

Adult Social Care and Public Health Committee

Monday, 12 October 2020 at 10:30

Virtual meeting, <https://www.youtube.com/user/nottsccl>

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of Last Meeting held on 14 September 2020 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Public Health Services Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant 1 January to 31 March 2020 | 9 - 18 |
| 5 | Investing Uncommitted Public Health Grant for a Healthier Nottinghamshire | 19 - 28 |
| 6 | Living the Lives We Want to Live - Developing a Day Opportunities Strategy for Nottinghamshire | 29 - 42 |
| 7 | Sustainability and Future Development of the Approved Mental Health Practitioner (AMHP) Service | 43 - 50 |
| 8 | Work Programme | 51 - 56 |

Notes

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

Customer Services Centre 0300 500 80 80

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

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

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

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 14 September 2020 (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)

Joyce Bosnjak
Dr. John Doddy
Sybil Fielding
David Martin

Andy Sissons
Steve Vickers
Muriel Weisz
Yvonne Woodhead

OFFICERS IN ATTENDANCE

Sue Batty, Service Director Ageing Well Community Services, Adult Social Care & Health

Melanie Brooks, Corporate Director, Adult Social Care & Health

Jonathan Gribbin, Director of Public Health, Adult Social Care & Health

Jennie Kennington, Senior Executive Officer, Adult Social Care & Health

Louise Lester, Consultant in Public Health, Adult Social Care & Health

Ainsley Macdonnell, Service Director, Adult Social Care & Health

Noel McMenamin, Democratic Services Officer, Chief Executive's

Grace Natoli, Service Director, Adult Social Care and Health

Kath Sargent, Senior Finance Business Partner, Adult Social Care & Health

Gemma Shelton, Market Development Officer, 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 13 July 2020 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

None.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None

4. IMPLEMENTATION OF THE HEALTH PROTECTION (CORONAVIRUS RESTRICTIONS) (ENGLAND) (No 3) REGULATIONS 2020

Jonathan Gribbin introduced the report and responded to questions.

RESOLVED 2020/020

- 1) That the Adult Social Care & Public Health Committee formally delegates authority for the exercise of all powers under the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 to the Chief Executive, such powers to be exercised following consultation with the Director of Public Health and where possible, having sought the views of the Leader of the Council, the Chairman and Vice Chairman of Adult Social Care & Public Health Committee, and the Leaders of the opposition groups of the Council. For the avoidance of doubt, Committee also approves that this delegation of authority may be exercised by either the Deputy Chief Executive or the Corporate Director for Adult Social Care & Health in the absence of the Chief Executive.
- 2) In addition to the delegation to the Chief Executive above, to authorise the Service Director for Place, and the Group Manager for Trading Standards & Communities, to designate officers within Nottinghamshire County Council or other partner agencies to exercise powers under the Regulations with regard to notification, management and enforcement of the requirements, including but not limited to the issue of prohibition notices and fixed penalty notices. Such designation to include authority for designated officers to designate additional officers within their partner agencies, as they deem appropriate, in order to effectively manage the control of outbreaks and the enforcement of any Directions.

5. LOCAL AUTHORITY TEST AND TRACE GRANT RESOURCE PLAN

Jonathan Gribbin and Melanie Brooks introduced the report and responded to questions.

It was agreed to circulate current Government guidance for schools and parents in managing suspected and confirmed cases of Covid-19 to Committee members for information.

RESOLVED 2020/021

To approve:

- 1) Use of the Local Authority Test and Trace Grant, as per the proposed resource plan, for which Nottinghamshire Council has been allocated £3.8 million by Government;
- 2) The establishment of fixed term staffing posts to support the Public Health Division, as set out in Appendix 1 to the report, funded from the Local Authority Test and Trace Grant;

- 3) Use of media communications in relation to the fulfilment of Local Outbreak Control Plan responsibilities.

6. PUBLIC HEALTH – CHILDREN’S INTEGRATED COMMISSIONING HUB STAFFING

Jonathan Gribbin and Louise Lester introduced the report and responded to questions.

RESOLVED 2020/022

That the following be approved:

- The establishment of 1 FTE permanent Public Health Commissioning Manager post;
- The extension of 1 FTE Children and Young People’s Mental Health and Wellbeing Programme Lead fixed term post for a period of 17 months.

7. ADULT SOCIAL CARE PERFORMANCE AND PROGRESS UPDATE FOR QUARTER 4 2019/20

Melanie Brooks introduced the report and responded to questions.

RESOLVED 2020/023

That the following action was required:

That an updated report on the current Adult Social Care Performance and Financial Position be circulated to Committee members as soon as was practicable.

8. ADULT SOCIAL CARE AND PUBLIC HEALTH RECOVERY PLAN IN RESPONSE TO THE CORONAVIRUS PANDEMIC

Grace Natoli introduced the report and responded to questions.

RESOLVED 2020/024

That the Recovery Plan and priorities for the Adult Social Care and Public Health department following the implementation of emergency operating models in response to the Coronavirus pandemic be approved.

9. REVIEW OF STAFFING STRUCTURE WITHIN ADULT SOCIAL CARE

Sue Batty introduced the report and responded to questions.

RESOLVED 2020/025

That the following changes, with effect from the implementation of the new Adult Social care staffing structure on 1st September 2020, be approved:

- a) The disestablishment of 1.07 FTE vacant Promoting Independence Worker (Grade 3) posts from the Maximising Independence Service structure creating a saving of £26,447;

- b) The establishment of an additional 0.5 FTE Senior Practitioner Occupational Therapy/Advanced Social Work Practitioner (Band C) post within the Maximising Independence Service at a cost of £26,385.

10. A NEW APPROACH TO PROVIDING DIRECT PAYMENT SUPPORT SERVICES AND CHANGES TO THE STAFFING ESTABLISHMENT

Sue Batty introduced the report and responded to questions.

RESOLVED 2020/025

- 1) To give approval for a competitive tender exercise to establish a Framework Agreement of Direct Payment Support Services, which will be used by Adult Social Care, Children and Families services, Nottingham City Council, Nottingham and Nottinghamshire Clinical Commissioning Group and Bassetlaw Clinical Commissioning Group;
- 2) To give approval to Nottinghamshire County Council to lead the tender exercise on behalf of the other parties;
- 3) To receive a report on the outcome of the tender services;
- 4) To approve the establishment of a permanent 0.6 FTE Finance Assistant – Managed Budgets post (Grade 4) to sit within Adult Care Financial Services;
- 5) To approve two temporary posts to sit within Adult Care Financial Services to be made permanent as follows:
 - 1 FTE Finance Assistant Grade 4)
 - 0.5 FTE Business Support Assistant (Grade 3)

11. A REVIEW OF THE FUNERAL SERVICE CONTRACT

Melanie Brooks introduced the report and responded to questions.

RESOLVED 2020/026

That the retender of the current funeral arrangements contract to commence on 1st April 2021 until 31st March 2024 be approved. A two-year option to extend will also be incorporated into the contract.

12. MARKET MANAGEMENT POSITION STATEMENT

Melanie Brooks introduced the report and responded to questions.

RESOLVED 2020/027

That there no actions arising from the report.

13. WORK PROGRAMME

RESOLVED 2020/028

That the work programme be agreed.

14. EXCLUSION OF THE PUBLIC

RESOLVED 2020/029

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: 2018/030

That the information in the exempt appendix be noted.

The meeting closed at 12.40 pm.

CHAIRMAN

**PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED
WITH RING-FENCED PUBLIC HEALTH GRANT 1 JANUARY 2020 TO 31 MARCH 2020****Purpose of the Report**

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

Information

2. Due to COVID 19 the July Committee had a reduced agenda ,therefore this end of year report has come to Committee later than planned.
3. 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 January to March 2020 against key performance indicators related to Public Health priorities, outcomes and actions within:
 - a). the Public Health Service Plan 2020-2021;
 - b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
 - c). the Authority's Commitments 2017-21.
4. 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.
5. 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 breakdown of some commissioned services at District level.
6. As lock-down started on 23rd March, it should not have affected service provision to any great degree during this quarter and to that end the majority of services met their targets.

NHS Health Checks (GPs)

7. The NHS Health Check Programme exceeded the health checks offered target and met the other targets for the year. GPs identified and started treatment for 194 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, signposting and treatment to all those who had a health check, a total of 4,914 people.

8. In 2019/20 a total of 882 high risk people were identified for treatment to prevent heart attacks, diabetes, kidney disease or stroke.
9. During this quarter, 7,875 people were invited to attend a health check. The proportion of people taking up their invitation was 62.4%, an improvement on the most recent national average of 46.8%.
10. Altogether over 22,000 Nottinghamshire residents received a healthcheck this year.
11. 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.

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

12. The ISHS provides a testing and treatment service for sexually transmitted infections (STIs) and contraception. High demand for the ISHS continues to arise. Both NUH and DBH have seen a slight increase in the number of filled appointments for County residents across the year compared to 2018/19.

60% of new users accepting HIV test

13. The 60% target for the percentage of new service users accepting a HIV test was met by SFHT and DBH this quarter. NUH were slightly below the quality standard for this period (55% in Q4 but 59% over the year). NUH assure Public Health Commissioners that all clinically appropriate service users are offered an HIV test. Patient's reason for not accepting an HIV test can include that they were recently tested or that they wish to decline a test.

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

14. Chlamydia is one of the most common STIs and although often symptomless it can cause long-term health problems including infertility if left untreated.
15. 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 below the quality standard in this quarter, reporting 68% of 15-24 year olds accepting a chlamydia test.
16. NUH have undertaken an audit of chlamydia screening in this age group. The audit investigated the reason why some young people were not screened. The findings indicate that whilst the vast majority of patients were offered a test in some cases this was not documented and or the reason for declining was not recorded despite a relevant clinical reason e.g. not sexually active, attending for treatment. Following the audit staff training has taken place to reassert the need to document reasons for declining a test. A re-audit is scheduled to take

place to compare findings. The PH team will continue to monitor and review NUH to ensure the standard is reached.

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.
20. The service is popular with young people with over 2000 returning 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. This is underpinned by an updated communications plan for the scheme for 2020 -2021.

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.
24. CGL works proactively across the county to ensure residents get free from their substance misuse. 1923 new residents came into the service during quarter 4. 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 are over the planned target of 162 per quarter (actual 225 for quarter four).
25. Unplanned discharges from the service have been consistently low, especially so in quarter four with 143 unplanned discharges.
26. Overall improvements in the wider outcomes derived from the service are all above target for this year. These outcomes are:
 - Employment, training and education: target 25%; performance 41%.
 - Mental wellbeing: target 60%; performance 83%.
 - Housing improvements (where housing was identified as an issue at entrance into the service): target 70%; performance 89%.

27. As Members requested, Committee will receive a full report detailing how the integrated Substance Misuse Services performed during the term of the contract at a later date.

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

28. CGL took over the young people's substance misuse service on 1st October 2018 and 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 four shows that 57 young people have been referred into the service (target of 50 per quarter). The service contacted 250 young people via outreach work and group work within quarter 4. There are no waiting times for young people to access this service.
29. CGL have taken the service and in this full year of provision have exceeded previous years' data.

Smoking Cessation (Solutions 4 Health)

30. Performance by the Stop Smoking Provider fell in this quarter.
31. Nationally there has been a 14.7% reduction in the number of people setting a quit date between 2017/18 - 2018/19 and a 12.1% reduction in the number quitting successfully in the same period.
32. In Nottinghamshire 2111 people were supported to stop smoking at four weeks for the year.
33. The quality of the local service continues to exceed national levels. Nationally the quality of interventions remains consistently high, with 51% of all service users successfully quit at the four-week stage. Locally the service supported 55% of people who set a quit date to quit at four weeks, slightly above the national average.
34. The service transitioned into the new integrated well-being service as smoothly as it could in light of the COVID lockdown.

Illicit Tobacco Services (In-house)

35. Officers have continued their efforts to disrupt the availability of illicit tobacco products. However, the impact of not having a dedicated police officer has adversely affected the service in this last quarter.
36. However, officers have continued to be proactive and have carried out extensive work upgrading files for serious cases they are taking to Crown Court.
37. A meeting with the Nottinghamshire representative for the Farmers Union took place with an appeal to inform its members to be aware of potential criminal use of their outbuildings for the storage of counterfeit tobacco products. The advice drafted by Nottinghamshire Trading Standards has now been shared as a model of good practice across the East Midlands.

Obesity Prevention and Weight Management (Everyone Health)

38. The service met all targets except for the number of children supported.

39. Community referrals have decreased, potentially due to there being a change in service provision in April 2020. This is despite the service and commissioners working together to inform system partners that there will be a new service. This has had a proportionally greater impact on the number of children and young people accessing the service because of the smaller number of referrals overall.
40. Overall, the service performed well on the delivery of a wide range of targeted community initiatives to the end of the term and there was a smooth transition to the new service.
41. During this quarter commissioners have prioritised ensuring that learning from the current service delivery is captured and transferred across to the integrated wellbeing service as part of the mobilisation phase.

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

42. 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.
43. 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.

Seasonal Mortality (Nottingham Energy Partnership)

44. 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.
45. The service has exceeded the 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 (535 people versus a target of 240). The service continues to train individuals 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 245 individuals against an annual target of 219.

Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)

46. 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. Performance of the service overall has been good and compares favourably with both our statistical neighbours and England as a whole. The contract will be extended to run for an additional four years in April 2020, ending in March 2024.

47. 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 Authority has a statutory duty to ensure the delivery of five health and development reviews mandated by the Department of Health. Local performance for these reviews continues to be good.
48. Historical staffing and recruitment challenges have settled and there is now a picture of increased workforce stability. The Children and Young People's division within the Trust is working pro-actively to recruit and retain the workforce which is reflected in improved performance against the key performance indicators.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

49. 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.
50. Performance by the service declined sharply in quarter four however the overall targets for the year were exceeded due to the work already completed in previous quarters.
51. The Oral Health Promotion Team are finalists in The Best Outreach Initiative in the National Dental Awards 2020 (The Probe Awards). This is a huge achievement for such a small team of two in the world of Dentistry, especially when this category covers such a wide field of expertise

Homelessness (Framework)

52. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On 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.
53. A total of 217 new service users entered the hostel accommodation in 2019/20 of which 126 exited in a planned way. 79 of these service users moved into the move-on accommodation with a total of 96 service users exiting the move on accommodation in a planned way.
54. The provider has reported that they are experiencing more challenging behaviour from some service users, including violence and substance misuse in the hostels. However, the outcomes remain positive and the provider continues to achieve the targets set.

Other Options Considered

55. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

57. 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

58. 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

59. 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

60. 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

61. 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

62. 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:

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Constitutional Comments (EP 08/09/2020)

63. The recommendation falls within the delegation to Adult Social Care and Public Health Committee under its terms of reference.

Finance Comments (DG 08/09/2020)

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

Background Papers and Published Documents

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

65. 'None'

Electoral Division(s) and Member(s) Affected

66. 'All'

Nottinghamshire County Public Health Services Performance Report



Colour Code	Quality standard	Number
80%	Standard met or exceeded	YTD 80% or higher of expected
80%	Standard not met	YTD less than 80% of expected

									Quarter 4 2019/20		
Service Name	Indicator or Quality Standard	2018/19 final figures for comparison	2018/19 Q4	Annual plan 2019/20	Q1	Q2	Q3	Q4	Performance against target	Performance against target	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	31,890	9,458	34,000	10,274	11,047	9,321	7,875		Green	38,517
	No. of patients offered who have received health checks	22,149	6,296	23,800	5,798	6,133	5,565	4,914		Green	22,410
Integrated Sexual Health Services	Total number of filled appointments										
	Sherwood Forest Hospital NHS Trust	23,000	5,696	23,381	5,660	5,996	5,597	5,163		Green	22,416
	Nottingham University Hospital NHS Trust	15,528	4,058	15,819	4,142	4,633	4,251	3,041		Green	16,067
	Doncaster and Bassetlaw Hospitals NHS Trust	8,642	2,237	8,130	2,250	2,318	2,141	2,025		Green	8,734
	Total	47,170	11,991	47,330	12,052	12,947	11,989	10,229		Green	47,217
	Quality Standard 60 % of new service users accepting a HIV test										
	Sherwood Forest Hospital NHS Trust	79%	81%	>60%	79%	79%	85%	79%		Green	81%
	Nottingham University Hospital NHS Trust	63%	65%	>60%	63%	60%	58%	55%		Green	59%
	Doncaster and Bassetlaw Hospitals NHS Trust	61%	76%	>60%	70%	62%	68%	65%		Green	66%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test										
	Sherwood Forest Hospital NHS Trust	82%	82%	>75%	84%	88%	97%	94%		Green	90%
	Nottingham University Hospital NHS Trust	67%	66%	>75%	73%	64%	65%	68%		Green	67%
	Doncaster and Bassetlaw Hospitals NHS Trust	70%	76%	>75%	83%	79%	78%	87%		Green	82%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC										
	Sherwood Forest Hospital NHS Trust	47%	50%	>30%	49%	48%	50%	48%		Green	49%
	Nottingham University Hospital NHS Trust	42%	45%	>30%	40%	50%	49%	55%		Green	50%
	Doncaster and Bassetlaw Hospitals NHS Trust	50%	49%	>30%	51%	45%	49%	49%		Green	48%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,245	324	1,400	410	313	416	203		Green	1,342
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	1,787	574	2,000	618	493	605	433		Green	2,149
Substance Misuse	Number of successful exits (i.e. planned)	1,021	253	162	214	240	229	225		Green	908
	Number of unplanned exits	664	191	-	166	166	220	143		NO TARGET	695
	Number of service users in the service (last day of quarter) Including transferred in	13,168	13,168	10,394	6,598	8,613	10,660	12,583		Green	12,583
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	158	54	200	46	53	49	57		Green	205
	Quality standard 80% Planned exit from treatment	88%	100%	80%	100%	50%	100%	100%		Green	92%
	Number of YP contacted via outreach or group work	-		-	444	146	125	250		NO TARGET	965
Smoking Cessation	Number of people setting a quit date	4344	1,465	-	817	909	1,009	643		NO TARGET	3,378
	% actually quit - Russell standard	69%	72%	>40%	62%	67%	64%	55%		Green	62%
	Pregnant Smokers who successfully quit	149	32	500	17	34	30	13		Red	94
	Under 18 Smokers who successfully quit	19	3	200	6	6	4	3		Red	19
	Routine and Manual Workers successfully quit	890	335	1,500	124	153	168	71		Red	516
	All other smokers who successfully quit	1,946	684	2,800	361	418	439	264		Red	1,482
	Total Successfully Quit	3,004	1,054	5,000	508	611	641	351		Red	2,111
Illicit Tobacco Services	Number of inspections	100	18	-	6	9	27	3		NO TARGET	45
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	708	216	260	347	322	162	111		Green	942
	Number of children supported	117	43	108	30	24	9	16		Red	79
	Maternity	107	50	104	54	57	67	39		Green	217
	Number of tier 1 prevention projects	71	-	64	18	27	27	17		Green	89
	Number of tier 1 prevention sessions	439	-	432	151	174	222	58		Green	605
Domestic Abuse Services	No of adults supported	1,952	527	2,088	451	487	468	519		NO TARGET	1,925
	No of children, young people & teenagers supported	609	173	622	137	136	109	169		NO TARGET	551
Healthy Housing	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	499	58	240	88	82	208	157		Green	535
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	219	54	187	47	83	76	39		Green	245
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	89%	90%	90%	90%	90%	88%	91%		Green	90%
	Percentage of 6-8 week reviews completed	87%	88%	90%	89%	89%	89%	87%		Green	89%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	89%	89%	90%	90%	92%	91%	86%		Green	90%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	98%	99%	95%	97%	99%	86%	90%		Green	93%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	278	70	200	98	82	100	25		Green	305
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	221	48	200	71	76	110	0		Green	257
Homelessness	Hostel Accommodation Number exited in a planned way	135	31	-	30	37	38	21		NO TARGET	126
	Hostel Accommodation % exited in a planned way		79%	>80%	71%	90%	83%	75%		Green	77%
	Move on Accommodation Number exited in a planned way	136	29	-	25	25	32	14		NO TARGET	96
	Move on Accommodation % exited in a planned way		97%	>80%	96%	89%	89%	82%		Green	96%

District Level Data		Quarter 1							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
Substance Misuse	Number of successful exits (i.e. planned)	34	57	30	29	22	29	13	214
	Number of unplanned exits	47	31	20	26	16	14	12	166
	Number of service users in the service (last day of quarter) Including transferred in	811	1142	666	436	370	377	261	4063
Smoking Cessation	Number of people setting a quit date	138	163	160	94	88	63	57	763
	% actually quit - Russell standard	64%	72%	62%	65%	67%	56%	54%	64%
	Pregnant Smokers who successfully quit	4	0	5	4	2	0	1	16
	Under 18 Smokers who successfully quit	0	2	3	0	0	0	0	5
	Routine and Manual Workers successfully quit	34	22	19	17	11	9	6	118
	All other smokers who successfully quit	50	94	72	40	46	26	24	352
Total Successfully Quit		88	118	99	61	59	35	31	491
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	41	39	70	54	64	47	32	347
	Number of children supported	4	6	5	3	8	1	3	30
	Maternity	1	10	15	11	7	6	4	54
	Adults triaged to other 12 week weight management	48	31	49	40	28	29	36	261
Domestic Abuse Services	No of adults supported	84	106	79	49	48	68	37	471
	No of children, young people & teenagers supported	17	38	18	14	12	13	4	116
Healthy Housing	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	6	5	15	7	15	20	17	85
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	7	0	25	15	0	0	0	47
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	248	247	310	246	249	250	242	1792
	Number of 6-8 week reviews completed	198	260	290	267	203	231	223	1672
	Number of 12 month development reviews completed by the time the child turned 15 months	239	224	318	273	250	243	260	1807
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	246	246	375	280	267	276	261	1951
Homelessness	Hostel Accommodation Number exited in a planned way	1	11		6	12		30	
	Hostel Accommodation % exited in a planned way	50%	58%		60%	88%		71%	
	Move on Accommodation Number exited in a planned way	6	8		6	5		25	
	Move on Accommodation % exited in a planned way	100%	88%		100%	80%		96%	

This excludes NX and multiple journeys

Caveat: these are those people with district postcodes, others included in overall total are GPCCG who live outside of Notts districts

Does not include out of area/no fixed abode

		Quarter 2							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
Substance Misuse	Number of successful exits (i.e. planned)	38	50	43	28	34	23	24	240
	Number of unplanned exits	36	41	27	12	15	10	25	166
	Number of service users in the service (last day of quarter) Including transferred in	997	1413	837	565	484	460	322	5078
Smoking Cessation	Number of people setting a quit date	141	197	169	147	65	86	77	882
	% actually quit - Russell standard	67%	72%	66%	65%	72%	62%	61%	67%
	Pregnant Smokers who successfully quit	3	8	5	4	4	1	3	28
	Under 18 Smokers who successfully quit	1	1	1	1	1	1	0	6
	Routine and Manual Workers successfully quit	50	23	27	33	10	8	1	152
	All other smokers who successfully quit	40	110	79	57	32	43	43	404
Total Successfully Quit		94	142	112	95	47	53	47	590
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	36	51	43	54	56	45	37	322
	Number of children supported	4	0	5	5	4	1	5	24
	Maternity	0	13	17	11	6	8	2	57
Domestic Abuse Services	No of adults supported	95	105	95	42	35	62	41	475
	No of children, young people & teenagers supported	45	29	24	13	9	13	3	136
Healthy Housing	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	15	5	9	7	17	20	9	82
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	31	24	0	12	11	0	5	83
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	261	251	330	255	213	221	245	1776
	Number of 6-8 week reviews completed	267	254	337	255	223	230	236	1802
	Number of 12 month development reviews completed by the time the child turned 15 months	223	218	286	250	248	261	240	1726
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	252	227	328	279	213	216	254	1769
Homelessness	Hostel Accommodation Number exited in a planned way	5	14		8	10		37	
	Hostel Accommodation % exited in a planned way	14%	38%		22%	27%		90%	
	Move on Accommodation Number exited in a planned way	3	5		7	10		25	
	Move on Accommodation % exited in a planned way	12%	20%		28%	40%		89%	

This excludes NX and multiple journeys

Caveat: these are those people with district postcodes, others included in overall total are GPCCG who live outside of Notts districts

Does not include out of area/no fixed abode

		Quarter 3							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
Substance Misuse	Number of successful exits (i.e. planned)	57	44	37	35	20	21	15	229
	Number of unplanned exits	44	67	30	24	17	24	14	220
	Number of service users in the service (last day of quarter) Including transferred in	1165	1676	1032	696	585	543	387	6084
Smoking Cessation	Number of people setting a quit date	156	204	197	153	76	93	73	952
	% actually quit - Russell standard	59%	72%	63%	63%	58%	61%	60%	63%
	Pregnant Smokers who successfully quit	4	10	6	5	1	1	2	29
	Under 18 Smokers who successfully quit	0	0	0	0	1	0	1	2
	Routine and Manual Workers successfully quit	49	32	27	25	5	12	3	153
	All other smokers who successfully quit	39	105	91	66	37	44	38	420
Total Successfully Quit		92	147	124	96	44	57	44	604
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	21	13	28	28	28	22	22	162
	Number of children supported	0	5	2	2	0	0	0	9
	Maternity	8	5	22	16	10	5	1	67
Domestic Abuse Services	No of adults supported	87	93	79	72	34	50	46	461
	No of children, young people & teenagers supported	21	28	5	16	11	10	10	101
Healthy Housing	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	31	15	23	30	34	49	26	208
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	11	11	0	35	0	9	10	76
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	256	237	272	246	242	214	247	1714
	Number of 6-8 week reviews completed	245	248	316	265	215	231	250	1770
	Number of 12 month development reviews completed by the time the child turned 15 months	273	272	359	317	259	265	263	2008
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	277	250	368	259	246	259	283	1942
Homelessness	Hostel Accommodation Number exited in a planned way	4	12		6	16		38	
	Move on Accommodation Number exited in a planned way	3	7		9	13		32	

This excludes NX and multiple journeys

Caveat: these are those people with district postcodes, others included in overall total are GPCCG who live outside of Notts districts

Does not include out of area/no fixed abode

		Quarter 4							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
Substance Misuse	Number of successful exits (i.e. planned)	59	55	28	35	22	19	7	225
	Number of unplanned exits	44	67	30	24	17	24	14	220
	Number of service users in the service (last day of quarter) Including transferred in	1317	1942	1192	827	685	614	453	7030
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	8	9	29	21	12	22	10	111
	Number of children supported	2	4	1	3	2	2	2	16
	Maternity	0	8	12	12	1	5	1	39
Domestic Abuse Services	No of adults supported	87	106	115	64	39	65	34	510
	No of children, young people & teenagers supported	43	27	34	15	26	14	10	169
Healthy Housing	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	12	10	18	16	40	28	33	157
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	0	12	0	17	6	4	0	39
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	224	241	292	266	216	201	239	1679
	Number of 6-8 week reviews completed	221	234	293	274	228	193	235	1678
	Number of 12 month development reviews completed by the time the child turned 15 months	211	244	286	254	218	221	215	1649
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	250	257	335	304	259	268	280	1953
Homelessness	Hostel Accommodation Number exited in a planned way	6	5		2	8		21	
	Move on Accommodation Number exited in a planned way	3	4			5		14	

This excludes NX and multiple journeys

Does not include out of area/no fixed abode

Data not received

Data not received

12 October 2020

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

INVESTING UNCOMMITTED PUBLIC HEALTH GRANT FOR A HEALTHIER NOTTINGHAMSHIRE

Purpose of the Report

1. To seek approval to invest forecasted uncommitted Public Health grant in services to sustain and improve outcomes for people in Nottinghamshire County.
2. To seek approval to establish fixed term posts in the Public Health Division, as detailed in paragraph 44.
3. To seek approval for media communications relating to the launch and promotion of these programmes of work.

Information

4. The context for the following proposals is the availability of uncommitted Public Health grant, the opportunity to invest this to improve outcomes over the long term and to avoid pressures on other corporate budgets, together with the ongoing short-term need to deploy public health officers on COVID-19 outbreak management.

Strategy and alignment

5. Health and wellbeing is an asset which enables people to pursue what is important to them. It also underpins important outcomes related to growth, cohesion and prosperity in which all communities can share. Therefore, **extending the years in which people live in good health and focussing effort in areas where outcomes have previously been poorest** has been integral to the Council Plan.
6. Improving health and reducing inequalities depends on much more than the provision of good healthcare. Creating health (as opposed to providing healthcare) is closely linked to the environments in which we grow, live and work, including the benefits which accumulate from the start of life and in early years, and to the systematic implementation of measures to prevent ill-health.
7. The unequal impact of COVID-19 has provided a forceful reminder of the extent to which place and environment are the dominant factors in shaping health and its distribution across the population. National data shows that both men and women living in least advantaged areas

have been twice as likely to die from COVID-19 as those living in the most advantaged areas. It is notable that similar differences in risk also exist for some Black, Asian and Minority Ethnic groups.

8. The reasons for this inequality include higher density of housing and multiple occupancy households, occupations and reliance on transport involving increased risk of exposure without adequate mitigation, contractual conditions which provide fewer protections, and higher rates of physical ill-health which are associated with environments conducive to poor diet, reduced physical activity, harmful drinking and tobacco smoking.
9. These socioeconomic factors represent longstanding inequalities and are hazards not only in terms of Nottinghamshire's resilience to COVID-19 but also undermine health and wellbeing and economic prosperity more generally. Therefore, an important part of the Council's commitment to improve the health of the population is delivered through its use of the Public Health grant to create environments which protect and promote good health; to ensure that everyone has a best start in life and is enabled to maximise their capabilities into adulthood; and to deliver services which address risk factors for poor health and wellbeing and loss of independence.
10. The ambition to extend healthy life expectancy and address inequalities is also reflected in the Joint Health and Wellbeing Strategy and the priorities for action agreed by Health and Wellbeing Board partners, and in the outcomes framework and goals adopted by the Nottingham and Nottinghamshire Integrated Care System (ICS).
11. Whilst contributing to Public Health outcomes more generally and fulfilling the mandatory Public Health duties of the authority, the Council's deployment of the grant also contributes to specific commitments within the Council Plan, and to the Council's policy for "Health in all Policies". For example:
 - delivery of cross-council work on Employment and Health, which will strengthen the Council's role in improving employment prospects for people with disabilities and health conditions in Nottinghamshire, is partly resourced using the Public Health grant
 - the Healthy Families Programme comprises evidence-based services which improve the life chances and physical and mental health of young people, and supports school readiness (Commitment 1)
 - Public Health leadership given to the development of the Nottinghamshire Air Quality Framework, tools to support planning officers, and work with partner organisations on the food environment contribute to making our environments health-promoting, and to making Nottinghamshire a great place to live, work, visit and relax (Commitment 5)
 - newly commissioned services launched in April 2020 are preventing ill-health and promote wellbeing by delivering all-age support to people seeking to reduce their exposure to substance misuse, tobacco, excess weight and low physical activity (Commitment 6)
 - recently re-commissioned services to address the needs of survivors and residents at risk of domestic abuse help to ensure that people are kept safe from harm and that everyone can live in communities which are vibrant and supportive (Commitment 7). In addition, officers in the Public Health Division have led on the recent submission of partnership bid

which has secured £500,000 for Nottinghamshire County from the Ministry of Housing, Communities and Local Government for sustaining safe accommodation for survivors, and on the commissioning of additional temporary emergency accommodation for people fleeing domestic violence to meet additional demand and supply issues associated with COVID-19

- specialist advice to NHS commissioners and coordination of the Joint Strategic Needs Assessment across health and social care helps ensure that people can access the right care and support (Commitment 9)

12. In accordance with the Council's policy of promoting "Health in All Policies", the Public Health grant has contributed to wider programmes of work with system partners, for example:

- The Violence Reduction Unit has received specialist advice from the Public Health team in its development of a strategic needs assessment and, as part the Council's wider commitment to the safety of our communities, Public Health reserves contribute to the funding of additional work with hard-to-reach young people who are at risk of becoming victims or perpetrators of youth violence.
- Public Health leadership and technical expertise to the development and implementation of an outcomes framework and prevention plans for our Integrated Care System and Integrated Care Partnerships which will extend the years people spend in good health

Impact

13. Population level outcomes (such as those identified in the Public Health Outcomes Framework) are the result of a range of influences, one of which is the effective application of evidence-based Public Health programmes like these, at scale, and sustained over time. In Nottinghamshire County the Public Health grant contributes to Public Health outcomes which, at county level, are similar to or better than national averages and to mitigating inequalities in those of our communities who experience outcomes significantly worse than average.
14. Evidence from a wide range of local authorities and from across the NHS also demonstrates that investment in interventions such as those which the Council funds through its Public Health grant are highly cost effective. For example, health economists have found that the average cost of securing one additional year of life in full health is as little as £3,800 for the Public Health interventions typically commissioned by local authorities. This compares with £13,000 for healthcare interventions.
15. Assurance that investment of the grant in Nottinghamshire County is properly directed to the needs of people and circumstances locally follows from our close attendance to the recommendations of the Joint Strategic Needs Assessment, and to the rigour with which it sets out unmet need and the evidence of what works to address it.
16. Assurance that investment of the grant secures the intended service outcomes rests on evidence-based commissioning including proactive contract management and periodic evaluation.

17. In other words (and notwithstanding the fact that effective services are only one part of what is required to shift outcomes at a population level) there is evidence from a range of studies that interventions like these deliver a good return on investment.

Financial context

18. The Public Health Division is funded through a ring-fenced grant, provided annually as an allocation from the Department of Health and Social Care. In 2020/21, the grant received was £41.561m.
19. Based on provisional announcements made by the previous government in Autumn 2019, it is assumed that the Public Health grant will increase by 1% annually within the period of the Council's Medium-Term Financial Strategy. This would represent a modest reversal of the year on year reductions to the grant in excess of £1m per year which have been applied since 2015/16.
20. Where the Public Health grant is not spent in-year (due, for example, to slippage in spend or contract under-performance), the unspent monies accrue to Public Health General Reserves.
21. The ring-fenced allocation of Public Health grant is subject to national conditions specified by the Department of Health and Social Care. The conditions apply to the use of the grant including any unused sums which accrue to reserves.
22. Amongst other things the conditions specify that the grant must be for "eligible expenditure" (which it specifies) or for functions which "have a significant effect on Public Health", that the local authority must have regard to the need to reduce inequalities between the people in its area, and that the Public Health benefit to be derived from the use of the fund provides value for money.
23. In discharging its duties and plans, the Public Health Division is expected to make its own arrangements to address risk and is not expected to draw on the Council's other reserves. The Public Health General Reserves provide the resource with which to do this, and £300k is currently held for this contingency.
24. After accounting for reserves for which Committee has previously given approval to invest, there are no uncommitted reserves from funding that the Council currently holds. However, based on current planning assumptions and spending levels, officers forecast that £6.085m of uncommitted Public Health funding will accumulate by March 2024.
25. Greatest impact from this forecasted funding will be secured by investing some of them promptly and, subject to the value of the grant which is received in the period ahead, then sustaining them over a period of time.

Proposals for investing uncommitted Public Health grant

26. Committee is invited to review an initial group of proposals listed in **Appendix 1** which align with the strategic and corporate objectives identified above.

27. The proposals have been screened and prioritised against routine considerations relating to Public Health impact, equity, affordability, value for money, and the conditions of the Public Health grant.
28. All proposals represent an extension of existing programmes of work for which funding from the Public Health grant would otherwise come to an end, leaving the Council facing an erosion of outcomes or the prospect of an additional cost pressure on corporate budgets. These programmes are commissioned from other departments and organisations. Therefore, funding them is not anticipated to add significantly to resourcing required from the public health team in a period when the immediate priority is to sustain COVID-19 outbreak management.

Create environments which protect and promote good health

29. The current Mental Health First Aid Training offer has reached a wide range of groups and services working with diverse communities. It equips frontline workers and volunteers to raise awareness of the importance of good mental health, reduce stigma, promote self-management and signpost to additional support where it is needed.
30. The extension of funding to Nottingham Energy Partnership will address risks associated with living in a cold home environment, thereby supporting independent living, improved quality of life, and reductions in excess winter deaths. It achieves this through training to front line staff, community awareness raising and energy efficiency advice, and support for the installation of heating and insulation improvements for targeted groups.
31. Community Friendly Nottinghamshire is a 'community organising' programme based around 'listening conversations' and is delivered by the Place Department. It facilitates people to establish their own sustainable community groups and assets. As such, it addresses the corporate objective to develop the resilience of local communities in a manner which is self-sustaining, as well as addressing wellbeing, loneliness and isolation amongst people who engage in the groups and networks enabled through the programme.
32. Flu immunisation is effective in preventing disease in working-age adults, and is the single best way to protect against catching or spreading flu. The staff flu programme protects vulnerable service users from transmission of seasonal flu by frontline staff and contributes to corporate objectives relating to sickness absence. It is proposed to establish 1 Full-Time Equivalent (FTE) Public Health and Commissioning Manager (Band D) for a fixed term period of 12 months in order to bolster preparations ahead of the 2020/21 flu season, which is expected to be a challenging period whilst COVID-19 remains a significant threat.

Ensure that everyone has a best start in life and is enabled to maximise their capabilities into adulthood

33. The Schools Health Hub within the Children and Families Service supports schools to improve health, resilience and educational outcomes amongst young people in schools. The proposed funding would support continuation of the existing service across primary, secondary and special school settings.

Deliver services which address risk factors for poor health and wellbeing and loss of independence

34. Continuation of the current level of funding to the oral health promotion service will sustain targeted work to reduce the burden of dental decay and consequential treatment costs, loss of school days, and the consequential erosion of independence in later years.
35. Funding allocated to suicide prevention will enable the Authority to continue meeting increased demand for suicide crisis prevention support, while responding to the mental health impact of the COVID-19 pandemic and the linked downturn in employment. This will extend an initial tranche of funding allocated to suicide prevention in July 2020.

Next steps if approved

36. Taken together this initial group of proposals will cost £1,151,642 leaving an estimated £4.933m of uncommitted funding by March 2024. Approving these initial proposals now will provide a more favourable window of time for planning, secure continuity and longevity of services, and secure earlier impact for residents.
37. Several more proposals remain in development. Therefore, it is proposed to 'hold' some of the forecasted uncommitted funding pending completion of the necessary work to develop and prioritise a second set of proposals later in 2021.

Local Authority Test and Trace Grant

38. At the September meeting of Adult Social Care and Public Health Committee, members approved a report in relation to the Local Authority Test and Trace Grant, received by the Authority for expenditure in relation to the mitigation and management of local outbreaks of COVID-19. One aspect of the report was to establish a series of fixed term posts in support of the Public Health Division and Outbreak Cell.
39. It has since become apparent that the Outbreak Cell would benefit from additional project support resource. It is therefore proposed to establish 1 FTE Public Health Support Officer (Band B) for a fixed term period of 12 months at a cost of £48,635. This will be contained within the Local Authority Test and Trace Grant.

Other Options Considered

40. The option to use Public Health grant for other budgetary purposes in the local authority was discounted. 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. This also applies to the Local Authority Test and Trace Grant.

Reason for Recommendation

41. The proposed use of uncommitted Public Health grant, and Local Authority Test and Trace Grant, is compliant with the grant conditions and will maximise the use of funding for a healthier Nottinghamshire.

Statutory and Policy Implications

42. 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

43. A revised Public Health financial planning assumption has been agreed in consultation with the Section 151 Officer following provisional announcements made by the previous government in Autumn 2019. This has delivered a more favourable position for Public Health such that it is assumed the Public Health grant will increase by 1% annually within the period of the Council's Medium-Term Financial Strategy. As a result, and based on current planning assumptions, uncommitted Public Health funding is forecasted to increase to £6.085m by March 2024. The investment proposals in this paper totalling £1,151,642 will reduce this to an estimated £4.933m and a further report to Committee will propose a second set of proposals for use of this remaining funding.

Human Resources Implications

44. This report proposes to establish fixed terms posts, as detailed in the table below.

Post Title	FTE	Grade/ Band	Contract length	Total cost	Funding Source
Public Health and Commissioning Manager	1.0	D	12 months	£59,355	Public Health Reserves
Public Health Support Officer	1.0	B	12 months	£48,635	Local Authority Test and Trace Grant

RECOMMENDATION/S

That Members:

- 1) Approve the proposed investment of forecasted uncommitted Public Health grant in services to sustain and improve outcomes for people in Nottinghamshire County.
- 2) Approve the establishment of fixed term posts in the Public Health Division, as detailed in paragraph 44.
- 3) Approve media communications relating to the launch and promotion of these programmes of work.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (AK 30/9/2020)

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

Financial Comments (DG 29/09/20)

46. The estimated uncommitted Public Health reserves are £6.085m by March 2024. The investment proposals in this paper totalling £1.151m will reduce this to an estimated £4.933m. The Band D commissioning manager's post will be met from PH reserves (£59,355) and the Band B Support officer will be met from the £3.802m test and trace grant (£48,635).

HR Comments (SJJ2 30/9/2020)

47. Recruitment to the posts will be undertaken using the County Council's recruitment process and employed on fixed term contracts

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

Appendix 1: New Public Health investment proposals

Ref	Topic	2020/21 £	2021/22 £	2022/23 £	2023/24 £	Brief description of activity / Rationale	Impacts (including links to Public Health outcomes)
1	Community Friendly Nottinghamshire	23,125	92,500	92,500		Community Friendly Nottinghamshire is an NCC Place department service to targeted communities across Notts. The service delivers a Community Organising methodology to Community Development. This initiative is evaluated well at the pilot stage and the key is sustainability as this builds local capacity and is not a dependency model. The opportunity arising through continued investment by public health would be to significantly expand the local capacity for listening conversations, social organising and community development, through a training and development plan for Nottinghamshire front line workforce.	<ul style="list-style-type: none"> • 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; <p>Contribution to Public Health outcomes: Self reported wellbeing</p>
2	Suicide Prevention	32,676	130,704			<p>There is evidence from previous SARS pandemics that suicide rates increased following periods of lockdown and social distancing restrictions. There is also evidence that suicide rates increased across Europe following the financial crash of 2008 . Research to date on the impact of the COVID-19 pandemic on mental health in England has shown an increase in reported rates of depression and anxiety. This funding will support us in meeting increased demand for suicide crisis prevention support while we respond to the mental health impact of the COVID-19 pandemic and the linked downturn in employment. This will extend an initial tranche of funding allocated to suicide prevention in July 2020.</p> <p>There is a national target to reduce suicide rates by 10% by 20/21 (NHS Long Term Plan). Around one in five adults say they have thought about suicide at some point (CFPS, Providing a Lifeline). In Nottinghamshire there were 47 deaths by suicide in 2018, 72 in 2017 and 46 in 2016 (ONS).</p> <p>The economic cost of each death by suicide in England for those of working age is estimated to be £1.67M (2009 prices) (PHE: local suicide prevention planning)</p> <p>Estimates for the number of people affected by each suicide range from 6 to 60.</p> <p>Suicide is a health inequality issue - people in the most disadvantaged communities/from the lowest socio economic group are ten times more at risk of suicide.</p>	<p>Reduction in suicide rate</p> <p>Reduction in years of life lost to suicide</p> <p>Reduction in suicide crude rate</p> <p>Reduction in emergency hospital admissions for intentional self harm (also reduction in hospital admissions and hospital stays for intentional self harm)</p> <p>Improved self-reported well being</p> <p>Reduced ED attendance</p> <p>Reduced mis-presentation at mental health services</p> <p>Reduced mental health crisis</p>
3	Nottingham Energy Partnership	10,000	20,000	20,000	10,000	The Nottingham Energy Partnership (NEP) offers targeted training, comprehensive energy advice and referral for boiler installation, home insulation and adaptations. The Public Health contract is due to expire March 2020. Continued funding will ensure reducing the health risks (including preventable deaths) associated with living in a cold home. The contract aims to improve the health and wellbeing of people vulnerable to the cold.	<p>Influence against the following indicators:</p> <p>Excess winter deaths index</p> <p>Excess winter deaths index (age 85+)</p> <p>Fuel poverty indicator</p>

4	Schools Health Hub		181,991	198,791		The Schools Health Hub (SHH) forms part of the model for Tackling Emerging Threats to Children (TETC) in Nottinghamshire. These have been formed to support schools and other practitioners working with children and young people in relation to a number of existing and emerging safeguarding, and health and wellbeing concerns. The main aim of the Schools Health Hub is to support schools to improve health and wellbeing, and educational outcomes, resulting in safe, healthy, happy, resilient children and young people who are able to achieve their potential. This proposal will support the continuation of the service for children and young people across Nottinghamshire in primary, secondary and special schools setting.	Contributions to Public Health outcomes: <ul style="list-style-type: none"> • 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 child sexual exploitation, anti bullying and prevent work with young people.
5	Oral Health Promotion Service		55,000	55,000		The oral health promotion service provides oral health promotion training for frontline staff in dental, children's and older people's services, a resources service and a supervised tooth-brushing scheme. These activities are all in line with National Institute of Clinical Excellence (NICE) and Public Health England (PHE) guidance. As part of its Public Health responsibilities, the Council has a statutory duty to "provide or commission oral health promotion programmes to improve the health of the local population, to the extent that they consider appropriate in their areas. Further funding would enable continued targeting of oral health promotion activity in areas and to cohorts where outcomes are sub-optimal.	Contributions to Public Health outcomes: Percentage of 5 year olds with experience of visually obvious dental decay
6	Staff Flu Vaccination Programme	24,731	66,624	34,000	34,000	Flu vaccination programme for eligible NCC frontline staff including the operational and campaign/promotion costs. In October 2017, ASC&PH Committee approved the policy to make arrangements to secure 75% uptake (by 2020) of seasonal flu vaccination for all frontline care staff who are directly employed by the Council or are working in services commissioned by the Council. Benefits include fewer flu-related hospital admissions for service users, reduced levels of excess winter deaths and lower sickness absence among frontline staff. Funding will also establish 1 FTE Public Health and Commissioning Manager (Band D) for a fixed term period of 12 months in order to bolster preparations ahead of the 2020/21 flu season, which is expected to be a challenging period whilst COVID-19 remains a significant threat.	Influence against the following indicators: Working days lost due to sickness absence Under-75 mortality rate from respiratory disease considered preventable Mortality rate from a range of specified communicable diseases, including influenza Health related quality of life for older people Excess winter deaths
7	Mental Health First Aid Training		35,000	35,000		Mental health awareness raising and training (including suicide prevention awareness) delivery for front line staff primarily in third sector services. The community and voluntary sector has a wide and varied reach across Nottinghamshire. By upskilling and increasing the confidence of workers and volunteers in relation to mental health and wellbeing, this funding has potential to raise awareness of the importance of good mental health and wellbeing and reduce stigma across Nottinghamshire communities. The funding will support identification of mental health issues, promote self-management, sign post to additional support, and prevent escalation of mental ill health. Suicide awareness training supports identification of suicidal risk and provides the skills for prevention and intervention for those who may need help. The current training offer reaches a wide range of groups and services working with diverse communities who may not be in contact with other agencies.	Improve mental health outcomes such as; <ul style="list-style-type: none"> • 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.

Total

90,532

581,819

435,291

44,000

1,151,642

12th October 2020

Agenda Item: 6

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

LIVING THE LIVES WE WANT TO LIVE – DEVELOPING A DAY OPPORTUNITIES STRATEGY FOR NOTTINGHAMSHIRE

Purpose of the Report

1. This report proposes a vision for the way in which Adult Social Care will support and enable people to live the lives they want and sets out how a Day Opportunities Strategy will be co-produced with people, family, carers, staff and partners. Committee is asked to:
 - approve the plan to further develop a Covid secure interim day service model during the continued period of social distancing guidelines
 - to approve the co-production approach to developing the Day Opportunities Strategy
 - consider whether there are any further actions it requires arising from the information in the report on the development of the Day Opportunities Strategy
 - agree to receive a draft strategy back to Committee in March 2021.

Information

2. Day Opportunities are services and community activities that help people to have a fulfilling life, enable development of new skills, pursue interests, make friends, gain relationships and peer support, and make a positive contribution to the community. Employment support and opportunity to build work readiness skills are part of the broad spectrum of opportunities that the Council would expect to have in place for people to access.
3. Nottinghamshire County Council aims to support adults to live independently as much as possible, build resilience and skills, exercise choice and control, and enjoy good standards of health and wellbeing.
4. Central to this work is recognising that adults with care and support needs face particular barriers and challenges to participating in community life and activities. In parallel to developing accessible and high-quality services, specific actions will be developed that tackle transport, changing spaces and access issues.

5. Day Services make up the majority of Day Opportunities at present and currently benefit 1,931 residents in Nottinghamshire with a range of support needs including older people, people with physical disability, learning disability, dementia, autism and mental health difficulties. Services are delivered directly by the Council as well as independent organisations.
6. Day Opportunities is an area where there has been little development in terms of how care and support received in the day builds aspiration for people and enables them to live a good life through opportunities to engage in meaningful community activity. The current day service offer is well valued by people and their carers, but predominantly is building based services with limited scope to offer choice and control and raise aspiration for people.
7. The aim of the work is to co-produce a strategy that provides a clear set of principles for day opportunities and the components that will need to be in place to support people with care and support needs to have a good and meaningful day. The strategy will have a clear set of actions which will set out the way investment in services needs to change over time and how services would be developed and grown to meet the outcomes of the strategy.
8. In light of the most recent government announcement regarding a further prolonged period of social restrictions, the initial phase of the work will have a focus on ensuring that there is a Covid secure personalised offer available for the duration of the Covid pandemic. This is in acknowledgement of the limitations of a building-based only model and will instead provide a blended offer within both the internal and external provision. There remain risks to operating building-based services for this vulnerable service user group and the measures required to ensure a safe environment make the qualitative experience quite different as activities and socialising are limited.

Strategic Context

9. The traditional view of day opportunities has been around building-based day services; however, services are provided through a range of other mechanisms including Personal Assistants, Shared Lives and Care Support and Enablement. The approach for day opportunities needs to go beyond commissioned services and move away from an emphasis on deficits or needs and instead 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' (Care Act 2014).
10. This is reflected in Nottinghamshire's Adult Social Care Strategy which sets out the Council's commitment to 'promote people's independence and wellbeing by building new relationships between formal social care, health, housing and the support that already exists in families and their local communities'. The Strategy outlines three key stages to supporting people:
 - i. helping people to help themselves by connecting people with support and information they can access in their local communities and helping them to make the best use of their existing networks. People will be supported to make and utilise these connections to support them in meaningful day activities.

- ii. helping people when they need it by working with them in a timely way and supporting them to make their own decisions about short-term support to restore, maintain or enhance their independence. Medium-term day opportunities and support will assist people to develop the skills they need to move towards more community-based day opportunities.
 - iii. supporting people to maximise their independence and wellbeing by working with them in a personalised way to set achievable goals. We will help people achieve what is important to them by keeping progress under active review. People will be supported through their chosen day opportunity in a way that is proportionate to their needs and supported to move to less intensive support as and when appropriate.
11. Taking part in meaningful day opportunities is a key area of support for many people and will assist them in developing and maintaining their independence in line with these aims. The strategy will address the differing needs for people requiring day opportunities which will align the interventions to the three stages above.
 12. In order to move away from a predominantly service-based approach to meeting needs, a shift in focus is required to a personal, community assets and place-based approach which bring people and places together, through a range of methods, to support people to live ordinary lives. Community assets are the wide network of community groups, services, businesses and faith-based provision within communities (SCIE Asset Based Places 2017).
 13. A key aspect of living an ordinary life is employment. In Valuing Employment Now 2019, a government strategy which looked at employment issues for people with learning disabilities, they found that fewer than 10% of people with moderate to severe learning disabilities are in any form of employment. In Nottinghamshire the percentage of those in employment is 2.2% and the Adult Social Care Outcomes Framework (ASCOF) figures of 2018 rank Nottinghamshire as 118th out of 151 authorities. The strategy sets an expectation that all people with learning disabilities can, and should, have the chance to work. Early analysis on a pilot in North Lanarkshire identified that the costs around supporting employment were more than offset by savings in day services. These aims are reflected in the Nottinghamshire Employment and Health Strategy 2020-2030 <https://www.nottinghamshire.gov.uk/policy-library/72899/employment-and-health-strategy-2020-30> which sets an aspiration to enable more people to get into work and identifies the need to “invest in specific support for people with disabilities and long-term health conditions to secure and sustain work”.
 14. Covid-19 has significantly impacted on the way that the Council has been able to provide day opportunities. Building-based services had to close their doors to people who use those services for a period, and support has been provided remotely, where this is possible, or through different forms of outreach. Whilst the social distancing guidelines are in place and given the vulnerable nature of those using day services, building-based provision will only provide the right option for a limited number of people for some time to come, and both internally and with commissioned services, a more innovative and diverse response is required.
 15. In July 2020 the Association of Directors of Adult Social Services (ADASS) produced a paper, *Adult Social Care-Presenting a Better Future* which identified the need for

government and local authorities to think very differently and transformationally about the future of social care. *'For too long care has been built around organisations and buildings such as hospitals, day care centres and care homes. The future must be about what works for us as individuals and our families, with a whole series of local organisations working together to organise care and support that enables us to work, stay independent at home, and be as engaged in our communities as we want'.* With this in mind the strategy being developed will consider day opportunities in the widest sense and look to engage those who use a Direct Payment or Personal Assistant to meet their outcomes, as well as considering the use of Shared Lives and employment opportunities in addition to the use of day services.

Facts and Figures

16. The estimated population of Nottinghamshire numbers 823,126. As of May 2020, there are 10,218 people receiving some form of commissioned care package from Adult Social Care. Furthermore, in the region of 1,931 of those receiving a commissioned care package receive some form of day care provision.
17. For the year 2019/20 the monthly actual spend for internal and external day services within the County was £1,286,847. In addition, 222 people are using a Direct Payment to commission their day service (approximately 10% of all Direct Payments spend).
18. A total of 67% of day service users in the financial year 2019/20 had a learning disability as their primary support need.
19. Data indicates that the average age of service users with commissioned internal services is 56, whereas the average age in externally provided services is 42. External services (29%) are more frequently used for service users in the 18 to 30 years age banding, in comparison with internal services (9%). Attention will be given to how these offers differ and what can be learnt from that.

Table 1: Numbers & Costs of Provision of Internal & External Day Services by District (19/20 Actual Spend)

District	Service Users Numbers	Total Cost	Average Spend	%age of total Day Care Usage	Service Users (SU) Numbers		Spend	
					External	Internal	External	Internal
Ashfield	320	2,507,898	7,837	17%	40%	60%	33%	67%
Bassetlaw	277	2,560,521	9,244	14%	24%	76%	35%	65%
Broxtowe	249	1,592,953	6,397	13%	25%	75%	22%	78%
Gedling	230	2,028,249	8,818	12%	41%	59%	37%	63%
Mansfield	268	2,356,223	8,792	14%	36%	64%	38%	62%
Newark	333	3,034,266	9,112	17%	47%	53%	45%	55%
Rushcliffe	254	1,145,458	4,510	13%	57%	43%	76%	24%
Other		216,600						
Total	1,931	15,442,168	7,997	100%	39%	61%	40%	60%

N.B. Clients with multiple districts have been classified as their latest district

Table 2: Client Groups attending Day Services during 2019/20

	External		Internal		Total	
PSR Type	Service Users Numbers	%age of PSR Type	Service Users Numbers	%age of PSR Type	Service Users Numbers	%age of PSR Type
Disability	6	1%	2	0%	8	0%
Learning Disability Support	539	69%	715	57%	1168	60%
Mental Health Support	49	6%	57	5%	106	5%
Physical Support	127	16%	335	27%	454	24%
Sensory Support	10	1%	19	2%	28	1%
Social Support	6	1%	31	2%	37	2%
Support with Memory and Cognition	47	6%	88	7%	130	7%
Total	784	100%	1247	100%	1931	100%

PSR = Primary Support Reason

N.B. 100 Service Users attend both Internal & External services so will appear in both columns but only once in the Total figures

Table 3: Attendance by Matrix Need level during 2019/20

	External		Internal	
Need	Service Users Number	%age of Need	Service Users Number	%age of Need
Complex Needs	187	24%	203	16%
High Needs	206	26%	394	32%
Medium Needs	92	12%	272	22%
Low Needs	115	15%	378	30%
Spot Contract/Other	137	17%	0	0%
No Need Listed	47	6%	0	0%
Total	784	100%	1247	100%

N.B. Where clients have numerous levels of need or changed during the year they are classified as their latest level of need

20. Currently only two people access Shared Lives for daytime support solely with a further 22 people utilising Shared Lives for short breaks and daytime support.

Vision

21. The strategy will be informed by the following principles:
- enable people to live the sorts of lives they want to live and enjoy good health and wellbeing through a range of day opportunities and high-quality services.

- produce the strategy and design principles of services, but we will have social care principles at the heart of the work including:
 - enabling choice and control
 - a focus on outcomes and goals and, where services are a part of the support, making sure these are personalised
 - aspirational support that builds skills, develops strengths, and enables greater independence
 - employment and work readiness.
- support people to build safe relationships and support networks both actual and virtual
- support people to remain healthy and to contribute to their local communities.

22. **Appendix 1** shows a visual representation of the project.

Co-production

23. To build upon this vision and ensure the offer meets the aspirations of future users and carers, a co-production approach will be taken. In the first instance this will be to work with stakeholders to define what a meaningful day looks like to people in Nottinghamshire. The intention will be to engage a wide group of people including those who do not use services at present, or who are less frequent users, including for example young people and those with mental ill health, to ensure that those groups can contribute to the shaping of future options. This will then inform the strategy development and subsequent commissioning intentions which will be required to implement that strategy.
24. These initial engagement events and activities will be carried out during the Autumn and Winter 2020 and ongoing work with stakeholders will take place throughout the strategy development. These events will inform the ongoing development of an appropriate interim offer, as well as the longer-term strategic vision. Formal consultation on the strategy will be undertaken in Summer 2021.

Analysis Activity to Inform Strategy

25. Underpinning the co-production work a detailed analysis plan is already underway. This includes:
- a review of internal and external current services including value for money and outcomes
 - assessment of demand for day opportunities provision both now and in the future
 - an assessment of transport needs and considerations when planning day opportunities such as access to the Council's transport schemes or local public transport services (this may include the necessity to include travel training as part of support planning processes)
 - an assessment of the market including capacity, availability and capability with consideration of place-based resources
 - identifying best practice locally and nationally
 - an assessment of carer needs to ensure support is provided where needed so that a detrimental impact is not had on the ability of carers to maintain their caring situation

as a result of any proposed changes (this will involve close working with the Short Breaks project).

Scope and benefits

26. As outlined above, the strategy will focus on the wider approach the department takes to promoting independence, rather than solely looking at building-based day services. This will mean reviewing the customer journey more holistically and not solely focusing on one set of services or contracts. In order to move away from a predominantly service-based approach, a broad scope is required which incorporates assets which support a meaningful day. It is recognised that long-term building-based provision will provide the best service for those with the most complex needs, whilst for some individuals, short-term enablement and skills development may support a move into a more community-based environment. Day centres themselves can be assets, providing a base for multiple activities with in-reach and outreach to the local community.
- the strategy will consider how well opportunities for promotion of independence are being offered, including whether services such as Shared Lives (Shared Days) could be used to greater potential for daytime opportunities.
 - the role day opportunities play in providing regular carer respite is well known but the extent to which this can be evidenced as the most effective way of supporting carers requires further analysis. The Day Opportunities workstream and subsequent strategy and commissioning plan development will therefore work closely alongside the Short Breaks Review to define an offer for both service users and carers.
 - how people travel to access day opportunities is an important part of understanding the options available to people and therefore a consideration of transport will be included within any future service design and recommissioning activity.
 - given the lasting impact of Covid, any model will need to be future-proofed as far as possible, to ensure that provision can be flexible in meeting need in a range of different ways as well as meeting any expected future demand on services.
27. The project complements and links with other existing workstreams within Adult Social Care including:
- the asset-based work being undertaken within the department. This includes:
 - focusing on what people can offer to their community and being a full part of their community
 - making use of community assets and where the Council owns resources, ensuring they are being used as wider community assets
 - contributing to a wider place-based approach to service delivery.
 - ensuring Day Opportunities are supporting people's ability to become work ready and further promoting employment for disabled
 - ensuring accessibility, including Changing Places toilets. Toilets, transport and access issues more broadly can be problematic for people with disabilities when going about

their daily lives. Government research <https://www.gov.uk/government/news/high-street-could-be-boosted-by-212-billion-purple-pound-by-attracting-disabled-people-and-their-families> in 2014 indicated improving facilities could boost local economies. This could contribute to the corporate strategy for economic growth, a growth in tourism and being a good place to age well

- the department's work to increase the number of people able to use a Personal Assistant
- considering future needs including opportunities to work more closely with Children and Families Services in service planning and commissioning
- considering activity outside of 9-5 including community led opportunities such as "Gig Buddies" and "Staying out Late"
- the expansion of the Shared Lives offer as a mechanism for providing daytime support.

28. Key partners in the work will include colleagues within both the Place and Children & Families departments of the Council as well as Clinical Commissioning Group colleagues and voluntary and community organisations alongside care and support providers and micro providers who could support alternative ways of working.

Timescales

29. These are as shown below in the plan detail and a high level plan at a glance:

Key developments	Activities and timescales	Timescales
Covid secure interim offer	Development and delivery of Covid secure personalised offer.	September 2020 to February 2021
	Market development to ensure an alternative menu of services are available	September to December 2020
Coproduction activity	Engagement with stakeholders on "what a meaningful day looks like" to inform strategy development and to inform the development of the interim offer	October and November 2020
Analysis	Analysis to understand current demand, trends, finance, direct payments, carer needs, pathways, transport, market capacity and availability, best practice	September to February 2021
Strategy development	Continuation of co-production. Co-design of draft strategy.	December and January 2020
	Analyse learning from the Covid-secure interim model	February 2020
	Finalise the draft strategy incorporating action plan and high level commissioning intentions	February and March 2021
	Transformation Board to provide steer on strategy draft	17 th February 2021
	ASCH committee -seek approval to consult on strategy	29 th March 2021
Council Elections	Purdah	April/May 2021 (Exact dates to be confirmed)
Formal consultation on draft strategy	Consultation document development and planning including easy read	April and May 2021

Key developments	Activities and timescales	Timescales
	Formal consultation activity	June - August 2021
Strategy completion	Analyse consultation feedback	September 2021
	Finalise strategy based on consultation findings.	September and October 2021
Options development and modelling	Analysis of options needed to deliver strategy including benefits, risks, financial modelling, impact, pathway modelling and EQIA	September and October 2021
	Engage stakeholder group around options	September to October 2021
	Develop commissioning plans from high level commissioning intentions, informed by strategy consultation	October 2021
	Transformation Board to provide steer on options	20 th October 2021
Strategy and commissioning intentions	Finalisation of preferred options and costings.	October 2021
	ASCH committee – provide consultation feedback and seek approval to implement commissioning intentions	November 2021 (committee dates not yet set)
Market shaping and development	Develop and shape relevant markets including Shared Lives, employment, technological and digital solutions, community development, Changing Places toilets etc	December 2021 onwards
	Production of market position statement	December 2021
Implementation phase	Implementation of proposals including any specific service changes and commissioning/decommissioning activity	December 2021 onwards

High level plan

High level plan	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Develop and deliver Covid secure interim offer	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←
Coproduction activity	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←
Demand Analysis	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←
Strategy development	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←
Committee to seek approval on draft							←	←	←	←	←	←	←	←	←	←
Council elections purda								←	←	←	←	←	←	←	←	←
Draft strategy consultation planning								←	←	←	←	←	←	←	←	←
Formal consultation on draft strategy									←	←	←	←	←	←	←	←
Consultation analysis										←	←	←	←	←	←	←
Options development & modelling											←	←	←	←	←	←
ASCH Committee - Consultation results												←	←	←	←	←
ASCH Committee - Commissioning intentions													←	←	←	←
Strategy implementation start															←	←

30. The draft strategy will be ready to come back to Committee in March 2021 to seek approval to go to formal consultation. Due to the scope covered by Day Opportunities the implementation of this work is planned to take up to three years beyond that. This will include the development of a set of future commissioning intentions and will allow time to work with partners, providers and the community to ensure a varied offer is available for people to access.

Other Options Considered

31. Continuing service provision as it is currently commissioned and provided is the other option considered.

Reason/s for Recommendation/s

32. The interim model and the strategy development will enable the department to ensure that services can support people during the Covid-19 period and beyond, both in the short term and for the future and that the Council is making best use of its resources. The recommendation is for Members to receive a draft strategy back to Committee in March 2021 to seek approval to go to public consultation during the summer of 2021.

Statutory and Policy Implications

33. 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

34. A Data Protection Impact Assessment will be undertaken for this work and updated/refreshed at different stages of the project.

Financial Implications

35. The current budget for the directly provided Day Services is £9.8m and the current budget for the externally provided Day Services is £6.5m.

Human Resources Implications

36. At this stage of the work there are no identified Human Resource implications, but this will be assessed as the project progresses.

Public Sector Equality Duty Implications

37. An Equality Impact Assessment will be undertaken for this work and updated/refreshed at different stages of the project.

Implications for Service Users

38. The project will seek service user views and implications for service users will be assessed as options are being developed and recommendations are being made.

RECOMMENDATION/S

That Committee:

- 1) approves the plan to further develop an interim day service model to support people during the continued period of social distancing guidelines

- 2) approves the co-production approach the department proposes to take to develop a day opportunities strategy
- 3) considers whether there are any further actions it requires arising from the information in the report on the development of the day opportunities strategy.
- 4) agrees to receive a report on the draft day opportunities strategy in March 2021 and that this be included in the work programme.

Melanie Brooks

Corporate Director, Adult Social Care and Health

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Constitutional Comments (AK 18/09/20)

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

Financial Comments (DM 17/09/20)

40. The purpose of this report is to set out the vision for the review and development of the Day Opportunities Strategy and as such there are no direct financial implications at present.
41. The review centres around Day Services which have a budget in 2020/21 of £6.5m for externally provided services and £9.8m for Internal Services (excluding transport), however as the scope is broader it may impact on other budgets such as Direct Payments and Shared Lives. Any financial implications arising from the review will be detailed in later papers as per the timescales noted above.

HR Comments (SJJ 17/09/20)

42. Currently there are no identified Human Resource implications, however Trade Union colleagues have received a copy of the report for information and any future HR implications will be discussed using the Joint Consultative and Negotiating Panel mechanism.

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

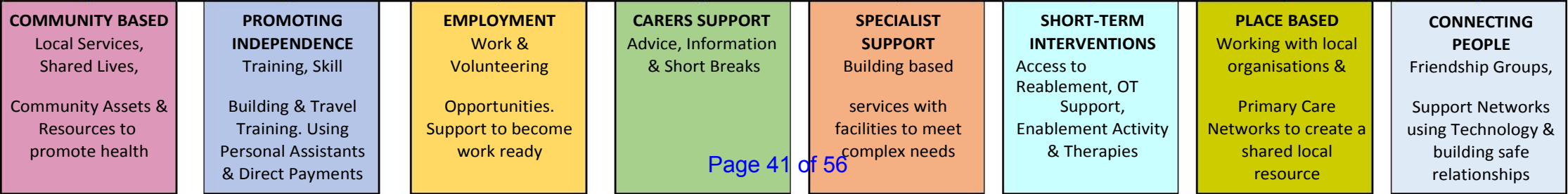
All.

ASCPH709 final

Vision: To provide access to a range of opportunities within people’s local communities, promoting independence and personalisation through a strengths-based approach.



Personalised & focussed on individual outcomes & strengths



12th October 2020

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR, COMMUNITY SERVICES (LIVING WELL AND PROVIDER SERVICES)

SUSTAINABILITY AND FUTURE DEVELOPMENT OF THE APPROVED MENTAL HEALTH PRACTITIONER (AMHP) SERVICE

Purpose of the Report

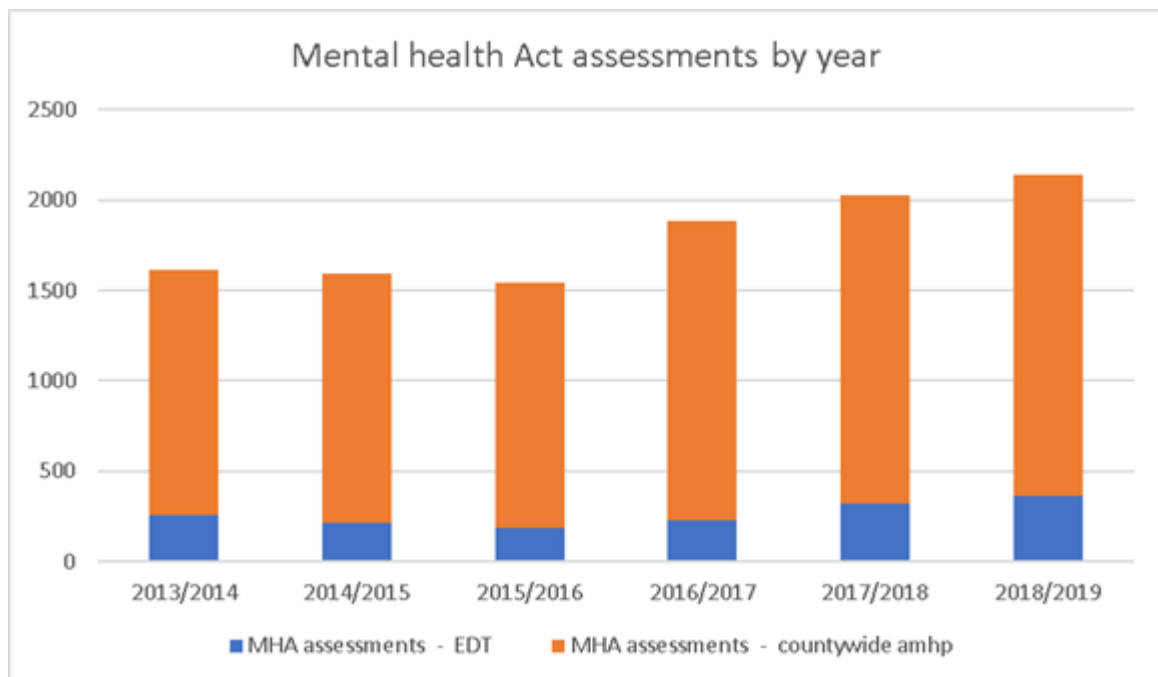
1. To seek Committee approval to increase capacity and improve the sustainability of the Approved Mental Health Practitioner (AMHP) service, through investment in additional staffing capacity and development of an alternative model of service delivery.

Information

2. The Council has a statutory duty to carry out assessments under the Mental Health Act 1983 (revised 2007).
3. Current service provision is comprised of the Countywide Approved Mental Health Act Practitioner (AMHP) Team providing a service during office hours and the Emergency Duty Team (EDT) covering all other periods out of hours, including weekends and bank holidays.
4. The fragmented nature of the current arrangement across 2 service areas and 2 departments creates a difficult journey for people when they are in crisis. At present, work is transferred between different workers and teams, a situation that is compounded by waits for beds, conveyance, or police attendance which can lead to work spanning multiple days. Similar delays in coordinating resources, or in the case of EDT, the need to prioritise other work, can also lead to long delays until assessments can take place.
5. Demand on mental health services has risen year on year and the impact of the Coronavirus pandemic on mental health and wellbeing has seen demand and acuity increase further placing considerable pressure on Approved Mental Health Act Practitioner (AMHP) services.
6. In order to address the additional pressures on services, there is an urgent need to increase staffing capacity and explore alternative models of delivery in order to ensure that we can provide an effective response to people experiencing a mental health crisis and protect employee wellbeing.

Background

7. The overriding duty to fulfil Mental Health Act assessments is covered under Section 13 of the Mental Health Act 1983 which highlights the duty of a local social services authority to consider the assessment of any person found in their area
8. Approved Mental Health Professionals (AMHPs) are mental health professionals who have been approved by local social services authority to carry out certain duties under the Mental Health Act. They are responsible for coordinating assessments and admission to hospital should a person be detained under the Mental Health Act 1983.
9. Demand for mental health services continues to grow. Mind (2019) notes that 25% (16.6 million) of the population experienced a mental health problem over the past year, of which 12.1% receive treatment (Mental Health Foundation 2019). Over the past five years the number of people requiring assessment under the Mental Health Act has increased substantially and the most recent figures show over 49,000 detentions under the Act took place. These figures show a year-on-year increase in assessments of 2.4% and this is reflected in the local statistics below:



10. The current arrangement of Approved Mental Health Act Practitioner (AMHP) provision spanning 2 service areas and departments does not provide a consistent response to people experiencing mental health crisis who require a Mental Health Act assessment.
11. In addition to undertaking Mental Health Act assessments, the Countywide AMHP service undertakes professional supervision of other AMHPs in the county, provides training for up to 9 new AMHPs per year within the Council as well as providing training and shadowing opportunities to outside agencies such as hospitals, criminal justice and police and plays a key role in our multi-agency partnerships across mental health provision which focuses on a whole system approach to bed management, community support and prevention.

12. The Emergency Duty Team provides emergency cover for statutory social care functions. It is not a general service for ongoing casework and does not solely function as a dedicated out of hours AMHP service. EDT is required to respond to a range of different demands out of normal office hours and depending on incoming work, may not always have an available worker to undertake AMHP activity or may need to prioritise other crisis work such as safeguarding or child protection, which at times can cause delays to Mental Health Act assessments and prevent individuals in crisis receiving timely support. Work that is not deemed to be an immediate emergency is passed over to the Countywide AMHP service to pick up on the following working day.
13. In addition, AMHP staff in the countywide team often find themselves working late into the evening or early hours if they start work on a Mental Health Act assessment prior to EDT operating hours commencing as they are unable to hand work over and need to see it through to completion and action has been taken to ensure that the individual is no longer at immediate risk. This impacts not only on the wellbeing of staff through working long hours in a highly stressful environment but also means that they are at times unavailable the following working day due to needing a sufficient rest period or they accrue excessive amounts of Time Off In Lieu (TOIL) which is then operationally difficult to take back without further impacting on service capacity.

Developing an Alternative Model of Service Delivery

14. The issues described above are long standing. In order to alleviate the pressure on the combined AMHP service and ensure that we are providing an effective service, exploration of alternative models of delivery is needed.
15. The Countywide AMHP service has suggested that a way forward would be to develop a single 24-hour service which would serve as dedicated capacity, unaffected by competing demands, as is the case with the current out of hours provision.
16. The suggested arrangement would mean that triage, assessment and case responsibility would sit within a single team, which would improve continuity of support, working with partners to provide a coordinated response for people experiencing mental health crises. Work could be allocated quickly, joint interventions agreed with partner agencies and effective and timely support provided.
17. Work conducted by the ADASS East Midlands AMHP Leads forum comparing 24/7 AMHP teams with more traditional models of provision found evidence of smoother pathways and joint working and shows a national trend to moving towards this arrangement.
18. The Countywide AMHP team has been piloting co-location with the Mid Notts Crisis Team, which is part of Nottinghamshire Healthcare Trust and also operates on a 24 hour/ 7 day a week service. This is providing better collaborative working between social care and the mental health trust in supporting people with mental health needs and their carers and meets the requirements of the Mental Health Act Code of Practice and the Mental Health Crisis Care Concordat in considering alternatives to admission to hospital through improved access to crisis services. If a single 24-hour AMHP service is developed, the current co-located arrangement with the Crisis Team would be able to support this model and accommodate an expanded team.

19. The Countywide AMHP service have considered what operating model would best support a 24-hour service, with an 8-hour shift pattern being the preferred option. The benefits of this model would be as follows:
- prevent burn out
 - standard working week
 - shift pattern already informally in existence
 - help to manage sickness absence and pressure of a high-risk environment
 - help with work/life/balance and job satisfaction
 - may support the retention of current staff who do not necessarily want to work long or out of hour shifts.
20. Adopting this model would require a staffing establishment of 15.3 FTE Approved Mental Health Practitioner (Band C) and 2.0 FTE Team Manager (Band D) posts to cover a 24-hour period.
21. This would require an increase to establishment of 2.8 FTE Approved Mental Health Practitioner (Band C) posts plus additional salary costs across the team for additional hours, shift enhancements, standby costs and call out charges. The total cost of this would be £272,213 per annum (recurrent). Further detail is set out in the Financial Implications section of the report at **paragraphs 25 to 29**.

Other Options Considered

22. To continue with the current arrangement of AMHP provision being shared between the Countywide AMHP team and EDT, with support from any available AMHP capacity in Living Well district teams. However, this would not fully address the increase in demand and would place additional pressure on district teams.

Reason/s for Recommendation/s

23. There is a need to address the immediate demand pressures and seek to improve the current service offer through exploration of the suggested alternative operating model in order to ensure that effective and responsive services are being provided to people experiencing a mental health crisis.

Statutory and Policy Implications

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

Financial Implications

25. A move towards the suggested single 24-hour AMHP service, based on an 8-hour shift model would require a staffing establishment of 15.3 FTE Approved Mental Health Practitioner (Band C) and 2.0 FTE Team Manager (Band D) posts to cover a 24-hour period.
26. This would require an increase to the current establishment of 2.8 FTE Approved Mental Health Practitioner (Band C) posts plus additional salary costs across the team for additional hours, shift enhancements, standby costs and call out charges. The total cost of this would be £272,213 per annum.
27. It is unlikely that the new model could be adopted before January 2021. The pro-rata cost for the current financial year would be £68,053. A breakdown of the costs is given below:

	2020/21 £	2021/22 £
Additional Staffing Costs		
AMHP (band C) x 2.8 FTE	38,252	153,007
Additional Salary Costs		
Additional hours	22,666	90,663
Standby costs	5,298	21,192
Callout charges	1,837	7,351
Total	68,053 (pro-rata Jan to Mar)	272,213

28. A Review of Pressures/Inflation bid has been submitted to reflect the requirements set out above, however if this is unsuccessful, the department would need to review the position as part of the budget setting process for the next financial year.
29. In respect of the costs for the remainder of 2020/21, the department would be seeking to resource this from contingency monies.

Human Resources Implications

30. Development of an alternative service offer that moves towards a 24-hour service model would require existing staff to change their working hours to accommodate the suggested 8-hour shift pattern, which would include working evenings and weekends. We would be seeking to do this by agreement with existing staff and discussions within the team to date indicate that there is enthusiasm to develop this model further, however depending on further discussion and agreement, development may need to be incremental.
31. Consideration would also need to be given to the impact on Approved Mental Health Practitioner staff working in the Emergency Duty Team in respect of their role and ongoing professional development.
32. Early discussion about the contents of this report has been held with Trade Union representatives and there will be ongoing engagement with them as part of the development work.

Implications for Service Users

33. The development of a single 24-hour service model would provide an improved service to people experiencing a mental health crisis through a dedicated team, available 24 hours a day, 7 days a week, working with partners to coordinate their care and recovery through effective and timely support.

RECOMMENDATION/S

That Committee approves:

- 1) the establishment of 2.8 FTE Approved Mental Health Practitioner (Band C) posts on a permanent basis plus additional associated costs to support a 24 hour/ 7 day service model;
- 2) the development of an alternative model of service delivery that moves towards a 24-hour/ 7-day service.

Ainsley Macdonnell
Service Director, Community Services
(Living Well and Provider Services)

For any enquiries about this report please contact:

Jennifer Martin
Team Manager, AMHP Team Countywide
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E: jennifer.martin@nottsccl.gov.uk

Constitutional Comments (AK 18/09/20)

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

Financial Comments (DM 17/09/20)

35. The current budget for the Approved Mental Health Practitioner Team is £790,961, and is comprised of 2 FTE Team Managers at Band D and 12.5 FTE Advanced Mental Health Practitioners at Band C.
36. In order to provide a 24-hour service, when taking annual leave, mandatory training hours, sickness cover and supervision time into account an establishment of 15.3 FTE Advanced Mental Health Practitioners is required. This is an increase of 2.8 FTE.
37. As in line with current HR policies weekend working hours have been calculated at time and a half, premium evening hours at time and a third and bank holiday hours at double time.
38. Overnight cover will be provided on a standby basis and will attract the current standby payment of £29.03; if called out a minimum of 2 hours pay is claimable and this has been factored into the costings.

39. The total cost of the additional staffing, enhanced hours, standby allowances and call out charges is £272,213. This will increase their overall budget to £1,063,174.

HR Comments (GME 02/10/20)

40. The work undertaken by the AMHP Team in suggesting alternative service delivery models is a positive indication of their engagement with bringing about change and improvement to the service they deliver for their clients and the overall well-being of the team. Having a more formalised operating model better covering the times of greatest demand, will build greater resilience into service delivery.
41. The recognised trade unions have been engaged in early discussions about the proposals and have indicated their support to further explore the full impact of the suggested changes, including the impact on the Emergency Duty Team. Further work will also be required to ensure those colleagues in the district teams, trained to undertake AMHP assessments, have the opportunity to maintain their skills and that further consideration is given to the future numbers of social workers we need to undertake the formal qualification to ensure value of money is delivered and learning is embedded in a timely manner.
42. The further engagement and consultation with those directly impacted both in the AMHP Service, the District teams and EDT will be undertaken in accordance with the Council's agreed procedures and any change to the operating model will be subject to review at six months after implementation to ensure the identified level of service improvement and support for colleagues is being delivered.

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.

Electoral Division(s) and Member(s) Affected

All.

ASCPH727 PDMv6

12 October 2020**Agenda Item: 8****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-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
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@nottscg.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 2020-21

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
9 November 2020			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 1)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Co-production in ASC&H: a vision and action plan	Progress on the refreshed approach to co-production within ASC&H	Corporate Director, Adult Social Care and Health	Sarah Craggs/ Mike Deakin
7 December 2020			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Progress of framework agreement for equipment based major adaptations in people's homes	Report on progress with implementation of new framework.	Corporate Director, Adult Social Care and Health	Cate Bennett
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	TBC
Re-tender for Pre-Paid Debit Card provider		Corporate Director, Adult Social Care and Health	John Stronach
Carers Services update (including Short Breaks, Carers Assessment & Young Carers)		Service Director, Strategic Commissioning and Integration	Dan Godley
11 January 2021			
Commissioning Proposals - Brighter Futures		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Commissioning Proposals - Deaf Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Commissioning Proposals – Connect Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Progress on Day Opportunities Strategy		Service Director, Strategic Commissioning and Integration	Mercy Lett-Charnock
8 February 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 2)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Older Adults Care Homes contracts		Service Director, Strategic Commissioning and Integration	Clare Gilbert
1 March 2021			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent
Short Breaks Review Proposals		Service Director, Strategic Commissioning and Integration	Clare Gilbert
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Corporate Director, Adult Social Care and Health	
29 March 2021			
Day Opportunities Strategy	To present the proposed Strategy for approval	Service Director, Strategic Commissioning and Integration	Mercy-Lett Charnock
Hospital Discharge & Rapid Response Services		Service Director, Strategic Commissioning and Integration	Clare Gilbert
14 June 2021			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Matt Garrard/Kath Sargent

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Review of workforce restructure in Adult Social Care	To update the Committee on progress with the new workforce model implemented in Sept 2020.	Service Director, Living Well/ Service Director, Ageing Well	Sue Batty/Ainsley MacDonnell
12 July 2021			

