Nottinghamshire County Council

Adult Social Care and Public Health Committee

Monday, 25 April 2022 at 14:00

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

AGENDA

1	Minutes of last meeting held on 14 March 2022	3 - 8
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Day Opportunities Strategy 2022-2027	9 - 46
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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:-

(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 Jo Toomey (Tel. 0115 977 4506) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	14 March 2022 (commencing at 10.30 am)

Membership

COUNCILLORS

Boyd Elliott (Chairman)
Scott Carlton (Vice-Chairman)
Matt Barney (Vice-Chairman)

Steve Carr
Dr. John Doddy
Sybil Fielding – Apologies
Paul Henshaw
Eric Kerry
David Martin
Nigel Moxon – Apologies
Michelle Welsh – Apologies

SUBSTITUTE MEMBERS

Councillor Sinead Anderson for Councillor Nigel Moxon
Councillor Jim Creamer for Councillor Michelle Welsh
Councillor Mike Pringle for Councillor Sybil Fielding

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Health, ASC&PH
Jonathan Gribbin, Director of Public Health, ASC&PH
Sue Batty, Service Director, Ageing Well Community Services, ASC&PH
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH
Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH
Gemma Shelton, Group Manager, Quality and Market Management
Jennie Kennington, Senior Executive Officer, ASC&PH
Jo Toomey, Advanced Democratic Services Officer, Chief Executives

OFFICERS IN REMOTE ATTENDANCE

Grace Natoli, Director, Transformation and Service Improvement, ASC&PH
Sarah Craggs, Person Centred Planner, ASC&PH
Michelle Beswick, Project Officer, ASC&PH

'OUR VOICE' REPRESENTATIVES

Alyson Fisk
Ed Lowe
Marion Wardill

1. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 24 January 2022 were confirmed and signed by the Chair.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from:

- Councillor Sybil Fielding (sickness/medical)
- Councillor Nigel Moxon (other reasons)
- Councillor Michelle Welsh (sickness/medical)

3. DECLARATIONS OF INTERESTS

None.

4. ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTE 3 2021-22

The report of the Corporate Director, Adult Social Care and Health updated Committee on the financial performance of the department to the end of December 2021. It also provided a summary of performance between 1 October 2021 and 31 December 2021.

During this item, the meeting adjourned briefly to enable the resolution of technical issues with the live broadcast.

During discussions, Members:

- Referred to the findings of an annual survey of social workers and asked whether the findings regarding workload had contributed to the staff absence rate in Nottinghamshire
- Were advised of contingency arrangements to backfill staff shortages or where providers had handed packages of support back to the Council and given assurance about access to appropriate skills and experience
- Discussed transformation work to try and help reduce the administrative burden and highlighted a potential training need arising from new ways of working
- Recognised that some new ways of delivering services that had arisen from the pandemic had been welcomed by service users and were being mainstreamed
- Discussed a suggestion to use officers and the Leader of the Council to lobby government in relation to social care, together with action that had already been undertaken
- Asked about the impact of the 2021/22 savings shortfall rolling into subsequent years

RESOLVED 2022/010

That no further actions were required in relation to the finance and performance information for the period 1 October to 31 December 2021.

5. CHANGES TO THE STAFFING ESTABLISHMENT TO SUPPORT COVID-RECOVERY, SOCIAL CARE REFORMS AND GREATER INTEGRATION WITH HEALTH

The report of the Service Director, Integrated Strategic Commissioning and Service Improvement sought approval of changes to the Adult Social Care staffing establishment. The proposals would support continued recovery from COVID-19 and the implementation of statutory reforms and continued work to support greater integration between Health and Social Care.

During discussions, Members:

- Referred to the evolution of an integrated care service, highlighted as a long-term programme that the proposed posts would help deliver

RESOLVED 2022/011

That the following be approved:

1) The temporary extension of the following posts:

    - 1 FTE temporary additional Group Manager for Service Improvement, Quality and Practice (Hay Band F subject to formal job evaluation) for a period of 12 months from 1 April 2022

    - 1.8 FTE temporary Mosaic Technical Specialists (Hay Band C) for a period of 2 years from 1 April 2022

    - 1 FTE temporary Team Manager in Ageing Well Services (Hay Band D) for 12 months from 1 April 2022

    - 2 FTE temporary Deputyship Officers (Hay Band A) for 12 months from 1 April 2022

    - 0.6 FTE Finance Assistant (Grade 4) for 12 months from 1 April 2022.

2) A temporary increase in hours to the Living Well Commissioning Manager (Hay Band E) post from 0.75 FTE to 1 FTE for a period of up to 12 months from 1 April 2022.

3) The establishment of 7 FTE Business Support Administrators (Grade 3) and 2 FTE Business Support Administrators (Grade 4) in the Data Input Team within the Business Support structure, in the Chief Executive's Department.

4) The establishment of a 1 FTE Joint Head of Quality and Market Management (Hay Band G, subject to formal job evaluation) post for Nottinghamshire County Council, NHS Nottingham and the Nottinghamshire Clinical Commissioning Group.

5) The disestablishment of the below posts to fund the establishment of new posts as outlined above:

- 1 FTE Group Manager Quality and Market Management (Hay Band F)
- 3.5 FTE Community Care Officers in Ageing Well (Grade 5)
- 3.5 FTE Community Care Officers in Living Well (Grade 5)

6. NOTTINGHAM AND NOTTINGHAMSHIRE CARERS STRATEGY

The report of the Service Director, Ageing Well Community Services set out the vision for supporting carers and enabling them to access support. It also asked Committee to approve the draft Carers' Strategy for consultation.

During discussion, Members:

- Commended the contribution made by carers but expressed concern about the number of carers within Nottinghamshire, particularly those aged between 5 and 17
- Expressed concern about the number of carers who indicated that they did not have as much social contact as they would have liked
- Emphasised the importance of having appropriate care packages in place to support carers and their cared for, including respite arrangements
- Asked whether there was any trend in terms of cared for people and the industries in which they worked

RESOLVED 2022/012

That the undertaking of a public consultation on the draft Carers Strategy, attached as Appendix 1 to the report be approved.

7. 'BETTER TOGETHER' WORKING TOWARDS GREATER CO-PRODUCTION ACROSS ADULT SOCIAL CARE

Together with representatives from 'Our Voice', the Service Director, Integrated Strategic Commissioning and Service Improvement presented the report which sought approval of the 'Better Together' plan and the action plan for the first year of its implementation.

During discussion, Members:

- Commended the contribution made by those people with lived experience who sat on 'Our Voice', the co-production steering group
- Spoke in support of using a co-production model and of it being used more widely across the Council, highlighting advantages and benefits

RESOLVED 2022/013

That the 'Better Together plan: working towards strategic coproduction' and the action plan for the first year of its implementation, attached as Appendices 1 and 2 to the report, be approved.

8. PROPOSED INCREASE IN FEES FOR INDEPENDENT SECTOR ADULT SOCIAL CARE PROVIDERS, DIRECT PAYMENTS AND OTHER CHARGES

The report of the Service Director, Integrated Commissioning and Service Improvement set out proposed increases in fees for independent sector adult social care providers, direct payments and other charges.

During discussion, Members:

- Considered the relationship between the national minimum wage and the impact of increases to the cost of living, including increased national insurance contributions
- Sought assurances about the expectation of providers contracted by the Council to increase their rates
- Asked whether the move to an integrated care system would provide a bigger platform from which to influence the care market regarding payment of staff

RESOLVED 2022/014

1) That the proposed distribution of £14.966m of fee increases to independent sector social care and support providers across the different adult social care services related to the further increase in the National Living Wage from 4 April 2022 be approved.

2) That the increase in Ageing Well Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation be approved.

3) That the fee increases for Living Well residential and nursing home care placements be approved.

4) That the fee increases proposed for Home Care, Housing with Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision be approved.

5) That it be approved for all the fee increases to be effective from 4 April 2022 to align with the payment cycle for the new financial year.

9. WORK PROGRAMME

A request was made for a report regarding the impact of increased fuel prices on Council employees who were required to travel from home to home and used their own vehicles. Consideration needed to be given as to whether this would fall in the remit of Adult Social Care and Public Health Committee or another committee.

Members asked whether they would now be able to visit centres providing day services following the easing of COVID-19 restrictions.

RESOLVED 2022/015

That the work programme be approved and updated as necessary.

The meeting closed at 12.37pm.

CHAIRMAN

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

25 April 2022

Agenda Item: 4

REPORT OF THE SERVICE DIRECTOR, LIVING WELL COMMUNITY SERVICES

DAY OPPORTUNITIES STRATEGY 2022-2027

Purpose of the Report

1. Day Opportunities are one of a range of community services available to people with care and support needs and are used by a range of people including adults over 65, people with physical disabilities, people with learning disabilities, autism and mental ill health. Over 1300 people access these services and it accounts for approximately 6.9% of the net Adult Social Care budget in 22/23. The report sets out a vision for Day Opportunities including how Adult Social Care will support and enable people to live the lives they want. This is based on the recent public consultation findings which are summarised within the report. Committee is asked to approve the final version of the Day Opportunities Strategy, attached as **Appendix 1**, and subsequent implementation of the strategy.

Information

2. Day Opportunities are services and community activities that help people to have a fulfilling life, enable development of new skills, pursue interests, make friends, gain relationships and peer support, and make a positive contribution to the community. Employment support and building work readiness skills are part of the broad spectrum of opportunities that the Council would expect to have in place for people to access. This sits alongside a range of community services including Homecare, Care, Support and Enablement and internally the Maximising Independence Services which can offer a short-term enablement service for people to gain skills and I works which can provide longer term support to gain skills for employment.

3. Adults with care and support needs face particular barriers and challenges to participating in community life and activities. They face greater inequalities and harassment and have less access to services and employment. Nottinghamshire County Council aims to help reduce these inequalities by supporting adults to live as independently as they can, build resilience and skills, enjoy good standards of health and wellbeing and have access to mainstream services and activities within their local communities. The strategy sets out how people can be supported to access the support and activities they need to achieve the outcomes and lives they want.

4. COVID-19 has had a serious impact on the lives of people who use social care services and their carers. Disabled people, for example, more often indicated that coronavirus had affected their health than non-disabled people (35% for disabled people, compared with 12% for non-disabled people).[1] Already marginalised people have been more excluded from society due to their vulnerabilities, and this has led to both incredible resilience from carers and the informal support of their communities around them, but also hardship for those overwhelmed by the pandemic, with associated impacts on people's mental and physical health.

5. COVID-19 stimulated some different services and offers such as digital technology, small scale local community responses and more personalised individual solutions such as those delivered by Personal Assistants, which were welcomed by some who continue to benefit from the new-found flexibility, friendships, and support. The strategy builds on this, looking to increase access to a wider variety of opportunities in local communities.

6. The pandemic provided a backdrop to the work undertaken over the past two years to look at the day opportunities offer and to hear what people in Nottinghamshire want from services and from Adult Social Care more widely, to help them achieve their outcomes and the lives they want to lead. This culminated in a public consultation which ran from 4th October to 31st December 2021.

Background

7. Day Services make up most day opportunities at present and currently benefit approximately 1,300 residents. Services are delivered directly by the Council as well as independent organisations. The total budget for Day Opportunities in 2022/23 is £15.9m per annum.

8. The current day service offer is well valued by people and their carers but is predominantly building based with limited scope to offer a full range of choices and to raise alternative aspirations for people. Some services are provided through a range of other mechanisms including Personal Assistants, Shared Lives and Care Support and Enablement. The new approach for day opportunities will expand on this, going beyond commissioned services, moving away from an historic emphasis on deficits or needs and in line with the Care Act 2014 '*consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help*'.

9. The new offer will also be in line with the Association of Directors of Adult Social Services (ADASS) paper, Adult Social Care - Presenting a Better Future in July 2020, which identified the need for government and local authorities to think very differently and transformationally about the future of social care. '*For too long care has been built around organisations and buildings such as hospitals, day care centres and care homes. The future must be about what works for us as individuals and our families, with a whole series of local organisations working together to organise care and support that enables us to work, stay independent at home, and be as engaged in our communities as we want*'. With

[1] Coronavirus and the social impacts on disabled people in Great Britain, Office for National Statistics, February 2021

this in mind, the strategy considers day opportunities in the widest sense in addition to the use of day services.

10. This approach reflects Nottinghamshire's Adult Social Care Strategy which sets out the Council's commitment to 'promote people's independence and wellbeing by building new relationships between formal social care, health, housing and the support that already exists in families and their local communities'. The Strategy is also in line with the Nottinghamshire Plan, in particular ambition 1, helping people live healthier and more independent lives.

Consultation

11. During the past two years a number of engagement and co-production activities have taken place, meaning that in total the Council heard from over 1,700 people who use services and their carers. Comments from people locally during the initial engagement included:

This involvement of people who are directly impacted by services led to the content of the draft strategy which has now been consulted upon.

12. To encourage people to comment on the proposals contained within the draft strategy a series of posts were placed on social media weekly throughout the consultation period. Provider services (internal and commissioned) were also asked to highlight the consultation to people who use their services and their families and, where applicable, support them to complete the consultation questionnaire. In addition, focus groups were held within some day service settings and a further group of experts by experience who have supported with the strategy development were again consulted. Efforts were made to reach out to groups including the Deaf community and services supporting those from Black and Minority Ethnic Communities.

13. In total 208 people responded to the consultation. Whilst fewer people responded to this than in earlier stages of the engagement, it does equate to 14% of those who currently access day service provision against a statistically significant response rate of 10%. Many people who had already been involved throughout the process, contributing to early engagement exercises and the development of the draft strategy for example, also reflected they had nothing further to add and therefore did not take part in the final exercise.

14. The focus of the public consultation was on the impacts to those responding. Most respondents were positive about the changes, with all areas consulted on receiving a majority of 'strongly agree' or 'agree' responses. Some concerns were raised by individuals around the cost of community activities, for example, going to the gym and factoring

transport costs in addition to the cost of the activity. Other concerns included whether they would be able to return to day services if their chosen option failed to meet their expectations. The strategy implementation approach will address these issues under the personalised planning approach including considering the use of Direct Payments, the affordability of alternative options, and flexible trial periods are available to people to give them the confidence to try new things. The strategy development has been built upon the views of those who use services and their carers so the feedback can be seen within the strategy document itself to reflect the evolution of the approach taken.

15. The strategy sees a move away from a predominantly service-based approach to meeting needs, with a shift in focus to a more personalised approach. This will address concerns raised during the consultation over things such as cost of activities, safety and pace of change as the implementation will be supported through the department's strength-based reviews, ensuring support is tailored to meet an individual's outcomes in the most appropriate way.

16. The strategy responds to the user and carer feedback by providing access to a broader range of opportunities for people to support the aspirations that people have, to be a part of their community. Some of these developments will take time but the strategy sets out a direction of travel for the department to move towards along with people, communities and providers of services.

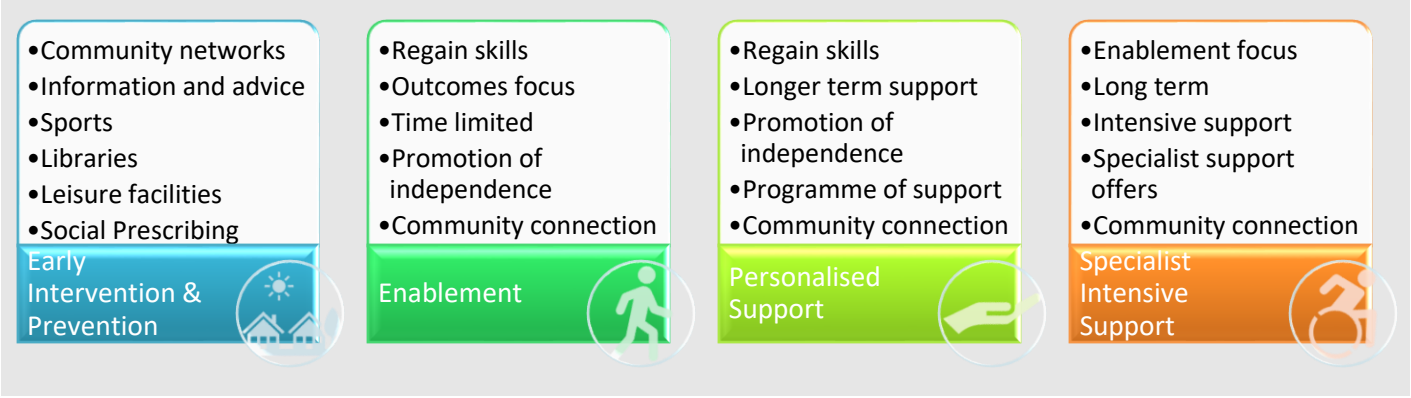
The Vision

17. The strategy sets out a vision for an inclusive society where mainstream leisure and employment support is accessible to people who access care and support and that with the support of Shared Lives and Personal Assistants, they can access this how they want, when they want. The vision of moving towards more personalised approaches should be done in conjunction with the community assets and services where people live, which bring people and places together, through a range of methods, to support people to live ordinary lives.

18. The shift in focus will see patterns of investment change gradually over time; as more people choose community-based options, a greater number of people receive short-term enablement and reablement offers and people find alternatives within their local communities. Funding will move accordingly to ensure those services are available to meet people's chosen options, with alternatives being commissioned or developed in response to demand.

19. The regaining and developing of new skills, as well as the promotion of independence and wellbeing are identified as essential elements within the vision. People benefiting from day opportunities will have different levels of need and this might change over time as people's needs increase due to age or illness or as people gain independence. Therefore, there will be four levels of support in acknowledgement that some people require a relatively short period of support to realise their aspirations whereas others may need longer term specialist intensive support. It is anticipated that those who require lower levels of support will primarily access opportunities within their communities. Those requiring more specialist provision or higher levels of support may continue to require building-based support to meet their needs most effectively, but the aspiration will remain that everyone

should be able to access their communities if they choose to. The four levels of support are:



20. The strategy also reflects that internally delivered Direct Services will develop in response. This will include:

- the provision of day services for those with complex needs
- working with others to support people through enablement/reablement to gain independence including accessing employment and community support
- continuing to provide support to those already utilising day services as appropriate
- reviewing provision in line with the increasing shift to the community
- development of a Service Level Agreement for in-house provision.

21. The strategy considers the needs of carers, reflecting the role day opportunities have in supporting carers. Whole family approaches and enabling carers to continue their role are key aspirations of the strategy. In setting out a vision of ordinary lives where people can access mainstream services in their own community, the strategy supports the strengths-based approach the department is taking to working with people. In addition, feedback from the day opportunities engagement in relation to the impacts on carers have been fed directly into the new Carer Strategy to ensure those links are made.

Next Steps

22. The implementation actions set out what the Council will do to embed the strategy, whether through commissioning intentions such as procurement activity and market and community development, or changes to the culture through new processes and personalised approaches. An overview of these can be seen at **Appendix 2** with more detailed commissioning plans to be developed. These plans will be further informed by the work being undertaken by the Governance and Ethics Committee to inform value for money considerations.

23. Access to alternative options is reliant on people being supported using Strength Based Approaches to establish what outcomes they want to achieve and how best to do that, taking into account current support available and the strengths of the individual. Operational staff are starting to work in this way, and this will continue as teams begin to move on from the pandemic pressures.

24. Future implementation will continue to be co-produced with users, carers and broader stakeholders by working with individuals and groups to identify, create and evaluate any alternatives. This will ensure that the services or activities meet the needs of those who will use them.

Other Options Considered

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

Reason/s for Recommendation/s

26. The proposed model and implementation of the strategy will enable the department to ensure that services can support people to promote their independence and build fulfilling lives and that the Council is making best use of its resources.

Statutory and Policy Implications

27. 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

28. The 2022/2023 budget for Day Opportunities (covering both internal and externally provided services) is £15.9m per annum. Future developments will be made within that budget envelope as people's Personal Budgets will move with them where they choose an alternative option.

Public Sector Equality Duty implications

29. An Equality Impact Assessment has been undertaken for this work.

Implications for Service Users

30. Service user views have been sought throughout the process and the final strategy reflects these. Any change to services will be in response to individual service user reviews and will lead to personalised responses.

RECOMMENDATION/S

1) That Committee approves the Day Opportunities Strategy, attached as **Appendix 1**, and its subsequent implementation.

Ainsley Macdonnell
Service Director, Living Well Community Services

For any enquiries about this report please contact:

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Constitutional Comments (LW 29/03/22)

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

Financial Comments (DLM 23/03/22)

32. The approved budget for 2022/23 is comprised of £6.14m for External Day Services and £9.80m for Internal Day Services. This excludes the Day Services Fleet and other associated transport costs.

33. Any alternative options required will need to be costed as they are developed to ensure they are contained within this budget envelope and so not to impact the overall budget required.

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.

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCPH800

Nottinghamshire Day Opportunities Strategy 2022-2027

Connecting people in communities to live the lives they want to lead

Nottinghamshire County Council

Our vision is for an inclusive society where mainstream leisure and employment is accessible to people who access care and support.

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Summary

We know that adults with care and support needs face particular barriers and challenges to participating in community life and activities. They face greater inequalities and harassment and have less access to services and employment. Nottinghamshire County Council aims to help reduce these inequalities by supporting adults to live as independently as they can, build resilience and skills, enjoy good standards of health and wellbeing and have access to mainstream services and activities within their local communities. Day opportunities can help people to have a fulfilling life, enable development of new skills, gain employment, pursue interests, make friends, gain relationships and peer support, and make a positive contribution to the community. Over the last 18 months we have been talking to people about their experiences of accessing day opportunities and what they wish to do and achieve (a summary of what people said is included below). The strategy will look at how people can best be supported to access the support and activities they need to achieve these and the lives they want.

COVID-19 has had a serious impact on the lives of people who use social care services and their carers. Disabled people more often indicated coronavirus had affected their life than non-disabled people in ways such as their health (35% for disabled people, compared with 12% for non-disabled people), access to healthcare for non-coronavirus related issues (40% compared with 19%), and access to groceries, medication and essentials (27% compared with 12%)[1]. Among people who indicated coronavirus affected their well-being, disabled people more frequently than non-disabled people specified that the coronavirus was making their mental health worse (46% for disabled people and 29% for non-disabled people), they are feeling stressed and anxious (67% and 54%) or they are feeling lonely (49% and 37%)[2]. Already marginalised people have therefore been more excluded from society due to their vulnerabilities, and this has led to both incredible resilience from carers and the informal support of their communities around them but also great hardship for those overwhelmed by the pandemic, with associated impacts on people's mental and physical health.

[1] Coronavirus and the social impacts on disabled people in Great Britain, Office for National Statistics, February 2021
[2] Coronavirus and the social impacts on disabled people in Great Britain, Office for National Statistics, February 2021

The pandemic also meant that redesigning day services and opportunities was necessary to ensure compliance with restrictions and keep people safe. Whilst many of the changes, such as reduced socialisation were negative, others were welcomed by people who use services and gave them the chance to take part in new activities, learn new skills and do things in a different way.

The Council recognises that people value day opportunities. This strategy aims to provide a clear vision and intentions for future commissioning to support the development of day opportunities in Nottinghamshire enabling an increase in people's access to their local communities and services, ensuring there is enough accessible provision for those that need it, where they need it with the appropriate support.

Whilst the majority of people who have day support currently access building-based services there are a number of other options people utilise such as commissioning a Personal Assistant (PA) using a direct payment, accessing Shared Lives for daytime support or supported employment and volunteering opportunities. People also access a variety of community activities such as lunch clubs and activity-based clubs and services. It is our vision that in the future more people will access the available community options to have a meaningful day in order to live a fulfilling and "normal life".

Day services benefit approximately 1300 people across Nottinghamshire with a wide range of support needs including older people, people with learning disabilities, autism, physical disabilities, and people with mental ill health across the county. Currently services are delivered directly by the Council as well as by 60 external providers. The majority of current day service provision is building-based which may limit the options available within the wider community for those wishing to partake in a broader range of daytime opportunities.

It is recognised that accessing day opportunities is a key source of support for carers who rely on this provision for respite and/or to attend paid employment, medical appointments etc. As such the strategy incorporates both the needs of carers and the people they care for into the future vision for day opportunities.

In summary, the key aspirations of this new strategy are to:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning
- Focus on the outcomes that people who use services and their carers wish to achieve
- Work with the whole family to ensure that the support provided works for individuals and their carers
- Support people to build relationships and avoid social isolation
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal participant
- Create welcoming communities that understand the needs of those who access them
- Focus on skills development, learning and improving independence in daily living i.e. travel training and employment where possible
- Maximise the opportunity to use personal budgets or direct payments to access support or activities of the person's choice including employment of Personal Assistants (PAs)
- Ensure choice and flexibility is available through a diverse range of opportunities and support mechanisms (e.g. people are supported to do the activities they want to do and, wherever possible, they can choose where they want to do them)
- Develop services that are flexible to meet the needs of those who use them including during evenings and weekends

- Develop a range of services to support people short, medium, and long-term in line with their needs and goals
- Enable carers to continue in their caring role whilst maintaining their own health and wellbeing and employment (where applicable)
- Support people through their life course, ensuring that the right support is available at the right time and recognise that needs may change over time as people age or their independence increases or decreases
- Ensure that people feel safe

Why the need for change?

A clear strategy is required to start to redress the increased inequity faced by those who use social care services following the COVID-19 pandemic, to ensure appropriate day opportunities are available for those who need/want them, increasing people's access to activities and services in their communities. These should be outcomes focused and meet the aims identified in people's support plans. Whilst it is recognised that building-based day services may be appropriate for some individuals, others will benefit from more diverse opportunities to learn new skills, participate in a wider variety of hobbies and interests, access the community and develop friendships and support networks. This can build on many of the initiatives that sprang up from within communities to support people during the pandemic and which have continued in many places. We know for example that loneliness reduces people's healthy life expectancy and that research shows that "loneliness and social isolation are harmful to health. Lack of social connections can increase the likelihood of early death by 26%. That risk is comparable to smoking 15 cigarettes a day and is higher than that caused by obesity and physical inactivity"[3]. One of the good things that has come out of the pandemic is a plethora or both informal and organised arrangements that have helped ensure those who may otherwise be lonely, have contact and support or friendship from those around them.

In addition to tackling these inequalities, a 2017 analysis of the Council's, 'younger adults' services' identified that:

- **37%** of people could achieve greater independence with some adjustment to their support, such as 'enablement' services,
- **35%** of people could achieve better outcomes with a care package that better reflects their needs, skills and aspirations,
- **28%** of people were benefiting from a package of care and receiving the right level of care appropriate to their needs was allowing them to live as independently as possible.

Although the above information is now dated, the principle that more work can be done to support independence remains. Whilst it is recognised that building-based day services may be an appropriate mechanism to deliver day opportunities for some people, less-intensive, community-based provision or enablement and reablement may be better suited to others to support them to maximise their independence and meet their outcomes more effectively. It is important that full time day provision is not utilised as an automatic progression from full-time education and that instead of focusing on care requirements (whilst recognising

[3] Recognising Loneliness, Royal College of Nursing

the importance of supporting family carers), the strengths of the individual, the outcomes they want to achieve and their aspirations are the driving factors in the commissioning of support and services.

ADASS (Association of Directors of Adult Social Services) suggest a series of changes for a more flexible approach that services can adopt including:

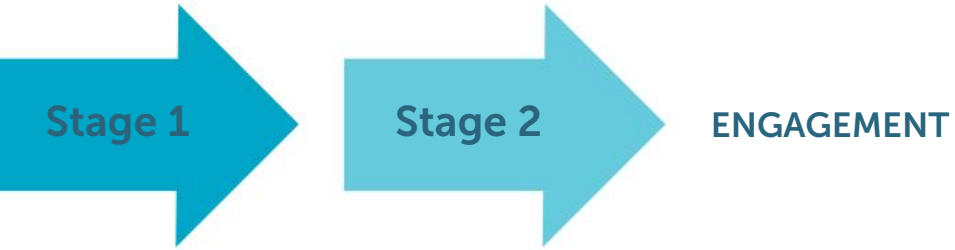
- The ability for people using services to be able to switch between services to maintain their original levels of service and support
- A wider variety of options available to people, so they can move to a more community-based model and become less reliant on building-based services
- More alternative ways of giving unpaid carers a greater say and choice in how they get support in caring
- Good digital access to services for those who don't want to go out during the pandemic
- The opportunity to move from traditional building-based to more personalised and flexible services

People who use services and their carers have told us what is important to them and this strategy enables the Council to respond to that feedback to meet the needs and expectations of the people in Nottinghamshire.

A review of Day Opportunities

Stage 1 Engagement: Day services and Covid

In June 2020 the County Council carried out an engagement activity to assess people's experiences of receiving day services during Covid. At this time, the building bases were mainly closed. However, when asked, the majority of people who use services said that they would return once they were able to. Of the 13% who said they would not want to return, the main reasons stated were 'worry about getting ill' and uncertainty about safety. Day services promptly responded to these concerns putting in place a Covid secure offer to enable people to return as safely as possible. People who use services reported that the things that were most important to them about attending day services were seeing friends in a safe place and help with learning activities. Additionally, carers reported that they needed support to access breaks (particularly if the person they cared for was not attending day services as they usually would) and securing a support network for themselves.



Stage 2 Engagement: 'What is a meaningful day'

In November 2020 people using day services, those in receipt of direct payments, users of short breaks, shared lives and mental health support services and their carers were invited and supported to participate in completing a questionnaire, online discussion, participate in a telephone call and to hold discussions within existing services to find out what a 'meaningful day' meant to them. This engagement activity built on that previously carried out as restrictions continued and people had returned to some form of day support.

The findings from the early engagement questionnaire identified that the most important thing that people wanted to keep doing was seeing family, friends and staff and socialising closely followed by attending day services. People identified a range of activities they either did or would like to do in the future including arts and crafts, cookery, exercise and sporting activity, evening and social events and community access (including day trips, going out for meals and visiting new places/places of interest). People most disliked staying in and feeling lonely and isolated. People also identified new things that they wanted to learn including cooking, carrying out domestic tasks, money management and learning to use IT. People were asked to identify any barriers they currently experienced with being able to access the things that they had identified. Things that were reported included physical and mental health, lack of support and finances.

Table 1 - Summary of findings from people who use services

What are the things you want to keep doing?	See family/friends/staff/socialise	43%
	Attend day service	41%
	Arts and crafts	37%
	Exercise/sporting activity	35%
	Community access	25%
What would you like to do more of?	See family/friends/socialise	21%
	Exercise/sport	17%
	Arts and crafts	13%
	Day centre	12%
	Day trips/visiting places	11%
What are the new things you want to try?	Arts and crafts	10%
	Cookery	7%
	Swimming	7%
	Evening events/social events	4%
	Gym	4%
Are there any new things you want to learn?	Cooking	16%
	Computer/phone/tablet	4%
	Arts and crafts	3%
	Domestic tasks	3%

Carers were also asked what they needed to carry out their own caring role. They reported that the things that were important to them were the person they cared for being able to access day services, socialising, carrying out the carer role, accessing breaks and having the opportunity for hobbies and leisure activities. They reported that having access to this support helps with their own physical and mental wellbeing, allows them to attend to their own personal care needs, provides time for them to socialise with friends and family, enables them to continue in paid employment and enables them to have a rest and "recharge their battery". Carers were also asked what they would like to see more of and reported a need for a wider range of activities for the cared for and at more flexible times, more carer breaks, the need to know what was available, and timely reviews and regular check-ins. Carers reported barriers to them being able to access the things they had identified including their caring role, the availability of support and services (e.g. for evenings and weekends), their own health conditions and time and finances.

> "As a carer for a disabled person, I would like the services to be available at different times throughout the week, not just 9-5. Access to additional services would positively affect my family, reducing social isolation."

Table 2 - Summary of findings from carers questionnaires

What are the things you want to keep doing?	Day service	21%
	Socialising	20%
	Carrying out caring role	19%
	Carer breaks	18%
	Hobbies/leisure activities	15%
What could the Council do more of?	Wider variety of activities for cared for	10%
	More carer breaks	8%
	Information/support advertised to carers	6%
	Timely reviews/regular check ups	4%

Stage 3 engagement: How would the things identified impact on you

Throughout March 2021 we asked people who use services, their carers, service providers and staff about the practicalities of implementing the things that people told us they wanted in the second engagement activity. People were invited to provide their feedback via questionnaires or through telephone conversations. Summaries of the feedback can be seen in the tables below.

Table 3 - Summary of responses from those who use services when asked where they would like to access services

Where would you like to do the things you told us about?	Number of responses	Percentage of total responses
Cafe/pubs	32	65%
Day centre	30	61%
In your local area with staff	30	61%
Shops	28	57%
In your local area with friends	28	57%
At home	25	51%
Libraries	18	37%
Leisure centre/gym	17	35%
College/school	10	20%
Work placement	1	2%
Guitar classes	1	2%
Concert	1	2%

People who use services have told us that in addition to accessing activities within the day service **65%** of people would like to access pubs/cafes, **61%** would like to access the community with staff, **57%** would like to go shopping and/or out with friends and **51%** would like to do activities at home.

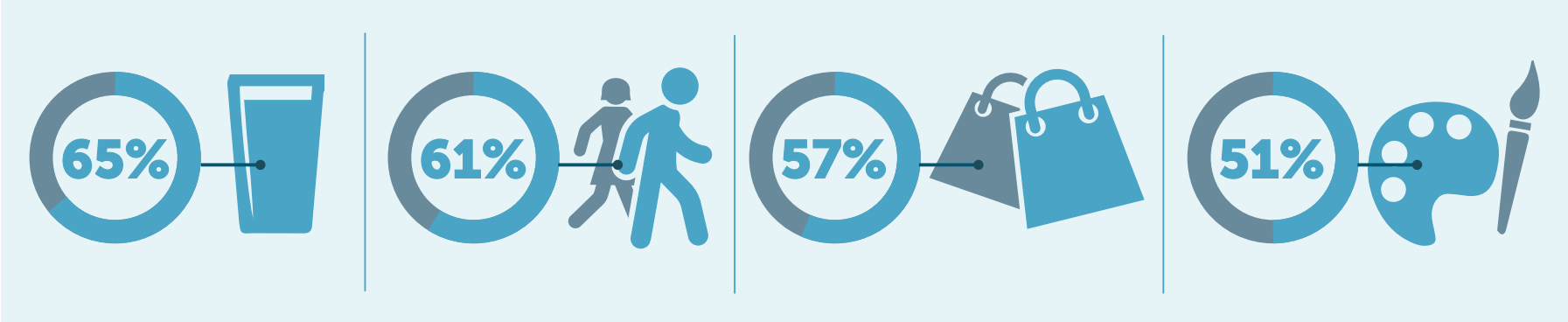


Table 4 - Summary of responses from those who use services regarding requirements for assistance

Would you need any help to do these things or get to these places?	Number	Percentage
Support worker/carer	16	33%
Yes	15	31%
Transport	13	27%
No	5	10%
Emotional support/anxiety management	2	4%
Familiarisation support	1	2%
Sometimes	1	2%
Friends	1	2%

There were some concerns raised over accessing community-based activities with **33%** of people saying they would need the support of a staff member, **31%** saying they would need some sort of support (type unspecified) and **27%** saying they would need help with transport.

Table 5 - Summary of responses to carers regarding impact of any changes to delivery model

If people were accessing these alternatives in shorter blocks of time and at a number of venues - how would this impact on you?	Number of responses	Percentage of total responses
Positive	17	32%
No impact	11	20%
Access issues/transport	5	9%
Wouldn't work	4	7%
Impact on work	3	6%
Weekends	3	6%
Able to accommodate	2	4%
Impact on siblings/wider family	1	2%
Need morning activities	1	2%
Online	1	2%
Anxiety issues	1	2%
Needs easy access	1	2%
Shorter times still need to be long enough to get a break	1	2%
Planning needed	1	2%
Base needed to run sessions	1	2%
Cost	1	2%
Needs constant care	1	2%

Of the 54 carers who responded to the survey **32%** thought that accessing community activities and venues would be positive for them and the people they care for and enable greater flexibility in the type of support they received. A further **20%** thought that any changes would have little or no impact on them as carers and **6%** stated that weekends in particular would be beneficial. A further **6%** did note that alterations to service may impact on their working day and a further **9%** were concerned about transport and accessibility. **7%** of respondents stated that changes would not work for their family.

32%

of carers thought accessing community activities and venues would be positive

"This would be a huge positive for us all as Tom would be happier, meeting people and keeping busy."

Table 6 - Summary of responses to carers around overcoming potential barriers

Is there a way we could support you to make this work for you?	Number of responses	Percentage of total responses
Transport	12	22%
Range of activities	7	13%
Being local/accessible	6	11%
Flexibility	5	9%
Information	5	9%
Care/support	3	6%
Advanced notice to plan	3	6%
Support from family	2	4%
Evening care	1	2%
Unworkable	1	2%
Weekend support	1	2%
Day centre	1	2%
Smaller groups	1	2%
Community access	1	2%
Safety	1	2%

Carers were asked if there was anything in place that could support them if the person they cared for accessed services outside of a day centre. The biggest obstacle was around access to transport (**22%**) followed by requiring a range of activities (**13%**), the need for services to be local (**11%**) and to enable flexibility (**9%**). **9%** of people also stated that having access to information so that they knew what was available would be helpful.

> "Would be great for my brother, providing he has assistance and transport sometimes."

Stage 4 Engagement: Formal consultation on strategy proposals

During October to December 2021, people were asked what they thought of the proposals contained within this strategy. People were invited to provide their feedback via questionnaires, through discussions with their day service providers or by attending a focus group session. Summaries of the feedback can be seen in the tables below.

Table 7 - Summary of responses from those who use services when asked where they would like to access services

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
The plan says we will support people to be more involved in their local community. What do you think about this idea	29.23%	29.23%	15.38%	13.08%	13.08%
The plan says there should be different options people can choose to help them meet their care and support needs. People might need to have the option to be supporting in both building bases and in the community. What do you think about this idea?	34.62%	38.46%	9.23%	13.85%	3.85%
The plan says that many of the activities that are important to people could be done in the community. We want to support people to do things like meeting friends and learning new skills in the community. What do you think about this idea?	25.98%	28.35%	11.81%	23.62%	10.24%
People said they wanted to learn new skills and be more independent. The plan says the support we provide will build on what someone can do and what they want to achieve. We call this strength-based approaches. What do you think about this idea?	30.23%	37.98%	13.95%	11.63%	6.20%
The plan says we will support people to move onto different opportunities as their life changes. This could mean getting less support as people learn new skills and become more independent. It could mean more support if their health or conditions become worse. What do you think about this idea?	24.81%	34.88%	21.71%	13.18%	5.43%

	Strongly agree	Agree	Don't know	Disagree	Strongly disagree
The plan says we will offer support at different times on different days. This could be in the evening or at weekends. This could help people to have more choice over the activities they can do. What do you think about this idea?	32.28%	30.71%	13.39%	17.32%	6.30%
The plan says that providing different types of support, at different times and supporting people to be more independent will help carers. What do you think about this idea?	27.13%	38.76%	14.73%	13.95%	5.43%
We want to meet the needs of people we support better by: • Providing support at different times that work better for people • Doing things in the community • Supporting people to become more independent Do you think this will help you?	25.81%	38.71%	18.55%	10.48%	6.45%

Although the majority of responses supported the proposals, individual issues raised included:

- not feeling safe in the community because of Covid
- people who had accessed day services for 20+ years being concerned about change or if they were to try something different whether there would be an option to return to the day service should this not work out
- the need for investment in communities to support the vision
- concerns about the sustainability of existing services should there be a wholescale move to community support
- affordability of community activities, particularly when having to factor in transport costs

However, in the main people stated that they would like to access community facilities and options if they were close to home, easily accessible and had the appropriate facilities and support to get there. People also felt that there could be greater use of technology. People said that they often felt lonely and isolated and that this was often worse at evenings and weekends, they therefore welcomed the proposals around flexibility and developing natural networks and friendships. People also felt that the existing day centres could be adapted to become community hubs, offer activities at evenings and weekends and have activities specifically aimed at younger people.

Overall people were supportive of the proposals but clearly stated that people should be offered real choice and that changes should be carried out slowly. The final vision and how this will be implemented reflects the feedback and comments and concerns raised throughout the process.

The New Vision of Day Opportunities

To respond to what people have told us, Nottinghamshire will make a shift in practice in the delivery of day opportunities based on this feedback as well as national and local priorities and good practice evidence. The proposal is to move away from approaches of solely providing 'day care' to instead:

- Focus on the individual, their strengths, choices, assets, and goals through person centred planning
- Focus on the outcomes that people who use services and their carers wish to achieve
- Work with the whole family to ensure that the support provided works for individuals and their carers
- Support people to build relationships and avoid social isolation
- Provide support that enables the person to access a range of opportunities in the wider, and their own, community as an active and equal participant
- Create welcoming communities which understand the needs of those who access them
- Focus on skills development, learning and improving independence in daily living i.e. travel training and employment where possible
- Maximise the opportunity to use personal budgets or direct payments to access support or activities of the person's choice including employment of Personal Assistants (PAs)
- Ensure choice and flexibility is available through a diverse range of opportunities and support mechanisms (e.g. people are supported to do the activities they want to do and, wherever possible, they can choose where they want to do them)
- Develop services that are flexible to meet the needs of those who use them including during evenings and weekends
- Develop a range of services to support people short, medium, and long-term in line with their needs and goals
- Enable carers to continue in their caring role whilst maintaining their own health and wellbeing and employment (where applicable)
- Support people through their life course, ensuring that the right support is available at the right time and recognise that needs may change over time as people age, or their independence increases
- Ensure that people feel safe

People in Nottinghamshire have told us that they want to be able to say:

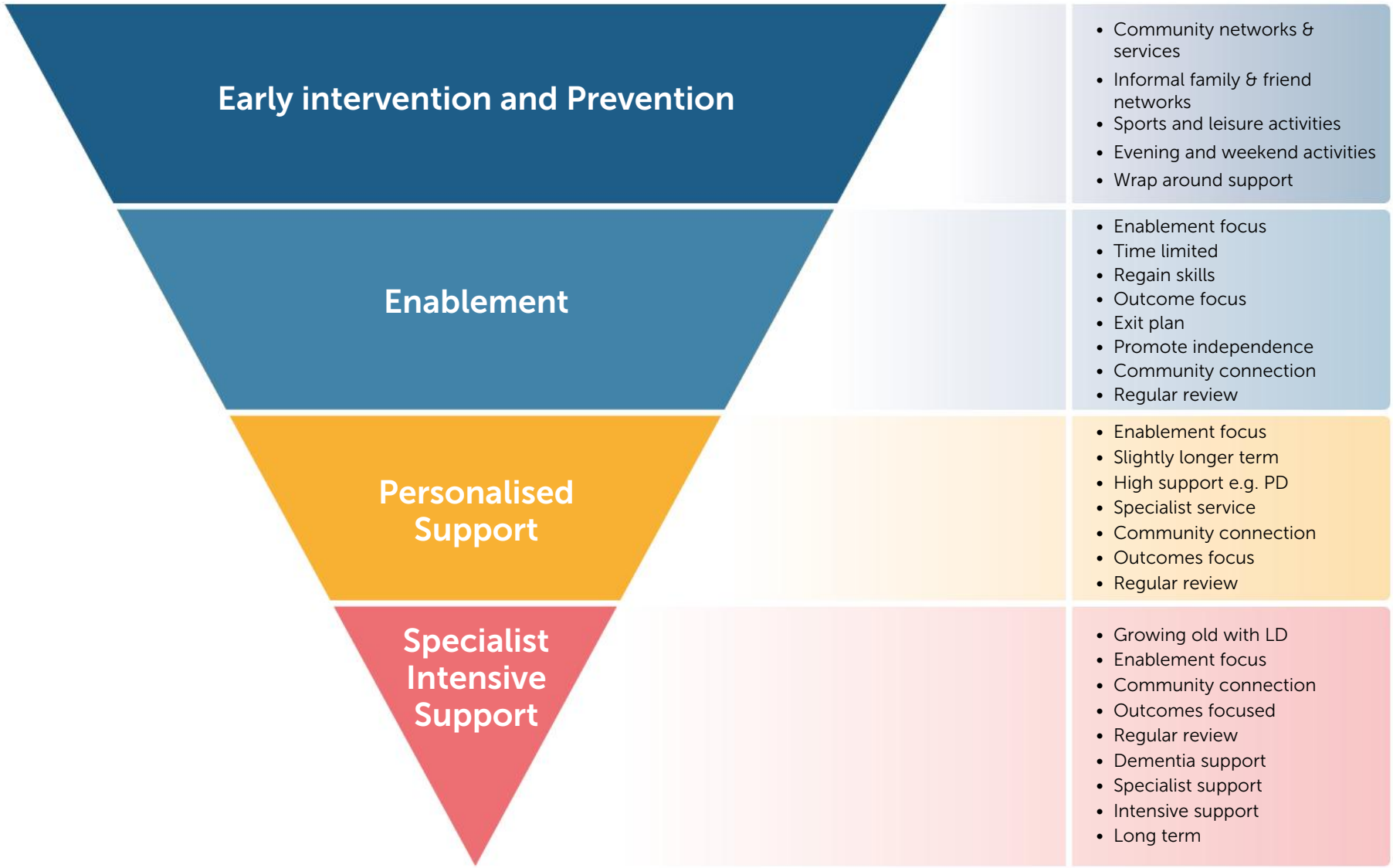
- I am treated as an individual
- I am able to keep in touch with the people I want to see
- I feel safe
- I am asked about the things I can already do
- I am asked about the things I want to do in the future
- I am asked about what I want to achieve (what my goals are and what things I would like to learn) and how I can be supported
- I am asked about what my family's and carer's needs are
- I get the support that is right for me and this might change over time
- I am helped to use support I already have like my friends and family
- I am part of my local community and the area where I live
- I know the community I am part of are welcoming and understand my needs
- I am able to be as independent as possible
- I can get a personal budget or direct payment so that I can buy my own support and services and have more choice and independence
- I can do the activities I want to do and wherever possible I can choose where I do them
- I can access services and activities at evenings and weekends
- I am supported for as long as I need to be
- I can learn new things

New model of Day Opportunities

Within this strategy the regaining and developing of new skills, as well as the promotion of independence and well-being are identified as essential elements. It is also recognised that people benefiting from day opportunities will have different levels of need and that this might change over time as people's needs increase due to age or illness or as people gain independence. Therefore, it is proposed that there are four levels of support in acknowledgement that some people require a relatively short period of support to realise their aspirations whereas others may need longer term specialist intensive support. It is anticipated that those who require lower levels of support will primarily access opportunities within their communities. Those requiring more specialist provision or higher levels of support may continue to require building-based in order to support their needs most effectively, but the aspiration will remain that everyone should be able to access their communities if they choose to. Provision of support will be built around the strengths of the individual, in a personalised manner within an inclusive society where mainstream leisure and employment support is accessible to people who access care and support and that through Shared Lives and PAs they are able to access this how they want, when they want. Support will be responsive to changes in personal circumstances such as a desire to access work, ageing with a learning disability or a change in the needs of carers due to their own health or ageing needs. Wherever possible planning will be carried out in advance of these life events to ensure appropriate transition is carried out.

The four levels are:

Day Opportunities Model



Successful delivery of the model will have the following outcomes:

- Person centred planning that supports individual aspirations and strengths
- Opportunities to make a positive contribution including employment opportunities
- Enablement focus including clear links with the Maximising Independence Service (MIS)
- Accessible community opportunities are available when they are required including at weekends and evenings
- Every person travels as independently as possible
- Focus on support not services
- Maximised use of community assets
- A clear information and advice offer of what is available
- Increase the proportion of carers who report that they have as much social contact as they would like
- Increase the proportion of people who use services who report that they have as much social contact as they would like
- Maintain the proportion of people who report doing things in their community that they enjoy
- Increase the proportion of young adults who are supported to access employment, education, training or volunteering across each of the primary need areas (i.e. learning disability, mental health support need, physical disability)
- Increase the proportion of adults in receipt of a Direct Payment employing a Personal Assistant

To deliver this model and achieve the above outcomes the Council has set out a number of implementation actions:

Commissioning Intentions and Market Development
Investment to support sourcing of Personal Assistants and setting up of Direct Payments
Employment focus and investment linking in with wider corporate employment programme including increasing access to volunteering and job carving* to ensure suitable employment options are available
Ensure investment patterns over time reflect the increase in personalisation for individuals and the adaptation of services for the life course
Work with communities, community groups, voluntary sector organisations and local businesses to ensure accessible communities are available
Work with social prescribers and Primary Care Networks to ensure community-based opportunities are known and used
Work with organisations such as Sports England and Active Notts to develop sport as a mechanism for community integration
Encourage the development of Micro Enterprise in relevant growth areas
New contracts and payment approaches to reflect the outcomes and support required (including evenings and weekends)
Development of new service specification for employment support
Development of strengths-based and outcomes-focused service specifications and approaches
Enhance the information and advice offer to ensure a full range of alternative options can be effectively communicated
Ensure services are available to meet a spectrum of needs including those with complex or specialist requirements
Develop the Shared Lives offer to provide greater choice and control for individuals including the option of Shared Days provision to support greater community involvement and the formation of friendship groups
Develop County Council owned day services to support the implementation of the vision outlined in this strategy including: o The provision of day services for those with complex needs o Working with others to support people through enablement/reablement to gain independence including accessing employment and community support o Continuing to provide support to those already utilising day services as appropriate o Reviewing Provision in line with the increasing shift to the community o Development of a Service Level Agreement for in house provision

Work with operational teams to identify gaps in provision and then in partnership with external providers of day services and wider day opportunity support such as micro providers and Community Interest Companies (CICs), to broaden the offer of support and choice for those needing it
Assess pilot activity to inform future developments for alternative provision
Ensure a diverse and sustainable day opportunities market is available for people to have real choice with regards to the type of support they receive and activities they access in order to meet their outcomes

Culture Change
Strengths-based approaches to assessments are utilised across all staff teams
Move away from fitting people to services
Work closely with existing services to coproduce new offers of support
Work with staff to ensure that the full range of day opportunities have been considered before the most appropriate service is commissioned
Ensure that services are commissioned based on needs and outcomes
Promote the use of "next steps" through regular reviews, when identified outcomes have been met

Personalised Planning
Strength/Asset based planning
Enablement focus
Ensure whole family approaches are followed to ensure both the carer and the cared for person's needs are met
Work with individuals and their families to discuss wider day opportunities provision, offering alternatives at a pace relevant to the individual
Ensure planning considers transport and activity costs

* Job carving is used where the person can successfully undertake the majority of tasks in their job role but there may be an element of their duties which they are not able to complete

Implementation actions

Commissioning Intentions and Market Development
Investment to support sourcing of Personal Assistants and setting up of Direct Payments
Employment focus and investment linking in with wider corporate employment programme including increasing access to volunteering and job carving to ensure suitable employment options are available
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Encourage the development of Micro Enterprise in relevant growth areas
New contracts and payment approaches to reflect the outcomes and support required (including evenings and weekends)
Development of new service specification for employment support
Development of strengths-based and outcomes-focused service specifications and approaches
Enhance the information and advice offer to ensure a full range of alternative options can be effectively communicated
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Develop the Shared Lives offer to provide greater choice and control for individuals including the option of Shared Days provision to support greater community involvement and the formation of friendship groups
Develop County Council owned day services to support the implementation of the vision outlined in this strategy including: ○ The provision of day services for those with complex needs ○ Working with others to support people through enablement/reablement to gain independence including accessing employment and community support ○ Continuing to provide support to those already utilising day services as appropriate

Work in partnership with external providers of day services and wider day opportunity support such as micro providers and Community Interest Companies (CICs) to broaden the offer of support and choice for those needing it
Assess pilot activity to inform future developments for alternative provision
Ensure a diverse and sustainable day opportunities market is available for people to have real choice with regards to the type of support they receive and activities they access in order to meet their outcomes
Culture Change
Strengths-based approaches to assessments are utilised across all staff teams
Move away from fitting people to services
Work closely with existing services to coproduce new offers of support
Work with staff to ensure that the full range of day opportunities have been considered before the most appropriate service is commissioned
Ensure that services are commissioned based on needs and outcomes
Promote the use of “next steps” through regular reviews, when identified outcomes have been met
Co-production with key stakeholders
Personalised Planning
Strength/Asset based planning
Enablement focus
Ensure whole family approaches are followed to ensure both the carer and the cared for person’s needs are met
Work with individuals and their families to discuss wider day opportunities provision, offering alternatives at a pace relevant to the individual
Ensure planning considers transport and activity costs

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

25 April 2022

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

SUBSTANCE MISUSE – 10 YEAR DRUGS STRATEGY: FROM HARM TO HOPE

Purpose of the Report

1. To inform Adult Social Care Public Health (ASCPH) Committee about the Government's 10 Year Drug Strategy: From Harm to Hope (FHTH) and what the Council is required to undertake in its implementation.

2. To seek approval to procure and award the contract for the inpatient detoxification beds and to do this on behalf of a consortium of local authorities in the East Midlands.

3. To seek approval to recruit to a Band D (Public Health Development Manager) post and a Band B (Public Health Support Officer) post within the Public Health Division to support the local implementation of the strategy, and to fund this using the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR) until March 2025.

Background

4. Substance misuse (drugs and/or alcohol) is associated with a wide range of physical and mental health issues as well as broader social issues including homelessness, unemployment, criminal activity and anti-social behaviour. These adversely affect individuals, families (with safeguarding and looked after children implications) and communities (Public Health England, 2014a). About one in ten of the years lost to death or disability in Nottinghamshire are attributable to drug or alcohol misuse (Global Burden of Disease 2019).

5. Estimates published in the Nottinghamshire Joint Strategic Needs Assessment indicate that there could be at least 172,725 Nottinghamshire residents who could benefit from a substance misuse intervention. Locally, there are estimated to be 4436 dependent opiate and or crack users, 131,011 adults drinking at harmful levels and an estimated 21,632 dependent on alcohol. Alcohol represents the greatest need. These figures are likely to be under-estimates due to the hidden nature of some substance misuse.

Local Vision and provision

6. In Nottinghamshire, addressing substance misuse issues is driven through the Nottinghamshire Substance Misuse Strategy Group. This strategy group is accountable to the Health and

Wellbeing Board and links to the Safer Nottinghamshire Board. Its vision is to prevent and reduce substance misuse and related problems to improve the quality of life for people who live, work, and visit Nottinghamshire. The action required to deliver this is set out in a Framework for Action which is due to be refreshed during 2022.

7. The Council receives a Public Health grant which it is required to invest in the provision of substance misuse treatment for residents. In March 2020 Nottinghamshire County Council commissioned Change Grow Live (CGL) to deliver All Age Treatment and Recovery Service in Nottinghamshire. CGL have approximately 4500 residents in treatment at any one time of which approximately 2410 are new presentations within that year. In Nottinghamshire, 20% of residents per year successfully leave the CGL service drug and or alcohol free, which is in line with the national average and our local authorities neighbours. Those who successfully leave the service also report improvements in mental wellbeing, employment opportunities, improved housing situations and overall quality of life. Approximately 63% continue with their treatment programme, whilst unfortunately around 17% leave without completing treatment (2020/2021 data). We are working with CGL to improve these figures, and the Committee will continue to receive a quarterly update on how the contract is performing.

National strategy

8. The Government's new Drugs Strategy: From Harm to Hope (FHTH) was published in December 2021 to combat illegal drugs by cutting off the supply of drugs by criminal gangs and giving people with a drug addiction a route to a productive and drug-free life. The strategy is underpinned by investment of over £3 billion over the next three years, with the aim to reduce drug-related crime, death, harm, and overall drug use. The three strategic priorities of the strategy are:

    a. Break drug supply chains
    b. Deliver a world-class treatment and recovery system
    c. Achieve a generational shift in demand for drugs

9. Across England over the next 10 years, FHTH aims to create:

    - A further 54,500 new high-quality treatment places
    - 21,000 new places for opiate and crack users, bringing a total of 53% of opiate and crack users into treatment
    - A treatment place for every offender with an addiction
    - 30,000 new treatment places for non-opiate users and alcohol users
    - A further 5,000 more young people in treatment
    - 24,000 more people in long-term recovery from substance dependence
    - 800 more medical, mental health and other professionals
    - 950 additional drug and alcohol and criminal justice workers
    - Sufficient commissioning and co-ordinator capacity in every local authority

10. Local implementation will be overseen by upper tier local authorities. Local authorities are expected to:

    a. Develop a local strategic partnership board
    b. Increase the number of treatment places for community treatment
    c. Form a consortium and procure additional inpatient detoxification places

d. Produce one year and three year plans for the local implementation of FHTH
e. Undertake a health needs assessment across all three strategic priorities of FHTH
f. Implement the new commissioning standards when published
g. Monitor the additional grant conditions
h. Establish what the local outcome monitoring framework for FHTH will be

Local implementation and governance

11. The local strategic partnership board will bring together relevant organisations for example Police and Crime Commissioner, police, probation, NHS England, mental health treatment providers and substance misuse treatment providers. Guidance about this and an accompanying commissioning framework was expected in February 2022 but is still awaited at the time of drafting.

12. Our current planning assumption is that it will be the duty of upper tier local authorities to develop this strategic partnership, to oversee implementation of the strategy and that commissioning of additional services is undertaken according to the guidance in the commissioning framework.

13. Subject to further guidance, the Council will be given a duty to establish this new local partnership board for substance misuse and to remain accountable for investing the new funding for the delivery of the strategy. It is envisaged that the new partnership board will make commissioning recommendations to an appropriate Committee or function within the Council with powers to implement them.

14. When further guidance is published on the governance arrangements for the partnership board, the current Substance Misuse Strategy Group will be reviewed.

Commissioning

15. As part of the local implementation of FHTH, upper tier local authorities are required to provide additional inpatient detoxification places for the residents of Nottinghamshire and increase the number and quality of places within substance misuse treatment services for young people, adults, children affected by parent substance misuse and those who are in the criminal justice system.

16. Planning for delivery of this requirement is currently being undertaken utilising information from the Joint Strategic Needs Assessment for substance misuse and working alongside CGL and partners.

Funding

17. Two additional grants are being provided to upper tier local authorities to expand the number of treatment places for both adults and young people (Supplemental Substance Misuse Treatment and Recovery Grant (SSMTR)) and expand the capacity for inpatient detoxification places (Inpatient Detoxification Grant).

18. These grants are for a three-year period (April 2022 to March 2025).

19. As set out in the Drug Strategy and the Public Health Grant (PHG) agreement letter, eligibility for this additional grant funding will be dependent on the local authority sustaining its funding of drug and alcohol treatment at a level no less than in 2020/21. Current investment in the Nottinghamshire All Age Treatment and Recovery Service is £8.9 m per year.

20. It is the responsibility of local authorities to spend these grants in accordance with the menu of evidenced based interventions that Office of Heath Improvement and Disparities (OHID) have provided.

Leadership of East Midlands Consortium

21. To be eligible for the Inpatient Detoxification Grant, local authorities are required to be part of a regional or sub-regional consortium. All the East Midlands local authorities have joined to form a consortium.

22. It is proposed that Nottinghamshire County Council lead the East Midlands consortium as it has the largest financial allocation.

23. A procurement process (led by Nottinghamshire County Council) will need to be completed by June 2022.

Resourcing within the Public Health Division

24. Further public health commissioning capacity will be required to implement the requirements of FHTH locally as outlined in paragraph 10.

Reasons for Recommendations

25. To provide ASCPH Committee an update on the national Drugs Strategy FHTH and to outline the local implications for delivery.

26. Approval is needed for Nottinghamshire County Council to lead the East Midlands inpatient detoxification consortium and to undertake a procurement process and award contract to the winning tender.

27. Approval is needed for further public health capacity to locally deliver the requirements of FHTH.

Statutory and Policy Implications

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

Crime and Disorder Implications

29. The links between substance misuse and the criminal justice system have been considered.

Financial Implications

30. The total cost of the 1 x Band D and 1x Band B is £115631.00 per year for a 3 year period utilising the SSMTG.

RECOMMENDATION/S

It is recommended that Committee approves:

1) That following receipt of Government guidance about the governance required to oversee the strategy, a report be provided to the relevant body.

2) The procurement and award the contract for inpatient detoxification beds and to do this on behalf of a consortium of local authorities in the East Midlands.

3) The establishment of 1 x Band D FTE and 1 x Band B FTE for a period of 3 years (until 31st March 2025) utilising the Supplementary Substance Misuse Treatment and Recovery Grant.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (ELP 24.03.2022)

25. The recommendations fall within the delegation to Adult Social Care and Public Health Committee by virtue of its frame of reference

Financial Comments (DG 22.03.22)

26. The cost of a FTE Band B post £52,073 and Band D post £63,558 as well as the procurement of inpatient detoxification beds will be funded over 3 years by the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTR)) and Inpatient Detoxification Grant.

Background Papers and Published Documents

27. None

Electoral Division(s) and Member(s) Affected

- All will be affected

References

1. https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

PHE (2018), Alcohol and Drug Prevention, Treatment And Recovery, Why Invest?, WWW page at: https://www.gov.uk/government/publications/alcohol-and-drug-prevention-treatment-and-recovery-why-invest/alcohol-and-drug-prevention-treatment-and-recovery-why-invest

2. Global Burden of Disease http://ghdx.healthdata.org/gbd-results-tool

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

25 April 2022

Agenda Item: 6

REPORT OF DIRECTOR OF PUBLIC HEALTH

LIVING SAFELY WITH COVID-19 IN NOTTINGHAMSHIRE

Purpose of the Report

1. Inform Committee of arrangements for managing local outbreaks of COVID-19 including deployment of the COVID-19 Response Team in line with outbreak management priorities identified in national guidance, and arrangements for overseeing the wide-ranging health protection functions exercised by organisations in Nottinghamshire.

2. Update Committee on the 2021-22 year-end expenditure of the Contain Outbreak Management Fund and the plan for allocating it in 2022-23 to reduce the vulnerability of communities arising from COVID-19 and other viruses.

3. Recommend the disestablishment of the Council's COVID-19 Local Outbreak Control Engagement Board and authorise the Director of Public Health to determine the need to re-establish such a Board or equivalent in future if circumstances require it.

Context

4. The uptake and effectiveness of vaccines against severe illness associated with COVID-19 have resulted in the reduction of complications, hospitalisation and deaths arising from infection with COVID-19.

5. As a result, the Government published *COVID-19 Response: Living with COVID-19* in February 2022, in which it set out its intentions to protect and support people by enabling society and the economy to open up, whilst continuing to support the NHS and social care sector. National guidance covering a wide range of settings and topics related to COVID-19 has been updated in line with the intentions set out in *Living with COVID-19*.

6. From the outset, *Living with COVID-19* emphasises that the global pandemic is not over and underlines the advice of the Government's Scientific Advisory Group for Emergencies (SAGE) that there is considerable uncertainty about the path that the pandemic will now take in the UK. It is likely that we will see further waves of transmission due to changes in immunity and/or the emergence of new variants, but the scale, timing and severity of any further waves is uncertain. Over time, it is likely that COVID-19 will become a predominantly winter seasonal illness, with some years seeing larger levels of infection than others. However, this may take several years

to occur and for the present time, there continues to be significant numbers of cases and fluctuating levels of people hospitalised.

National strategy for COVID-19

7. It is in this context that *Living with COVID-19* and the associated national guidance identifies that the Government's objective in the next phase of the pandemic is: "to enable the country to manage COVID-19 like other respiratory illnesses, while minimising mortality and retaining the ability to respond if a new variant emerges with more dangerous properties than the Omicron variant, or during periods of waning immunity, that could again threaten to place the NHS under unsustainable pressure".

8. Key pillars of this strategy include:

   a) Ongoing surveillance (but without the timely signal previously provided by a whole-population symptomatic testing programme), coupled with the ability to respond to future emergencies by reintroducing widescale vaccination and testing.
   b) Protecting groups who are most vulnerable through vaccination and targeted testing.
   c) Encouraging safer behaviours through public health advice and through response arrangements which are in common with longstanding approaches of managing other respiratory illnesses.

9. *Living with COVID-19* has also heralded a move away from deploying regulations and requirements and an increasing emphasis on public health measures and guidance.

10. In terms of outbreak management at a local level, the Government has revised COVID-19 outbreak management advice and frameworks to set out the support that local authorities and other system partners (such as Local Resilience Forums, UK Health Security Agency (UKHSA) regional health protection teams, the NHS and others) can expect from regional and national stakeholders, and the core policy and tools for contingency response. The explicit expectation is that local and regional management of COVID-19 will be: "using existing health protection frameworks".

11. Therefore it is expected that UKHSA's local health protection team will retain responsibility and the necessary capacity to lead on the management of outbreaks of COVID-19 and other communicable disease hazards. It should be noted that, in her 24 February letter, UKHSA's Chief Executive has underlined to Directors of Public Health that UKHSA's local health protection teams will be: "asked to focus their [COVID-19] outbreak investigation activities on high-priority and complex cases. This may mean some settings will no longer receive the same level of reactive support as they did previously."

Local outbreak management

12. Arrangements for managing outbreaks of communicable disease are described in Public Health England's[1] East Midlands Outbreak Management Plan, which sets out the roles of the responsible parties and the key processes.

[1] UK Health Security Agency (UKHSA) is the successor organisation to Public Health England and Directors of Public Health are advised that, for the timebeing, any local health protection duties and processes previously undertaken by PHE are currently the responsibility of UKHSA.

13. As the successor organisation to Public Health England, UKHSA has responsibility for providing specialist health protection and public health microbiology services and ensuring that there is coordinated management of incidents and outbreaks. More specifically, the Plan states that normally this includes:

    a) Responding to and managing outbreaks and incidents;
    b) Responding to cases, enquiries and providing specialist health protection advice;
    c) Surveillance and epidemiological investigation of outbreaks;
    d) Providing leadership for health protection issues;
    e) Advice on the requirement for and sourcing of prophylactic treatment and immunisation for all health protection incidents.

14. The plan sets out the responsibility of the Director of Public Health (DPH) for the Local Authority contribution to health protection matters, including preparing for and responding to incidents that present a threat to public health. This includes working with the East Midlands Health Protection Team to provide local leadership in responding to communicable disease incidents and outbreaks.

15. In relation to areas covered in the plan, the DPH should:

    a) Be the person to whom Elected Members and senior officers look for leadership, expertise and advice on outbreaks of disease and health emergency preparedness.
    b) Work through the Local Resilience Forum to ensure effective and tested plans are in place for the wider health sector, to protect the local population from risks to its health.

16. In regard to COVID-19 more specifically, the latest national guidance identifies that the outbreak management priorities to which local authorities should contribute include:

    a) Continuing with COVID-19 outbreak management in settings identified to be high risk.
    b) Supporting outbreak investigation and management in other settings as needed.
    c) Supporting a range of settings to reduce the risk and impact of outbreaks (now including COVID-19 alongside other respiratory illnesses).
    d) Engaging with communities to support public health messaging and behaviour change, including work with local partners, employers and with vulnerable people in their community through tailored and targeted communication. This includes continuing to promote positive behaviours that can reduce the transmission of respiratory and other viruses.

17. It is this latest guidance together with other existing frameworks which provide the parameters for planning the outbreak management activities to be undertaken by Nottinghamshire County Council in 2022-23.

Priorities for the COVID-19 Response Team

18. The move to *Living with COVID-19* has resulted in a rapid change in current outbreak management activity within the COVID-19 Response Team located in the Public Health division. Consequently, the team is now able to refocus its activity to align with the outbreak management priorities identified in national guidance. This will mean that Nottinghamshire County Council is able to deploy the COVID-19 Response Team to strengthen resilience and protection against a range of hazards, whilst retaining the capacity to contribute to local outbreak response if the scale of an emerging threat requires it.

19. Therefore, current activity includes:

    a) Review of lessons/learning to update COVID-19 operational plans covering scenarios such as the rapid re-implementation of targeted testing.
    b) Work with groups and communities at higher risk from COVID-19, including community engagement and promotion of health and wellbeing.
    c) Develop a flexible resourcing plan to make best use of the COVID-19 Response Team throughout 2022-23, allowing for periods of low activity and potential surge response.
    d) Produce an exit plan for COVID-19 Response Team, ensuring required ongoing activity can be delivered within core business.

20. Some opportunities to free up capacity have been identified. Where this is the case, officers have been assigned to support recovery and resilience for service areas most impacted by COVID-19, ensuring this continues to meet the criteria set out for the use of the Contain Outbreak Management Fund. Examples include:

    a) Development of a County Council webpage to promote wellbeing at work, incorporating *Living with COVID-19* messages, alongside general health and wellbeing promotion.
    b) Supporting a review of the County Council employee flu vaccination programme. The review findings will be used to work with individual teams to understand reasons for vaccine hesitancy and improve engagement to increase vaccine uptake.
    c) Extension of outreach clinics to promote NHS health checks to vulnerable groups (e.g. rough sleepers) who would not routinely access traditional NHS services. This will encourage general health improvement for those most at risk of COVID-19 and other health conditions.
    d) Review of the Community Infection Prevention and Control Service to address lessons learned over the course of the pandemic and develop proposals to strengthen and sustain the service over the long-term.

Contain Outbreak Management Fund

21. As reported to Committee on 24 January 2022, local authorities received confirmation that the Contain Outbreak Management Fund (COMF) could be carried forward into the 2022-23 financial year. Therefore, this fund will continue to be used to support ongoing and new projects to the end of March 2023.

22. In summary, the current position for the COMF is:

    a) Total fund received by Nottinghamshire County Council - £29,479,916
    b) 2020-21 full year spend was £5,311,448
    c) 2021-22 full year spend is £5,769,508*
    d) Total amount committed in 2022-23 is £9,377,664
    e) Current uncommitted Contain Outbreak Management Fund is £9,021,296. This amount is expected to decrease as we continue to support key areas.

    * At the time of writing this report, the year-end accounts are being finalised. It is expected that the figure quoted in 22(c) is an accurate reflection of the final year-end spend.

23. Areas of work that are supported by the COMF include:

a) Establishment of a school's coordinator who worked with the Schools Aged Immunisation Service (SAIS) and partners to undertake pre-engagement work with schools. Communications, webinars and pre-immunisation information packs were produced for schools to help promote the 12–15-year-old COVID-19 vaccination programme.
b) Funding of small community projects to enhance the uptake of the COVID-19 vaccine. Bids have been received from local businesses and the community and voluntary sector to support vaccination for under-served, vulnerable and deprived communities with low vaccine uptake. Examples include on-line resources in specific languages, support with transport and dedicated one-to-one assistance for people with severe mental illness and learning difficulties.
c) Funding to support the County Council's Maximising Independence Service for the establishment of 3.5 temporary Community Care Officers, following an increased demand for support due to the impact of COVID-19. Individuals aged over 55 years who would not otherwise receive social care and health support, have received advice and signposting to other key services.
d) Funding to modify the Sexual Health Service delivery model to create a larger online testing capacity. This allowed individuals to be able to access the service from their own home and receive appropriate intervention and treatment where face to face provision was limited due to COVID-19.
e) Funding to increase the capacity of the Public Health Mental Health and Suicide Crisis Service 'Tomorrows Project,' to respond to increased referrals seen during the COVID-19 pandemic.

24. Proposals for investing the COMF are aligned with the priorities for outbreak management identified in national guidance. They centre on strengthening community engagement and include:

a) Funding for 3 Community Health Champion Coordinators to be established within the Early Help and Support Team in the Place Department, to develop a network of Community Health Champion volunteers who will improve the health and wellbeing within those communities, including supporting the promotion of the COVID-19 vaccination programme: (estimated funding £178,400).
b) Deploy capacity freed up from testing activities into a Health and Wellbeing Team undertaking health promotion in under-served communities. The team will work with other service providers to promote those health and wellbeing services and the COVID-19 vaccination programme, alongside positive behaviours which reduce the transmission of respiratory and other viruses. This arrangement will also enable Nottinghamshire to retain key skilled staff that can be redeployed to support the rapid rollout of targeted testing if the need arises: (estimated funding £430,150).

Governance of health protection arrangements in Nottinghamshire

25. COVID-19 represents just one health protection hazard to people in Nottinghamshire. The health protection functions undertaken to protect people in Nottinghamshire cover sexual health, antimicrobial resistance, communicable disease control including COVID-19, tuberculosis, blood borne viruses, gastro-intestinal infection, seasonal and pandemic influenza, infection prevention and control including healthcare associated infections, vaccination and immunisation, environmental hazards (e.g. noise, food safety and air quality), public health advice regarding the planning for and control of pollution, screening programmes (including

cancer screening, antenatal and newborn, diabetic retinopathy and abdominal aortic aneurysm), and emergency planning.

26. These are undertaken by a range of organisations including UKHSA, upper and lower tier local authorities, local NHS organisations and NHS England.

27. In Nottinghamshire, outcomes and arrangements related to these functions have been overseen by a Health Protection Board, jointly chaired by the City and County DsPH comprising senior representatives from the organisations responsible for these functions.

28. As part of the recovery from COVID-19, the remit of the group has been reviewed by the DsPH to ensure that its focus and membership reflect the range of health protection hazards and recent reforms to the local NHS and public health system. The revised terms of reference explicitly identify COVID-19 as being within its scope. In Nottinghamshire County, the Health Protection Board will continue to report into the Health and Wellbeing Board.

Disestablishing the COVID-19 Local Outbreak Control Engagement Board

29. The COVID-19 Local Outbreak Control Engagement Board was established in summer 2020 as an informal partnership board. Its purpose was to provide political ownership and governance for the local response, secure local approval to the COVID-19 Local Outbreak Management Plan, and to ensure effective oversight and communication of the Plan, and public facing engagement regarding the response to any outbreaks.

30. There has been no requirement for the Board to meet since July 2021. The local response has been conducted on a 'business as usual' basis, within the protocols of the Local Resilience Forum. The objective for which the Board was originally convened is fulfilled.

31. The implementation of *Living with COVID-19* (with its intention that COVID-19 is managed like other respiratory illnesses) means that this is unlikely to change, on the basis of what is known at present. It is also noted that the renewal of the Nottinghamshire Health Protection Board with a remit that includes COVID-19 provides an effective structure through which to oversee arrangements for local outbreak management.

32. Furthermore, there remains the ability to recreate and remobilise the Board, or an arrangement like it, if for any reason this pandemic or a similar threat were to arise requiring oversight and engagement which was not felt to be best delivered through existing structures.

33. Therefore, it is recommended that the COVID-19 Local Outbreak Control Engagement Board is disestablished.

Reasons for Recommendations

34. Subject to any changes in expected further guidance, Government strategy seeks to move the management of COVID-19 to an approach that is similar to that for other respiratory illnesses, without the need for legal enforcement and other special measures.

35. Existing policies and frameworks together with the renewal of the Nottinghamshire Health Protection Board provide proper arrangements for securing good outcomes and arrangements regarding COVID-19 (and other health protection hazards).

36. The objective for which the COVID-19 Local Outbreak Control Engagement Board was convened is fulfilled.

Statutory and Policy Implications

37. 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

1) That Committee note the arrangements for managing local outbreaks of COVID-19 including the deployment of COVID-19 Response Team in line with outbreak management priorities identified in national guidance, and arrangements for overseeing the wide-ranging health protection functions exercised by organisations in Nottinghamshire.

2) That Committee note the 2021-22 year-end expenditure of the Contain Outbreak Management Fund and approve the development of a plan for allocating it in 2022-23 to reduce the vulnerability of communities related to COVID-19 and other viruses.

3) That Committee approves the disestablishment of the Council's COVID-19 Local Outbreak Control Engagement Board and authorises the Director of Public Health to determine the need to re-establish such a Board or equivalent in future if circumstances require it.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (CH 24.03.2022)

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

Financial Comments (DG 08.04.2022)

39. The value of the COMF to carry forward into 22/23 is circa £18.4m of which £9.4m is current committed spend. This will fund in NCC, 3.5 CCO's in the MIS service, increase the Sexual Health Service delivery model, and increase capacity to the Public Health Mental Health and Suicide Crisis Service. There will also be funding for 3 Community Health Champion Coordinators to be established within the Early Help and Support Team in the Place Department (£178,400) and also to deploy testing staff into a Health and Wellbeing Team (£430,150).

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 will be affected

Nottinghamshire County Council

Report to Adult Social Care and Public Health Committee

25 April 2022

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE 30 SEPTEMBER TO 31 DECEMBER 2021

Purpose of the Report

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

Information

2. This report provides the Committee with an overview of performance for Public Health commissioned services funded either in whole or in part by PH grant, in September to December 2021 against key performance indicators related to Public Health priorities, outcomes and actions within:

    a). the Public Health Service Plan 2020-2021;

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

    c). the Authority's 12 Commitments as set out in the Council Plan 2017-21.

3. A summary of the key performance measures is set out on the first page of **Appendix A**.

4. Appendix A also provides a description of each of the services and it provides a breakdown of some commissioned services at District level.

5. During this quarter 'Plan B' measures were put in place following the spread of the new Omicron variant in England.

6. The Public Health team continued to monitor performance and where any issues were identified, officers worked in partnership with providers and wider stakeholders to find solutions to mitigate against the issues. Public health continued to review the challenges on a regular basis across the County, identifying the pressure points and working collaboratively to support provision of the commissioned services to our residents.

7. Public health officers maintained a close dialogue with providers to ensure that the Authority continued to be assured of the best performance in the circumstances and safe practices and

that services were being provided in line with emerging and changing guidance. Discussions also began on how providers were going to plan their full recovery out of lockdown.

NHS Health Checks (GPs)

8. 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.

9. In response to the emergence of the Omicron variant, NHS England advised GPs that they could de-prioritise NHS Health Checks. It continued to be an extremely pressured time for GP practices and therefore activity on this preventative programme remained at a very reduced level. The programme is not anticipated to re-start in earnest until Covid-related backlog pressures on primary care ease, hopefully in the spring or summer of 2022.

10. Whilst the service is still only operating at less than 50% of pre-pandemic activity, it is anticipated that the number both of those offered and those receiving health checks will increase gradually as the year progresses.

11. Payment continued on actual activity delivered in these quarters.

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

12. The ISHS is provided by the three NHS Trusts in Nottinghamshire.

13. Emergency and essential sexual health and contraception services including sexually transmitted infection responses (genital warts/molluscum contagiosum) and insertion and removal of long acting reversible contraception (IUD/S and Implants) continued. Clinics began re-opening in the community spokes as well as the hospital hubs albeit appointment bookings are still low.

14. PrEP medication taken by HIV-negative people to prevent infection continued to be supplied to clients (predominantly men who have sex with men) having previously only been available to those on the PrEP trial, however this is now routinely available to residents via all three NHS Trusts.

15. The County sexual health services have active social media profiles on Facebook and Instagram. A wide range of sexual health promotion and education messages as well as information on sexual health, self-help and other health education are regularly posted.

16. Sexual health services across the county will be back to pre-pandemic activity by the end of the year.

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

17. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire.

18. The service is popular with young people and the officer was able to resume more provision. The numbers of individuals registered onto the scheme is anticipated to be back to pre-pandemic levels by the end of the year and the numbers who return are rising.

19. The Authority officer continues to work with pharmacies in Nottinghamshire, providing advice about managing possible increases in demand, possible delays in receiving supplies and minimising contact by preparing bags of condoms in advance. The officer produces weekly on-line guidance and resources for youth workers to enable them to distribute condoms safely in their areas.

20. The officer is working closely with our sexual health providers to streamline the provision of condoms by post.

All Age Alcohol and Drug Misuse Services (Change Grow Live) (Jointly funded with the PCC)

21. The service has continued to see more clients than had originally been anticipated when the Council went out to tender and this figure is above pre-pandemic levels. Pressures on the provider continue to be monitored closely.

22. Successful completions continue to rise. A resident in rehabilitation stated '*It's been one hell of an emotional roller coaster, but I really am beginning to understand that I was in the grips of addiction, and this was the only place to save me… My life is changing for the better so much, I love it, I'm so glad I'm doing 6 months I wouldn't be ready yet, but I know I'll be ready for sure to spend the rest of my life in recovery…* I'm forever in your debt for getting me into here'.

23. Alcohol continues to be the highest drug type (63%) of all children and young people affected by substance misuse, with 29% of family members currently known to be in treatment with our service. Children's Social Care continue to be the highest referral source at 43%, followed by schools at 31%. A new social care lead has been appointed by the provider which has helped referrals into the service with social workers approaching CGL staff directly to arrange joint visits. The provider has further ambitions to take co-production with the Council's adult social care forward.

24. CGL are working with East Midlands Ambulance Service (EMAS) for the first time. EMAS will refer into the service if they pick up a member of the public who has taken an overdose.

25. CGL sub-contracts Hetty's to provide a range of services to families and carers affected by a relative's substance misuse. Hetty's have been an integral part in 19 CGL families' ongoing safeguarding concerns from across the seven districts. On behalf of these CGL families, Hetty's support has given rise to two Multi Agency Safeguarding Hub (MASH) enquiries and three new MASH referrals. Hetty's have advocated on behalf of families and children at various case conferences, core groups, child in need meetings and had 83 correspondences with social workers and lead professionals on behalf of these vulnerable families.

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

26. Your Health Your Way provides an integrated wellbeing service to support individuals to lose weight, increase physical activity, stop smoking, reduce alcohol consumption, all of which is underpinned by supporting mental wellbeing

27. The provider is moving towards a hybrid delivery model, including face to face services, delivering in local communities where take up is increasing. The service now operates six days per week including evenings.

28. The provider continued to engage with health and social care during quarter three to drive up referrals, however this was impacted by challenges felt across the system as a result of the emergence of the Omicron variant. Despite this, the provider continued to engage with Primary Care Networks, provided active case finding in eleven GP practices, and delivered 'Raising the Issue of Weight' training to 300 health and care staff. New pathways within secondary care were also established.

29. It is anticipated that by the end of the year the numbers of smoking cessation clients will meet pre-pandemic levels. The provider will have almost met all the outcomes required under the contract for the second half of the year which shows that services are getting back to some form of normality.

30. The provider has set out a detailed action plan outlining how all targets will be met in the next financial year. Public Health officers will be working with the provider and monitoring the progress of this plan.

Illicit Tobacco Services (In-house)

31. Officers resumed visits to make test purchases at premises about which intelligence had been received on the sale of illicit tobacco products.

32. A recent example of the benefits of the service includes three warrants being issued on people running shops selling illegal tobacco and benefiting financially from the sale of such products.

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

33. The Domestic Abuse service continues to be challenged by the complexity of cases.

34. Every case requires some form of multi-agency cooperation and liaison not only for the survivor but as necessary for their children too, with links needed to schools, social care, the police to highlight a few. The providers ensure that all areas are covered and their clients are advocated for and safeguarded so that ultimately they can feel safe.

35. The prevention, promotion and training service continued on-line to improve the domestic abuse information available for professionals and young people across the County.

36. The services have started to move back to some face to face meetings in community settings albeit home visits are only made in exceptional circumstances.

Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)

37. This service provides help and support to families with children from birth to 19 years of age to ensure the health and well-being of children and young people. The healthy child programme provides a framework to support collaborative work and a more integrated service delivery.

38. The Provider has continued to work innovatively to overcome challenges in the 'new normal' continuing to deliver all elements of the service using a blended approach of face-to-face contacts, telephone and digital platforms to support the most vulnerable children, young people and their families as well as deliver all the universal and targeted elements of the core offer.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

39. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training to 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.

40. The number of frontline staff that have taken up the offer to be trained in child related oral health brief advice is positive and almost twice that of pre-pandemic levels and attendance at the adult related training is set to reach target by the end of the year.

Homelessness (Framework)

41. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On accommodation (typically for six months, and up to a maximum of 12 months). The service aims to enable clients to achieve a range of outcomes including self-care, living skills, managing money, reducing offending, motivation and taking responsibility, improve social networks and relationships, managing tenancy and accommodation, and making meaningful use of time.

42. Officers have worked very closely with Framework to ensure reporting is robust and accurate so that there is a clearer understanding of the issues impacting clients. Every client who does not move on in a timely way or exits the service in an unplanned way is now documented with an explanatory narrative. The narrative shows that clients have more complex issues and pre-existing comorbidities which can impact their stay in the services or their chances of moving on.

Other Options Considered

43. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

45. 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, clients, 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

46. 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

47. 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

48. 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 Clients

49. 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 clients.

RECOMMENDATION

1) The Adult Social Care and Public Health Committee considers whether there are any further actions it requires arising from the information in this report.

Jonathan Gribbin
Director of Public Health

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Constitutional Comments (KB 18.03.2022)

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

Finance Comments (DG 21.03.2022)

53. 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

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. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx
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**	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. 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. Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were: • Chlamydia (47%), • Genital warts (17%). • Genital herpes (7%), • Gonorrhoea (7%). 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. www.fsrh.org www.bashh.org. 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: • A reduction in under 18 conceptions • Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds) • A reduction in people presenting with HIV at a late stage of infection. In addition, the service will deliver against the following overarching outcomes to improve sexual health: • 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 • 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 • Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health • Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk • 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 • An increase in the number of people accessing HIV screening, particularly from those groups most at risk • 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 • Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups • Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM • Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire • A reduction in unintended pregnancies in all ages • Increased quality standards across Nottinghamshire and Bassetlaw.
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**	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. Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis 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.
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**	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). To reflect the model 3 themes will be used to provide context; • Stopping smoking • Preventing the uptake of smoking • Reducing harm from tobacco use
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	**Illicit Tobacco Services**	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	**Obesity Prevention and Weight Management (OPWM)**	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	**Domestic Abuse Services**	This service aims to reduce the impact of domestic violence and abuse (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.
1.18	Social isolation	**Social Exclusion**	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	**Public Health Services for Children and Young People aged 0-19**	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	**Oral Health Promotion Services**	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 National Institue for Health and Care Excellence (NICE) guidelines.
2.05	Child development at 2-2½ years	**Children's Centres**	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	**Supporting People: Homelessness Support**	The aims of this service are: - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	**Mental Health**	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	**Reduction in statutory homelessness**	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 Council

Nottinghamshire County Public Health Services Performance Report

Quarter 3 2021/22

Service Name	Indicator or Quality Standard	2020/21 Total	Annual plan 2021/22	Plan to Date	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Total
NHS Health Checks	No. of eligible patients who have been offered health checks	8,010	_	_	6,451	4,152	3,546	14,149
	No. of patients offered who have received health checks	2,779	_	_	2,133	2,137	1,453	5,723
Integrated Sexual Health Services	**Total number of filled appointments**							
	Sherwood Forest Hospital NHS Trust	16,276	_	_	4,775	4,755	4,887	14,417
	Nottingham University Hospital NHS Trust	10,401	_	_	3,377	3,947	3,859	11,183
	Doncaster and Bassetlaw Hospitals NHS Trust	8,366	_	_	2,656	2,734	2,422	7,812
	Total	**35,043**	**_**	**_**	**10,808**	**11,436**	**11,168**	**33,412**
	Quality Standard 60 % of new service users accepting a HIV test							
	Sherwood Forest Hospital NHS Trust	35%	>60%	>60%	79%	63%	53%	65%
	Nottingham University Hospital NHS Trust	17%	>60%	>60%	68%	55%	61%	61%
	Doncaster and Bassetlaw Hospitals NHS Trust	19%	>60%	>60%	66%	61%	60%	62%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test							
	Sherwood Forest Hospital NHS Trust	44%	>75%	>75%	44%	55%	65%	55%
	Nottingham University Hospital NHS Trust	46%	>75%	>75%	45%	56%	59%	53%
	Doncaster and Bassetlaw Hospitals NHS Trust	68%	>75%	>75%	80%	83%	79%	81%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC							
	Sherwood Forest Hospital NHS Trust	52%	>30%	>30%	51%	51%	46%	49%
	Nottingham University Hospital NHS Trust	58%	>30%	>30%	64%	62%	62%	63%
	Doncaster and Bassetlaw Hospitals NHS Trust	43%	>30%	>30%	50%	39%	42%	44%

Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	184	1,400	1,050	134	307	386	827
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	240	2,000	1,500	164	354	473	991
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children inc CJ	3,085	-	-	2,814	2,901	2,828	2,828
	Number of successful completions (YP and Adults and Parents)	1,245	-	-	285	252	212	749
	Number of unplanned exists (Adults and YP)	775	-	-	94	244	272	610
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date	1,617	3,200	2,400	548	468	476	1,492
	Smoking Cessation: % of clients quit at 4 weeks following quit date	56%	-	-	65%	60%	65%	63%
	Adult Weight Management : The number of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	-	1,850	1,388	59	72	94	225
	Adult Weight Management: The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	-	-	-	38%	53%	42%	44%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	11	860	645	16	9	3	28
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	28%	-	-	60%	90%	60%	70%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	527	4,000	3,000	238	238	342	818
Illicit Tobacco Services	Number of inspections	33	-	-	19	12	14	45
Domestic Abuse Services	Number of eligible referrals who have engaged and accepted support	2,398	-	-	417	402	340	1,159
	Children who are survivors in their own right	794	-	-	35	34	34	103
	Number of training events delivered (specialists courses, seminars, briefings, conferences)	18	-	-	11	8	12	31
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	95%	91%	90%	95%	94%	96%	95%
	Percentage of 6-8 week reviews completed	91%	87%	90%	91%	90%	89%	90%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	90%	86%	90%	92%	93%	93%	93%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	99%	90%	95%	100%	98%	100%	99%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	279	150	113	108	75	255	438
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	83	150	113	7	34	88	129
Homelessness	Hostel Accommodation Number exited in a planned way	126	-	-	32	51	31	114
	Hostel Accommodation % exited in a planned way	86%	>80%	>80%	74%	82%	72%	76%
	Move on Accommodation Number exited in a planned way	93	-	-	39	30	22	91
	Move on Accommodation % exited in a planned way	88%	>80%	>80%	95%	91%	88%	91%

District Level Data

		Quarter 1							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	524	706	485	332	306	281	180	2814
	Number of successful completions (YP and Adults and Parents)	57	74	45	48	25	22	14	285
	Number of unplanned exits (Adults, YP and parents)	29	12	20	9	8	11	5	94
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	73	110	89	59	62	66	61	520
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	69%	71%	68%	72%	65%	81%	73%	71%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	4	6	13	5	10	9	9	56
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	38%	26%	46%	71%	35%	90%	32%	48%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	1	4	4	3	1	3	0	16
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	100%	67%	80%	75%	100%	50%	0%	67%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	22	30	46	19	39	25	43	224
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	258	254	297	284	227	261	251	1832
	Number of 6-8 week reviews completed	216	224	275	284	214	256	240	1709
	Number of 12 month development reviews completed by the time the child turned 15 months	235	242	300	284	224	233	276	1794
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	208	221	296	255	240	225	281	1726
Homelessness	Hostel Accommodation Number exited in a planned way	3	10		7	12			32
	Hostel Accommodation % exited in a planned way	9%	31%		22%	38%			100%
	Move on Accommodation Number exited in a planned way	4	10		10	15			39
	Move on Accommodation % exited in a planned way	10%	26%		26%	38%			100%

		Quarter 2							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	541	723	497	332	311	290	207	2901
	Number of successful completions (YP and Adults and Parents)	61	55	48	39	15	19	15	252
	Number of unplanned exits (Adults & YP)	46	46	34	33	38	29	18	244
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	59	116	77	57	45	60	32	446
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	13%	26%	17%	13%	10%	13%	7%	100%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	7	7	11	7	18	10	9	69
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	10%	10%	16%	10%	26%	14%	13%	100%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	0	5	0	0	0	3	0	8
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	0%	63%	0%	0%	0%	38%	0%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	34	52	39	19	38	28	23	233
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	236	282	320	277	255	233	236	1839
	Number of 6-8 week reviews completed	313	339	376	365	300	323	329	2345
	Number of 12 month development reviews completed by the time the child turned 15 months	250	229	270	322	236	241	224	1772
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	196	239	246	256	222	218	220	1597
Homelessness	Hostel Accommodation Number exited in a planned way	7	18		6	20			51
	Hostel Accommodation % exited in a planned way	14%	35%		12%	39%			100%
	Move on Accommodation Number exited in a planned way	5	10		4	11			30
	Move on Accommodation % exited in a planned way	17%	33%		13%	37%			100%

		Quarter 3							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	540	714	488	308	302	283	193	2828
	Number of successful completions (YP and Adults and Parents)	50	41	23	22	25	28	23	212
	Number of unplanned exits (Adults & YP)	45	63	56	29	47	36	16	292
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	58	80	129	60	47	57	39	470
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	12%	17%	27%	13%	10%	12%	8%	100%
	Adult Weight Management : The number of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	5	8	8	13	25	16	18	93
	Adult Weight Management : The % of all adults who 'start' go onto to lose 5% weight loss compared with their initial weight	5%	9%	9%	14%	27%	17%	19%	100%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	1	0	0	0	1	1	0	3
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	33%	0%	0%	0%	33%	33%	0%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	25	46	79	40	57	48	44	339
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	256	252	325	320	231	251	249	1884
	Number of 6-8 week reviews completed	260	271	320	292	224	230	254	1851
	Number of 12 month development reviews completed by the time the child turned 15 months	264	246	347	289	218	283	269	1916
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	218	212	318	256	238	224	272	1738
Homelessness	Hostel Accommodation Number exited in a planned way	8	8		5	10			31
	Hostel Accommodation % exited in a planned way	26%	26%		16%	32%			100%
	Move on Accommodation Number exited in a planned way	3	6		3	10			22
	Move on Accommodation % exited in a planned way	14%	27%		14%	45%			100%