

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE

Date 4 December 2023 (commencing at 10.30am)

Membership

COUNCILLORS

Roger Jackson (Chairman)
David Martin (Vice Chairman)

Reg Adair	Paul Henshaw
Callum Bailey	Eric Kerry
Steve Carr	Philip Owen
Dr John Doddy	Mike Pringle
Sybil Fielding	

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Councillor Scott Carlton
Councillor Tom Smith

OFFICERS IN ATTENDANCE

Martin Elliott	- Senior Scrutiny Officer
Jonathan Gribbin	- Director of Public Health
Jo Toomey	- Advanced Democratic Services Officer
Melanie Williams	- Corporate Director Adult Social Care and Public Health

OTHERS IN ATTENDANCE

Scott MacKechnie - Independent Chair of the Nottinghamshire Safeguarding Adults Board

1. MINUTES OF THE LAST MEETING HELD ON 11 SEPTEMBER 2023

The minutes of the last meeting of the Adult Social Care and Public Health Select Committee held on 11 September 2023, having been previously circulated, were confirmed and signed by the Chairman.

2. APOLOGIES FOR ABSENCE

There were no apologies, however members of the select committee noted a change in membership, with Councillor Callum Bailey replacing Councillor Tom Smith.

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

4. PROGRESS REPORT OF NOTTINGHAMSHIRE SAFEGUARDING ADULTS BOARD AGAINST 2022-23 STRATEGIC PRIORITIES

Scott MacKechnie, Independent Chair of the Nottinghamshire Safeguarding Adults Board gave a presentation summarising the Board's progress against its three-year strategic plan. A **summary** of the presentation is below:

- The board had three duties set out in the Care Act 2014, which were supported by partners working collaboratively to reduce harm and neglect:
 - Providing a strategic plan – the strategic plan for 2022-25 was in place following partners' agreement.
 - Publishing an annual report that captured key findings.
 - Undertaking Safeguarding Adults Reviews as required to identify lessons learned.
- The number of concerns received by the Board had decreased from 9,750 in 2021-22 to 9,090 in 2022-23.
- The three most common types of abuse recorded were neglect and acts of omission, physical abuse, and organisational abuse. This was consistent with the three most common types of abuse in previous years.
- The most frequent locations where abuse was reported were in the person's home (951 reports), followed by residential care homes (461 reports). This trend was also consistent with previous years' data.
- The most common sources of risk were people known to the individual; service providers were the least common source of risk.
- During 2022/23 the board monitored the progress of action logs related to two historic safeguarding adult reviews and launched three further reviews.
- East Midlands Regional Safeguarding Assurance work was undertaken in respect of safeguarding adult reviews, which identified key strengths and actions to take forwards.
- The Board had been subject to a governance review, which included a review of its membership. It also introduced an executive group and a communications sub-group had also been created to help deliver the Board's new communications strategy.
- Following abuse at Edenfield Hospital (Greater Manchester), which was identified by the BBC's Panorama programme, the Safeguarding Adults Board asked the Nottinghamshire Integrated Care Board run a task and finish group. The Board was seeking assurance about closed cultures in local intellectual disability and mental health settings. An action plan was developed in response to review's findings.

- Ongoing activity and projects included a rough sleeper initiative, a workshop on co-production, assurance work with Circle around systems and processes in respect of asylum seekers and refugees.

The discussion that followed, including questions raised and their answers, is summarised below:

- Assurance was sought that the Section 114 that Nottingham City Council had issued would not affect the Multi-Agency Safeguarding Hub (MASH). Members were advised that there were no concerns about the city delivering in respect of its safeguarding duties or that the MASH would be affected.
- Members asked about opportunities to use technology like video doorbells to help identify abuse and abusers. Use of this kind of equipment would need to respect the individual's right to privacy and would only be through an agreed support package.
- The committee was interested in whether there were trends in the groups of people who committed abuse that were not known to the victim to help with prevention and early identification. The importance of prevention and awareness-raising work was highlighted and recognising that safeguarding was everybody's responsibility.
- Reference was made to the rough sleeper initiative, increasing rates of eviction and the service commissioned with Framework.
- Members noted the slight decrease in rates of abuse and how they recognised that one of the largest indicators was neglect and acts of omission. In response to a question about raising awareness of how to report concerns of abuse the importance of the communications strategy was highlighted. This aimed to highlight how family members, carers and people in the wider community could report any concerns.
- A committee member asked whether the board was aware of an issue regarding a care home in Mansfield. During the incident, it was noted that the Care Quality Commission could not engage with the care home and officers could not gain entry to protect its residents. The Board was aware of the situation and highlighted the importance of whistleblowing to help understand what was going on in those settings. In response to a question, it was clarified that the Board did not have powers to intervene; power resided with the statutory partners.
- A question was raised about increasing numbers of asylum seekers and the Board's response. The committee was advised very few referrals were being received. The Independent Board Chair had attended one of the local hotels to speak to staff about the training they received, information they were asked to share and the process for sharing information. Circle, which was providing the regional response, received referrals from Nottinghamshire with work underway to break data into local authority areas.
- Members were interested in whether there was a relationship between different types of abuse and the location in which it occurred.

- As the Council was responsible for only a proportion of residents who lived in care homes and the range of professionals with whom they would have contact, the importance of ensuring that family members knew how they could raise concerns was reiterated.

RESOLVED: 2023/012

1. That the Nottinghamshire Safeguarding Adults Board – Annual Report 2022-23 be noted.
2. That the Adult Social Care and Public Health Select Committee continue to review the work of the Nottinghamshire Safeguarding Adults Board by receiving and considering its annual report each year.

5. ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND FINANCIAL POSITION – QUARTER 2 2023/24

Melanie Williams, Deputy Director of Public Health introduced a report setting out the performance, risks and financial position for Adult Social Care and Public Health to the end of quarter 2 2023/24. She also gave a presentation, the detail of which is **summarised** below:

- A small overspend was forecast at the end of the financial year.
- The service had seen an increase in costs, with older adults requiring more work per person; drivers for this included waiting times for care and the effects of the pandemic.
- Work was being undertaken with the Cabinet Member on the use of Public Health grant reserves and how they can have the most impact both in terms of public health and in support of other areas of the Council's work.
- A review of client financial services had been completed which led to the creation of a new Appointee and Deputyship Team.
- Following work with 'Our Voice', the style of letters sent out by the department was reviewed and updated.
- The strengths-based approach status was "at risk"; work was being undertaken to identify pressures and savings, identifying alternatives to residential care and associated benefits.
- Performance regarding completion of long-term reviews was reported as relatively strong but there was appetite to see it improve further.
- 30,000 people in Nottinghamshire were identified as supporting someone else as a carer. The co-produced All Age Carers Strategy had recently been approved. The contribution of people who had caring responsibilities was acknowledged because it meant fewer people required residential care.

- Feedback from the Annual Conversation, which was a method of quality assurance, was reported to members of the committee. In particular, the Council had been praised for its strength-based working, but improvement was needed around quality audits.

The discussion that followed, including questions raised and their answers is summarised below:

- One member provided observations that during their tenure as a Councillor they had seen the amount of their casework that related to Adult Social Care and Public Health reduce.
- In response to a question, officers confirmed that the financial forecasts were completed before the autumn statement, which included an increase in the minimum wage. Forecasts also preceded the agreement of local government pay award.
- Supportive comments were made in relation to the review of the department's written communication.
- A request was made that future reports to the select committee provide data as both a number and percentage.
- Members noted the forecast overspend and asked about the certainty of income streams. Officers advised that the forecast in the report had not included either the discharge grant or the market sustainability grant; a view had been taken that this should only be included once it was clear grant conditions would be met and funding signed-off. This meant the money was not credited into the service's budget until period 7.

RESOLVED: 2023/013

1. That the report be noted.
2. That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the December 2023 meeting of the Adult Social Care and Public Health Select Committee.
3. That all future reports to the Adult Social Care and Public Health Select Committee display statistics as whole numbers rather than as percentages.

6. IMPROVING THE HEALTH OUTCOMES OF PEOPLE IN NOTTINGHAMSHIRE

Jonathan Gribbin, Director of Public Health introduced a report and made a presentation that summarised how public health outcomes would identify and be used to address health inequalities across the county. A summary of presentation is below:

- Nottinghamshire County Council had a Duty "to have regard to guidance published by the Secretary of State", who had set the strategic direction to improve and protect the nation's health and improve the health of the poorest fastest.

- As well as focussing on improving life expectancy, emphasis was also placed on healthy life expectancy, and reducing differences between people from different communities and backgrounds.
- To reduce health outcomes, action would be taken to address wider influences, improve health, protect health, and prevent early deaths.
- In Nottinghamshire between 2015 and 2019, there were 8,620 avoidable deaths (23 deaths per 10,000 people), an illustration was provided of how rates of avoidable deaths varied across the county, ranging from 9 deaths per 10,000 people in Keyworth, Tollerton and Willoughby and 55 deaths per 10,000 people in Worksop Cheapside.
- An avoidable death was one that could be prevented or avoided by treatment; the main causes were cancers, circulatory disease, chest disease, alcohol and drug related deaths and injuries.
- Members were given an overview of the main contributors to years lived with disability and drivers for them.
- The presentation identified a range of physiological, behavioural, and psycho-social risks, together with risk conditions that affected health and wellbeing. It also broke risk factors down by causes of preventable disability.
- There were four pillars of an effective population health system, with a range of interventions identified to address each one, including:
 - Health behaviours and lifestyles – preventing or stopping smoking, alcohol harm reduction.
 - Places and communities – access to food, safe communities' community connections, good housing
 - An integrated healthcare system – vaccination, cancer screening and quality and effective care
 - Wider determinants of health – workplace environment and road safety
- Improved health outcomes and reduced inequalities would be achieved by taking action to improve the building blocks of health (surroundings; housing; family, friends, and communities; transport; work; food; education and skills and money and resources), together with an effective health and social care system.
- Suggested areas for further scrutiny were:
 - Outcomes and inequalities in women's and children's health including factors that influence life expectancy and healthy life expectancy.
 - Substance use, including the harm of drugs and alcohol and those experiencing severe multiple disadvantages.

The discussion that followed, including questions raised and their answers is summarised below:

- In response to a question raised about barriers to action, members were advised that some good work was already taking place across the county addressing unmet need, however one of the greatest challenges was not knowing the funding position beyond the next financial year. This also affected other healthcare partners and made it difficult to develop interventions that provided a long-term sustainable impact.
- 50% of the differentiation in life expectancy in Nottinghamshire was attributed to smoking.
- In the past 6-months 142,000 illegal cigarettes and 6,800 illegal vapes had been seized. The cost of living increased the likelihood of people accessing illegal tobacco and vape products to cut costs. This brought crime into the poorest areas of Nottinghamshire, increased dependency, removed tax benefits and took away opportunities for public health intervention.
- Reference was made to Smokefree legislation and members asked whether there was anything similar that would prevent the use of vapes in public places. Specific reference was also made to increasing efforts to reduce smoking, particularly around hospital settings.
- A member commented on the importance of supporting the concentration of effort in areas of greatest deprivation to tackle health inequalities.
- A concern was raised about oral health and access to NHS dentistry. Members noted ongoing work led by the Health and Wellbeing Board around benefits of water fluoridation on oral health.
- Members were advised that responsibility for commissioning dental services was moving from the NHS to the Integrated Care Board.
- Reference was made to the vaccination rate, which, whilst higher than the England average, was showing a downward trend. Work was underway to address this, and it was noted that the county level data masked significant local variation. Members expressed an interest in looking further at the uptake of vaccination.
- Some discussion ensued about the continued commissioning of, and access to, services supporting weight loss, as well as the use of alcohol and tobacco.

The Chairman noted that this would be the last select committee of Jonathan Gribbin, Director of Public Health. Members thanked the Director of Public Health for his work and wished him well in his retirement.

RESOLVED: 2023/014

1. That the factors as detailed on pages six and seven of the Joint Health and Wellbeing Strategy which have the greatest impact on the health and wellbeing of the population, and the impacts of any weakness or omissions in these building blocks in terms of reducing healthy life expectancy and increasing inequalities, be noted.
2. That it be noted that the areas of work required to address the minority of Public Health outcomes (in the four overarching ambitions of the Joint Health and Wellbeing Strategy)

where Nottinghamshire is worse than the England average are largely identified in the Nottinghamshire Plan and in the Joint Health and Wellbeing Strategy.

3. That further information on the regulation of vaping in enclosed public spaces be circulated to the members of the Adult Social Care and Public Health Select Committee.
4. That the following areas of interest be agreed as areas that would benefit from further and more detailed consideration by the Adult Social Care and Public Health Select Committee:
 - a) Outcomes and inequalities in women's and children's health; this will include factors that influence life expectancy and healthy life expectancy.
 - b) Substance use, including the harms of drugs and alcohol and those experiencing severe multiple disadvantage.
 - c) That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, consider the most appropriate approach for the committee to carry out further work around vaccine uptake.

7. WORK PROGRAMME

The Senior Scrutiny Officer presented the Committee's current work programme.

RESOLVED: 2023/0015

- 1) That the work programme be noted.
- 2) That committee members make any further suggestions for consideration by the Chairman and Vice-Chairman for inclusion on the work programme in consultation with the relevant Cabinet Member(s) and senior officers, subject to the required approval by the Chairman of Overview Committee.

The meeting closed at 12.28pm.

CHAIRMAN