Nottinghamshire County Council

Adult Social Care and Public Health Committee

Monday, 07 October 2019 at 10:30

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

AGENDA

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

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	9 September 2019 (commencing at 10.30 am)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

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

Pauline Allan
Joyce Bosnjak
John Longdon
David Martin
Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's
Sue Batty, Service Director, Adult Social Care & Health
Melanie Brooks, Corporate Director, Adult Social Care & Health
Cherry Dunk, Group Manager, 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
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health
Catherine Pritchard, Consultant in Public Health, Adult Social Care & Health
Gemma Shelton, Team Manager, Adult Social Care & Health
Bridgette Shilton, Team Manager, Adult Social Care & Health
John Wilcox, Senior Public Health and 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 8 July 2019 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None

MEMBERSHIP CHANGES

Councillor John Longdon was appointed to the Committee in place of Councillor Mike Quigley MBE, and Councillor Pauline Allan was appointed to the Committee in place of Councillor Sybil Fielding for this meeting only.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. NOTTINGHAMSHIRE COUNTY COUNCIL REFRESHED DEMENTIA DECLARATION ACTION PLAN 2019-2022

Councillor Tony Harper and Catherine Pritchard introduced the report and responded to questions.

RESOLVED 2019/059

1) That the committee sign and approve the adoption and promotion of the refreshed Dementia Action Plan for 2019 – 2022 as set out in appendix 1 of the report and associated Dementia Friendly Nottinghamshire County Council Action Plan 2019-2022 as set out in appendix 2 of the report.

2) To approve the development and implementation of a communications plan, including external communications to promote that Nottinghamshire County Council actively supports the Dementia Friendly initiative and aspires to be a dementia friendly organisations.

5. ADULT SOCIAL CARE AND HEALTH PERFORMANCE UPDATE FOR QUARTER 1

Councillor Francis Purdue-Horan and Melanie Brooks introduced the report and responded to questions.

RESOLVED 2019/060

That there were no actions arising from the report.

6. ADULT SOCIAL CARE AND HEALTH – SENIOR MANAGEMENT STRUCTURE

Councillor Boyd Elliott and Melanie Brooks introduced the report, gave a presentation and responded to questions.

RESOLVED 2019/061

1) That the proposed senior management structure be approved as set out in Appendix A of the report with effect from 1st October 2019 (with the exceptions detailed in paragraph 25 of the report and the table below). The posts to be

established in the proposed structure are listed below – all posts listed are requested on a permanent basis.

Post and grade	Number of posts	Start date
Service Director, Community Services (Ageing Well) (Band I)	1 FTE	1st October 2019
Service Director, Community Services (Living Well) (Band I)	1 FTE	1st October 2019
Service Director, Strategic Commissioning & Integration (Band I)	1 FTE	1st October 2019
Group Manager, Access and Maximising Independence (Band F)	1 FTE	1st October 2019
Group Manager, Ageing Well (Band F)	4 FTE	1st October 2019
Group Manager, Living Well (Band F)	3 FTE	1st October 2019
Group Manager, Integrated Strategic Commissioning (Band F)	1 FTE	1st October 2019
Group Manager, Service Improvement (Band F)	1 FTE	1st October 2019
Group Manager, Quality Assurance, Citizen Safety (Band F)	1 FTE	1st October 2019
Better Care Fund Programme Manager (Band F)	0.8 FTE	1st October 2019
Group Manager, Provider Services (Band F)	1 FTE	1st April 2020

2) That the disestablishment of the following posts be approved:

Post and grade	Number of posts	Start date
Transformation Programme Director (Band H) - temporary until March 2020	1 FTE	29th September 2019
Service Director, Mid-Nottinghamshire (Band I)	1 FTE	29th September 2019
Group Manager, Direct Services (Band F)	1 FTE	31st March 2020

3) That feedback from the staff consultation is currently underway to inform the departmental workforce structure below Group Managers and the next steps following on from this to be presented to Committee in Autumn 2019.

The Committee asked that their thanks to the Service Directors leaving their posts be recorded.

7. CHILDHOOD OBESITY TRAILBLAZER

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

RESOLVED 2019/062

1) That the establishment of the following fixed term Public Health posts be approved:

Post Title	FTE	Grade/ Band	End date	Cost per annum	Funding Source
Public Health Support Officer	1.0	B	30th June 2022	£47,858	Childhood Obesity Trailblazer Programme Grant
Public Health Support Officer	1.0	B	18 months from recruitment	£47,858	Childhood Obesity Trailblazer Programme Grant and Public Health Reserves (as agreed May 2019)

2) That the planned proactive publicity in relation to the Nottinghamshire Childhood Obesity Trailblazer project be approved.

8. PUBLIC HEALTH INTELLIGENCE SUPPORT TO THE INTEGRATED CARE SYSTEM

Councillor Francis Purdue-Horan and Jonathan Gribbin introduced the report and responded to questions.

RESOLVED 2019/063

That the establishment of the following temporary Public Health post be approved:

Post Title	FTE	Grade/ Band	End date	Cost per annum	Funding Source
Public Health Intelligence Analyst	0.5	B	12 months from recruitment	£24,000	Public Health Reserves (as agreed December 2018)

9. REVIEW OF ROLES IN THE ADULT ACCESS SERVICE

Councillor Boyd Elliott and Paul Johnson introduced the report and responded to questions.

RESOLVED 2019/064

That the establishment of the following temporary posts from 1st October 2019 be approved:

Post Title	FTE	Grade/ Band	End date	Cost per annum	Funding Source
Community Care Officers	3.5	5	31st March 2020	£60,779 (for period of employment)	Adult Access Service staffing budget

10. INTERIM REVIEW OF STRUCTURE WITHIN ADULT SOCIAL CARE FINANCIAL SERVICES – FIRTHER TO WIDER WORKFORCE REVIEW

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

RESOLVED 2019/065

1) That the Adult Care Financial Services to continue to refer Deputyship cases to a panel of solicitors for service users who have assets over £100,000

2) That family and friends be signposted to alternative support from third parties in relation to Appointee and Deputyship cases, ensuring that cases are only taken on by the Council as the last resort. At the end of the six-month period, a review of the future staffing arrangements will be undertaken to determine the permanent staffing levels required

3) That 2 temporary full-time equivalent (FTE) Deputyship Officer posts (Band A) and 1.6 FTE Finance Assistant posts (Grade 4) be established for a period of six months

4) That an update report be received by Committee after six months regarding the reduction in cases and progress.

11. ADULT SOCIAL CARE AND PUBLIC HEALTH, ALIGHMENT TO THE TWO INTEGRATED CARE SYSTEM ARCHITECTURE FOR BASSETLAW, MID NOTTINGHAMSHIRE AND SOUTH NOTTINGHAMSHIRE

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

RESOLVED 2019/066

1) That the alignment of roles/resources across Adult Social Care and Public Health against the architecture models across the two Integrated Care Systems as described in paragraphs 10-19 of the report be agreed.

2) That the planning and practice principles from the Adult Social Care and Public Health perspective to share with Health colleagues as detailed in paragraph 21 of the report be agreed.

3) That the 2019/20 Memorandum of Understanding between the Nottingham and Nottinghamshire Integrated Care System and NHS England/NHS Improvement as contained in Appendix 4 of the report be endorsed, through submission of a brief statement of commitment to the ICS Board.

12. MARKET MANAGEMENT POSITION STATEMENT

Councillor Boyd Elliott, Paul Johnson, Cherry Dunk and Gemma Shelton introduced the report and responded to questions.

RESOLVED 2019/067

That there were no actions arising from the report.

13. WORK PROGRAMME

RESOLVED 2019/068

That the work programme be accepted.

14. EXCLUSION OF THE PUBLIC

RESOLVED 2019/069

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

15. EXEMPT APPENDIX TO ITEM 12: MARKET MANAGEMENT POSITION STATEMENT

RESOLVED: 2019/070

That the information in the exempt appendix be noted.

The meeting closed at 12.32 pm.

CHAIR

Nottinghamshire County Council

Report to the Adult Social Care and Public Health Committee

7 October 2019

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 APRIL 2019 TO 30 JUNE 2019

Purpose of the Report

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

Information

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties to commission certain mandatory services for residents[1], the provision of specialist advice to the local NHS, and health protection advice to organisations across the local system.

3. In discharging these duties, the Council is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.

4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for residents.

5. Working with colleagues, the Public Health Contract and Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving good outcomes, quality services and value for money.

6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.

7. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in April to June 2019 against key performance indicators related to Public Health priorities, outcomes and actions within:

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

a). the Public Health Service Plan 2018-2019;

b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and

c). the Authority's Commitments 2017-21.

8. A summary of the key performance measures is set out on the first page of **Appendix A**. Where performance is at 80% or greater of the target or meets the standard, it is rated green.

9. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services. Furthermore, it provides a break down of some commissioned services at District level.

NHS Health Checks (GPs)

10. The NHS Health Check Programme has met its targets for the first quarter. GPs identified and started treatment for 213 people at high risk, who were likely to have experienced a heart attack or stroke if they had not been detected early through the service. This is in addition to offering advice, sign-posting and treatment to all those who had a health check, a total of 5,798 people.

11. During this quarter, 10,274 people in total were invited to attend a health check, which is the highest number since quarter two of 2014/15. The proportion of people taking up their invitation was 56.4%, better than last year's national average of 45.9%.

12. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions. The Government recently announced its intention to review NHS Health Checks to explore new intelligent, predictive checks, taking age, risk factors and lifestyle into account.

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

13. The ISHS provides a testing and treatment service for sexually transmitted infections (STIs) and contraception. High demand for the ISHS continues to arise with similar numbers of people accessing the service in this quarter one as in the previous year.

60% of new users accepting HIV test

14. Following work to resolve a data reporting issue last year for this measure all three ISHS providers exceed the 60% target for the percentage of new service users accepting a HIV test.

75% of 15-24 year olds accepting a chlamydia test.

15. Chlamydia is one of the most common STIs and although often symptomless it can cause long-term health problems including infertility if left untreated.

16. SFHFT and DBH have exceeded the quality standard of 75% of 15-24 year olds in contact with the service accepting a chlamydia test. NUH are slightly below the quality standard in quarter one, reporting 73% of 15-24 year olds accepting a chlamydia test in this quarter. However, the service has confirmed that all appropriate young people are offered a test.

30% of women aged 16-24 receiving contraception accept LARC

17. Long-acting reversible contraceptive (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.

18. Take up of LARC across all ages of women of reproductive age should contribute to reducing unintended pregnancies. This 30% measure is routinely surpassed by all three ISHS providers and this continues to be the case this quarter.

Young People's Sexual Health Service- C Card (In-house)

19. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire. The service has achieved 90% of target for new registrations with 315 this quarter against a target of 350. Easter fell in quarter one with a number of registration points such as schools and colleges closed which has a negative impact of the number of registrations.

20. The service has exceeded the target for the number of young people who return to use the scheme.

21. The service continues to be well used and promotional activity is taking place to promote the scheme further and improve access.

Alcohol and Drug Misuse Services (Change Grow Live)

22. Change, Grow, Live (CGL) is the substance misuse treatment and recovery service in Nottinghamshire.

23. Successful completions from the whole service as defined by the contract have been consistently good and have been exceeded by the provider as evidenced in the performance figures.

24. CGL works proactively across the county to ensure residents get free from their substance misuse. Successful completion data from CGL for non-opiates such as cannabis, amphetamines, steroids, cocaine and crack cocaine and Novel Psychoactive Substances (or what were formerly known as 'legal highs') and opiates was 23.9% which is well above the target of 15%.

25. Representations and unplanned discharges from the service have been consistently low for quarter one. From a total 2535 unique individuals who have presented to service, only 166 (6.5%) were discharged in an unplanned way with only 17 re-presentations.

26. Overall improvements in the wider outcomes derived from the service are all above target for this quarter. These outcomes are:
    - Employment, training and education: target 25%; performance 42%.
    - Mental wellbeing: target 60%; performance 84%.
    - Housing improvements (where housing was identified as an issue at entrance into the service): target 70%; performance 87%.

27. These results demonstrate the effectiveness of the treatment and recovery system in Nottinghamshire, especially as the Nottinghamshire measurements are harder to achieve than the national framework. The aim in Nottinghamshire is to ensure all service users with any substance misuse issues are helped to recovery and not just those who require a clinical intervention

Young People's Substance Misuse Service (Change, Grow, Live)

28. CGL took over the young people's substance misuse service on 1st October 2018. CGL have initiated new ways of working across the county with an emphasis on preventing young people starting to misuse substances as well as providing support for those who are misusing. Data from quarter one shows that 46 young people have been referred into the service (target of 50 per quarter) of which 11 were from social care and 10 from the youth offending team. Three were between the ages of 18 to 21. In addition, the service has engaged with 629 young people in outreach work and group work and trained 48 professionals in relation to young people's substance misuse.

Smoking Cessation (Solutions 4 Health)

29. Performance by the Stop Smoking Provider remains challenging. However, recently published national data shows that the Nottinghamshire picture mirrors national trends for these services and even shows that the quality of the Nottinghamshire service is better than the national picture.

30. Nationally there has been a 14.7% reduction in the number of people setting a quit date in the last year and a 12.1% reduction in the number quitting successfully.

31. Since the peak levels of people stopping smoking eight years ago, before the service was commissioned by the Authority, the number of smokers setting a quit date with service support has fallen by 71.4%, and the number quitting successfully by 69.6%.

32. The quality of the local service however exceeds national levels. Nationally the quality of interventions remains consistently high, with 52.1% of all service users successfully quit at the four-week stage. Locally the service supported 62.1% of service users to successfully quit at four weeks, 10% above national performance.

Illicit Tobacco Services (In-house)

33. The retail value of illicit tobacco seized in quarter one was £12,750. However, the team have been busy further to the seizure of tobacco with a total retail value of £513,823 in the previous quarter as a result of targeting further up the supply chain. Due to the quantity of this previous seizure, along with the complexity of the joint operation with the HMRC, the resulting legal follow up work was prioritised during the current quarter one period.

Obesity Prevention and Weight Management (Everyone Health)

34. The Obesity Prevention and Weight Management service is on target in quarter one. Recent employment of a specialist midwife in the service has improved uptake of the maternity weight management, and referrals from the national child measurement programme together with some new engagement with adolescents has contributed to increased uptake of the children's weight management. There is a trend for lower referrals from the Bassetlaw midwifery service and there is increased engagement with this service.

35. Overall the service continues to perform well on the delivery of a wide range of targeted community initiatives. The total number of sessions is slightly behind plan in this quarter due to a challenging target for a new approach to deliver sessions in the early years working with Children Centre Services. This approach will be monitored and reviewed alongside our emerging work on the childhood obesity trailblazer programme.

Domestic Abuse Services (Notts Women's Aid and JUNO Women's Aid Integrated Services)

36. The Domestic Abuse service provides information, advice, safety planning and support (including support through the courts) to women, men, teenagers, children and young people. The service does not have targets, but the public health team monitors the outputs and outcomes of the service. The service is facing increasingly complex and difficult cases. Quality Assurance visits further evidence that the services provided are robust, well received by service users and provide good value for money.

37. Figures show an increase in the number of adults, children and young people supported compared with last year. The number of high-risk adult referrals is increasing, and this is beginning to impact on the capacity of the multi-agency risk assessment conferences (MARACs) where information is shared across partner agencies to ensure safety. MARAC referrals are being investigated alongside the Police who are the main referral source.

38. Over 50% of children on Child Protection Plans live in a household with domestic abuse and to this end the providers work closely with Children's Services and have workers based with the Family Service

Seasonal Mortality (Nottingham Energy Partnership)

39. This service protects and improves the health of residents in the county, by facilitating insulation and heating improvements and preventative adaptations in private sector homes, providing energy efficiency advice and reducing fuel poverty. The service targets the most deprived private sector households, with a specific emphasis on support to residents over

60 and a smaller provision for families with children under five and pregnant women. The service exceeded its targets last year and has begun to work well towards 2019/20 goals.

40. The service has exceeded the quarter one target for the number of people they provide with comprehensive energy efficiency advice and/or help and advice to switch energy supplier or get on the cheapest tariff. The service has commenced the training to deliver Energy Efficiency Brief Interventions to improve awareness of the links between cold-homes, fuel poverty and ill health and to generate appropriate referrals to the service, training 47 individuals against a quarter one target of 55 (85%). Further training is scheduled to increase the reach throughout the rest of the year.

Healthy Families (Nottinghamshire Healthcare Trust)

41. The service is in its third year of delivery and the Healthy Families Programme is now embedded across the County as a fully integrated universal service for children, young people and their families.

42. The Authority has set local targets for the provider, in line with National, regional and local performance. 'Stretch' targets have been applied to ensure that the service aspires to meet Nationally reported targets. The service overall is performing well with Nottinghamshire data for mandated reviews in 2018/19 comparing favourably with both National data and that of our statistical neighbours. As an example, 97% of 2-2½ year developmental reviews completed, were undertaken using ASQ-3 (Ages and Stages Questionnaire). The use of this evidence-based tool enables the Healthy Families Team to make an informed assessment of a child's readiness to start school, and therefore offer targeted interventions for children when concerns are identified.

43. Staffing and recruitment challenges experienced by the service due to retirement, maternity leave, and sick leave are resolving albeit there is a shortage of nurses nationally. The Trust is working pro-actively to recruit and retain the workforce and a picture of increased workforce stability is emerging. This is being reflected in improved performance against the key performance indicators.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

44. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.

45. Performance by the service continues to be strong. During quarter one, oral health promotion training among frontline staff was delivered to 98 staff working in child-related services and 71 in adult-related services (quarter one target of 50 each). The targeted supervised toothbrushing programme was active in 22 primary schools (against a target of 20), engaging with around 2,800 children. In addition, parents of 1,760 children received oral health advice and resources at their child's one-year health review (95% of the quarter one 2019/20 one-year old child cohort).

Homelessness (Framework)

46. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On and Housing First Accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time

47. In quarter one a total of 44 people exited the short-term hostel accommodation of whom 30 (68%) exited in a planned way and 14 (32%) in an unplanned way. In terms of numbers this is below the expected target of 80%. However, service users accessing hostel accommodation are particularly complex and vulnerable. A number of particular factors including ongoing alcohol and substance misuse as well as violence has meant service users have had to be removed from accommodation in order to protect both staff and other service users.

48. For the move on accommodation a total of 25 people exited the service in a planned way (93% against a target of >80%) and two people exiting the service in an unplanned way (7% against a target of <20%) which is within the targeted range.

Other Options Considered

49. None

Reason/s for Recommendation/s

50. To ensure performance of Public Health services is scrutinised by the Authority

Statutory and Policy Implications

51. 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

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

Public Sector Equality Duty implications

53. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are

asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

Safeguarding of Children and Adults at Risk Implications

54. Safeguarding is a standing item on contract review meeting agendas and providers are expected to report any areas of concern allowing the Authority to ensure children and adults at risk are safe.

Implications for Service Users

55. The management and quality monitoring of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant for service users.

RECOMMENDATION

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

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
Nathalie Birkett
Group Manager Contracts and Performance
nathalie.birkett@nottscc.gov.uk
01159772890

Constitutional Comments (CEH 04/09/19)

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

Financial Comments (DG 04/09/19)

57. There are no specific financial implications arising from this report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

7 October 2019

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

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

Purpose of the Report

1. To seek approval for the proposed County Council response to a Government consultation seeking views on how to place prevention at the centre of health and care system decision making.

Information

2. On 22 July 2019 the Government published a green paper, Advancing our health: prevention in the 2020s. The document sets out the opportunities to ensure the 2020s is the decade of proactive, predictive, and personalised prevention in relation to health and care. This means targeted support, tailored lifestyle advice, personalised care, and greater protection against future threats.

3. Notwithstanding the significant improvements in the nation's health that have resulted from decades of traditional public health interventions, the green paper identifies a number of challenges in the coming years. These include our concerted efforts to tackle the implications of smoking, obesity, air quality, and mental health.

4. The paper proposes to confront these challenges and make the most of the opportunities available by signalling a new approach for the health and care system in which government, both local and national, work with the health and care system to place prevention at the centre of all decision-making. Individuals and communities are identified as key to making this ambition a success as health is a shared responsibility in which only by working together can we achieve a vision of healthier and happier lives for everyone.

5. An executive summary of the green paper can be found in **appendix 1**.

6. The County Council has a statutory duty to improve the health and wellbeing of residents. Evidence shows that many aspects of ill-health experienced by people in Nottinghamshire

are avoidable, therefore the Council considers prevention to be a high priority which underpins wellbeing and prosperity in all our communities.

7. The Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy 2018-2022 identifies prevention – helping people and communities to support each other and prevent problems from arising – as a key way of working in order to achieve its ambitions. The authority also promotes the prevention agenda through its membership of the Nottingham and Nottinghamshire Integrated Care System (ICS) and the South Yorkshire and Bassetlaw ICS.

8. The government consultative paper therefore provides an opportunity for the County Council to shape and influence the forthcoming approach to prevention in health and care to improve the lives of Nottinghamshire residents.

9. The open consultation requests responses to a number of questions in relation to the proposals for a new approach for the health and care system, as set out above. These questions range from taking care of our mental health to creating healthy spaces. The proposed response from the County Council is set out in **appendix 2**.

10. Consultation responses are required by 14 October 2019.

Other Options Considered

11. No other options were considered.

Reason/s for Recommendation/s

12. The County Council plays a major part in improving health and care outcomes for Nottinghamshire residents, of which prevention is a key component. The proposed response to the government consultation therefore provides an opportunity to positively influence the national agenda to improve services and outcomes for local residents.

Statutory and Policy Implications

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

Financial Implications

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

Human Resources Implications

15. There are no human resources implications directly arising from this report.

RECOMMENDATION/S

That Committee:

1) considers if there are any amendments required to the proposed consultation response

2) approves the proposed County Council response to the Government consultation

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

William Brealy
Executive Officer
T: 0115 9774587
E: william.brealy@nottscc.gov.uk

Constitutional Comments (EP 09/09/2019)

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

Financial Comments (DG 09/09/2019)

17. There are no specific financial implications arising from this report

Background Papers and Published Documents

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

- Nottinghamshire Health and Wellbeing Board Joint Health and Wellbeing Strategy 2018-2022

Electoral Division(s) and Member(s) Affected

All.

Advancing our health: prevention in the 2020s

Presented to Parliament
by the Parliamentary Under Secretary of State for Public Health and Primary Care
by Command of Her Majesty

Published July 2019

CP 110

This publication is available at www.gov.uk/official-documents.

Any enquiries regarding this publication should be sent to us at publichealthpolicyandstrategy@dhsc.gov.uk

ISBN 978-1-5286-1545-7

CCS CCS0619432956 07/19

Printed on paper containing 75% recycled fibre content minimum

Printed in the UK by the APS Group on behalf of the Controller of Her Majesty's Stationery Office

Executive summary

1. Opportunities

The 2020s will be the decade of proactive, predictive, and personalised prevention. This means:

- targeted support
- tailored lifestyle advice
- personalised care
- greater protection against future threats

New technologies such as genomics and artificial intelligence will help us create a new prevention model that means the NHS will be there for people even before they are born. For example, if a child had inherited a rare disease we might be able to diagnose and start treatment while they are still in the womb, so they are born healthy.

Using data held by the NHS, and generated by smart devices worn by individuals, we will be able to usher in a new wave of intelligent public health where everyone has access to their health information and many more health interventions are personalised.

In the 2020s, people will not be passive recipients of care. They will be co-creators of their own health. The challenge is to equip them with the skills, knowledge and confidence they need to help themselves.

We are:

– **Embedding genomics in routine healthcare** and making the UK the home of the genomic revolution

– **Reviewing the NHS Health Check** and setting out a bold future vision for NHS screening

– **Launching phase 1 of a Predictive Prevention** work programme from Public Health England

2. Challenges

Over the decades, traditional public health interventions have led to significant improvements in the nation's health.

Thanks to our concerted efforts on smoking, we now have one of the lowest smoking rates in Europe with fewer than 1 in 6 adults smoking. Yet, for the 14% of adults who still smoke, it's the main risk to health. Smokers are disproportionately located in areas of high deprivation. In Blackpool, 1 in 4 pregnant women smoke. In Westminster, it's 1 in 50.

Obesity is a major health challenge that we've been less successful in tackling. And clean air will continue to be challenging for the next decade. On mental health, we've improved access to services. In the 2020s, we need to work towards 'parity of esteem' not just for how conditions are treated, but also for how they are prevented. On dementia, we know 'what's good for your heart is also good for your head'. A timely diagnosis also enables people with dementia to access the advice, information, care and support that can help them to live well with the condition, and to remain independent for as long as possible.

The new personalised prevention model offers the opportunity to build on the success of traditional public health interventions and rise to these new challenges.

The NHS is also doing more on prevention. The Long Term Plan contained a whole chapter on prevention, and set out a package of new measures, including:

- all smokers who are admitted to hospital being offered support to stop smoking
- doubling the Diabetes Prevention Programme
- establishing alcohol care teams in more areas
- almost 1 million people benefiting from social prescribing by 2023 to 2024

These measures will help to shift the health system away from just treating illness, and towards preventing problems in the first place.

We are:

– **Announcing a smoke-free 2030 ambition**, including options for revenue raising to support action on smoking cessation.

– **Publishing Chapter 3 of the Childhood Obesity Strategy**, including bold action on: infant feeding, clear labelling, food reformulation improving the nutritional content of foods, and support for individuals to achieve and maintain a healthier weight. In addition, driving forward policies in Chapter 2, including ending the sale of energy drinks to children.

– **Launching a mental health prevention package**, including the national launch of Every Mind Matters.

3. Strong foundations

When our health is good, we take it for granted. When it's bad, we expect the NHS to do their best to fix it. We need to view health as an asset to invest in throughout our lives, and not just a problem to fix when it goes wrong. Everybody in this country should have a solid foundation on which to build their health.

This is particularly important in the early years of life. Most children are born into safe and loving homes that help them develop and thrive. But this is not always the case. We must help all children get a good start in life.

This 'asset-based approach' should then follow through to other stages of life, including adulthood and later life. It's difficult to live a fulfilling life if you're worried about money, live in cold or damp conditions, or feel cut-off from those around you.

At national level, we will lay the foundations for good health by pushing for a stronger focus on prevention across all areas of government policy. At local level, we expect different organisations to be working together on prevention. This means moving from dealing with the consequences of poor health to promoting the conditions for good health and designing services around user need, not just the way we've done things in the past.

We will:

– **Launch a new health index** to help us track the health of the nation, alongside other top-level indicators like GDP

– **Modernise the Healthy Child Programme**

– **Consult on a new school toothbrushing scheme, and support water fluoridation**

Conclusion

The commitments outlined in this green paper signal a new approach for the health and care system. It will mean the government, both local and national, working with the health and care system, to put prevention at the centre of all our decision-making. But for it to succeed, and for us to transform the NHS and improve the nation's health over the next decade, individuals and communities must play their part too. Health is a shared

responsibility and only by working together can we achieve our vision of healthier and happier lives for everyone.

To respond to this consultation, visit http://www.gov.uk. Alternatively, if you're reading the HTML version, just click the questions themselves, which will take you through to the consultation webpage.

Advancing our health: prevention in the 2020s

No.	Question	Proposed Response*
	From life span to health span	
1	Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?	Government itself should adopt a health and wellbeing in all policies approach, so that health improvement is owned by every department along with a stronger focus on addressing inequalities. Health and social care policies need to take into account the interconnected nature of prevention, treatment and recovery, with only 10% of health outcomes being due to healthcare. There is need for further emphasis on the role of safe, affordable and accessible housing, with strengthened joint commissioning of hospital to home discharge schemes, and the role of community health and social care workforces in supporting vulnerable individuals living in housing conditions which pose health risks. Clear pathways are needed to ensure policies are joined up around housing and housing support.
	Intelligent health checks	
2	Do you have any ideas for how the NHS Health Checks programme could be improved?	Currently performance monitoring focuses on activity (% of population invited, % of population receiving health check) rather than outcomes (patients experience as a result of having a health check). We would welcome new national requirements for performance monitoring including outcomes e.g. diagnoses as a result of health checks, referrals to behavioural change services. Such evidence could help address issues of GP engagement. Review the evidence about health checks frequency to ascertain if it would be more cost-effective, whilst clinically appropriate, to increase the time interval, given GP practice capacity is a factor in the number of health checks undertaken. Explore the possibility of intelligent Health Checks, including integrating within existing systems e.g. text messages with a link to a digital health check for people who do not attend. If the digital check highlights a high-risk score, automatic invitation email asking the person to make an appointment for a full health check.

No.	Question	Proposed Response*
		There are overlaps between different health checks (NHS Health Checks, learning disability checks, serious mental illness (SMI) checks, prison health checks) and different funding streams (Local Authorities, Clinical Commissioning Groups, NHSE/I). This means eligible populations may be getting the same checks more than once. Eligibility could be reviewed to align these checks better e.g. people who have SMI checks may not need to be invited to NHS health checks. (The prison cohort was recently removed from the NHS health check eligible population cohort for this reason.) More national promotion of NHS Health Checks to increase awareness and uptake.
Supporting smokers to quit		
3	What ideas should the government consider to raise funds for helping people stop smoking?	To raise funds for helping people to stop smoking there are a number of approaches. 1. Polluter pays in a similar way to companies that have an impact on the environment and the tobacco industry to pay for their impact on health. With the economic work carried out by Action on Smoking and Health there is now a standard benchmark of the cost of tobacco in local areas. As this work is based partly on smoking prevalence then it equates to the needs of local populations. Therefore, revenue collected via this approach could be reinvested based on need. 2. Tax increases on tobacco and tobacco products are known to be effective at reducing smoking prevalence. This revenue could be reinvested in local prevention work, in particular to support enforcement activity to control the supply of illicit tobacco which is increasingly becoming a problem.
Eating a healthy diet		
4	How can we do more to support mothers to breastfeed?	Strengthen guidance about the commissioning of breastfeeding support pathways which are properly joined up across all parts of each local authority and local Clinical Commissioning Groups. The development of a multi-agency pathway that involved all key stakeholders could reduce duplication and ensure equity of access to support across Integrated Care System footprints. As per the World Breastfeeding Trends Initiative (WBTI), implement recommendations regarding: • *Indicator 1 National policy, programme and coordination* ○ UK government to support establishing a high-level, sustainable UK-wide Infant feeding (IF) group for policy leads and special advisors in IF, to share good practice.

No.	Question	Proposed Response*
		○ Government to set up a national, sustainable, strategic IF committee, with multi-sectoral representation, coordinated by a high-level funded specialist lead. • *Indicator 9 Infant and young child feeding during emergencies* ○ Government to develop a national strategy on infant and young child feeding (IYCF) in emergencies that is integrated into existing emergency-preparedness plans.
5	How can we better support families with children aged 0 to 5 years to eat well?	• The national Healthy Start vitamins and food vouchers schemes are underutilised and overly complex to use. A review is needed to improve practical access for these schemes by families in need through use of existing community assets. • Nutritional guidance for this age group is difficult to translate into practical steps for early years providers and families alike. There is need for a practical real-life approach, with a strong focus on the family. • Whole systems research shows that "one size fits all" is not effective. Therefore local initiatives need to work closely with families to understand their barriers to healthy eating, and work on community led solutions to overcome these. This strengthens the case for further investment in local government public health childhood obesity prevention. • Our most deprived families tell us they are under pressure, they are time poor and on a tight budget – The government needs to continue and strengthen its interventions within the food industry, to extend choice by making healthy options more available to the most disadvantaged families. Our families most affected by childhood obesity tell us they know what a healthy diet looks like, but don't feel empowered to make healthy choices. There needs to be a strong focus through the trailblazer programme on the behavioural, social, environmental and economic factors which would enable a healthy diet.

No.	Question	Proposed Response*
Support for individuals to achieve and maintain a healthier weight		
6	How else can we help people reach and stay at a healthier weight?	Greatest investment in research and implementation is needed at the level of the family, particularly building in positive accessible opportunities for good diet and moving more as a norm for every family. Investment across all tiers of weight management support is needed, along with a joined up commissioning pathway between Local Authorities and NHS. This requires greater NHS investment in effective tier 3 services and bariatric surgery. Associating weight management with positive messages around aspirations for health and wellbeing is necessary to overcome ongoing stigma around body image and weight, and a narrative of blame. Greater attention, through research and effective interventions is needed to address underlying mental health as a driver for detrimental health behaviours leading to obesity. Consideration should be given to how emerging Primary Care Networks can use link workers and social prescribing to help develop health coaching skills, which provide consistent practical messaging on healthy weight, and link people to local opportunities for healthy activity and social inclusion. Strong and consistent support from government is needed to collate, synthesize and share the emerging research evidence on effective approaches to healthy weight, to allow local investment to build on strong foundations of effectiveness. Additional structured support is needed to strengthen investment in both evaluation and sharing of learning from local initiatives, such as the childhood obesity trailblazer programme.
Staying active		
7	Have you got examples or ideas that would help people to do more strength and balance exercises?	In Nottinghamshire the County Council commission a programme of evidenced based strength and balance exercise called ENGAGE. One way in which this has increased participation is through investing in the skills and qualifications of independent exercise instructors who then run their own classes under the ENGAGE programme which is coordinated and quality asked by the councils commissioned provider.

No.	Question	Proposed Response*
		The challenge recruiting Older Adults on to strength & balance classes is often heightened (not exclusively) within areas of Socio-economic disadvantage. There is opportunity increasing referrals through proactively identified those at risk using primary care and social care data and then supporting access for those at risk of social isolation and frailty through health coaching skills and social prescribing. One suggestion would be for a network of 'Health Champions' to be developed whose role would be to identify, promote and recruit suitable attendees for a range of Healthy Living initiatives including strength & balance. Focus would also be on inter-twining key strength & balance activities (e.g. 6 key exercises) into daily life - at work once aged 55 in conjunction with free 'drop in' classes. Equally, strength & balance tasters could be inter-woven into existing activities that Older Adults attend such as Bowls, Bingo, Walking, Golf etc as part of a formal warm up or warm down.
8	Can you give any examples of any local schemes that help people to do more strength and balance exercises?	The ENGAGE falls prevention exercise programme is funded by Nottinghamshire Public Health and delivered by the commissioned obesity prevention and weight management provider across all districts in Nottinghamshire. This group based, progressive falls prevention exercise programme incorporates evidence-based OTAGO principles and Postural Stability exercises (PSI). The sessions are led by specially trained exercise leaders/instructors in a range of community settings such as leisure centres, retirement complexes and village halls. There are also some sessions held in residential nursing homes. Participants can self-refer or be referred by a Health or Social Care Professional. All participants have an initial 1:1 with an instructor to ascertain their current strength and balance, allowing the instructor to measure progress at regular intervals. Homework booklets are given out to encourage regular exercise in between sessions and instructors regularly promote other holistic falls prevention messages such as awareness of home hazards and importance of regular medication reviews. The sessions are open to new participants and always end with a social element to promote cohesion and group dynamic. There are currently 22 sessions running across Nottinghamshire.

No.	Question	Proposed Response*
		To date this programme has reached an estimated 350 older adults, with **over 75% of participants have stayed the same or improved their strength and balance** (across the 3 functional assessments at 26 weeks that are used to measure strength and balance). The challenges to overcome include recruitment from most deprived areas, and scale up to reach a greater proportion of the at risk population.
Taking care of our mental health		
9	There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health, in addition to the mental health actions in the green paper?	A preventative approach across the life course is key to improving mental health. At a community level there needs to be a supportive asset based approach recognising, enhancing and where necessary the positive development of communities. Within communities, green spaces have a positive impact on mental health, wellbeing and encourage physical activity. Ensuring that planning based approaches incorporate safe green spaces is crucial. During infancy and early years ensuring both maternal and parental good mental, in particular addressing Adverse Childhood Events via the extension of the Routine Enquiry about Childhood Adversity programme. Preventative approach in schools needs to ensure that good mental health and resilience is supported via curricula development and ensuring that physical activity is part of this. With the inclusion of the most vulnerable groups including children with learning disability and their carers. This could build on the mental health support teams pilot in schools, ensuring a proactive and preventative approach is taken. A focus on children being safe online and supporting both children and parents to understand and implement protective barriers to prevent the impact of trolls and bullying. For the adult workforce a joined up approach to support businesses to ensure staff wellbeing would enable a wider reach of support programmes. Along with positive support for carers who are in work.

No.	Question	Proposed Response*
		Those who have experienced a suicide have an increased risk of taking their own lives and need timely, tailored and structured support. There is a need to mainstream suicide prevention work funding, particularly bereavement support.
10	Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?	The application of research into practice is crucial in this area. Numerous apps have been developed however, roll out and application is inconsistent. The use of technological solutions needs to be underpinned by training of staff in the support of these and promotion of the approaches. All apps should be identified as NHS/Public Health England approved and have a quality assurance mechanism for reassurance for the public and the population that they are based on evidence. In Nottinghamshire an online counselling service Kooth has been commissioned. Kooth enables children and young adults to access online mental health services. The online counselling and emotional well-being platform for children and young people is accessible through mobile, tablet and desktop and free at the point of use. As part of the universal offer to young people, Nottinghamshire County Council have commissioned the 'health4teens' website which signposts young people aged 13+ to local services available to support their emotional health and wellbeing needs. In addition, as part of the delivery of the Nottinghamshire County Council commissioned 'healthy families programme' Nottinghamshire Healthcare NHS Foundation Trust provide 'parentline': a parent to clinician texting service so that parents requiring mental health support can gain rapid access to a health visitor. Both technologies offer first line preventative support aimed at ensuring early intervention when an issue arises.
		Sleep
11	We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?	The importance of sleep for good health and wellbeing needs to be more widely understood across professional groups and standardised training across health education and social care. Sleep habits develop at a young age and new parents need to be supported in developing good sleep routines. There are various apps that could be used for example, Sleep Cycle and Headspace – that are promoted by some universities.

No.	Question	Proposed Response*
	Prevention in the NHS	
12	Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?	As part of the promotion of the 'healthy start' scheme, Public Health within Nottinghamshire County Council will be engaging community pharmacies in the distribution of healthy start vitamins and the provision of healthy start advice for pregnant women and parents of children up to the age of 4. Nottinghamshire County Council commissioned NHS Health Checks outreach service is delivered by a pharmacy that visits workplaces of local employers and undertakes on-site NHS Health Checks for eligible staff. The new flu service for frontline County Council staff is delivered by a pharmacy at our main office buildings and residential homes/day care centres. There is also an Emergency Hormonal Contraception service that our pharmacies provide, as well as the C-Card Scheme
	Children's oral health	
13	What should the role of water companies be in water fluoridation schemes?	Local Authorities are currently tied by statute to water fluoridation schemes and the water companies that operate them, which although contract managed by Public Health England, operate within a monopoly. There are no effective contractual levers that Public Health England / Local Authorities can utilise to performance manage the water companies. Public Health England / Local Authorities should be allowed to impose a financial penalty if water companies' fluoridation performance falls below a certain level for a certain length of time (e.g. the monitoring equipment has been broken or incorrectly operating for a long time leading to sub-optimal output, with no real incentive to encourage the water company to fix it).
	Musculoskeletal conditions	
14	What would you like to see included in a call for evidence on musculoskeletal (MSK) health?	• Industry specific evidence and guidelines for workplace prevention of musculoskeletal (MSK) conditions. • Incorporation of MSK health and prevention within social prescribing approaches led by Primary Care Networks.

No.	Question	Proposed Response*
		• Detailed data on cohorts with MSK related worklessness, to allow stratification of health need and support options. • Exploration of existing effective place and train models for their utility in supporting those with MSK to return to work. • Effective multi-disciplinary return to work programmes which bring together health professionals, occupational health, employer and employment support specialists to support individuals with MSK in return to work. • Understanding the evidence for MSK workplace accreditation schemes, particularly in industries where employment activities offer the highest risk for future MSK conditions. • Evaluation of the variation in challenges and opportunities experienced by Small and Medium sized Enterprises/Micro businesses.
	Creating healthy spaces	
15	What could the government do to help people live more healthily: In homes and neighbourhoods	• Through the use of a new health index as a key measure alongside Gross Domestic Product, strengthen the hand of local planning policy teams through government support for Local Plans which prioritise community aspiration, health and wellbeing e.g. active design principles, cycling and walking infrastructure, healthy high streets, restrictions on fast food outlet density. • Lead on a major developer's forum, to share learning from Healthy New Towns and other opportunities and gain industry commitment to development which is fit for future, protecting both environment and health. • Reinstate industry building standards on healthy sustainable development. • Align affordable warmth and warm homes fund initiatives with green energy strategy to invest in health promoting low carbon heating solutions. • Commission an in-depth assessment of accessibility and affordability of healthy food, to identify "food deserts" and use the developing national Food Strategy as an opportunity to develop food systems which prioritise access to local, affordable and healthy food options. • Increase infrastructure investment in walking and cycling, including a commitment to make active travel the norm for all UK urban centres.

No.	Question	Proposed Response*
16	What could the government do to help people live more healthily: When going somewhere	• Protect child health through implementation of air quality improvement measures such as anti-idling campaigns for schools, safe walking and cycling to school as standard. • Strengthen incentives and investment in ultra-low emissions vehicles and infrastructure, to prevent ill health due to poor air quality. • Implement as proposed mandatory calorie labelling in out of home food sector. • Influence/incentivise fast food chains and eateries to create/offer smaller portions and healthy "swaps" as standard. • Develop free accessible tools to encourage journey planning which incorporates car shares, walking, cycling and seamless transfers between public transport, to enable a modal shift in transport to be mainstreamed. • Embed prompts to healthy lifestyle choices visibly within public infrastructure, such as walking times between bus stops, easily visible and accessible stairs. • Invest in innovative digital tools underpinned by behavioural insights, e.g. gamification of travel, use of high streets.
17	What could the government do to help people live more healthily: In workplaces	Workplaces in particular small and medium sized businesses would benefit from a one stop shop for information and advice. In order to support this, we would recommend the development of a national online accredited award system for workplace wellbeing. Resources from local authorities could then be included to the national resource and local businesses could access. This national approach could be similar to that adopted by the Food Standards Agency with the scores on doors rating for hygiene but applied as a rating for wellbeing business. This wellbeing approach could be used as a first approach to the development of a resource that would cover the range of business needs e.g. tax, employment requirements etc. The development of this could be funded via a levy approach such as used for apprenticeships.
18	What could the government do to help people live more healthily: In communities	• Prioritise the strengthening of community led solutions, co-production and local ownership of health and wellbeing, in particular investing in community development alongside NHS social prescribing. • Prioritising access to community spaces which are safe and suitable for all ages, particularly as part of a revitalised healthy high streets approach which requires a different approach to retail in the modern consumer environment.

No.	Question	Proposed Response*
		• Join up between services and community assets through social prescribing and social organising, to increase the range of local support to help people stay independent and socially connected. • Address issues of anti-social behaviour and perception of crime which acts as a barrier in more deprived areas to communities accessing parks and open spaces. For example, consider reintroducing park wardens to ensure these are safe places too.
	Active aging	
19	What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations? • Support people with staying in work • Support people with training to change careers in later life • Support people with caring for a loved one • Improve homes to meet the needs of older people • Improve neighbourhoods to meet the needs of older people • Other Please expand on the reasons for your choice	In reality, all of these priorities need to be supported and invested in to ensure that England provides a healthy, secure and fulfilling environment for older age. Flexible adaptive working arrangements will be essential to allowing people to continue to achieve financial security for themselves and their families, and meaningful working life contributions. Adaptations in existing homes, age friendly community initiatives and particular investments in dementia friendly initiatives present not only a challenge, but also an opportunity for the public and private sector economies to invest differently. Inter-generational approaches need to be trialled and supported which allow communities to benefit from the social interaction, learning and skills of different cohorts across the life course. E.g. house share, care home play dates etc.

No.	Question	Proposed Response*
	Prevention in wider policies	
20	What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3	There is a need for cross governmental action to ensure that those most vulnerable in society are not adversely affected by policy changes in the benefits system, housing and education. For example, a lack of social housing impacts on the structure of communities and the health and wellbeing of families/individuals in unstable or private accommodation and homelessness. Further, welfare policies, such as universal credit, can have a detrimental impact on the health of the most vulnerable in society if accessible effective support is not in place.
	Value for money	
21	How can we make better use of existing assets - across both the public and private sectors - to promote the prevention agenda?	We need a better shared understanding of need, robust evaluations, joint working and shared agenda's/vision. Via corporate social responsibility it is important that private business support and invest in local communities. Applying a prevention approach within contracts at both local and national level to ensure that prevention is given a priority. For example, all contracted services in the public sector to sign up to the Prevention Concordat for mental health and agree to abide by the Framework convention on tobacco control. Schools are an important part of the assets and green space within a community and enabling access to playgrounds, fields and buildings outside of school hours would provide an asset across a wide range of communities.
	Local action	
22	What more can we do to help local authorities and NHS bodies work well together?	The link between the Integrated Care System (ICS) and Health and Wellbeing Board (HWBB) is not well articulated and NHS engagement with HWBB is not strong since the ICS came into being. This is made more complex with the differing boundaries between HWBB, ICS's, and NHS providers. Setting out a clear remit for the HWBB, the future of the Better Care Fund and linking the role of prevention in HWBB and ICS, would help. The HWBB can play a key role in linking a broad population health approach to prevention whilst driving a place and neighbourhood approach to influence targeted prevention. The barriers are the complexity

No.	Question	Proposed Response*
		of relationships and governance, which in turn affect organisational capacity to engage. It is a particular difficulty for NHS providers who span large areas. The opportunity is to set out how primary and community care at a local level can focus on need and the evidence of what interventions work. A further barrier is the way organisations and commissioners organise budgets which are not consistent with a life course approach to health. HWBB and Public Health are well-placed to provide leadership in this area, but the short-term nature of spending rounds, funding for social care in both adults and children's and NHS targets is a force in opposition to this approach. The services that diagnose and those that support are separate, the former an NHS role the latter an Educational role (in the main) as an example.
Sexual and reproductive health		
23	What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?	• Reduced fragmentation of the commissioning of sexual and reproductive health i.e. expectation that measures to integrate commissioning responsibilities across NHSE, Clinical Commissioning Groups and Local Authorities are expected to feature in the Integrate Care System 5 year plan • Digital sexual health service specifications standardised and made available nationally. Costs and safeguarding arrangements made explicit nationally. • Access to long acting reversable contraceptive choices needs to be made available in a wider range of health professional settings, as an important contributor to reproductive health and choice
Next steps		
24	What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?	The Council notes the evidence set out in Green Paper - health and wellbeing is strongly dependent on where you live and improving health span depends on changes to the environment in which people grow, work and live. It also highlights the leading risk factors for loss of good health which including those related to overweight, poor diet, use of tobacco, drugs and alcohol, and poor air quality.

No.	Question	Proposed Response*
		The paper includes proposals for addressing these and many of these provide a foundation from which to build healthier places. In the absence of system-wide action to build strong environments, few of the other measures identified in the paper will deliver their potential A greater concern is the prominence given in the Green Paper to measures which rely on unproven innovations. Some of these are presented as opportunities. But, aside from the media opportunities, the impact on health and wellbeing for people in Nottinghamshire from use of high technology medicine for in utero detection and treatment of a rare congenital condition will be miniscule and costly compared to the more widely experienced health gains available through provision of adequate housing, secure employment and healthy environments. Furthermore, history suggests that costly technology solutions like this will continue to deflect investment and attention away from more effective, more affordable, more sustainable solutions. The Council recommends that the government's focus of investment and attention should be on system-wide priorities which ensure best start in life and healthy environments in which to grow, live and work.

*Answers restricted to 250 words

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

7 October 2019

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

SUBSTANCE MISUSE SERVICE AND NEW PSYCHOACTIVE SUBSTANCES (NPS)

Purpose of the Report

1. To inform the Adult Social Care and Public Health Committee of the successfully procured provider who will deliver the All Age Substance Misuse Treatment and Recovery Service for Nottinghamshire and to give an overview of the new service model.

2. To update the Adult Social Care and Public Health Committee on the number of referrals into the substance misuse treatment and recovery service where New Psychoactive Substances (NPS) is identified as an issue and what action is being taken to address NPS use in Nottinghamshire.

Information

The new All Age Substance Misuse Treatment and Recovery Service

3. Substance Misuse is the harmful use of substances like drugs or alcohol and is associated with a wide range of physical and mental health issues as well as broader social issues including homelessness, unemployment, criminal activity and anti-social behaviour. The financial costs of alcohol related harm to society nationally is £21.5 billion and the cost of illicit drug misuse is £10.7 billion. For Nottinghamshire, the costs are estimated to be £31.8 million each year for alcohol related harm and £15.8 million for illicit drug misuse.

4. Addressing substance misuse is therefore a key national priority. The National Drug Strategy 2016 continues to promote sustained recovery from drug misuse and acknowledges the importance of a whole life approach with a focus on education and prevention. The National Alcohol Strategy 2012 focusses on reducing the number of people drinking excessively and making 'less risky' drinking the norm. In Nottinghamshire, the Substance Misuse Strategy Group delivers on a Framework for Action (2018-2021) which addresses both drug and alcohol concerns.

5. The Nottinghamshire Joint Strategic Needs Assessment on Substance Misuse (November 2018) modelled estimates highlight that there are approximately 172,725 Nottinghamshire residents who would benefit from a substance misuse intervention because they misuse substances frequently and an estimated 26,068 dependent on substances (4,436 dependent opiate and/or crack users and 21,632 dependent on alcohol). Therefore, it is in fact Alcohol which represents the greatest need. For young people specifically, it is estimated that 665

10-17 year olds are misusing drugs and 5,114 young people are drinking at increasing and higher risk levels. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

6. The newly published consultation for the Prevention Green Paper - *Advancing our Health: prevention in the 2020's* discusses the challenges with alcohol consumption and drug use within the population. There are some proposed actions around 'nudging' the general drinking populations towards lower strength alcohol products and to increase the availability of alcohol-free and low-alcohol products by 2025. In addition, the Home Office and the Department of Health and Social Care are to work closely to undertake further policy developments around the issues related to prescribed and illicit opioid use.

Current substance misuse services in Nottinghamshire

7. In Nottinghamshire there are currently three separate services which support residents and families with substance misuse issues. These services are:

   a. A community adult substance misuse service - Provided by Change, Grow, Live (CGL).
   b. A community young people (YP) substance misuse service - Provided by CGL.
   c. What About Me (WAM) which supports children and young people whose parents misuse substances - Provided by Nottinghamshire Health Care Trust.

8. The current adult substance misuse contract is co-commissioned by Nottinghamshire County Council (NCC) and the Police and Crime Commissioner (PCC), with the PCC contributing £318,916 (3.7% of the total contract value). As well as working alongside the PCC as co-commissioners, NCC substance misuse commissioners are also working closely with corporate colleagues to ensure existing links with adult and children's social care services are maintained and strengthened through the new service provision.

9. Nottinghamshire substance misuse services are open to anyone who wishes to access substance misuse support. In 2017/2018 the adult substance misuse service supported 13,668 adults. Since October 2018 when CGL took over the young people substance misuse service 329 young people have been supported (data only available up until April 2019). All of the above-mentioned contracts in paragraph 7 expire on the 31st March 2020.

10. In October 2018 the Adult Social Care and Public Health Committee agreed that:

    - Procurement could take place for a new model of an All Age Substance Misuse Treatment and Recovery Service which combined all 3 separate services.
    - A competitive dialogue approach would be used for the procurement process.
    - Contract length would up to 8 years with a contract start date of 1st April 2020 (service mobilisation starting from 1st October 2019).

11. In November 2018, the Director of Public Health and the Police and Crime Commissioner agreed that the All Age Substance Misuse Treatment and Recovery Service would again be co-commissioned, with the PCC maintaining the same financial value (see paragraph 8) as previously allocated to the Adult Substance Misuse Service. NCC Public Health invests £8,570,135 per year for the All Age Substance Misuse Treatment and Recovery Service.

The New All Age Substance Misuse Service Model Provider

12. Through the completion of a successful competitive dialogue procurement process to tender for the All Age Substance Misuse Treatment and Recovery Service, the successful provider is Change, Grow, Live (CGL). CGL have considerable experience delivering both adult and young people's substance misuse services nationally and are the incumbent provider within Nottinghamshire. CGL took on responsibilities for the Young People Substance Misuse Service in October 2018. Therefore, there is a high level of assurance that during the mobilisation period the remaining WAM service will be safely incorporated into the All Age Substance Misuse Treatment and Recovery Service.

13. CGL will be responsible for the whole substance misuse pathway and have incorporated a family-based model, as specified in the tender, to support all individuals recover from their substance misuse. The new vision for the service will be to not only support individuals but to tackle inter-generational substance misuse through a family-based approach. However, it is worth noting that even though it will be one service commissioned there will be different age-appropriate interventions for both adults and young people. Appendix 1 shows a diagrammatic representation of CGL's new service model.

14. The rationale for taking an all age approach are:

- Consistent emphasis on recovery across all ages of those accessing the substance misuse services.
- Improve transition arrangements from young person into adult substance misuse services which are more person-centred and integrated. Transition will take place when the young person is ready to transition into an adult provision rather than when they reach their 18th birthday.
- Ability to track and keep in touch with young people who have previously accessed young people substance misuse service as they become adults.
- Enables assessment and co-ordination of intergenerational and whole family substance misuse support.
- Easier for professionals to refer into one service particularly if a family approach to tackling substance misuse is required.
- Consolidation into a single service creates potential for service efficiencies, and improved consistency of approach to quality, clinical governance and supervision arrangements.
- A focus on prevention and early intervention with an emphasis on young people to prevent substance misuse into adulthood.

15. During the mobilisation period lasting from the 1st October 2019 until the end of March 2020, officers and 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 national substance misuse policy direction. From April 2020, performance reporting of the All Age Substance Misuse Treatment and Recovery Service will be included within the routine public health monitoring to Adult Social Care and Public Health Committee. Notwithstanding the changes which will be required, officers are confident that CGL will maintain the same consistently high level of performance on the new contract as they have been delivering on the existing contract.

Reasons for Recommendation

16. A rigorous procurement process has been conducted using competitive dialogue involving a total of five bidders, which has resulted in CGL being the successful provider.

New Psychoactive Substances (NPS)

17. At the ASCPH committee on the 1st April 2019 an initial report was presented on the background and current situation of NPS use in Nottinghamshire and it was agreed that an update report would be brought back to Committee in six months time.

18. Change, Grow Live (CGL) are the current provider of the Nottinghamshire Substance Misuse Treatment and Recovery Service, and as such are supporting individuals who are using NPS problematically as well as providing a treatment and recovery service for all residents of Nottinghamshire who wish to engage for their substance misuse.

Nottinghamshire Referral Data for NPS

19. In 2018/2019 CGL supported 211 individuals for NPS use (see Appendix 2, Table 1) and while this is an increase in numbers presenting to service from the previous year it needs to be set within the context of the service supporting a total of 13,168 unique individuals receiving substance misuse treatment within the same time period. Therefore, NPS use reflects just 1.6% of the total number of Nottinghamshire residents receiving substance misuse treatment and support.

20. There is however one key limitation to this data. The data used to determine the size of the local NPS problem described above is *"Number of referrals received, where NPS is listed as Drug 1, 2 3 & Other drug".* Therefore, while this data gives an overall picture of how NPS are being used by all clients in contact with CGL, it doesn't reflect the frequency nor intensity of NPS use. Thus, some of the data captured may be where a client has reported just a single use of NPS.

21. Therefore, it is prudent to look at data where NPS is listed a "Drug 1", which means that NPS is the individual's primary drug of choice, such data is shown in Table 2 within Appendix 2 and shows that there has only been a slight increase from 46 individuals within the treatment service using NPS in 2017/2018 to 54 individuals in 2018/2019.

What is happening currently to address this issue locally?

22. In the 2018/2019 financial year funding was allocated by the Office of the Police and Crime Commissioner (OPCC) specifically for vulnerable adults who were misusing NPS and to encourage them to engage with treatment. With the allocated funds, CGL implemented assertive outreach work and have been able to work proactively in community settings (often on the streets in most cases) with a larger number of highly vulnerable and often chaotic NPS users to bring them into treatment services.

23. As part of the successful bid to the Ministry of Housing, Communities and Local Government (MHCLG) Rough Sleeping Initiative (RSI), CGL are continuing to deliver substance misuse assertive outreach in 2019/20. Funding for the continuation, and now expansion, of the assertive outreach approach was agreed from the Substance Misuse Strategy Group and

utilised partnership monies under a Section 256 agreement. As part of the RSI delivery model, there are now four assertive outreach workers in total covering Ashfield, Mansfield, Bassetlaw (Worksop) and Newark / South area working with vulnerable adults and bringing them into treatment. Appendix 2 demonstrates that CGL are mostly supporting individuals who use NPS in those Districts where NPS use has previously been most visible (Mansfield and Bassetlaw).

Reasons for Recommendation

24. At Nottinghamshire County Council Full Council meeting on the 20th September 2018 it was agreed that a report would be brought to ASCPH to update members on numbers of referrals into substance misuse treatment and recovery service, where NPS is identified as an issue. On receiving such a report at the 1st April ASCPH committee, it was agreed a further six-month progress report would be presented to update members on NPS use within Nottinghamshire.

Statutory and Policy Implications

25. 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

26. The links between substance misuse and the criminal justice system have been considered. The PCC is a member of NCC Public Health's strategic commissioning advisory group. NCC Public Health intend to commission a substance misuse service for all residents that is inclusive of the criminal justice pathway.

Financial Implications

27. The current NCC Public Health investment is £8,570,135 per year. The substance misuse contract will be funded from the Public Health Grant, within the budget envelope that is available for this service. If the PH Grant changes, the substance misuse service will keep to the budget envelope that is affordable for this service.

Human Resources Implications

28. There are no HR implications as this is a commissioned service.

Human Rights Implications

29. 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

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

Public Sector Equality Duty implications

31. Nottinghamshire County Council 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

32. No smarter working implications.

Safeguarding of Children and Adults at Risk Implications

33. No additional safeguarding implications.

Implications for Service Users

34. 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

35. 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 Adult Social Care and Public Health Committee:

1) That members agree 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.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
Sarah Quilty, Senior Public Health and Commissioning Manager
Amanda Fletcher, Consultant in Public Health

Constitutional Comments (EP 05/09/2019)

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

Financial Comments (DG 04/09/2019)

37. The current NCC Public Health investment is £8,570,135 per year, funded from the Public Health Grant. If there are increases or reductions to future grants, the affordability of the contract will be re-assessed in light of this.

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.

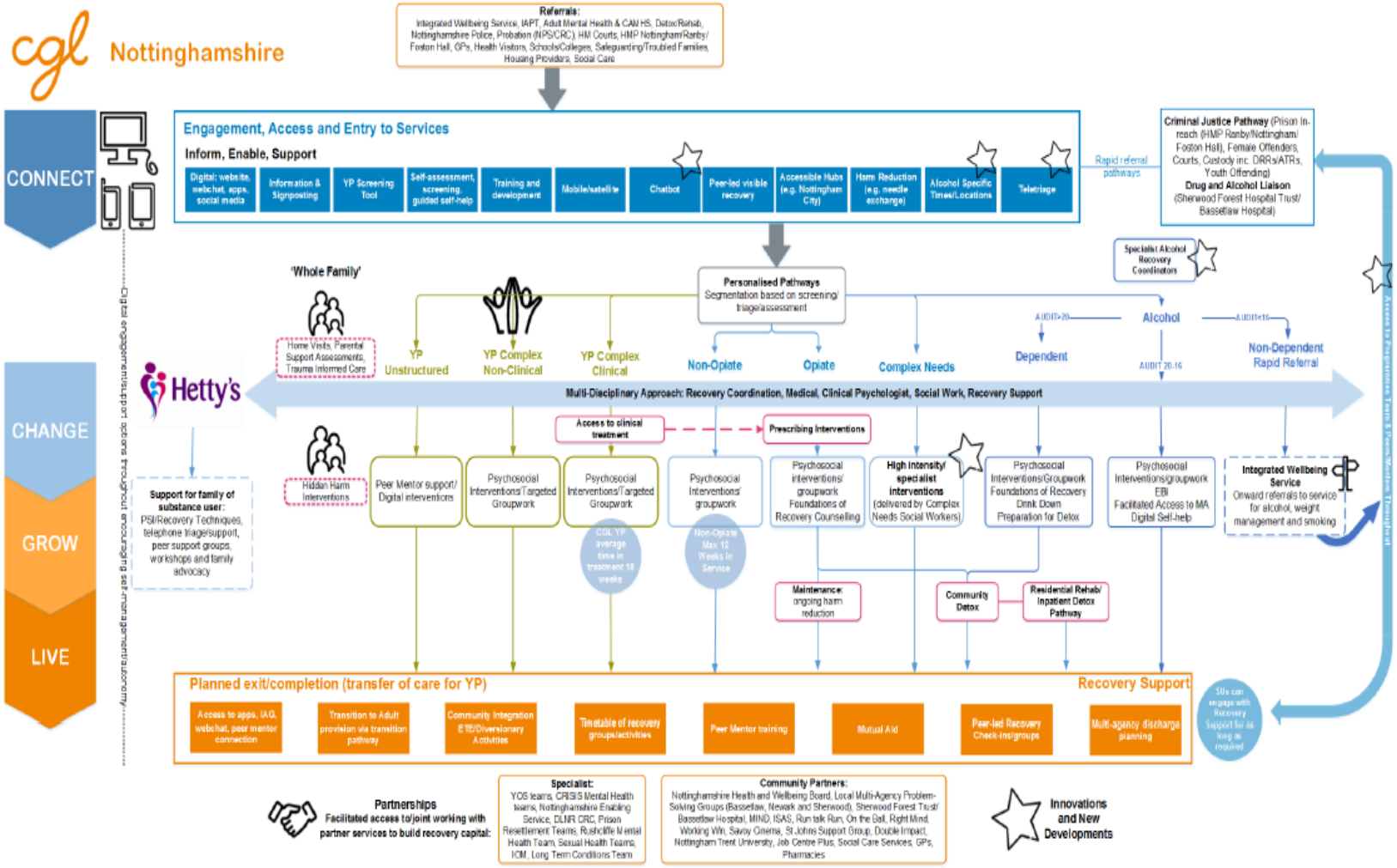
- New Psychoactive Substances (NPS) paper - April 2019 – Adult Social Care and Public Health Committee.
- Substance Misuse Service paper – October 2018 – Adult Social Care and Public Health Committee.
- Commissioning Intentions paper – February 2018 – Adult Social Care and Public Health Committee.

Electoral Division(s) and Member(s) Affected

- All.

Appendix 1

All Age Substance Misuse Treatment and Recovery Service – the new model.



Appendix 2

CGL NPS Referrals

Table 1 – CGL recorded NPS referrals by Drug 1,2,3 & Other broken down by District

Districts	Number of referrals received, where NPS is listed in Drug 1, 2, 3 & other drug (1st April 17 – 31st March 18)	Number of referrals received, where NPS is listed in Drug 1, 2,3 & other drug (1st April 18 - 31st March 19)
Ashfield	12	25
Bassetlaw	35	70
Broxtowe	2	8
Gedling	4	6
Mansfield	43	70
Newark & Sherwood	14	21
Rushcliffe	3	11
Total	**113**	**211**

Table 2 – CGL recorded NPS referrals (Primary Drug) broken down by district

Districts	Number of referrals received, where NPS is listed as Primary Drug 1 (1st April 17 - 31st March 18)	Number of referrals received, where NPS is listed as Primary Drug 1 (1st April 18 - 31st March 19)
Ashfield	6	5
Bassetlaw	13	17
Broxtowe	0	2
Gedling	5	2
Mansfield	16	21
Newark & Sherwood	4	6
Rushcliffe	2	1
Total	**46**	**54**

Please note – While data for Ashfield District may appear lower than expected, please note this is for NPS use only and not reflective of wider substance misuse concerns. Ashfield has their own Assertive Outreach work assigned.

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

7 October 2019

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

USE OF PUBLIC HEALTH RESERVES

Purpose of the Report

1. To seek approval for a proposed use of Public Health general reserves to fund an Early Help and Youth Justice team project aimed at improving community safety.

New proposal for use of Public Health reserves

2. The proposed project to receive public health reserves funding was approved at Policy Committee on 22nd May 2019 (Agenda Item 6 – see the "Future Developments" section, paragraphs 17-18) as part of the Nottinghamshire Knife Crime Strategy. This project is briefly summarised below:

3. Youth Justice plan to establish a total of 4 FTE Youth Workers and to fund some additional sessions by existing support workers in order to work with hard-to-reach young people who are at risk of becoming either victims or perpetrators of youth violence. This provision is intended to benefit young people who face barriers to accessing the universal youth service offer, and will utilise the value of positive role models with trusted adults and activities designed to develop their interests and divert them away from risk-taking behaviour. Through these activities and group work discussions, emphasis will be placed on addressing risk-taking, criminal behaviour, active citizenship and young people's role within society. The ultimate aim will be to support young people to independently access universal provision, when it safe to do so.

4. Public Health currently undertake many primary knife crime prevention activities, including through the Family Nurse Partnership, Healthy Child Programme, Schools Health Hub and others. As per the 2018 Director of Public Health Annual Report, the council has committed to "Reduce knife crime in Nottinghamshire through the piloting and rigorous evaluation of public health approaches", but at present all of our interventions are very upstream.

5. It is proposed to contribute £165,000 of reserves funding to this project, and to collaborate on developing the monitoring and evaluation plan. Appendix 2 includes a summary of the implications considered, including the anticipated impacts of the intervention including links to Public Health outcomes and the risks / consequences of not allocating the Public Health reserves funding in this way.

Information

6. Since transferring into the local authority in 2013, Public Health has been fully funded through a ring-fenced Public Health grant, provided annually as an allocation from the Department of Health. In past years, the Public Health grant allocation has been underspent, for reasons including:
    - underperformance on some payment by results (PBR) contracts
    - slippage on other contracts with reprofiling of activity in future years
    - extra efficiencies being generated through integrated commissioning approaches
    - rigorous contract management focused on achieving value for money
    - savings on the staffing budget due to recruitment drag
    - requirement to retain a level of reserves as contingency for risk (see para 5 below)

7. The conditions of the grant allow that if at the end of the financial year there is any underspend this can be carried over, as part of a public health reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with. More information on the Conditions is given in paragraphs 12-15 of this report.

8. Unspent Public Health grant is placed in a separate, ring-fenced Public Health (PH) General reserve. The PH General reserve has also been used to hold small amounts of external funding on behalf of other organisations, such as NHS Pioneer funding awarded to a consortium of local Councils for a health and housing project.

9. Because the Public Health division has access to the PH General reserve, the division makes its own arrangements to address risk, and is not expected to draw on the Council's other reserves in case of unexpected expenditure. Therefore, it has been important for the division to hold some level of reserves. Such reserves are tracked and expected to accrue to ensure Public Health retains a satisfactory reserve for sudden expense such as local health protection emergencies.

10. As well as the PH General reserve, Public Health also holds some additional, separate Section 256 reserves. Section 256 of the National Health Act 2006 allows Primary Care Trusts (or successor bodies) to enter into arrangements with local authorities to carry out activities with health benefits. Section 256 funds received by the Council and currently held by Public Health are for activities to combat substance misuse, and support for Children and Young People's mental health (Future in Mind programme). Plans are in place to spend all of the S256 reserves on the relevant activities. This report is concerned only with the Public Health General Reserves and does not include information related to the S256 reserves, which are managed separately.

Summary of Public Health General Reserves as of 1 August 2019

11. Appendix 1 of this report lists all the current commitments against Public Health General reserves. These are a mixture of slippage from previous years (contractual spend), items to be funded by resources received by the Council for that specific purpose, and items previously approved for funding from PH reserves by Committee. Committed reserves total £7.473M. All of the approved uses of reserves are compatible with the conditions of Public Health grant and contribute to Commitment 6 in the Council Plan: People are healthier. Other impacts of the approved uses of reserves are identified in the Appendix.

12. The table below summarises the current Public Health general reserves position. Although there are £566,000 of currently uncommitted reserves, £300,000 of these are required as provision for future risk, leaving £266,000 for potential allocation at the present time. The provision for risk has recently been reduced from £1M down to £300,000 to take into account future planned changes to the structure of Public Health commissioned services.

Table 1 Summary of Public Health General Reserves 1 August 2019

	£000s
PH Reserves balance	8,039
Committed uses of PH reserves as of 1 August 2019	7,473
Provision required for risk	300
Total potential PH reserves available for allocation as of 1 August 2019	266

Compliance with conditions of Public Health Grant

13. The ring-fenced allocation of Public Health grant is subject to national conditions specified by the Department of Health and Social Care. These conditions apply to all local authorities in receipt of Public Health grant. Accrued reserves were originally Public Health grant and conditions continue to apply.

14. The grant conditions specify that grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006. The conditions also state that the local authority must
    - "have regard to the need to reduce [health] inequalities between the people in its area";
    - "have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services."

15. Although a Council may use its Public Health grant for other functions of the local authority, the Conditions state that "the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or in connection with, the exercise of the [public health] functions as specified in Section 73B(2) of the National Health Service Act 2006. The authority must also be satisfied that, having regard to the contribution from the public health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money."

16. The Department of Health and Social Care provides a list of categories for reporting local authority public health spend. In the 2019/20 list, the Public Health prescribed functions appear first (sexual health (STI testing & treatment; contraception), NHS health checks, local authority role in health protection, public health advice to NHS Commissioners, National Child Measurement Programme, prescribed children's 0-5 services) followed by other non-prescribed public health activities such as obesity / physical activity, substance misuse, smoking and tobacco, children's 5-19 public health services, health at work, and public mental health. The last category in the list is Miscellaneous, which may be used to record expenditure on other Public Health services, which CIPFA previously defined as "Any spend from the public health grant used to tackle the wider and social determinants of health and health inequalities not already recorded in any other category".

17. This proposal for an additional use of the Public Health reserves is compliant with the conditions of grant outlined above.

Other Options Considered

18. Option to use Public Health reserves for other budgetary purposes in the local authority – The Council is required to use the Public Health grant in line with the conditions, must sign annual statements of assurance to this effect and must complete government returns reporting expenditure from the grant within specified categories. Therefore, it is not possible to place unspent Public Health grant into the Council's main reserves, nor to use it to offset budget pressures in other areas of the Council that do not contribute to Public Health outcomes.

19. Option to hold Public Health reserves against future Public Health expenditure beyond March 2021 - The Public Health grant ring fence is currently set to end in March 2020. The grant conditions state that unspent grant may be carried forward as a reserve for use in the next financial year so the current assumption is that unspent grant from 2019/20 would be able to be used for Public Health in 2020/21. No information has yet been provided by the Department of Health on what will happen to funds remaining in reserves after this time. If the Public Health reserves are not spent by this time, there is a risk that the funds may have to be returned to the Department of Health; therefore making decisions to utilise the funds before March 2021 will maximise funding available to the authority.

Reason for Recommendation

20. This proposed use of Public Health reserves is compliant with the Public Health grant conditions and will maximise the use of funding whilst it is available to the authority.

Statutory and Policy Implications

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

Crime and Disorder Implications

22. This proposed use of public health reserves is intended to improve community safety by preventing future crime and disorder.

Financial Implications

23. The Public Health general reserves built up from unused Public Health grant allocations in previous years and are held separately so that they can be used in accordance with the conditions of the Public Health grant. Table 1 at paragraph 8 above summarises the current financial position on the Public Health general reserves. If this proposed additional use of Public Health general reserves is approved, that would leave £101,000 uncommitted in accrued Public Health general reserves.

RECOMMENDATION/S

1) That Members approve this proposed additional use of Public Health reserves.

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:
William Brealy
Executive Officer
T: 0115 9774587
E: william.brealy@nottscc.gov.uk

Constitutional Comments (CEH 10/09/2019)

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

Financial Comments (DG 10/09/2019)

25. It is proposed to use £165k of the Public Health reserves on Tertiary Knife crime prevention activities. This will leave £101k of unallocated reserves and £300k of risk provision.

Background Papers and Published Documents

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

- 'None' or start list here

Electoral Division(s) and Member(s) Affected

- 'All' or start list here

Appendix 1: Existing commitments within Public Health General Reserves

Topic	2019/20 £	2020/21 £	Brief description of activity	Impacts
Small Steps	372,000		Support service for children and young people with concerning behaviours (indicative of Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder) in Nottinghamshire.	• Prevention in the escalation of concerning behaviours; equip families with knowledge and skills to manage concerning behaviours in the home setting; children are better able to learn and achieve if their concerning behaviours are effectively managed; demand for statutory assessment of special educational need is reduced. • Longer term, children can have their needs met within mainstream settings through better understanding, management and communication of their behaviours from a young age and early on in their educational journey, reducing demand for specialist educational support and placements • Referrals for specialist health services, such as community paediatrics, are reduced.
Future in Mind Health and Justice	56,276	11,862	Resource received from CCGs to support Future In Mind activities related to mental health of young people.	Improved mental health and wellbeing of children and young people.
Kooth Online Counselling service	37,500	187,500	Universal, open access service providing advice, guidance and counselling for young people with mild emotional and mental health concerns, to improve wellbeing and reduce escalation and need for higher cost, specialised services.	Improved mental health and wellbeing of children and young people. Reduced need for higher cost, specialised services.
Children's Health Website	7,500	7,500	Expansion of existing health web site aimed at teenagers (Health for Teens) to provide advice for younger children and families/parents/carers (Health for Kids). Clinically assured interactive content, striking design, games, localised information and signposting, divided between sections on staying healthy, illness, feelings, help yourself and getting help.	Engagement with more families including those who may not engage with traditional services. Increased knowledge of available health and other services and when to use them. Reduced barriers to accessing services leading to earlier intervention and better outcomes. Early identification of need or prevention in relation to weight management, physical activity, smoking, emotional health and other PH priorities

Children's 0-19 PH Service	1,261,290	621,515	The 0-19 service includes delivery of Healthy Child Programme 0-19 (statutory duty of LAs), delivery of mandated reviews and delivery of National Childhood Measurement Programme (NCMP - statutory duty of LAs). These reserves represent slippage from previous years, which will be needed to meet activity profiles in future years.	Services contribute to Council Plan Commitment 1 and 2 and to all priorities of the 2016-2018 Children, Young People and Families Plan Contribution to Public Health outcomes: • Maternal smoking status at time of delivery • Breastfeeding initiation and maintenance • School readiness • Proportion of five year old children free from dental decay • Children aged 4-5, children aged 10-11 classified as overweight or obese • Smoking prevalence at age 15
Family Nurse Partnership Service extension	426,716		Intensive preventive home visiting programme for vulnerable, first-time young parents.	Contributions to Public Health outcomes: • Reduced under 18 conception rate per 1,000 population • Lower % all live births at term with low birth weight • Improved breastfeeding initiation and prevalence at 6-8 weeks after birth • Reduced maternal smoking at time of delivery • Improved school readiness in vulnerable groups • Fewer 16 to 18 year olds not in education, employment or training • Reduced incidence of domestic abuse • Fewer hospital admissions caused by unintentional and deliberate injuries in children and young people under 25.

Schools Health Hub / Tackling Emerging Threats to Children team	204,863	186,000	Staffed Schools Health Hub (SHH), working with CFS as part of the Tackling Emerging Threats to Children team, and also funding for the full time post of 'Child Sexual Exploitation Coordinator' within the TETC team.	Contributions to Public Health outcomes: • reduced pupil absence • fewer first time entrants to the youth justice system • reduced smoking prevalence at age 15 • reduced conception rate in under 18s. Contribution to TETC offer including CSE, anti bullying and prevent work with yougn people. Contributes to priorities of the 2016-2018 CYPF Plan and Commitment 1, 2 and 3 of Council Plan.
ASSIST smoking prevention in schools	140,000	150,000	Smoking prevention in schools service, delivered under licence by NCC Youth Service, using a model of peer support within target schools.	Contributions to Public Health outcomes: 2.09 Smoking prevalence at age 15 2.14 reduce smoking prevalence among adults and young people
Tobacco control acute trust smoking cessation activity	227,821	153,000	Smoking cessation support in acute trusts - hospitals and mental health units - to implement new NICE guidance on smoking cessation.	Contributes to PH outcomes:2.14 reduce smoking prevalence among adults and young people
Mental Health First Aid Training	50,000		Mental health first aid awareness raising and training delivery for emergency services and front line staff.	Improve mental health outcomes such as; • Increased prevalence of self-reported wellbeing • Reduce the number of suicide deaths • Reduce the rate of self-harm A & E attendances Impacts include; • Promoting good mental health • Preventing future mental health and co-existing physical health problems • Target and develop pathways for those with existing mental health problems to access health improvement interventions.
Health and Housing Coordinator	23,432		Joint initiative with district Councils to promote health in housing, supported by NHS Pioneer Fund award and previously approved PH reserves until September 2019.	Relevant Public Health outcomes 4.15 Excess winter deaths, all ages and 85 years+ 1.17 Fuel poverty

Seasonal Death Reduction Initiative	3,894		Work with partners approved through HWB; provides advice on keeping warm and support with making grant applications throughout the County, targeted on vulnerable older people, people with long-term health conditions and families with children under 5 who are in fuel poverty.	Relevant Public Health outcomes 4.15 Excess winter deaths, all ages and 85 years+ 1.17 Fuel poverty
Community Infection Prevention and Control Service	96,725	113,319	Additional advice and guidance to care homes, nursing homes and other organisations to help them prevent and control infections. Delivered via Section 75 agreement with CCGs.	Improved health and wellbeing and quality of life of the general population and more specifically reducing risk of harm to people who are more vulnerable to infection due to pre-existing health conditions. Fewer people experience long term disability. Better quality of life, fewer infections and associated deaths. Lower burden on adult social care as a result reduction in avoidable hospital admissions and need for social care at discharge.
Chlamydia Control activities	53,441	45,000	Provision of additional Chlamydia testing service in response to outreach work to address need in the population.	Address failing DRI (Detection Rate Indicator) to support achievement of the Public Health outcome 3.02 Chlamydia Diagnosis Rate (Aged 15 to 24) • Facilitates access from different client groups that may not access a test via current outlets (young males) • Manage demand via online access route
Avoidable injury campaign	90,000		Home safety equipment provision and education scheme to improve home safety in families with young children.	Improved home safety for local families. Reduced inequalities in safety equipment possession and use. Increased parental knowledge, confidence and skills in maintaining safer homes. Reduction in hospital admissions and ED attendances. Reduced short and longer term (disability, scarring, psychological harm) consequences of injuries.

Falls pilot project	89,081		Extension of ASCH developed pilot project seeking to reduce falls in older people. Focus on creating and promoting resources specifically for prevention and early intervention services, using communications to promote the benefits of physical activity and home safety in reducing the falls risk; providing training for front line staff to identify people at risk of a fall and offering advice on supporting them and signposting to appropriate guidance; and collaborative working: building the strength of preventative approaches within the falls pathway and the links between primary and secondary prevention.	Contribution to Public Health outcomes: 2.24i - Emergency hospital admissions due to falls in people aged 65 and over (Persons) 4.14i - Hip fractures in people aged 65 and over (Persons) 2.13ii - Percentage of physically inactive adults - current method Impacts on Adult Social Care Outcomes Framework: Permanent admissions to residential and nursing care homes per 100,000 aged 65+ NICE Guidance states that evidence based tailored exercise programmes to reduce falls can reduce falls by between 35 to 54 per cent.
BHP Rebasing	483,902		Transfer of Public Health grant attributable to the Bassetlaw CCG.	Public Health grant attributable to Bassetlaw CCG.
Temporary Commissioning Resource	115,246	32,079	Fixed term staff to support recommissioning of Public Health services by 1 April 2020.	New commissioned services will contribute to Public Health outcomes linked to smoking, physical activity, obesity, alcohol.
Increase capacity within the Public Health division to support the wellbeing agenda in the workplace	49,000	49,000	Fixed-term staff to support the wellbeing agenda (including wellbeing@work (W@W), Making Every Contact Count, and the Tobacco Declaration).	• reduced sickness absence (PHOF indicator) • reduced presenteeism (attending work when not fit or able to work productively) • reduced turnover of staff • reduced recruitment costs • happier, more motivated workforce.
Better data for prevention and population health need	24,000		Data sharing and collaboration between Public Health intelligence analysts and health and care organisations	Supports future fulfilment of PH mandatory functions associated with intelligence and information - advice to CCGs, production of Joint Strategic Needs Assessment, information to inform service commissioning, production of DPH Annual Report

ICS Support	120,000		Support for use of JSNA: Joint Strategic Needs Assessment (JSNA) and PopulationHealth Management (PHM) products for Integrated Care System (ICS), Integrated Care Partnerships (ICP) and localities (Locality Integrated Care Partnerships). Mental health leadership: Dedicated capacity and expertise to provide leadership on the prevention elements of the ICS Mental Health Workstream, to ensure effective delivery on its ambitions and outcomes.	Enable the ICS to build on an understanding of population health needs in a defined geographic area (notably the ICS, ICP or LICP footprints). Additional leadership capacity to enable ICS to realise its ambitions, particularly affecting prevention.
Emergency Preparedness	40,000		Improved preparedness for emergencies involving a risk to public health.	Increased resilience in regard to response to emergencies.
Systematic approach to alcohol Identification and Brief Advice (IBA)	75,000	75,000	System wide implementation of Alcohol Identification and Brief Advice (IBA) is a simple and brief intervention that aims to motivate at-risk drinkers to reduce their consumption and so their risk of harm, through delivery of training in IBA to the wider workforce, which will enable professionals trained to conduct an audit of screening to assess alcohol consumption, alcohol related behaviours and alcohol related problems; offer evidenced based brief advice and information and promote appropriate interventions and services dependant on screening outcomes.	Training for 1,386 professionals; 198 training sessions per year. Target groups within agencies such as family services, district council housing teams and homelessness team, pharmacies, fire service (wellbeing team), hostels and care homes. Contributions to Public Health outcomes: Reduction in % of adults drinking over 14 units of alcohol a week Reducing admissions and readmissions for alcohol related conditions Reduction in admissions for alcohol related unintentional injuries Reduction in benefit claimants due to alcoholism (/mental health) Years of life lost due to alcohol-related conditions Alcohol related road and traffic accidents
REACH: Routine Enquiry about Adversity in Childhood Implementation and Evaluation	123,100	72,000	Implementation of Routine Enquiry about Adversity in Childhood (REACh) model which aims to ask people directly about adverse experiences to enable professionals to plan more focused interventions.	650 professionals to be trained in the REACh approach. Benefits include reduction in the demand for services, improvement in engagement; benefits for service users include improved health, social outcomes; wider benefits may include a reduction in crime as a result of improved engagement in services.

Physical activity insight work	34,000	34,000	Extend Physical inactivity insight work, previously piloted in Mansfield, across the County. Quantitative & qualitative insight work & an action research approach with communities to identify and provide a replicable framework and approach to get to know and understand local communities; building strong relationships as part of the process, mapping assets, identifying opportunities and areas of concern.	Enable a change in organisational behaviours and approaches to working with underserved communities and delivering services • Influence the traditional sports and leisure sector to think and work differently with a public health orientated needs led approach • Inform commissioners and funders to understand what is needed if this work is to be effective and sustainable. • Influence change in Public Health outcomes related to Physical Inactive Adults and Physically Active Adults, PHE, Active Lives, Sport England • Percentage of Physically active Adults - Notts (66.4%) similar to England (66.0%). Mans (58.9%) significantly lower. • Percentage of Physically inactive adults - Notts (23.2%) similar to England (22.2). Mans (27.7%) & Ash (26.6%) significantly higher
Age Friendly Notts	92,500	69,375	Extend previous pilot in Beeston and Mansfield to another five communities in Nottinghamshire, focusing on addressing loneliness and isolation among older people.	• Measured interventions and activities to tackle loneliness and isolation, preventing reliance on public services • Improving healthier life expectancy – reducing exposure to risk factors for ill health • Strong and connected communities • Helping people to help themselves • Inter-connected residents and agencies to ensure public service activity is co-ordinated and supported locally; • Integrated knowledge sharing across partners to cascade the right information clearly and consistently; Contribution to Public Health outcomes: Self reported wellbeing

Food Environment	70,000		Support the work of the Healthy and Sustainable Places Coordination Group in delivery of specific place-based actions or initiatives across Nottinghamshire, to contribute to one or more of six identified food environment objectives, which cover the promotion of healthy food, tackling food poverty and diet-related ill health, building community food knowledge, promoting a diverse food economy, transforming catering and food procurement and reducing waste in the food system.	Enable and support residents to reduce their risk of obesity and diet related diseases such as diabetes, high blood pressure, cardiovascular disease and certain cancers.
Schools Catering	90,000	90,000	Additional resources for promotion and awareness raising activities by the School Meals service in order to develop healthy eating habits and improve nutrition.	Improve the diet of school aged children through the direct impact of increased uptake of school meals that meet the nutritional standards for school meals. Contribute to development of healthy eating habits among children and young people, with potential to contribute to improved academic achievement, improved behaviour and reduction in picky eating behaviours in schools. Contribution to Public Health outcomes relating to child obesity and adult overweight.

Coordinated travel planning with residents and at workplaces	25,000	165,000	Personal travel planning (PTP) targeted at addressing the identified health issues in Ashfield and Bassetlaw as areas not recently covered or programmed for delivery. Residential PTP with 9,000 households; workplace PTP with 2,000 employees at up to 20 businesses	Changes in travel behaviour amongst participants (the percentage increases below are the percentage increases of all trips to work made by participants e.g. where 2% of the total trips to work are currently made by cyclists, the target would be to increase this to 5% the total trips to work by participants): o 3% increase in cycle journeys to work o 6% increase in walking journeys to work o 4% increase in public transport journeys to work o 4% increase in car share journeys to work o 17% reduction in car journeys (as driver) to work. Public Health outcomes contributions: 2.12 Excess weight in adults 2.13 Proportion of physically active and inactive adults 2.23 Self-reported well-being 3.01 Fraction of mortality attributable to particulate air pollution
Rights of Way promotion	60,000		Promotional activity and publicity for the rights of way network offering opportunities for Nottinghamshire residents and visitors to walk, cycle and horse ride.	Increase the number of members of public enjoying the walking and cycling network; improving health and mental well-being and reducing costs to the local and national economy by reducing reliance on the health provision. Encouraging children and families to appreciate the wider environment in today's technological society. Contributes to Public Health outcomes related to increasing levels of physical activity and improvements in air quality.

NCC Flu Vaccination Campaign	66,880	86,661	Contribute to NCC flu vaccination programme, with targets for uptake at 60% in 2019/20 and 75% in 2020/21.	Benefits for service users include reduced transmission of seasonal influenza from their carers, fewer flu-related hospital admissions for service users and reduced levels of excess winter deaths. Local primary and secondary health care services will be under less pressure as a consequence. Other benefits for organisations include lower sickness absence among frontline staff with positive impacts on business continuity. Public Health outcome indicators: 1.09 Working days lost due to sickness absence 4.07 Under-75 mortality rate from respiratory disease considered preventable 4.13 Health related quality of life for older people 4.15 Excess winter deaths

Repairing and Preventing Harm in Children Affected by Domestic Abuse (CADA)	115,000	130,000	The government's consultation on the Domestic Abuse Bill 2018 emphasised the severe, long lasting harm of domestic abuse on children. This proposal will provide support for children and young people affected by domestic abuse through: 1. Connections Toolkit: training for professionals on this locally developed innovative toolkit which enables them to mainstream 1:1 prevention into their work with young people affected by domestic abuse who are displaying harmful and concerning behaviours. 2. Horizons: a preventative programme with children, young people and their families where children display harmful and concerning behaviours with their parents, family or carers. 3. Young Person's Violence Advisor (YPVA) to support children and young people going through the family courts, with full County coverage. 4. Independent evaluation to identify learning and best practice. The proposal wil help to meet recommendation 9 in the Domestic Abuse JSNA 2019 and recommendations from the 2019 DPH Annual Report for Nottinghamshire.	These programmes will address the recommendation in the DPH report to improve early intervention and prevention of domestic abuse by addressing young peoples' values and beliefs before they are hardened and also addressing adolescent to parent/carer violence and abuse. 120-160 professionals will be trained through the Connections programme. 8 children per year and their families will benefit from the Horizon programme. Outcomes for children and young people include improved understanding of domestic abuse and of respectful relationships, management of behaviour. Outcomes for adults include improved understanding by teen relationship dynamics and improved ability to manage children's behaviour. Children can be re-traumatised as part of the family court process and perpetrators can use these proceedings to continue their controlling behaviour. YPVAs will support, safeguard and work with the child to avoid further DVA, improve emotional wellbeing, school attendance and future life chances. 54 children benefited from the YPVA provision in the north of
Health protection - communications and training	30,000	30,000	Support work to raise awareness through active promotion and communication activities around elements of health protection: a) immunisation/screening; b) infection prevention & control; and c) TB. Topics of focus may include vaccine uptake (esp. MMR, flu and shingles), variability in cancer screening uptake, dehydration, UTI prevention, hygiene, sepsis prevention, e-coli/MRSA/C-diff/CPE control measures, and practitioner awareness of TB - exact subjects / campaigns and scope to be determined and overseen by corresponding network groups and programme boards. Health protection awareness raising activity will help to prevent infection and disease, promote earlier diagnosis of	Increased uptake of immunisation and screening programmes, including targeted work to reduce inequalities; fewer hospital admissions and re-admissions for viral and bacterial infections; better practice among practitioners, including care home staff.

Healthy Start - increasing vitamin offer	20,000	40,000	Healthy Start is a government scheme for pregnant women and children under 4 years available to families in receipt of benefits or pregnant women under 18. There are two elements: Pregnant women and children over one and under four years old receive weekly monetary vouchers that can be spent on milk, fresh fruit and vegetables at local retailers across the county. The uptake of this element of the scheme is good and opportunities to strengthen this are currently being explored linked to the trailblazer work, and by working to increase the number of retailers offering the scheme. Women and children also receive vitamin coupons which can be exchanged for vitamins at local children centres. If not eligible for the scheme, women are able to purchase vitamins at cost price from their local children centre. Uptake of the vitamin element of the scheme is extremely low. To encourage take up, it is proposed to give a universal Healthy Start 'starter pack' of one free dose of women's vitamins at all antenatal booking appointments and one free dose of the children's vitamins at all 6-8-week reviews, alongside promotional information, and to undertake additional activities to create additional distribution points, increase awaress amongs familites and professionals, and embed Healthy Start vitamins in the universal offer.	Increased nutritional intake for pregnant women and children Reduced risk of neural tube defects in pregnancy Reduced risk of vitamin D deficiency e.g. rickets and hypocalcaemic fits among children Reduced health inequalities e.g. families in lower-income groups tend to have less vitamin C in their diet Supports delivery of Nottinghamshire's infant feeding framework for action.

Corporate Programme - Health Work & Inclusive Growth	100,000		1. Audit of Nottinghamshire County Council employment support policy and practice as compared to known best practice - to evaluate the organisation's current corporate policy and practice. Specifically the Council's support to NCC employees, and Nottinghamshire residents experiencing barriers to employment, due to disability, long term health conditions or complex health and social care needs. (£35,000) 2. Consultant support to facilitate the implementation of audit within NCC and use audit findings to develop a strategic plan to improve employment and reduce inequalities in access to work. (£65,000)	Understanding and benchmarking of existing NCC employment support including • Local vision and values • Promotion of health and wellbeing of NCC employees. • NCC as a provider of employment support • NCC as an inclusive employer – disability, mental health and healthy aging. This will enable development of a strategic plan for NCC to • Be an exemplar employer in promoting positive health and well-being of employees • Increase the number of people with Learning Disability and Mental Health problems with employment • Ensure pathways to work through robust preparing for Adulthood planning and processes • improve the access to employment for those post 16 with SEND. • Support people with eligible social care needs with work and work readiness. Public Health outcome indicators: Sickness absence rate; adults with learning disabilities in employment; gap in the employment rate between those with a LTC and the overall employment rate

Academic Resilience extension	125,000	125,000	Extension of two academic resilience programmes currently commissioned to provide for 30 schools in Nottinghamshire, to roll out to a further 30 schools, to be targeted in areas of greatest need. The existing service model is to embed sustainability by building a whole school approach which can be maintained after completion of the programme with the school. Provider performance is good and current activity is valued by schools. Current requests for activity from county schools outstrips capacity to deliver. Additional funding would allow continuation until March 2021, enabling the service to be offered to more Nottinghamshire children. An evaluation to examine local outcomes and sustainability (due to report in 2020) will be extended to include the additional 30 schools receiving the intervention. Delivery of academic resilience programmes is part of the national and local CYP mental health transformation programme, consistent with the Green Paper 'Transforming Children and Young People's Mental Health Provision (DH/DFE 2017) and the NHS Long Term Plan, both of which place schools at the centre of early intervention and prevention around young people's mental and emotional well-being. Nationally, evidence to support the impact that schools can have on building resilience and maintaining good mental health is identified in the Green Paper. In addition, the LGA is supportive of resilience building approaches, recognising the important role that	Extension of programme to another 30 schools. Increases in reported resilience, improved school attendance, increased numbers of young people willing to seek support. Contribution to improving Public Health Outcomes: • pupil absence • first time entrants to youth justice system • 16-18 year olds not in education, employment, training • under 18 conceptions • emotional well-being of looked after children • smoking prevalence at age 15 • self-harm
Total	**4,999,167**	**2,473,811**	**7,472,978**	

Appendix 2: New proposals for use of Public Health General Reserves

Topic	2019/20 £	2020/21 £	Brief description / Rationale	Impacts including links to Public Health outcomes	Risks of not allocating reserves funding
Tertiary knife crime prevention activities. Supporting Youth Justice to employ youth workers to provide outreach to vulnerable young people.	165,000	-	PH currently already undertakes many primary knife crime prevention activities, including the FNP, HCP, Schools Health Hub and others. As per the 2018 DPH Annual Report, we have committed to "Reduce knife crime in Nottinghamshire through the piloting and rigorous evaluation of public health approaches", but at present all our interventions are very upstream. Youth Justice are planning to employ a small team of youth workers to go beyond the universal youth service offer with some targetted outreach to high risk young people. This would use methods such as diversion and mentorship to reduce their risk of becoming either perpetrators or victims of knife crime. The project would benefit from partial public health funding as well as input relating to its monitoring and evaluation planning.	Each stabbing prevented is a significantly positive outcome for the victim (morbidity and potential mortality avoided), the perpetrator (possible imprisonment with worsening health and future professional prospects) and the wider community (costs of police investigation and hospital treatment in already overstretched public services, increases in tensions and risk perception that make further knife crime more likely). DH estimate the average cost of a suicide as £1.6million in lost productivity, emergency services, police and coroners investigations and wider community impacts. The economic cost of a fatal stabbing is likely to be similarly high, making this a highly cost-effective intervention if it prevents even a single stabbing.	Project may not go ahead with both direct (knife crimes not prevented) and indirect impacts (unbalanced primary-heavy NCC prevention approach to knife crime, less positive collaboration between NCC departments).

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

7 October 2019

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING AND INTEGRATION

PROGRESS REPORT ON BUDGET, SAVINGS AND IMPROVING LIVES PORTFOLIO

Purpose of the Report

1. The purpose of this report is to set out the Department's current financial position.

2. It also provides a progress report to the Committee on the Improving Lives Portfolio, which is the programme of work delivering service transformation and budget savings for the Adult Social Care Department over the period 2018/19 to 2020/21.

Information

3. The information contained within this report is provided on a quarterly basis. The reports to Adult Social Care and Public Health Committee in March 2019 and June 2019 are available as background papers to this report.

4. The Improving Lives Programme Status Report, attached as **Appendix 1**, provides both a summary of cashable savings at a programme level as well as a status report. A quarterly update, as at the end of June 2019, on progress against the Improvement and Change Portfolio set out in the Adult Social Care and Public Health Departmental Strategy is attached as **Appendix 2**.

Current Financial Position

5. As at the end of July 2019, the Adult Social Care and Public Health Department is forecasting an in-year underspend of £5.327m before reserves and £4.856m after accounting for reserve movements.

6. Public Health are forecasting an underspend of £0.42m before reserves due to lower than anticipated spend on Children's services, offsetting a forecast overspend on substance abuse and sexual health services. Any net underspend will be added to reserves at year end.

7. The £4.856m underspend in Adult Social Care is across the County as represented in the table below:

Department	Annual Budget £ 000	Actual to Period 4 £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000
ASCH Committee				
Strategic commissioning, Access & safeguarding	(18,229)	(9,484)	(22,544)	(4,315)
North Nottinghamshire Division	51,164	19,786	51,294	130
Mid Nottinghamshire Division	98,749	39,143	96,450	(2,299)
South Nottinghamshire Division	78,972	24,580	80,555	1,583
Transformation	677	(5,918)	672	(5)
Public Health	4,405	(6,140)	3,984	(421)
Forecast prior to use of reserves	**215,738**	**61,967**	**210,411**	**(5,327)**
Transfer to / (from) reserves (ASC)	(8,778)	-	(8,728)	50
Transfer to / (from) reserves (PH)	(4,405)	-	(3,983)	421
Subtotal	**(13,183)**	**-**	**(12,711)**	**471**
Net Department Total	**202,555**	**61,967**	**197,699**	**(4,856)**

8. Client Contributions from Older Adults are £3.6m greater than budget due to increased residential and nursing placements.

9. Across the districts, Older Adults are forecasting an underspend of £1.92m, due to underspends on External Assessment beds, Direct Payments, and Employee costs offsetting overspends in Long Term Residential & Nursing Care and Homecare.

10. While Younger Adults are forecasting an overspend of £0.95m, the largest areas of overspend are Direct Payments and Residential & Nursing Care although these are partly offset by underspends on Employee costs and additional Joint Healthcare funding.

11. The Adult Social Care Strategy has a focus on early intervention and supporting people to help themselves before their needs escalate. The Department has also increased its investment in short term services to help people recuperate after an illness or hospital admission. This has helped the Department to manage the demand for, and costs of, home based and community services.

12. However, despite the overall in-year forecast underspend, the Department is still experiencing some financial pressures. For example, there has been an increase in spend against the budget for residential and nursing care placements. This reflects the increasing complexity and need of service users with long term care needs. Work to reduce the number of admissions, and find better alternatives to residential and nursing placements, continues.

13. Due to the current overall positive budget position, the Department has removed some of the mitigating actions it had put in place to avoid a potential overspend situation, such as holding or delaying staff recruitment.

Overall savings position

14. The 2019/20 budget for Adult Social Care includes £12.884m of permanent savings. This is a combination of approved savings schemes of £12.575m, and ancillary savings of £308,000, which the Department is required to deliver during 2019/20.

15. **Appendix 1** provides an update on the current delivery statuses of the programmes and projects in the Improving Lives Portfolio. Although this shows that some projects are experiencing obstacles in the delivery of their savings target for this year, the Department is on track to deliver approximately 90% of its savings for the year. For those projects that are not on track to deliver their savings this year, the issues of concern are relatively minor in nature. For several projects, the early delivery of savings will impact the ability to achieve future years savings targets. The delivery of savings is therefore monitored across all years of a project's delivery profile. Including early delivery from previous years, it is projected that current savings targets will have been exceeded by £2.886m by March 2020. Overall, across the period 2018/19 to 2020/21, the Improving Lives Portfolio is still forecasting to over-achieve its savings target in its entirety.

16. As an example of service improvement, work has been undertaken to increase the capacity and effectiveness of the Council's reablement service. This service provides short-term support to people in their own homes to help them maximise their independence by regaining skills and confidence after a period of illness or a hospital admission. Between April and August 2019, 938 people completed a programme of reablement, 181 more people than for the same period last year.

17. An example of reablement support is described below:

> Because of a fall at home and a stay in hospital, Mrs F lost confidence in her mobility and found it more difficult to get dressed. Mrs F was referred to the Council's reablement services and over a period of 3 weeks, with the support of an Occupational Therapist and Reablement Support Workers, regained her ability to dress independently again. Mrs F missed being able to tend to a mule that lived in a field alongside her home. The Occupational Therapist came up with a safe technique to help Mrs F get in and out of her home using a walking frame. Mrs F practiced daily with the help of the Reablement Support Workers and now, having built up her confidence again, is able to visit the mule independently to give him a biscuit and guide him to his stable at bedtime.

Extension of the Improving Lives Portfolio

18. Currently, the Improving Lives Portfolio has three programmes of work to deliver service transformation in line with the Adult Social Care Strategy. Whilst work continues to deliver the current scope of the Improving Lives Portfolio by March 2020, work is also underway to agree the governance of future transformation activity up to March 2023, and to ensure that it aligns with the programmes described within the refreshed Adult Social Care and Public Health Departmental Strategy for 2019-2021, which are:

- Prevention and promoting independence

- Integrated Health and Social Care, and partnerships
- Delivery of high-quality services.

Appendix 2 provides a quarterly update, as at the end of June 2019, on progress against these programmes.

19. The future governance of the Improving Lives Portfolio will also reflect the remodelled Adult Social Care Senior Leadership Team structure that Committee approved in September 2019.

20. Work continues to identify further opportunities to release efficiencies and to transform services and Committee will continue to receive regular updates on progress.

Other Options Considered

21. No other options on reporting have been considered as this is the method of reporting approved by Adult Social Care and Public Health Committee and Improvement and Change Sub-Committee.

Reason for Recommendation

22. To keep the progress of the Improving Lives Portfolio under review by Committee.

Statutory and Policy Implications

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

Data Protection and Information Governance

24. The data protection and information governance requirements for each of the savings projects is being considered on a case by case basis and Data Protection Impact Assessments will be completed wherever necessary.

Financial Implications

25. The department is currently forecasting a net underspend of £4.856m due to the reasons outlined in **paragraphs 8 -10**.

26. Progress, as at the reporting period ending July 2019, in achieving the 2018/19 to 2020/21 savings targets for each existing programme is detailed in **Appendix 1**.

Public Sector Equality Duty Implications

27. The equality implications of the Adult Social Care & Health savings and efficiency projects have been considered during their development and, where required, Equality Impact Assessments undertaken.

Implications for Service Users

28. As above, the implications of the savings projects on service users have been considered during their development.

RECOMMENDATION

1) That Committee considers whether there are any further actions it requires arising from the information contained in the report.

Paul Johnson
Service Director, Strategic Commissioning and Integration
Adult Social Care

For any enquiries about this report please contact:

Jennifer Allen
Strategic Development Manager, Adult Social Care Transformation Team
T: 0115 9772052
E: jennifer.allen@nottscc.gov.uk

Constitutional Comments (EP 16/09/19)

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

Financial Comments (KAS 25/09/19)

30. As at the end of July 2019, the Adult Social Care and Public Health Department is forecasting an in-year underspend of £5.327m before reserves and £4.856m after accounting for reserve movements.

31. The savings currently forecast to be delivered by the end of this financial year are £2.886m more than the cumulative target due to the early delivery of savings. This has been factored into the department's forecast financial position and is contributing to the in-year underspend position.

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 and Health – Senior Management Structure – report to Adult Social Care and Public Health Committee on 9th September 2019

Adult Social Care and Public Health Departmental Strategy for 2019-2021

Progress Report on Budget, Savings and Improving Lives Portfolio – report to Adult Social Care and Public Health Committee on 10th June 2019

Progress Report on Budget, Savings and Improving Lives Portfolio – report to Adult Social Care and Public Health Committee on 4th March 2019

Electoral Division(s) and Member(s) Affected

All.

ASCPH679 final

Improving Lives Portfolio - (as per Project Highlight Reports, submitted July 2019)

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
	Improving Lives Portfolio	**On Target**	**On Target**	**Same**		**12,575**	**4,827**	**1,142**	**348**	**18,892**	-2,886	-80		-2,966	130	-3,096	The overall portfolio status is on target. There was significant early delivery of savings during 2018/19 against a number of projects, including Targeted Reviews. This is a positive position. The portfolio is currently projecting early / over delivery of £3m across all years. The Interventions for adults 65+ and the Commissioning and Direct Services Programmes remain experiencing obstacles and mitigating action is planned to avoid impact on future years savings.
ASCH 180123	**Promoting Independence Interventions** **This programme of work will look at changes across 3 main areas detailed below:**	**On Target**	**On Target**	**Same**		**9,911**	**3,568**	**1,142**	**348**	**14,969**	-3,230			-3,230		-3,230	Overall the Promoting Independence Interventions Programme is on target with overall targets projected to be over delivered by £3.2m across all years. The Adults 65+ Programme remains 'experiencing obstacles' because three of the four older adults projects are reporting as experiencing obstacles (Best Practice in Support Planning, Housing with Care and Hospital Discharge projects). Mitigating actions are being undertaken within those three projects. Meanwhile, the largest OA savings project, the Transforming Reablement Project, remains on target to deliver it's profiled savings for 2019/20. Adults 18-64 - All projects are reporting overachievements of savings targets. The emerging area of risk continues to be reduction in average savings made per referrals in the Transitions project. Work is still underway to look in to this issue further. Work to implement the Housing with Support Strategy is underway with early work showing positive results in reducing the number of vacancies and therefore costs across the young adults accommodation system. Cross Cutting - The Cross Cutting Interventions Programme delivered savings early and across all years the total target is anticipated to be achieved(and exceeded).

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
ASCH1802	**Interventions for Adults aged 65+:** This work brings together 4 areas of activity: •Improve best practice and decision making in support planning (including in hospital settings). •Increase capacity in reablement •Ensure short term provision is used to maximise independence •Greater provision of Housing with Care (Extra Care). **Example Benefits:** •More adults aged 65+ completing START reablement. • A shorter average time spent in START, helping to increase capacity. • More service users will have benefitted from appropriate short term intervention, to support them to greater levels of independence. • Greater sharing of best practice will allow for improved consistency in support planning across teams, leading to improved outcomes for service users. • More service users are on a more appropriate pathway, giving them a more independent ongoing level of care.	**Experiencing Obstacles**	**Experiencing Obstacles**	**Same**	**OT**												**Transforming Reablement:** This month the transforming reablement project remains on target. 222 service users completed reablement with START in July 2019. 81% of these service users required no ongoing homecare following their reablement.
					EO												**Housing with Care:** Project status is same as last month, 'experiencing obstacles'. Further work is ongoing to update the finance models. This will ensure that there is a clear understanding of where saving can be made and how they are recorded and reported going forward. National expertise is being provided from the Housing Learning and Improvement Network (Housing LIN) to support further detailed work on implementation of the Housing with Care strategy. A report was presented to the Adult Social Care Senior Leadership Team on 31 July, which outlined some options to take the project forward, further work is now being undertaken to better understand the operating models within the existing schemes. These current schemes will need to be reviewed to ensure that they are delivering savings and are meeting the Council's objectives. Initial findings have identified that work will need to be done to alter the operating model to maximise savings potential, any future activity will need to fit into a sustainable operating model that allows for ongoing efficiencies and a reduction in long term care costs.
					EO												**Best Practice in Support Planning:** The target savings for the project for this financial year are £260K, which includes the carry forward of £130K unachieved savings from 2018/19. The quarter one review by the Project Team had identified potential savings from this work of £195K by March 2020. This would be £65K lower than the 2019/20 target. The project is therefore reporting as 'experiencing obstacles' (this is the same as last month). Further work has since been progressed in July to address unwarranted variation in commissioning outcomes and district targets have been agreed totalling the required £260k. Monitoring arrangements are in place. This work is supported by Promoting Independence meetings to help teams share best practice and improve outcomes.
					EO												**Commissioning in Hospital Discharge Packages:** The project has not yet been able to find a reliable solution to enable automated reporting of accurate average weekly unit cost of care packages for 2019/20. Finance has agreed for the project to report indicative savings based on the volumes of people entering each service provision at point of hospital discharge. Quarter 1 data analysis indicate countywide hospitals are experiencing difficulty meeting agreed volume targets in some areas. The project will remain experiencing obstacles pending the evaluation of quarter 2 data.

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
ASCH1803	**Interventions for Adults aged 18-64:** The overall aim of this work is to ensure service users are supported to live as independently as possible with a good quality of life. This work will focus across three areas below: • Promoting independence in current settings. • Supporting service users to live as independently as possible. • Preparing for Adulthood – Improving Transitions between Children's and Adult's Services. **Example Benefits:** • Reduction in the number of support / outreach	**On Target**	**On Target**	**Same**	**OT**												**Housing with Support:** This work combines three existing projects, Reductions in Long Term Care Placements, Promoting Independence in Supported Living and Outreach Services and Alternatives to Residential Care. The Housing with Support work will then go on to build upon these existing projects, by implementing the Housing with Support Strategy which seeks to ensure the effective management of the whole Younger Adults Accommodation landscape, ensuring where housing is a requirement of meeting someone's support needs, that this is done in the most appropriate setting to support independence. This project is currently on target.
					OT												**Notts Enabling Service:** The Notts Enabling Service (NES) project is on target for July 2019. The number of younger adults having their independence promoted by the team through focussed work to learn or regain life skills is currently 41 per month, this is against a target of 32.5. These activity levels and the positive outcomes the team are supporting individuals to achieves means in turn there is a decrease in the on going level of support needed. The result of this is that NES savings currently stands at £187k in year for 19/20.
					OT												**Transitions:** Work to promote the independence of people transitioning in to adults services continues to be successful. This in turn has resulted in a reduction in the level of support needed and therefore this is project is on target to deliver against it savings target. The number of people the team have worked with has slowed down in quarter 1 of this year as fewer referrals have been received this will be kept under review to determine if this is changes next month.

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
ASCH1804	**Cross cutting interventions:** This work refers to intervention that applies to service users aged 18-64 and 65+, and includes work across: • Reviewing. • Direct Payments. • Further Investment in Assistive Technology (AT) to Promote Independence. • Income Generating Projects. **Example Benefits:** •More service users will be reviewed earlier or more frequently than previously, maximising the opportunity to increase or maintain their independence and reduce reliance on formal support. •Increased use of community and voluntary support options for existing service users to maximise their independence, and subsequent reduced use of homecare, day services, transport services and other paid for sources of support. •Increased use of Personal Assistants and Pre Paid Cards. •Increased ability of service users to use Assistive Technology to self-care and remain independent for longer, and increased opportunities to prevent falls and reduce hospital admissions. •Increased income generation.	On Target	On Target	Same	OT											**Targeted Reviews (C07):** By year end it is projected that £1.1m in year savings will be achieved. This means that, when taking into account the early delivery of savings in former years, by March 2020 the project will have exceeded its £8.5m savings target by £1.6m. The % of reviews (of packages of long term care) undertaken in the previous 12 months increased again in July to 71.45% against a target of at least 80% by year end. Hopefully, the mitigations in place with both the central and district reviewing teams will mean this increase will continue to be seen each month to ensure that, in the near future, service users supported by the department receive an annual review.
					OT												**Review the benefit rates and minimum income guarantee levels used to calculate service users' contributions towards the cost of their care and support:** Based on income invoiced to date, projected year end additional income / savings are in line with the profiled target of £2.6m. As expected, the levels of approved short term waivers and number of approved Disability Related Expenditure (DRE) cases above the £20 standard allowance are already exceeding last year's baseline as a result of the changes to the contributions policy.
					OT												**Further Expansion of Assistive Technology (AT) to Promote Independence (C08):** Savings data for the Apr to July 2019 period is currently being analysed before validation by finance. The pilot scheme to assess measures for a new AT business case has commenced and is on track to report to the department's senior leadership team in October 2019. The pilot is considering a number of areas, including: conducting in-depth desktop reviews of a small sample of higher cost packages for adults aged both 18-64 and those aged 65+; conducting in-depth desktop reviews of a random sample of individuals; and analysing performance data between different operational teams with the aim of ensuring consistency of approach and the sharing of best practice.
					EO												**Brokerage for Self-Funders - full cost recovery:** Currently, 77 users of the brokerage service are being charged, which by year end equates to income of £8.7k. It is too soon in the year to know if any actual shortfall by year end will be met by over-achievement against other fee areas, as was the case last year. Various mitigations are in place in order to close the income gap. In the meantime, it is anticipated that the project's status will remain as 'Experiencing Obstacles' for the foreseeable future.
					OT												**Protection of Property and Pets:** Budget monitoring is currently suggesting the project's target savings of £30K will be achieved by year end. Guidance to staff, asking them to identify contingency arrangements for pets / property, has been postponed to September, in order to align with timescales for cascading revised form / letter templates and process charts to them.
					Closed												**Direct Payments:** The project's status has now changed to 'completed' following sign-off of its closure report. However, ongoing tracking and oversight of the project's activity measures will continue until all are all on target. Those still off target include: •% of new Direct Payment (DP) packages year to date that are Personal Assistants (PAs): actual is 19.27% against a 50% target. Mitigating activities to increase this % are ongoing, including securing approvals for ongoing resource requirements. •Reduction in the average non-completion rate of DP audits from 15% to 5%: actual is still 15%. In mitigation, there is now a full complement of DP auditors following a period of post vacancies. However, progress on working through the backlog will remain slow whilst the new employees are inducted and trained up. •Annual DP recoup income target of £1.796m: actual so far this year is down on the same period last year. However, the month to month figures are known to fluctuate and so it is too early to form any judgement on whether the year end target is at risk. This will be known more accurately mid year. The lower income in the first quarter is highly likely to be due to resource issues referenced above. Ongoing oversight of key deliverables still outstanding will continue, including embedding a DP calculator into Mosaic and introducing a new DP Support Services (DPSS) model. Work to embed the

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
ASCH1801	**Early Resolution**	On Target	On Target	Same		394	416			**810**	80	-80		**80**		**80**	The programme is on track. The 3 Tier project status is currently performing above target and it continues to reduce the number of referrals sent from AAS to district teams that could result in the completion of a care and support assessment. The carers project is currently at risk due to commissioning delays for the new Carers Hub and Engagement and Promotion Services. Mitigating actions are being undertaken.
	Programme relates to interventions that occur when someone first contacts/accesses services. This programme extends the existing Early Resolution project through the adoption of the 3 Tier Model to engage with people who approach the Council for care and support: •Tier 1 connects people to local resources •Tier 2 helps where more that Tier 1 support is required, offering swift and appropriate support to help people regain their independence or develop new skills. This may include access to short term support. •Tier 3 helps those people who, after Tier 2, have ongoing care and support needs. This approach applies equally to Service Users and Carers.				**OT**	**Early Resolution (Consulted on as - C05 New operating model for the Social Care Pathway):** The 2019/20 savings target requires no more than 2050 case referral requests (monthly = 170) which may result in the completion of a Care and Support Assessments (CASA) to be sent from Adult Access Service (AAS) to operational district teams. The project has agreed a new higher stretch target of no more than 1863 case referral requests (monthly = 155) which may result in the completion of a CASA to be sent from AAS to operational district teams. Between April to July 2019 532 requests for Care and Support Assessments have been sent to district teams, the year to date stretch target of no more than 620 referrals has therefore been exceeded. This means more people are benefitting from an early intervention in a timely way.									
					AR	**New ways of working for carers:** This project sees the implementation of the new Carers Strategy which was approved by Policy Committee in May 2019 to support carers to access good quality advice, information and support. Key to implementing the Strategy is establishing a new Carers Hub service which will be integral in identifying carers, and providing information, advice, and short-term support, making use of existing resources. The commissioning of this jointly funded service (Nottinghamshire County Council and Health) has been delayed and the Carers Hub is now not anticipated to commence until December 2019. As a result of more carers receiving alternatives to a personal budget, savings of £80k were scheduled to be delivered in 2019/20. The delays to the commencement of the Carers Hub contract mean that this saving will now slip and be delivered in 2020/21. The Carers Team based within the Adult Access Service are working to keep waiting times for assessments to a minimum to ensure that, where possible, people can be offered an assessment by the Carers Hub as soon as the service commences in December 2019.									

Ref	Programme & Brief Overview	Programme Status (Last Month)	Programme Status (This Month)	Trend	Project Status	Savings Targets					Savings at Risk / Slippage / Over delivery				Savings delivered in an alternative way	Net at risk amount	Department/Finance/PMO Comments for CLT
						2019/20 (£000)s	2020/21 (£000)s	2021/22 (£000)s	2022/23 (£000)s	Total (£000)s	2019/20 & Previous Years (£000)s	2020/21 (£000)s	2021/22 (£000)s	Total (£000)s			
ASCH1805	**Commissioning & Direct Services**	**Experiencing Obstacles**	**Experiencing Obstacles**	**Same**		2,270	843			**3,113**	264			**264**	130	**134**	Leivers Court closed as planned on 21st June and the building was handed back to Property. The dates for the closure of the two remaining Care and Support Centres have been agreed as James Hince 30th September 2019 and Bishops Court 27th March 2020 and current projections are that the projects savings profile will be delivered as planned. The Integrated Community Equipment Loan Scheme project remains experiencing obstacles pending the outcome of current negotiations in relation to partner contributions. The status for the projects and the overall programme remain the same as last month.
	The main focus of this programme is considering options around the use of some of the Department's Direct Services, in order to optimise opportunities to reduce running costs and increase income through commercial development. **Relevant Direct Services under the scope of this work include:** •The County Horticulture and Work Training Service •Care and Support Centres •Investment in Shared Lives **Outcomes the programme will support:** •Promote greater use of the services and their assets. •Increase income generation and maximise productivity. • Increase in the number of Shared Lives carer households recruited.				**OT**	**Care and Support Centres (OfC C03):** The dates for the closure of the two remaining Care and Support Centres have been agreed as James Hince September 2019 and Bishops Court March 2020 and current projections are that the projects savings profile will be delivered as planned. The re-tender exercise for assessment beds, to replace capacity lost with the closures, has closed but there has been very limited interest from the market. In the south of the county, the use of health beds is working well and whilst other options are still being explored, it is anticipated that this provision will be utilised in the short-medium term.							
					OT	**Review of Day Services:** To date the project has delivered savings of £103k against a target of £135k, i.e. a gap of £32k. It is projected that there is limited savings potential from the remaining reviews, however, the Programme Board have agreed to await the completion of all reviews before declaring any savings at risk.							
					OT	**Review of external contracts:** Potential savings have been identified against three contracts which, subject to the outcome retenders or negotiations, would deliver savings totalling of £125k							
					Closed	**Savings from revised Contractual Arrangements:** £50k savings target delivered							
					EO	**County Horticulture and Work Training Service:** **Development of Brooke Farm Site:** The required surveys have been completed and works are expected to be completed by the end of the year. The Retail Manager has been appointed is currently focusing on the product mix and pricing strategy - and is working in conjunction with the Commercial Development Team. **Horticultural Operatives:** Initial work started with the I Work team to identify alternative employment for Horticulture Operatives.							
					AR	**Investment in Shared lives:** The operational measures concerned with increasing the number of shared lives households, will continue to report throughout 2019/20. The status for this project will remain at risk pending achievement of the target of 30 new care families joining the scheme. Procurement for Shared Lives Plus support is complete. Shared Lives Plus are now reviewing NCC shared lives anonymised data with a view to producing analysis and benchmarking information for the NCC Shared Lives scheme. This will be used to understand how NCC can grow their scheme and the costs/savings involved.							
					EO	**Integrated Community Equipment Loan Scheme (ICELS):** The status for the project will remain as experiencing obstacles until we have confirmation that the current re-negotiation of the partner contributions have been completed. It is anticipated that there will be a reduction in the NCC contribution sufficient for this project target to be met and at that point the project will then be closed.							
					OT	**Maximise the income available to the Council's directly provided adult social care services:** The service have explored the potential to meet the target for this project by an alternative delivery method and the £130k has been allocated across various Direct Services giving numerous services a share of the target. The project will monitored budgets during 2019/20 to ensure the saving is delivered.							

Successful delivery of the project to time, cost and quality is achievable and there are no major outstanding issues at this stage that threaten delivery
Successful delivery is probable, however, there are minor issues which need resolving to ensure they do not materialise into major issues threatening delivery. This is an early warning category, if the minor issues are resolved in a timely manner, it is unlikely that project savings will be put /
Based on available evidence, successful delivery still appears feasible but significant issues exist with scope, timescales, cost, assumptions and/or benefits. Issues appear resolvable, but action is required
Based on available evidence, successful delivery of the project appears to be at significant risk. There are major issues with project scope, timescales, cost, assumptions and/or benefits. Immediate action required to resolve issues.
Project benefits have been achieved, or there has been an official change to the benefits profile (through change control) so the project is complete or declared undeliverable
Awaiting major points of clarification / decision-making to enable PID and plan to be completed.

Programme 1 – Improve wellbeing through prevention and promoting independence			
Key Milestones	**Implementation Date**	**Status**	**Exception Detail and Mitigations**
Roll out the three-tier conversation so that more people will be supported to resolve their care needs as early as possible, reducing the need long term care. More referrals will be resolved using short term support and signposting, ensuring that there is a reduction in the number of Care and Support Assessments for long-term support being undertaken. **Saving Target:** £735k	March 2021	On Target	
Increase the number of people who benefit from short term services to help them regain skills and confidence or recuperate after an illness. **Saving Target:** £2.067m	March 2020	On Target	
Provide a therapy lead approach to assessment and support planning to maximise people's independence.	March 2020	On Target	
Implement a multi-agency strategy that aims to reduce the risk of abuse and/or neglect of adults with care and support needs.	November 2019	On Target	
A Council-wide Employment & Health programme has been established to work with a range of the Council's external partners to review the employment offer to people with disabilities and long-term health conditions in Nottinghamshire.	March 2020	On Target	
Work to standards laid out in the Wellbeing at Work toolkit for enhancement of staff wellbeing. For commissioned services, service specification will include requirements to adhere to Wellbeing at Work, adopting a Making Every Contact Count type approach and sign up to the tobacco declaration.	March 2021	On target	
Within Adult Social Care and Health, frontline staff will be supported to have healthy conversations with people.	March 2021	On Target	
Implementation of the new Carers Strategy with partners to enable carers to access good quality advice, information and support. **Savings Target:** £80k	December 2019	At Risk	• Key to implementing the Strategy is establishing a new Carers Hub service which will be integral in identifying carers, and providing information, advice, and short-term support, making use of existing resources. The commissioning of this jointly funded service (Nottinghamshire County Council and Health) has been delayed and the Carers Hub contract is anticipated to start 1st December 2019.

			• A revised, more personalised carer's assessment process is currently being developed and will be implemented in December 2019 • Staff guidance is being updated alongside training and communications to staff, which will start in November 2019

Programme 2 – Develop our integrated health and social care system			
Key Milestones	**Implementation Date**	**Status**	**Delivery Status, key updates and risks to delivery**
Agree prevention and early intervention pathways of care following the ambitions within the NHS 10-year plan and ensure Integrated Care System (ICS) workstreams and organisational workplans incorporate effective measures to improve prevention and population health.	March 2021	On Target	
Work with NHS colleagues to ensure that the Joint Strategic Needs Assessment (JNSA) properly supports timely, evidence-based decision-making in the emerging Integrated Care System (ICS) functions.	January 2020	On Target	
Support Health and Wellbeing Board partners to implement place-based plans to contribute to food, environment and physical activity objectives, which will support residents to reduce their risk of obesity and diet related diseases.	March 2021	On Target	
Implement the Integrated Care System Mental Health Strategy to achieve agreed actions working in partnership with health colleagues and providers as well as voluntary and community sector providers.	2024	On Target	
Embed alcohol risk identification and brief advice provision in the wider workforce by providing training for 693 professionals, to help motivate at-risk drinkers to reduce their alcohol consumption and so their risk of alcohol related harm.	March 2020	On Target	
Support delivery of trauma-informed services, by training staff to Implement the Routine Enquiry into Childhood Adversity (REACH) approach. Anticipated benefits of this approach include improved engagement in services and improved health and social outcomes.	March 2020	On Target	
Increase the number of people who receive support to manage their own health and well-being.	March 2020	On Target	

Increase the number of people who benefit from personalised approaches through an increase in personal health budgets and personalised care and support plans.	March 2020	On Target	
Roll out the best conditions needed for integrated health and social care frontline older adults' teams and pilot new approaches including joined up assessments.	March 2020	On Target	
Work together with health colleagues to reduce Nottinghamshire delays to discharge to the national target and implement the 'Discharge to Assess' model. Maintain excellent social care delays performance and improve the effectiveness of hospital discharge processes.	March 2020	On Target	

Programme 3 – Delivering high quality public health and social care services			
Key Milestones	**Implementation Date**	**Status**	**Delivery Status, key updates and risks to delivery**
Managing and shaping the social care market.	March 2021	On Target	
Develop an ICT/Digital strategy to improve the customer experience and increase the efficiency and effectiveness with which we work.	March 2020	On Target	
Review Home First Response Service (HFRS), Short Term Assessment and Reablement (START) and homecare to ensure maximum effectiveness.	March 2020	On Target	
Confirm commissioning strategies for Housing with Care (HWC) to offer a range of housing options which will help people who are aged 65 years and over to stay as independent as possible for as long as possible. **Savings:** £456k	March 2022	Experiencing Obstacles	A HWC position statement is in development. External consultants are helping the Council to understand the national and regional picture and how this is reflected in the Council's delivery of HWC. They are also providing information on the demand and providing tools to assist further understanding to inform the commissioning strategy due to be completed by September 2019. Whilst the activity described above is on track the project is experiencing obstacles against the delivery of the savings target. Further work is ongoing to update the finance models. This will ensure that there is a clear understanding of where saving can be made and how they are recorded and reported going forward.
Confirm commissioning strategies for Housing with Support (HWS) to offer a range of housing options which will help people under the	March 2023	On Target	

age of 65 to stay as independent as possible for as long as possible. **Savings:** £2.960m			
Engage with Shared Lives Plus (SLP) to support and inform a business case for the development of Shared Lives in Nottinghamshire to increase the number of placements.	October 2019	On Target	
Establish an integrated wellbeing service which delivers improved healthy lifestyle outcomes for groups with the greatest need.	October 2019	On Target	
Establish an all-age substance misuse treatment and recovery service that tackles inter-generational substance misuse through a family-based approach. Recovery outcomes include successful completions, improved mental wellbeing, increased engagement in education, training and employment and improved housing and accommodation where a need is identified.	April 2020	On Target	
Attract and recruit people with the right qualifications, skills, knowledge and experience to work in frontline social care roles in the Council and home care.	March 2020	On Target	
Commercialisation of the Council's directly provided Social Care services - Assessment of the commercialisation potential of County Enterprise Foods (CEF).	Summer 2020	On Target	
Commercialisation of the Council's directly provided Social Care services - Implementation of the Business Plan for the Council's County Horticultural Service.	Summer 2022	Experiencing Obstacles	The development work at Brooke Farm is expected to be completed by the end of the year. The retail manager has been appointed and is focusing on the product mix and pricing strategy in conjunction with the Commercial Development team.

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

7th October 2019

Agenda Item: 9

REPORT OF THE SERVICE DIRECTOR, AGEING WELL SERVICES

AGEING WELL SERVICES – PROGRESS AND FUTURE PRIORITIES

Purpose of the Report

1. This report provides an update on progress with the development of services for older adults aged 65 years and above and seeks approval of the future strategy and key priorities.

2. The report also seeks approval for a joint publicity initiative on the opening of Priory Court Housing with Care scheme, in partnership with Bassetlaw District Council.

Information

The health and social care needs of older people

3. The national success story of how improved technology and health interventions has led to people living longer is well documented. In turn this is resulting in an increasingly ageing population. The population is growing and more people are living longer, with needs that can be complex and expensive to provide for. Deaths from cancer and heart disease are falling, but more people are experiencing chronic illness for longer periods of their life. People aged 75 years and over, for example, are highly likely to have at least two long term conditions ('co-morbidity'). The incidence of dementia and frailty in later life is also rising. 4. Increasingly, many more people will live for longer with a mixture of needs to do with physical health, mental health, and perhaps difficulty in making decisions for themselves. Local Integrated Care Systems and Partnerships are developing and implementing plans to support key national objectives to have speedier discharge from hospital and also to support more people with complex needs for longer in their own homes, rather than in acute or institutional health services. This provides better outcomes for people, but it also equates to potential increased demand for either short or longer term social care.

5. 21% (170,200) of Nottinghamshire County Council's total population of 858,300 (Office of National Statistics 2018 mid-year estimates) are aged over 65 years old. Overall the age structure of Nottinghamshire is slightly older than the national average, with 20% of the population aged 65+ years in 2016 compared with 18% in England. Nottinghamshire's population is predicted to continue to age over the next 10 years, with the number of 75-84 year olds increasing by 44% and 85+ year olds by 39% with the largest increases in the Districts of Ashfield, Bassetlaw and Newark & Sherwood. The majority of carers who

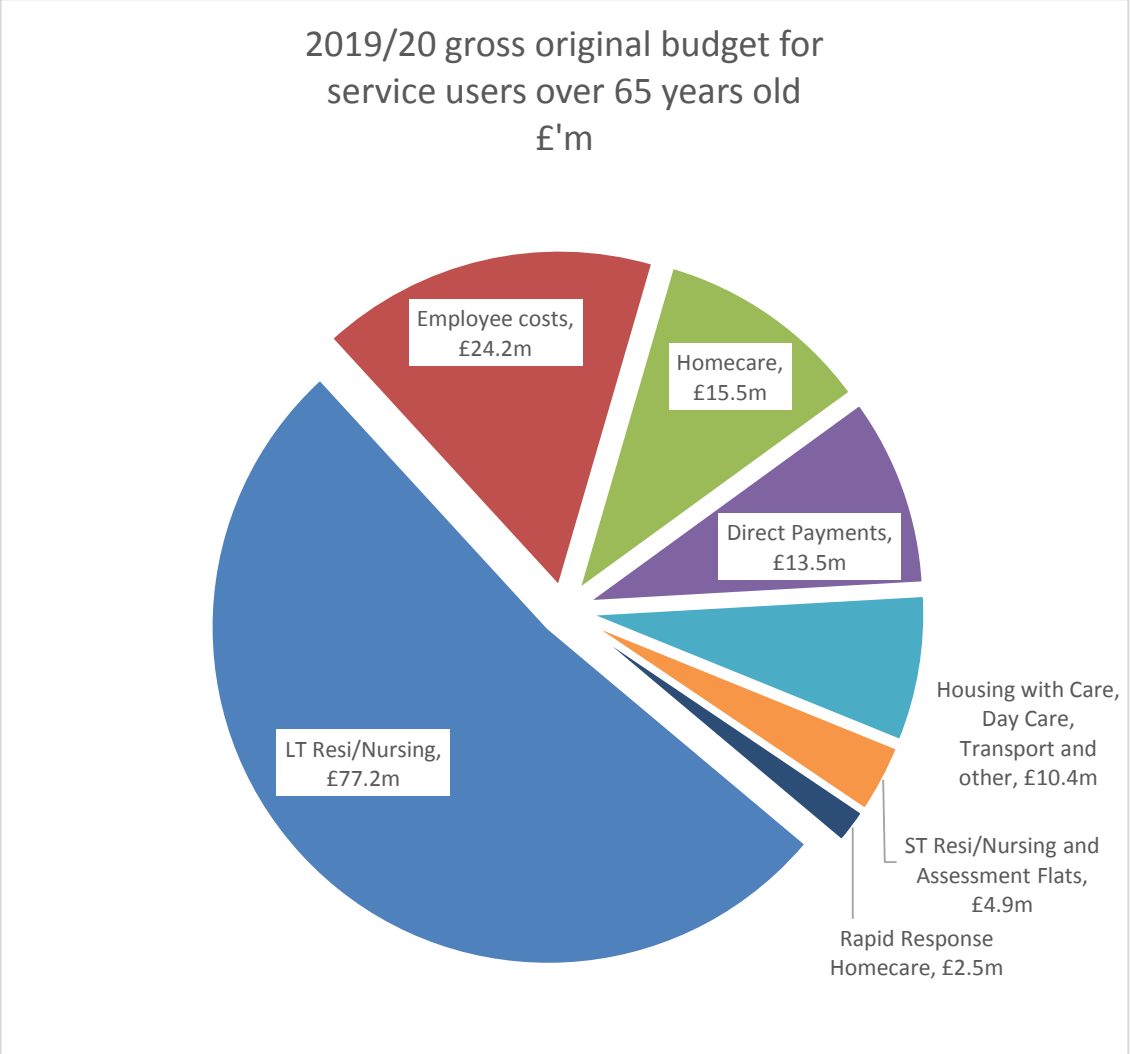
provide 50 or more hours of care per week are aged 65+ years, often caring for a partner. Those carers themselves are more likely to experience poorer health than those of a similar age who do not provide care.

6. It is anticipated that, increasingly, older people in Nottinghamshire will live alone (increasing by 21% between 2017 and 2026). Older people living alone and without access to a car in the more rural areas of Nottinghamshire, which also have poorer access to public transport (notably Newark & Sherwood and Bassetlaw), are particularly likely to become isolated and find it difficult to access support. All these factors have implications for future planning and delivery of services in order to meet their health and wellbeing needs.

Current adult social budget and provision for people aged 65 years and above

7. The chart below shows the current broad areas of spend on services and packages of care for people aged over 65 years which shows that the costs of residential and nursing care placements accounts for the significant majority of the money.

8. In 2018/19 the Council supported 2,349 older adults in residential or nursing care and 3,090 with packages of support in their own homes.



The employee costs shown include START Reablement Service costs (£4.6m).

9. Over recent years, adult social care services for older adults have been shaped by a number of successful initiatives and improvement projects. These have been based on local and national evidence and learning about how to best support people to age well and to lead as healthy and independent lives as possible. In turn, this focus on independence, as set out in the Departmental Adult Social Care Strategy, has also delivered savings because people have then required less or smaller formal packages of care and support funded by the Council.

Future strategy

10. Key future objectives for older adult services are:

A. Implementation of the new workforce model will provide the right structure, functions, staff roles and skills to:

i) maximise the number of older people who can have their issues and needs successfully resolved at the earliest point

ii) maximise the number of older people with the potential to benefit from a short term preventative intervention, including re-ablement, before a new or increased package of care at home is put in place.

B. Strategic commissioning with partners will:

i) develop a joint plan and commission the right type and volume of short term re-ablement and intermediate care services that will help people regain their independence after a period of ill-health, often involving a hospital stay, and also proactively avoid residential care and hospital admissions.

ii) develop a greater range of housing options for older people that maximise their independence and ability to remain in their own home and delay the need for residential/nursing care

iii) build on the work in the two Integrated Care Systems to develop a joint dementia strategy and deliver the adult social care aspects of the Dementia Declaration Action Plan.

11. Key areas of work over the past two years have focused on strengthening the three core aims of the customer journey:

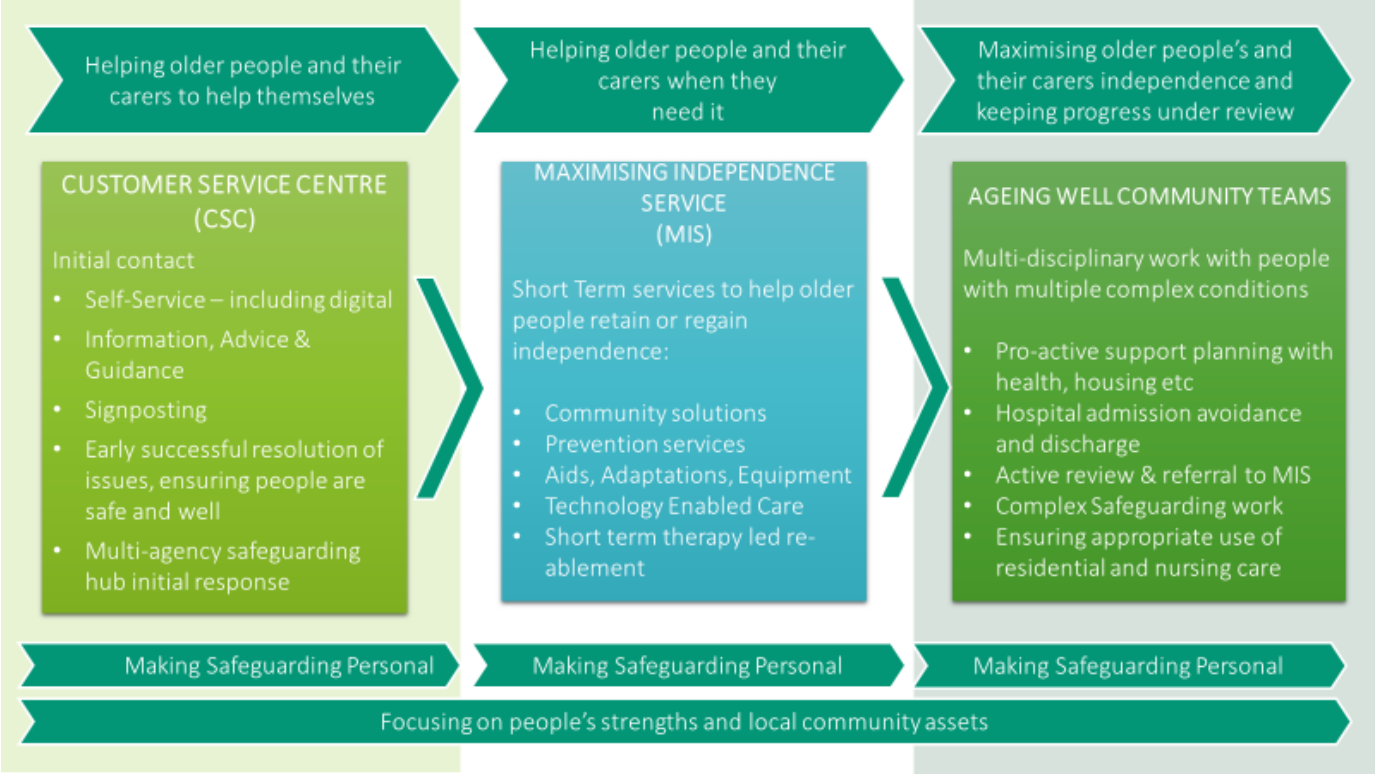
- **Helping Older People and their Carers to Help Themselves** – improving the Council's offer for information, advice, guidance and signposting, as well as having different conversations that support people to resolve their issues at the earliest point.

- **Helping Older People and their Carers When They Need It** – a range of short term support options have been expanded or developed to help people retain or regain their independence: preventative services such as Connect, aids, adaptations, equipment, technology, community solutions, and re-ablement.

- **Maximising Older People's and their Carer's Independence and Keeping Progress Under Review** – multi- disciplinary work (across Health, District Councils, Housing and provider services), with people with multiple complex conditions, Housing with Care and short term assessment and re-ablement apartments to provide alternatives to residential care, more creative support planning, and work within integrated discharge teams to get people home as soon as they are well enough with the right short term support.

12. The next phase of work needs to ensure that what has been tested and works well is fully maximised and embedded through the Department's new operating and workforce models. On 9th September 2019 Adult Social Care and Public Health Committee approved the new Senior Leadership structure for Adult Social Care. This set out clear leadership roles with one Service Director having oversight for the range of support and services provided for older adults from first contact through to management of complex multi-disciplinary casework.

13. The new senior management workforce structure also brings together under one Group Manager the Adult Access Service and re-ablement provision for everyone aged over 18 years (Short Term Assessment and Re-ablement Service (START) and Notts Enabling Service (NES)). This creates the opportunity to develop a Maximising Independence Service (MIS) that will bring together the Department's preventative and short term services offer, enabling the route in and access to these to be simplified. The diagram below illustrates how the new workforce model aligns to supporting and strengthening delivery of the three key aims of the social care offer within the customer journey for older adults.



14. The next part of the report gives further detail about progress in these areas to date. The Department provides a wide range of services for older adults and it is beyond the scope of this paper to detail them all. They are all included with further detail in the Department's Market Position Statement which can be accessed at:

http://home.nottscc.gov.uk/working/policies-performance/policy/policy-library/adult-social-care-market-position-statement-2019-2021

Early resolution and the three tier model

15. In 2018-19 the Customer Service Centre successfully resolved 73% of those new contacts it received for social care. The service has embedded a continuous improvement approach and aims to maintain and wherever possible build on this positive delivery. Work also comes directly into social care teams from the integrated hospital discharge arrangements, local multi-disciplinary integrate care teams for older adults and Safeguarding referrals from the Multi-Agency Safeguarding Hub (MASH).

16. The three tier model is the term used in the Department for a different way of having conversations with people requesting support, that brings out their strengths and ability to identify their own solutions rather than rushing immediately into a full assessment and service provision. It can be used at all stages and is equally applicable for people with complex needs as those with fewer. For example, a request comes into the Adult Access Service for an assessment for homecare. Information and advice have already been given by the Customer Services Centre on how to self purchase a small piece of equipment. Rather than immediately starting an assessment for eligibility for social care, short term support is provided by Home First Rapid Response Service. A social worker from the local community team meets with the person, their family and friends to discuss support needs and they agree between them to provide the support with a review agreed in two weeks with the worker to see how the plan is working.

Short term prevention and re-ablement services

17. The Department currently has a range of short term prevention services for older people and their carers, including Connect, Assistive Technology, Meals at Home and the Short Term Assessment and Re-ablement Team (START). Increasing numbers of older people are now accessing and experiencing positive outcomes from these. Data analysis, however, has shown that there is variation across and in teams as to the level of referral into these services. The Maximising Independence Service will provide a one stop shop approach to improve consistent and simpler access into these services for older people, whether they are new to social care or already receive a service.

18. A total of 1,920 people completed reablement with START during 2018/19 which equates to a 22% increase on the numbers completing in 2017/18. The service is in its second year of a project to transform the way that it works and is on track to deliver enough capacity, within the same budget, to work with 581 more people a year by March 2020. Of the people completing re-ablement in 2018/19, 75% of people required no ongoing homecare, 12% required a reduced level of support, 12% required a maintained level of support and only 1% required an increased level of support. Regaining independence is a good outcome for people which in turn will deliver an anticipated saving of £1,289,000 in 2019/20. There is not enough capacity in START however, to currently offer a service to all people who could benefit from it according to national research, therefore work is underway to analyse what is required with the aim of addressing this within the new workforce model.

19. A typical case study for START involved an older woman who had been discharged home from hospital after a two week stay due to falls and ill health. She initially required four daily calls for support with personal care and meals. START worked with her and she quickly regained her confidence and independence with washing and dressing. This was despite a temporary setback when she had another fall after developing a Urinary Tract Infection. A START Occupational Therapist worked with her to set goals for preparing hot drinks and food and provided her with equipment to help her to regain more independence, such as a dining trolley for transporting food and drinks. START worked alongside her until she felt confident to do this herself. She was thrilled with the trolley, which she also uses to help transport her washing to where she hangs it on the drier. Initially START had used her key safe to let themselves in, but as she progressed she asked them not to so she could answer the door herself. She regained her full independence after three weeks and was full of praise for the help of the Council's Reablement service.

Multi-disciplinary work and services for people with multiple complex conditions

20. **Residential and nursing care –** the Department remains committed to ensuring that people only need to move into a care home when they really need it. Positively, over recent years the age people have been admitted has risen and also the length of time that they spend in residential care has decreased. There has also been a shift towards funding a greater proportion of residential nursing placements, which indicates different options are being provided for people where possible. At the end of March 2019 the Council was funding 2,349 older adults in residential or nursing care placements and the target for March 2020 is to further reduce this to 2,309. This will be challenging and will require managers and staff to continue to peer review new admission requests to ensure all alternative options have been considered, alongside continuing to work with partners to develop more creative support planning that promotes alternatives, as well as commissioning alternative pathways and services.

21. **Hospital Discharge** - the Council has held its excellent performance at avoiding delays to people being discharged home from hospital (DToCS) over the last year. Reducing how long older patients stay in hospital has benefits for patients, hospitals, and also for reducing demand for social care services. Evidence shows that longer hospital stays for older patients can lead to worse health outcomes and an increase in their care needs on discharge. Research has shown that older people can lose their mobility quickly if not active and their ability to perform daily living tasks can reduce considerably whilst in hospital:

- Monitor's 2015 review highlighted a study which showed that, for healthy older adults, 10 days of bed rest led to a 14% reduction in leg and hip muscle strength and a 12% reduction in aerobic capacity: the equivalent of 10 years of life. Other studies have found a reduction in muscle strength of as much as 5% per day.

- A further study found that 12% of patients aged 70 years and over saw a decline in their ability to undertake key daily activities (bathing, dressing, eating, moving around and toileting) between admission and discharge from hospital, and the extent of decline increased with age.

22. Better Care Fund Grants have been used to provide additional Social Work and Occupational Therapy staff to support the work of the integrated discharge teams in all the County's acute hospitals. This funding has also been used to commission the Homefirst

Rapid Response Service (HFRRS) which provides care at home for up to 14 days. HFRRS has run a trial in Bassetlaw, working more closely alongside the START re-ablement service and community health teams to ensure people get the right therapy support when returning home. In the south of the County, increasing numbers of people are now having their assessment for longer term needs completed when they are back in their own homes rather than when in hospital.

23. For people needing additional support whilst they have a period of re-ablement the Council is developing short term assessment and re-ablement apartments in Housing with Care schemes. This means that people are in an environment that is more like their own home which makes it easier to support them to regain their confidence and independent living skills than in a residential care home setting. Because of this it is the intention to only spot purchase individual residential care beds for short term assessment and re-ablement at times of high pressure in the system.

24. The following case study provides an example of how the short term assessment and re-ablement beds can help people regain their independence and remain living in their own home:

Mrs M was already receiving four daily homecare visits, requiring two staff for each call. Following a health crisis Mrs M was returned home with the same package of support. The family had concerns about her frequent admissions to hospital and her ability to manage at home and were requested that she move into residential care. It was agreed with the family that she have a short stay in an assessment and re-ablement apartment, where staff could see how she managed at night as well as during the day. An Occupational Therapist worked with Mrs M and arranged for equipment and technology to be installed at Mrs M's home which reduced both Mrs M's and the family's worries. It also enabled one carer to support her at each visit rather than two and reduce the calls from four a day to three.

25. Future work on short term re-ablement and intermediate care services aims to ensure that the right amount of the right type of services are available so that people can access these at the time they need them, this includes:

- streamlining and simplifying referral processes into services
- further alignment of social care and health services
- joint work on data to fully understand the need for short term services and develop these, with the aim of people being able have the right service at the right time when discharged.

26. **Developing strength based practice and local community development** – services for older adults are increasingly aligning with those of other key partners such as health and housing. The development of the three Integrated Care Partnerships and local Primary Care Networks provides an opportunity for better place based working with local citizens. This applies to how local multi-disciplinary teams work and also to local work that increasingly focuses on people's strengths and the development of more resilient communities that are able to support people as they age, an example being how health's social prescribing can complement existing approaches in Nottinghamshire County and the District Councils.

27. **Housing pathway and options for older people -** are important to enable people to remain living in their own homes and local communities for as long as possible and in turn delay the need for residential/nursing care. A key factor in maintaining independence for older people is having in place a robust housing pathway that enables people to live in housing that best meets their needs. This incorporates the availability of a range of accommodation designed to adapt to ageing populations, the provision of minor and major adaptations through the Integrated Community Equipment Loan Services and the Disabled Facilities Grants, Technology Enabled Care, home-based care, and a variety of Housing with Care options including: managed accommodation, retirement villages and Extra Care. Key to the success of Housing with Care options is good information that is easy to find and the timely identification of need that supports effective and sustained transition.

28. Up until now, work has focused on Nottinghamshire County Council's Extra Care/Housing with Care Strategy in the absence of a wider partnership vision, pathway or plan. Work has now started in the Better Care Fund Partnership to develop this. However, Housing with Care is just one component of the range of alternatives that need to be in place. An independent review and recommendations have been undertaken which partners are currently considering in their respective agencies, prior to agreeing a joint plan of action.

29. As part of a regional and local project, advice was also sought on sustainable financial models of Housing with Care, from experts in the field: the Housing and Learning Improvement Network (LIN). Their recommendation was that the best approach and benefits arise from the broader housing approach and partnership. Getting this right can affect the amount and type of specialist Housing with Care schemes required. Following this, alongside the opening of Priory Court in November 2019 and planning for the Ollerton Housing with Care scheme, the Department is developing a plan to better consolidate and utilise existing provision and establish a more consistent model for good practice. Going forward, new schemes will be planned and delivered in the context of a plan with partners for the broader mix of housing options that older people need.

30. Priory Court is a newly refurbished Housing with Care scheme in Worksop, Nottinghamshire, which will provide 52 homes for older people on a social rent basis. This housing development was jointly funded between Bassetlaw District Council, Nottinghamshire County Council and Homes England. Nottinghamshire County Council will have nomination rights to 37 flats, 10 of which will be short term assessment and re-ablement apartments. The scheme was formerly Abbey Grove, an Extra Care/sheltered scheme which closed in April 2017 for refurbishment.

31. Priory Court offers communal facilities including a communal lounge, dining area, laundry, gym, hair salon and library. It also offers a scooter store and accessible landscaped gardens. Provision has been made for local health services to offer clinics onsite. The scheme is designed to promote health and wellbeing through social inclusion. The scheme is due to open in winter 2019 with a proposed launch date to be agreed with Bassetlaw District Council. Committee is requested to approve a joint publicity plan once the scheme opens.

32. **People living with dementia** – the Council is working with partners within the two Integrated Care Services to develop joint strategies for people with dementia, which incorporates Nottinghamshire County Council's Dementia Declaration Action Plan 2019-

2022. There are three priority areas emerging that social care is currently exploring with partners:

- improving how the Council and partners identify people living with dementia and their carers at an earlier point. The aim is to be able to start to work with people when they have greater potential to benefit from preventative services and strength based approaches. This will include, for example, close working relationships with Memory Assessment Services and reviewing the advice given by the Council's Customer Service Centre/Adult Access Service.

- exploring the potential to make more use of social care's existing range of preventative and re-ablement services to support people with dementia and their carers at an earlier point. This is based on research that has shown that implementing new skills, for example use of technology, at an earlier stage of dementia means that people are more likely to have these skills form part of long term memory processes and be able therefore to benefit from them as their condition progresses.

- ensuring health and social care short term Intermediate Care/Re-ablement Services can meet the needs of the growing cohort of people with dementia requiring these services. This changing demographic has been highlighted by the early work Professor John Bolton is supporting in the south of the County at Queen's Medical Centre (QMC) to analyse which services older adults need when they are discharged from hospital, but will likely have shared learning points across the County.

Next actions

33. The next key pieces of work over the following six months to progress this work are:

- by March 2020, complete the two year START Re-ablement project that will enable the service to work with 530 more people every year
- complete the adult social care workforce remodelling which will create a structure to shift resources into services that will maximise early resolution, prevention and re-ablement. Implementation to start from 1st April 2020
- complete a joint needs assessment with health partners on the volume and type of short term re-ablement/intermediate care services required
- simplify processes and routes into short term social care services at point of hospital discharge
- develop a housing strategy and housing options pathways with Better Care Fund partners.

Other Options Considered

34. Other options have been considered; the ones proposed have the strongest evidence based linked to delivery of the objectives of the Departmental Plan and Adult Social Care Strategy.

Reason/s for Recommendation/s

35. A number of successful initiatives and projects have been delivered in older adults services and it is now timely to fully embed and maximise the benefits of these.

Statutory and Policy Implications

36. 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

37. There are no financial implications arising from this report. As the work is taken forward, any issues requiring Committee approval will be the subject of further reports as appropriate.

Implications for Service Users

38. The aim is to be able to work with more older adults to improve their health and independence, by rolling out an embedding initiatives and projects that have provided better outcomes for people.

RECOMMENDATION/S

That Committee:

1) approves the future strategy and key priorities for the development of Ageing Well services for older adults aged 65 years and above.

2) approves a joint publicity initiative on the opening of Priory Court Housing with Care Scheme, in partnership with Bassetlaw District Council.

Sue Batty
Service Director, Community Services (Ageing Well)

For any enquiries about this report please contact:

Sue Batty
Service Director, Community Services (Ageing Well)
T: 0115 9774876
E: sue.batty@nottscc.gov.uk

Constitutional Comments (LW 25/09/19)

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

Financial Comments (AGW 25/09/19)

40. The recommendations in this report do not have any direct financial implications. Any implementation of these recommendations which will have financial implications will need to be brought back to Committee for separate consideration.

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 Strategy

Adult Social Care and Health – senior management structure: report to Adult Social Care and Public Health Committee on 9th September 2019

Electoral Division(s) and Member(s) Affected

All.

ASCPH680 final

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

7th October 2019

Agenda Item: 10

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

THE NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM FIVE-YEAR SYSTEM PLAN

Purpose of the Report

1. The report updates the Committee on the strategic plan, which is due for national submission on 15th November, showing how the Nottingham and Nottinghamshire Integrated Care System (excluding Bassetlaw) will deliver the commitments within the NHS Long Term Plan.

Information

2. Following the publication in January 2019 of the NHS Long Term Plan, all local health and care systems in England are required to create a five-year strategic plan for the period 2019/20 to 2023/24 setting out how they will deliver all the commitments within the Long Term Plan.

3. The Nottingham and Nottinghamshire Integrated Care System (ICS) Board has led the development of the Nottingham and Nottinghamshire 2019/24 Five-Year System Plan. The County Council has been involved in this work through membership of the ICS Board.

4. The plan is a requirement for the NHS and part of the assurance process in which the NHS operates. Whilst there is an ambition that the plans represent Social Care, in effect they remain NHS plans informed by Public Health and Health and Wellbeing priorities.

5. There is a framework for the plans and the NHS Long Term Plan Implementation Framework asks that Integrated Care Systems meet the following requirements for their plans:

   - the plans should be based on realistic workforce assumptions and deliver all the commitments within the Long Term Plan
   - system plans will be aggregated, brought together with additional national activity and published as part of a national implementation plan by the end of the year

- the national implementation plan will set out initial performance trajectories and programme milestones to deliver Long Term Plan commitments
- some commitments in the Plan are critical foundations to wider change. All systems must deliver on these in line with nationally defined timetables or trajectories.
- systems will have freedoms to respond to local need, prioritise, and define pace of delivery for the majority of commitments, but need to plan to meet the end points set
- plans should prioritise actions that improve quality of, and access to, care for local populations, with a focus on reducing health inequalities and unwarranted variation.

6. Plans will be aligned to the following principles:

- Clinically-led
- Locally owned
- Realistic workforce planning
- Financially balanced
- Delivery of all commitments in the Long Term Plan and national access standards
- Phased based on local needs
- Reduce local health inequalities and unwarranted variation
- Focussed on prevention
- Engaged with local authorities
- Drive innovation.

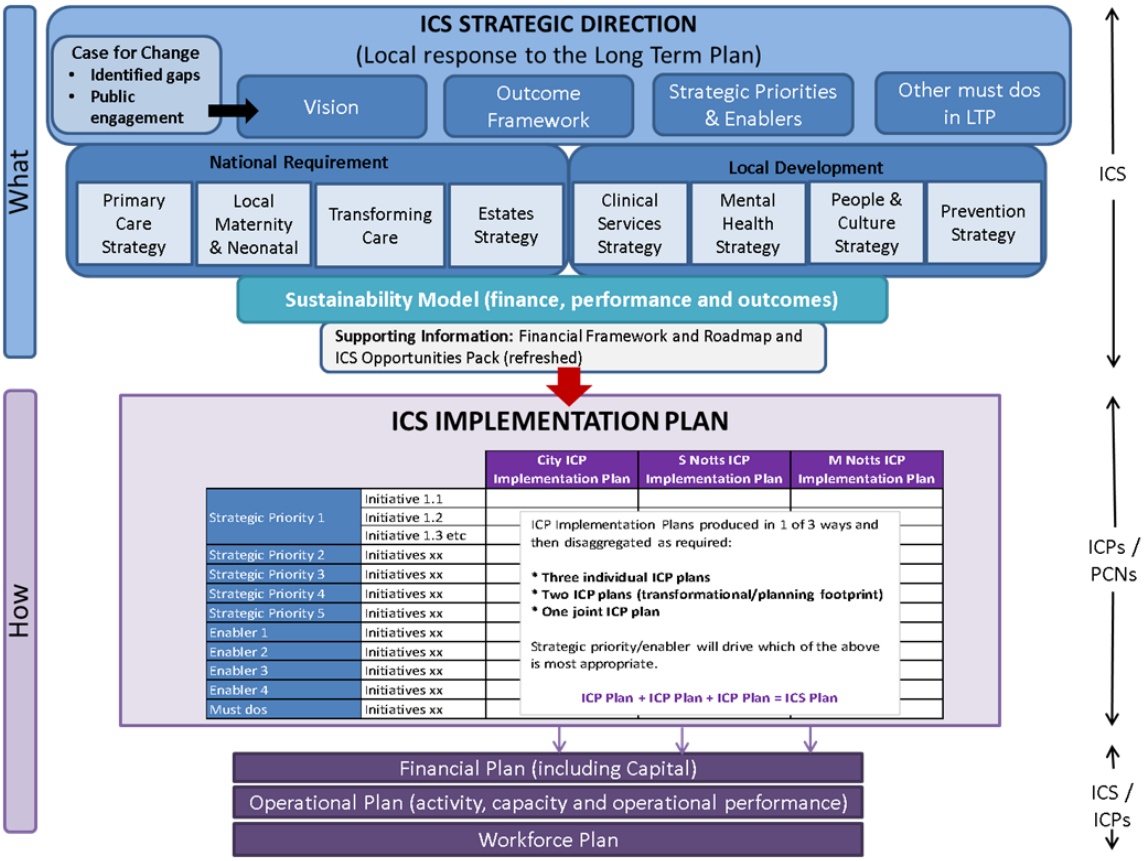
7. The Long Term Plan Implementation Framework outlines the following milestones:

3 June 2019	Interim People Plan published
June 2019	Publication of the Long Term Plan Implementation Framework
July 2019	Main technical and supporting guidance issued
27 September 2019	**DRAFT Five Year Plan Submission**
10 October 2019	NHSE/I Regional team “checkpoint” on draft submission
15 November 2019	**FINAL Five Year Plan Submission**
28 November 2019	Publication of Five Year Plans
December 2019	Further operational and technical guidance issued
December 2019	Publication of the national implementation programme for the Long Term Plan
Early February 2020	First submission of draft operational plans
End of March 2020	Final submission of operational plans

8. The ICS Board has led the development of the Nottingham and Nottinghamshire 2019/24 Five-Year System Plan on behalf of the system to meet its responsibility to produce and

champion a coherent vision and strategy for health and care in Nottingham and Nottinghamshire.

9. The overall planning approach taken by the ICS is summarised in the diagram below:



10. Plans for Nottingham and Nottinghamshire have been developed with input from all statutory organisations represented on the Nottingham and Nottinghamshire ICS Board and key stakeholders, including key providers, patients and the public. The approach has included the following activities over the last six months:

- four ICS Board Development sessions in April, June, July and September 2019
- meetings of the ICS Planning Group with representatives from all constituent organisations of the ICS
- meetings of the ICS Finance Directors Group with representatives from all constituent organisations of the ICS
- eight workshops with Programme leads from all constituent organisations of the ICS discussing the content of the plan in thematic detail
- detailed one-on-one discussions between Finance and Planning colleagues in the ICS and the constituent organisations.

11. Throughout this process and as outlined in the diagram above, the three Integrated Care Providers within the Nottingham and Nottinghamshire ICS have been invited to participate fully in the development of the plan. Recognising the fact that the ICPs are all at different stages of development, the nature of this participation has varied across the geography but all ICPs have been offered equal chance to feed into the strategy development.

12. The draft of the Nottingham and Nottinghamshire 2019/24 Five-Year System Plan which will form the basis of the 27th September submission is contained in **Appendix 1** for consideration.

13. It should be noted that the plan will not be finalised until mid-November and therefore the following caveats apply:

a) this is an early consolidation of the plan being shared to enable organisations to comment on it during its formative stage.
b) to ensure that comments can be taken on board for the next iteration of the plan on 25th October, a response from organisations is needed as soon as possible.
c) the plan is a system-level plan that outlines a set of system actions and assumptions that are needed to be deployed to solve our system challenges – it is not intended to be an organisational level plan.
d) the development of further versions of the plan will be iterative throughout September and October and into November. This iterative process will involve members of the ICS Board, members of the Boards of the constituent organisations of the ICS, Regional NHS England and NHS Improvement colleagues and both National and Regional members of the NHS transformation programme teams.
e) there is more work to be done on this plan including the creation of a key milestone plan and a risk register, but this is a strategic plan, not an operational delivery plan – these operational plans will not be developed until the period December 2019 to February 2020.

14. The Nottingham and Nottinghamshire ICS Board will convene an extraordinary meeting on 14th November to endorse the submission of the final local plan on 15th November.

Other Options Considered

15. No other options have been considered.

Reasons for Recommendation

16. The Committee has the opportunity to review and comment on the current draft of the system plan led by the Nottingham and Nottinghamshire Integrated Care System, which is a requirement of the national NHS Long Term Plan.

Statutory and Policy Implications

17. 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

18. There are no financial implications in relation to the draft plan.

RECOMMENDATION/S

The Committee:

1) considers 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) considers whether the Council has been adequately engaged and considered in the plan.

3) provides comments on the draft Five Year System Plan to meet the deadlines shown in the report.

Melanie Brooks
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Jennie Kennington
Senior Executive Officer
T: 0115 9774141
E: jennie.kennington@nottscc.gov.uk

Constitutional Comments (AK 25/09/2019)

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

Financial Comments (KAS 27/06/19)
20. There are no financial implications for the County Council in relation to the draft plan.

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.

ASCPH682 final

Nottingham and Nottinghamshire Integrated Care System 5 Year Plan

2019/20 – 2023/24

DRAFT

Executive Summary

This document sets out our ambitious plan for service and system change over the next five years to improve the health and wellbeing of our local people through high quality care delivered in a sustainable way

In January 2019 NHS England published the NHS Long Term Plan, which set out a 10-year programme of phased improvements to NHS services and outcomes, including a number of specific commitments to invest the agreed NHS five-year revenue settlement.

All local health and care systems in England are required to create a five-year strategic plan covering the period 2019/20 to 2023/24 setting out how they will deliver all the commitments within the Long Term Plan to address the challenges the NHS faces. This document is our five-year plan for Nottingham and Nottinghamshire.

This is not the first time we have developed a five-year plan for the Nottingham and Nottinghamshire health and care system as a whole. In 2016 in response to the ambitions set out in the NHS Five Year Forward View, we developed our Sustainability and Transformation Plan.

We are three years into that plan, and the publication of the NHS Long Term Plan provides the ideal opportunity for us to take stock on what we have achieved and learnt, the challenges we still face and our focus going forward.

This five year plan builds on our previous Sustainability and Transformation Plan , our local Vanguards and the growing commitment to collaborative working across our health and care organisations so we act a single integrated health and care system.

The last three years has seen increasing partnership working between our general practitioners and primary care teams, our community and mental health service provider, the two local acute hospital trusts, the ambulance service, the two local authorities, patient representatives and many others.

This partnership working has been recognised nationally and in 2018 our health and care system was selected to be a pioneer for becoming an Integrated Care System (ICS), an evolved form of a Sustainability and Transformation Partnership (STP) with a new type of even closer collaboration.

Becoming an Integrated Care System is a key milestone on our way to becoming **a fully population health focused care system – a system where all partners are focused on the entire spectrum of interventions, from prevention and promotion to health protection, diagnosis, treatment and care, and integrates and balances action between them**. We are fully committed to delivering the triple aim of:

- Improving the health and wellbeing of our population
- Improving the overall quality of care and life our service users and carers are able to have and receive
- Improving the effective utilisation of our resources

Our plan is therefore focussed on the areas where we believe it will be most important for system partners to move together at pace to transform the way health and care has traditionally been provided. **Our main effort over the next five years is not focussed on reconfiguring the way services are currently provided. Rather breaking down traditional silos in care and establishing, embedding and optimising our integrated care models that ensure people are cared for proactively in the most appropriate setting for their need and ensure optimal use of available resources.**

We believe this will make the biggest difference to improving our system and delivering our triple aim, rather than just reorganising services in the same way they have always been delivered.

An overview of our plan is overleaf.

Executive Summary

The summary below provides a high level overview and introduction to the Nottingham and Nottinghamshire Integrated Care System 5 Year Plan (19/20 - 23/24)

(1) The challenges we face

The health and care challenges we face, and our plans for addressing them, are rooted in the particular needs of our Integrated Care System (ICS):

- Fundamentally, we know that across Nottingham and Nottinghamshire people are living longer in ill health and significant inequalities exist.
- We know we need more action on and improvements in upstream prevention of avoidable illness and its exacerbations to better manage current care demands
- We have made good progress with beginning to 'join up care' however there remain many opportunities to integrate care more effectively and consistently
- There are significant improvements we need to make to the way we deliver urgent & emergency care and mental health
- We do not make best use of our resources; we have medical and nursing vacancies and short supply and do not optimise the use of our estate
- Together these factors have led to poor performance in a number of areas and a forecast financial deficit in health of £430m

(2) Our system sustainability model

To address the challenges we face, we have developed a system sustainability model to act as a framework for the priorities and actions for the whole system and its partners.

This is comprised of three interconnected components:

- A System Outcomes Framework – to provide a clear view of our success as an integrated Care System in improving the health, wellbeing and independence of our residents and transforming the way the health and care system operates
- A Key Performance Indicator Framework – to provide transparency on the key metrics and trajectories we will use to assess our systems performance
- A Resource Sustainability Model – to set out the high impact levers that will change the level of resource (finance, workforce and capacity) used by the system back in line with availability.

Together these form the shared ethos and goals of our Integrated Care System and therefore all its constituent organisations.

(3) Our system priorities

Five priorities form the core of our transformation plans to deliver our system sustainability model and address the challenges we face:

- **Prevention, inequalities and the wider determinants of health**: More action and improvements in the upstream prevention of avoidable illness and addressing inequalities, will improve healthy life expectancy and reduce resource utilisation.
- **Proactive care, self-management and personalisation:** We will accelerate the pace and scale of the work we started to 'join-up' care through our Vanguards to improve support to people at risk of and living with long term conditions and disabilities, thereby giving them more control, reducing exacerbations and the need for care.
- **Urgent and emergency care:** Redesigning our urgent and emergency care system provides our single greatest opportunity to address fragmentation and unwarranted variation – central to this is ensuring the right capacity exists in the right part of the system to ensure care is provided in the most appropriate setting.
- **Mental health:** We will renew our commitment to invest in and transform mental health service to improve the quality of our service and the care they provide, and address the inequalities in mental health
- **Value, resilience and sustainability:** We will deliver increased value, resilience and sustainability across the system (including estates) through the implementation of ICS Sustainability Model (10 levers)

(4) Impact & Implications

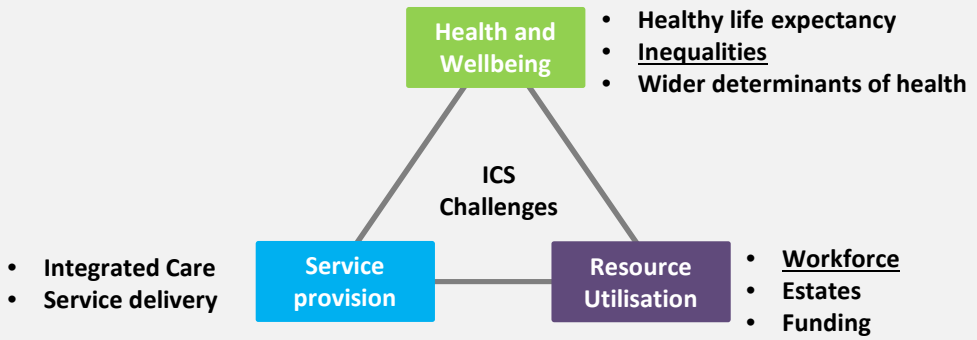
- TBC

(1) Our journey so far and the challenges we still face

We have made good strides forward as a health and care system over recent years, however despite theses developments and improvements, there is still much to be done to tackle historic and ongoing challenges, as well as new ones that have emerged.

The key challenges faced and therefore to be addressed by the Nottingham and Nottinghamshire Integrated Care System (ICS) delivering the commitments set out in the NHS Long Term Plan can be grouped into three categories, that have a reinforcing effect on each other:

- The health and wellbeing of the population
- The provision of services
- The effective utilisation of system resources



Our journey so far

We are now moving into the third phase of establishing our Integrated Care System across Nottingham and Nottinghamshire.

Our vision for our Integrated Care System

Our health and care partners across Nottingham and Nottinghamshire came together in 2016 in a Sustainability and Transformation Partnership (STP) with the collective goal of improving the quality and sustainability of health and care services. This collaboration subsequently evolved into an Integrated Care System (ICS) in 2018.

Our early shared purpose has now developed into a collective vision 'to both increase the duration of people's lives and to improve those additional years allowing people to live longer, happier, healthier and more independently into their old age.'

We are now coalescing around a System Sustainability Model, a framework for our priorities, actions and investments that defines our success in improving the health, wellbeing and independence of our citizens and transforming the was y health and care is provided.

Over recent years our system has been selected to be a Vanguard in a number of areas including enhanced health in care homes, integrated primary and acute care systems and urgent and emergency care , and we are no embedding and spreading the learning of these across the system.

Nottinghamshire is an Integrated Accelerator Pilot site for Personalised Care. Progress has resulted in a move from 85 Personal Health Budgets to 2,300; 500 are joint health and social care. The system has delivered over 16,000 personalised Care and Support Plans and over 20,000 episodes of social prescribing/improved self management.

The system prevention strategy, approved by the ICS Board, has confirmed smoking and alcohol as key initial priorities and a system wide Population Health Management (PHM) programme is in place, which has benefitted from international, national and regional support. The programme has developed an approach for PHM into action covering infrastructure, intelligence and interventions. The ambition is that a comprehensive and systematic approach to PHM is at the heart of our health and care system, building on existing foundations that include nationally renowned examples:

- Stroke prevention through the proactive identification and management of people at risk of stroke due to atrial fibrillation with early work estimated to have saved 75 strokes and 25 deaths in one locality.
- Improved multi-disciplinary team working in primary care which has resulted in better patient outcomes with 13% more people supported at home and admissions to hospital down 12% from the cohort.
- A collaborative endeavour with housing in Mid Nottinghamshire and Nottingham City, with improved outcomes and early discharge from hospital. In Mid Notts a 400% return on investment and significant savings for NHS.
- Development of a crisis response service within two hours that has resulted in 1,520 avoided A&E attends; 613 avoided admissions and reduced LoS in 216 cases .

Workforce and leadership

The system has developed, and approved, a comprehensive 'People and Culture' strategy. New roles have been introduced and are evaluating well including holistic community workers and health coaches, enabling highly skilled professionals to be best used for their specific expertise.

Enhanced professional cultures are being developed with clinicians being supported to make high quality cost effective decisions e.g. through value based healthcare training and locally developed quality and cost incentive schemes. The ICS held it's first local leadership conference in June 2019. In addition, a programme of leadership development is underway for an initial cohort of 50 senior cross sector leaders.

Partnership and governance

Our STP Board has matured into an ICS Board, with an independent chair, elected member / non executive, executive officer and clinical representation from all partner organisations . The Board now sets the system's strategic direction, provides system leadership, holds some delegated accountability and provides system oversight.

A two staged approach has been pursued in the development of strategic and integrated commissioning, its anticipated a new CCG organisation will come into being on 1st April 2020 following formal merger .The system's three Integrated Care Providers (ICPs) are at varying stages of development, all with chief executive leads and confirmed priorities for delivery in 2019/20. These are underpinned by 20 Primary Care Networks (PCNs), each with a Clinical Director and evolving models of collectivised general practice, community MDTs and links with the VCSA.

Our ICS now has a mature Partnership Forum that draws its membership from a range of patient groups and community and voluntary sector organisations ,with plans to replicate this forum at 'Place' level throughout the system.

However despite theses developments and improvements, there is still much to be done to tackle historic and ongoing challenges, as well as new ones that have emerged

Overview of the Nottingham and Nottinghamshire ICS footprint

The health and wellbeing challenges we face are rooted in the particular needs of our population

The Nottingham and Nottinghamshire ICS covers a diverse population of over 1 million people living in the City of Nottingham (332,000) and Nottinghamshire County (764,700), however this does not include the residents of Bassetlaw as this is part of the South Yorkshire and Bassetlaw healthcare system.

City of Nottingham

- There is a rich cultural mix across Nottingham City - 35% of population are from black and minority ethnic (BME) groups
- Nottingham City is the 8th most deprived district in the country. 61 of the 182 City LSOAs fall amongst 10% most deprived in the country and 110 fall in the 20% most deprived
- Life expectancy for males is 77 and females 82 years old, which is below the England average
- 12% of the population are aged over 65, the England average is 18%, 30% of the population are aged 18-29 (full time university students comprise 1 in 8 of population)
- In the short to medium term, Nottingham City is unlikely to follow the national trend of large increases in the number of people over retirement age, although the number aged 85+ is projected to increase
- Despite its young age structure, Nottingham has a higher than average rate of people with a limiting long-term illness or disability
- 13th highest unemployment rate in the country, 12.7% of people are claiming out of work benefits
- Over 2 in 5 households do not have access to a car, this is the highest level of bus use per head outside of London

Nottinghamshire

- Across Nottinghamshire 4% of the population is from black and minority ethnic groups
- Deprivation levels as a whole are comparable with England, however there are some communities with the highest levels of deprivation in the country and some in the lowest levels – 25 Lower Supper Output Areas are in the 10% most deprived areas in England that are concentrated in the districts of Ashfield (9), Mansfield (6) and Newark and Sherwood (3)
- Life expectancy for males is 80 and females 83, which is similar to the England average.
- 20% of the population are aged over 65, compared to the England average of 18%. The population is predicted to continue to age over the next 5 year, with the population aged over 65 expected to increase by c.7% and the population over 85 by c. 8%
- Older people are more likely to experience disability and limiting long-term illness . More older people are anticipated to live alone, increasing by 41% between 2015 and 2030
- Job Seekers Allowance claimant rate (May 18) is 1.1%, same as national figure

Our ICS must be flexible to meet the diverse needs of our population to tackle local health inequalities and unwarranted variation

The challenges we face – Health and Wellbeing

Fundamentally we know across Nottingham and Nottinghamshire people are living longer in ill health and significant inequalities exist

Healthy Life Expectancy and inequalities

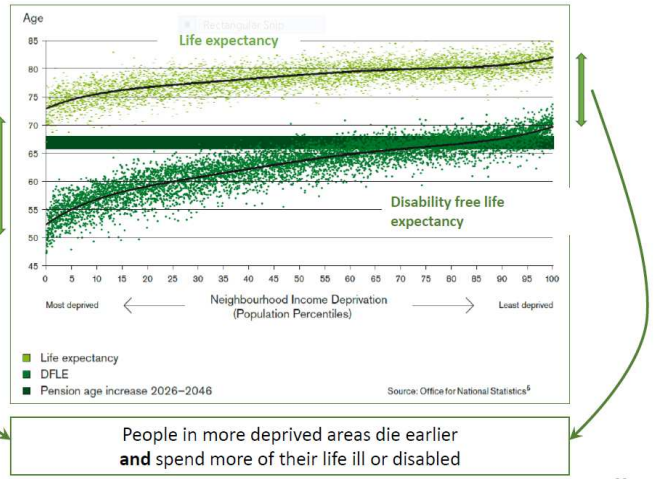
People in in Nottingham and Nottinghamshire are living longer but spending more years in poor health. This undermines the capacity for people to fulfil ambitions such as enjoying independence in their later years. It also represents an increasing window of need during which people are in receipt of health or social care services.

Healthy Life Expectancy reflects the lifetime accumulation of positive and negative influences on health and wellbeing. These start at conception and include the dominant influence of factors such as housing, education, employment, social cohesion, and environment. Loss of healthy life is a strong driver of health and social care utilisation. It is estimated **long term conditions** account around 50% of GP appointments, 64% of outpatient appointments, and 70% of hospital bed days. Much of the care received contributing to this could be avoided by interventions 'upstream' that would improve quality of life and independence.

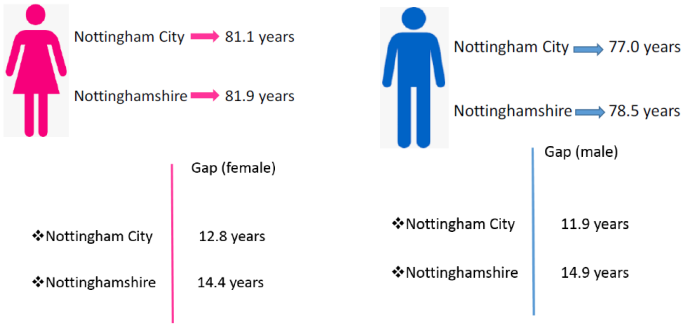
Evidence from the Global Burden of Disease identifies the degree to which key risk factors contribute to ill health. The greatest contributing risks are **tobacco, high BMI or weight, high blood pressure and diet**. When considering at a "place" and neighbourhood level alcohol and tobacco are of particular relevance as they represent a unique constellation of ill health burden and an opportunity to intervene. The proportion of those **aged 65 and over with four or more diseases** is set to double by 2035, with around a third having a **mental health** problem. There is a forecast 22% increase in people living with **diabetes** across the ICS between 2015 and 2035, which means over 9% of the Nottinghamshire population will be living with diabetes.

There are marked inequalities across neighbourhoods on the number of years citizens are expected to live in good health. **The biggest gaps are significant at 14.9 years for males and 14.4 years for females**. People who live in the more deprived communities in our ICS or are part of certain groups such as those with **severe and enduring mental health or learning disabilities** spend more of their lives in ill health. Men with serious mental illness are dying on average 17 years earlier than the general population and women 15 years. In considering our health inequalities, **Cancer, Circulatory and Respiratory disease** have the highest percentage contribution to the overall life expectancy gap between the most and least deprived. For males these three causes of death contribute to 71% in Nottingham and 61% in Nottinghamshire of the life expectancy gap between the most and least deprived areas. For females the contribution is 60% and 54% respectively. Therefore actions to reduce the incidence of these conditions will have the greatest impact on health inequalities.

The Window of Need



Healthy Life Expectancy Gap Across the Nottingham and Nottinghamshire ICS



The Slope Index of Inequality (SII) is the difference in healthy life expectancy between the most and least deprived areas of a population

We must tackle the inequalities in healthy life expectancy that exist across our ICS by focusing on those people and conditions that have the greatest impact

The challenges we face – Health and Wellbeing

We know *it is our deprived communities that have the greatest exposure to a range of factors that impact upon adversely upon health*

The wider determinants of health

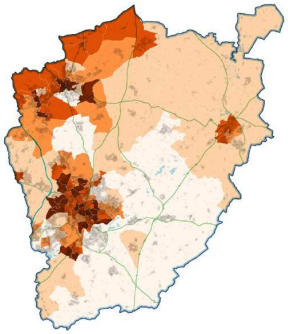
We fully recognise that access to and quality of health care services is only a small contributor to overall health outcomes.

It is our deprived communities that have the greatest exposure to a range of factors that impact adversely on the health of individuals, families and communities, including fuel poverty, poor housing, higher unemployment and low paid jobs, lower educational attainment and poorer access to services. These wider determinants of health underpin lifestyle risk factors such as **smoking**, **physical inactivity** and **poor diet**, which are most prevalent in these communities. The table below highlights this variation.

Measure	Variation		Level	Period
Smoking prevalence in adults	Highest	19.4%	Borough	2017
	ICS Average	16.3%		
	Lowest	9.7%		
Percentage of adults (aged 18+) classified as overweight or obese	Highest	70.7%	Borough	2017/18
	ICS Average	66.2%		
	Lowest	62.6%		

Mental health inequalities are also often linked with wider cultural and societal systems of disadvantage which impact a person's wellbeing, including (but not limited to) adverse childhood experiences, stigma, discrimination and one's environment, such as housing security. These can have a significant impact on a person's wellbeing, and many of these are beyond the remit of the health system alone.

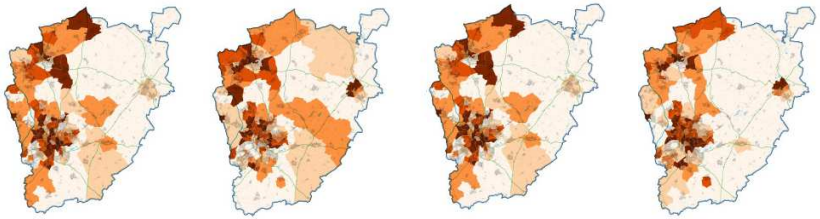
Deprivation across the Nottingham and Nottinghamshire ICS



The most deprived communities in our ICS are found in parts of Nottingham City and around Mansfield, Ashfield and Newark

Many health and healthcare usage indicators are worse in areas with higher deprivation

Darker shading – higher proportion live in most deprived areas

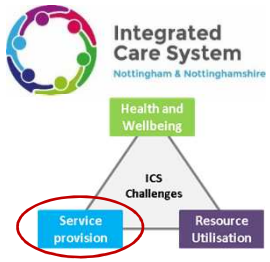


Emergency admissions All age, all cause | Emergency admissions All age, self harm | Emergency admissions Coronary heart disease | Hospital admissions Alcohol harm

Across our ICS we must focus our prevention efforts on the most deprived communities in our ICS

The challenges we face – Service Provision

Significant progress has been made with beginning to 'join up care' through our vanguards, however there remain many opportunities to integrate care more effectively and we are still overly reliant on bed-based care…



Services are not integrated:

- Fundamentally, our current health and care services have been set up to help sick people get well, often in a hospital setting (reactive episodic care)
- Often characterised by organisational, and role boundaries, not centred on people and communities
- Individuals and teams do not work in an integrated way and are often conflicted and constrained by organisational priorities
- There is a high degree of fragmentation and duplication, and our services are struggling to meet the increasing demand for ongoing need

Care is not always proactive:

- We do not routinely and systematically identify and support people with ongoing needs.
- Often we do not know about these needs until people reach a crisis point.
- Mechanisms for information sharing, care planning and care co-ordination are not as effective as they could be.
- Patients do not always feel able to manage their health conditions
- There are occasions where harm could be prevented for vulnerable people
- Care is generally medicalised; we do not intervene early enough to influence wider determinants of health

A lack of joined up care means our system is overly reliant on beds and care isn't always provided in the right place at the right time

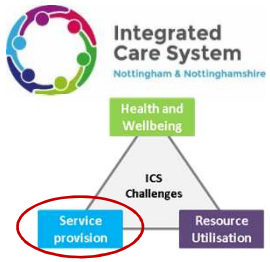
As a result:

- Out of area placements for adults with mental health illness are three times higher than national average
- Current services for people with Learning Disabilities are fragmented and overly reliant on bed based care
- Over 75s make up less than 10% of ICS population, but 1/3 of emergency admissions and 1/2 of emergency bed days. Two thirds of emergency inpatient beds are occupied by the over 65s (c. 1,000 beds/day)
- In 2017/18, 335 elderly people aged over 65 were admitted to care homes in Nottingham (887/100k pop – 12th highest nationally out of 152 LAs), and 987 in Nottinghamshire County (590/100k pop – 78th)
- At least 8,500 (11.6%) emergency admissions/year are for COPD, stroke, heart failure, asthma, diabetes, heart attacks, angina and hypertension
- Up to 10% of hospital admissions in the elderly population are medicines related.
- 45% of admitted spells >7 days; 55% of total bed days relate to 7+ day part of this. 10% of admitted spells >21 days; 17% of total bed days relate to 21+day part of this
- Point prevalence study at Nottingham University Hospitals NHS Trust identified 19% of patients admitted could have been cared for in an alternative setting. This type of study also indicated c.50% of patients in NUH beds (2017) and c.60% of patients in City Care beds were not at an appropriate level (2018)
- Actuarial analysis carried out across Greater Nottingham identified 62% of all medical admissions to acute hospital for those aged <65 and 36% for those aged >65 were avoidable when benchmarked against well managed systems
- Re-admission rates have increased at both Trusts since February 2019, 11.6% increase SFHT, 6.5% at NUH.
- 48.8% of deaths occur in hospital (12months to Dec 18; national average 45.5%). 53.1% in Nottingham City compared to 44.4% in Rushcliffe

The challenges we face – Service Provision

We also know we have significant improvements to make in Primary Care, Emergency and Urgent Care and Mental Health services

Needs checking and updating against final drivers of demand analysis



Primary Care

- 100% of the population is covered by extended access, however around 15% of local people reported their experience of trying to get a GP appointment as poor, and over a quarter of people reported having to wait over a week for an appointment.
- Increasing pressure on General Practice due to increased demand; push for extended hours; complexity of patient needs; inability to attract / retain workforce; financial uncertainty
- Nationally it's been estimated that up to 50% of patients attending General Practice have conditions that may not need a GP and could be treated by less qualified staff
- Variation in screening, early diagnosis and chronic disease management
- As many as 50% of patients do not take their medicines as intended
- 10 GP practices (7.7%) rated Inadequate or Require Improvement (national 4.7%); 7 City practices (13.8%) rated Inadequate or Require Improvement
- Less than half of people in Nottinghamshire with a LTC have had a conversation with a primary care health care professional to discuss what is important to them, a third don't have an agreed care plan

We need to ensure a sustainable primary care workforce so people can get a timely appointment and the necessary support

Emergency and Urgent Care

- Increase in 111 calls where patients recommended to go to A&E (12% 2017/18-18/19) . No. of calls with a disposition 'ambulance dispatch' increased by 18%
- EMAS calls increased by 3.3% between 2017/18 and 18/19 - ambulance conveyances to KMH and QMC increased by 3.7% and 3.1% respectively.
- Total number of A&E attendances at NUH increased 2.3% from 2017/18 to 18/19 – attendances at majors increased by 2.1% (attendances increased by 7.4% when Q4 18/19 is compared with Q 4 2017/18)
- Total number of A&E attendances at SFH increased 4.4% from 2017/18 to 2018/19 (increase in A&E attendances of 7.2% and -2.3% reduction in PC24)
- A&E performance remains on going challenge 80.4% April 2019 (NUH 66.72%/ SFH 90.96%)
- Total emergency admissions at NUH increased by 7.1% from 2017/18- 2018/19('0' day length of stay 14.3%, 1 day 3.8%, 2+ day 2.8%)
- SFH saw an increase in '0' day length of stay between Aug 18 – Apr 19, a reduction in 1 day stays from Oct 18-Apr 19 and an increase in 2+ Jan 19 – April 19.
- DToCs – both acute Trusts higher than national target (NUH 3.59%, SFH 3.91%, Mar 18; target 3.5%)
- Category 2 ambulance response times longer than required 20 min 54s vs 18 min target (Apr 19)

We need to reduce the ever increasing emergency and urgent care demand to relieve the pressure on these services

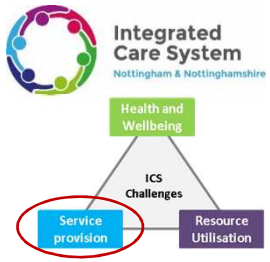
Mental Health

- Performance concerns relating to:
  - IAPT Access: 4.65% against 4.75% target (Feb 19)
  - Children and Young Persons (CYP) access issues :
    - Access rate: 16.9% against 32% target (Q4 2018/19)
    - Eating disorders urgent 1st < 1week: 45.5% against 95% target (Q4 2018/19)
    - Eating disorders routine 1st < 4 weeks: 81.5% against 95% target (Q4 2018/19)
  - Early Intervention in Psychosis (EIP) concordant compliance & data
- 5YFV transformation area challenges:
  - Out of Area Inappropriate placements – remain national outlier on volumes of placements: 2,815 against a local target of 1,698 (Mar 19)
  - Liaison –service model at NUH
  - Crisis – 24/7 CRHT service is not currently offered
  - IPS – Service not delivered across the ICS
  - Physical Health Checks not in line with requirements
- Contacts with Crisis Resolution and Home Treatment Teams per head of population lower than national rate
- Mental health service users account for 19% of all A&E attendances and 26% of all unplanned hospital admissions

We need to improve access to mental health services and transform existing care models so people can receive timely care

The challenges we face – Service Provision

…and continuous improvements to make in other areas…



Planned Care

- Referral Time to Treatment (RTT) was 91.7% against a target of 92% in March 2019. Waiting lists have reduced to +3.5% over March 2018 as an ICS overall.
- SFH not achieving 92% 18 wk RTT (89.96% Mar 2019) – challenges in Dermatology, T&O, Rheumatology, Cardiology, Plastics, Gen. Surgery, Ophthalmology, Urology and ENT
- NUH delivering RTT target, however challenges in some specialties – ENT, T&O, Neurosurgery, Gen. Surgery.
- Contacts with secondary care are not always valuable i.e. procedures of limited clinical value and outpatient appointments – it's estimate 10-20% of patients didn't need to attend a first outpatient appointment and 10-20% of follow-up outpatient appointments could have been seen using an alternative to face-to-face appointments
- Elective services are mostly delivered in hospitals, often a lack of end to end pathway integration
- Fragmented, siloed, duplicated services and a lack of end-to-end integration

We must continue to deliver against the RTT target and ensure our services are convenient and valuable to patients

Cancer

- Access is generally good, however, difficulties in meeting the 62 day wait standard (First definitive treatment – GP Referral) - 79.4% Mar 19 vs 85% target (SFHT 88.36% / NUH 73.2%) - backlogs have increased
- Failing to meet standard for 31 day wait standards
  - First definitive treatment – 92.7% vs 96.0% (Mar 19)
  - Subsequent treatment surgery - 85.6% vs 94% (Mar 19)
- Screening rates are lower than national average in Nottingham City for bowel, breast and cervical cancer
- Significant variations in outcomes locally, and outcomes are significantly lower than national average in parts of ICS

We must reduce the variation in outcomes experienced locally and ensure our cancer services continually meet the care standards

Maternity

- Parts of our system have high rates of smoking at time of delivery which leads to high and variable rates of still birth and neonatal death.
- Nottinghamshire's rate of stillbirth and neonatal death (5.02 per 1,000) has improved however there remains variation across the system with Mansfield & Ashfield continuing to have the highest rate (6.49 per 1,000).
- Lack of pace in implementing maternity transformation (care bundle, continuity of care) – delivery not expected until 2020

We must improve the choice, personalisation and safety of our local maternity services, including neonatal services

The challenges we face – Resource Utilisation

We know we need to address key workforce challenges and use our estate more effectively

Workforce

Workforce supply

- Workforce shortages and a decrease in the number of training places has led to an increase in vacancy figures across the system.

  Registered Nursing Workforce:

  - High number of vacancies and shortage of supply locally (and nationally). Different impact e.g. higher impact in Mental Health and LD.
  - Employers are competing for a reduced supply of registered nurses and midwives. They can readily move if not offer a career development, preceptorship and post registration education opportunities.
  - Turnover is high at 11.14% as is voluntary turnover at 8.14%. Vacancy rates higher than the national NHS average (12.1% vs 9.1%), and locally are especially high in Learning Disability (24.1%) and Mental Health (21.0%) roles. Nursing vacancy rates are also extremely high – 18.9%, which equates to a vacancy figure of 1,412 FTE.

  Medical staff:

  - Particular difficulties in filling training places in Psychiatry, Paediatrics and Emergency Medicine where there are already vacancies in SAS and consultant roles
  - Shortages in Healthcare of Older People, Stroke, Radiology and Oncology
  - Outsourcing of simple planned procedures to other providers in specialties such as Gynaecology has led to a loss of medical training capacity locally that will impact on the future supply of consultants if mitigating actions aren't taken.

- Requirement in GPFV and MHFV to increase numbers of staff in these areas, e.g. 77 more GPs by 2020, 66 more IAPT practitioners by 2021, 30 CYP MH workers, 23 MH crisis workers, 28 EIP practitioners and 11 perinatal MH specialists.
- System wide reliance on agency staff – both a financial issue and clinical risk. The three NHS providers in Nottinghamshire spent c.£40m on agency staff in 2018/19.
- Over a quarter of ICS workforce are over 50 years of age. Over 30% of the Mental Health & LD workforce are over the age of 50.
- The overall turnover for Nottingham and Nottinghamshire ICS is 12.44%, and the voluntary turnover is 7.45%. The highest turnover is across the Planned Care workstream (17.77%).

Health and wellbeing

- Sickness absence higher than the national NHS average (4.4% vs 4.2%), with CityCare (5.6%) and Notts Healthcare (5.4%) both higher than the national average (4.2%), regional average (4.5%) and average for the type of organisation (4.7%/4.8%)
- 57% of the workforce agree/strongly agree that they would recommend their organistation as a place to work

Estates

- LIFT and PFI Estate across the system – high quality, commercial estate
- Utilisation issues (clinical v non clinical and unoccupied estate) of high quality, commercial estate i.e. PFI and LIFT
- System is not meeting Naylor target to create disposals/opportunities for regeneration schemes
- In year capacity pressures create need for urgent short term actions e.g. theatres and bed capacity
- Aging estate with high level of backlog maintenance e.g. City Hospital and QMC
- Ability to drive local investment in capital is limited due to system financial position

316 health buildings including 115 GP owned buildings

£171m annual running costs

£168m backlog maintenance requirement (£110m is high risk)

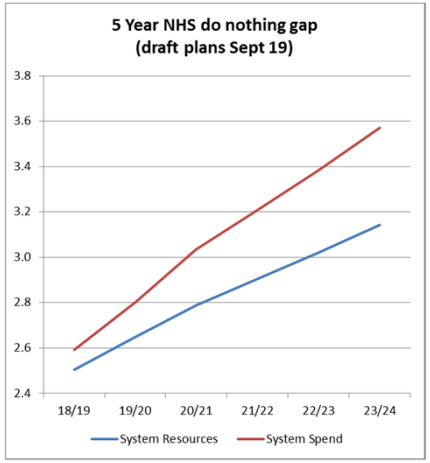
Three acute hospital sites (QMC, Nottingham City Hospital and Kings Mill Hospital represent 70% of the estate running cost and over 80% of the backlog maintenance requirement

The challenges we face – Resource Utilisation

If we do not address these challenges and continue to deliver care as we currently do, over the next 5 years we are forecasting a financial gap of £430 million

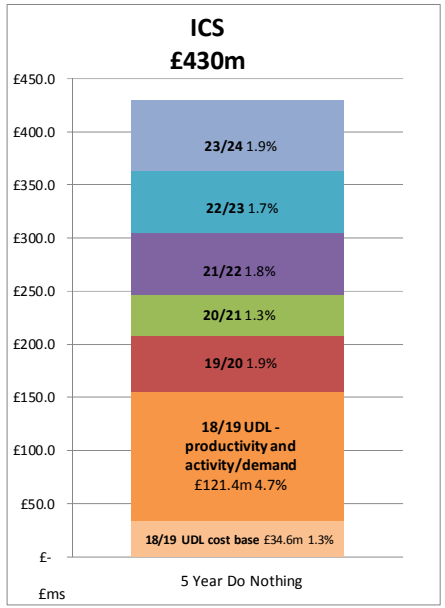
Finance

- The system has a challenging financial positon, with an operational plan for 2019/20 of £65.7 million in year deficit. Key pressures are growth in activity/demand (health and social care), provider pay costs and non-delivery of saving & efficiency programmes.
- The system has a higher levels of fixed costs in comparison to other systems due to PFI costs.
- Our original STP plan (2016) identified a five-year finance and efficiency gap of £628 million (£473 million Health and £155 million Social Care).
- Health figures have been updated for the LTP Implementation Framework. Over the next five years NHS system resources will increase by 26% to £3.2 billion, however costs are expected to increase by over 37%.
- The do nothing five year gap is £430 million before marginal rate emergency threshold (MRET), provider sustainability funding (PSF) and financial recovery fund (FRF). This is a realistic do nothing position NOT a downside scenario.
- There are three areas that are driving this financial gap:
  - Underlying recurrent deficit across all organisations (UDL), this is due to cost base pressures and under delivery of productivity/pathway changes
  - Under delivery of required productivity and efficiency requirements
  - Continuing activity and demand pressures
- NHS is implementing a new financial framework for providers and commissioners and it is expected that in future years we will move away from control totals and sustainability funding.
- The local financial model will include Local Authority. This will be added to future iterations as information becomes available



The system is facing a financial challenge of £430 million over the next five years
(based on a do nothing scenario i.e. continue to deliver care as we currently do)

Over the next five years we must address our underlying deficit, delivery productivity & efficiency requirements and transform the way we deliver care to meet growing demand



The challenges we face - Conclusion

We have a set of interrelated challenges with a reinforcing effect on each other that we must address as an integrated care system

Health and Wellbeing

- More people are living longer in poor health - therefore the period in people's lives when they require health and social care support is steadily rising
- Long Terms Conditions account around 50% of GP appointments, 64% of outpatient appointments, and 70% of hospital bed days – much of this care could be avoided by 'upstream' interventions
- The proportion of those aged 65 and over with four or more diseases is set to double by 2035, with around a third having a mental health problem.
- There is a 22% increase forecast n people living with diabetes across the ICS between 2015 & 2035.
- People from more deprived communities or are part of certain groups (e.g. severe mental health or learning disabilities spend more of their lives in ill health.
- Cancer, Circulatory and Respiratory disease have the highest percentage contribution to the overall life expectancy gap between most and least deprived.
- Our deprived communities have greatest exposure to factors that impact adversely on health – these underpin lifestyle risk factors (smoking, inactivity and diet) and mental health inequalities.

Service Provision

- Our current health and care services have been set up to help sick people get well, often in a hospital setting (reactive episodic care).
- We do not routinely and systematically identify and support people with ongoing needs - often we do not know about these needs until people reach a crisis point.
- Increase in 111 calls where patients recommended to go to A&E and increase in no. of calls with a disposition 'ambulance dispatch'. EMAS calls and increase in ambulance conveyance to A&E. A&E performance remains on going challenge.
- Around 20% of hospital admissions and 50% of bed days could be provided in an alternative setting if appropriate services were available.
- Performance concerns relating to mental health provision (IAP, CYP, EIP) and a lack of pace delivering service transformation (out of area placements, hospital liaison services and crisis support) - mental health service users account for 19% of all A&E attendances and 26% of all unplanned hospital admissions.
- Difficulties meeting 62 day cancer standard and failing to meet 31 day standard - screening rate lower than national av. in the City for bowel/breast/ cervical.
- Increasing pressure on General Practice - increased demand; push for extended hours; complexity of patients; inability to attract/retain workforce; financial sustainability

Resource utilisation

- Workforce shortages and a decrease in the number of training places has led to increases in vacancy in the registered nursing workforce and medical staff.
- System wide reliance on agency staff – both a financial issue and clinical risk. The three NHS providers in Nottinghamshire spent c.£40m on agency staff in 2018/19.
- Over a quarter of ICS workforce are over 50 years of age (over 30% of the Mental Health & LD workforce)
- Sickness absence higher than the national NHS average.
- High quality LIFT and PFI premises exist across the system, including a substantial proportion of an acute hospital site, however their utilisation is not optimised.
- Aging estate with a high level of backlog maintenance – three main acute hospital sites represent 70% of the estate running cost and over 80% of the backlog maintenance.
- NHS system resources expected to increase by 26% over next 5 years, NHS system costs projected to increase by over 37% over next 5 years.
- ICS has higher levels of fixed costs in comparison to other systems due to PFI costs.
- Health forecasting a 5 year 'do nothing' deficit of £430m (before MRET, PSF and FRF), key drivers are underlying recurrent deficit, non delivery of savings & efficiency programmes and increasing activity/demand.

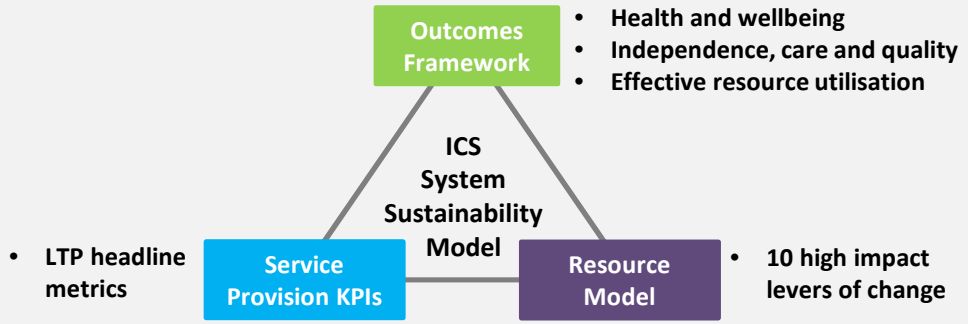
(2) Our System Sustainability Model

To address the challenges we face as an integrated care system (ICS) we have developed a system sustainability model. This acts as a framework for the priorities, actions and investments for the whole system and its constituent partners. It also defines our success in improving the health, wellbeing and independence of our citizens and transforming the way health and care is provided

This is comprised of three interconnected components:

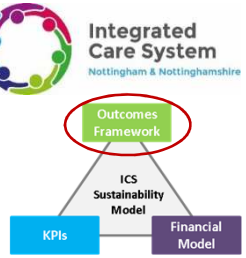
- System Outcomes Framework
- Service Provision KPIs
- System Financial Sustainability model

Our vision for the ICS is ambitious. Across Nottinghamshire, we seek to both increase the duration of people's lives and to improve those additional years, allowing people to live longer, happier, healthier and more independently into their old age



Our vision and system level outcomes framework

Based on the challenges we face, we have set an ambitious vision for our ICS that describes what we aspire to achieve for our population



Our vision for the ICS is ambitious: Across Nottinghamshire, we seek to both increase the duration of people's lives and to improve those additional years, allowing people to live longer, happier, healthier and more independently into their old age

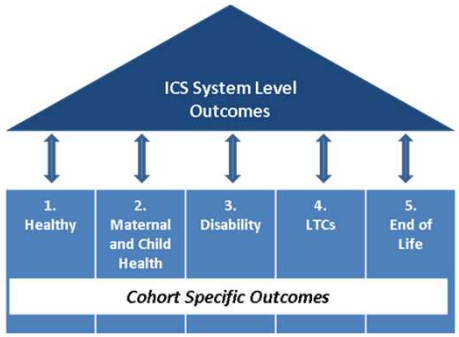
Purpose of our System Level Outcomes Framework

To provide a clear view of our success as an integrated Care System focused on population health we have developed a system level outcomes framework that all partners across the system will work together to jointly to deliver. Through this framework we will show:

- How outcomes for citizens are being achieved across the system;
- Focus plans and inform priorities through clearly articulated measures; and
- Support organisations to work as one health and social care system to deliver impact and continually improve.

The Framework sets out the short, medium and long term outcomes the whole ICS will work together to achieve, and supports strategic planning by ensuring system improvement priorities and investment enable achievement of the outcomes. Our framework reflects a commitment that everyone should have the opportunity to make choices that support independence and wellbeing.

As our ICS continues to move away from a system based on an individual's service utilisation at a point in time to one based on population health delivering outcomes for segments of the population with similar needs , the ICS System Level Outcomes Framework will also act as the 'anchor point' for shaping what the outcomes for each of the population segments should be.



The System Level Outcomes Framework Design

Our ICS System Level Outcomes Framework is based on the triple aim (improved health and wellbeing, transformed quality of care, and sustainable finances) and the priorities within the Health and Wellbeing Board Strategies. The Health and Wellbeing Board strategies are informed by the needs of our population and have undergone consultation and engagement with local health and social care stakeholders and the public.

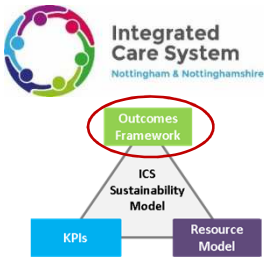
The system level outcomes framework structure reflects the different timeframes over which system level outcomes relating to these ambitions can be tracked and improvements observed, and is based on the assumption that improvements in outcomes that can be measured in the short and medium term will build a strong foundation to drive achievement and deliverability of our long term ambitions.

Domain	3 domains High level grouping or classification based on the triple aim: **Health and Wellbeing** — The impact of health and care services on the health of our population **Independence, care, quality** — The overall quality of care and life our service users are able to have and their experiences of our health and care services **Effective resource utilisation** — The state of our health and care infrastructure and its ability to deliver quality care and improve health and wellbeing long term
Ambition	10 ambitions High level aspiring ambitions for our Nottingham and Nottinghamshire population mapped against the 3 domains
Outcome	28 outcomes System level outcomes and results our health and care system will aim to achieve to deliver our ambitions
Measure	Indicators to demonstrate progress towards or achievement (or not) of our outcomes

Our system outcomes framework continues to evolve and refine to ensure it both meets the needs of the local ICS as well as local and national requirements on Integrated Care Systems.

Our System Outcomes Framework

The purpose of the ICS System Level Outcomes Framework is to provide a clear view of our success as an Integrated Care System in improving the health, wellbeing and independence of our residents and transforming the way the health and care system operates



Health and Wellbeing

Ambition	System Level Outcome
Our people live longer, healthier lives	• Increase in life expectancy • Increase in healthy life expectancy • Increase in life expectancy at birth in lower deprivation quintiles
Our children have a good start in life	• Reduction in infant mortality • Increase in school readiness • Reduction in smoking prevalence at time of delivery
Our people and families are resilient and have good health and wellbeing	• Reduction in illness and disease prevalence • Narrow the gap in the onset of multiple morbidities between the poorest and wealthiest sections of the population • Increase the number of people who have the support to self-care and self-manage and improve their health and wellbeing
Our people will enjoy healthy and independent ageing at home or in their communities for longer	• Reduction in premature mortality • Reduction in potential years of life lost • Increase in early identification and early diagnosis

Independence, Care and Quality

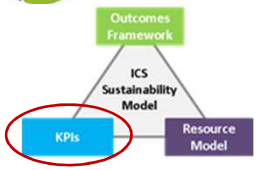
Ambition	System Level Outcome
Our people will have equitable access to the right care at the right time in the right place	• Reduction in avoidable and unplanned admissions to hospital and care homes • Increase in appropriate access to primary and community based health and care services • Increase in the number of people being cared for in appropriate care settings
Our services meet the needs of our people in a positive way	• Increase in the proportion of people reporting high satisfaction with the service they receive • Increase in the proportion of people reporting their needs are met • Increase in the number of people that report having choice, control and dignity over their care and support
Our people with care and support needs and their carers have a good quality of life	• Increase in quality of life for people with care needs • Increase in appropriate and effective care for people who are coming to the end of their lives

Effective Resource Utilisation

Ambition	System Level Outcome
Our system is in financial balance	• Financial control total achieved • Transformation target delivered
Our system has a sustainable infrastructure	• Increase in the total use and appropriate utilisation of our estate • Alignment of capital spending for new and pre-existing estate proposals with clinical and service improvement objectives • Increase in collaborative data and information systems
Our teams work in a positive, supportive environment and have the skills, confidence and resources to deliver high quality care and support to our population	• Sustainable teams with skill mix designed around our population and mechanisms to deploy them flexibly to respond to care & support needs • Increase in skills, knowledge and confidence to take every opportunity to support people to self-care and take a flexible, holistic approach to people's needs with a strong focus on prevention and personalised care • Increase in the number of people reporting a positive and rewarding experience working and training in the Nottinghamshire health and care system

Slide to be updated

Integrated Care System
Nottingham & Nottinghamshire



Our Key Performance Indicator Framework

Our system's key performance indicators are aligned to the headline metrics set out in the NHS Long Term Plan, we have set trajectories for these over the period of this plan

Each of our system priorities and programmes also have a set of metrics aligned to the NHS Long Term Plan

LTP Section	Potential Measure description	Target	18/19	19/20	20/21	21/22	22/23	23/24
Prevention	Population vaccination coverage – MMR for two doses (5 years old)		86.9%					
	Measure that reflects the inequalities focus of local plans – measure to be confirmed	Metric not yet defined						
	Coverage of ACTs – percentage of hospitals with the highest rate of alcohol dependence-related admissions with ACTs in place	100%	0%	0%	100%	100%	100%	100%
	Number of people supported through the NHS Diabetes Prevention programme							
	Percentage of people admitted to hospital who smoke offered NHS funded tobacco treatment services							
Urgent & Emergency Care	Community rapid response 2 hour/2 day measure to be confirmed	Metric not yet defined						
	Percentage of non-elective activity treated as Same Day Emergency Care cases	33.0% by 2023/24	27.9%	26.4%	27.8%	29.3%	30.7%	**32.9%**
	Percentage of patients in A&E transferred, discharged or admitted within four hours							
Mental Health	Number of people accessing IAPT services		20,460	22,981				
	Number of children and young people accessing NHS funded mental health services		5,070					
	Mental health access standards once agreed	Metric not yet defined						
Value, Resilience & Sustainability	Percentage of patients with incomplete pathway waiting 18 weeks or less to start consultant led treatment		92.2%	92.6%				
	Patients waiting more than 52 weeks to start consultant-led treatment							
	Elective waiting list size		58,509	56,751				
	Percentage reduction in the number of face to face outpatient attendances							
	Measure on reduction in unwarranted variation achieved by the NHS							
Cancer	Bowel screening coverage, aged 60-74, screened in last 30 months		62.4%					
	Breast screening coverage, females aged 50-70, screened in last 36 months		68.2%					
	Cervical screening coverage, females aged 25-64, attending screening within target period (3.5 or 5.5 years)		76.6%					
	Proportion of cancers diagnosed at stages 1 or 2							
	Proportion of people that survive cancer for at least 1 year and 5 years after diagnosis							
	Percentage of patients starting cancer treatment within 62 days of GP referral		82.4%	86.1%				

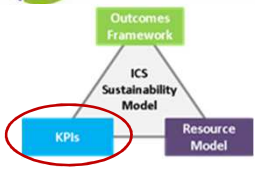
Slide to be updated

Integrated Care System
Nottingham & Nottinghamshire

Our Key Performance Indicator Framework

Our system's key performance indicators are aligned to the headline metrics set out in the NHS Long Term Plan, we have set trajectories for these over the period of this plan

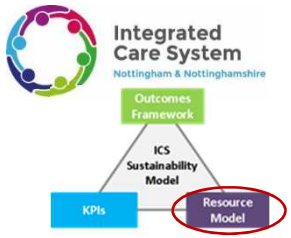
Each of our system priorities and programmes also have a set of metrics aligned to the NHS Long Term Plan



LTP Section	Potential Measure description	Target	18/19	19/20	20/21	21/22	22/23	23/24
Maternity	Reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury, based on MBRRACE data							
Learning Disabilities & Autism	Reliance on specialist inpatient care for people with a learning disability and/or autism (inpatient rate per million popn)		12.85	12.85	12.85	12.85	12.85	12.85
	Proportion of people with a learning disability on the GP register receiving an annual health check							
Other	Percentage of population covered by ICS	100%	100%	100%	100%	100%	100%	100%
	Proportion of providers with an outstanding or good rating from the CQC for the "well led" domain							
Primary Care	GP contract / Primary Care Network Patient reported access measure – measure to be confirmed*							
	Proportion of the population with access to online consultations							
	Access to general practice appointments							
Workforce	Staff retention rate							
	Workforce diversity measure to be agreed	Metric not yet defined						
	Number of GPs employed by NHS		881					
	Number of FTEs, above baseline, in the Primary Care Network additional role reimbursement scheme							
	Nurse vacancy rate							
	Staff well-being measure to be agreed as part of the People Plan	Metric not yet defined						
	Sickness absence							
Digital	Proportion of population registered to use NHS App		0.3%	7.0%	15.0%	25.0%	35.0%	50.0%
Finance	Percentage of overall NHS revenue spent on primary medical and community health services							
	Percentage of overall NHS revenue funding spent on mental health services							
	Percentage of organisations in financial balance							
	Aggregate forecast end of year financial position of providers, commissioners and NHSE central budgets against agreed budgetary limits							
	Total Cash releasing productivity growth (covering acute, mental health and community providers initially)							
	Cost weighted non-elective activity growth							
	[To be confirmed following the Spending Review and the development of the new NHS capital regime]	Metric not yet defined						

Our Resource Sustainability Model

Our system financial model looks at what would be needed to deliver a financially sustainable system for the future



Financial Sustainability Model

- Our five-year plan needs to deliver the requirements of the Long Term Plan, this includes **addressing the current challenges** in the system.
- Our 5 year projections clearly demonstrate our system **cannot resource the do nothing scenario** – limiting factors are workforce, funding and operational capacity.
- The model incorporates the **five financial tests included in the Long Term Plan** :

  1 **Financial Balance**

  2 **Productivity** (cash releasing)

  3 Actions to **support appropriate reductions in activity** (through better integration and prevention)

  4 **Reduce variation in organisational performance**

  5 **Maximise capital investment and assets**

10 high level levers

We have identified 10 high level levers that will change the level of resource (finance, workforce and capacity) needed by the system to deliver sustainable services for the population we serve.

Lever	Description	Scale and trajectory	Gross Savings £m Savings Range (against do nothing plan)		Financial Tests (LTP)				
					1	2	3	4	5
1	Keep people safe and well in their own home and communities and **reduce the need for emergency attendances at hospital** (type 1 A&E attendances and non-elective admissions)	Type 1 A&E without admissions grow by 2.9% in 2020-22 and 1% in 2022-24 Non-elective admissions grow by 2.3% in 2020-22 and 0% in 2022-24	65	75	✔ ✔		✔ ✔		
2	**Reduce inappropriate attendances at A&E departments** through public education and providing alternatives (Minor A&E attendances)	Type 3 A&E grow by 1.5% in 2020-22 and 0% in 2022-24	1	3	✔		✔		
3	Reduce pressures on acute services by ensuring these **beds are only used for clinically appropriate patients through optimal length of stay and integrated discharge** (NEL OBDs)	Reduction in non-elective occupied bed days by 20% over 2020-24	30	40	✔		✔		
4	Deliver care closer to home for **Mental Health Out of Area Placements (OAPs)**	Reduce mental health out of area placements to zero	5	9	✔			✔	
5	Deliver increased value across the system – **Optimise Medicine Spend**	Reduce spend on medicine by 20%	35	40	✔	✔		✔	
6	Deliver increased value across the system – **Reduction in outpatient appointments** through reprovision in alternative ways and reductions in inappropriate appointments	Reduce face to face outpatient appointments by 30%	25	40	✔	✔			
7	Deliver increased value across the system – **Business as usual efficiencies (BAU)** providers and commissioners	Increase productivity across CHC, pathology and other	50	100	✔	✔		✔	
8	Deliver increased value across the system – **Estates and back office**	25% reduction in estates cost (excludes fixed points) Deliver national admin. savings requirement (LTP)	30	35	✔ ✔	 ✔			✔
9	Estimated full year recurrent delivery of **2019/20 transformational plans (QIPP/CIP)**	Maximise recurrent delivery of 2019/20 QIPP and CIP Plans (M4)	90	115	✔	✔	✔	✔	✔
10	Service benefit reviews – Including review of the **core offer**	To be confirmed	-	-	✔				
			331	457					

Our system architecture for delivering our sustainability model

Our Integrated Care System (ICS) bring together NHS organisations, local authorities, voluntary services and other key partners within Nottingham and Nottinghamshire

The ICS will focus on achieving the best possible health and care services for the entire population, as well as for specific populations and neighbourhoods.

At the same time as enabling a more strategic approach, there will be a greater clinical focus on healthcare within specific neighbourhoods through the creation of Primary Care Networks (PCNs). The PCNs across Nottingham and Nottinghamshire will in turn be aligned to one of three Integrated Care Providers to collaborate across a wider area in delivering and improving healthcare services.

The changes also aim to make the NHS more efficient and effective by reducing unnecessary duplication and by placing clinical and other valuable resources closer to the front-line In the future the new Primary Care Networks and Integrated Care Providers will take on some of the existing responsibilities of the CCGs, for example leading the transformation of care pathways and creating a more comprehensive, personalised offer for local healthcare.

Primary Care Networks (PCNs) - NEIGHBOURHOODS

As well as having a view of healthcare across the overall area, it is equally essential that we maintain our focus on local needs within a specific neighbourhood or population. Primary Care Networks (PCNs) are being set up to do exactly that. Around 20 new PCNs will be set up across our area so that organisations providing healthcare services at a local level can work even better together.

PCNs will consist of groups of general practices working together with a range of local providers, including primary care and community services, mental health, social care and the voluntary sector. Through these networks, local health and care providers will focus on delivering more personalised, coordinated health and social care to meet the needs of their particular neighbourhood.

PCNs will be led by clinicians and will be appropriately funded, resourced and supported. They will be aligned to one of three Integrated Care Providers (ICPs) according to their geographical location.

Integrated Care Providers (ICPs) - PLACE

All PCNs will belong to one of three Integrated Care Providers (ICPs). These will serve wider populations living within the geographical areas of Nottingham City, Mid-Nottinghamshire* and South Nottinghamshire**. These areas reflect local authority boundaries overall, and build on existing collaborations and alliances which have proven to work well.

ICPs are alliances of health and care providers, including PCNs, that will work together to deliver care by agreeing to collaborate rather than compete. They will be responsible for the cost, quality and consistency of services for the population they oversee. They will develop better pathways of care for patients and more effective ways of working together. Like PCNs at a neighbourhood level, ICPs will inform commissioning decisions relating to the area they serve.

* Mid-Nottinghamshire: Ashfield, Mansfield, Newark and Sherwood
** South Nottinghamshire: Broxtowe, Gedling and Rushcliffe

Our Integrated Care System (ICS) - SYSTEM

The NHS is not the only body that plays a key role in influencing and responding to people's health and wellbeing. For example, local authorities are a major partner because they provide social care, public health and other services which influence the health and wellbeing of the population. Other important partners include voluntary services and the independent sector.

Under the new changes, NHS, local authorities and other key organisations will form a partnership across a designated geography, called an 'Integrated Care System' or 'ICS'. Locally, our ICS covers the geography of Nottingham and Nottinghamshire excluding Bassetlaw, which is historically aligned to services within South Yorkshire. Together, partners within the ICS will focus on ensuring the best possible health and care services both across the entire area, as well as for specific populations and neighbourhoods.

An ICS organisation will provide clinical and administrative expertise to support health and care partners in working together effectively across the area. It will also take the lead on workforce planning and play a regulatory role.

(3) Our system priorities

To address the challenges we face, underpin the delivery of our System Sustainability Model and deliver the commitments set out in the NHS LTP we have agreed five priorities and five enablers for our Integrated Care System

Priorities

1. Prevention and wider determinants of health
2. Proactive care, self-management and personalisation
3. Urgent and emergency care
4. Mental health
5. Value, resilience and sustainability

\+ Other LTP must dos

Priority Enablers

1. Primary Care
2. People and Culture
3. Information, analytics and digital
4. System financial management and payment models
5. System leadership, governance and oversight

Our strategic priorities to deliver our system sustainability model

To address the challenges we face and deliver our system sustainability model we have identified five priorities and five priority enablers for our ICS. These form the core of our 5 year plan…

Our ICS Priorities

Our plan is focussed on the areas where we believe are most important to address the challenges we face and deliver our sustainability model. Our main effort over the next five years is focussed on breaking down traditional silos in care and establishing, embedding and optimising integrated care models that ensure people are cared for in the most appropriate setting for their need whilst ensuring optimal use of available resources.

Our priorities strongly align and reflect core components of the Long Term Plan and its investment priorities. Underpinning our five priorities are five key enablers that are fundamental to their success.

Enabler Priority	Primary Care	People and Culture	Data, Analytics, Information and Digital Technology	System financial management & payment models	System leadership, governance & oversight
Service Priority 1	**Prevention, inequalities and wider determinants of health** *More action on and improvements in the upstream prevention of avoidable illness and its exacerbations*				
Service Priority 2	**Proactive care, self-management and personalisation** *Improve support to people at risk of and living with long term conditions and disabilities through greater proactive care, self-management and personalisation*				
Service Priority 3	**Urgent and Emergency Care** *Redesign the urgent and emergency care system, including integrated primary care models, to ensure timely care in the most appropriate setting*				
Service Priority 4	**Mental Health** *Re-shape and transform services and other interventions so they better respond to the mental health and care needs of the population*				
Service Priority 5	**Value, resilience and sustainability** *Deliver increased value, resilience and sustainability across the system (including estates)*				
Other LTP	**Other LTP 'must-dos' – Cancer, Planned Care, Maternity, LD and Autism**				

Our focus in 19/20 and 20/21

Our system priorities provide the focus of our change and transformation efforts over the next five years, within each we have prioritised a number of areas for the shorter term to ensure we have a solid foundation to build on

Service Priority	Our focus in 19/20 and 20/21
Prevention, inequalities and wider determinants of health	• **Inequalities** - diagnostic of place based approaches to health inequalities and map interventions against the Population Intervention Triangle • **Smoking** - Target cessation services on low income earners, MH patients, pregnancy and all inpatients and users of high risk OP services who smoke • **Alcohol** - Systematic approach to intervention & brief advice , case management of high volume service users and Alcohol Care Teams established
Proactive care, self-management and personalisation	• **GP registers** - up to date for key patient cohorts; frailty, dementia, CVD, COPD/Respiratory, diabetes, EoL, high intensity users (HIU), MH, LD • **MDTs/ care coordinators** - consistent model embedded across ICS focused on 'top 20%' of key cohorts with clear performance KPIs established • **Condition management** – increase referrals from MDTs and optimise current programme delivery, uptake and completion for key cohorts
Urgent and emergency care	• **Community crisis response** - consistent community crisis model embedded across the system with 2hr response and access to 'step-up' beds • **Integrated urgent care service** - Clinical Assessment Service to move from hear and refer' to a 'consult and complete' model • **Ambulance conveyance** - reduce rates through a variety of mechanisms and reduce handover times, working in partnership with EMAS. • **SDEC** - Comprehensive model embedded in both medical and surgical specialties across the system, including acute frailty services • **Bed utilisation** - embed proactive approach including advanced digital tool to track capacity and flow to allow dynamic management • **Integrated discharge function** - establish consistent system wide function with interdependencies between organisations/teams clearly defined and sufficient 'step-down' capacity available
Mental Health	• **Physical health checks** – delivery as a core part of community health and care model • **IAPT** - improve and expand access to IAPT services • **Children & young people** - increased access to support via school/college based Mental Health Support Teams and increased crisis service provision • **Community Mental Health Teams** - stabilise and bolster core services and develop new care model based on local need and national pilots • **Adult crisis services** – 100% coverage of adult crisis home treatment teams, MH liaison services meet 'core 24' and crisis alternatives provided • **Out of area placements** – inappropriate placements eliminated
Value, resilience and sustainability	• **Clinical productivity** – continue to focus on workforce productivity, outpatient transformation to avoid a significant number of face-to face outpatient visits and ensuring patients have the choice of a quick telephone or online consultation with their GP, saving time waiting and travelling • **Evidenced based pathways and interventions** - Continue to bring together clinicians and managers to develop and implement appropriately standardised evidence based pathways (Clinical Services Strategy - prioritised a further 15 pathways for 20/21), review implementation of national Evidence Based Interventions Programme and continue to streamline benchmarking and opportunities data • **Improvement in value, quality and patient safety** - Invest in Quality Improvement to ensure our staff have the skills and methodology to simultaneously improve care and reduce costs and implement a systematic approach to value improvement using reliable and valid methods • **Medicines Value Programme** – continue to implement medicines value programme • **Development of pathology and diagnostic imaging networks** - Ensure all our pathology services are part of a pathology network • **Best use of assets and capital investment-** improve asset utilisation across acute, primary care and community, reduce transactional costs of managing estate , develop business case to support transfer of properties to local system and develop long-term system capital plan • **Reduce administration costs** - proposed merger of Nottinghamshire CCGs 1 April 2020, consider further options for shared functions across all levels of the system and movement to new contract/payment mechanisms (reduced transactional costs)

System Sustainability Model elements impacted by Initiatives
▲ System Outcomes ▲ Headline KPIs ▲ Resource Model

Integrated Care System
Nottingham & Nottinghamshire

Service Priority 1

Prevention, inequalities and the wider determinants of health

We will continue to focus more actions on and improvements in the prevention of avoidable illness and its exacerbation and reducing inequalities, with an initial focus on tobacco and alcohol related harm

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
NHS Action on Health Inequalities ▲ ▲ ▲	• Accepted as a strategic priority at ICS level • Alignment of actions with H&WB progressed • ICP plans focussing on inequalities • JSNA and RightCare inform commissioning	• Detailed diagnostic in relation to place based approach to health inequalities ✓ • Interventions mapped against Population Intervention Triangle to demonstrate actions ✓ • Population Health Management focused on key inequalities CVD, respiratory cancer, alcohol, tobacco, diet • Scale up focussed/targeted work based on population profiles at PCN and ICP level and ICS priorities
Tobacco and Related Harm ▲ ▲ ▲	• Notts CC - new Integrated Wellbeing Service • Nott. City targeting pregnant/post-natal women, adults with MH and substance misuse issues and LTCs • Health & LA services not fully joined up • Piloting NHSE smoking in pregnancy scheme • ICPs and PCNs adopting priority	• Priority cohorts identified as mental health , low income earners and smoking in pregnancy (inc partners) ✓ • ICP & PCN local, targeted plans relevant to population/priority groups (as above) + ICS wide campaigns ✓ • Pilot NHS England smoking in pregnancy programme in relation to incentives ✓ • All inpatients and users of high risk OP services who smoke offered access to NHS stop smoking services ✓ • Commission a hub and spoke model that is integrated across health and local authorities • Integrating smoking cessation pathways through PHM/e-healthscope/ My NHS App • Evidence based approach to e-cigarettes and vaping as an alternative – to take up PHE recommendations
Alcohol Related Harm ▲ ▲ ▲	• System adopted as a prevention priority • Alcohol in ICS MOU with NHSE • Understanding across citizens on national guidance/units /wider risks to health is low • Identification and Brief Advice (IBA) not systematically and consistently provided • Identification/case management of high volume service users can be improved.	• Systematic approach to IBA - targeted approach at ICP and PCN levels as well as within organisations ✓ • Robust case management of high volume service users across providers, including in EDs ✓ • Establish Alcohol Care Teams to support entry into appropriate support and treatment ✓ • Informed population, skilled and supported workforce, right conversation at right time, sharing information, Increase population understanding of impacts/risks through local campaigns alongside national work • Integrate Employee Health & Wellbeing actions –systematic approach across c.35k staff • Influence local/national policy for preventing alcohol harm - health in all policies across all partners
Diet and Physical Inactivity ▲ ▲ ▲	• Diabetes Prevention Programme implemented and exceeding targets • Tiers 1 to 4 weight management services commissioned. Gap in Tier 3 services for children with severe obesity. • Physical inactivity programmes partly in place	• Continue to promote Diabetes Prevention Programme • Pilot site for enhanced weight management support for those with BMI of 30+ with type 2 diabetes/ hypert. • Further develop plans at ICP level, including expansion of pilots, focussed on addressing inequalities, targeted approach through pilots in years 1&2 followed by evaluation and roll-out in subsequent years • Taking forward Health in All Policies across all partners • Integration of tiers 1 and 2 with 3 and 4 in order to provide a system wide approach to weight management
Children and Young People ▲ ▲	• ICS CYP Prevention sub-group • ICS 5 year plan aligned with CYP H&WB plans • Targeted work on Imms and Vaccs	• Focus on children aged 1 year and over incl. being a test site for enhanced Tier 3 services for severe obesity • Develop and implement plans to improve school readiness – aligning NHS and LA plans • Establish ICS framework for healthy weight initiative
Healthy communities	• Have an Air Quality Strategy to 2028	• Ongoing support to delivery of Air Quality Strategy
Antimicrobial Resistance	• Action plan exists, cross organisation working	• Target groups where highest demand for/reliance on antibiotics, near patient diagnostic test

System Sustainability Model elements impacted by Initiatives
▲ System Outcomes ▲ Headline KPIs ▲ Resource Model

Integrated Care System
Nottingham & Nottinghamshire

Service Priority 2

Proactive care, self-management and personalisation

We will build on the knowledge, learning and experience gained through our local MDT, Personalisation and Care Home Vanguards to embed and roll these out across our system

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Segmentation and risk stratification ▲ ▲	• Completeness of GP registers variable • Segmentation approach agreed across system • Electronic tool that draws on best practice (e.g. electronic frailty index) available to all GP practices through existing systems - variable understanding /uptake/approach to utilisation	• Ongoing programme of GP register updates embedded across all practices focussed on key patient cohorts (frailty, dementia, CVD, COPD/Respiratory, diabetes, end of life (EoL), high intensity users (HIU), MH, LD) ✓ • Electronic risk strat. tool embed in all practices based on best practice ✓; ongoing development through additional data feeds e.g. import of eCGA from acutes, community Rockwood scores and home devices • Risk stratification focused on 'top 20%' of key cohorts (above) ✓ - moving to 100% of population • Sufficient capacity to analyse/filter stratification output supported by digital technology
Care coordination and MDTs (for populations of 30-50k) ▲ ▲	• Primary & Community integrated MDTs/care coordination in place across all practices in ICS • Different care models, standard operating procedures (SOP) and capacity in place • MDT/care coordination focus on top 2-5% • Local Integrated Accelerator Sites and Vanguards to share learning from and build on	• Consistent MDT/care coordinator model/SOP embedded across ICS ✓; anticipatory care spec. in place • Care coordinators case manage 'top 5%' and co-ordinate 'top 20%' to access care mang'mt. programmes ✓ • Transparent responsibility/accountability structure for MDTs and performance/results (KPIs) within each PCN defined, monitored and shared; PCNs support optimise MDT/care coordinator delivery ✓ • Expand MDTs in line with care model/standard operating model, capacity model and demand • Develop local role/care models for additional support to MDTs (community pharmacists, link workers, physician associates and physiotherapists) – on going programme of recruitment and evaluation
Disease and condition management programmes ▲ ▲	• Disease and condition management programmes in place across system, however provision is; fragmented, inequitable, not always based on best practice, do not optimise digital technology and self-care. • Uptake and completion rates are variable	• Increased support to 'top 20%' (moderate risk) cohort of patients from disease/condition management programmes, incl. self care, facilitated by MDTs/care coordinators ✓ • Optimise current programme delivery, uptake and completion prioritising those supporting frailty, dementia, CVD, diabetes, MSK, COPD/respiratory disease, EoL, HIU and carer support ✓ • Increase capacity, incl. through digital in condition/disease management programmes in line with optimised provision and local need e.g. echocardiography and pulmonary rehab.
Personalised care ▲ ▲	• Demonstrator site since 2018 focussed on cohorts relating to: continuing healthcare/ looked-after children/carers' breaks/joint funded budgets /Section 117/wheelchairs	• Focus on scaling-up and increasing pace of work to date. Personalised care expanded by focusing on key cohorts - LD, MH, Respiratory, Neurological, physical disability, older adults, CYP, diabetes and EoL. Personal health budgets focussed on wheelchairs, HIU and transforming care; scale up in individual funding requests, S117 and CHC fast track. Roll out shared decision making building on work complete don MSK and cancer.
Enhanced health in care homes (EHCH) ▲ ▲	• Nottingham City CCG & Rushcliffe CCG work with care homes are national exemplars • However, variation exists across the system that needs to be addressed	• All older people - Comprehensive Geriatric Assessment ,using red bags and supported by 'Significant 7' ✓ • Fully implement EHCH framework so every care home resident in ICS benefits from upgraded NHS support. • Whole system approach with partnership working at every level - focus on meds optimisation and care planning focussed on frailty, end of life, dementia, oral health, nutrition and hydration support • PCNs drive, embed and sustain improvements. Care homes engaged with PCNs and improvement efforts
Medication optimisation ▲ ▲	• Community pharmacists exist, however provision is variable/inequitable/not fully integrated	• All practices and MDTs benefit from a community pharmacist undertaking structured mediation reviews, improving medicine optimisation and safety, supporting care homes and running clinics – supported by IT decision support tools - PCNs tailored approach to delivery/model of care based on local context

System Sustainability Model elements impacted by Initiatives
▲System Outcomes ▲Headline KPIs ▲Resource Model

Integrated Care System
Nottingham & Nottinghamshire

Service Priority 2

Urgent and Emergency Care

We are undertaking significant improvements to deliver a standard core offer across the system that addresses our performance issues and meets the needs of the population.

NEED TO REFLECT STROKE PROVISION AND LINK TO LOCAL CSS

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Out of Hospital Urgent Care ▲ ▲ ▲	• Extended Hours Access in place (and same-day in hours access?) - limited networking of GP practices providing same day access • Single point of access for community crisis response (Call for Care) in 2 hour exists in Mid Nottinghamshire, different approaches across Greater Nottingham • Range of models in use to support community crisis response, including an Intensive Rapid Response Service and Intensive Support at Home initiative • Underutilised capacity 'step-up' community beds in Greater Nottingham	• PCNs provide same day access to through a network of practices and/or hubs. Out of Hours services will be either aligned or integrated • Implement Call for Care model across Greater Nottingham to allow more patients to benefit from 2 hour response care needs to avoid hospital admission ✓ • Consistent integrated community crisis model across system :response within two hours; providing a 'pull approach' by supporting active management of patients at front door of A&E ; bridge gaps in social care support and accelerate complex discharges into the community from hospital ✓ • Identified and commissioned capacity for 'step-up' community beds across the system, including up to date information on bed availability via digital tool ✓
Pre Hospital Urgent Care ▲ ▲ ▲	• Hear and Treat and See and Treat services in place, opportunities to develop further • Continuing to build data connectivity/use of information with Social care data • Detailed understanding of demand drivers and how services are working together e.g. 111, EMAS, GP out of hours. This is informing the procurement of Integrated Urgent Care Service • Development of front door approach at all key sites	• Integrated Urgent Care Service across the system comprising an integrated Clinical Assessment Service (CAS) and Urgent Treatment Centres. The CAS will move from a 'hear and refer' to a 'consult and complete' model. with the aim to close the majority of calls within its services or make direct booking into another service e.g. a GP surgery within a PCN or Urgent Treatment Centre✓ • Reduce ambulance conveyance rates through a variety of mechanisms, working in partnership with EMAS. Reduce ambulance handover times by adoption of new ambulance service protocols ✓ • Extend coverage of social care data access across the system including the ambulance service and Mental Health Liaison Service • Front door – any further developments?
Hospital Care – Flow and Right Place ▲ ▲ ▲	• Same Day Emergency Care (SDEC) model embedded in Mid Nottinghamshire (early adopter) and evolving in Greater Nottingham • Acute Frailty Services meeting service hours standards with plans to extend these further • Bed utilisation and point prevalence studies are used retrospectively to understand bed utilisation	• Comprehensive standardised model of Same Day Emergency Care (SDEC) embedded in both medical and surgical specialties across the system, including acute frailty services operating >70 hours/week, in reaching to A&E and achieving a frailty assessment within 30 minutes of arrival by a MDT delivering a comprehensive geriatric assessment ✓ • Embed proactive approach to bed utilisation including advanced digital tool to track capacity and flow to provide more timely information to allow dynamic management of capacity (supported by HSLI funding) ✓
Effective Integrated Discharge ▲ ▲ ▲	• Integrated discharge approaches in place at both acute providers including red/green day approach, discharge teams, daily 9am ward rounds • Trusted assessor pilot in Mid Nottinghamshire • Flexible transformational monies targeted at place based schemes e.g. HFID, IHS • Step down capacity not fully utilised	• Continue to build on integrated discharge approach/processes and embed (including output from trust assessor pilot) – establish consistent system wide integration function with interdependencies between organisations/teams clearly defined✓ • Evaluate transformational schemes (ROI and value impact) ✓ • Identified and commissioned capacity for across system for intensive step-down rehabilitation beds and less intensive step-down rehabilitation at home or 'beds with care' ✓

System Sustainability Model elements impacted by Initiatives
▲System Outcomes ▲Headline KPIs ▲Resource Model

Integrated Care System
Nottingham & Nottinghamshire

Service Priority 4

Mental Health

We will renew our commitment to invest in and transform mental health service to improve the quality of our service and the care they provide, and address the inequalities in mental health

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Prevention and the wider factors ▲	• TBC	• TBC
Implementing an approach focussing on the individual ▲ ▲	**SMI Physical Health Checks** • Recovery action plan in place • Working with PCNs - focus on practices with low % • Personalisation programme focused on personality disorders	**SMI Physical Health Checks** • Delivery of physical health checks core part of community health and care model, enabling community mental health services to offer support to those not on SMI registers, that require extra support ✓ • Follow-up delivery of or referral to appropriate NICE recommended interventions and personalised care planning, engagement and psychosocial support.
	IAPT services • Recovery action plan in place • IAPT – LPT pathway in place for pain and cancer • TBC	**IAPT services** • Access to IAPT expanded. Robust Step 2 pathways to increase throughput of patients underpinned by training to support staff retention and development. ✓ • Seamless pathways of referral between Step 4 and IAPT providers to manage clinical risk and ensure patients are not unnecessarily referred back to GPs ✓ • Ongoing focus on long term condition pathways into IAPT services (e.g. diabetes)
Improving access ▲ ▲	**Perinatal Mental Health** • IAPT self referral pathway developed to improve access for antenatal and postnatal women • Current provision of inpatient specialist perinatal mental health care – Mother and Baby Unit • Service currently meeting access standards. • Needs assessment and scoping of extended support offer underway	**Perinatal Mental Health** LINK TO LOCAL CSS • Service based on RCP guidance & NICE recommendations - additional capacity to increase access • Extend duration of care (12 to 24 months post birth) & provide partner assessment sign posting. • Service based on RCP guidance and provided by MDT that offers a range of NICE-recommended psychological therapies in antenatal/postnatal mental health, incl. pre-conception care & counselling. • A model of Maternity Outreach Clinics to provide support to women experiencing mental health difficulties directly arsing from/related to the maternity experience, underpinned by the evidence base and learning from other systems, developed in partnership with Primary Care Networks
	CYP Mental Health • Access: Review of current service model, pilots underway to inform new service model • Eating disorders: Waiting times being met for urgent referrals, near target for routine – service specification scheduled to be refreshed in 2019/20 • Crisis: Current service does not meet standards • 0-25: Transition processes in place between CAMHS and AMH, flexible transition being scoped	**CYP Mental Health** • Access: Increased access to support via NHS funded mental health services and school/college based Mental Health Support Teams – plans and services align to those for CYP with LD/autism/SEND/CYP services/justice ✓ • Eating disorders: Service access and waiting times delivered and maintained • Crisis: Coverage across ICS of 24/7 mental health crisis provision that combines crisis assessment, brief response and intensive home treatment functions ✓ (100% coverage by Yr.5) • 0-25: A comprehensive offer in place that reaches across CYP and adults

Mental Health

We will renew our commitment to invest in and transform mental health service to improve the quality of our service and the care they provide, and address the inequalities in mental health

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Improving access ▲ ▲ ▲	**Adult SMI Community Care** • CMHTs: Not able to offer timely access based on CCQI standards resulting in long waits and increased pressures across the services. • IPS: Service currently in place however resource levels vary across ICS, plans in development to align provision across the system and meet access standards • EIP: Access targets met, service not fully NICE compliant, new service model required	**Adult Severe Mental Illness (SMI) Community Care** • Stabilise and bolster core CMHT and develop new care model based on local need and national pilots ✓ • Implement new integrated model spanning community provision and dedicated services and increase access & capacity - thresholds removed so people can access care, treatment and support at earliest point of need Access to psychological therapies will be increased for people with psychosis, bipolar disorder and 'personality disorder'. These will be built around Primary Care Networks • IPS: Increased capacity for Individual Placement and Support – all services operate in line with fidelity to the stablished, evidence based model • EIP: New service model to deliver access targets, incl. a move to standalone services and increases in specific treatment pathways and physical health support. Service for 14-65yr olds and those with ARMS
	Mental Health Crisis Care and Liaison • Investment and transformation monies agreed combined with realignment of resources to develop core fidelity standard crisis services across ICS footprint by 2020/21. • Transformation funding also allocated to develop alternatives to Crisis such as Sanctuaries and Crisis Houses – implementation plan and transformation KPIs to be agreed.	**Mental Health Crisis Care and Liaison** • CYP crisis care: 100% coverage (by year 5) across ICS of 24/7 mental health crisis provision that combines crisis assessment, brief response and intensive home treatment functions ✓ • CRHTs: 100% coverage of adequately resourced 24/7 adult CRHHTs operating in line with best practice – likely to include jointly commissioned and/or delivered services with non-NHS partners ✓ • Liaison MH: All general hospitals have mental health liaison services meeting 'core 24' standard ✓ • Crisis alternatives: A range of complementary & alternative crisis services (sanctuaries, crisis houses etc) to A&E and admissions (including in VCSE/LA provided services) within all local mental health crisis pathways ✓ • Ambulance MH response: MH professionals working in ambulance control rooms, Integrated Urgent Care services, and providing on-scene response in line with clinical quality indicators. • Care via 111: Connection of urgent mental health services to IUC to access to crisis care 24/7 via NHS 111
	Therapeutic Acute MH Inpatient Care • OAPs: Substantial amount, recovery plan in place • Therapeutic offer: Current LoS 39 days	**Therapeutic Acute MH Inpatient Care** • OAPs: Inappropriate adult acute OAPs eliminated ✓ • Therapeutic offer: Improved therapeutic offer to improve patient outcomes and experience of inpatient care, and reduce average LoS in all adult acute inpatient MH settings (to an average of 32 days or fewer) ✓
	Suicide reduction and bereavement support • Strategy refreshed & action plan developed, bereavement support funding in place	**Suicide reduction and bereavement support** • Local suicide reduction programme in place, delivered in partnership with public health and local authorities. Infrastructure for bereavement support in place.
Provider Collaboratives ▲	• Awaiting input from specialist commissioning	• Awaiting input from specialist commissioning

Integrated Care System
Nottingham & Nottinghamshire

Service Priority 5

Value, resilience and sustainability

We will deliver increased value, resilience and sustainability across the system (including estates) through the implementation of ICS Sustainability Model (10 levers)

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Clinical productivity	• Providers driving workforce productivity, supported by workforce tools and evidence based approach • ICS is meeting the agency ceiling target • Outpatient transformation included in 2019/20 contracts as part of aligned incentive contracts (see planned care section) • Different referral models in place across the system • Targeted pathway development e.g. MSK, End of Life • ICS Elective Care workstream in place to review opportunities, supported by ICS Clinical Reference Group and RightCare Delivery Partner	• Continued focus on workforce productivity (aligned with People & Culture enabler) ✓ • Continue with outpatient transformation to avoid a significant number of face-to face outpatient visits (alternative models and reducing inappropriate activity – see planned care section) ✓ • Review current pathway models as national specifications/requirements are issued e.g. MSK first contact • Ensure all patients have the choice of a quick telephone or online consultation with their GP, saving time waiting and travelling ✓ • Ensure we optimise the separation of urgent from planned services to make it easier for hospitals to run efficient surgical services • Review current referral models , supported by referral best practice guidelines ✓ • Improve community minimum dataset for improvement in productivity and planning
Evidence based pathways and interventions	• Clinical Services Strategy – brings together clinicians and managers to develop standardised evidence based pathways (5 pathways in 19/20 – respiratory, CVD (stroke), maternity & neonatal, frailty and CYP) • ICS Medical Director leading an Innovation Exchange with AHSN • Implemented national statutory commissioning guidance from Evidence Based Interventions Programme • For 19/20 system plan developed an ICS Opportunities Pack, pulling together information from RightCare, GIRFT and Model Hospital. This supported the development of 19/20 Transformational Plans • Developing benchmarking packs for PCNs	• Continue to bring together clinicians and managers to develop and implement appropriately standardised evidence based pathways (Clinical Services Strategy - prioritised a further 15 pathways for 20/21) ✓ • Agree system wide actions, following Innovation Exchange with AHSN ✓ • Review implementation of national Evidence Based Interventions Programme and ensure it is consistently embedded across the system ✓ • Continue to streamline benchmarking and opportunities data, with appropriate reports at all levels of the system – to support clinically led transformation and value based decision making ✓
Improvement in value, quality and patient safety	• ICS Medical Director leading a work programme to develop approach/processes across the system to implement continuous quality improvement (CQI) and continuous value improvement (CVI) • Implemented a consistent approach for EQIA at planning footprint level for 19/20 system operational plan	Continue to build on our approach to quality and value improvement: • Implement the national Patient Safety Strategy which outlines how we will continue to improve patient safety, reduce harm and the substantial costs associated with it • Invest in Quality Improvement to ensure our staff have the skills and methodology to simultaneously improve care and reduce costs through clinically led programmes such as RightCare, and GIRFT ✓ • Implement a systematic approach to value improvement using reliable and valid methods of monitoring, analysis, evaluation and improvement of care delivery and system integration and synchronisation ✓

Integrated Care System
Nottingham & Nottinghamshire

Service Priority 5

Value, resilience and sustainability

We will deliver increased value, resilience and sustainability across the system (including estates) through the implementation of ICS Sustainability Model (10 levers)

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Medicines value programme	• As in previous years, organisational efficiency programmes include schemes for 19/20. Areas being targeted are medicines optimisation, high cost drugs, prescription processes, reduction of waste and self care	Continue to implement Medicines Value Programme: ✓ • Ensure all providers have implemented electronic prescribing systems (reduce errors) • Reduce the prescribing of low clinical value medicines and items which are readily available over the counter • Proactively manage spend on high cost drugs by utilising biosimilars where possible • Develop a single formulary • Develop incentive schemes at ICP/PCN level
Development of pathology and diagnostic imaging networks	• ICS Opportunities Pack has identified opportunities to deliver savings and efficiencies across pathology and diagnostics (up to £5 million). Agreed that this needs to be taken forward at a total system level and an SRO has been identified to work with the system to develop plans, oversight will be through the ICS Financial Sustainability Group	Support the development of pathology networks (by 2021) and diagnostic imaging networks (by 2023): • Ensure all our pathology services are part of a pathology network, which will mean quicker test turnaround times, improved access to more complex tests at a lower overall cost ✓ • Networks will provide better career opportunities for healthcare scientists and clinicians
Best use of assets and capital investment	• ICS Estates Planning Group established and has developed a system wide work programme • Consolidated baseline data for current estate and identified opportunities for savings • Consolidated existing organisational capital plans	System wide actions agreed: • to improve asset utilisation across acute, primary care and community ✓ • to rationalise non clinical estate, partly delivered through proposed CCG merger • to reduce transactional costs of managing estate , develop business case to support transfer of properties to local system ✓ • to reduce carbon footprint by improved energy efficiency across the system • to develop long-term system capital plan (BAU and transformation) ✓
Reduce administration costs	• CCGs have developed plans to deliver 20% reduction in running costs (supported by proposed CCG merger) • Shared functions in place (within ICS and with external partners) e.g. financial services , xxxx • Aligned incentive contracts in place for 2019/20 • Organisational efficiency programmes include schemes for 19/20	Develop plans to deliver national requirement of delivering savings by 23/24: • Proposed merger of Nottinghamshire CCGs 1 April 2020 ✓ • Consider further options for shared functions across all levels of the system ✓ • Movement to new contract/payment mechanisms (reduced transactional costs) ✓
Maximising buying power of NHS	• As in previous years, organisational efficiency programmes include schemes for 19/20 e.g. xxxx	Continue to maximise the buying power of the NHS: • Use of the Purchase Price Index and Benchmarking Tool (PPIB), GIRFT clinically led procurement work and Support Supply Chain Coordination (SCLL) • Optimise our purchasing power using the national NHS procurement organisation and consolidate the way local and regional procurement teams operate

Integrated Care System
Nottingham & Nottinghamshire

LTP must do

Cancer

We will deliver the expected treatment standards for cancer, improve outcomes and reduce inequalities

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Early diagnosis	• Bowel screening non attenders info. imported into e-healthscope to allow practices to contact patients to encourage uptake. • Lung Health checks piloted in Nottingham City (20 practices). M&A piloting National Targeted Lung Health Checks. • CCG cancer profiles to analyse CCG/GP cancer metrics including referral rates. Outlying practices visited to review data/agree educational support. • 2WW referral forms standardised/built into GP systems for auto-population • FIT colorectal test implemented across the ICS, initial results showing increases in cancers detected and earlier stage. • Full suite of direct access diagnostics available to GPs (NICE guidance). • Sherwood Forest and NUH implementing National Timed Diagnostic pathways, when fully implemented will deliver faster diagnostics. • Vague symptoms pathway implemented in Greater Notts. Precursor to Rapid Diagnostic Centre (RDC) - ICS bidding for National targeted funding.	• Work with PCNs to maximise uptake of new Bowel Screening test ✓ • Continue to expand Lung Health checks across Nottingham City and other targeted population within the ICS. Complete national pilot in M&A CCG ✓ • Continue to monitor GP Cancer metrics and work with outlying practices to improve performance. • Continue to refine FIT pathway reviewing thresholds and link to RDC service.. • Implemented fully National Timed Cancer Diagnostic pathways to deliver new faster diagnostic standard. • Vague symptoms pathway expanded across ICS. RDC services implemented in Mid & Greater Notts. • HPV?
Improved treatment	• *Cancer Alliance have been asked to liaise with Spec comm to provide narrative*	
Personalised care	• Electronic health needs assessments/cancer care plans being rolled-out. • Health and Wellbeing events now being delivered on a regular basis. • Roll-out of stratified follow up pathways at NUH underway, started at SFH. • Excellent access to psychological therapies at SFH. Improving at NUH with pilot of Cancer IAPT service. • Specialist Cancer Rehab programme in community. • Pilot for system wide approach to cancer patient nutritional care at NUH. • Piloted Community Care Service in Nottingham City • Remote monitoring pilots using patient portals underway at NUH and SFH using DrDoctor and Infoflex.	• Complete full implementation of e-hna's and cancer care plans for all tumour sites across the ICS • Expand delivery of Health and Wellbeing Events • Full implementation of stratified pathways. • Continued expansion of psychological therapies across ICS. • Full implementation of system wide approach to nutrition care. • Implement Macmillan 'Right by You' Care model across ICS utilising £1.4m investment from the charity. • Fully roll out of remote monitoring using patient portals.

Integrated Care System
Nottingham & Nottinghamshire

LTP must do

Planned Care

We will continue to develop and transform planned care services to deliver efficient and effective care to our population

Initiative	Current state	Our focus (to 2023/24) ✓ *Key Priority for 19/20 & 20/21*
Fundamental redesign of outpatients	• System wide project transformation plans in place (both acute providers) to deliver reductions in face to face outpatient appointments through redesign of pathways and care models. This is supported by aligned incentive contracts • The planned reductions in 2019/20 for 34,000 (12%) in Mid Nottinghamshire and for xx,xxx (xx%) in Greater Nottingham • Work programme to establish consistency across the ICS (where appropriate): ➢ ICS Policy for Consultant to Consultant referrals ➢ ICS Service Restricted Policy ➢ ICS Service specifications for Advice & Guidance ➢ Adoption of single clinical pathways e.g. xxxx ➢ Standardisation of Referral Best Practice Guidelines in progress • There is an xx% reduction in GP referrals (excluding 2ww for cancer)	• Continue with year on year reduction of face to face outpatients both first and follow up appointments to meet the LTP target of 30% by 2023 (reducing inappropriate activity and redesign of care models. Prioritised specialties are xxxxxxxx ✓ • Continued use of technology to support transformational change for outpatients by roll out of Patient Knows Best and NHS App across the system. Dr Doctor being piloted at one of the Trusts ✓ • Further adoption of personalised care approaches through Patient Activation Measures (PAMs) • Explore the concept of frequent attenders and referrals without subsequent activity (as undertaken for A&E /urgent care attendance) • Public Facing Digital Services (PFDS)
Short waits for planned care	• System wide group in place to develop activity models (strategic and ops) • Focus on delivery of waiting time targets: ➢ Plans in place to ensure zero 52 week waiters for remainder for 2019/20 ➢ Plans and trajectories in place to reduce 40+ week waiters ➢ Pilot site for patient choice at 26 weeks commences September 2019 (Mid Nottinghamshire – one specialty) ➢ Roll out of capacity alerts in appropriate specialties • Care models developed to support deliver of short waits in planned care, including self-referral model for physiotherapy (Mid Nottinghamshire), ESCAPE pain (or equivalent) • Demand and Capacity Programme (supported by HSLI funding) • Plans in operation to improve theatre capacity	• No 52 week waiters from 2020-2023 ✓ • Continual reduction in patients waiting more than 40 weeks ✓ • 26 wait patient choice of provider rolled out from April 2020 ✓ • Continue to develop care models to support short waits in planned care e.g. full roll out of First Contact Practioners (FCP) by 2023/24 • Continue to implement Demand and Capacity Programme (HSLI funding) • Continue to review and implement plans to improve theatre productivity • Direct listing for surgical procedures (where appropriate) • Continue roll out of shared decision making & health optimisation of patients.
Drive Planned Care transformation across the system	• ICS elective transformation plan in place for 2019/20, with ICS Elective work stream assuring/monitoring delivery of transformation. This is supported by system wide elective dashboard (provider and commissioner) • Benchmarking data used to drive transformation (Right Care, GIRFT, model hospital, NHSE best practice) • Review of procedures against British Association of Day Cases Guidance • Deep dive in elective care drivers of demand across ICS commenced	• Share learning and models across the system to enable delivery of productivity and transformation at pace • Continuous review of benchmarking and available data to identify opportunities (ICS Elective Care Workstream) • Service benefit reviews e.g. Community Ophthalmology Service

Integrated Care System
Nottingham & Nottinghamshire

LTP must do

Maternity and Learning Disability & Autism

We will continue to develop and transform our maternity and Learning Disability & Autism services

Initiative	Current state	Our focus (to 2023/24)
Maternity		
Reduction in stillbirth & mortality	• SBLCBv2 implementation plans developed and underway • ATAIN action plans submitted to NHS R supported by LMS and EMNODN • Mechanisms developing for oversight and position monitoring	• Saving Babies Lives Care Bundle fully implemented and monitored via SCOG • Maternal Medicine Networks established • Specialist pre-term birth clinics developed
Better Births	• 5 Continuity of Carer pilots in place with further launch dates planned • Trusts supporting Mat. & Neo. Safety Collaborative; champions identified • Clinical Services Strategy in development & LMNS PFDS trailblazer • Personalised care plans developed and implementation plan in place • Information on Choice of birth setting developed for digital publication	• Continuity of Carer Teams operating for 51% of women focused on populations with highest need • All patients have access to Maternal Digital Care Records and care plans • Building a workforce fit for the future • Community hubs operational
Postnatal support	• LMNS maternity service providers BFI accredited • Postnatal gap analysis & implementation plan to be completed by Mar. 20 • Increased postnatal continuity for women with high need via CoC roll-out	• Accredited infant feeding programmes in place and standards maintained • Good access to postnatal pelvic health clinics and postnatal physiotherapy in community settings
Improved Neonatal Critical Care	• Neonatal Review- Better Newborn Care completed – awaiting report • Alignment between lo al Clinical Services Strategy and Neonatal Review	• Maternal and neonatal care centres triaging care close to home as possible • Expert neonatal workforce developed & additional NICU cots in place Care Co-coordinators working with families within clinical neonatal networks
Learning Disabilities		NEEDS VALIDATING/ALIGNING WITH LOCAL CSS
Tackling the causes of morbidity and preventable deaths	• Local unmet need, gaps in care, inequalities? • Need to increase no. of people with LD/ASD offered GP annual health check and ensure prescribed medication is appropriate • Notts HC signed up to STOMP Pledge. Steering group set up - looking at ways practice can be streamlined/ improved and information disseminated • Currently have 28 unassigned LeDeR reviews. 24 in progress and 58 completed. Extracting learning from reviews and developing action plans	• Continued promotion of the GP annual health check – supported by digital flags • Primary Care Liaison Nurses continue to work with GPs to verify LD registers, and identify hard to reach citizens – target 14 to 25 yr olds with low attendance • Agree specific annual health check for people with ASD and what specific areas of physical health inequality to be targeted, based on national pilot • Action plan developed by STOMP group LeDeR learning to focus on Self-advocacy, Mental Capacity, End of Life Care,
Understanding the needs of people with LD.ASD	• Specialist promotion and awareness training in place - need to scope areas of workforce that need to be prioritised and gaps that exist • LD improvement standards included within contracts for local LD services within Foundation Trusts - rolled out across providers going forward	• Specialist services continue to promote local training/awareness of LD/ASD informed approaches. TCP workforce workstream to continue to offer training specific to identified issues to NHS and community support providers. • Commissioning standards for health checks for children in residential schools
Timely diagnostic support	• No keyworkers for most complex CYP accessing MH/LD services • New model of specialist wrap around assessment &treatment, as well as inpatient in-reach to support discharges, with 7 day ICATT service and the introduction of a new community LD/ASD community forensic team. • Residential unplanned care service that offers community based residential placements for people in crisis who do not require hospital admission.	• Keyworkers for most complex CYP who are accessing MH/LD services, specialist education services and who are inpatient or at risk of becoming inpatients • Ensure inpatient services are only utilised when required and for the shortest length of time possible . Ongoing review of the use of segregation and restraint in inpatient settings, and continuation of the use of the 12 point discharge plan for all LD/ASD inpatients

Integrated Care System
Nottingham & Nottinghamshire

Priority enabler

Priority enabler – Primary Care

We will strengthen our Primary Care offer, developing the Primary Care Network model to improve access and deliver a broader range of care closer to home for our population

Initiative	Current state	Our focus (to 2023/24)
Increasing the numbers of Nurses and GPs	• Ahead of trajectory submitted 2019-20 operational plan • Under-doctored areas within the system specifically in City, Mansfield and Ashfield locations are being targeted • IGPR not providing the pipeline expected – mitigated by significant take up of practices as Tier 2 sponsors and system readiness to offer posts to international trainees from our own (and other) VTS schemes – 16 practices approved with other applications in progress • GP Retention strategies in place for First, Mid and Senior years through a coordinated programme (Phoenix) run by the LMC – addresses all aspects of the GP Retention Toolkit • Robust GPN 10 point plan in place • Appointment of additional newly qualified nurses to 13 GPN posts with funded Fundamentals Training in place • Single Training Hub established for Nottinghamshire	• Continue Trainee Transition scheme to support career decisions and therefore retention in the Nottinghamshire system of newly qualified – reducing attrition rates • Targeted support around return to work cohorts eg Maternity/Paternity leave • Alignment of flexible working opportunities to system needs as determined by PCN CDs • Further targeted work with the Locum community • Mitigate any gaps by releasing GP time new ways of working including digital as well as through creation of capacity with introduction of additional roles (Clinical Pharmacists, Physician Associates, First Contact Physiotherapists, and First Contact Community Paramedics) • Further establish Training Hub capacity and capability to meet workforce planning and workforce development requirements of Primary Care • Increase supply of clinical placements in practices – aids recruitment and retention • Make Nottinghamshire an attractive place to work: Explore opportunities of integration of workforce across PCNS and system partners with a focus on the population health needs and delivering improved, proactive models of care
Existing GPFV Commitments	• Range of GP Resilience schemes in place • Clerical and reception staff training offer in place	• Develop GP Resilience programme further including: leadership skills, training, PCN level organisational development, practice manager roving support, group consultations pilot • Move the Phoenix Programme in partnership with the Training Hub into business as usual and supporting wider workforce not just GPs • Roll out on-line consultations, inc. video consultations - in place by October 2020

Primary Care Networks	• All 20 PCNs live since July 2019 , at varying stages of maturity
	• PCN Clinical Directors Network established
	• Partnerships and relationships with other healthcare providers being developed at ICP level
	• Locally developed Nottm/Notts Enhanced Care Homes Framework (ECHF) in place
		• Undertake PCN level maturity assessments and draft development plans by Jan 2020
		• Produce System wide PCN development plan for 2020/21
		• Build on existing initiatives to develop service specifications in line with published guidance (expected April 2020) for:
		  • *anticipatory care*
		  • *personalised care*
		  • *structured medication review*
		  ▪ *early cancer diagnosis support*
		  ▪ *Enhanced Health in Care Homes*
		• Further develop local PCN risk stratification information and PCN dashboards
		• Improve existing data quality and detail on carers and carer support

Improve Community Health Services	• a range of models in use to support Community Crisis Response, including an Intensive Rapid Response Service and an Intensive Support at Home initiative	• Enhanced Health In Care Homes (EHCH) *[see SP2 Proactive Care section]* • Care Co-ordination and MDTs to deliver anticipatory care *[see SP2 Proactive Care section]*

Integrated Care System
Nottingham & Nottinghamshire

Priority enabler

Priority enabler – People and Culture

We have a 10 year People & Culture Strategy that is structured into five strategic priorities that support all change programme areas at ICS, ICP and PCN levels

Initiative	Current state	Our focus (to 2023/24)
Planning, attracting and recruiting people	• Employers competing for clinical staff from restricted pool of availability leading to internal movement rather than additional capacity • Young people are not attracted into health & care roles • Significant vacancy levels in nursing overall and MH and LD in particular	• Collaborative approaches to planning & recruitment of business critical roles led by HR & OD Collaborative with attractive employment offers & contractual models including portfolio working • Establish system wide Talent Academy to co-ordinate careers activity, apprenticeships, work experience, volunteer expansion, ambassadors, career pathways • Expand clinical placement capacity across all sectors to train locally
Retaining staff and trainees, promoting career paths and talent management	• Movement of staff across borders to neighbouring systems for education & career development opportunities • Loss of experienced clinicians through early retirement/burn out • Low retention of medical graduates & foundation doctors in our local system on completion of training	• Notts ICS as Employer of Choice through flexible employment offers & good employment practices consistently applied& focus on staff health & wellbeing • Retention schemes in nursing & general practice including fellowships, portfolio working, improvement projects. Early engagement with trainees to shape employment offers. • Improve learner experience and access to CPD opportunities, protected learning time
Role redesign and embedding new roles	• Significant gaps in nursing and some medical specialties cannot be met by projected supply • Current plans tend to be based on traditional clinical roles	• Strategic workforce modelling to enable planning based on functions & skills rather than professional roles • Roll out of Nursing Associates, Physician Associates, Medical Team Administrators, Social Prescribers, Clinical Pharmacists, Community Paramedics
Developing and preparing people to work in new ways, including digital skills	• Teams are not always designed around patient need or in the right place to deliver person centred care & support • We are not optimising use of new technology by our staff or our service users and people do not have the confidence or skills required • Analytics skills & capacity are not in place to deliver system working/population health requirements	• Equip our teams to work in partnership with service users to deliver personalised care & support and focus on promoting independence & good lifestyle choices (holistic working) • Integrated teams supported to work safely & effectively across care settings • Develop a Nottinghamshire Institute of Data Analytics across academia, health and local government, to boost the capacity of analytical workforce
Enabling cultural change and leadership development to maximise system effectiveness	• Fragmented leadership & management development programmes at organisational level restricts opportunities for relationship building between settings & is not cost effective • New ways of working and integrated teams will require cultural change & embedding into HR and management systems	• Collaborative leadership development offer where this will add value • Talent mapping at system level to support career development across organisational boundaries • Authentic engagement with multi professional leaders to build sustainable relationships to support leadership of change • Facilitation of OD support for change programmes at all levels of the system

Integrated Care System
Nottingham & Nottinghamshire

Priority enabler

Priority enabler – People and Culture

Our five People and Culture priorities will combine to tackle the challenges we face in key workforce groups

Workforce Group	Key plans to address	
Registered Nursing workforce	• Nursing associate role & training programme • Legacy mentor • International recruitment	• Established learning and development partnership • New partnership with Nottingham Trent University • New approaches to recruitment
Medical Staff	• Medical Workforce Group established to develop bespoke solutions with HEE • Piloting Medical Team Administrator roles to release capacity • UEC – Development of Advanced Clinical Practice skills and upskilling	• Exploring Physician Associate roles • R&R financially based incentives • Joint appointments • Grow own consultants through CESR route • Clinical Fellowship schemes
General Practitioners	• GP retention schemes • Targeted enhanced recruitment incentives	• General Practice Nursing 10 Point Plan • Training Hub
Mental Health workforce expansion in line with new care models and investment	• CYP - Revised service models and reviewing new roles • Perinatal - Revised service models and reviewing new roles • IAPT – Development of PWP roles and introduction of band 5-6 accelerated programme	• Crisis – Revised service models and reviewing new roles incl. trainee nurse associates/PSWs • EIP - Revised service models and reviewing new roles incl. trainee nurse associates/PSWs
Maternity	• Workforce modelling approach to test a range of scenarios	• Developing proposal to take co-ordinated approach to Maternity Support Worker based on success of Trainee Nursing Associate project
Healthcare Scientists	• Scientists Training Programme (STP) • Practitioner Training Programme	• Opportunities to strengthen Clinical Academic Careers for HCS • Successful overseas recruitment in Nuclear Medicine and Radiotherapy Physics
Social Care / Residential Care	• Focus on changing existing relationships and expectations of partners and the public by focusing on outcomes that promote independence, fairness and value for money	• Development of Ambassador Network and co-ordination across health and social care • Roll out of Holistic Worker competences
Independent Sector	• Working with Optimum Workforce Leadership to support investment in workforce development • Support development of Advanced Clinical Practice in the sector	• Engagement of sector in Holistic Worker Competence Programme • Inclusion in Notts Talent Academy Initiative

NEED TO REFLECT AHPs EG PHYSIOS AND NEED FOR ADDITIONAL CAPACITY E.G FIRST CONTACT PHYSIOS- WIDER OPPORTUNITIES E.G LEISURE CENTRES

Integrated Care System
Nottingham & Nottinghamshire

Priority enabler

Priority enabler – Data, Analytics, Information and Technology (DAIT)

We have just begun the process of developing our strategy in this area in the context of becoming a fully mature ICS, as this work evolves it will continue to shape our plans in this area

Initiative	Current state	Our focus (to 2023/24)
Develop provider digitisation to a fully digital state by 2024	• Aging legacy patient information systems operated in organisational silos - not a suitable basis for transforming care or sharing data • IT infrastructure is aging and cannot support the fast login times that clinicians and care professionals need • IT infrastructure and policies built around protecting organisations from external threats, but this makes the mobility of care staff difficult to support and makes data sharing difficult	• Replace all core Patient Administration / EPR systems across acute, community and mental health providers with modern systems that support real time patient flow and transfers of care and the interoperability and data needed - Digital First philosophy • Implement a system wide electronic prescribing and administration system • Upgrade all end user devices and supporting infrastructure such as networks with those that can support 10 second login times • Build the IT infrastructure so that clinicians and care professionals can work with full capability in any of the buildings we deliver care from, including patients' homes, citizens' homes, care homes and the homes of staff
Develop single summary health and care record that draws from systems operated by health & care providers	• In addition to the Medical Interoperability Gateway, have 2 locally configured portals or shared records with different data scope, one is a bespoke development, the other a commercial package with contracted end date of 2022-2023 • Have good local experience of integrating data together for GPs and other staff for direct patient care.	• Work towards a single summary health and care record to support direct care and associated workflow for clinicians and the care giving staff • Develop a data repository and analytical toolset based on the above for direct care and for secondary uses such as research and planning, to support PCNs, ICPs, providers, local authorities and the strategic commissioner / ICS • Widened direct and secondary use of data for patient benefit

Develop Public Facing Digital Services so that those citizens that want to interact with our services digitally can do so	• Have limited experience in offering an electronic interaction for patients and the public
	• Have a wide range of different assistive technology solutions in place in citizens' homes
	• Starting to develop a Nottinghamshire Health and Care App with a commercial company
		• Develop the Health and Care App so that it can support:
		  • Video consultations between care providing staff and patients / citizens
		  • Collection of patient-reported outcomes and the maintenance of a personal health and care record by service users and the public
		  • Integration with home based and wearable devices
		  • Greater sharing of data between citizens and their care providers

Develop analytical services to support population health management	• Larger organisations have well developed data warehouses and analytical teams; smaller organisations do not
	• Data distributed across organisations & not all in one place
	• Initial skills assessment shows that we do not have enough people with data science skills
		• Develop an integrated data environment in which all health and care data is brought together with data about the wider determinants of health
		  • Enhancing the size of teams with specialist public health skills
		  • Develop our analytical staff so that many of them become data scientists
		  • Develop Nottinghamshire Institute of Data Analytics across academia, health and local government, to boost the capacity of analytical workforce

Establish new culture and governance arrangements for agreeing &overseeing new investments	• Sometimes a weak connect between business drivers and IT projects, but Connected Nottinghamshire has delivered several beneficial collaborative IT solutions over last 6 years • No real collaborative work around shared analytical products	• All new technology is deployed correctly with required cultural and behaviour change, and clear integration into the business processes • All parties represented on governance board that approves all new digital initiatives and provides technical support for analytical initiatives • Agreed strategy and 5 year rolling programme of investment

Integrated Care System
Nottingham & Nottinghamshire

Priority enabler

Priority enabler – Data, Analytics, Information and Technology (DAIT)

The application of digital technology will continue to play a key role over the next 5 years as we continue to transform our system – we have a number of initiatives planned and further opportunities identified

	Prev.	Proact.	UEC	MH	Eff.	Cancer	Planned	Mat	LD	Primary C
In place										
• GPRCC/e-healthscope	✓	✓	✓	✓		✓	✓	✓	✓	
• F12/Ardens (pathway guidance & referral/consultation templates)	✓		✓	✓			✓			
• Care home bed capacity			✓				✓			
• MIG							✓			
• NHS App deployed across GP practices (direct booking)										
In Flight / Planned										
• Remote monitoring via patient app	✓									
• Social and information prescribing via patient app	✓									
• Dos and 111 integrated into patient app	✓									
• Digital inclusion programme to support upskilling of population	✓									
• Single personal centred digital care and support plan	✓	✓	✓	✓						
• Remote monitoring via targeted information prescriptions		✓								
• Digital 'information prescribing' functionality		✓					✓			
• Self care monitoring and notification via patient app		✓		✓			✓			
• Digital ReSPECT		✓								
• Skype in care homes		✓								
• Local Health and Care Record		✓	✓	✓			✓	✓		
• S1 migrations		✓	✓	✓				✓		
• NHS App / 111 online			✓							
• 111 direct booking into GP practices			✓							
• Capacity and Flow			✓							
• NUH/NCC Integration project			✓	✓						
• Virtual appointment s via video messaging / on line consultations			✓	✓			✓	✓		
• NHS App as single front door										
Opportunities										
• Push out targeted messaged via patient facing app	✓									
• Increase use/consistency of e-healthscope uptake	✓	✓	✓	✓						
• Scale up content /availability of information prescribed digitally	✓			✓				✓		
• Remote monitoring via patient app / peer to peer support	✓							✓		
• Assistive technology linked to patient app	✓						✓			
• Access to digital market place for Personal Health Budgets	✓									
• Digital management of Personal Health Budgets	✓									
• GP IT futures			✓							
• IDCR			✓						✓	
• Improved DoS			✓							
• SFH/NUC/Nottingham City integration			✓							

Integrated Care System
Nottingham & Nottinghamshire

Priority enabler

Priority enabler – System financial management and payment models

We will continue to develop system financial management and payment models to support clinically led service transformation

Initiative	Current state	Our focus (to 2023/24)
Develop system reporting to support value based decision making	• System wide financial governance meetings in place (ICS Finance Directors Group and ICS Financial Sustainability Group) • System wide reporting for income and expenditure in place, this includes ICS and ICP dashboards • Established monthly triangulation process in place • 2019/20 reports expanded to include activity and capital • Metrics identified as part of ICS Outcomes Framework	• Continue to develop system wide reporting, include cash and workforce alignment. Develop reports for all levels of the system i.e. PCN • Continue to develop financial reporting to support ICS Outcomes Framework • Building on costing work (see below), develop reporting on cost drivers and variances across the system • Provide financial information to support the system approach to delivering best value and continuous value improvement
Develop payment mechanisms and risk management to align incentives across the system	• System wide workshops held with all partners to review payment mechanisms and best practice/learning (local and national). Workshops supported by National Pricing Team (NHSE/I) • Through vanguard programme trialled outcomes contract and consolidated local learning. This ceased when CQUIN was fully directed to national requirements. • Local contract arrangements for 2019/20 have moved away from PbR -aligned incentive contracts in place with both acutes	Continue to develop contracting and payment approaches through system wide workshops (with support from national team), with a focus on: • Incentivising the overall ICS Strategy e.g. recognise integration and shift of services • Options for management of financial risk across the system • Tariff developments and how these impact on local arrangements • Open and transparent mechanisms to understand how cost pressures are managed across the system
Develop a granular understanding of the cost of delivery health and social care services	• Costing used to support decision making primarily at an at organisation level • Nationally acclaimed PLICS programme at NUH • Improving PLICS in mental health and community (local and national) • System PLICS pilot underway – Diabetes • Transformational savings plans (QIPP) primarily calculated at PbR and translated into cost	Continue to build on development of system costing data: • Inclusion of social care and public health • Develop system cost pathway models • Costing approach to support population health management (PHM) approach – e.g. understanding of costs provision of care within agreed population segments • Ability to understand cost at all levels of the system (PCN, ICP, ICS) • Transformational plans based on system cost impact
Develop a financial recovery approach (medium term)	• Short term actions focused on annual QIPP and CIP programmes • Non recurrent mitigations, leading to underlying recurrent deficit • Primarily organisationally focused, starting to have system wide discussions	• Development of five-year plan, supported by financial sustainability model • Savings plans to be developed on a cost basis at the outset, recognising impact across finance, activity and workforce • Build on model to link to outcomes and value impact
Capital and cash regime to support better capital investment	• Developing reporting on capital in 2019/20 • System wide governance in place for Estates Planning • Review of Estates Strategy through NHSI/E checkpoint process	• Reporting developed (as above) • Five year capital plan developed (prioritised with clear BAU and transformation areas) • Utilisation of estates a key lever in financial sustainability model.

Integrated Care System
Nottingham & Nottinghamshire

Priority enabler

Priority enabler – System leadership governance and oversight

We will build on being an early adopter ICS to become a mature population health focused care system – where all partners focus on the entire spectrum of interventions, from prevention through to treatment

Initiative	Current state	Our focus (to 2023/24)
Integrated Care System	• Collective system responsibility executed through ICS Board, chaired by an Independent Chair and meeting in public. The Board provides system leadership and oversight to system strategy, system reform and operational delivery in accordance with a Memorandum of Understanding with NHSE/I • Self assessment against ICS Maturity Matrix identified ICS as 'maturing ' in 4 areas and 'developing' in one.	• ICS governance will continue to develop in accordance with a dynamic and evolving system. By end of 2019 proportionate review of ICS governance will have been completed. • System (ICS), Places (ICPs) and Neighbourhoods (PCNs) continue to develop/operate in line with population needs and ICS strategy. Review of ICPs' development/impact undertaken in 20/21 • ICS ambition is to achieve a high performing 'thriving' system across all domains of national Maturity Matrix by April 2021 and for the benefits of a comprehensive approach to population health management and integrated care to translate into quantifiable improvements in outcomes, quality, cost of care together with staff satisfaction.
Strategic Commissioner	• Alignment and consolidation of health commissioning is being progressed through establishment of Nottingham and Nottinghamshire Strategic Commissioner following merger of six CCGs by April 2020. • Collaborative commissioning arrangements are in place with the Local Authorities, through the Better Care Fund (BCF).	• Over next two-years commissioning will increasingly be based on the outcomes the system aspires to achieve at the population level, as well as operational and performance metrics that reflect system efficiency. Work will progress on the development of long term contracts with our ICPs, tied to the delivery of outcomes as well as performance. • The Strategic Commissioner will play a pivotal system leadership role in supporting ICPs and PCNs in improving outcomes and addressing unwarranted clinical variation/health inequalities. • Work will be progressed to confirm any next steps in further integrating health and social care commissioning in support of improved population health and wellbeing.
Provider Partnerships	• Governance structures are developing at Place (ICP) and Neighbourhood (PCN) levels • Governance group, of each ICP, comprises health, LA, district councils and wider representation e.g. community and voluntary sector membership. • The ICPs and PCNs at varying stages of development but each ICP has a Chief Executive Lead and each PCN has a confirmed Clinical Director. Commissioning and provider staff are being aligned to these structures	• Over next two-years, work will continue within, and where sensible across, each ICP on development of a dedicated system leadership team. This team will increasingly have day-to-day responsibility for implementation, incl. providing tools/practical support to PCNs as needed. • Over time, the ambition for primary, community, acute and potentially social care providers to collectively take on risk for outcomes, quality and cost of care for local populations; with clarity of responsibilities and risk matched to individual providers along pathways of care . • During 2019/20 ICPs and PCNs are accessing a range of development and support offers centred on collective system leadership, the development of effective relationships, population health management etc. This will continue over the coming years.
System Transformation / Programme Delivery	• System wide have been in place for some time. These continue to evolve , aligning to the new ICPs and PCNs. • The system has self assessed as being 'developing' in 'Capacity and system transformation change capability.' • System benefits from an OD collaborative and has developed a local Quality and Service Improvement Redesign (QSIR) college.	• Continue to benefit from system transformation support offers e.g. from NHSE/I and other organisations such as Sir Muir Gray's Centre for Triple Value Health Care and learning arising from a local case study which has been supported by Nottingham Trent University. • Develop subject specific strategies (e.g. ICS strategy for 'Data, Analytics, Digital and IMT') to confirm capability and capacity gaps together with plans to address, which could include, for example, establishment of a local Institute for Health and Care Analytics. • Consider strategic approach to 'building' and 'buying' the skills and resources for delivery of the transformation programme if a systematic approach to value improvement is to be achieved.

(4) Impact and implications

Activity

The system has developed a five-year demand model to support the five-year plan development. The model presents a "do nothing" and "do something" plan.

System wide five-year demand model developed to support the develop of the five-year plan.

Key elements included in demand model:

- **Forward projections were based on three year rolling averages**, adjusted for non-recurrent impacts and known changes.
- **2018/19 Outturn**
- Assessment of **coding / counting pathway changes** (to prevent any unintentional skewing of trends)
- **Growth assumptions** at a local delivery level (place) derived from a review of historical activity trends, demographic growth and include adjustments for age and disease prevalence
- Review of **planning policy changes** and assessment of required activity levels to deliver the planning requirements
- **Impact of 10 high level levers** (sustainability model)

The output of the model was then reviewed as followings:

- Management review (CCG/ICS)
- System wide workshop to confirm and challenge
- Review and sign off at ICS Planning Group

Recognising that activity/demand pressures are a key driver to the financial and operational pressures facing the system, the model has been developed to clearly articulate the "do nothing" and " do something" plan

	Do Nothing Activity Projections 20-24			Do Something Activity Projections 20-24		
POD	Total ICS	Mid Notts	Greater Nottm	Total ICS	Mid Notts	Greater Nottm
GP Referrals	3.1%	3.0%	3.1%			
Other Referrals	3.0%	3.0%	3.0%			
Total Referrals	3.1%	3.0%	3.1%			
First Outpatients	3.1%	3.0%	3.1%			
Follow-up Outpatients	3.1%	3.0%	3.1%			
Total Outpatients	3.1%	3.0%	3.1%			
Day Cases	3.7%	3.1%	3.5%			
Elective Inpatients	2.9%	1.4%	3.1%			
Total Elective Spells	3.6%	2.9%	3.2%			
0 LoS Non-Elective	5.2%	5.1%	5.3%			
1+ LoS Non-Elective	3.5%	4.5%	4.2%			
Total Non-Elective Spells	4.1%	4.7%	4.6%			
A&E Attendances Type 1	3.0%	5.1%	4.7%			
A&E Attendances Other	2.7%	4.9%	2.6%			
Total A&E	3.1%	5.0%	3.9%			

TBC

Workforce

tbc

TO BE COMPLETED

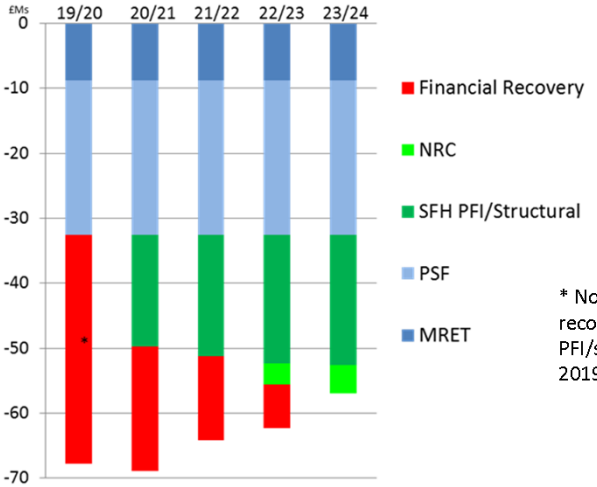
Finance

The financial sustainability model provides a framework for the system level change required to address our challenges within available resources (workforce, estate and funding)

Delivery of Financial Balance (In year trajectory / control totals)

The NHS financial framework is changing with further detail expected for 2020/21. The strategic financial plan and in-year deficits have been developed with all ICS partners. The table and chart below outline the in year deficit positions BEFORE marginal rate emergency threshold (MRET), provider sustainability funding (PSF) and financial recovery funding (FRF).

	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	2023/24 £000s
Financial Plan before MRET,PSF and FRF	-67,708	-68,933	-64,141	-62,305	-56,980



* Note: Financial recovery includes SFH PFI/structural deficit for 2019/20

Basis of assumptions:

- **MRET –** assumed that this will be received each year on a flat cash basis (in line with technical guidance
- Support is given in some form for **PSF** funding previously received by Sherwood Forest Hospitals and Nottingham University Hospitals (either through tariff or similar PSF approach)
- Support is given in some form for **expenditure that is not funded through CCG core allocations or the tariff** : Sherwood Forest Hospitals PFI/structural deficit and revenue implications of NRC (national initiative)
- The **remaining financial recovery element improves over the 4 years to nil.**

Delivery of Savings and Efficiency Requirement

The system has calculated the annual savings and efficiency requirements to deliver this in year financial trajectory. This is based on the following:

- Do nothing financial gap
- 2019/20 underlying recurrent deficit (current operational plan)
- Assessment of impact on underlying deficit of delivery against the 2019/20 savings and efficiency programme
- Other areas that are expected to impact e.g. NRC national initiative

LTP Estimated Annual Efficiency Requirement £'M	2019/20	2020/21	2021/22	2022/23	2023/24
	-140.3	-65.8	-56.3	-59.0	-67.6
	5.2%	2.4%	1.9%	2.0%	2.2%

Savings and efficiency requirements will be delivered through the **Financial Sustainability Model** (see page 20), supported by strategic delivery plans.

FINANCIAL SUSTAINBILITY MODEL - 10 HIGH LEVEL LEVERS	
1	Keep people safe and well in their own home and communities and **reduce the need for emergency attendances at hospital** (type 1 A&E attendances and non-elective admissions)
2	**Reduce inappropriate attendances at A&E departments** through public education and providing alternatives (Minor A&E attendances)
3	Reduce pressures on acute services by ensuring these **beds are only used for clinically appropriate patients through optimal length of stay and integrated discharge** (NEL OBDs)
4	Deliver care closer to home for **Mental Health Out of Area Placements (OAPs)**
5	Deliver increased value across the system – **Optimise Medicine Spend**
6	Deliver increased value across the system – **Reduction in outpatient appointments** through reprovision in alternative ways and reductions in inappropriate appointments
7	Deliver increased value across the system – **Business as usual efficiencies (BAU)** providers and commissioners
8	Deliver increased value across the system – **Estates and back office**
9	Estimated full year recurrent delivery of **2019/20 transformational plans (QIPP/CIP)**
10	Service benefit reviews – Including review of the **core offer**

Strategic Delivery Plans

Delivery plans for ICS priorities, LTP Must Do and enablers: key milestones and risks

TO BE UPDATED

Transformational Funding

The local system will receive additional transformational funding over the next five years to continue to develop services for our local population

Transformational Funding (Fair Shares):

Through the implementation of the ICS strategic priorities, LTP Must Dos and enables, the system will transform the way services are delivered to better meet the needs of the population. The funding allocated to systems, through the LTP planning process, will be targeted as follows:

			19/20 £Ms	20/21 £Ms	21/22 £Ms	22/23 £Ms	23/24 £Ms
Mental Health		The expansion of community mental health services for Children and Young People aged 0-25; funding for new models of integrated primary and community care for people with SMI from 2021/22 onwards; and specific elements of developments of the mental health crisis pathways.	1.2	1.2	4.1	8.2	11.0
Primary Care		This funding includes the continuation of funding already available non-recurrently to support Extended Access and GP Forward View funding streams, (eg practice resilience programme), and associated commitments must be met. Additional funding is also included to support the development of Primary Care Networks.	3.7	3.9	4.3	4.5	4.4
Ageing Well		Deployment of home-based and bed-based elements of the Urgent Community Response model, Community Teams, and Enhanced Health in Care Homes.	0.0	0.6	1.3	3.8	6.3
Cancer		Rapid Diagnostic Centres funding in 2019/20 only; Cancer Alliance funding to support screening uptake delivery of the Faster Diagnosis Standard and timed pathways, implementation of personalised care interventions, including personalised follow up pathways and Cancer Alliance core teams.	2.2	1.7	1.3	1.3	1.3
Other	**CVD, Stroke and Respiratory**	Increased prescribing of statins, warfarin and antihypertensive drugs; Increased rates of cardiac, stroke and pulmonary rehabilitation services; increased thrombolysis rates; and early detection of heart failure and valve disease.	0.8	0.8	1.7	2.5	7.6
	CYP & Maternity	Local Maternity Systems funding; Saving Babies Lives Care Bundle funding from 2021/22; postnatal physio funding from 2023/24; funding for integrated CYP services from 2023/24.					
	LD Autism	Funding for rollout of community services for adults and children and keyworkers from 2023/24.					
	Prevention	Tobacco addiction - inpatient, outpatient/day case and Smoke Free pregnancy smoking cessation interventions.					
		Total	7.8	8.2	12.7	20.2	30.6

Transformational Funding (Targeted):

In addition to the service changes implemented as part of the fair shares transformational funding, the system is working with NHS England and Improvement to pilot and implement changes at pace.

During the five year plan the system will implement:

- Alcohol Teams pilot in xxx (£xx million)
- Lung Cancer Screening in Mansfield (£xx million)
- Xxxxxxx
- Xxxxxxx
- Xxxxxxxx

In addition to the agreed transformational schemes above, the system is discussing further opportunities in the following areas:

- Xxxxxxxxxx
- Xxxxxxxxxx
- xxxxxxxxxx

Capital

tbc

TO BE COMPLETED

Key risks

tbc

TO BE COMPLETED

(5) Our local engagement

Our Local Engagement Approach

We have engaged extensively and widely, in partnership with Healthwatch, to ensure that our local system strategy is both guided by the priorities of our populations and endorsed by key stakeholders.

Background

To support the implementation of the Long Term Plan, each local area was asked to undertake engagement with their populations to understand what matters to local people in their health services and to inform the development of a local system plan.

Healthwatch England, the organisation that supports local Healthwatch organisations, worked closely with the NHS to coordinate a programme of national engagement. We have worked in partnership with Healthwatch Nottingham and Nottinghamshire (HWNN) to undertake an extensive programme of engagement with local people.

We have spoken to over 1,000 people across Nottingham and Nottinghamshire in our engagement about topics such as mental health, urgent care, health prevention and more. These conversations with local people have given us a wealth of insight that will help us improve local services and deliver the national NHS Long Term Plan in a way that reflects what matters to people.

Our Approach

The Nottingham and Nottinghamshire ICS has worked in partnership with Healthwatch Nottingham and Nottinghamshire (HWNN) to deliver an extensive programme of public engagement on the NHS Long Term Plan.

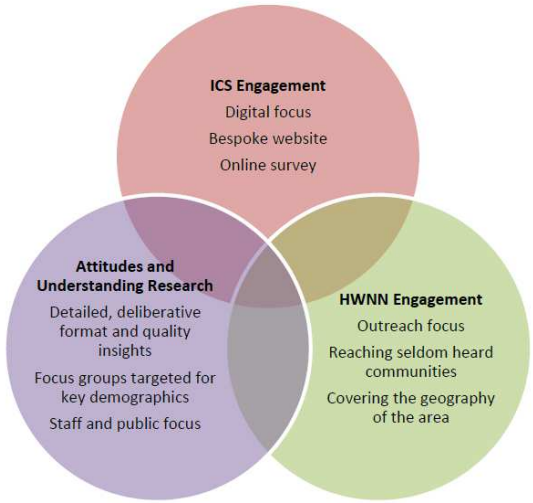
Our approach includes:

a) Public engagement by the ICS communications and engagement team, through digital and face-to-face channels

b) Public engagement by HWNN through face-to-face channels

c) Understanding and Attitudes Research by social research agency Britain Thinks, delivered through a series of focus groups with staff and members of the public.

The elements above form the key parts of our engagement approach. While each element includes a different focus, the programme is underpinned by core themes and questions. This model is summarised below.



The core theme underpinning each element of our engagement was exploring what matters to local people, in the context of the NHS Long Term Plan ambitions. Each element focused engagement around the priorities within the NHS Long Term Plan.

Within all of our engagement we have discussed the priorities within the NHS Long Term Plan in three ways:

a) Understanding how important each priority is to people;

b) Understanding what matters most to people within each priority

c) Discussing the priorities in terms of hypothetical 'trade-offs' e.g. investment in prevention versus investment in treatment, to generate debate.

Our Local Engagement Approach

We have engaged extensively and widely, in partnership with Healthwatch, to ensure that our local system strategy is both guided by the priorities of our populations and endorsed by key stakeholders.

We talked to a wide range of partners and stakeholders to gain input into our engagement approach. This included conversations with our engagement partner HWNN; our ICS Board members; neighbouring systems; local voluntary and community sector (VCS) partners; NHS Confederation; local MPs and Local Authorities.

Headline Summary of Findings

There were clear and common themes that emerged from all these sources of input. The key insights drawn collectively are summarised below.

1. Public views about priorities and pressures within the system are strongly influenced by the national media narrative on the NHS or on personal experience of services

2. People most value having a free at the point of need healthcare model, frontline staff and the accessibility of services within the NHS

3. There is widespread support for urgent and emergency care and mental health, which are among the system's top priorities

4. While there is public support for a focus on finance and efficiency, this is not as significant as support for other areas

5. People are broadly supportive of a focus on preventative activity, with some reservations

6. There are mixed and ambiguous views about personalisation, choice and control

7. There is only lukewarm support for digital innovation in healthcare and a lack of understanding of the value of digital technology to improve access

8. The public are mostly uninterested in hearing about system change

9. Staff are concerned about diminishing resources and increasing demand

Conclusion

The above summary of the extensive engagement undertaken to date should give confidence that the plans being developed in Nottingham and Nottinghamshire are in line with the priorities of our local population and will help to support the implementation of the local system strategy over the coming period. The partnership working with HWNN, drawing on their reach, independence and expertise in engagement has enormously strengthened the quality of the outputs and lays strong foundations for the future.

Next Steps

The insights outlined above have been widely shared across the system including at the system's public Board meeting, at its stakeholder group (Partnership Forum), at the Strategic Commissioner's Public Engagement Committees and at the various committees of the Local Authorities in the area. They have also been shared and used at the various strategy development workshops used to develop the strategy as outlined in our main submission. There is a commitment to continue to use these insights for future system transformation and commissioning activities and to support the launch and promotion of the system's strategy to its external audiences.

Further Information

A fuller version of this summary of the Engagement approach can be found in the Appendices and further information including;

- The full questionnaire and diversity screening
- The detailed data tables and further analysis
- The full report from Britain Thinks
- The complete engagement log and record of meetings

can all be found online at: https://healthandcarenotts.co.uk/get-involved/surveys-and-consultations/

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

7 October 2019

Agenda Item: 11

REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme.

Information

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

3. The attached work programme has been drafted in consultation with the Chair and Vice-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@nottscc.gov.uk

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
11 November 2019			
Brushing Buddies – Supervised Toothbrushing Programme	Short presentation	Director of Public Health	Geoff Hamilton
Integrated Wellbeing Service	To inform committee of the outcome of procurement	Director of Public Health	Rebecca Atchinson
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
Liberty Protection Safeguards (DoLS) Strategy	To provide an update on the new legislation and the implications for Nottinghamshire.	Service Director, Ageing Well	Annie Greer
Adult Social Care and Health workforce review	Recommendations from the review of the structure and workforce within ASC&H	Service Director, Ageing Well Services	Stacey Roe/Jennie Kennington
Planning for winter pressures		Service Director, Ageing Well Services	Sue Batty
Co-production internal event		Service Director, Strategic Commissioning and Integration	Sarah Wells
9 December 2019			
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.	Corporate Director	Matthew Garrard
Public Health Outcomes in Nottinghamshire – 12 month update	12 month update approved for inclusion December 2018	Director of Public Health	David Gilding
6 January 2020			
Public Health Services Performance and Quality	Regular performance report on services funded with ring fenced Public Health Grant	Consultant in Public Health	Nathalie Birkett

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Report for Funded Contracts	(quarterly)		
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
3 February 2020			
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
16 March 2020			
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.	Corporate Director	Matthew Garrard
20 April 2020			
11 May 2020			
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
8 June 2020			
13 July 2020			
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.	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