

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

**Monday, 06 January 2020 at 10:30**

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

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## **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 9 December 2019  | 3 - 6   |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant 1 July 2019 to 30 September 2019                            | 7 - 22  |
| 5 | Adult Social Care Culture Change Programme   | 23 - 34 |
| 6 | Establishment of Temporary Social Work Posts at King's Mill Hospital   | 35 - 40 |
| 7 | National Children and Adult Services Conference November 2019  | 41 - 44 |
| 8 | Work Programme   | 45 - 48 |

### **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	9 December 2019 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

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

Joyce Bosnjak  
Dr. John Doddy  
David Martin  
Mike Pringle

Andy Sissons  
Steve Vickers  
Muriel Weisz  
Yvonne Woodhead

**ALSO IN ATTENDANCE**

Councillor John Longdon

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's  
Sue Batty, Service Director, Adult Social Care & Health  
Cate Bennett, Principal Occupational Therapist, Adult Social Care & Health  
Melanie Brooks, Corporate Director, Adult Social Care & Health  
Cherry Dunk, Group Manager, Adult Social Care & Health  
David Gilding, Senior Public Health Intelligence Analyst, Adult Social Care & Health  
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health  
Andy Hayes, Managing Director, Nottinghamshire ICS  
Paul Johnson, Service Director, Adult Social Care & Health  
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health  
Ainsley Macdonnell, Service Director, Adult Social Care & Health  
Philippa Milbourne, Business Support Administrator, 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 11 November 2019 were confirmed and signed by the Chair.

**2. APOLOGIES FOR ABSENCE**

None

## **MEMBERSHIP CHANGES**

The following membership change was made for the meeting of 9<sup>th</sup> December 2019 only:-

- Councillor Mike Pringle in place of Councillor Sybil Fielding

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

Councillor Andy Sissons declared a private pecuniary interest in agenda item 11 as he was an entertainer at two of the homes referred to in the exempt appendix.

### **4. PUBLIC HEALTH OUTCOMES IN NOTTINGHAMSHIRE**

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

#### **RESOLVED 2019/086**

That an update report be received in early 2021 and that this be included in the work programme.

### **5. FUNDING FOR SUPPORT TO SURVIVORS OF DOMESTIC ABUSE WITHIN SAFE ACCOMMODATION**

Councillor Boyd Elliott and Jonathan Gribbin introduced the report and responded to questions.

#### **RESOLVED 2019/087**

- 1) That the Council be approved to lead on the bid on behalf of a partnership of county organisations.
- 2) That the Council be approved to manage the successful grant in 2020/21.
- 3) That a rapid selection process be undertaken to identify local delivery partners in December 2019.
- 4) That the Chief Executive be authorised to sign off the bid submission on behalf of the Council.
- 5) That a short update be brought back to Committee after the Ministry of Housing, Communities and Local Government (MHCLG) has made known the result of the bid.

### **6. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE AND PROGRESS UPDATE FOR QUARTER 2**

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

## **RESOLVED 2019/088**

That there were no actions arising from the report.

## **7. PROCUREMENT OF A NEW FRAMEWORK AGREEMENT FOR EQUIPMENT BASED MAJOR ADAPTATIONS IN PEOPLE'S HOMES**

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

Members requested an update report be brought to committee in six months regarding the take up of the Framework by the district and borough councils.

## **RESOLVED 2019/089**

- 1) That the procurement of a new Single Provider Framework Agreement for equipment-based major adaptation solutions in people's homes be approved.
- 2) That the Framework Agreement be made available to each of the seven district and borough councils in Nottinghamshire to utilise as public bodies, using Disabled Facilities Grant Funding.

## **8. MARKET MANAGEMENT POSITION STATEMENT**

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

## **RESOLVED 2019/090**

That there were no actions arising from the report.

## **9. WORK PROGRAMME**

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

- An update report on the procurement of the Framework Agreement for equipment based major adaptations in people's homes in six months.

## **RESOLVED 2019/091**

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

## **10. EXCLUSION OF THE PUBLIC**

## **RESOLVED 2019/092**

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.

**11. EXEMPT APPENDIX TO ITEM 8: MARKET MANAGEMENT POSITION STATEMENT**

**RESOLVED: 2019/093**

That the information in the exempt appendix be noted.

The meeting closed at 12.37pm.

**CHAIRMAN**

**PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED  
WITH RING-FENCED PUBLIC HEALTH GRANT 1 JULY 2019 TO 30 SEPT 2019****Purpose of the Report**

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

**Information**

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties to commission certain mandatory services for residents<sup>[1]</sup>, the provision of specialist advice to the local NHS, and health protection advice to organisations across the local system.
3. In discharging these duties, the Council is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.
4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for residents.
5. Working with colleagues, the Public Health Contract and Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving good outcomes, quality services and value for money.
6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.
7. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in July to September 2019 against key performance indicators related to Public Health priorities, outcomes and actions within:

a). the Public Health Service Plan 2019-2020;

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

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

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

8. A summary of the key performance measures is set out on the first page of **Appendix A**. Where performance is at 80% or greater of the target or meets the standard, it is rated green.
9. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services. Furthermore, it provides a breakdown of some commissioned services at District level.

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

10. The NHS Health Check Programme has met its targets for the second quarter. GPs identified and started treatment for 259 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 6,133 people.
11. During this quarter, 11,047 people were invited to attend a health check, which represents the highest number since quarter two of 2014/15. The proportion of people taking up their invitation was 55.5%, an improvement on last year's national average of 45.9%.
12. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions.

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

13. The ISHS provides a testing and treatment service for sexually transmitted infections (STIs) and contraception. High demand for the ISHS continues to arise with similar numbers of people accessing the service in this quarter compared with the previous quarter and compared with the same period last year. NUH has seen an increase in the number of filled appointments (>500) for County residents compared to the same period last year.

### **60% of new users accepting HIV test**

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

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

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



16. SFHFT and DBH have exceeded the quality standard of 75% of 15-24year olds in contact with the service accepting a chlamydia test. NUH are below the quality standard in this quarter, reporting 64% of 15-24year olds accepting a chlamydia test. However, the service has confirmed that all appropriate young people are offered a test. The reasons for declining chlamydia testing amongst this patient group are due to be audited with the results of the audit being shared at the next (Q3) contract meeting.

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

17. Long-acting reversible contraceptive (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.
18. Take up of LARC across all ages of women of reproductive age should contribute to reducing unintended pregnancies. This 30% measure is routinely surpassed by all three ISHS providers and this continues to be the case this quarter.

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

19. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire. The service has achieved 83% of target for new registrations with 292 this quarter against a target of 350. Numbers fell in quarter two with a number of registration points such as schools and colleges closed due to school holidays which has a negative impact on the number of registrations. This is still higher for quarter 2 in comparison to previous years.
20. The service just came below the target for the number of young people who return to use the scheme, however this was considered a healthy number due to the closures of registration points (due to school holidays).
21. The service continues to be well used and promotional activity is taking place to promote the scheme further and improve access.

### **Alcohol and Drug Misuse Services (Change Grow Live)**

22. Change, Grow, Live (CGL) is the substance misuse treatment and recovery service in Nottinghamshire.
23. Successful completions from the whole service as defined by the contract have been consistently good and have been exceeded by the provider as evidenced in the performance figures.
24. CGL works proactively across the county to ensure residents get free from their substance misuse. Successful completion data from CGL for non-opiates such as cannabis, amphetamines, steroids, cocaine and crack cocaine and Novel Psychoactive Substances (or what were formerly known as 'legal highs') and opiates are over the planned target of 162 per quarter (actual 243 for quarter two).

25. Representations and unplanned discharges from the service have been consistently low for quarter two. From a total 2015 unique individuals who have presented to service in quarter two only 175 (8.6%) were discharged in an unplanned way with only 26 representations within the six months post discharge.
26. Overall improvements in the wider outcomes derived from the service are all above target for this quarter. These outcomes are:
- Employment, training and education: target 25%; performance 38%.
  - Mental wellbeing: target 60%; performance 79%.
  - Housing improvements (where housing was identified as an issue at entrance into the service): target 70%; performance 75%.

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

27. The end of quarter two marks the end of the first year CGL took over the young people's substance misuse service on 1<sup>st</sup> October 2018. CGL have initiated new ways of working across the county with an emphasis on preventing young people starting to misuse substances as well as providing support for those who are misusing. Data from quarter two shows that 52 young people have been referred into the service (target of 50 per quarter). The highest referral source was from supported housing (ten) followed by Social Care (seven) then Youth Justice Services (five) and The Family Service (five). The service contacted 396 young people via outreach work and group work within quarter 2. There are no waiting times for young people to access this service.

### **Smoking Cessation (Solutions 4 Health)**

28. Performance by the Stop Smoking Provider has improved in this quarter.
29. Nationally there has been a 14.7% reduction in the number of people setting a quit date in the last year and a 12.1% reduction in the number quitting successfully.
30. In Nottinghamshire 611 people were supported to stop smoking at four weeks in quarter 2, an increase from 508 successful quitters in quarter 1.
31. The quality of the local service continues to exceed national levels. Nationally the quality of interventions remains consistently high, with 52.1% of all service users successfully quit at the four-week stage. Locally the service supported 67% of people who set a quit date to quit at four weeks, an increase from 62.1% in quarter 1, significantly above the national average.

### **Illicit Tobacco Services (In-house)**

32. Officers continue to apprehend and disrupt businesses and individuals involved in the sale of illicit tobacco products. In July, Police Officers were briefed about the prevalence of illicit tobacco and how to spot it when carrying out their duties. This work directly resulted in the Police seizing £1,400 of counterfeit tobacco when they attended a domestic incident in Hucknall. Enquiries are underway.

33. A multi-agency operation was also carried out between Trading Standards Teams from Nottinghamshire and Derbyshire with officers from Her Majesty's Revenue and Customs (HMRC). The operation targeted a shop in Sandiacre, linked to one in Stapleford that had recently been forced to close due to repeated prosecutions. The enforcement action was successful, with £3,000 worth of illicit tobacco products seized. A vehicle was also seized by HMRC that was being used to convey the illegal goods
34. Inspections also recently took place at premises in Sutton and Carlton, following anonymous complaints about underage sales. Both premises cooperated with the inspections and were able to demonstrate that CCTV systems were in place, along with records to show that age is being challenged and refusals have been taking place.
35. Extensive work has taken place in relation to a long-standing investigation involving a criminal conspiracy. Four individuals are suspected to have conspired together to supply illicit tobacco from a retail premises. The case will be reported for legal consideration.

### **Obesity Prevention and Weight Management (Everyone Health)**

36. The Obesity Prevention and Weight Management service is on target in quarter two. Employment of a specialist midwife in the service has improved uptake of the maternity weight management, and referrals from the national child measurement programme together with some new engagement with adolescents has contributed to increased uptake of the children's weight management. There is a trend for low referrals from the Bassetlaw midwifery service, which requires addressing through ongoing engagement with this service.
37. Overall the service continues to perform well on the delivery of a wide range of targeted community initiatives. There has been a change in how "family food and fun" sessions are delivered with children centres services, and a reduction in demand for daily mile support in schools. The service is therefore adapting its focus in these settings to provide additional support aligned with our childhood obesity trailblazer, such as nutritional advice to our early year's menu planning and catering; and additional healthy lifestyle programme in schools.

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

38. 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.
39. Figures show an increase in the number of adults, children and young people supported compared with last year. The number of high-risk adult referrals is increasing, and this is beginning to impact on the capacity of the multi-agency risk assessment conferences (MARACs) where information is shared across partner agencies to ensure safety. MARAC referrals are being investigated alongside the Police who are the main referral source.

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

### **Seasonal Mortality (Nottingham Energy Partnership)**

41. This service protects and improves the health of residents in the county, by facilitating insulation and heating improvements and preventative adaptations in private sector homes, providing energy efficiency advice and reducing fuel poverty. The service targets the most deprived private sector households, with a specific emphasis on support to residents over 60 and a smaller provision for families with children under five and pregnant women. The service exceeded its targets last year and is working well towards 2019/20 goals.
42. The service has exceeded the quarter two 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 (82 people verses a target of 60). The service has commenced the training to deliver Energy Efficiency Brief Interventions to improve awareness of the links between cold-homes, fuel poverty and ill health and to generate appropriate referrals to the service, training 83 individuals against a quarter two target of 64 (130%).

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

43. 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.
44. 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. For example, in Quarter 2, 100% of families (n=1985) received a new birth visit.
45. Historical staffing and recruitment challenges have settled and there is a picture of increased workforce stability emerging. 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)**

46. 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.

47. Performance by the service continues to be strong. During quarter two, oral health promotion training among frontline staff was delivered to 82 staff working in child-related services and 76 in adult-related services (quarter two target of 50 each). The targeted supervised toothbrushing programme was active in 22 primary schools (against a target of 20), engaging with around 3,000 children. In addition, parents of 1,796 children received oral health advice and resources at their child's one-year health review (86% of the quarter two 2019/20 one-year old child cohort).

### **Homelessness (Framework)**

48. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On and Housing First Accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time.
49. In quarter two a total of 41 people exited the short-term hostel accommodation of whom 37 (90%) exited in a planned way and four (10%) in an unplanned way. In terms of numbers this exceeds the expected target of 80% and reverses the picture where last quarter a number of factors resulted in more people than anticipated exited in an unplanned way e.g. alcohol, substance misuse and cases of violence were reported.
50. For the move on accommodation a total of 25 people exited the service in a planned way (89% against a target of >80%) with three people exiting the service in an unplanned way (11% against a target of <20%) which is within the targeted range.

### **Other Options Considered**

51. None

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

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

### **Statutory and Policy Implications**

53. 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**

54. 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**

55. 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**

56. 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**

57. 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**

58. 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 (AK 27/11/2019)**

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

### **Finance Comments (DG 27/11/2019)**

60. 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.

61. 'None'

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

62. 'All'





Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	NHS Health Checks	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. <a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	Integrated Sexual Health Services	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"><li>• Chlamydia (47%),</li><li>• Genital warts (17%).</li><li>• Genital herpes (7%),</li><li>• Gonorrhoea (7%).</li></ul> <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. <a href="http://www.fsrh.org">www.fsrh.org</a> <a href="http://www.bashh.org">www.bashh.org</a>. The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"><li>• A reduction in under 18 conceptions</li><li>• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)</li><li>• A reduction in people presenting with HIV at a late stage of infection.</li></ul> <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"><li>• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health</li><li>• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions<ul style="list-style-type: none"><li>• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health</li></ul></li><li>• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk</li><li>• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000<ul style="list-style-type: none"><li>• An increase in the number of people accessing HIV screening, particularly from those groups most at risk</li></ul></li><li>• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV</li><li>• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups<ul style="list-style-type: none"><li>• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM</li></ul></li><li>• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire<ul style="list-style-type: none"><li>• A reduction in unintended pregnancies in all ages</li><li>• Increased quality standards across Nottinghamshire and Bassetlaw.</li></ul></li></ul>
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	Young Peoples Sexual Health Service - C Card	Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	Young People's Substance Misuse Service	Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need
2.03	Smoking status at time of delivery (maternity)	Tobacco Control and Smoking Cessation	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"><li>• Smoking prevalence</li></ul>
2.09	Smoking prevalence - 15 year olds		

2.14	Smoking prevalence - adults (over 18's)		<ul style="list-style-type: none"> <li>• Stopping smoking</li> <li>• Preventing the uptake of smoking</li> <li>• Reducing harm from tobacco use</li> </ul>
2.14	Smoking prevalence - adults (over 18's)	<b>Illicit Tobacco Services</b>	Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county
1.16	Utilisation of outdoor space for exercise/health reasons	<b>Obesity Prevention and Wight Management (OPWM)</b>	Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	<b>Domestic Abuse Services</b>	This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
4.15	Excess winter deaths	<b>Seasonal Mortality</b>	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report <sup>16</sup> . The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottingham City and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women
1.18	Social isolation	<b>Social Exclusion</b>	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.
1.01	Children in low income families	<b>Public Health Services for Children and Young People aged 0-19</b>	The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: • help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready for to learn at two and ready for school by five'
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	<b>Oral Health Promotion Services</b>	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.
2.05	Child development at 2-2½ years	<b>Children's Centres</b>	Children's Centres play a key role in early intervention and are a vital source of support for young children and their families.... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development
1.15	Statutory homelessness	<b>Supporting People: Homelessness Support</b>	<p>The aims of this service are:</p> <ul style="list-style-type: none"> <li>- To address homelessness, support people back to independence and prevent repeat homelessness</li> <li>- To reduce the adverse effects of homelessness on individual and population health and wellbeing</li> <li>- To improve the health and wellbeing of homeless service users</li> <li>- To promote social inclusion</li> </ul>
4.09	Excess under 75 mortality rate in adults with serious mental illness	<b>Mental Health</b>	The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems
1.15	Statutory homelessness	<b>Reduction in statutory homelessness</b>	The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working



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 2 2019/20		
Service Name	Indicator or Quality Standard	2018/19 final figures for comparison	2018/19 Q2	Annual plan 2019/20	Plan to Date	Q1	Q2	Performance against target	Performance against target	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	31,890	8,228	34,000	17,000	10,274	11,047		GREEN	21,321
	No. of patients offered who have received health checks	22,149	4,946	23,800	11,900	5,798	6,133		GREEN	11,931
Integrated Sexual Health Services	Total number of filled appointments									
	Sherwood Forest Hospital NHS Trust	23,000	5,945	23,381	11,691	5,660	5,996		GREEN	11,656
	Nottingham University Hospital NHS Trust	15,528	4,092	15,819	7,910	4,142	4,633		GREEN	8,775
	Doncaster and Bassetlaw Hospitals NHS Trust	8,642	2,283	8,130	4,065	2,250	2,318		GREEN	4,568
	Total	47,170	12,320	47,330	11,833	12,052	12,947		GREEN	24,999
	Quality Standard 60 % of new service users accepting a HIV test									
	Sherwood Forest Hospital NHS Trust	79%	78%	>60%	>60%	79%	79%		GREEN	79%
	Nottingham University Hospital NHS Trust	63%	61%	>60%	>60%	63%	60%		GREEN	62%
	Doncaster and Bassetlaw Hospitals NHS Trust	61%	62%	>60%	>60%	70%	62%		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%	81%	>75%	>75%	84%	88%		GREEN	86%
	Nottingham University Hospital NHS Trust	67%	69%	>75%	>75%	73%	64%		RED	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	70%	80%	>75%	>75%	83%	79%		GREEN	81%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC									
	Sherwood Forest Hospital NHS Trust	47%	48%	>30%	>30%	49%	48%		GREEN	49%
	Nottingham University Hospital NHS Trust	42%	38%	>30%	>30%	40%	50%		GREEN	47%
	Doncaster and Bassetlaw Hospitals NHS Trust	50%	50%	>30%	>30%	51%	45%		GREEN	48%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,245	330	1,400	700	410	292		GREEN	702
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	1,787	333	2,000	1,000	618	461		GREEN	1,079
Substance Misuse	Number of successful exits (i.e. planned)	1,021	249	-	324	214	243		GREEN	457
	Number of unplanned exits	664	157	-	-	166	175		NO TARGET	341
	Number of service users in the service (last day of quarter) including transferred in	13,168	8,857	10,394	5,197	6,598	8,613		GREEN	6,598
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	158	14	200	100	46	52		GREEN	98
	Quality standard 80% Planned exit from treatment	88%	75%	80%	80%	100%	50%		GREEN	75%
	Number of YP contacted via outreach or group work	-		-	-	629	396		NO TARGET	-
Smoking Cessation	Number of people setting a quit date	4344	915	-	-	817	909		NO TARGET	1,726
	% actually quit - Russell standard	69%	67%	>40%	>40%	62%	67%		GREEN	65%
	Pregnant Smokers who successfully quit	149	38	500	250	17	34		RED	51
	Under 18 Smokers who successfully quit	19	2	200	100	6	6		RED	12
	Routine and Manual Workers successfully quit	890	188	1,500	750	124	153		RED	277
	All other smokers who successfully quit	1,946	387	2,800	1,400	361	418		RED	779
	Total Successfully Quit	3,004	615	5,000	2,500	508	611		RED	1,119
Illicit Tobacco Services	Number of inspections	100	23	-	-	6	9		NO TARGET	15
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	708	171	260	130	347	322		GREEN	669
	Number of children supported	117	35	108	54	30	24		GREEN	54
	Maternity	107	15	104	52	54	57		GREEN	111
	Number of tier 1 prevention projects	71	17	65	33	19	31		GREEN	50
	Number of tier 1 prevention sessions	439	148	831	416	180	476		GREEN	656
Domestic Abuse Services	No of adults supported	1,952	468	2,088	1,044	451	487		NO TARGET	938
	No of children, young people & teenagers supported	609	132	622	311	137	136		NO TARGET	273
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	68	259	120	85	82		GREEN	167
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	219	42	187	119	47	83		GREEN	130
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	89%	89%	90%	90%	90%	90%		GREEN	90%
	Percentage of 6-8 week reviews completed	87%	85%	90%	90%	89%	89%		GREEN	89%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	89%	91%	90%	90%	90%	92%		GREEN	91%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	98%	99%	95%	95%	97%	99%		GREEN	98%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	278	56	200	100	98	82		GREEN	180
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	221	70	200	100	71	76		GREEN	147
Homelessness	Hostel Accommodation Number exited in a planned way	135	34	-	-	30	37		NO TARGET	67
	Hostel Accommodation % exited in a planned way	0.780071421	69%	>80%	>80%	71%	90%		GREEN	81%
	Move on Accommodation Number exited in a planned way	136	29	-	-	25	25		NO TARGET	50
	Move on Accommodation % exited in a planned way	0.978065357	97%	>80%	>80%	96%	89%		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	This excludes NX and multiple journeys
	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	Caveat: these are only those people with district postcodes, others included in overall total are GPCCG who live outside of Notts districts
	% 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%				

		Quarter 2								
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total	
Substance Misuse	Number of successful exits (i.e. planned)	39	51	43	29	34	23	24	243	This excludes NX and multiple journeys
	Number of unplanned exits	38	43	29	13	15	12	25	175	
	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	Caveat: these areonly those people with district postcodes, others included in overall total are GPCCG who live outside of Notts districts
	% 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	Does not include out of area/no fixed abode
	Number of children supported	4	0	5	5	4	1	5	24	
	Maternity	0	13	17	11	6	8	2	57	
	Adults triaged to other 12 week weight management								0	
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%	

Denominator/Numerator

Denominator/Numerator		Q1			Q2			Total		
		Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	Average %
Integrated Sexual Health Services	Quality Standard 60 % of new service users accepting a HIV test									
	Sherwood Forest Hospital NHS Trust	1041	827	79%	1140	897	79%	2181	1724	79%
	Nottingham University Hospital NHS Trust	972	614	63%	1026	615	60%	1998	1229	62%
	Doncaster and Bassetlaw Hospitals NHS Trust	601	418	70%	620	384	62%	1221	802	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	527	444	84%	522	460	88%	1049	904	86%
	Nottingham University Hospital NHS Trust	437	318	73%	469	299	64%	906	617	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	557	460	83%	275	217	79%	832	677	81%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC									
	Sherwood Forest Hospital NHS Trust	904	447	49%	972	471	48%	1876	918	49%
	Nottingham University Hospital NHS Trust	222	89	40%	565	283	50%	787	372	47%
	Doncaster and Bassetlaw Hospitals NHS Trust	598	302	51%	585	264	45%	1183	566	48%
Young People's Substance Misuse Service										
	Quality standard 80% Planned exit from treatment	2	2	100%	2	1	50%	4	3	75%
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	1992	1792	90%	1982	1776	90%	3974	3568	90%
	Percentage of 6-8 week reviews completed	1881	1672	89%	2015	1802	89%	3896	3474	89%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	2007	1807	90%	1985	1824	92%	3992	3631	91%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	2009	1951	97%	1769	1755	99%	3778	3706	98%
Homeleessness	Hostel Accommodation % exited in a planned way	42	30	71%	41	37	90%	83	67	81%
	Move on Accommodation % exited in a planned way	26	25	96%	28	25	89%	54	50	93%





**6<sup>th</sup> January 2020****Agenda Item: 5****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****ADULT SOCIAL CARE CULTURE CHANGE PROGRAMME****Purpose of the Report**

1. This report informs Committee of the work of Adult Social Care and Health department to develop and lead strengths-based approaches, and the work to develop the culture and conditions needed to enable strengths-based practice to develop.
2. The report also seeks approval of expenditure to invest in manager and staff practice through the Owning and Driving Performance Programme and strengths-based approaches. The costs for this work will not exceed £250,000 over a two-year period.

**Information**

3. The Care Act 2014 puts a strengths-based approach at the centre of an individual's assessment, care and support highlighting 'what is strong' rather than simply 'what is wrong'. This means that strengths and talents are identified so things that are important to people are taken into account. This helps to promote individual wellbeing as well as ensuring that needs are met in the most appropriate way. Strengths-based approaches hold hope and ambition for people that they can achieve their goals and wishes.
4. The successful implementation of strengths-based approaches requires the contribution and support of staff at all levels of the organisation. This requires a change in culture where all staff are aligned with the core elements of strengths-based practices to enable them to think and behave differently to achieve change. Within Nottinghamshire progress has been made to develop strengths-based practice, but considerable effort and time is needed to embed this at all levels of the department. Building commitment from staff and enabling staff to focus on what works will be crucial.
5. Investment in staff through development, supervision and coaching will be required, as will time to review and amend systems, processes and policies. Work will need to take place to equip managers to spend more time leading practice and coaching, and less time approving and checking. The way the department manages and develops the market will change, including the way the Council contracts with care and support providers.

6. This will be time consuming and challenging as many services are used to working from a deficit-based and needs-led perspective. Learning from evidence and experience shows this is a long-term approach.
7. Owning and Driving Performance (ODP) is an evidence-based culture change programme for management in local authorities and works particularly well when aligned to strengths-based practice development. The programme will support leaders and managers, including key business partners, to build a culture in the department based on accountability and defensible practice with a coaching in time style to build pace - with a focus on delivering improved outcomes for people. This will be procured via the consultancy framework within the Council.
8. Managers and commissioners will learn to:
  - change the narrative on risk to focus on the benefits and opportunities that 'risky' solutions can provide
  - ensure staff feel that they have 'permission' to take risks and that managers and leaders will support them in the event of any complaints or negative outcomes
  - promote a 'learning' culture rather than a 'blame' culture – where mistakes are regarded as learning experiences and staff know that they will not get into trouble in the process of trying to do the right thing for people
  - provide constructive challenge in a supportive and compassionate space to help staff feel brave and safe enough to take risks.
9. Specific practice approaches will be developed within the social care teams across Community and Direct Services. These will be based on evidence and best practice, and where possible work will be aligned across Adults and Children's Social Care. This will include:
  - reflective practice and supervision
  - effectiveness of Promoting Independence Meetings
  - work to build strengths-based practice tools and strategies
  - development of community-based and rights-based social work
  - implementation of Family Group Conferencing
  - review of community development and coproduction activity (in partnership with people and communities)
  - specific skills audit and development to build social work skills in areas such as family work, cognitive behavioural therapy (CBT), and system therapy for example.
10. The capacity and investment needed here will be a blend of time from partners in the field to act as critical friends, a development programme for staff, and the development of staff to act as coaches and mentors. The components of the changes are reflected in the diagram below, and further information is also available in **Appendix 1**, which will be presented at the Committee meeting:



## Adult Social Care Culture Change



11. In addition to investing in staff and management practice and skills, as a department it is vital to invest in talent and development. Work is taking place in partnership with the Human Resources team to develop apprenticeship roles into Social Work and Occupational Therapy. Alongside work with a university to support newly qualified staff into the County, the department needs to ensure that it grows and trains its own staff to work within this approach. Clear pathways for careers and development will be put into place and methods such as the talent pool, to enable staff to build skills at work, will be supported.
12. Underpinning this will be work to improve and develop our engagement and coproduction approaches. A range of communication methods have been implemented this year to increase the opportunity for the workforce to be informed about the department and to have a say in how it works.
13. Engagement and coproduction with people will be a priority for 2020 and Committee approved a report in November 2019 setting out how the conversation with people will start in the new year.
14. As well as being the right thing to do, there is clear evidence of the impact that using strengths-based approaches has on individuals, staff, communities and organisations. Moving from a culture of assessment and care management to one of conversation and resolution is evidenced to decrease spend, but increase support available to people, including vulnerable people who may not have benefited from commissioned services in the past.

### Other Options Considered

15. The department could continue to operate the current model of adult social care support. However, as highlighted in the report there is evidence that the strengths-based approach is highly effective and supports the principles set out in social care legislation. The culture change programme will promote the development and engagement of the department's workforce.

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

16. The culture change programme will support people to meet their goals and aspirations through a personalised and strengths-based approach to care and support. It will promote and support the development of staff across all levels of leadership in the department.

## **Statutory and Policy Implications**

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

## **Financial Implications**

18. As the programme of culture change across the department is currently being scoped and developed the exact investment required is not yet known, but it will not exceed £250,000 over a two-year period (2020-2022). The programme will be funded from departmental reserves.

## **Human Resources Implications**

19. The culture change programme will engage and involve staff across the organisation as it will support approaches and practice that are currently not fully embedded within the department. A framework will be developed to ensure that the effectiveness and outcomes of the programme can be measured, in terms of the performance and change in practice of practitioners and managers, and improved outcomes for service users.

## **Implications for Service Users**

20. The strengths-based approach is based on the strengths and abilities of an individual as a starting-point for working with them and ensuring the most appropriate support is put in place. The evidence shows that this is better for individuals and that communities can also benefit as a result of using this approach.

## **RECOMMENDATION/S**

That Committee:

- 1) considers the steps being taken by the Adult Social Care and Health department to develop the culture and conditions needed to enable strengths-based practice to develop and whether there are any further actions the Committee requires.
- 2) approves the expenditure to invest in manager and staff practice through the Owning and Driving Performance Programme and strengths-based approaches. The costs for this work will not exceed £250,000 over a two-year period.

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

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### **Constitutional Comments (EP 05/12/19)**

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

### **Financial Comments (KAS 05/12/19)**

22. The financial implications are contained within paragraph 18 of the report and the cost of this investment can be met from the reserves. The department is currently forecast to have £4.33m available in earmarked reserves at the end of this financial year.

### **HR Comments (SJJ 06/12/19)**

23. The development of the new approach will require engagement with corporate HR and Workforce Development colleagues to understand what additional learning and development outputs are required to support the culture change process.

### **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.

[Development of a departmental approach to co-production - report to Adult Social Care and Public Health Committee on 11 November 2019](#)

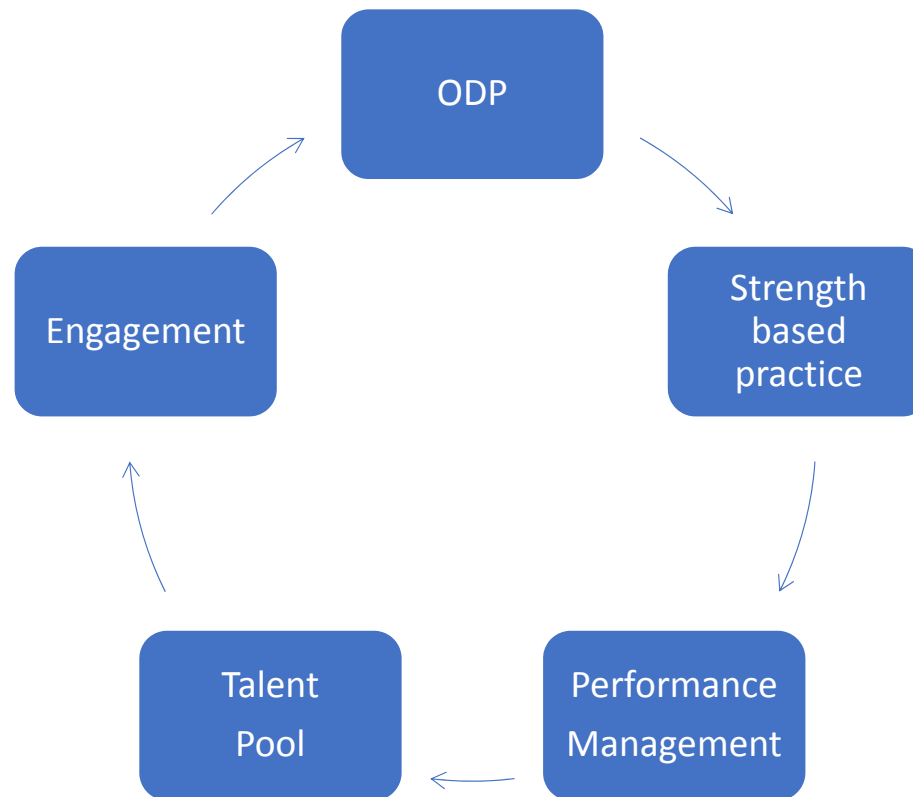
### **Electoral Division(s) and Member(s) Affected**

All.

ASCPH694 final



# Adult Social Care Culture Change



# Owning and Driving Performance

- ▶ In planning stages
- ▶ Programme of management culture change
- ▶ Combination of key messaging, development, practical input, coaching and challenge
- ▶ Planned for 2020

Question - synergy with Corporate Work?

# Strength-based Practice

- ▶ In delivery with refresh planned for 2020
- ▶ Promoting Independence Meetings
- ▶ Developing Excellent Practice Programme
- ▶ Early Resolution and Therapy-led Enablement operating model

Next step - team by team practice change

- Market management approach to be developed
- joint working across Council

# Performance Management

- ▶ Development of dashboards
- ▶ Benchmarking and analysis
- ▶ Next step - bringing together evidence of practice, productivity, outcome and output at team level
- ▶ Next step - culture of accountability and action



# Talent Management

- ▶ Talent Pool
- ▶ Next steps - apprenticeships and career progression
- ▶ Next steps - develop an approach!

# Engagement

- ▶ Friday Message
- ▶ What's new in Adult Social Care
- ▶ Workforce Model engagement
- ▶ Quarterly SLT roadshows
- ▶ Next step - Refresh of coproduction approach
- ▶ Next step - reaching new audiences
- ▶ Next step - digital interfaces to capture immediate feedback
- ▶ Next step - insight
- ▶ Next step - Community development

**6<sup>th</sup> January 2020****Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, AGEING WELL SERVICES****ESTABLISHMENT OF TEMPORARY SOCIAL WORK POSTS AT KING'S MILL  
HOSPITAL****Purpose of the Report**

1. To update Committee on the Council's work with partners to reduce emergency admissions to hospital and seek approval to establish 1.5 fte temporary Social Work (Band B) posts within the King's Mill Hospital Social Work Team to support this work for 12 months.

**Information****Background**

2. Reducing avoidable emergency admissions is a key objective that contributes to delivering the priorities of both the Nottingham and Nottinghamshire, as well as the South Yorkshire and Bassetlaw, Integrated Care Systems. Wherever possible, the aim is to meet people's health needs out of a hospital setting, because this delivers better outcomes for people and also frees up space in the hospitals for people who can only have their treatment provided there. Nottinghamshire County Council is therefore working with its partners across the County to meet this aim.
3. The Care Act 2014 places a duty on the Council to support effective discharge arrangements that support people to leave hospital in a safe and timely way. Assessment and discharge planning work must be carried out within particular timescales, so that people are not delayed from leaving hospital due to social care reasons. Performance against these standards is included in the quarterly Departmental Performance reports to Adult Social Care and Public Health Committee. Nottinghamshire County Council has sustained excellent performance over the past 18 months and has very low levels of days of delay due to social care reasons.
4. There are no national standards that dictate the timescales within which social care should support any assessment or discharge work that needs to be carried out when people attend the Emergency Department. When people arrive at a hospital Emergency Department, the 'clock starts ticking' against the NHS maximum four hour A&E waiting time target, as set out in the Handbook to the NHS Constitution. The operational standard is that at least

95% of patients attending A&E should be admitted, transferred or discharged within four hours of arrival. NHS Trusts are closely monitored against their performance here.

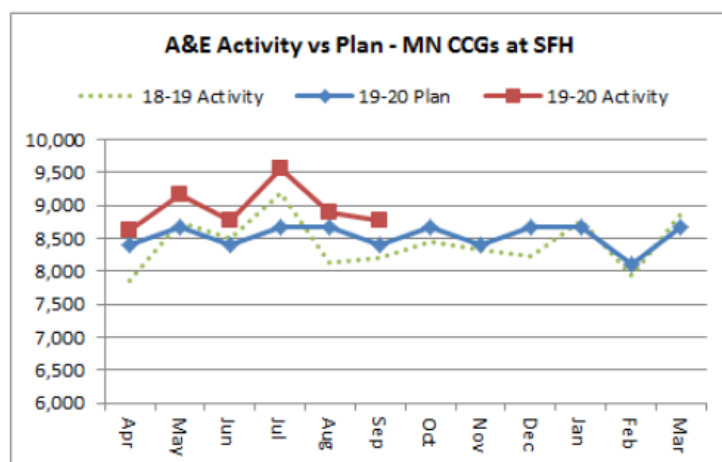
### **Current social care arrangements for emergency admission avoidance**

5. Sometimes patients attending the Emergency Department have a range of complex needs and the clinicians need to take advice from the hospital social care team to inform their decision about whether they should admit the patient into the hospital or whether it is safe to discharge him/her back home. For example:
  - the person may present as being confused and cannot remember if she or he has any support at home
  - it may not be clear how the person sustained his or her injury leading to safeguarding concerns
  - the person may not have a clinical need to be admitted but the staff are reluctant to discharge him or her without any further assessment to consider other issues that have been reported during the consultation
  - the clinician may be assured that the person can return home if there is appropriate family support available and/or already a package of care in place.
6. There are currently various ways in which the clinical staff can access support from social care staff working in all Nottinghamshire's acute hospitals:
  - a) they can use NHS IT systems to look up specific key information on whether the patient is already known to the Council and if they have any active service (e.g. home care). This system is available 24 hours a day, 7 days a week, so it is very helpful in supporting clinical staff to make quick and informed decisions about whether they need to admit a patient to the hospital or whether it should be safe to send the person back home again. If necessary, the clinical staff can contact the social care provider directly to discuss the discharge decision
  - b) during normal office hours, clinical staff can ring the hospital social care team Duty Desk at King's Mill Hospital or Queen's Medical Centre to ask for a worker to come to the Emergency Department to assess the person. There are no social care staff based within the Emergency Department so this involves a journey across the hospital
  - c) at Bassetlaw Hospital, there is a joint approach between Rapid Response health staff and Rapid Response Social care staff working in the Emergency Department to ensure that unnecessary hospital admission from Emergency Department arrivals are avoided.
7. The use of technology to share information across the health and social care boundary has significantly improved sharing of information and decision making over the last 18 months. However, there is potentially more that social care might can offer to support a patient waiting in the Emergency Department to be discharged back home within four hours, which is now being explored at King's Mill Hospital.

### **Mid Nottinghamshire**

8. Since the start of the year, the Mid Nottinghamshire health and care system has been struggling to cope with unprecedented levels of urgent care demand. The graph below shows that the actual number of people attending the Emergency Department (also known as A&E) since April 2019 has been consistently above the planned or forecast level of

attendance for this year. The actual number of attendances in 2019/20 has also been consistently higher than the actual level of attendance over the same period in 2018/19. The reasons for this are monitored.



Month	Plan	Actual	Diff	% Diff
Apr	8,388	8,613	225	2.7%
May	8,668	9,169	501	5.8%
Jun	8,388	8,768	380	4.5%
Jul	8,668	9,561	893	10.3%
Aug	8,668	8,883	215	2.5%
Sep	8,388	8,773	385	4.6%
Oct				
Nov				
Dec				
Jan				
Feb				
Mar				
YTD	51,167	53,767	2,600	5.1%

9. King's Mill Hospital (KMH) in Mansfield is the main hospital within the group of hospitals managed by Sherwood Forest Hospitals NHS Trust. The hospitals are King's Mill, Newark and Mansfield Community Hospitals. Their services are provided mainly to residents of Mid Nottinghamshire although about 10-20% of patients live in Derbyshire.
10. The hospital social work team has staff based at all three hospital sites. Patients are referred to the team for a variety of reasons, including advice and guidance for self-funders, involvement with safeguarding concerns, referral to short-term services on discharge (such as START Reablement, an assessment bed or Home First Response Service) or involvement in a process to determine if Continuing Healthcare should be awarded for ongoing care needs.
11. Mid Nottinghamshire health and care partners have discussed ways to reduce the level of attendance at the Emergency Department and to ensure that as many people as possible are discharged back home quickly, if they do not have a clinical need to be admitted to hospital. Various proposals have been developed to achieve this and NHS Transformation Funding has been made available via the Integrated Care System.
12. One of the proposals approved by the Mid Nottinghamshire Integrated Care Partnership was to fund a dedicated social worker presence at King's Mill Hospital front door. This would ensure that a social worker would be available seven days a week, during normal working hours, to give advice and guidance or carry out assessment and support planning, in order to try and avoid unnecessary admissions and help NHS staff to meet the four hour target.
13. The cost of this proposal has been established as £88,669 based on 1.5 fte Social Work posts costed at the top of Band B, with additional payments added for working at weekends. This cost will be fully met by the NHS Transformation Funding.
14. This proposal will enable the system to test the impact of placing dedicated Social Worker capacity in the Emergency Admissions Department. The business case and funding for these staff was not confirmed until after the Workforce Review report was presented to

Committee in November 2019 and hence it was not possible to include these posts in the review at that point. This proposal provides an opportunity to test new ways of integrated working to avoid emergency admissions. Placing Social Workers temporarily in the Emergency Department does not indicate that this is the preferred model for the future. Learning from the evaluation will inform future integrated front door models and will be shared across all three acute hospital systems.

### **Other Options Considered**

15. One full time post could have been funded for five days a week instead of needing 1.5 fte posts to provide weekend cover. Health colleagues decided that having seven day cover was their priority.

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

16. The Committee is requested to approve the establishment of 1.5 fte Social Work posts within the King's Mill Hospital social work team, to be fully funded by NHS Transformation Funding. This will provide dedicated and timely social work advice and support for patients attending the Emergency Department at King's Mill Hospital and learning will inform future integrated front door models across Nottinghamshire.

### **Statutory and Policy Implications**

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

### **Financial Implications**

18. Financial implications are outlined at **paragraph 13**. The costs incurred will be met by the Mid Nottinghamshire Clinical Commissioning Groups using Transformation Funding provided by the Nottingham and Nottinghamshire Integrated Care System.

### **Human Resources Implications**

19. HR implications are that 1.5 fte Social Work posts will be established at Band B for 12 months, with additional payments added for working at weekends.

### **Implications for Service Users**

20. People attending the Emergency Department at King's Mill Hospital will have access to dedicated social care advice, assessment and support planning 7 days a week during normal office hours. This will support people to be discharged back home if they do not have clinical needs which justify hospital admission.

## RECOMMENDATION/S

- 1) That Committee approves the establishment of 1.5 fte temporary Social Work (Band B) posts for 12 months within the King's Mill Hospital social work team, to be funded by NHS Transformation Funding.

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

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### **Constitutional Comments (EP 17/12/19)**

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

### **Financial Comments (OC 17/12/19)**

22. The 1.5 fte posts will cost an additional £88,669; this will be met by the Mid Nottinghamshire Clinical Commissioning Groups using Transformation Funding provided by the Nottingham and Nottinghamshire Integrated Care System.

### **HR Comments (SJJ 18/12/19)**

23. These posts will be recruited to and appointed to 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.

[Planning for Discharge from Hospital – report to Adult Social Care and Public Health Committee on 9th October 2017](#)

[Planning for Discharge from Hospital – report to Adult Social Care and Public Health Committee on 11th June 2018](#)

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

All.

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**6<sup>th</sup> January 2020****Agenda Item: 7****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****NATIONAL CHILDREN AND ADULT SERVICES CONFERENCE NOVEMBER  
2019****Purpose of the Report**

1. The report informs the Committee of the key messages from the National Children and Adult Services (NCAS) Conference which took place in Bournemouth from 20<sup>th</sup> to 22<sup>nd</sup> November 2019.

**Information**

2. The County Council's representatives attending the conference were Councillor Tony Harper, Chairman of the Adult Social Care and Public Health Committee; Councillor Tracey Taylor, Vice Chairman of the Children and Young People's Committee; Melanie Brooks, Corporate Director of Adult Social Care and Public Health; Paul Johnson, Service Director, Strategic Commissioning and Integration, Adult Social Care and Health, and Laurence Jones, Service Director, Commissioning & Resources, Children and Families. The report is supported by the presentations which are available on the [conference website](#).
3. This year attendance at the conference and the agenda were subject to late amendments due to Purdah for the General Election which meant that the Government was not represented at the conference. A range of issues and priorities in adult social care were reflected in the conference agenda. Major topics covered were: reimaging and reframing social care, building strength based approaches, community development and coproduction with people.
4. A key theme this year was that social care requires a 10 year plan akin to the 10 year plan for the NHS. The Conference opening was undertaken by Councillor James Jamieson, Chairman of the Local Government Association (LGA), Rachel Dickinson, President of the Association of Directors Children's Services (ADCS) and Julie Ogley, President of Directors of Adult Social Services (ADASS). Councillor Jamieson highlighted the role of councils as leaders of place, with a proud legacy of delivering better social care and wider outcomes for health and wellbeing. He spoke of the vital role that councils play in delivering high quality services, citing council maintained schools as an example. He went on to highlight the cost savings adult social care has achieved for the NHS, and the improvement in public health outcomes delivered through Health and Wellbeing Boards. Councillor

Jamieson called for the next Government to secure a long term deal for local government giving powers, funding and certainty to enable councils to transform communities.

5. Rachel Dickinson spoke of the levels of child poverty and homelessness and an education gap leading to huge challenges for councils. Rachel spoke of the review for special educational needs and disabilities and the role ACDS will play in the review to ensure no child is left behind.
6. Julie Ogle said that partnerships with health need to be nurtured and to set out the role for social care to shape the personalisation agenda in the NHS, especially with the emerging Primary Care Networks and link workers. There needs to be a greater focus on prevention and to build resilience in the sector and in communities. For the care sector there need to be better career paths established with the requisite training. Greater focus is required on quality of life, which councils can play a significant part in achieving. The social care sector needs sustainable investment, and not at the expense of other council services, to enable people to live a good life. The focus should be on taking an asset based approach with trusting relationships with providers and co-produced with people.
7. Melanie Brooks chaired a workshop session as ADASS Policy Lead leading a debate on working together to keep carers connected - Developing Carer Friendly Communities. The most powerful presentation was from Stockton on Tees Borough Council, who were sharing the developments they have made since bringing carers' services in-house and embedding carers' support in all that they do. Angie, a carer, told her story about her adult son and her own journey into employment as a Carers' Support Worker. Carers UK and Social Care Institute of Excellence (SCIE) also presented, summarising best practice evidence and carers' views about what is needed to deliver relevant and appropriate services. The session found that coproduction was essential to ensure services responded to carers' needs, and that the most successful models were those that were flexible, with good provision for short breaks. It was shocking to hear that 60% of carers lose their work due to caring roles, and that 70% of carers have not had a break in the last four years.
8. Paul Johnson spoke at a seminar on towers of strength – strengths-based approaches. Paul shared the feedback tree with the conference and the impact felt by staff and on performance metrics of the three tier model in Adult Access. Paul was joined by colleagues from City of Bradford Metropolitan District Council and Thurrock Council who are further ahead with their strengths-based approaches and gave good practical examples of how directors can lead sound whole organisation change and provide a defensible framework to enable practitioners to have greater freedom in decision-making. This session was thought provoking and encouraging. 'The Big Conversation' was a method of coproduction used in Bradford and will be taken into the coproduction work as it was an excellent way of listening to hundreds of people to hear their views.
9. Think Local Act Personal, SCIE and Social Care Futures are leading on ground-breaking work to re-imagine social care and an interactive approach demonstrated different ways of thinking on personalised care. Stay up late organisation demonstrated social connection by crowd knitting! 'Gig Buddies' and 'no bed time campaign' are new to Nottinghamshire and will be followed up. The Making it Real 'I statements' have more potential to be used in quality management and service development, and this was key learning coming from the conference.

10. The sub-plenary on Special Educational Needs and Disability (SEND): the challenges and the opportunities set out several issues for children's services, but also drew attention to the poor educational and employment outcomes for post 16 and post 19 children and adults and showed that there is a great deal of work required to realise the ambition for Preparing for Adulthood intended in the SEND reforms. This will be an area for Committee to consider with the Children & Young People's Committee.
11. Ten years on from the Autism Act - local government's role in meeting the needs of autistic adults and children looked at the progress made and best progress examples, whilst examining the further work needed to enable people with autism to live well in their communities. The Autism strategy has been extended to be all-age and there were good examples given in this workshop of what Nottinghamshire can consider in the strategy refresh being undertaken by the Health and Wellbeing Board.
12. Everybody's business - leading effective local suicide prevention strategies was a discussion led by the Samaritans and Jim McManus as Vice President of the Association of Directors of Public Health. The workshop looked at learning from a review of suicide prevention plans, drawing attention to strengths, weaknesses and best practice in plans. A guide was shared on how Members can scrutinise suicide prevention plans, and this will be taken to Health and Wellbeing Board, which leads on Nottinghamshire's Suicide Prevention Plan, as an action.
13. A summary of the key learning points for Nottinghamshire:
  - consider best practice examples for coproduction and The Big Conversation as a listening method
  - Making it Real 'I statements' to be used as a tool to assess quality in services, both internal and external
  - consider the work in Liverpool to engage the voluntary and community sector (VCS) in the Market Position Statement to look at developing and growing the VCS role as providers
  - take forward learning from the Delayed Transfer of Care workshop and the integration session to consider actions with health partners.

### **Other Options Considered**

14. No other options have been considered.

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

15. The report provides an opportunity for the Committee to consider the key learning points highlighted from the conference and any further actions arising from the summary contained within the report.

### **Statutory and Policy Implications**

16. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability

and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

17. There are no financial implications arising from the report.

### **Implications for Service Users**

18. The report highlights opportunities to learn from experiences and models of practice in other councils to improve services and support available to people in Nottinghamshire.

### **RECOMMENDATION/S**

- 1) That the Committee considers whether there are any further actions it requires in relation to the key messages from the National Children and Adult Services Conference contained in the report.

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

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### **Constitutional Comments (LW 28/11/19)**

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

### **Financial Comments (DG 13/12/19)**

20. 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.

None.

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

All.  
ASCPH692 final

**6 January 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-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

**Other Options Considered**

5. None

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

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

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

## **RECOMMENDATION/S**

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

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

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

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

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

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

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

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

- None

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

- All

## **ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE – WORK PROGRAMME 2020-21**

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>3 February 2020</b>			
Update on Domestic Abuse Support Services	To inform committee of the outcome of procurement	Director of Public Health	Rebecca Atchinson
Living Well Strategy	To update committee on the strategic direction for the Living Well service area.	Service Director, Living Well Services	Ainsley MacDonnell
Development of Shared Lives Service	Progress report on work to develop and expand the service.	Service Director, Living Well Services	Ian Masson
<b>16 March 2020</b>			
Progress with development of County Horticulture (Brooke Farm)		Service Director, Living Well Services	Jane McKay
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk
Fees and charges annual report		Service Director, Strategic Commissioning and Integration	Paul Johnson/Cherry Dunk
Self-assessment and sector-led improvement in Adult Social Care and Health and Public Health	Progress update on outcomes of annual sector led improvement process in Adult Social Care and Health, including regional challenge and introduction of process in PH.	Corporate Director, Adult Social Care and Health/ Director of Public Health	Jennie Kennington/Will Brealy
All Age Substance Misuse Service	To inform committee of key performance indicators	Director of Public Health	Sarah Quilty
Summary of the Violence Against Women and Girls (VAWG) Project Evaluation	To inform committee of the outcome of the Violence Against Women and Girls (VAWG) Project Evaluation	Director of Public Health	Rebecca Atchinson
Performance in Adult Social Care and Health	Quarterly update report to committee on performance, progress with savings projects and the Improving Lives portfolio and the departmental budget.	Corporate Director, Adult Social Care and Health	Vicky Myers/Stacey Roe/Kath Sargent

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
<b>20 April 2020</b>			
Spend and outcomes review for Adult Social Care and Public Health		Corporate Director, Adult Social Care and Health/Director of Public Health	Melanie Brooks/Jonathan Gribbin
Public Health Grant – proposals for investment of additional funding	To seek approval for proposals to invest additional Public Health Grant funding	Director of Public Health	William Brealy
Progress update on Liberty Protection Safeguards	Update on the introduction and implementation of the new approach.	Service Director, Ageing Well Services	Annie Greer
<b>11 May 2020</b>			
<b>8 June 2020</b>			
Performance in Adult Social Care and Health	Quarterly update report to committee on performance, progress with savings projects and the Improving Lives portfolio and the departmental budget. Also including end of year update on progress against the ASC&PH departmental strategy.	Corporate Director/Director of Public Health	Vicky Myers/Stacey Roe/Kath Sargent/ Will Brealy/Jennie Kennington
Progress of framework agreement for equipment based major adaptations in people's homes	Requested by Committee December 2019, a follow-up report on progress with implementation of new framework.	Service Director, Strategic Commissioning and Integration	Cate Bennett
<b>13 July 2020</b>			
Market management position statement	Regular report on contract suspensions and auditing activity	Service Director, Strategic Commissioning and Integration	Cherry Dunk