be created. To progress this, it is proposed to engage with affected staff on the design of the operational model and structure and consult on any changes to job descriptions and role dimensions with a view to implementation from April 2020.
14. Further reports will be presented to the Committee in the coming months as subsequent development plans progress.

## Proposed Future Workforce Structure

15. **Appendix 1** outlines the proposed Departmental workforce structure, with the exception of the services set out at **paragraph 2**.
16. The proposed structure being considered in this report is divided into three key areas:
  - **Ageing Well** - which will cover services for adults aged over 65 years and also the customer pathway into adult social care services (through the MIS) which will maximise the early resolution of contacts, prevention and re-ablement. The service also includes the adult social care team based within the Multi-Agency Safeguarding Hub (MASH) which receives and responds to all safeguarding referrals. The Ageing Well Community Teams locality alignment will support the further development of strength and place-based approaches to working with partners and local communities
  - **Living Well** - which will cover all age disability services with combined multi-speciality teams supporting adults of any age with learning disabilities, mental health issues, physical disabilities, autism spectrum disorders and other complex needs. Although disciplines will be combined within place-based teams, areas of specialism will be retained which will not only share knowledge and best practice but will also strengthen our support offer to people with co-existing and complex conditions

- **Strategic Commissioning and Integration** - which will cover oversight and development of the adult social care market and the strategic commissioning of adult social care services in partnership with other public services, such as health, housing and district councils. This area will also have responsibility for the transformation of adult social care and departmental savings and efficiencies work.
17. The structure reflects the ongoing permanent requirements of the Department to deliver its statutory duties. In the current structure there are circa 240 full time equivalent (FTE) temporary posts. These temporary posts have been reviewed throughout this exercise and fall into one of the four categories below:
- required permanently in the new workforce model to support the ongoing delivery of the departmental plan and adult social care strategy, including the delivery of statutory duties (included in **Appendix 1**)
  - there are 3 FTE posts proposed in the new permanent structure where current approval expires on 31<sup>st</sup> December 2019; these are set out in **Table 2**. The proposal is to extend these posts temporarily until the new permanent structure is implemented in April 2020.
  - required for a temporary period to support the delivery of temporary programmes of work and on completion of the work the posts will no longer be required (listed in **Table 1** below)
  - posts previously established temporarily where the work will be completed by April 2020 so not required in the new permanent structure post April 2020.
18. In undertaking the above review of temporary posts in line with the design of the new workforce model, the heavy reliance of the Department on temporary posts will have been resolved as well as addressing a number of the issues that arise from managing services with large temporary cohorts of staff. For example, the Notts Enabling Service is currently a largely temporary service and is struggling with a turnover rate of nearly 40%.
19. The workforce model that has been developed has reduced the number of centralised teams that focus solely on individual functions. Whilst the model retains the capacity and skill set to complete these functions, such as reviews, bringing this capacity into fewer more holistic teams allows for greater agility and flexibility to respond to changing needs and demands across the customer journey.
20. The model seeks to deliver a simplified customer journey building increased capacity into areas where it is known there is opportunity to provide a better customer experience and meet people's needs as early as possible. This has been done by increasing the remit and capacity of teams that sit at the earlier stages of a customer's journey. This will help us to achieve even greater performance in the areas of Early Resolution and Promoting Independence as outlined in **paragraphs 9 and 10** above.
21. The model will enhance Strategic Commissioning to ensure that it is firmly based on best practice and the commissioning cycle. Major reviews, for example, planning of whole life disability provision, will be undertaken. These will require the combined skill set of the

whole directorate to ensure service user and market engagement are maximised, and decisions are based on well informed analysis. The new model will allow closer alignment with strategic partners both within and outside the Council and will provide for integrated planning and commissioning.

22. The current Deprivation of Liberty Safeguards workforce is included in the Ageing Well staffing structure (**Appendix 1**). This will require review as part of implementing the new Liberty Protection Safeguards. This work cannot, however, be completed until further clarity is provided in the national Code of Practice and Regulations and will need to be completed at a later stage. A separate report is being presented to Committee today covering this in more detail.
23. Additional work will be required to review the out of hours Approved Mental Health Practitioner (AMHP) provision in response to the recommendations of the independent review of the Mental Health Act. Once the implications of the recommendations and any new guidance or legislation are fully known, a separate report detailing any workforce requirements will be presented to Committee at the earliest opportunity.
24. The target operating model shown at **Appendix 2** describes the broader strategic vision for the Department and how it aims to operate.
25. It is proposed that the revised structure will take effect from 1 April 2020, although some transition arrangements will be required.
26. To complement the proposed permanent structure there remains a need for some temporary posts, those identified as part of the temporary post review for a defined period to complete discrete pieces of work. These are at a significantly reduced number from the existing circa 240 FTE posts.
27. The temporary posts being requested for 1<sup>st</sup> April 2020 until 31<sup>st</sup> March 2021 are summarised in **Table 1** below which also clarifies if the post is currently established and the request is for a 12 month extension or if the request is to establish the temporary post going forward for 12 months from 1<sup>st</sup> April 2020.

**Table 1: Temporary posts requested from 1<sup>st</sup> April 2020 until 31<sup>st</sup> March 2021**

Area	Post Title	Grade	FTE	Cost p.a. £	Extension or establishing
Data Input Team	Business Support	4	5	147,347	Extension
Ageing Well	Project Manager	D	1	58,407	Extension
Liberty Protection Safeguards Implementation	Project Manager	D	1	58,407	Establishing
Service Improvement for Process Review	Project Manager	D	2	116,815	Establishing
	Mosaic Technical Specialists	C	2	108,892	Establishing
	Business Change Analyst	C	1	54,446	Establishing
	Programme Officer	B	1.5	71,787	Establishing

	Programme Officer	B	0.5	23,929	Extension
	E support Worker	5	1	34,731	Establishing
<b>Total</b>			<b>15</b>	<b>674, 762</b>	

28. In addition to the proposed revised structure there is also a planned programme of work to look again at the processes and systems in place across the Department with a view to streamlining and improving these. The aim of the work will be to both increase efficiency and increase the amount of time that social care staff can spend working with service users to meet their needs.
29. It is proposed to extend the below posts temporarily until the new permanent structure is implemented in April 2020 to provide continuity of service as the posts are reflected in the new proposed permanent staffing structure. These posts are summarised in **Table 2** below.

**Table 2: Existing temporary posts included in the new proposed workforce where extensions are requested until 31<sup>st</sup> March 2020**

Post Title	FTE	Current end date	Cost of extension until 31 <sup>st</sup> March 2020 £
Commissioning Manager	1	31 <sup>st</sup> December 2019	17,282
Strategic Development Officer	2	31 <sup>st</sup> December 2019	15,357

30. The costs of these in year short-term extensions will be met from within existing budgets for the remainder of the 2019/20 financial year.

## Implementation

31. The proposed changes will be subject to detailed consultation with employees and their recognised representatives. The structure will be populated using the Council's agreed employment policies and procedures. Implementation will be undertaken using the principles of maintaining employment and wherever possible minimising the use of competitive processes. This could also include the facility to redeploy and in some cases retrain where there are vacancies with a comparable skills match. This approach will maximise opportunities and reflects the refreshed approach to transformation and change across the Council.
32. The intention is to, wherever possible, minimise the use of long term temporary contracts other than for the recognised purposes of covering staff absence for a time limited period. Staff and their representatives will be fully engaged in the consultation process subject to approval for the new structure being given.

## Other Options Considered

33. Other options were considered as part of the early engagement process undertaken with employees; it was agreed that continuing with the current structure was not an option and as such the proposed workforce model has been developed.

## Reasons for Recommendations

34. In order to support the Department to better deliver on the Adult Social Care and Public Health Departmental Strategy, to be better placed to build on existing good performance and strive to achieve the aspirational targets described above, and to address the feedback from the early engagement.

## Statutory and Policy Implications

35. 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

36. The requested permanent structure (**Appendix 1**) can be funded within the existing staffing budget of the department. The posts requested temporarily from 1<sup>st</sup> April 2020 (**Table 1**) can be funded from reserves for 2020/21. The short term in-year extension of 3 FTE posts for a 3-month period (**Table 2**) will be met from existing in-year staffing budgets for the remainder of the 2019/20 financial year.

## Human Resources Implications

37. Consultation and implementation will be undertaken using the County Council's agreed approach to consultation and employment policies and procedures. There is detailed work to be undertaken to determine the individual contractual positions of the staff affected.

## RECOMMENDATIONS

That Committee:

- 1) approves the proposed permanent staffing structure for the Adult Social Care Department as attached at **Appendix 1**.
- 2) approves the extension or establishment of the proposed temporary posts from 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 as summarised below:

Area	Post Title	Grade	FTE	Cost p.a. £	Extension or establishing
Data Input Team	Business Support	4	5	147,347	Extension
Ageing Well	Project Manager	D	1	58,407	Extension
Liberty Protection Safeguards Implementation	Project Manager	D	1	58,407	Establishing

Service Improvement for Process Review	Project Manager	D	2	116,815	Establishing
	Mosaic Technical Specialists	C	2	108,892	Establishing
	Business Change Analyst	C	1	54,446	Establishing
	Programme Officer	B	1.5	71,787	Establishing
	Programme Officer	B	0.5	23,929	Extension
	E support Worker	5	1	34,731	Establishing
<b>Total</b>			<b>15</b>	<b>674,762</b>	

- 3) approves the extension of temporary posts to 31<sup>st</sup> March 2020 where current approval expires before that date as summarised below:

Post Title	FTE	Current end date	Cost of extension until 31 <sup>st</sup> March 2020 £
Commissioning Manager	1	31 <sup>st</sup> December 2019	17,282
Strategic Development Officer	2	31 <sup>st</sup> December 2019	15,357

**Sue Batty**  
**Service Director, Ageing Well Services**

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

Stacey Roe  
Interim Group Manager, Service Improvement  
T: 0115 9774544  
E: [Stacey.roe@nottscg.gov.uk](mailto:Stacey.roe@nottscg.gov.uk)

#### **Constitutional Comments (EP 15/10/19)**

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

#### **Financial Comments (KAS 18/10/19)**

39. In line with the Chancellor's Spending Round and subsequent announcements, the Council's Medium Term Financial Strategy now assumes that the Winter Pressure Grant will be rolled into the Better Care Fund (BCF) along with the Improved Better Care Fund (IBCF) and that this funding will continue for at least the next three years. As a result, the proposed permanent structure along with the areas outside of the scope of this report are contained within the overall departmental staffing budget of £65.5m.
40. The temporary posts requested can be funded from the Adult Social Care Transformation Reserve which currently stands at £4.8m.

#### **HR Comments (GME 14/10/19)**

41. Subject to Member agreement the proposals will be formally consulted upon and implementation will be in accordance with the agreed employment policies and procedures of the Council.

### **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.

[Adult Social Care – Senior Management Structure: report to Adult Social Care and Public Health Committee on 9th September 2019](#)

[Adult Social Care and commercial development – report to Adult Social Care and Public Health Committee on 5th February 2018](#)

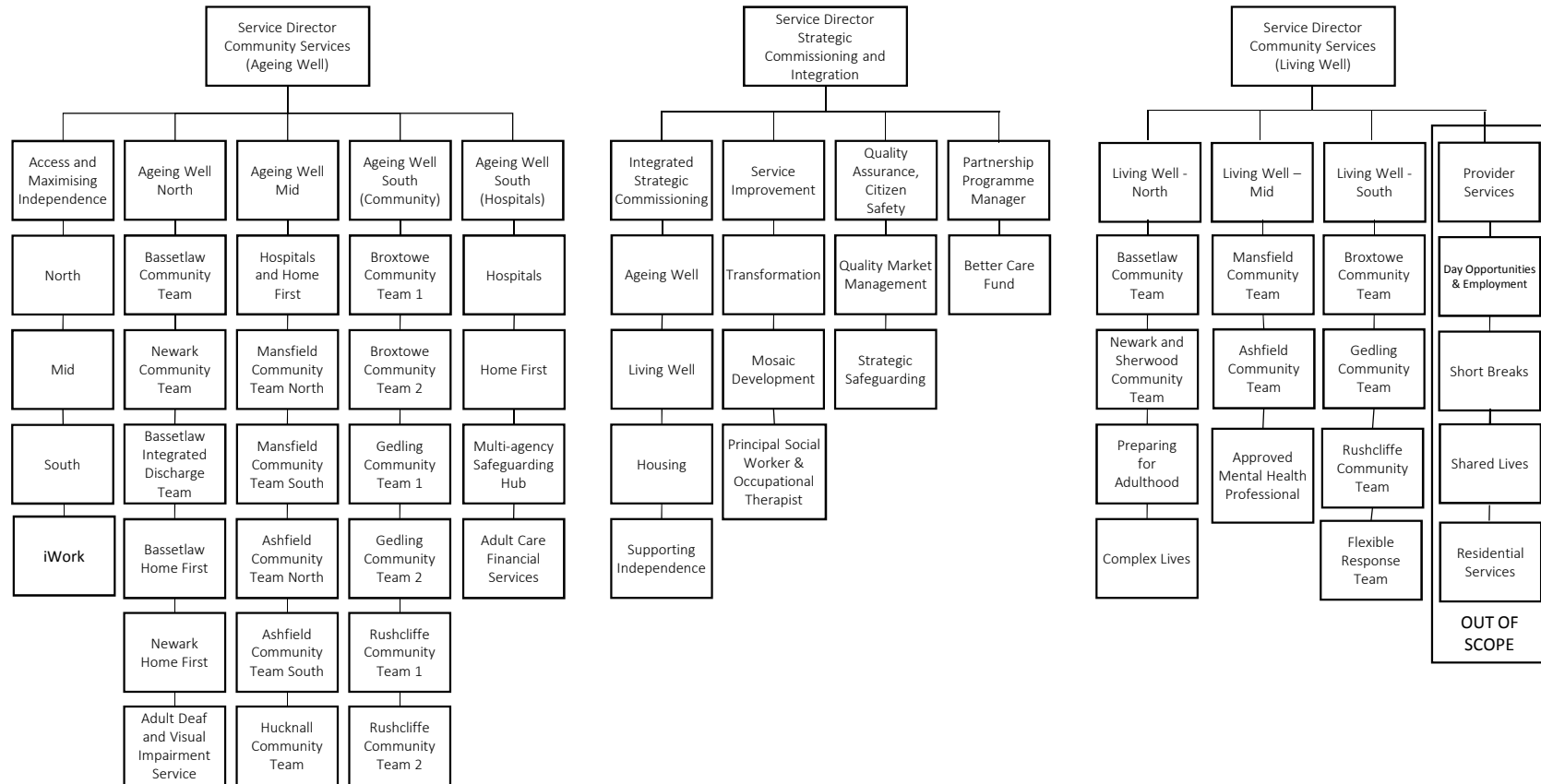
### **Electoral Division(s) and Member(s) Affected**

All.

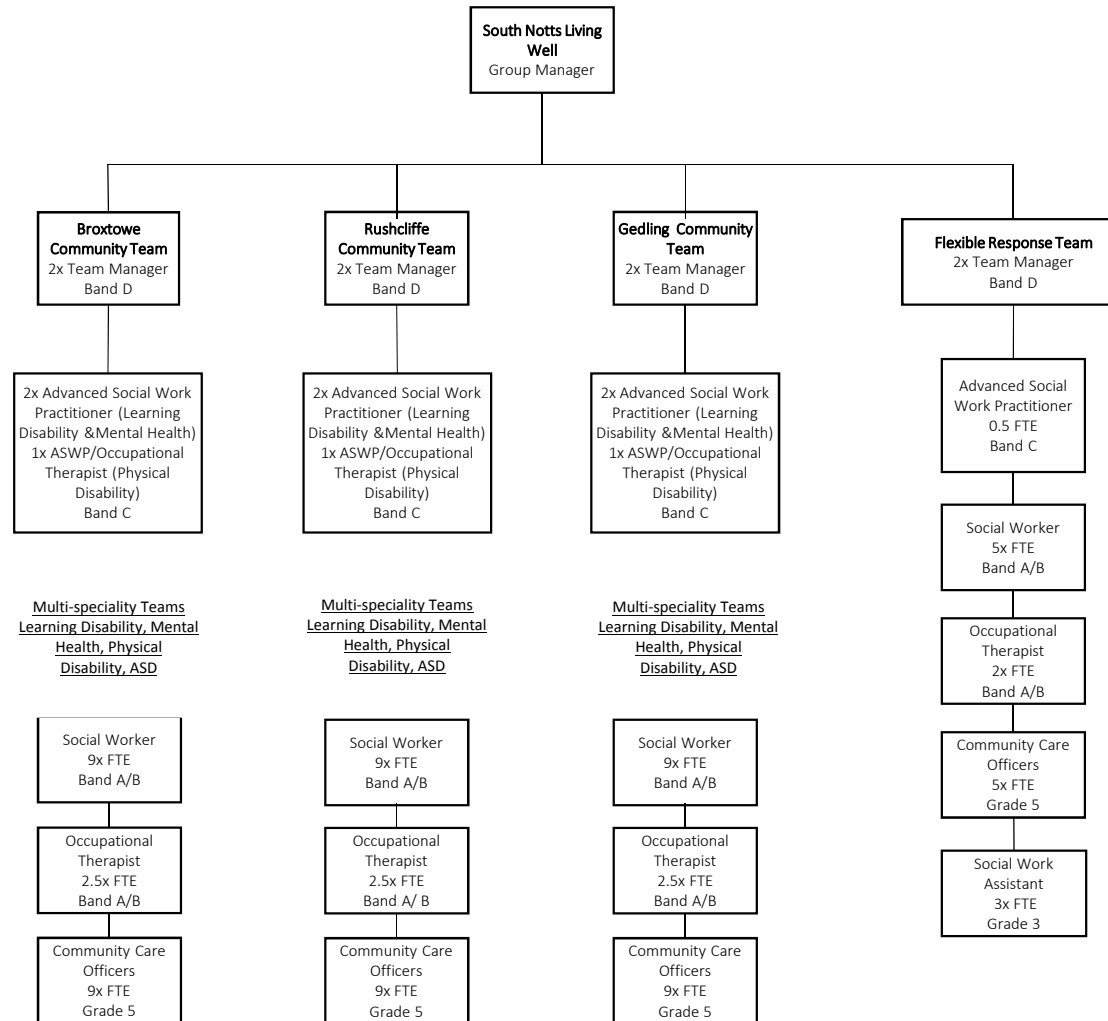
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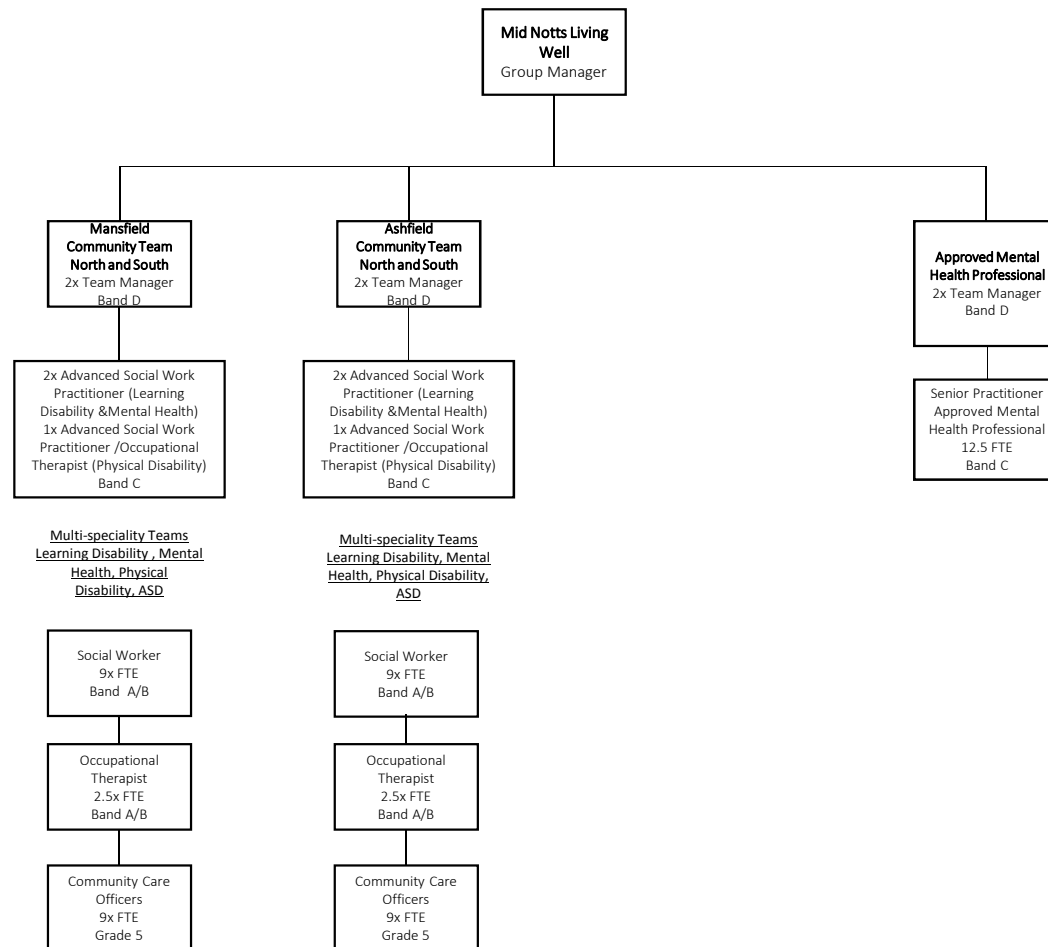
## ASCH (overarching)



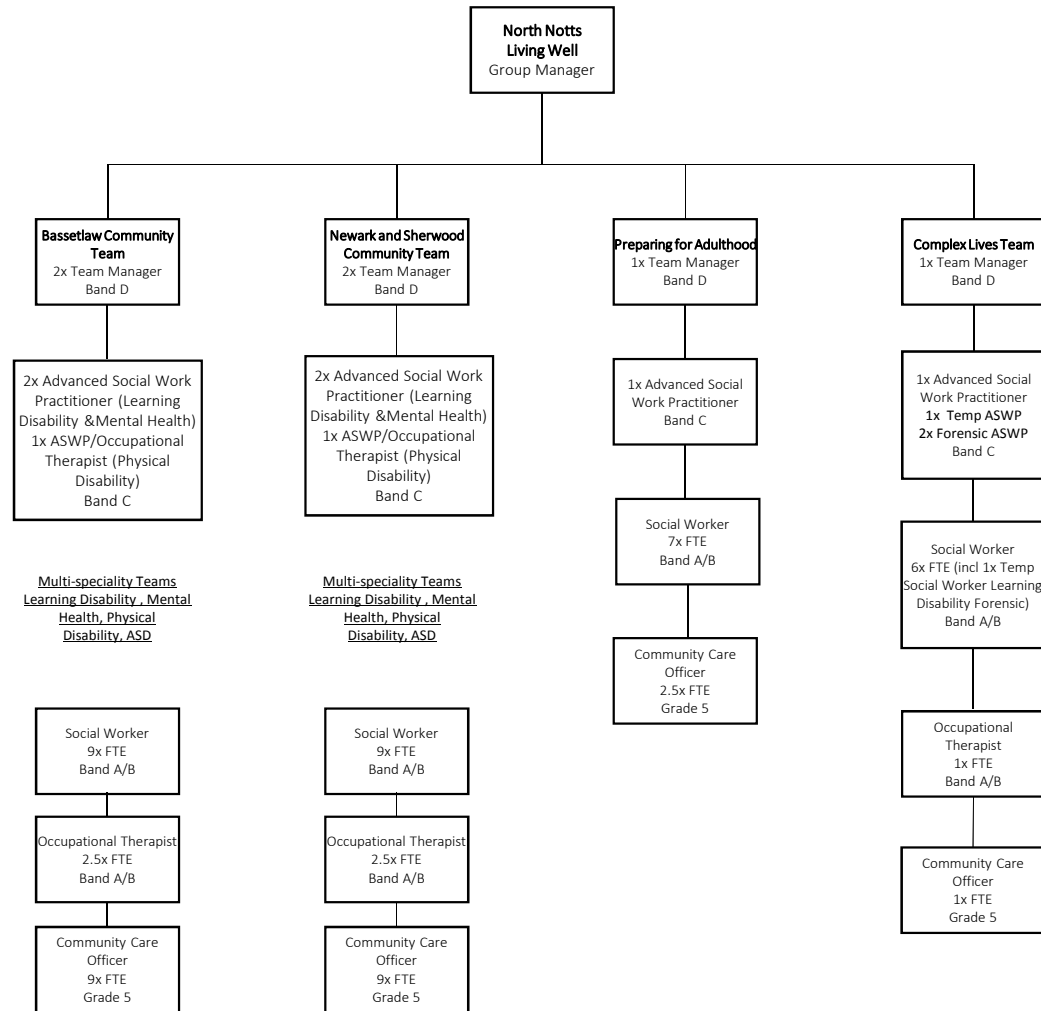
## South Notts Living Well



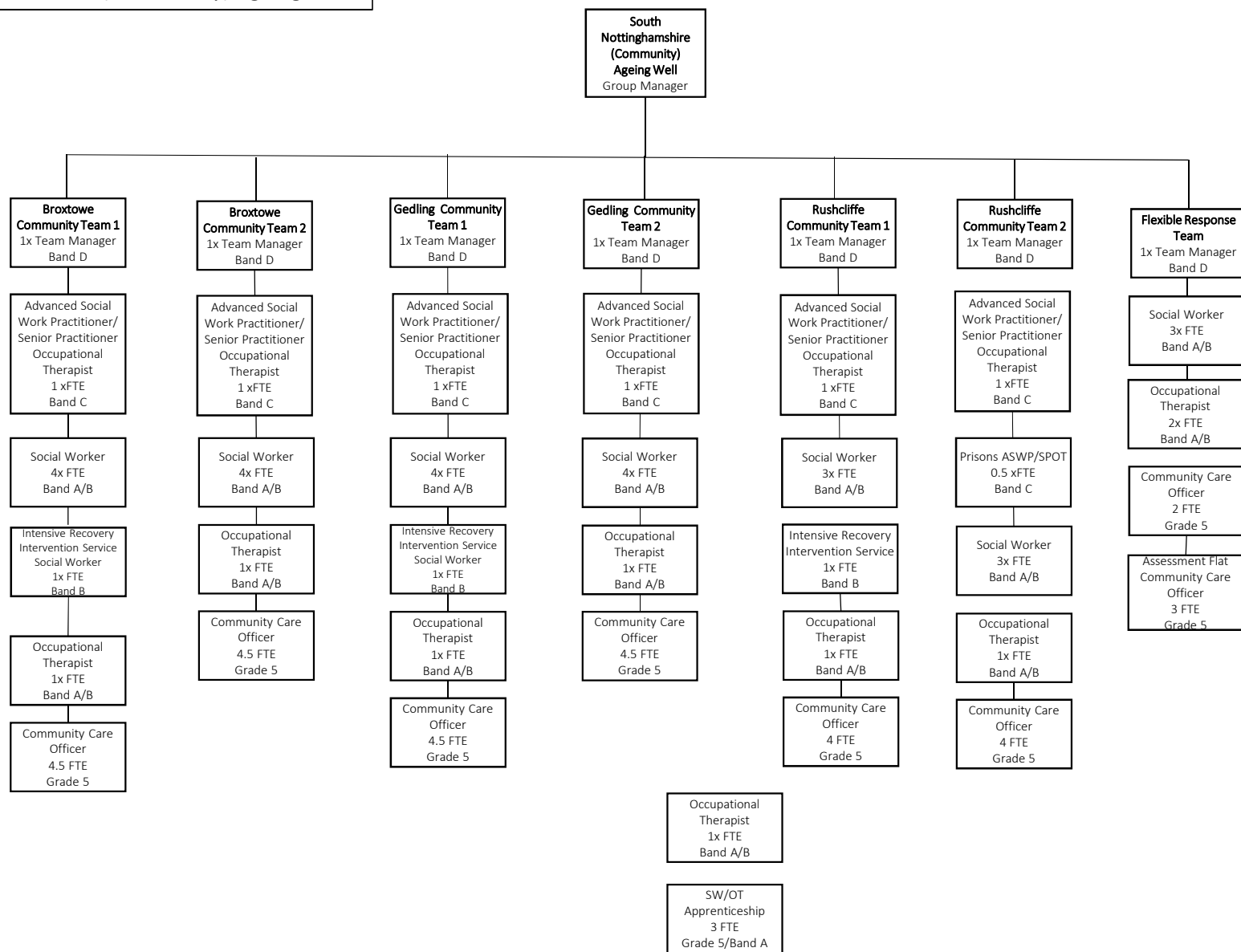
# Mid Notts Living Well



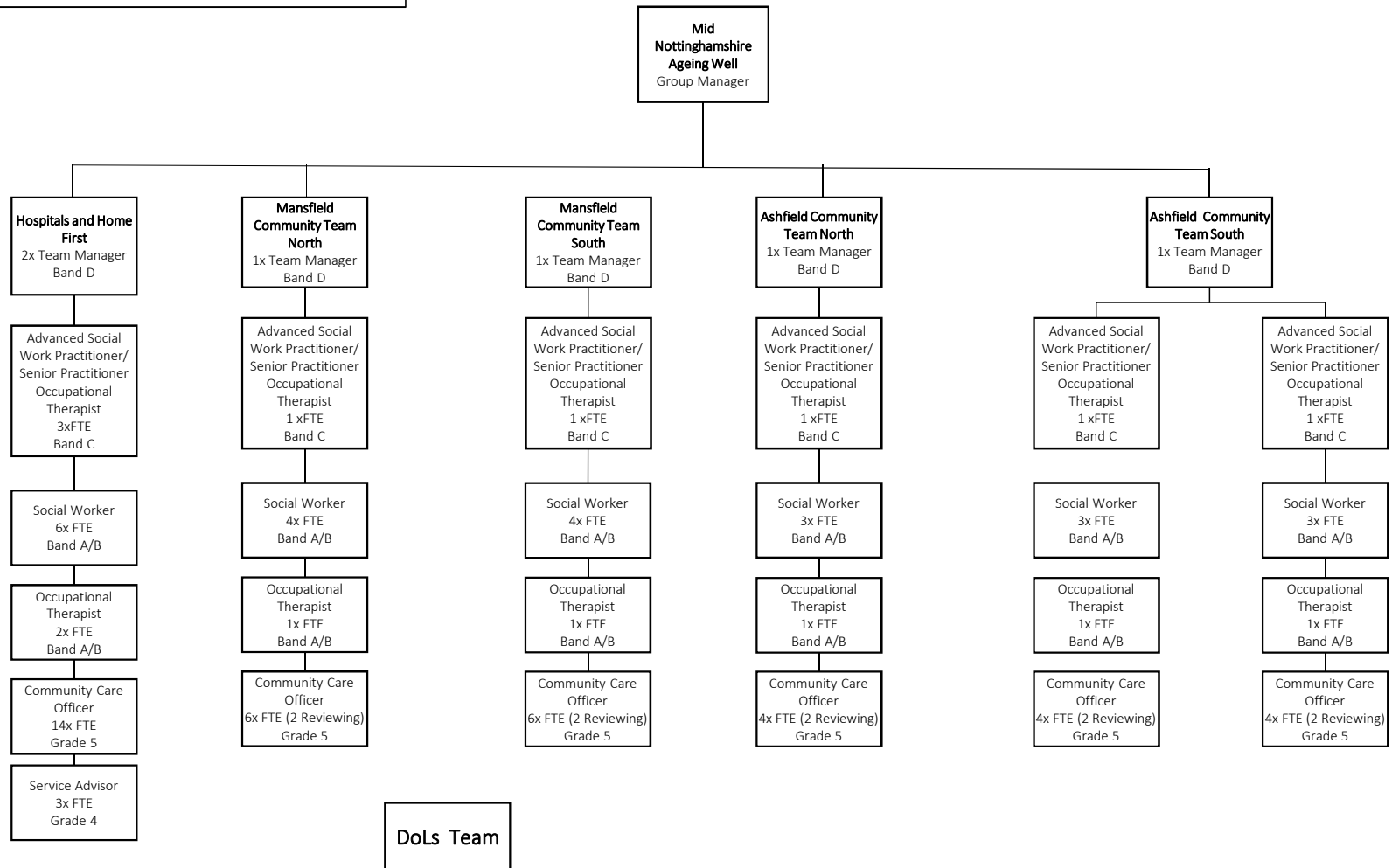
## North Notts Living Well



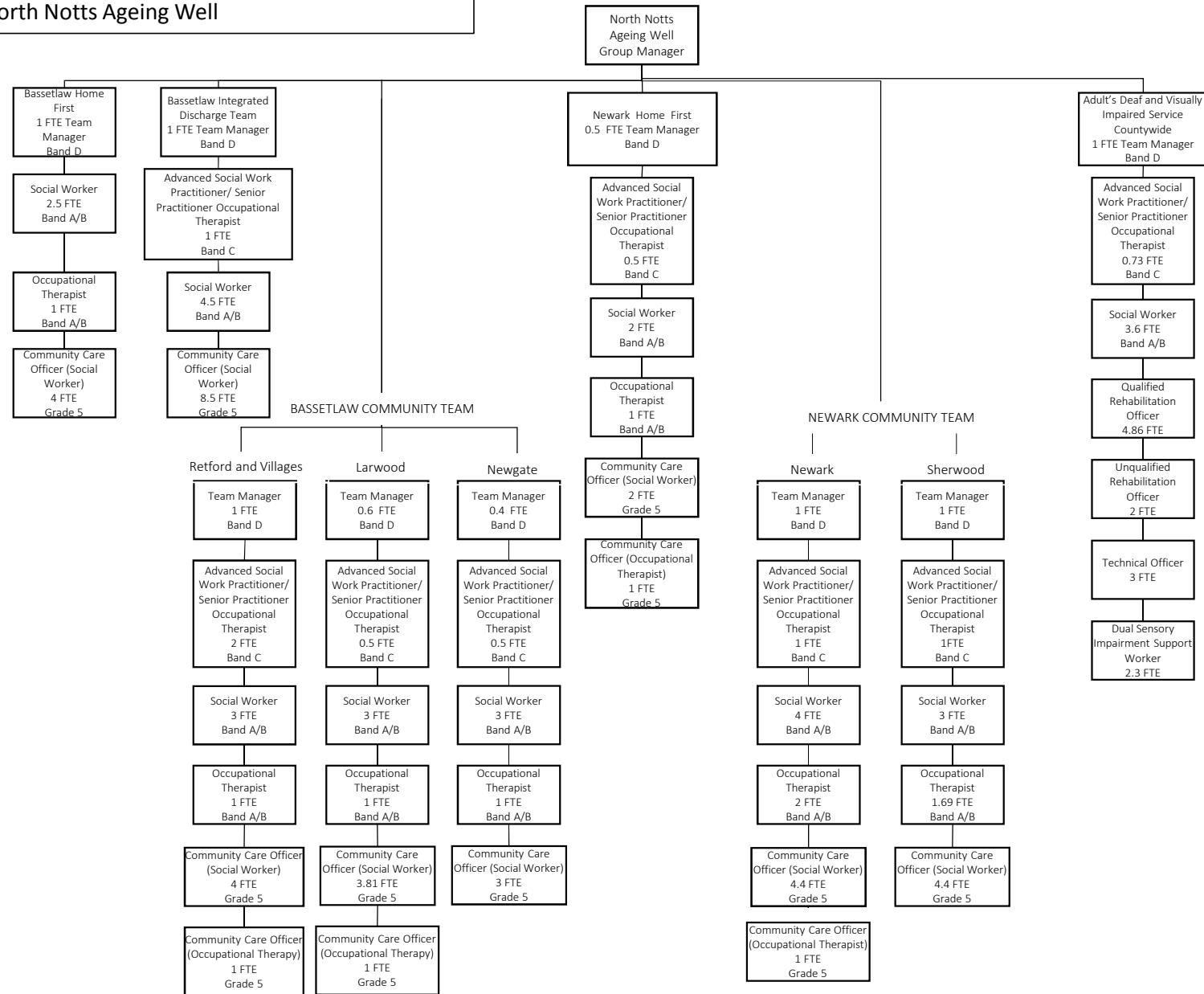
## South Notts (Community) Ageing Well



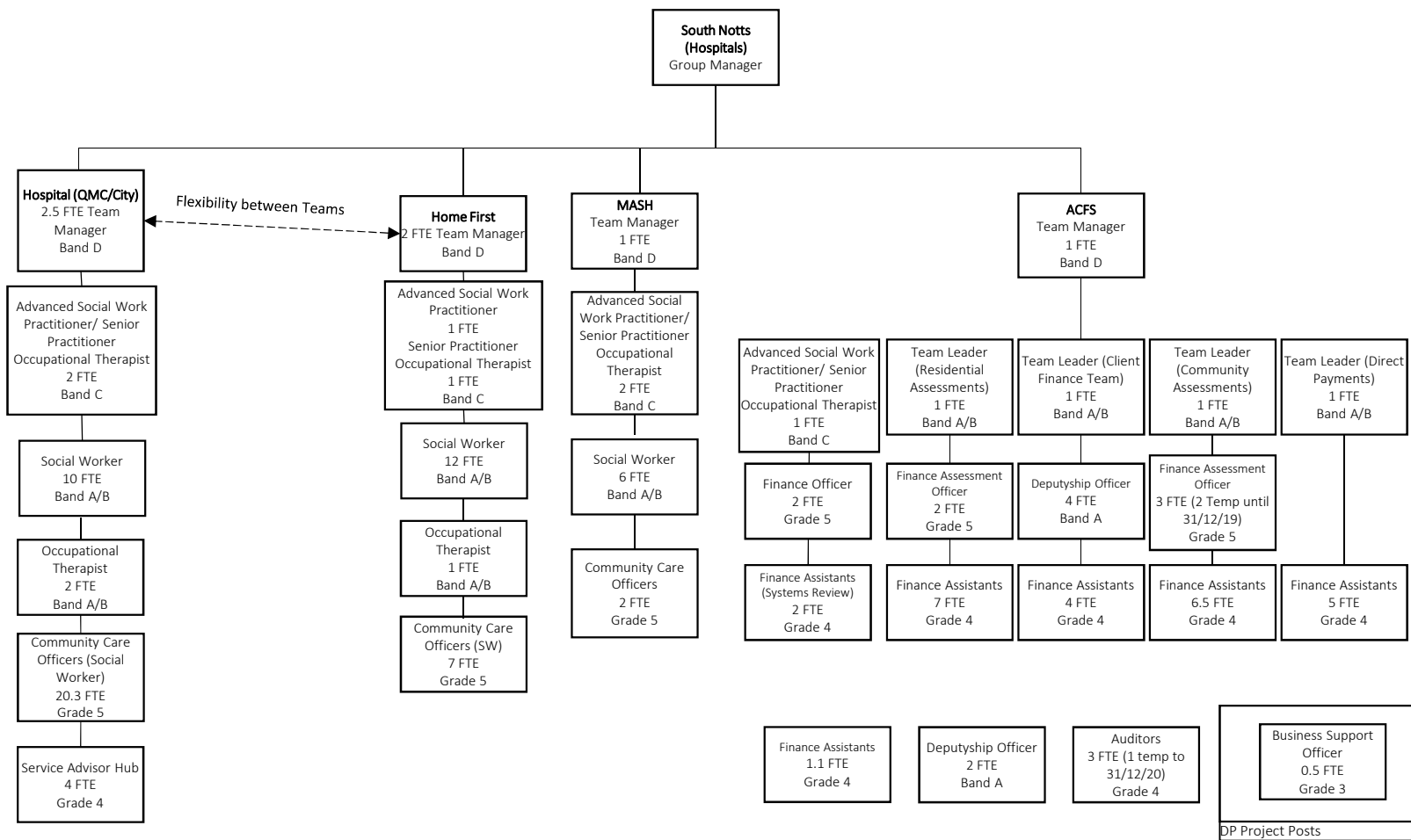
## Mid Notts Ageing Well



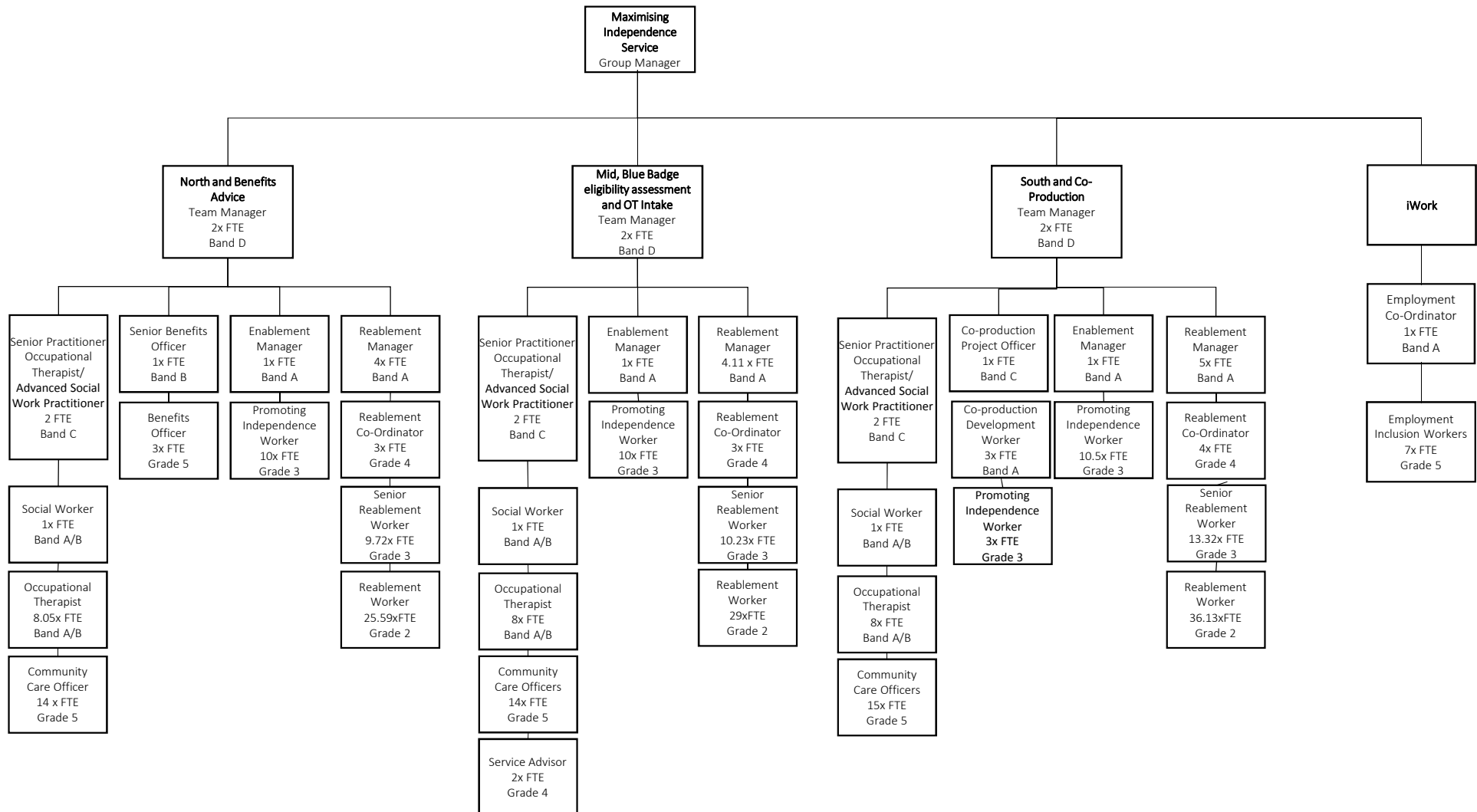
# North Notts Ageing Well



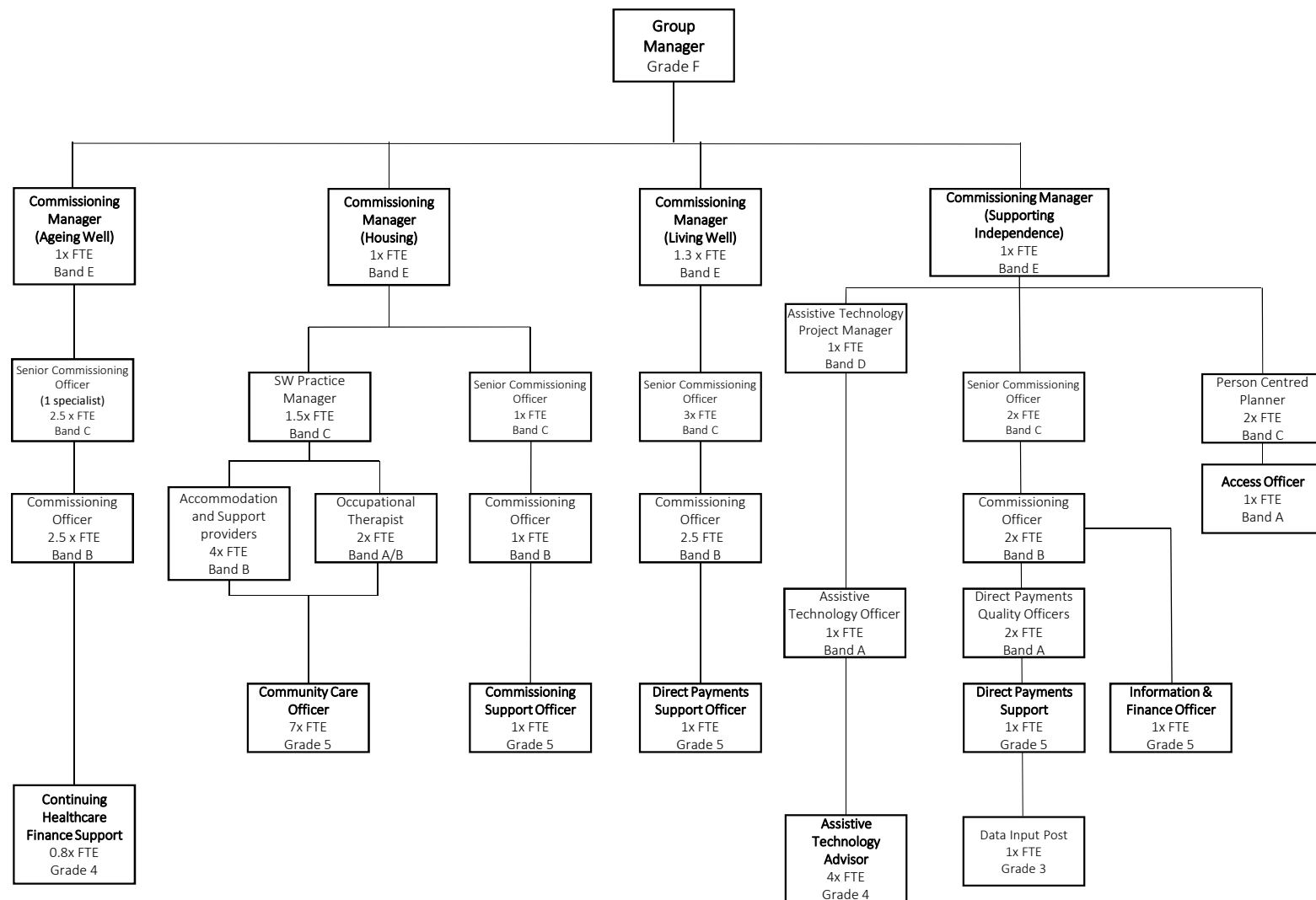
## South Notts Hospital Ageing Well with MASH and ACFS



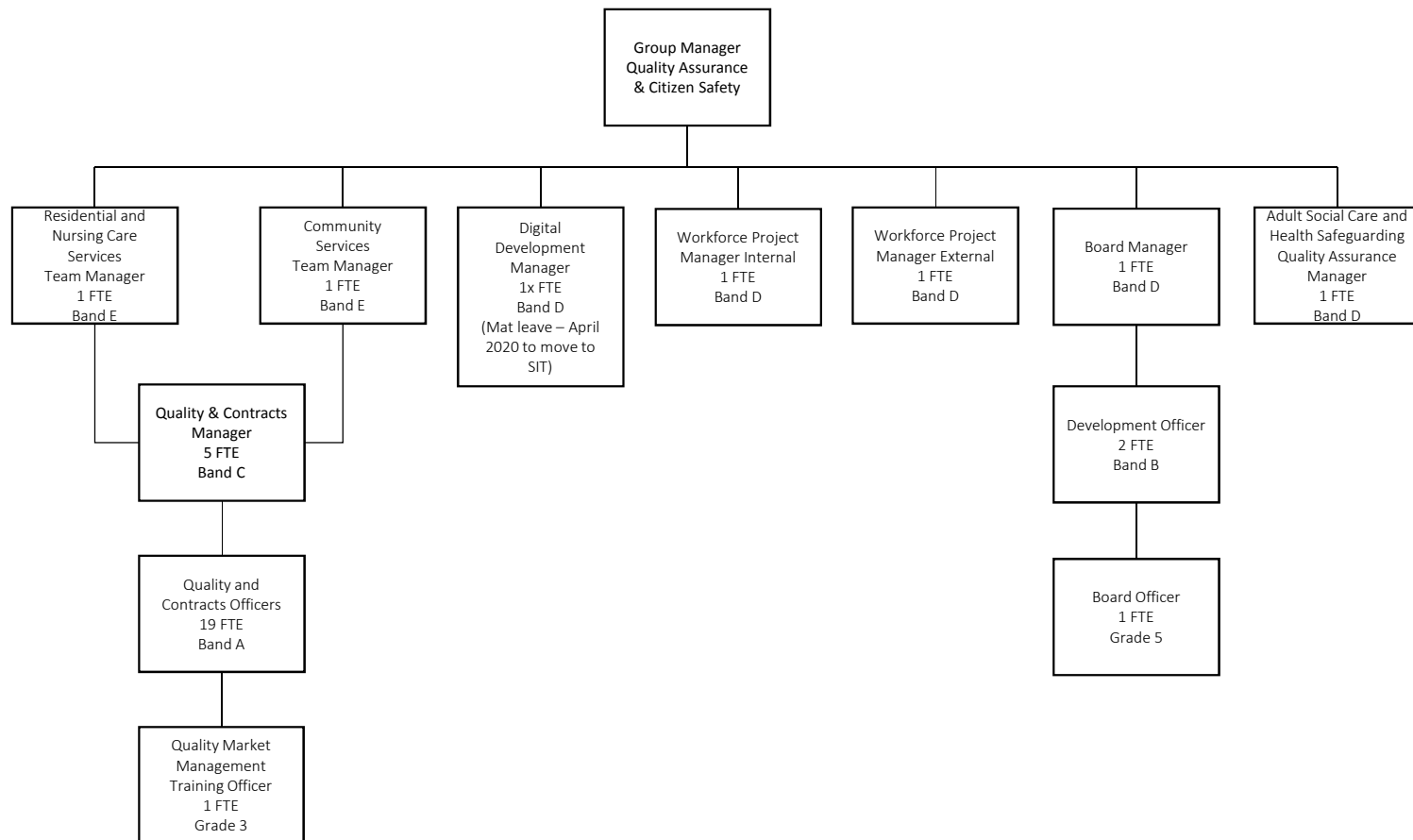
# Maximising Independence Service



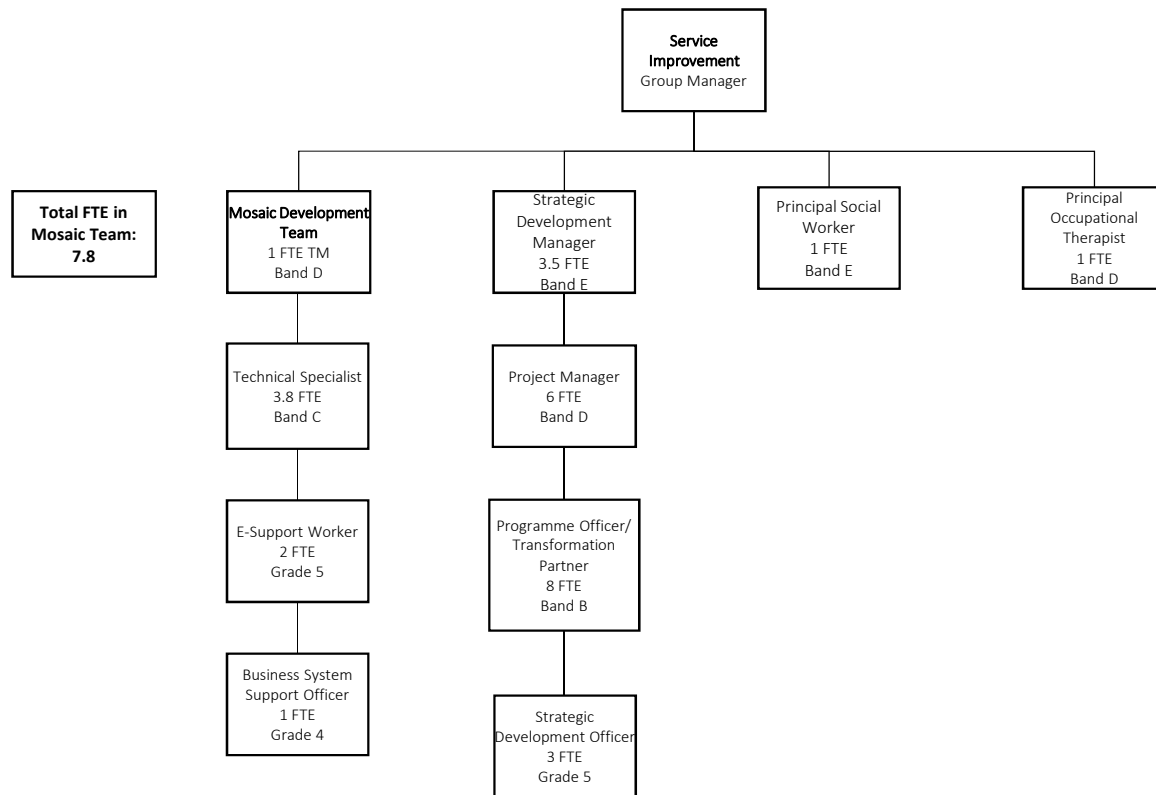
## Strategic Commissioning



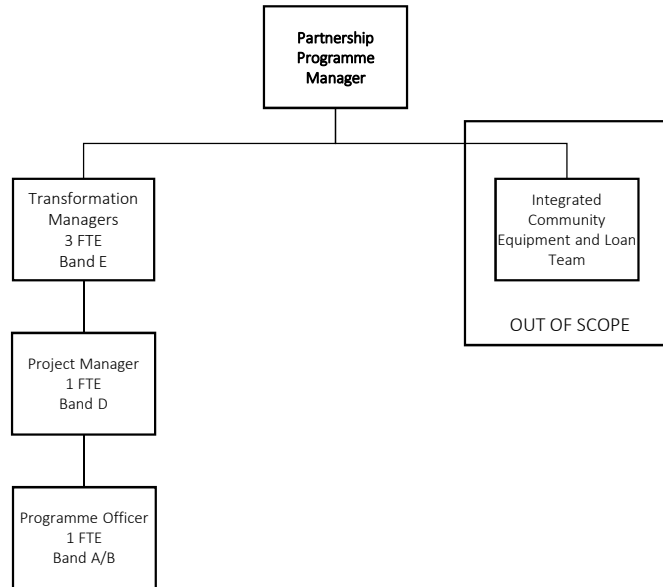
## Quality Assurance and Citizen Safety



Service Improvement

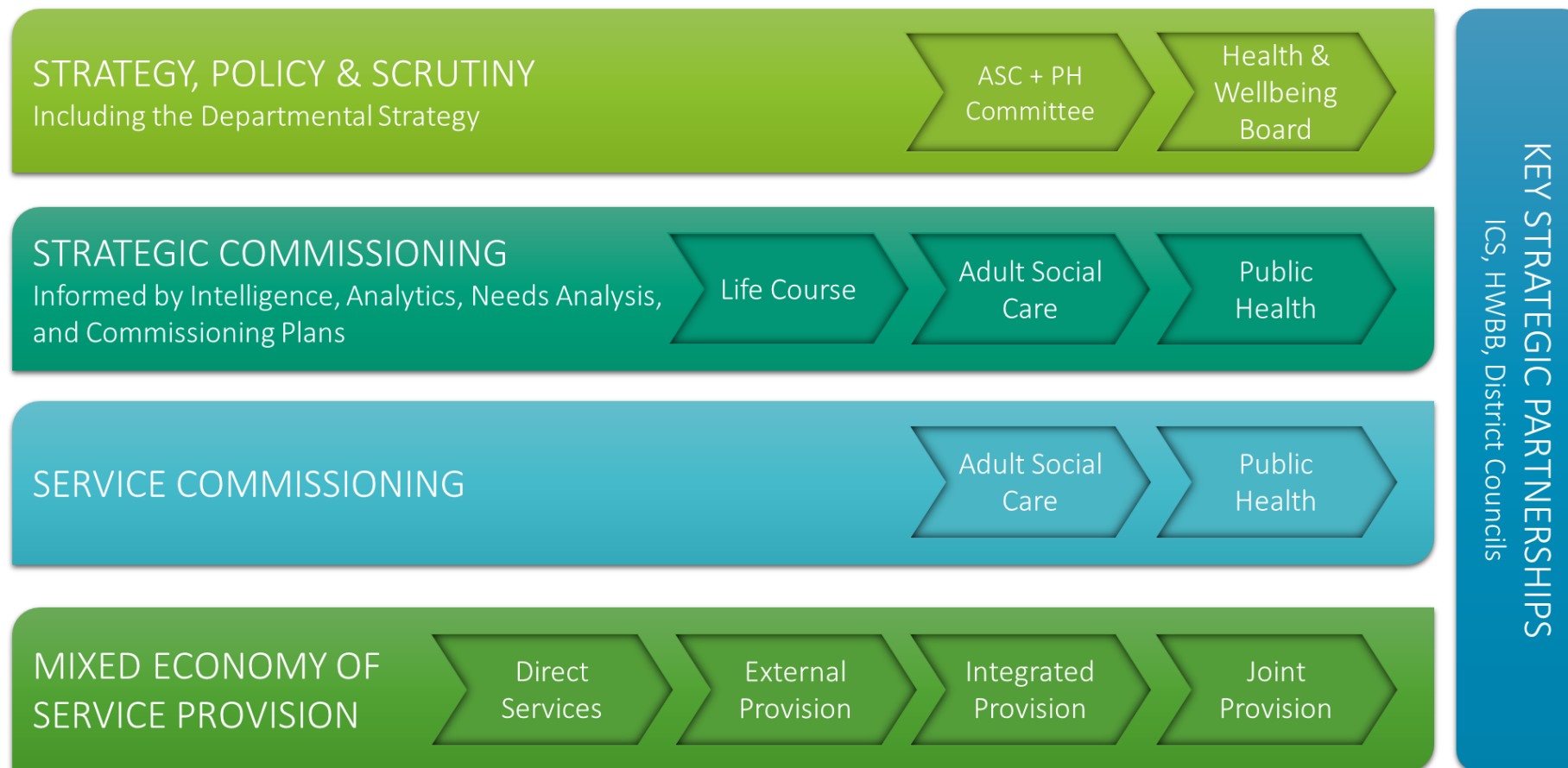


Partnership Programme





# ASC+PH Target Operating Model





11<sup>th</sup> November 2019

Agenda Item: 8

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH**

### **DEVELOPMENT OF A DEPARTMENTAL APPROACH TO CO-PRODUCTION**

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

1. The report informs the Committee of the work in progress to develop a departmental approach to co-production.
2. The report also seeks approval of the approach to develop a shared vision and methodology for co-production.

#### **Information**

3. In recent years, the term co-production has been used to describe the way professionals within adult social care work alongside the community - taking into account the experiences, knowledge and strengths of the people to design, build and improve services at both an individual and strategic level.
4. The Care Act Guidance (2014) describes co-production as when individuals or groups of people get together to influence the way that services are designed, commissioned and delivered.
5. The Think Local Act Personal (TLAP) National Co-production Advisory Group states that: 'Co-production is not just a word, it is not just a concept, it is a meeting of minds coming together to find shared solutions. In practice, co-production involves people who use services being consulted, included and working together from the start to the end of any project that affects them. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power and have influence over decisions made'<sup>1</sup>
6. An example of how co-production has supported the work of the Council is the invaluable work undertaken by "Experts by Experience" in Home Based Care Services. Here a number

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<sup>1</sup> Think Local Act Personal (2011) Making it real: Marking progress towards personalised, community based support, London: TLAP

of people who use services and carers designed their vision of good homecare in Nottinghamshire. They help select providers in the tender process and are now involved in quality monitoring of service provision.

7. As part of the Department's celebration of the Social Care Institute for Excellence (SCIE) Co-production Week (1<sup>st</sup> – 5<sup>th</sup> July 2019), a workshop brought together representatives from the Committee, the current user engagement groups<sup>2</sup> supporting the commissioning of adult services, and departmental colleagues. The purpose of the workshop was to share experiences, think about co-production and how more people could be helped to understand what this is and work in this way. The workshop highlighted that there are discrepancies between understanding of co-production and individual experiences of working with Adult Social Care.
8. The next steps are a two stage process:
  - to develop a broad approach for taking co-production forward informed by a facilitated "thinkpiece" session with Committee Members, Senior Leadership Team, broad representation from Adult Social Care managers and key officers involved. This work will be completed by the end of January 2020.
  - to then engage and involve a far wider group including people, their carers, Members and professionals to develop a shared vision of co-production and mechanisms to support it.
9. This work builds upon the findings of the Adult Social Care Peer Review March 2018 where the Department received positive feedback about the involvement of service users and carers in designing and commissioning services and saw this as an area with scope for expansion

### **Other Options Considered**

10. To continue with current mechanisms for engaging citizens and not seek to improve current ways of working.

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

11. There is considerable scope to develop co-production and improve the way that Adult Social Care engages and works with people at all levels of decision-making.

### **Statutory and Policy Implications**

12. 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.

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<sup>2</sup> The following groups were represented; Learning Disability and Autism Partnership Board, Disability Independent Advisory Group, Carers Implementation Group and Working Group, Older Persons Advisory Group and Home Based Care: Experts by Experience Group.

Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

13. The cost to the Council at this time are the costs associated with holding two workshop events; one relatively small internal event and a second larger event. The cost of independent facilitation of these events is £1,100. An engagement budget is available to undertake this piece of work.

### **Implications in relation to the NHS Constitution**

14. The contents of this report are in line with the contents of the NHS constitution which recognises the importance of patient involvement.

### **Implications for Service Users**

15. People who use services would be involved in the development of the co-production approach and its role within the department.

## **RECOMMENDATION/S**

- 1) That Committee approves the approach to develop a shared vision and methodology for co-production in adult social care.

**Melanie Brooks**

**Corporate Director, Adult Social Care and Health**

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

Mike Deakin

Person Centred Planning Training & Development Manager

T: 0115 977 2715

E: [Mike.deakin@nottsccl.gov.uk](mailto:Mike.deakin@nottsccl.gov.uk)

Sarah Craggs

Person Centred Training & Development Manager

T: 0115 993 2525

E: [Sarah.craggs@nottsccl.gov.uk](mailto:Sarah.craggs@nottsccl.gov.uk)

Sarah Wells

Commissioning Officer

T: 0115 977 3545

E: [Sarah.wells1@nottsccl.gov.uk](mailto:Sarah.wells1@nottsccl.gov.uk)

### **Constitutional Comments (EP 09/10/19)**

16. The recommendation falls within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference.

## **Financial Comments (CT 29/10/19)**

17. The cost to the Council at this time are the costs associated with holding two workshop events; one relatively small internal event and a second larger event. The cost of independent facilitation of these events is £1,100. An engagement budget is available to undertake this piece of work.

## **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.

[Outcomes of the Adult Social Care Peer Review – report to Adult Social Care and Public Health Committee on 10th September 2018](#)

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

All.

ASCPH684 final

**11<sup>th</sup> November 2019****Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING AND  
INTEGRATION****NATIONAL SAFEGUARDING ADULTS WEEK EVENTS AND  
COMMUNICATIONS****Purpose of the Report**

1. This report seeks approval of a series of events and communications planned for National Safeguarding Adults Week from 18<sup>th</sup> - 24<sup>th</sup> November 2019.

**Information****National Safeguarding Adults Week: 18<sup>th</sup> - 24<sup>th</sup> November 2019**

2. Nottinghamshire Safeguarding Adults Board (NSAB), along with many other SABs, will be running a series of events to coincide with Ann Craft Trust's National Safeguarding Adults Week.
3. Each day will focus on a different theme related to Safeguarding Adults as follows.

**Monday 18<sup>th</sup> November – Self-Neglect Workshop**

This invite-only event aims to support frontline practitioners and other relevant and appropriate staff groups to use the recently launched [Nottingham and Nottinghamshire Safeguarding Adults at Risk Self-Neglect Advice and Toolkit](#).

**Tuesday 19<sup>th</sup> November – NSAB Partnership Event – focus on Safeguarding in Sports**

This invite-only event will include Safeguarding Leads from Nottingham Forest and Nottinghamshire County Cricket Club speaking about the work they do regarding Safeguarding in Sport, and will feature the opportunity for NSAB members and partners to discuss how their organisations can support the work of the Board on Safeguarding in Sport.

**Thursday 21<sup>st</sup> November – NSAB Trainers' Forum – focus on Prevention**

This invite-only event is for people who are responsible for delivering Safeguarding Adults training within their organisation. This Forum, held three times per year, will have a focus on the Board's Prevention Strategy, and will cover relevant topics to support attendees in including a prevention focus within their training offers.

### **Friday 22<sup>nd</sup> November – Carers Event**

This event will be open to members of the public and is aimed at informal, or unpaid carers, and what support is available to them in their caring role.

4. These events will provide targeted training, information and advice sessions to frontline staff, strategic partners and Board members, as well as the general public, including those performing an unpaid carer's role. This is in line with the Nottinghamshire Safeguarding Adults Board's stated strategic aims of:

#### **Prevention**

NSAB will develop and implement preventative strategies that seek to reduce incidence of abuse and neglect within Nottinghamshire.

#### **Making Safeguarding Personal (MSP)**

NSAB will develop and embed an approach to its work that is person led. The Council will also support partners to develop processes which are person led, that mean they engage the adult (or their representative) in a conversation about how best to respond to individual safeguarding concerns.

#### **Assurance**

NSAB will develop and implement systems to assure itself that it and all partners have appropriate arrangements in place to safeguard those adults most at risk in Nottinghamshire.

These events are also in line with NSAB's Prevention Strategy by: having an educated and skilled workforce; continuing to raise awareness with the public about safeguarding; informing adults, carers and advocates of their rights to live a life free from abuse; by working in partnership; and learning from practice.

#### **Communications**

5. It is proposed to use the week to highlight the services and support available for people who may be socially isolated or in some way at risk of adult abuse. Services like the Meals at Home Service, Connect and Age Friendly Nottinghamshire can help to link people into their local communities and keep them active, independent and safe.
6. The campaign will also highlight the importance of supporting family members, friends or neighbours who may be lonely or struggling with daily tasks.
7. The communications will involve media articles, social media, e-bulletins and the use of partner communications channels.

#### **Other Options Considered**

8. No other options have been considered. The ones proposed represent the greatest reach of activities to take place during National Safeguarding Adults Week.

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

9. A number of documents have been published by Nottinghamshire Safeguarding Adults Board during this strategic period (2018-2021) and it is now timely to maximise the benefits of these by supporting workers, organisations and the public in raising awareness of, and implementing these documents, further supporting the work of NSAB.

## **Statutory and Policy Implications**

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

## **Financial Implications**

11. These events and communications are being funded by the NSAB budget, so there will be no financial implications for the Council.

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

12. The proposed events and communications will support staff, organisations and the general public in raising awareness of abuse, what they can do about it, and how to report it, as well as how to prevent instances of abuse and neglect in the future.

## **Implications for Service Users**

13. The proposed events will support staff in taking a preventative approach to safeguarding adults, thus removing or reducing instances of abuse and neglect within Nottinghamshire.

## **RECOMMENDATION/S**

- 1) That Committee approves the activities and communications planned for National Safeguarding Adults Week from 18<sup>th</sup> – 24<sup>th</sup> November 2019.

**Paul Johnson**  
**Service Director, Strategic Commissioning and Integration**

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

Paul Hughes  
Development Officer, Safeguarding Adults Strategic Team  
T: 0115 977 4170  
E: [paul.hughes@nottsc.gov.uk](mailto:paul.hughes@nottsc.gov.uk)

### **Constitutional Comments (AK 15/10/19)**

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

### **Financial Comments (DG 17/10/19)**

15. These events and communications are being funded by the NSAB budget, so there will be no financial implications for the Council.

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

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

None.

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

All.

ASCPH686 final

**11 November 2019****Agenda Item: 10****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND  
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

**Information**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

**Other Options Considered**

5. None

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty,

safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

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

**Marjorie Toward**  
**Service Director, Customers, Governance & Employees**

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

### **Constitutional Comments (HD)**

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

### **Financial Comments (NS)**

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

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

- None

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

- All

**F**  
**ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2019-20**

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
<b>9 December 2019</b>			
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health, including performance against the departmental strategy over last 6 months	Corporate Director/Director of Public Health	Matthew Garrard/Jennie Kennington/Will Brealy
Procurement of a new framework agreement for equipment based major adaptations in people's homes		Service Director, Strategic Commissioning and Integration	Cate Bennett/ Jenni French
Public Health Outcomes in Nottinghamshire – 12 month update	12 month update approved for inclusion December 2018	Director of Public Health	David Gilding
<b>6 January 2020</b>			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Adult Social Care Culture Change programme		Corporate Director, Adult Social Care and Health	Melanie Brooks/Jennie Kennington
Living Well Strategy	To update committee on the strategic direction for the Living Well service area.	Service Director, Living Well Services	Ainsley MacDonnell
Update on Domestic Abuse Support Services	To inform committee of the outcome of procurement	Director of Public Health	Rebecca Atchinson
Summary of the Violence Against Women and Girls (VAWG) Project Evaluation	To inform committee of the outcome of the Violence Against Women and Girls (VAWG) Project Evaluation	Director of Public Health	Rebecca Atchinson
National Children and Adult Services Conference 2019	Report back on attendance at the conference	Corporate Director, Adult Social Care and Health	Melanie Brooks/ Paul Johnson

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
<b>3 February 2020</b>			
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Service Director, Strategic Commissioning and Integration	Stacey Roe
Self-assessment and sector led improvement in Public Health	Progress update on introduction and outcomes of sector led improvement in PH.	Director of Public Health	Will Brealy
<b>16 March 2020</b>			
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk
Fees and charges annual report		Service Director, Strategic Commissioning and Integration	Paul Johnson/Cherry Dunk
Adult Social Care and Health self-assessment and sector-led improvement	Progress update on outcomes of annual sector led improvement process in Adult Social Care and Health, including regional challenge.	Corporate Director, Adult Social Care and Health	Jennie Kennington
<b>20 April 2020</b>			
Spend and outcomes review for Adult Social Care and Public Health		Corporate Director, Adult Social Care and Health/Director of Public Health	Melanie Brooks/Jonathan Gribbin
<b>11 May 2020</b>			
Adult Social Care and Public Health departmental strategy – 6 monthly performance report	Report on progress against the commitments and measures in the departmental strategy	Service Director, Strategic Commissioning and Integration/Director of Public Health	Jennie Kennington/ Will Brealy
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health	Corporate Director	Matthew Garrard
<b>8 June 2020</b>			
<b>13 July 2020</b>			
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health	Corporate Director	Matthew Garrard
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Service Director, Strategic Commissioning and Integration	Stacey Roe

