

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

**Monday, 01 April 2019 at 10:30**

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

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## **AGENDA**

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|----|--|---------|
| 1  | Minutes of the last meeting held on 4 March 2019   | 3 - 8   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Public Health Performance and Quality Report for Contracts Funded with Ring-Fenced Public Health Grant 1 October 2018  | 9 - 24  |
| 5  | Substance Misuse – New Psychoactive Substances (NPS)   | 25 - 32 |
| 6  | Domestic Abuse Support Services Procurement  | 33 - 40 |
| 7  | Proposed Increases in Fees for Independent Sector Adult Social Care Providers, Direct Payments and Other Charges   | 41 - 50 |
| 8  | Procurement of a New Framework Agreement for the Maintenance and Repair of Fixed Lifting Equipment in Domestic Setting   | 51 - 54 |
| 9  | Progress on the Procurement Plan for Short Term Assessment / Reablement Beds and Next Phase of the Care and Support Centre Closure Programme                       | 55 - 62 |
| 10 | Update on the Integrated Care Providers as part of the two Integrated Care Systems in Nottinghamshire  | 63 - 70 |

11	Adult Social Care and Public Health – Changes to Staffing Establishment	71 - 76
12	Work Programme	77 - 82

## **Notes**

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

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.  
  
Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Sara Allmond (Tel. 0115 977 3794) or a colleague in Democratic Services prior to the meeting.
- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Meeting ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Date 4 March 2019 (commencing at 10.30 am)

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

Stuart Wallace (Chairman)  
Tony Harper (Vice-Chairman)  
Steve Vickers (Vice-Chairman)

Joyce Bosnjak  
Boyd Elliott  
Sybil Fielding  
David Martin

Francis Purdue-Horan  
Andy Sissons  
Muriel Weisz  
Yvonne Woodhead

**OFFICERS IN ATTENDANCE**

Sara Allmond, Advanced Democratic Services Officer, Chief Executive's  
Sue Batty, Service Director, Adult Social Care & Health  
Melanie Brooks, Corporate Director, Adult Social Care & Health  
Jonathan Gribbin, Director of Public Health, Adult Social Care & Health  
Paul Johnson, Service Director, Adult Social Care & Health  
Jennie Kennington, Senior Executive Officer, Adult Social Care & Health  
Philippa Milbourne, Business Support Administrator, Adult Social Care & Health  
Jane North, Programme Director Transformation, Adult Social Care & Health

**1. MINUTES OF THE LAST MEETING**

The minutes of the meeting of Adult Social Care and Public Health Committee held on 4 February 2019 were confirmed and signed by the Chair.

**2. APOLOGIES FOR ABSENCE**

None

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

None

**4. DEPARTMENT CORE DATA SET – ADULT SOCIAL CARE AND HEALTH PERFORMANCE FOR QUARTER 3**

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

## **RESOLVED 2019/018**

That there were no actions arising from the report.

## **5. PROGRESS REPORT ON BUDGET, SAVINGS AND IMPROVING LIVES PORTFOLIO**

Councillor Steve Vickers and Jane North introduced the report and responded to questions.

## **RESOLVED 2019/019**

That there were no actions arising from the report.

## **6. 2018/19 PROGRESS UPDATE ON USE OF THE BETTER CARE FUND CARE ACT ALLOCATION (RECURRENT AND RESERVE), THE IMPROVED BCF, THE WINTER PRESSURES GRANT AND APPROVAL OF POSTS REQUIRED IN 2019/20**

Councillor Steve Vickers and Sue Batty introduced the report and responded to questions.

## **RESOLVED 2019/020**

That there were no actions or further information required in relation to the progress made by the projects and schemes supported to date by the Better Care Fund Care Act Recurrent and Reserve Allocations, the Improved BCF and the Winter Pressures Grant in 2018/19.

That the extension/establishment of the posts summarised in **Table 2** below utilising the Winter Pressures Grant 2019/20, to enable the delivery of the plan schemes be approved, dependent upon the Health and Wellbeing Board approving the Better Care Fund plan on 6<sup>th</sup> March 2019.

**Table 2 – Posts to deliver Winter Pressures Grant Plan**

Additional Occupational Therapy staffing	Extend 3 FTE temporary Occupational Therapist (Band B) posts, to 31/3/20	£136,846
Additional Social Worker staffing in district community mental health teams to support mental health discharge planning	Extend 3.5 FTE temporary Social Worker (Band B) posts, to 31/3/20	£159,651
Additional Social Worker, Community Care Officer & OT staffing to support	Bassetlaw:	
	Extend 1 FTE temporary Social Worker (Band B) post, to 31/3/20	£45,615

increased demand for assessment and discharge planning	Extend 3 FTE temporary Community Care Officer (Grade 5) posts, April 2019 to 31/3/20	£97,997
	Mid Notts:	
	Establish 1.4 FTE temporary Community Care Officer (Grade 5) post, 1/4/19 to 31/3/20	£45,615
	South:	
	Extend 0.5 FTE temporary Social Worker (Band B) post, to 31/3/20	£22,807
	Establish 1 FTE temporary Occupational Therapist (Band B) post, 1/4/19 to 31/3/20	£45,615
Additional Occupational Therapy capacity to district teams and the younger adults' reviewing team	Establish 1.4 FTE temporary Community Care Officer (Grade 5) posts, 1/4/19 to 31/3/20	£45,616

## **7. THE MID NOTTINGHAMSHIRE 'BETTER TOGETHER' ALLIANCE AGREEMENT CONTRACT**

Councillor Stuart Wallace and Melanie Brooks introduced the report and responded to questions.

### **RESOLVED 2019/021**

That it be approved that the Council extends its full membership of the Mid Nottinghamshire Alliance Agreement contract for a further year from 1 April 2019 to 31 March 2020

That a further report be received before the end of March 2020 with further recommendations in relation to membership of the Alliance or any other governance structure for the Integrated Care System.

## **8. AUTISM JOINT STRATEGIC NEEDS ASSESSMENT AND SELF-ASSESSMENT FRAMEWORK ACTIONS**

Councillor Stuart Wallace and Paul Johnson introduced the report and responded to questions.

During discussions it was agreed that Members would be provided the link to take the Autism e-learning module and would promote the module to district councils.

### **RESOLVED 2019/022**

That Committee supports the development of a local Autism Strategy and resultant action plan based on the requirements identified through the completion of the Self Assessment Framework and evidence contained within the Autism Joint Strategic Needs Assessment (including the need for a Council-wide accessibility policy, the role out of training, improved data collection and sharing mechanisms plus the

development of a clear diagnostic pathway). Any additional resources identified in the action plan will be brought back to Committee for approval.

## **9. THE NHS LONG TERM PLAN**

Councillor Tony Harper introduced the report. Jonathan Gribbin and Jane North gave a presentation on the report and responded to questions.

### **RESOLVED 2019/023**

That there were no actions arising from the report and presentation.

## **10. ADULT SOCIAL CARE AND HEALTH – CHANGES TO STAFFING ESTABLISHMENT**

Councillor Stuart Wallace and Sarah Quilty introduced the report and responded to questions.

During discussions an update report on the REACH programme was requested to be brought to a future meeting.

### **RESOLVED 2019/024**

- 1) That the establishment of a temporary one year fixed-term (April 2019 – March 2020) Public Health and Commissioning Manager (Band D) post be approved to project manage the implementation and roll out of the REACH programme.
- 2) That the temporary establishment of an additional 0.5 FTE Team Manager (Band D) post in the countywide Adult Mental Health Practitioners Team until March 2020 be approved.
- 3) That the establishment of a temporary one year fixed-term Advanced Social Work Practitioner (Band C) post in the Younger Adults Project Team be approved to address current challenges with sustaining community placements for this cohort.

## **11. ADULT SOCIAL CARE AND PUBLIC HEALTH – EVENTS, ACTIVITIES AND COMMUNICATIONS**

Councillor Steve Vickers and Jonathan Gribbin introduced the report and responded to questions.

### **RESOLVED 2019/025**

That Committee approves the plan of events, activities and publicity set out in the report.

## **12. WORK PROGRAMME**

### **RESOLVED 2019/026**

That the work programme be accepted with the following addition:-

- An update report on the progress of the REACh pilot be brought to a future meeting

The meeting closed at 12.20 pm.

**CHAIR**





## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1 OCTOBER 2018 TO 31 DECEMBER 2018**

#### **Purpose of the Report**

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

#### **Information**

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

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

7. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in October-December 2018 against key performance indicators related to Public Health priorities, outcomes and actions within:
  - a). the Public Health Service Plan 2017-2018;
  - b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
  - c). the Authority's Commitments 2017-21.
8. A summary of the key performance measures is set out on the first page of **Appendix A**. Where performance is at 80% or greater of the target or meets the standard, it is rated green.
9. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services.

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

10. The NHS Health Check Programme aims 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.
11. Quarter 3 of 2018/19 shows good performance, with 8,263 people being invited to attend a health check, just above the quarterly target of 8,218. During the same period 5,858 health checks were undertaken, indicating an uptake of 70.9%, which compares well against the national average of 43.6% (Q2 2018/19).
12. Of the patients seen this quarter, 244 (or 4.2%) were found to be at high risk of cardiovascular disease (CVD). These patients immediately exit the NHS Health Check Programme and move onto a GP practice at-risk register for treatment and monitoring. Patients with a lesser risk are also offered advice, sign-posting to lifestyle services and, sometimes, treatment. Compliance (the quality of the checks) has continued to improve during the last quarter as a result of Public Health intervention to support practices to use the clinical template consistently.

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

13. The ISHS provides a testing and treatment service for sexually transmitted infections (STIs) and contraception. Between the 3 sexual health providers there was a decrease in the number of filled appointments compared with quarter 3 last year from 11,722 to 11,080. This is mainly due to a drop in filled appointments at NUH.

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

14. SFHFT and DBH are now working to the new definition for this quality standard which is in line with the Public Health Outcomes Framework (PHOF) definition. This means there has been a significant continued improvement in performance. NUH has seen a fall in the number of new service users accepting an HIV test. This is due to the service including service users in their data where a HIV test is not appropriate or required. This will be rectified in time for the Quarter 4 contract review meeting.

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

15. Chlamydia is one of the most common STIs and although often symptomless it can cause long-term health problems including infertility if left untreated.
16. SFHFT has exceeded the quality standard of 75% of 15-24 year olds in contact with the service accepting a chlamydia test in quarter 3. NUH have been below the quality standard for a number of quarters and commissioners will be directly working with the service to look at measures to improve the chlamydia testing rate for this age group. DBH has seen a dip in testing rates compared to quarter 2.

#### **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. The service is below target for new registrations mainly due to a very slow first quarter, quarters two and three have seen an increase in activity and compared to the same period last year the reduction in registrations is 1%. Achieving has been a challenge and an action plan has been developed which aims to increase new registrations and the number of active sites across the scheme. New promotional materials have been distributed to all existing sites, information has also been distributed to GP's and Pharmacies to promote the scheme and inactive sites are being targeted for refresher training. The C Card Technical Specialist has also attended County College Freshers Fairs to promote the scheme to young people. An evaluation of the scheme has recently taken place which included engagement with service users, the results will drive further actions to increase usage and continue to ensure quality of delivery. It is anticipated that the results will be available in June.

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

18. Change, Grow, Live (CGL) is the substance misuse treatment and recovery service in Nottinghamshire.
19. Successful completions from the whole service as defined by the contract have been consistently good and have been exceeded by the provider as evidenced in the performance figures. The aim in Nottinghamshire is to ensure all service users with any substance misuse issues are helped to recovery and not just those who require a clinical intervention (generally opiate users).
20. Successful completion data from CGL for non-opiates such as cannabis, amphetamines, steroids, cocaine and crack cocaine and Novel Psychoactive Substances (or what were formerly known as 'legal highs'), show that for quarter 3, there is a completion rate of

24.7% which is well above the target of 15%.

21. Re-presentations and unplanned discharges from the service continue to be low; from a total of 10,957 in service only 181 (1.65%) were discharged unplanned with only 8 re-presentations within a 6-month period. Furthermore, overall improvements and wider outcomes derived from the substance misuse service are all above the target. These outcomes are: Employment, training and education, target 25%, performance 47%; mental wellbeing, target 60%, performance 80%; and housing improvements (where housing was identified as an issue at entrance into the service, target 70%, performance 100%.

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

22. CGL took over the young people's substance misuse service on the 1<sup>st</sup> October 2018. CGL have initiated new ways of working across the county with an emphasis on preventing young people starting to misuse substances as well as providing support for those who are misusing substances. Since October, 63 young people have been referred into the service, 21 for structured treatment and the rest for brief intervention work (low level support).

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

23. The service in Nottinghamshire (SmokefreeLifeNotts) was recently restructured to deliver a new model for smoking cessation. The new model offers a more flexible, individualised approach with increased access to telephone and online support as well as the more traditional groups and one to one sessions.
24. SmokefreeLifeNotts staff are now on the wards in King's Mill Hospital, offering support at the bedside to patients who smoke, either with quitting or temporary abstinence during their hospital stay. "Stop Before the Op" support is also offered to outpatients waiting for elective surgery. This will complement the ongoing work that continues to take place with pregnant women at King's Mill Hospital and the wellbeing coordinators that are now in post. There are between 249 and 293 patients admitted every week to Sherwood Forest Hospital Foundation Trust and 800 staff who also smoke so the potential to make a real impact is possible with this targeted work.
25. SmokefreeLifeNotts staff are also now on the wards at Nottingham University Hospitals (NUH) to enable them to adopt the same ward-based approach to support County patients who attend the hospital as inpatients and outpatients, with the same potential for impact.
26. Due to the cyclical nature of smoking cessation (more people quit at New Year, following Stoptober and Stop Smoking Day in March), referrals and therefore quitters are expected to rise in line with these key campaigns.
27. It is positive to note that, albeit small, there is an improvement in the numbers of successful quitters. It is expected with all the changes made by the service and extra supports from public health that this upward trajectory is set to continue. Currently the service has a commissioned target of 5,000 four week quitters. Due to their underperformance they aim to support 4,000 people to quit, although on current progress this looks more likely to be 3,000.

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

28. Trading Standards Officers continue to apprehend those individuals who sell and distribute illicit tobacco products within the County. The dedicated Illicit Tobacco Team, which includes a Nottinghamshire Police Officer, share intelligence with other agencies and authorities as well as Public Health colleagues. This intelligence picture is crucial and allows Trading Standards to share resources and costs when working with these colleagues.
29. A warrant was executed at a residential address in Mansfield in November 2018 where 1,500 packs of counterfeit cigarettes and 61 pouches of counterfeit hand rolling tobacco were seized, with a retail value of £15,890. 2 males were arrested and interviewed. An investigation continues into the individuals.
30. Trading Standards Officers received intelligence that a shop in the Eastwood area was selling alcohol to underage young persons. An inspection took place at the premise and their licensing requirements were checked including CCTV. Nothing was found to substantiate the claim and the owner received advice regarding remaining vigilant with staff sales
31. During October, November and December 2018 a total of 2,537 packs of illicit tobacco were seized along with 93 pouches of hand rolling tobacco, with a total retail value of £27,700. Enquiries and legal processes continue on several premises and individuals.

### **Assist (In-house)**

32. The ASSIST peer led smoking prevention programme continues to be run in targeted schools across Nottinghamshire and the impact on young people across the county continues to be very positive. ASSIST is improving young people's health whilst providing valuable life skills. ASSIST's activity-based training improves leadership, communication skills, resilience, self-esteem, confidence, highlights empathy and shows the value of taking a non-judgemental approach to peer-led conversations. The whole school benefits from increased conversations around smoking and health.
33. A further five schools have been recruited to the programme during 2018/19 quarter 2 and it has been agreed that the programme will continue to run until March 2019

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

34. The Obesity Prevention and Weight Management service supports children, and adults through a variety of targeted community prevention healthy eating and physical activity initiatives and weight management support. All aspects of the service are performing as planned or above target for the year except for weight management for pregnant women.
35. The Commissioners and Provider have identified that low uptake of the maternal weight management offer is due to a combination of lower than expected demand from pregnant women, low number and untimely referrals from NHS maternity services, and the need for a service offer more tailored to service user preferences.

36. There is regular contact with the midwifery leads to address the issues relating to referrals which are different for each of the 3 midwifery services. A new pathway is being implemented and the Provider has implemented revised marketing materials. The service is now at the target level in Q3.

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

37. The Domestic Abuse service provides information, advice, safety planning and support (including support through the courts) to women, men, teenagers, children and young people. Services are facing increasingly complex and difficult cases but continue to be on track to meet all indicative targets set by commissioners (the Authority and the Office of the Police and Crime Commissioner). Quality Assurance visits further evidence that the services provided are robust, well received by service users and provide good value for money.
38. Figures show slightly fewer adult numbers and slightly higher numbers of children and young people compared with the same quarter last year. The number of high-risk adult referrals is however increasing, and this is beginning to impact on the capacity of the multi-agency risk assessment conferences (MARACs) where information is shared across partner agencies to ensure safety.
39. Over 50% of children on Child Protection Plans live in a household with domestic abuse and to this end the providers work closely with Children's Services and have workers based with the Family Service.

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

40. This service protects and improves the health of residents in Nottinghamshire County, by facilitating insulation and heating improvements and preventative adaptations in private sector homes, providing energy efficiency advice and reducing fuel poverty. The service targets the most deprived private sector households, with a specific emphasis on support to residents over 60 and a smaller provision for families with children under 5 and pregnant women. The service is on track to achieve 2018/19 targets.
41. The service has exceeded the quarter 3 target of 68 and provided 213 with comprehensive energy efficiency advice and/or were given help and advice to switch energy supplier or get on the cheapest tariff. The service also trained 72 against of target 47 individuals to deliver Energy Efficiency Brief Interventions to improve awareness of the links between cold-homes, fuel poverty and ill health and to generate appropriate referrals to the service.

### **Social Exclusion (The Friary)**

42. The Friary provides a "one-stop" approach on three mornings a week from a single location in West Bridgford to individuals in crisis situations, including homeless people. It delivers one to one assessment of need, specialist advice and practical support regarding housing, benefits, debts and health needs (including signposting to other services that operate within the Friary e.g. GP clinic, substance misuse services) The service offered support to 375 individuals in Quarter 3 with the service giving specialist advice to 2,231 people and



providing 1,238 health care support and interventions. This shows a similar picture in the number presenting, compared to Quarter 1 and Quarter 2

### **Public Health Services for Children and Young People aged 0-19 (Nottinghamshire Healthcare Trust)**

43. The service is in its second year of delivery and the Healthy Families Programme is now embedding across the County as a fully integrated universal service for children, young people and their families. The Authority has set very ambitious targets for the provider and whilst some of these targets have yet to be met, the service overall is performing well with Nottinghamshire data for mandated reviews in 2018/19 being similar to, or better than the England average. As an example, 99% of 2-2½ year developmental reviews completed, were undertaken using ASQ-3 (Ages and Stages Questionnaire). The use of this evidence-based tool enables the Healthy Families Team to make an informed assessment of a child's readiness to start school, and therefore offer targeted interventions for children when concerns are identified.
44. Staffing and recruitment challenges experienced by the service due to retirement, maternity leave, and sick leave are resolving. The Trust is working pro-actively to recruit and retain the workforce and a picture of increased workforce stability is emerging. This is being reflected in improved performance against the key performance indicators.
45. A quality assurance visit focussing on mandated reviews will be conducted by the Authority during Q4. The visit will aim to explore some of the challenges clinicians face when offering and conducting mandated reviews and give an opportunity to celebrate best practice in high performing Districts.

### **Oral Health Promotion Services (Nottinghamshire Healthcare Trust)**

46. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.
47. During Q3, oral health promotion training among frontline staff was delivered to 86 staff working in child-related services and 43 in adult-related services (Q3 target of 50 each). The supervised toothbrushing programme was active in 22 primary schools (against a target of 20) and parents of 1,554 children received oral health advice and resources at their child's one-year health review (73% of the Q3 one-year old child cohort). This represents positive performance by the service, which has recently been recognised as *Best Oral Health Promoter – East Midlands* in the Global Health & Pharma Oral Health & Dentistry Awards 2018.
48. A commissioner quality assurance visit was undertaken in December 2018 of three supervised tooth-brushing sessions at Beeston Fields Primary School. This visit confirmed that the programme is being delivered effectively, that robust infection control mechanisms are in place and that frontline practitioners are being proactively supported and monitored by the provider.

### **Single Person Supported Accommodation (Framework)**

49. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On and Housing First Accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time
50. The Single Person Supported Accommodation contract was re-tendered in Q2 with Framework Housing Association being awarded the contract for contract commencement on the 22nd of September 2018. The service continues to provide the opportunity for the assessment of support needs, followed by intensive and targeted housing related support to enable an individual to move towards independent living. Going forward the service will support people to meet their health and social care needs alongside targeted housing related support.
51. In Quarter 3, a total of 46 new referrals were accepted to the short term hostel accommodation with 39 people exiting the service in a planned way (96% against a target of >80%) and <5 people exiting the service in an unplanned way (5% against a target of <20%). In Quarter 3, a total of 37 entered the Move On accommodation service with 42 people exiting the service in a planned way (98% against a target of >80%) and <5 people exiting the service in an unplanned way (2% against a target of <20%).

### **Community Infection Prevention and Control (CCGs)**

52. This service provides advice and assistance to prevent the spread of infectious and avoidable diseases. The team has provided initiatives in care homes, GP practices and the acute hospital trusts including hand hygiene training, viral swabbing, advice and assistance. The service continues to meet all of the Authority's key performance indicators.

### **Resilience Building in Schools (Each Amazing Breath-EAB and Young Minds-YM)**

53. The report 'Future in Mind', published in 2015 by the Department of Health (DH) in partnership with DfE, sets out detailed proposals for improving emotional health and well-being support available to children. The report outlines the risk of focusing too narrowly on targeted clinical care, ignoring wider influences, over-medicalising our children and the challenge of making some real changes across the whole system to place the emphasis on building resilience, promoting good mental health, prevention and early intervention.
54. In response, the Authority, in partnership with Nottinghamshire CCGs, commissioned academic resilience programmes to improve emotional health, wellbeing and resilience of children and young people in 30 Nottinghamshire schools. Taking a sustainable whole school approach, the programmes aim to enable schools to have the understanding, knowledge, skills and resources to continue independent delivery thus building resilience for new cohorts of children and young people after the direct contract activity ends. There are currently two provider organisations commissioned to deliver programmes



within Nottinghamshire: 'Each Amazing Breath' and 'Young Minds'.

55. Across the districts of Bassetlaw, Newark and Sherwood, Mansfield and Ashfield 'Each Amazing Breath' (EAB) is commissioned to deliver 'Take Five', a whole school programme based on breathing, grounding, and awareness that helps children to develop their capacity to handle life's challenges with awareness and confidence, building skills of self-regulation, and anger management. Direct service delivery of this programme is almost complete. Provider activity in Q3 and Q4 is focussed on training champions and ambassadors embedding the programme across the 15 participant schools, thus moving towards school led sustainability. The target set for the number of champions trained at Q3 was 14 and the provider has exceeded this, training 19 champions so far (138%).
56. The Authority has commissioned Young Minds to deliver the evidence based Academic Resilience Approach (ARA) Programme in 15 schools, including Derrymount School for children with special educational needs and disability (SEND), in the boroughs of Broxtowe, Gedling and Rushcliffe. Schools are supported to develop their own practical, integrated whole-school approach to identifying and supporting vulnerable pupils to enable them to achieve their emotional and academic potential. The Provider had completed 100% of training for school staff by the end of Q2. Quarter 3 and Q4 activity focusses on sustainability, through the delivery of 'Train the Trainer' sessions, a champions programme and developing 'Communities of Practice' (COP's).

### **Other Options Considered**

57. None

### **Reason for Recommendations**

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

### **Statutory and Policy Implications**

59. 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**

60. 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**

61. 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**

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

### **Implications for Service Users**

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

### **RECOMMENDATION**

- 1) For Committee to scrutinise the performance of services commissioned using the public health grant and consider whether there are any actions they require in relation to the issues contained within the report.

**Jonathan Gribbin**  
**Director of Public Health**

### **For any enquiries about this report please contact:**

Nathalie Birkett  
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01159772890

### **Constitutional Comments (AK 27/02/2019)**

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

### **65. Financial Comments (DG 27/02/2019)**

The financial implications are contained within paragraph 60 of this report.

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

66. 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.

67. 'None'

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

68. 'All'

Nottinghamshire County Public Health Services Performance Report



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

Quarter 3 2018/19							
Service Name	Indicator or Quality Standard	Annual plan 2018/19	Plan to Date	Q1	Q2	Q3	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	32,874	24,656	5,941	8,228	8,263	22,432
	No. of patients offered who have received health checks	21,697	16,273	5,049	4,946	5,858	15,853
Integrated Sexual Health Services	Total number of filled appointments	not					
	Sherwood Forest Hospital NHS Trust	23,543	17,657	5,791	5,945	5,568	17,304
	Nottingham University Hospital NHS Trust	15,387	11,540	3,890	4,094	3,492	11,476
	Doncaster and Bassetlaw Hospitals NHS Trust	9,486	7,115	2,102	2,283	2,020	6,405
	Total	48,416	36,312	11,783	12,322	11,080	35,185
	Quality Standard 60 % of new service users accepting a HIV test						
	Sherwood Forest Hospital NHS Trust	>60%	>60%	76%	78%	81%	78%
	Nottingham University Hospital NHS Trust	>60%	>60%	53%	51%	46%	50%
	Doncaster and Bassetlaw Hospitals NHS Trust	>60%	>60%	58%	62%	61%	60%
	Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test						
	Sherwood Forest Hospital NHS Trust	>75%	>75%	80%	81%	85%	86%
	Nottingham University Hospital NHS Trust	>75%	>75%	71%	69%	63%	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	>75%	>75%	63%	80%	66%	68%
	Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC						
	Sherwood Forest Hospital NHS Trust	>30%	>30%	44%	48%	48%	46%
	Nottingham University Hospital NHS Trust	>30%	>30%	40%	38%	44%	41%
	Doncaster and Bassetlaw Hospitals NHS Trust	>30%	>30%	49%	50%	53%	51%
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	1,600	1,200	235	330	356	921
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	2,000	1,500	400	333	480	1,213
Alcohol and Drug Misuse Services	Number of successful exits (i.e. planned)	-	483	263	249	256	768
	Number of unplanned exits	-	-	135	157	181	473
	Number of service users in the service (last day of quarter) Including transferred in	10,394	8,741	6,582	8,857	10,957	10,957
Young People's Substance Misuse Service	Total referrals of young people requiring brief intervention or treatment	300	225	37	14	53	104
	Quality standard 80% Planned exit from treatment	80%	80%	94%	75%	88%	88%
Smoking Cessation	Number of people setting a quit date	-	-	923	915	1,041	2,879
	% actually quit - Russell standard	>40%	>40%	64%	67%	71%	67%
	Pregnant Smokers who successfully quit	500	375	38	38	41	117
	Under 18 Smokers who successfully quit	200	150	8	2	6	16
	Routine and Manual Workers successfully quit	1,500	1,125	159	188	204	551
	All other smokers who successfully quit	2,800	2,100	388	387	483	1,258
	Total Successfully Quit	5,000	3,750	593	615	734	1,942
Illicit Tobacco Services	Number of inspections	75	56	41	23	18	82
Obesity Prevention and Weight Management (OPWM)	Number of adults supported	260	195	175	171	148	494
	Number of children supported	108	81	24	27	15	66
	Maternity	104	78	16	15	26	57
	Adults triaged to other 12 week weight management	1,778	1,334	424	588	307	1,319
	Number of tier 1 prevention projects	65	49	35	17	19	71
	Number of tier 1 prevention sessions	376	282	194	148	97	439
Domestic Abuse Services	No of adults supported	2,088	1,566	536	468	421	1,425
	No of children, young people & teenagers supported	622	467	156	132	148	436
Seasonal Mortality	Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	259	194	160	68	213	441
	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	187	140	51	42	72	165
Social Exclusion	Number of one-to-one specialist advice interviews undertaken	7,128	5,346	2,227	2,528	2,231	6,986
	Number of health care support and interventions undertaken	5,445	4,084	1,197	1,240	1,238	3,675
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	95%	95%	88%	89%	89%	89%
	Percentage of 6-8 week reviews completed	95%	95%	86%	85%	88%	87%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	95%	95%	89%	91%	89%	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	95%	95%	95%	99%	99%	98%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	200	150	51	62	86	199
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	200	150	60	71	43	174
Homelessness	Hostel Accommodation Number exited in a planned way	-	-	31	34	39	104
	Hostel Accommodation % exited in a planned way	>80%	>80%	70%	69%	96%	70%
	Move on Accommodation Number exited in a planned way	-	-	36	29	42	107
	Move on Accommodation % exited in a planned way	>80%	>80%	100%	97%	98%	100%
Resilience Building in Schools	North: Number of children undertaking a daily resilience building activity at school	2500	2500	53	587	0	3319
	North: Number of prioritised schools signed up to the service	14	14	14	14	14	14
	South: Proportion of staff trained report increase in understanding of mental health and resilience	80%	80%	100%	100%	0%	100%
	South: Number of children engaged in insights gathering for audits and action plan implementation	90	90	19	0	0	109

## 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	<b>NHS Health Checks</b>	<p>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.</p> <p><a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a></p>
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	<b>Integrated Sexual Health Services</b>	<p>Good sexual health is an important part of physical, mental and social well-being. Over the past decade, there has been a steady rise in new diagnoses of STIs in England. Diagnoses of gonorrhoea, syphilis, genital warts and genital herpes have increased considerably, most notably in males.</p> <p>A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM.5</p> <p>Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none"> <li>• Chlamydia (47%),</li> <li>• Genital warts (17%).</li> <li>• Genital herpes (7%),</li> <li>• Gonorrhoea (7%).</li> </ul> <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. <a href="http://www.fsrh.org">www.fsrh.org</a></p> <p><a href="http://www.bashh.org">www.bashh.org</a>. The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> <li>• A reduction in under 18 conceptions</li> <li>• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)</li> <li>• A reduction in people presenting with HIV at a late stage of infection.</li> </ul> <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> <li>• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health</li> <li>• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions</li> <li>• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health</li> <li>• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk</li> <li>• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000</li> <li>• An increase in the number of people accessing HIV screening, particularly from those groups most at risk</li> <li>• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV</li> <li>• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups</li> <li>• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM</li> <li>• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire</li> <li>• A reduction in unintended pregnancies in all ages</li> <li>• Increased quality standards across Nottinghamshire and Bassetlaw.</li> </ul>
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	<b>Young Peoples Sexual Health Service - C Card</b>	<p>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.</p>
1.05	16-18 year olds not in education employment or training	<b>Alcohol and Drug Misuse Services</b>	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	<b>Young People's Substance Misuse Service</b>	<p>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</p>
2.03	Smoking status at time of delivery (maternity)		<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out</p>

2.09	Smoking prevalence - 15 year olds	<b>Tobacco Control and Smoking Cessation</b>	<p>downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none"> <li>• Stopping smoking</li> <li>• Preventing the uptake of smoking</li> <li>• Reducing harm from tobacco use</li> </ul>
2.14	Smoking prevalence - adults (over 18's)		
2.14	Smoking prevalence - adults (over 18's)	<b>Illicit Tobacco Services</b>	Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county
1.16	Utilisation of outdoor space for exercise/health reasons	<b>Obesity Prevention and Wight Management (OPWM)</b>	<p>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.</p>
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	<b>Domestic Abuse Services</b>	This service aims to reduce the impact of DVA in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
4.15	Excess winter deaths	<b>Seasonal Mortality</b>	In 2011, the Marmot Review Team released 'The Health Impacts of Cold Homes and Fuel Poverty' report <sup>16</sup> . The report reviews the evidence for the long-term negative health impacts of living in cold homes and concludes: "many different population groups are affected by fuel poverty and cold housing, with various levels of health impacts relating to different groups." Vulnerable children and the elderly are most at risk of developing circulatory, respiratory and mental health conditions as a consequence of cold, damp homes. The Health Housing Contract will maintain and improve the health of citizens in Nottingham City and Nottinghamshire, by facilitating insulation, heating improvements and preventative adaptations and giving advice to help reduce fuel poverty in the homes of citizens over 60 and to a lesser extent (up to 10% of the total), families with children under 5 and pregnant women
1.18	Social isolation	<b>Social Exclusion</b>	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an "under the same roof" and "one-stop" model.
1.01	Children in low income families	<b>Public Health Services for Children and Young People aged 0-19</b>	<p>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'</p>
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		
4.02	Proportion of five year old children free from dental decay	<b>Oral Health Promotion Services</b>	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from 'Local authorities improving oral health: commissioning better oral health for children and young people' and NICE guidelines.
2.05	Child development at 2-2½ years	<b>Children's Centres</b>	Children's Centres play a key role in early intervention and are a vital source of support for young children and their families.... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development
1.15	Statutory homelessness	<b>Supporting People: Homelessness Support</b>	<p>The aims of this service are:</p> <ul style="list-style-type: none"> <li>- To address homelessness, support people back to independence and prevent repeat homelessness</li> <li>- To reduce the adverse effects of homelessness on individual and population health and wellbeing</li> <li>- To improve the health and wellbeing of homeless service users</li> <li>- To promote social inclusion</li> </ul>
4.09	Excess under 75 mortality rate in adults with serious mental illness	<b>Mental Health</b>	The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems
1.15	Statutory homelessness	<b>Reduction in statutory homelessness</b>	The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working
1.01	Children in low income families	<b>Resilience Building in Schools</b>	<p>The providers Each Amazing Breath (EAB) CIC, 'Take 5 at School Programme' in the north and west of the County and Young Minds (YM), 'Academic Resilience Approach' in the South of the County, develop and deliver an evidence-based resilience programme in schools that will improve the emotional health, wellbeing and resilience of children and young people in 30 Nottinghamshire schools. It is a whole school approach, this means school leaders, staff, children and young people which may include approaches such as training the trainer and pupils and students as coaches, mentors or teachers. The programmes are sustainable and will enable schools to have the understanding, the knowledge, skills and resources to continue independent delivery of the programme via a whole schools approach and to have maximum impact for children and young people after the direct contract activity ends</p>
1.03	Pupil absence (from School)		
1.05	16-18 year olds Not in Employment, Education Training		
2.23	Self-reported wellbeing		

		Q1			Q2			Q3			Total		
		Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	%	Denominator	Numerator	Average %
Integrated Sexual Health Services	<b>Quality Standard 60 % of new service users accepting a HIV test</b>												
	Sherwood Forest Hospital NHS Trust	1087	826	76%	1026	799	78%	930	749	81%	3043	2374	78%
	Nottingham University Hospital NHS Trust	1219	641	53%	1257	637	51%	1113	508	46%	3589	1786	50%
	Doncaster and Bassetlaw Hospitals NHS Trust	707	410	58%	684	425	62%	594	364	61%	1985	1199	60%
	<b>Quality Standard At least 75% of 16-24 year olds in contact with the service accepting a chlamydia test</b>												
	Sherwood Forest Hospital NHS Trust	720	576	80%	591	479	81%	481	408	85%	1792	1463	82%
	Nottingham University Hospital NHS Trust	465	329	71%	476	329	69%	465	294	63%	1406	952	68%
	Doncaster and Bassetlaw Hospitals NHS Trust	354	223	63%	290	231	80%	615	405	66%	1259	859	68%
	<b>Quality Standard 30% of women aged 15-24 receiving contraception accepting LARC</b>												
	Sherwood Forest Hospital NHS Trust	1016	447	44%	983	471	48%	954	454	48%	2953	1372	46%
	Nottingham University Hospital NHS Trust	288	116	40%	276	105	38%	262	116	44%	826	337	41%
	Doncaster and Bassetlaw Hospitals NHS Trust	582	285	49%	624	314	50%	546	287	53%	1752	886	51%
Young People's Substance Misuse Service													
		50	47	94%	20	15	75%	19	16	84%	8	7	88%
Public Health Services for Children and Young People aged 0-19	Percentage of New Birth Visits (NBVs) completed within 14 days	1853	1638	88%	1990	1771	89%	2034	1810	89%	5877	5219	89%
	Percentage of 6-8 week reviews completed	1834	1577	86%	1954	1657	85%	2179	1928	88%	5967	5162	87%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	1990	1766	89%	2197	1991	91%	2221	1969	89%	6408	5726	89%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	1880	1788	95%	1704	1693	99%	1723	1703	99%	5307	5184	98%
Homelessness	Hostel Accommodation % exited in a planned way	44	31	70%	49	34	69%	41	39	96%	134	104	78%
	Move on Accommodation % exited in a planned way	36	36	100%	30	29	97%	43	42	98%	109	107	98%

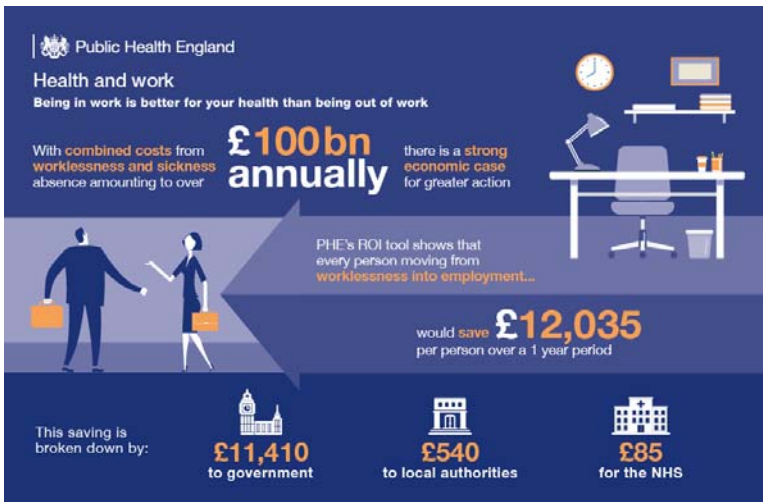


# Making the economic case for prevention

Posted by: John Newton and Brian Ferguson, Posted on: 6 September 2017

It is widely acknowledged that poor lifestyle behaviors as well as wider determinants of health place a significant burden on public finances now and in the future, and the evidence shows that a large number of prevention programmes represent value for money. Therefore there is a strong economic case for greater action.

For example, our work shows that moving a person from unemployment into employment would save £12,035 per person over a one-year period.



Another example we can use to make the economic case is analysis of a 'targeted supervised tooth brushing programme'. This initiative provides a return of £3.06 for every £1 invested after 5 years and £3.66 after 10 years. On this occasion we are taking into account NHS savings, increased earnings for the local economy and improved productivity.

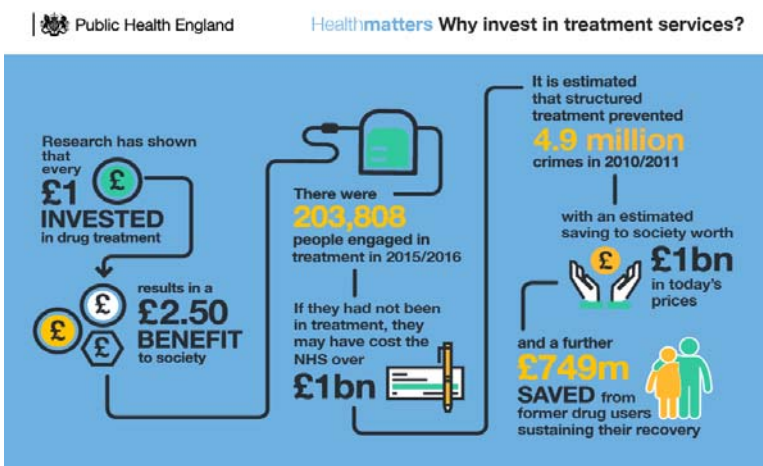
There is also excellent evidence to support investment in tobacco control services. Over a lifetime, for every £1 spent the return will be £11.20 when impacts to the local economy, wider healthcare sector and QALYs are considered. When omitting the health effects (measured by QALYs), there is still a saving of £1.90 for every £1 spent.

Every £1 spent on drug treatment services saves society around £2.50 in reduced NHS and social care costs and reduced crime in the short-term (85% due to reductions in offending).

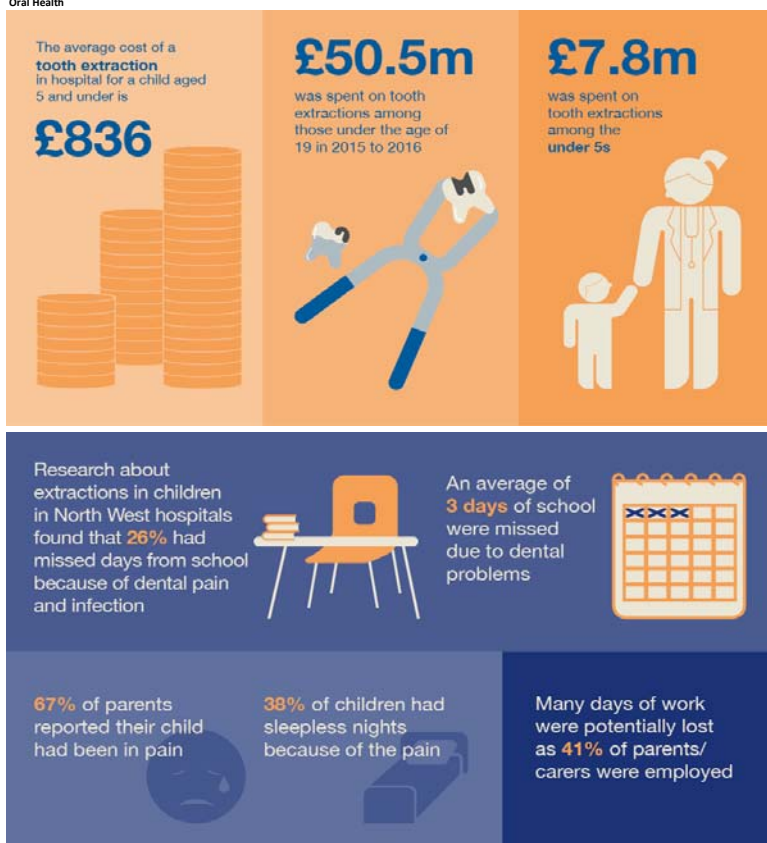
And as we recently flagged as part of a suite of mental health resources, initiatives which prevent mental health problems can yield a good return on investment. We looked at interventions such as school-based resilience programmes, workplace stress programmes and support for people in debt.



Drug treatment not only saves lives, it provides value for money to local areas:



<https://publichealthmatters.blog.gov.uk/2017/09/06/making-the-economic-case-for-prevention/>



Social Value refers to wider financial and non-financial impacts of programmes, organisations and interventions, including the wellbeing of individuals and communities, social capital and the environment.

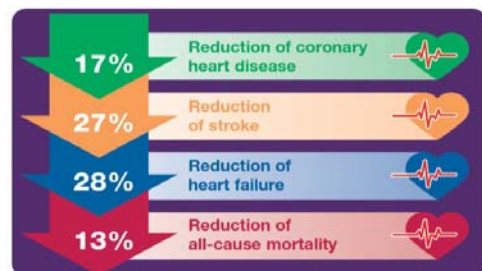
From a business perspective it may be summarised as the net social and environmental benefits (and value) generated by an organisation to society through its corporate and community activities reported either as financial or non-financial (or both) performance.

Useful links:

<https://www.nice.org.uk/media/default/About/what-we-do/NICE-guidance/NICE-guidelines/Public-health-guidelines/Additional-publications/Cost-impact-proof-of-concept.pdf>

It is estimated that up to 80% of premature deaths from CVD can be prevented through better public health. All current blood pressure guidelines agree that support for behaviour change to address modifiable risk factors (smoking, alcohol, inactivity, obesity and poor diet) should be the first step in preventing high blood pressure.

There is robust evidence that taking action to lower blood pressure can reduce the risk it poses to health. A major systematic review found that in the populations studied, every 10mmHg reduction in blood pressure resulted in the following reductions.



[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/672554/Tackling\\_high\\_blood\\_pressure\\_an\\_update.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/672554/Tackling_high_blood_pressure_an_update.pdf)

Prevention is better than cure: our vision to help you live well for longer, Published 5th November 2018:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/753688/Prevention\\_is\\_better\\_than\\_cure\\_5-11.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/753688/Prevention_is_better_than_cure_5-11.pdf)



**1 April 2019****Agenda Item: 5****REPORT OF DIRECTOR OF PUBLIC HEALTH****SUBSTANCE MISUSE - NEW PSYCHOACTIVE SUBSTANCES (NPS)****Purpose of the Report**

1. Update the Adult Social Care Public Health (ASCPH) Committee on the number of referrals into the Nottinghamshire substance misuse treatment and recovery service where NPS is identified as an issue.
2. Update ASCPH committee on further action being taken to address NPS use in Nottinghamshire.

**Information****Background and context**

3. Substance misuse and in particular New Psychoactive Substance (NPS) use are both a national and local concern. Nationally, Home Office statistics from a 2016 report indicate that use of NPS is concentrated among young adults aged 16 to 24. Around 1 in 40 (2.6%) young adults took an NPS in the last year compared to NPS use being generally low among adults aged 16 to 59 (fewer than 1 in 100, 0.7%).
4. The 2017/18 Crime Survey for England and Wales (CSEW) showed that overall, the prevalence of NPS use in the last year among adults aged 16 to 59 was similar to that found in the 2016/17 survey. It remained generally low compared with the prevalence of well-established drugs such as cannabis, powder cocaine and ecstasy.
5. Around 0.4 per cent of adults aged 16 to 59 (equivalent to around 121,000 people) had used NPS in the last year. While this was unchanged compared with the 2016/17 CSEW (0.4%) it was lower than in the 2015/16 survey (0.7%). Men remained significantly more likely to have used NPS in the last year than women (0.5% and 0.2% respectively).
6. An update of the Substance misuse Joint Strategic Needs Assessment (JSNA) was published in November 2018 ([Substance Misuse: Young people and adults \(2018\) - Nottinghamshire Insight](#)) which outlines the need, the unmet needs and gaps. For the first time, this JSNA combines drugs and alcohol, young people and adults, adopting a life course approach. The substance misuse JSNA focusses on substance misuse within the community and highlights where there are particular challenges within certain communities. Some of the main challenges

within Nottinghamshire relate to a high estimated prevalence of individual who use drugs frequently (9,867) and of those it is estimated that 4,436 use opiates and or crack problematically. The best available estimates indicate that alcohol is a significant concern within Nottinghamshire with 131,011 adults drinking at harmful levels with an additional 21,623 who are alcohol dependent. It is worth noting that these figures are likely to be under-estimates due to the hidden nature of some substance misuse.

7. Change, Grow Live (CGL), the provider of the Nottinghamshire substance misuse treatment and recovery service, are supporting individuals who are using NPS problematically as well as providing a treatment and recovery service for all residents of Nottinghamshire who wish to engage for their substance misuse.
8. The ASCPH Committee approved in October 2018 the re-procurement of an all age substance misuse treatment and recovery service in light of the updated substance misuse JSNA and within the context of a reducing public health grant.
9. At the Nottinghamshire County Council Full Council meeting on the 20<sup>th</sup> September 2018 it was agreed that a report would be brought to ASCPH committee to update members on the number of referrals into the substance misuse treatment and recovery service where NPS is identified as an issue and to update members what further action is taking place to address NPS use in Nottinghamshire.

## **Nottinghamshire Referral Data for NPS**

10. In 2017/18, CGL supported 113 individuals for NPS use out of a total of 3,968 individuals receiving structured substance misuse treatment (equating to 2.8%) and within the context of 11,401 unique individuals who are receiving support their substance misuse (June 2017- June 2018).
11. The most up to date data shows that for the time-period 1st April to the 31st December 2018, this figure has now risen to 130 individuals supported with NPS use (and notably is only nine months so not a full year's worth of data) (see Appendix 1 for the data). This shows that there has been a slight increase in presentations to CGL where NPS is listed as a drug which has been used.
12. However, there are some key limitations to this data. The data used to determine the size of the local drug problem described above is "*Number of referrals received, where NPS is listed as Drug 1, 2 3 & other drug*". Therefore, while this data gives an overall picture of how NPS are being used by all clients in contact with CGL, it doesn't reflect the frequency/intensity of NPS use. Thus, some of the data captured may be where a user has reported a single use of NPS.
13. It is also known nationally that a majority of NPS users have a number of complexities such as homelessness, mental health, physical health issues and poly substance misuse (the use of more than one drug at any one time). This limits the ability for people to actively engage in

treatment services. Within Nottinghamshire through the commissioning of the outreach workers within three districts, CGL have been able to work pro-actively in community settings (on the streets in most cases) with a larger number of NPS users. Data will show that prior to this initiative there was a lower number of NPS users within treatment.

14. There are also difficulties within the criminal justice system regarding treatment requirement orders for people misusing NPS. Therefore, people coming into treatment through mandatory routes is limited (compared to other substances such as heroin and alcohol where orders are given with relative ease).

### **What is happening to address this issue locally?**

15. Nottinghamshire County Council engaged with partners including local NHS and Police through the Safer Notts Board Community Safety Partnerships to address NPS use among the vulnerable adult population. A working group convened by Public Health proposed a model of working which engaged all the agencies required to support these vulnerable adults, this was presented at the Safer Notts Board in September 2018.
16. There are assertive outreach workers which cover all districts currently funded by the Office of the Police and Crime Commissioner with additional funding through District Councils. There are three assertive outreach workers in place (seconded from CGL), who work with the most vulnerable adults in local communities, many of them who are on the streets and visibly using NPS drugs. The assertive outreach workers provide care co-ordination to ensure these individuals can get access to the critical services they need. Appendix 1 below demonstrates that CGL are mostly supporting individuals who use NPS in those districts where NPS use is most visible (Mansfield and Bassetlaw). Although NPS use is clearly a visible problem in some local communities, evidence from the current assertive outreach work taking place across the county has identified that housing and mental health are the primary issues, with substance misuse being a result of these problems.
17. There has been anecdotal information that the community is now reporting less visible NPS use and subsequent concerns within Bassetlaw and Ashfield, following the successful implementation of the outreach project and its a multi-agency approach.
18. As part of the task set by Safer Notts Board to find a long term financial solution to the existing assertive outreach work, working in partnership the District Councils, Nottinghamshire County Council, Framework and CCGs have submitted a bid to Ministry of Housing, Communities and Local Government (MHCLG) for the Rough Sleeping Initiative (RSI) funding. This funding stream is to support Local Authorities reduce homelessness on the back of the National Homelessness Strategy. It is proposed that if the bid is successful then this funding will be used to continue the excellent assertive outreach work being undertaken within the districts to support vulnerable adults who are using NPS as well as to continue the outreach homelessness service provided by Framework. The model developed by Public Health which was presented to the Safer Notts Board forms the basis for this funding bid. The additional money will also be used to ensure there is suitable accommodation for vulnerable adults within Nottinghamshire as it is recognised that this is a gap in the current provision.
19. The initial expression of interest bid submitted on the 14<sup>th</sup> January 2019 is for a total of £550k (with a total of £330k as match funding through confirmed partnership monies). Notification was

given by MHCLG that Nottinghamshire passed through stage 1 and a final application was then submitted on the 14<sup>th</sup> February 2019. Given that the 2019/20 RSI funding is intended to support interventions that can be set up and delivered at pace in order to have an impact on Rough Sleeping numbers next year, the final notification as to whether Nottinghamshire has been successful is expected in early/mid-March 2019. If however the RSI funding bid is not successful, a fallback position is also in place. District Councils have allocated some finances, Public Health has provided £185k from the substance misuse partnership fund and Framework have allocated funding to support the continuation of assertive outreach work. Discussions are also taking place with the CCGs and the PCC with regards to their contributions.

20. A Spice Summit took place on 5<sup>th</sup> February 2018 organised by Ashfield District Council and Gedling Borough Council to discuss options to support vulnerable adults who are using NPS. At this meeting the RSI was discussed and officers from the District and Borough Councils, Nottinghamshire Police, CGL, Framework and Public Health agreed that, if successful, the RSI would be best mechanism to support these vulnerable adults and that suitable accommodation is a critical component in which to support these adults based on a 'housing first' model.

### **Reasons for Recommendations**

21. At Nottinghamshire County Council Full Council meeting on the 20<sup>th</sup> September 2018 it was agreed that a report would be brought to ASCPH to update members on the number of referrals into the Nottinghamshire substance misuse treatment and recovery service where NPS is identified as an issue.

### **Statutory and Policy Implications**

22. 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**

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

### **Financial Implications**

24. There are no financial implications within this paper.

## **RECOMMENDATIONS**

It is recommended that the ASCPH Committee:

- 1) Consider whether there are any actions they require in relation to the issues contained within the report
- 2) Receive further information on a 6-monthly basis on the number of service users presenting to CGL where NPS is stated as a drug used. The next report will be presented at October's ASCPH Committee.
- 3) Receive an update on the outcome of the RSI bid to MHCLG.

**Jonathan Gribbin**  
**Director of Public Health**

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**Constitutional Comments (EP 15/03/2019)**

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

**Financial Comments (DG 15/03/2018)**

26. The financial implications are contained within paragraph 24 of this report.

**Background Papers and Published Documents**

27. None

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

- All will be affected

**Appendix 1**

### **CGL recorded NPS referrals broken down by District**

<b>Districts</b>	<b>Number of referrals received, where NPS is listed in Drug 1, 2, 3 &amp; other drug (1<sup>st</sup> April 17 – 31<sup>st</sup> March 18)</b>	<b>Number of referrals received, where NPS is listed in Drug 1, 2, 3 &amp; other drug (1<sup>st</sup> April 18 – 31<sup>st</sup> Dec 18)</b>
Ashfield	12	18
Bassetlaw	35	40
Broxtowe	2	6
Gedling	4	5
Mansfield	43	40
Newark and Sherwood	14	14
Rushcliffe	3	7
<b>Total</b>	<b>113</b>	<b>130</b>







**1 April 2019****Agenda Item: 6**

## **DOMESTIC ABUSE SUPPORT SERVICES PROCUREMENT**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

#### **Purpose of the Report**

1. To describe the rationale, scope, model and funding of a service to support residents of Nottinghamshire who experience Domestic Abuse, enabling them to understand and recognise abuse, safety planning, information, advice and support to take action and improve their overall wellbeing.
2. To seek approval for the service model, funding allocation, re-procurement approach, recommended contract duration, and permission to award the Contract to the Bidder offering the most economical advantageous tender.

#### **Information**

##### **Strategic Context**

3. Tackling Domestic Abuse is a strategic priority for both the Safer Nottinghamshire Board and the Health and Wellbeing Board (HWB) [Health and Wellbeing Strategy 2018-2022](#). Domestic Abuse services also contribute to achieving the Nottinghamshire County Council Plan [Your Nottinghamshire, Your Future 2017-2021](#) commitment to make Nottinghamshire a great place to bring up a family, specifically Commitment 1: *Families prosper and achieve their potential* and Commitment 2: *Children are kept safe from harm*.
4. The newly revised and updated [Nottinghamshire Domestic Abuse JSNA 2019](#) sets out the needs of local people. Based on prevalence estimates from the [Crime Survey England & Wales March 2018](#), 20,464 persons (14,360 women and 6,104 men) are thought to have experienced domestic abuse in the previous 12 months in Nottinghamshire. Whilst Domestic Abuse is often under-reported, Police recorded crime in Nottinghamshire rose from 5,808 between July 2016 – June 2017 to 6,645 between July 2017 - June 2018 equating to a 14.4% increase in reporting.

##### **Current Commissioned Services**

5. The County Council's commissioned services were accessed by 2391 women, men and children in 2017/18, and 883 over 16s were assessed as being at high risk of harm, leading to a referral to the MARAC (Multi-agency risk assessment conference). The MARAC is a

weekly information-sharing forum attended by a range of agencies, key among whom are the IDVAs (Independent Domestic Abuse Advocates) who provide dedicated support to survivors. The number of referrals to MARAC is estimated to be 10% higher in 2018/19 than in 2017/18.

6. Services are facing increasingly complex and difficult cases but continue to meet and often exceed outcome indicators which measure: improved wellbeing (reduced social isolation, increased confidence, ability to cope), ability to recognise abuse, safety, access to criminal justice, understanding of support options and stronger family relationships. Quality Assurance visits further evidence that the services provided are robust, well received by service users and provide good value for money.
7. Whilst the focus is on people at high risk, services also support people at lower levels of risk. Nottinghamshire services also participate in [Change that Lasts](#), a programme which aims to ensure a more mixed economy of risk and needs based services and approaches.
8. The current contract commenced 1 October 2015 with a duration of 3+1+1 years. Committee approval for Public Health Commissioning Intentions extended current contracts for Domestic Abuse services to March 2020 (contract duration 4½ years). The contract is split into: Community-based Support Services (north and south), the Helpline and support for refuges in Bassetlaw and Mansfield.
9. Domestic Abuse services are funded and jointly commissioned by NCC through Public Health and by the Police and Crime Commissioner (PCC). The table below sets out current funding responsibilities.
10. It should be noted that the budget for this service has been reduced slightly over the term of the contract in line with the requirement for NCC to achieve savings and that providers' own fundraising and involvement of volunteers complements our investment to address the needs of survivors.

Funded by	Amount	Service Element
Public Health	£970,259	Community-based support services, Helpline, Refuge
PCC	£ 469,496 TBC	Community-based support services, Helpline
<b>Total</b>	<b>£1,439,755</b>	

### The County Council's ambition

11. The County Council's ambition is informed by the constraints of the budget (there is no additional funding) and increasing need. The intention is to sustain the quality of the outcomes which residents of Nottinghamshire benefit from, and achieve this within the current fixed funding envelope.
12. The [Nottinghamshire Domestic Abuse JSNA 2019](#) includes an extensive literature search which has updated the evidence and addressed emerging issues. NICE Guidance was reviewed in 2018 and confirms its recommendations in relation to the range of specialist

services which should be made available. Whilst other aspects of domestic abuse are considered in the JSNA, NCC commissioned services focus on the support needs of victims and survivors.

13. Service commissioning will be split into:

- Community-based support services including support for two refuges
- Helpline

14. The new contract will continue to ensure that service interdependences are fully addressed.

## **Community-based support Services**

15. Service scope and outcomes

- The service will address the needs of survivors: women, men, children and young people, as well as teenagers who may be at risk in their own relationships.
- Service outcomes will measure improved wellbeing (reduced social isolation, increased confidence, ability to cope), ability to recognise abuse, safety, access to criminal and civil justice, understanding of support options and stronger family relationships.

16. What the Service will do

- Ensure sufficient IDVAs (Independent Domestic Abuse Advocates) to support adults at high risk (often where children are involved) going through the Multi Agency Risk Assessment Conferences (MARACs) or whose partners are being prosecuted for offences against them and are going through the court process.
- Administer the MARACs held alternate weeks in the north and in the south of the County
- Provide one-to-one and group work support for survivors at medium and standard risk
- Offer locally-based drop-ins for information, advice and support
- Freedom Programme - domestic abuse awareness programme for women
- Offer dedicated children and young people's workers through one to one support and group work
- Provide a separate male service run along same lines as for women, including referral to MARAC
- Provide joint multi-agency training
- Provide support to two refuges (Bassetlaw and Mansfield)

17. How the Service will deliver

- Noting the gendered nature of Domestic Abuse, the service will provide separate services and venues for women and men
- Noting the need to be responsive to local needs i.e. the service will be place-based and will work with other services to offer this e.g. Children's Centres
- Assessment following referral from other agencies using the Domestic Abuse, Stalking and Harassment checklist (DASH), or by self-referral
- Noting the number of children on Child Protection Plans 'with DV' (domestic violence), where appropriate, some services will be co-located with and work closely with Children's Social Care.

## **Support for Two Refuges**

18. There are currently four women's refuges in Nottinghamshire: Bassetlaw, Mansfield, Broxtowe and Newark. These are owned by two Registered Social Landlords (RSLs). The cost to any individual using this accommodation is met through housing related benefits, so is outside the scope of this procurement. In terms of the wider housing context, a report has been commissioned that will map housing with support across the County from ARK consultancy and this will include refuges.
19. Historically, when the tender was procured in 2015, the refuges in Broxtowe and Newark opted to remain independent and source funding via the MHCLG (Ministry of Housing, Communities and Local Government).
20. The current contract funds support for staffing costs to the two refuges in Bassetlaw and Mansfield and the intention is to include this within the Community based support services tender.

## **Helpline**

21. The Nottinghamshire 24 Hour Freephone Domestic and Sexual Violence Helpline is currently provided by Women's Aid Integrated Services (WAIS). This service is an important component of the system. The Helpline covers both City and County and WAIS owns the telephone number which is well-known across the County. The Helpline has always relied on the support of a number of funders to meet the cost of delivery. Comparisons with other similar services have shown this Helpline to be cost effective. County survivors and practitioners account for approximately 20% of all usage and the current NCC and PCC contribution is proposed to be maintained at £84,894, approximately 29% of the total cost.
22. Given that the full stand alone cost of a 24 hour helpline would be over £350,000, the County would be unable to fund this independently, therefore Public Health is seeking agreement to explore a partnership agreement from 1 April 2020 with Nottingham City Council to continue the delivery of the Helpline. This would ensure that the contract term is the same for both commissioners and strengthen the contractual arrangements between the three main partners (NCC, Nottingham City and PCC). These changes would also reduce the administration and reporting required from the Provider and allow more of the funding to be allocated to service delivery. Public Health intends to further promote the helpline to increase awareness.

## **Funding**

23. The Service is contained within budget and met from the Public Health Grant and the PCC. The Public Health Grant may change, therefore service developments are within the agreed budget envelope that is affordable for this service. The table in paragraph 10 above sets out current funding responsibilities.

## **Procurement approach**

24. Public Health seeks agreement to retender in 2019/20 in order to deliver new services from 1 April 2020. This will enable Public Health and the PCC to respond to updated guidance, explore the market and ensure value for money.
25. Community-based Support Services – Public Health seeks agreement to commission support services through a competitive tendering approach.
26. Helpline – Public Health seeks agreement to explore entering into a partnership agreement from 1 April 2020 with Nottingham City Council to continue the delivery of the Helpline. Nottinghamshire has access to the Helpline which offers advice and access to support for survivors and professional staff, 24 hours per day, however Nottinghamshire's usage is 20% of total calls and the County's funding contribution would be insufficient to sustain this service alone.

### **Contract duration**

27. It is recommended that the contract length for Community-based Support Services should be up to eight years, comprising an initial contract term of four years with options to extend by up to four years (i.e. 4+2+2).

### **Next steps and subsequent Committee involvement**

28. Subject to approval by Committee, the next steps and key milestones are as follows:

May- June 2019	Develop specification and consult with the market
July 2019	Invitation to tender
September 2019	Submission of bids
September/October 2019	Review bids
December 2019	Award contract
January 2020 – March 2020	3 months mobilisation
1 April 2020	Service commences

### **Other options considered**

29. Other options – delay retendering for 6 months to 30 September 2020 as there is still 6 months of the contract period remaining. Services must be procured by October 2020 at the latest, however this option would not bring the contract in line with the financial year.

### **Reasons for recommendations**

30. The re-procurement is informed by a refreshed Domestic Abuse JSNA which identifies increased need and evaluates the evidence. The timescales meet the requirements of both NCC and the PCC.

## **Statutory and Policy Implications**

31. 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**

32. This report has been written with the support of the Office of the Police and Crime Commissioner. Domestic Abuse is a key priority of the Safer Nottinghamshire Board, and the Domestic and Sexual Abuse Executive, which is a sub-group reporting to the SNB.

### **Data Protection and Information Governance**

33. All data protection and information governance procedures will be followed recognising that there is a sensitivity and vulnerability of the group supported. A Data protection Impact Assessment will be completed for this Service.

### **Financial Implications**

35. The Service is contained within budget and met from the Public Health grant. The Public Health Grant may change, therefore service developments are within the agreed budget envelope that is affordable for this service.

### **Human Resources Implications**

36. No HR implications as this is a commissioned service.

### **Human Rights Implications**

37. No known human rights implications,

### **Implications in relation to the NHS Constitution**

38. No known NHS Constitutional implications.

### **Public Sector Equality Duty implications**

39. An Equality Impact Assessment will be completed on the Service Specification.

### **Smarter Working Implications**

40. No smarter working implications.

### **Safeguarding of Children and Adults at Risk Implications**

41. All services are developed to reduce risk and safeguard survivors and their children. Specifically Children's Social Care and Adult Social Care are core agencies of the MARAC, and the MARAC works in partnership with the MASH.

### **Implications for Service Users**

42. Services provide evidence based, timely and tailored support for survivors and their children at a time of crisis and ongoing support to survivors to help them rebuild their lives.

### **Implications for Sustainability and the Environment**

43. No known Sustainability implications

## **RECOMMENDATIONS**

- 1) That Committee approve the service model set out in the report and the retender of the community based support services and award of the contract to the bidder offering the most economically advantageous tender
- 2) That Committee approve the exploration with the City Council of a partnership arrangement for the Helpline service
- 3) That Committee receive an update on the services following contract award

**Jonathan Gribbin**  
**Director of Public Health**

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### **Constitutional Comments (CEH 28/02/2019)**

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

### **Financial Comments (DG 27/02/2019)**

45. The financial implications are contained within paragraph 35 of this report and is subject to the continued contribution by the OPCC.

### **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.

- Commissioning Intentions Paper – February 2018 – Adult Social Care and Health Committee

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

- All will be affected.



**1<sup>st</sup> April 2019****Agenda Item: 7****REPORT OF THE SERVICE DIRECTOR, STRATEGIC COMMISSIONING,  
SAFEGUARDING AND ACCESS****PROPOSED INCREASES IN FEES FOR INDEPENDENT SECTOR ADULT  
SOCIAL CARE PROVIDERS, DIRECT PAYMENTS AND OTHER CHARGES****Purpose of the Report**

1. To advise Committee of the application of inflationary increases for care and support services purchased from independent sector providers.
2. At Full Council on 28<sup>th</sup> February 2019, Members approved the allocation of £7.483m to meet provider cost pressures arising from the impact of the National Living Wage for 2019/20. This report now seeks Committee approval for the proposed distribution of the £7.483m of fee increases to independent sector care and support providers across the different adult social care services.
3. To seek approval to increase the Older Adults care home fees in line with the 'Fair Price for Care' agreed inflation calculation as detailed in **paragraph 22**.
4. To seek approval to increase Younger Adults residential and nursing care placements.
5. To seek approval to increase the fees for Home Care, Extra Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision.
6. To seek approval to increase the charge for meals and transport from 8<sup>th</sup> April 2019.
7. To seek approval for the fee increases to be effective from 8<sup>th</sup> April 2019 to align with the payment cycle for the new financial year.

**Information****The Care Act 2014**

8. The Care Act 2014, places statutory duties on councils to ensure there are sufficient care and support services in the local care market to meet the needs of all people in the area who require care and support. This includes services for people who arrange and

manage their own care and support services, through the use of Direct Payments, and for people who fund their own care and support.

9. The Care Act also places a duty on councils to ensure provider sustainability and viability. Section 4.31 of the Care Act statutory guidance relates to the role of councils, as part of their market shaping duties, in ensuring that fees paid to providers are sufficient to enable them to meet their employer duties and responsibilities.

*“When commissioning services, local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages of care and agreed quality of care. This should support and promote the wellbeing of people who receive care and support, and allow for the service provider ability to meet the statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow for retention of staff commensurate with delivering services to the agreed quality, and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary to provide this assurance, taking account of the local economic environment.” (p48).*

### **Implementation of the National Living Wage from April 2016**

10. In line with national legislation the Council has uplifted fees in line with the National Living Wage.

### **Employer Pension Contribution**

11. 3% of gross pay has to be paid by employers. This 1% increase has been taken into account in setting the Council budget and fee increases.

### **The Budget**

12. The Council's net budget for adult social care and health is £203m for 2019/20, with a gross budget of £381m. The vast majority of this is spent on care and support services that are commissioned externally from both private and voluntary sector providers through contractual arrangements. The Council's gross budget allocations for externally provided care and support services for 2019/20 are broken down as follows:

<b>Area of service</b>	<b>Budget</b>
Care Home placements - Older Adults	£80.2m
Care Home placements - Younger Adults	£47.5m
Home care services	£18.5m
Supported Living services	£46.1m
Direct Payments	£41.6m

### **Care and support services in Nottinghamshire**

13. The total number of people funded by the Council in long term residential or nursing care placements was 2,963 as at the end of January 2019. This includes those individuals who are residents of the County but who have chosen to live in a care home in another part of the country.

14. The Council also commissions a range of care and support services such as home care, supported living and day care services from independent sector providers to help people to remain living independently in their own homes. As at the end of January 2019, there were 6,515 people receiving community-based care and support services, based on their eligible needs, across all service user groups. People accessing care and support services are required to contribute to the cost of these services in accordance with their financial circumstances and based on a financial assessment. Some service users will be meeting the full cost of their care.
15. The Council also commissions a range of carers support services which aim to help carers to continue with their caring duties. These services include information and advice and one-off support or on-going services, including short breaks provision, to approximately 3,164 carers. Many of these services are delivered through a Direct Payment.

### **Proposals for fee increases from April 2019**

16. In April 2019, the National Living Wage (NLW) will increase from £7.83 per hour to £8.21 per hour for people aged 25 years and over. At the same time the NLW for 18-24 year olds will increase from £7.38 to £7.70 per hour. In anticipation of the cost pressures in social care arising from this increase, a further £7.483m has been allocated to the Department's base budget to be applied to adult social care services commissioned from independent sector providers.
17. With the exception of the Older Adults banded Care Homes in Nottinghamshire the inflationary increase relates directly to the increase in NLW and employer pension contributions so the proposed percentage uplifts by service vary from 3.3% up to 5.8% according to the proportion of the current fee that is directly staff related.

### **Older Adults Residential and Nursing Care Home Provision**

18. The department has undertaken a number of exercises over recent years to ensure that it meets its legal duty in taking account of the cost of care and ensuring a sustainable market across the County. During 2012, the Council completed a comprehensive review of its 'Fair Price for Care' framework and fee levels for independent sector older persons' care homes. Subsequently, a new fee structure and fee levels based on five quality bandings was approved by Policy Committee in February 2013. At the same time, Members approved the application of an annual inflation-linked fee increase to be applied annually to independent sector older persons' care home fees.
19. In addition, since 2016 additional increases have been approved in line with the cost of the National Living Wage.
20. A further review of the Fair Price for Care was initiated in 2018, with the report received from LaingBuisson in November 2018. The work also includes a review of the Quality Audit Tool (QAT) that determines the fee band that each home will be paid at and the Dementia Quality Mark (DQM) payment.

21. The costs identified are broadly in line with the current fees being paid with the exception of some outliers that cannot be explained and on that basis the Council proposes to continue using the current Fair Price for Care indices previously agreed.
22. Therefore it is proposed that a 4.26% increase is applied across all older adults care home provision within Nottinghamshire. This is the combination of the increase relating to the increase in the NLW for staffing and an increase relating to other inflationary cost pressures in accordance with the Fair Price for Care indices. The table below outlines the current weekly fee levels and the proposed weekly fee levels to be applied from April 2019:

Care Home Banding	<b>Proposed Fee 2019/20 Care Home</b> (current fee)	<b>Proposed Fee 2019/20 Care Home including DQM Payment**</b> (current fee)	<b>Proposed Fee 2019/20 *Nursing care</b> (current fee)	<b>Proposed Fee 2019/20 *Nursing care including DQM Payment</b> (current fee)
Band 1	£473 (£454)	£487 (£467)	£514 (£493)	£525 (£504)
Band 2	£525 (£504)	£579 (£555)	£589 (£565)	£635 (£609)
Band 3	£558 (£535)	£609 (£584)	£620 (£595)	£667 (£640)
Band 4	£571 (£548)	£621 (£596)	£633 (£607)	£680 (£652)
Band 5	£588 (£564)	£640 (£614)	£651 (£624)	£696 (£668)

*\*For all care homes with nursing, the above fee levels are net of Funded Nursing Care contribution which was set at £158.16 per person per week in April 2018 and which may be increased for 2019 in line with inflation related costs. The Clinical Commissioning Groups (CCGs) fund and administer this element of the fee.*

*\*\* DQM – Dementia Quality Mark Payment – those homes which provide high quality care and meet the Council's Dementia Quality Mark will receive an enhanced payment for those residents whose primary care requires complex dementia care.*

23. The review of the QAT and also the DQM will continue in partnership with the Nottinghamshire Care Association and will come back to Committee to seek approval for any changes.

### **Younger Adults residential and nursing care home provision**

24. Fee levels for younger adults residential and nursing care home provision are negotiated and commissioned via the Dynamic Purchasing System (DPS) with the care home providers on an individual basis based on the specific needs of the service user.

In many cases, the fees have previously been determined through the use of the 'Care Funding Calculator' which is a widely recognised tool, used by many health and social care commissioners as it enables value for money considerations and provides a useful means of benchmarking the cost of complex care across the region.

25. Since 2016 additional increases have been approved in line with the cost of the National Living Wage.
26. It is proposed that a 3.4% increase is applied to all younger adults' care home provision to cover the increase in the National Living Wage and employer pension contributions.

### **Home based care, Extra Care and supported living services**

27. Home based care, Extra Care and supported living services are subject to market testing through competitive tender processes on a regular basis, usually every 3 – 5 years. Tendering provides the Council with the opportunity to test the market through an open and transparent competitive process in order to seek best value from providers.
28. Following the completion of the tender for home based care and Extra Care services in 2018/19, new contracts were awarded to four 'Lead providers', each covering a large geographical area based on district council boundaries. 'Additional providers' are also contracted to supply care to supplement the lead providers.
29. The above contracts do not require the Council to apply an annual inflationary increase.
30. Since 2016 increases have been approved in line with the cost of the National Living Wage.
31. It is proposed that a 3.8% increase is applied to 'Lead' and 'Additional' contracted home based care and supported living and 4.13% is applied to Extra Care services.
32. Where a provider's rate is above the upper rate of the 'Lead' or 'Additional' providers operating in the same geographical area no uplift will be applied.

### **Day Care Services**

33. The Council has established matrix rates for internal day services, based on the following categories, reflecting their levels of need. It is proposed that a 3.49% increase is applied to all externally commissioned day services. The table below outlines the current weekly matrix levels and the proposed weekly fee levels to be applied from April 2019:

	<b>2018/19</b>	<b>2019/20</b>
Complex needs	£34.75 per session	£35.96 per session
High level needs	£17.92 per session	£18.55 per session
Medium level needs	£12.69 per session	£13.13 per session
Low level needs	£8.74 per session	£9.05 per session
1:1 support	£11.17 per hour	£11.56 per hour

34. Since 2016 increases have been approved in line with the cost of the National Living Wage.

### Shared Lives Services

35. Payments to Shared Lives carers are made at banded rates which are based on the complexity of the needs of the person placed with them. Nottinghamshire has a five banded rate schedule shown in the table below. For long term placements the payment to the carer is made up of three elements. These are room rent which is usually paid through housing benefit, a personal contribution currently set at £8 per night (£56 per week) and is a payment towards food and bills, and payment made for care costs by the County Council. The table below shows the gross payment made up of these elements;

Service User need level	Current gross payment to shared lives carers per week 2018/19	Proposed gross payment to carers per week with £15 flat rate increase in 2019/20
Basic	210.68	225.68
Low	322.86	337.86
Medium	455.29	470.29
High	600.85	615.85
Complex	866.80	881.80

36. It is proposed that the payment to carers is increased by a flat rate increase at all bands of £15 per week. This increase recognises increased costs and allows for a slightly higher proportionate increase at the lower bandings. It takes into account that payments at the lower bands have fallen behind the national averages for Shared Lives Carers as described by Shared Lives Plus, the umbrella organisation for Shared Lives schemes. In addition to this it is recommended that the contribution to food and bills which is paid by the service user is increased by £1 per night to £9 per night (£63 per week). This payment made directly from the service user has not been increased since it was first introduced in 2013.

### Direct Payments

37. Since 2016 the rates for Direct Payments have been increased in line with National Living Wage.
38. It is proposed that a 5.82% increase is applied to Direct Payment **personal assistant** (PA) packages. A Direct Payment is where the service user receives an amount of money directly from the Council for their care costs. They then employ personal assistants directly to support them. This increase will take the basic rate for 2019/20 to £11.16 per hour.
39. The amount of increase applied for Direct Payments provided through home care agencies or supported living providers may vary depending on the providers' existing hourly rates, so where a home care provider's rate is above the rate of the Lead or

Additional provider operating in the same geographical area, the Council will not automatically apply the rate increase. Any increase to be applied will be determined on a case by case basis depending on the needs and circumstances of the individual service user, at point of review.

### **Sleep-in provision**

40. In order to ensure that the National Living Wage and overheads can be paid for all hours covered by sleep-in provision, it is proposed to increase the rate by 5.7% to £91.62 per night.

### **Proposals for charges – non-direct care provision**

#### **Meals**

41. Acknowledging the increasing costs of providing meals and as the Council moves towards full cost recovery it is proposed to set a charge of £4.50 for all hot meals provided by the Council's Meals at Home service and within the Council's own Day Services from 8<sup>th</sup> April 2019.

#### **Transport**

42. In line with Transport policy and as the Council moves towards full cost recovery, it is proposed to increase the daily charge for transport services from £9 to £9.50 per day from 8<sup>th</sup> April 2019.

#### **Assistive Technology – Service Charge/Call monitoring**

43. It is proposed to retain the existing charge of £2 per week as the service is currently being reviewed.

#### **Assistive Technology – Rapid Response service charge**

44. It is proposed to retain the existing charge of £9.55 per week as the service is currently being reviewed.

#### **Deferred Payment Scheme**

45. The Deferred Payment Scheme charges a one-off fee of £195 for Legal support and £235 for administration on set up. It is proposed to retain the existing charge.

#### **Appointeeship charge**

46. Appointeeship is when the Council acts on behalf of an individual; it has responsibility for managing money, making and maintaining benefit claims, reporting change of circumstances. To act as Appointee the Council charges £12 per week if the client has over £1,000 in their account. The appointeeship service is being separately reviewed so until the conclusion of that review it is proposed to retain the existing charge.



## Deputyship charge

47. Deputyship has the same responsibility as being an appointee but also the additional protection of managing someone's assets, savings or property. These charges are set by the Court of Protection and remain as follows:

Fee Type	Cost
Application Fee	£385
Work up to date of Order	£745
Work up to 1 <sup>st</sup> anniversary	£775
Work up to 2 <sup>nd</sup> and subsequent anniversaries	£650
Property Fee, due on anniversary of Order and on completion of sale of property	£300
Annual Report Fee, due on submission of report	£216
Tax Return Fee	Use accountants
Winding Up Fee	£375
Short order	3.5% of net assets (if net assets are below £16000)
Travel Cost	£40/hr

## Brokerage charge

48. For people who fully fund their care but wish the Council to broker their service a charge of £10.26 per month is applied. It is proposed to leave this unchanged for 2019/20.

## Other Options Considered

49. The Council has a legal duty under the Care Act 2014 to ensure a sustainable social care market across the County. The increases in the NLW are also legally binding.

## Reason/s for Recommendation/s

50. The Council has a statutory duty to have in place a range of care and support services for people who meet national eligibility criteria, either directly through its internal services or through commissioned services from external providers. This statutory duty extends to ensuring that there is a viable and sustainable market of social care providers who are able to deliver the required services.
51. Consideration has been given to the current fee levels paid to care and support providers within the context of the increasing cost pressures arising from the impact of the NLW. The proposed fees increases should help providers to continue to deliver care and support services at a time when they are facing substantial increases in their costs, most of which relate to staff pay and terms and conditions of employment.



## **Statutory and Policy Implications**

52. 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.

### **Implications for Service Users**

53. The Council has a statutory duty to ensure there is sufficient provision of a diverse range of services to meet people's social care and support needs. An increase in fees paid by the Council to independent sector care and support providers will help to ensure that there are sufficient and viable services within the local market to meet current and future needs.

### **Financial Implications**

54. £9.297m has been added to the Department's budget for 2019/20 and any costs over and above this will need to be met from within the departmental budget.
55. The ongoing cost pressures arising from the impact of the NLW have been built into the Council's Medium Term Financial Strategy as approved by Full Council in February 2019.

### **Human Resources Implications**

56. The information and proposals contained in this report relate to externally provided care and support services and do not have a direct impact on internal staffing. Any increases in staff pay across the social care sector will help to ensure that the Council is able to commission appropriate levels of care and support services from independent sector care and support providers.

### **Public Sector Equality Duty Implications**

57. This allocation of fee increases to meet NLW cost pressures should help to ensure that the services continue to be sustainable and that providers remain financially viable following the further increase in the NLW for over 25's from £7.83 to £8.21 per hour, and for 18-24's from £7.38 to £7.70 per hour

## **RECOMMENDATION/S**

That the Committee:

- 1) approves the proposed distribution of £7.483m of fee increases to independent sector care and support providers across the different adult social care services related to the further increase in the National Living Wage from April 2019

- 2) approves the increase in Older Adults Care Home fees in line with the 'Fair Price for Care' agreed inflation calculation
- 3) approves the fee increases for younger adult residential and nursing home care placements
- 4) approves the fee increases proposed for Home Care, Extra Care, Supported Living, Day Care, Shared Lives, Direct Payments and Sleep-in provision
- 5) approves the increases for other non-direct care provision
- 6) approves that the fee increases be effective from 8<sup>th</sup> April 2019 to align with the payment cycle for the new financial year.

**Paul Johnson**

**Service Director, Strategic Commissioning, Safeguarding and Access**

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#### **Constitutional Comments (AK 13/03/2019)**

58. The Adult Social Care and Public Health Committee is the appropriate body to consider the contents of the report by virtue of its terms of reference. Under the Council's financial regulations Committees are responsible for controlling expenditure within approved budgets.

#### **Financial Comments (KAS 14/03/19)**

59. The financial implications are contained within paragraphs 54 and 55 of 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.

Fair Price for Care – Older Persons' Care Home Fees – report to Policy Committee on 13<sup>th</sup> February 2013  
Annual budget 2019/20 – report to Full Council on 28<sup>th</sup> February 2019.

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

All.

ASCPH629 final2

**1 April 2019****Agenda Item: 8****REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE****PROCUREMENT OF A NEW FRAMEWORK AGREEMENT FOR THE  
MAINTENANCE AND REPAIR OF FIXED LIFTING EQUIPMENT IN DOMESTIC  
SETTINGS****Purpose of the Report**

1. To seek approval for the procurement of a new Framework Agreement for the maintenance and repair of fixed lifting equipment (hoists and lifts) in domestic settings.

**Information**

2. Nottinghamshire County Council provides eligible service users with a managed Home Based Care and Support Service. If these service users have hoists installed as an aid to assist movement and Care Workers are required to use this equipment, the Council has a statutory duty to maintain and repair the equipment to ensure the equipment is fit for purpose, safe to operate and is regularly inspected.
3. One of the Council's key strategic intentions is to support people to live independently in their own home for as long as possible. The overarching model for Home Based Care and Support Services has been developed to support this intention bringing together services that will help to deliver the principles laid out in the Care Act 2014. The use of lifting equipment supports this strategic intention and links directly with Home Based Care and Support Services.
4. The use of ceiling track hoists has a direct relationship to the Adult Social Care Strategy. They can improve independence, choice and control outcomes for service users and their carers, as often one carer is able to use the equipment safely. This can reduce the size of care packages. They are cost effective for the Local Authority, saving money and freeing up Home Care capacity. Therefore, there will be a growing need for fixed ceiling track hoist installations.
5. The existing maintenance contract for the service and repairs of lifting equipment ends on 31<sup>st</sup> March 2019. It was established on 2<sup>nd</sup> January 2014 for two years, with the option to extend each year, for a further two years.

6. The maintenance list includes lifting equipment provided via the Disabled Facilities Grant and as a special minor adaptation through the Integrated Community Equipment Loan Scheme (ICELS) contract. Specifically, fixed ceiling track hoists, vertical lifts, and stair lifts provided before 2010.
7. The current maintenance contract is divided between the service and repairs element, provided by PRISM, and the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks, provided by British Red Cross (BRC); this is a separate arrangement to the ICELS contract. The existing contract values for 2018/19 are:
  - service and repair of lifting equipment (PRISM): £38,353 per year
  - six-monthly LOLER check (British Red Cross): £21,504 per year
  - total annual budget forecast: £59,858
8. Adult Social Care, Health and Safety and Legal departments have been consulted. The advice given is that the legislation indicates that the six monthly LOLER check must not be undertaken by the same engineer or technician as the installation, maintenance or repair. However, the legislation does not state that this has to be delivered by separate contracts or providers.
9. The aim is to develop a cost effective Framework Agreement for a single provider to cover the service, maintenance and repair of lifts and hoists in domestic settings. The provider will also be required to inspect the lifting equipment in order that the equipment meets the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).
10. The objective of the Framework Agreement is to ensure that the fixed lifting equipment is maintained on a regular basis to ensure health and safety requirements are met and that the people using the equipment or being moved with it are safe.
11. The new contract must ensure that the qualified engineer who installs or maintains the equipment is a different person to the technician doing the LOLER inspections. The provider will be required to provide details confirming that this is met for all equipment in scope of the contract for quality assurance.
12. The proposed contract will be more cost effective for the Council than the existing two contract model, because the six-monthly LOLER checks will be embedded within the contract costing.
13. The proposed contract duration will be three years, with the option to extend monthly up to a maximum of 48 months. This will be a single provider Framework Agreement with identified equipment and location of equipment disclosed to the provider by the Council and information securely updated, on a monthly basis.
14. This will be a Nottinghamshire wide service for people of all ages who use this type of equipment, including children.

### **Other Options Considered**

15. There is no option to extend the existing contract beyond the agreed timescale required to establish a new Framework Agreement.

16. If the Local Authority decided not to procure a contract for maintenance, service and repair of lifting equipment, they would be neglecting their statutory responsibilities and could be at risk of litigation under the Health and Safety at Work Act if an accident involving the equipment occurred.

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

17. The Council has a statutory duty to ensure Health and Safety requirements relating to maintenance and repair of lifting equipment in a domestic setting are met for employees and associated commissioned services.
18. The proposed Framework Agreement will establish a specification that ensures a cost effective and quality assured service, for less money, saving the Council financially in the long term.
19. A new Framework Agreement will enable a review of the administration processes that Business Support, Purchasing and Finance provide in association with the maintenance contract. This will lead to development of practice guidance that will give clarity and accountability for the process, with the intention of quality improvement.
20. The new Framework Agreement will deliver a more coordinated service for people in their own home, with better communication between Adult Social Care and the Provider, reducing the number of complaints about the service provided.

### **Statutory and Policy Implications**

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

### **Data Protection and Information Governance**

22. The existing Provider has a summary GPDR Data Protection Impact Assessment in place and this will carry over to the new Provider.

### **Financial Implications**

23. A more cost-effective Framework Agreement is procured that will be within the current budget envelope and any savings will be advised once the framework has been put in place.

### **Implications for Service Users**

24. Children and adults of all ages using fixed lifting equipment and their carers will continue to be protected by the service and repair of fixed lifting equipment.

## **Implications for Sustainability and the Environment**

25. The maintenance, service and repair contract ensures that equipment is fully functioning and does not need replacing for new equipment when viable to repair, ensuring lower impact on the environment.

## **RECOMMENDATION/S**

- 1) That Committee approves the procurement of a new Framework Agreement for the maintenance and repair of fixed lifting equipment in domestic settings.

**Sue Batty**  
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## **Constitutional Comments (EP 12/03/19)**

26. The recommendation falls within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference. Any framework agreement entered into should be in a form approved by the Group Manager, Legal, Democratic and Complaints

## **Financial Comments (DG 15/03/19)**

27. The financial implications are contained within paragraph 23 of 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.

ASCPH635 final

**1<sup>st</sup> April 2019****Agenda Item: 9****REPORT OF THE SERVICE DIRECTOR, SOUTH NOTTINGHAMSHIRE, AND  
THE SERVICE DIRECTOR, NORTH NOTTINGHAMSHIRE AND DIRECT  
SERVICES****PROGRESS ON THE PROCUREMENT PLAN FOR SHORT TERM  
ASSESSMENT/ RE-ABLEMENT BEDS AND NEXT PHASE OF THE CARE AND  
SUPPORT CENTRE CLOSURE PROGRAMME****Purpose of the Report**

1. This report:
  - a) provides an up-date on the procurement and development of alternative services, as part of the closure programme of the Council's Care and Support Centres
  - b) further to the decision of the Full Council Budget meeting on 26 February 2015 approving the closure of the Council's six remaining Care and Support Centres, the report seeks approval of the amended dates for the final phase of this previously agreed closure programme as follows: James Hince Court in September 2019 and Bishop's Court in March 2020.

**Information**

2. Following extensive consultation which shaped the final proposal, closure of the Council's six remaining Care and Support Centres was approved by Full Council on 26 February 2015. £4.346m savings were associated with the total closure programme as set out below in table 1 below.
3. Since the original decision was agreed, the closure dates for some of the Care and Support Centres have been altered through change requests agreed by the Adult Social Care and Public Health Committee and the Improvement and Change Sub-Committee. All of this is reflected in the table below.

Table 1

Care and Support Centre	Original Target Closure Date	Recurrent Savings	Status
Kirklands, Kirkby in Ashfield	June 2016	£784,000	Complete
Woods Court, Newark & Sherwood	March 2018	£964,000	Complete
St Michael's View, Retford, Bassetlaw	May 2018	£739,000	Expected closure March 2019
Leiver's Court, Arnold, Gedling	March 2018	£678,000	Expected closure June 2019
James Hince Court, Worksop, Bassetlaw	March 2018	£594,000	By end Sept 2019 - date to be agreed
Bishops Court, Newark & Sherwood	March 2018	£587,000	By end of March 2020 - date to be agreed
<b>Total</b>		<b>£4,346,000</b>	

4. The condition of the Care and Support Centres estate is variable. Some environments are no longer fully fit for future purpose and are not an optimal model of modern provision in line with care home design principles or dementia friendly design. National minimum standards for new care homes built from 2002 onwards require a greater level of space, both personal and communal, and requirements for washing and bathing facilities are much more exacting with en-suite facilities being the norm for new care home registrations.
5. The closure of each of the Care and Support Centres requires:
  - Social Work assessment, support and transition planning with the remaining long-term residents and their families to find alternative residential care or Housing with Care placements. The majority of long term residents have become very used over several years to living in residential care and have therefore chosen to move into new care homes. Housing with Care offers a different model and it has been found that it is more likely that it will be new local people requiring significant support from social care or with unsuitable housing that are choosing to move into the Housing with Care schemes
  - phased procurement and development of short term social care assessment and re-ablement beds/apartments
  - negotiation with health partners on re-providing any NHS led short term intermediate care beds (currently only 10 Intermediate Care Beds remain, which are at James Hince Court)
  - alternative provision to meet long-term and short-term care needs being available. The Council's new Housing with Care strategy was approved by Policy Committee in June 2018 which sets out how this will happen.
  - phased work with staff in the Centres, to offer appropriate support in line with the Council's Human Resources policies.

### Progress to date

6. The proposal included a decision that from February 2015, the Care and Support Centres would not admit any further long-term residents to the homes and would, in the interim, focus on providing short term care and assessment and rehabilitation beds. The number



of long term residents has reduced over this period from more than 100 to just 11, as at February 2019.

7. **Kirklands Care and Support Centre** closed in June 2016 following the opening of the Poppy Fields Housing with Care Scheme in Mansfield. Poppy Fields includes 12 assessment and re-ablement apartments which have been successful at avoiding the need for people to move into residential care by helping people to regain their independent living skills and confidence before returning to their own homes. This evidenced that the best way to meet the broad range of people's needs is to have a mix of accommodation-based assessment and re-ablement units, some in more home-like Housing with Care Schemes and some in residential care homes.
8. **Woods Court Care and Support Centre** closed in May 2018. Gladstone House Housing with Care Scheme opened on Bowbridge Road, Newark, and includes 10 short term assessment and re-ablement apartments.

### Current position

9. **St Michael's View**, Retford, Bassetlaw, is on track to close by the end of March 2019 and all the remaining long term residents have successfully been supported to move into alternative homes. Short term assessment and re-ablement beds are not provided at St Michael's View. It does provide short term respite care which in future will be spot purchased from the independent sector, which has sufficient supply and will offer a greater range of choice to people. Priory Court Housing with Care Scheme in Worksop is opening in summer 2019, approximately eight miles from the centre of Retford. Development of a further Housing with Care Scheme in Retford is a priority in the Council's Housing with Care Strategy and options are currently being explored.
10. **Leiver's Court**, Arnold, Gedling, has an approved closure date of the end of June 2019. Two long term residents live there who are being supported to find an alternative home. Housing with Care is locally available at the St Andrew's scheme in Mapperley which opened in June 2015. A number of options are currently being explored to develop a block of 10 short term assessment and re-ablement beds with the flexibility to spot purchase an additional five to replace those currently provided at Leiver's Court.
11. **James Hince Court**, Bassetlaw - agreement being sought for final closure date. There are currently three long term residents living there. Priory Court Housing with Care scheme is due to open in Worksop in summer 2019. The Council will have nomination rights to 37 units (which includes 10 assessment and re-ablement beds), out of a total of 51 units. The following short term residential beds are also currently provided at James Hince Court:
  - 10 Intermediate Care - Bassetlaw Clinical Commissioning Group (CCG) was informed in 2015 of the Council's decision to stop providing and funding these beds from 2019 and is considering alternative options with partners
  - 10 Social Care Assessment & Re-ablement Beds
  - 5 Respite/Interim Care Beds.
12. **Bishop's Court** - agreement being sought for final closure date. There are six remaining long-term residents living there. Newark and Sherwood District Council has approval for funding to build a 40 unit Housing with Care Scheme at Ollerton which has a planned

completion date of December 2020. As partners, the Council has agreed that they will provide the personal care and support to eligible people in up to 30 units to which social care will have nomination rights, a proportion of which could be assessment beds if required. The following short term residential beds are currently provided at Bishop's Court:

- 10 Social Care Assessment & Re-ablement Beds
- 5 Respite/Interim Care Beds.

### **Progress with procurement plan for short term assessment and re-ablement beds**

13. A tender for short term assessment and re-ablement beds for older adults was concluded in January 2019. The Framework list is let for an initial term of two years, with an option to extend for up to a further two years and is available for any relevant public body to purchase from within Nottinghamshire, including all the County's CCGs. Seven providers were successful and now form a list from which short term assessment and re-ablement beds can be individually spot purchased. They range from providers with one care home up to multiple home enterprises across the County:
  - Ashmere Nottinghamshire Limited
  - Four Seasons (Evedale) Limited
  - Four Seasons (Bamford) Limited
  - Hatzfeld Care Limited
  - HC-One Oval Limited
  - Milford Care Limited
  - Nottingham Community Housing Association Limited.
14. A block of three assessment and re-ablement beds was also awarded to Ashmere Nottinghamshire to cover Mansfield and Ashfield and complement the short-term apartments provided at the Poppy Fields Housing with Care scheme.
15. The number of providers on the list, however, is relatively small, not evenly spread across the County and few are able to offer services to people with very complex multiple conditions and/or dementia. For these reasons, a further tender is due to be advertised in March 2019, accompanied by further pro-active engagement with the market. Based on learning from the initial tender, sessions will also be run for providers on the essential elements of completing the application process.
16. The tender secured two providers in the south from whom it is possible to spot purchase short term assessment and re-ablement beds for people without complex long term conditions and significant dementia. It was not, therefore, possible to award a block contract in the south because most people who will use the service have complex needs including dementia care.
17. In the south alternative options are therefore also being progressed to ensure short term assessment and re-ablement beds are in place. This includes discussions with existing Housing with Care and Sheltered Housing providers in the south regarding providing a small number of assessment and re-ablement apartments. Initial work is promising and subject to approval from the provider(s) and the development of agreements relating to the tenancies, aims to have these available by June 2019. Discussions are also underway with health colleagues in the south who purchase similar services, regarding joint commissioning

of residential care assessment and re-ablement beds. This includes discussion with the Clinical Commissioning Groups about planning a long term sustainable contractual approach to GP cover for both health and social care short term rehabilitation/re-ablement beds.

### **Recommended closure time-scales**

18. The alternative services required are now either in place or in development. If there is any delay to the plan for short term beds in the south, an additional option to mitigate this is that Bishop's Court beds could be used to bridge this in the interim. Specific closure dates now need to be agreed for the remaining two Care and Support Centres to enable the final phased programme plan to be completed by the target date of March 2020.
19. It is therefore recommended that the next phase of Care and Support Centre closures are:
  - James Hince Court in September 2019 and
  - Bishop's Court by the end of March 2020.
20. The remaining long term residents will all have an allocated Social Worker to liaise with them, their families and the Care and Support centre staff, in order to not only identify suitable alternatives but also to support a smooth transition. This has proved to be very successful in the closure of previous centres.

### **Other Options Considered**

21. Other options have been considered, however, given that it is now the last twelve months of the programme timeline, the proposed option is the only viable one that will oversee the closures in a way that provides a phased timeline to enable:
  - sufficient operational time to practically manage the closures
  - work with long term residents and their families to identify and move into alternative accommodation
  - work with affected staff to provide support in line with Nottinghamshire County Council's Human Resource policies
  - establishment of the alternative services
  - savings to be delivered to target.

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

22. These are outlined in **paragraph 21**.

### **Statutory and Policy Implications**

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

Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

24. The closure of the six Care and Support Centres will deliver a total of £4.346m savings after accounting for the costs of providing alternative care. This is broken down in the table at **paragraph 3** of the report.

### **Human Resources Implications**

25. There are HR implications associated with the closure of the Care and Support Centres, but these would need to be assessed once the final plans are confirmed and may differ from centre to centre. The closure of St Michael's View is currently being supported by HR and relevant employment procedures.

### **Implications for Service Users**

26. There is currently a total of 11 remaining long-term residents who will have an allocated Social Worker to support them to find alternative long-term placements.

### **Implications for Sustainability and the Environment**

27. Sustainability will be tested as part of the phased introduction of using more short term and assessment beds in the independent sector.

## **RECOMMENDATION/S**

That the Committee:

- 1) considers whether there are any further actions it requires arising from the update on the procurement and development of services, as part of the closure programme of the Council's Care and Support Centres.
- 2) further to the decision of the Full Council Budget meeting on 26 February 2015 approving the closure of the Council's six remaining Care and Support Centres, approves the amended dates for the final phase of this previously agreed closure programme as follows: James Hince Court in September 2019 and Bishop's Court in March 2020.

**Sue Batty**  
**Service Director, South Nottinghamshire**

**Ainsley Macdonnell**  
**Service Director, North Nottinghamshire**  
**and Direct Services**

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### **Constitutional Comments (HD 20/03/19)**

27. The Committee is the appropriate body to consider the content of the report. If Committee resolves that any actions are required, it must be satisfied that such actions are within the Committee's terms of reference.

### **Financial Comments (DM 19/03/19)**

28. The financial implications are contained within paragraph 24 of the report.

### **HR Comments (SJJ 19/03/19)**

29. The agreed employment policies and procedures will be followed in managing the closures and supporting the affected staff

### **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.

Annual Budget Report 2015/16 - report to County Council on 26<sup>th</sup> February 2015

Commissioning Plan for Short Term Independence Services for Older Adults 2017-19 - report to Adult Social Care and Health Committee on 14<sup>th</sup> November 2016

Retford Extra Care and the Poppy Fields Extra Care Short Term Assessment Apartments - report to Adult Social Care and Public Health Committee on 10<sup>th</sup> July 2017

Progress Report on Delivery of Programmes, Projects and Savings – report to Improvement and Change Sub-Committee on 12<sup>th</sup> March 2018

Better Care Fund: 2017/18 Progress Update and Approval for the use of the BCF Care Act Allocation and the Improved BCF 2018/19 – report to Adult Social Care and Public Health Committee on 13<sup>th</sup> March 2018.

Procurement Plan for Short-Term and Assessment/ Reablement Beds and Next Phase of the Care and Support Centre Closure Programme – report to Adult Social Care and Public Health Committee on 14<sup>th</sup> May 2018

Nottinghamshire County Council's Strategy for Housing with Care 2018-2025 – report to Policy Committee on 20 June 2018.

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

All.

ASCPH638 final



**1 April 2019****Agenda Item: 10****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****UPDATE ON THE INTEGRATED CARE PROVIDERS AS PART OF THE TWO  
INTEGRATED CARE SYSTEMS WITHIN NOTTINGHAMSHIRE****Purpose of the Report**

1. This report advises Members on progress with the development of the two Integrated Care Systems (ICSs) within Nottinghamshire, including an overview of recent changes to the configuration of Integrated Care Providers (ICPs) within the Nottingham and Nottinghamshire ICS and developments with the Bassetlaw Integrated Care Provider Framework. This report seeks the following:
  - a. the reaffirmation of the Council's commitment to working with the Nottingham and Nottinghamshire Integrated Care System in light of the new configuration of three Integrated Care Providers.
  - b. to note that Council representatives on the Nottingham and Nottinghamshire ICS Board have been fully engaged with the decision-making process.
  - c. to highlight the further developments achieved within Bassetlaw as part of the South Yorkshire and Bassetlaw Integrated Care System.
2. The report also provides Members with an up-to-date diagram of the four ICPs and two ICSs within Nottinghamshire (attached as **Appendix A**).

**Information****Background**

3. Integrated Care Systems (ICSs) have evolved from Sustainability & Transformation Partnerships (STPs) and are central to the NHS Long-Term Plan (LTP) published in January 2019. They bring together NHS providers, commissioners and local authorities to work in partnership to improve health and care in their area.
4. Nottinghamshire County Council covers both the Nottingham and Nottinghamshire ICS and the South Yorkshire and Bassetlaw (SYB) ICS.
5. The national model for structuring ICSs recommends the division of work and governance into three separate levels: Neighbourhood, Place and System. In both the Nottingham and

Nottinghamshire ICS and South Yorkshire and Bassetlaw ICS, these levels are managed by the Primary Care Networks (PCNs), ICPs and ICSs respectively.

6. PCNs are the key delivery unit for integrated care at a Neighbourhood level and are responsible for populations of around 30,000 to 50,000. ICPs are the key organisational body at a Place level, responsible for populations of around 250,000 to 300,000. ICSs provide leadership at a system level and cover populations of roughly 1,000,000.
7. The Council's membership of the ICS Board was approved by the Adult Social Care and Public Health Committee in January 2019.
8. The work of the South Yorkshire and Bassetlaw ICS is governed by a Collaborative Partnership Board.
9. The terminology stated for ICPs within the NHS Plan is 'Integrated Care Provider'. Bassetlaw is yet to adopt this terminology, referring to their ICP as an 'Integrated Care Partnership'.

### **ICP Developments in the Nottingham and Nottinghamshire ICS**

10. Up until November 2018, the direction of travel was that of establishing and resourcing two Integrated Care Providers (one in Mid-Nottinghamshire and one in South Nottingham and Nottingham City).
11. In November 2018, Nottingham City Clinical Commissioning Group (CCG), Nottingham City Council and the City PCNs advocated the ICS to reconsider the proposal for two ICPs. Instead they proposed establishing 3 ICPs – a South Nottinghamshire ICP and a Nottingham City ICP in addition to the Mid-Nottinghamshire ICP. This argument for a third ICP is predicated on the distinct and different needs and characteristics of the City population. It is also supported by the national guidance in the LTP on the recommended population size for ICPs at a Place level.
12. Price Waterhouse Cooper (PWC) was commissioned to undertake an independent review of the best arrangements for ICPs in the South Nottingham and City of Nottingham footprint, which included interviews with system leaders and an assessment of the emerging evidence-base and best practice.
13. The outcomes of the PWC commission on ICP options have now been concluded and shared with those system partners specifically engaged in the review.
14. The ICS Board considered the findings of the review at its meeting on 15 February 2019. Key decisions made at the meeting for constituent organisations to consider are:
  - a. ICS Board agreed through a vote that to maintain pace, no further work should take place to review the appropriate number of ICPs.
  - b. ICS Board agreed through a vote that the preferred number of ICPs in the Nottinghamshire ICS is three. The County Council agreed the recommendation with an addendum that a further piece of work be completed to explore how consistency will be maintained across ICPs.



- c. ICS Board agreed that the decision in 14b be reviewed in 12 months' time to support good governance and to provide assurance that ICPs are working in line with principles and guidelines.
  - d. ICS Board agreed the proposed principles for ICPs to work within. A workshop will be facilitated to ensure a common understanding of what these principles mean in theory and practice, so that by the end of March, a consistent set of principles, objectives and behaviours for the operation of the ICPs within the ICS context will be formulated.
15. The three ICPs within the Nottingham and Nottinghamshire ICS will cover:
- a. The City of Nottingham (329,000 residents)
  - b. Broxtowe, Gedling and Rushcliffe (345,800 residents)
  - c. Ashfield, Mansfield, and Newark and Sherwood (355,800 residents).

### **Bassetlaw ICP Developments in South Yorkshire and Bassetlaw ICS**

- 16. The Nottinghamshire district of Bassetlaw sits within the NHS planning footprint of the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). Bassetlaw has its own ICP which is also an associate of the Nottingham and Nottinghamshire ICS, though sitting within the SYB ICS.
- 17. Bassetlaw, along with the other five areas within the SYB ICS footprint, has developed its own ICP Place plan entitled *Better in Bassetlaw: Place Plan*. This plan stipulates how Bassetlaw will undertake local delivery of the SYB ICS priorities.
- 18. An ICP Board is in place to oversee the implementation of the Bassetlaw Place plan and is underpinned by a memorandum of understanding. Through the ICP, the partners support developments and strategy at Place level for all of Bassetlaw's 116,00 residents.
- 19. The *Better in Bassetlaw: Place Plan* sets out how partners will work to deliver improvements in health and wellbeing for all of Bassetlaw's 116,000 citizens by 2021, through simpler, integrated, responsive and well-understood services.
- 20. The Bassetlaw ICP has made the most progress amongst all ICPs within Nottinghamshire on developments at a Neighbourhood level (PCNs). PCNs have been and still are known within Bassetlaw ICP as 'Primary Care Homes' (PCHs), but this is set to change in the near future to bring them in alignment with NHS LTP terminology. All three of Bassetlaw ICP's PCHs have been established: Larwood and Bawtry PCH went live in November 2018; Newgate PCH went live in December 2018; and Retford and Villages PCH went live in January 2019.

### **Other Options Considered**

- 21. Council representatives have been fully engaged with the decision-making process across both Integrated Care Systems and no other options have been considered by The Council for this report.

## **Reasons for Recommendations**

22. The Council's participation within Health planning systems both as provider and commissioner is voluntary and not legally required. However, as a key partner to Health and to ensure good outcomes for Nottinghamshire citizens, it is important for the Council to have a leadership role within the ICS Board, and commitment to working with and participating in the supporting, planning and governance arrangements.
23. To ensure appropriate oversight of the outcomes for citizens, it is important that The Council be kept informed of developments within both the South Yorkshire and Bassetlaw ICS and Bassetlaw ICP, and the Nottingham and Nottinghamshire ICS.

## **Statutory and Policy Implications**

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

## **Financial Implications**

25. There are no financial implications arising from the content of the report.

## **RECOMMENDATIONS**

That the Committee:

- 1) reaffirms the Council's commitment to working with and participating in the Nottingham and Nottinghamshire Integrated Care System.
- 2) considers whether there are any further actions required in relation to the issues contained within the report.

**Melanie Brooks**

**Corporate Director, Adult Social Care and Health Department**

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**Constitutional Comments (EP 18/03/19)**

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

### **Financial Comments (CT 21/03/19)**

27. The financial implications are contained within paragraph 25 of the 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.

*Establishing an Integrated Care System Board for Nottingham and Nottinghamshire* - report to Adult Social Care and Public Health Committee on 7 January 2019

*Better in Bassetlaw: Place Plan 2019-2021* - Draft Plan of the Bassetlaw ICP (click [here](#))

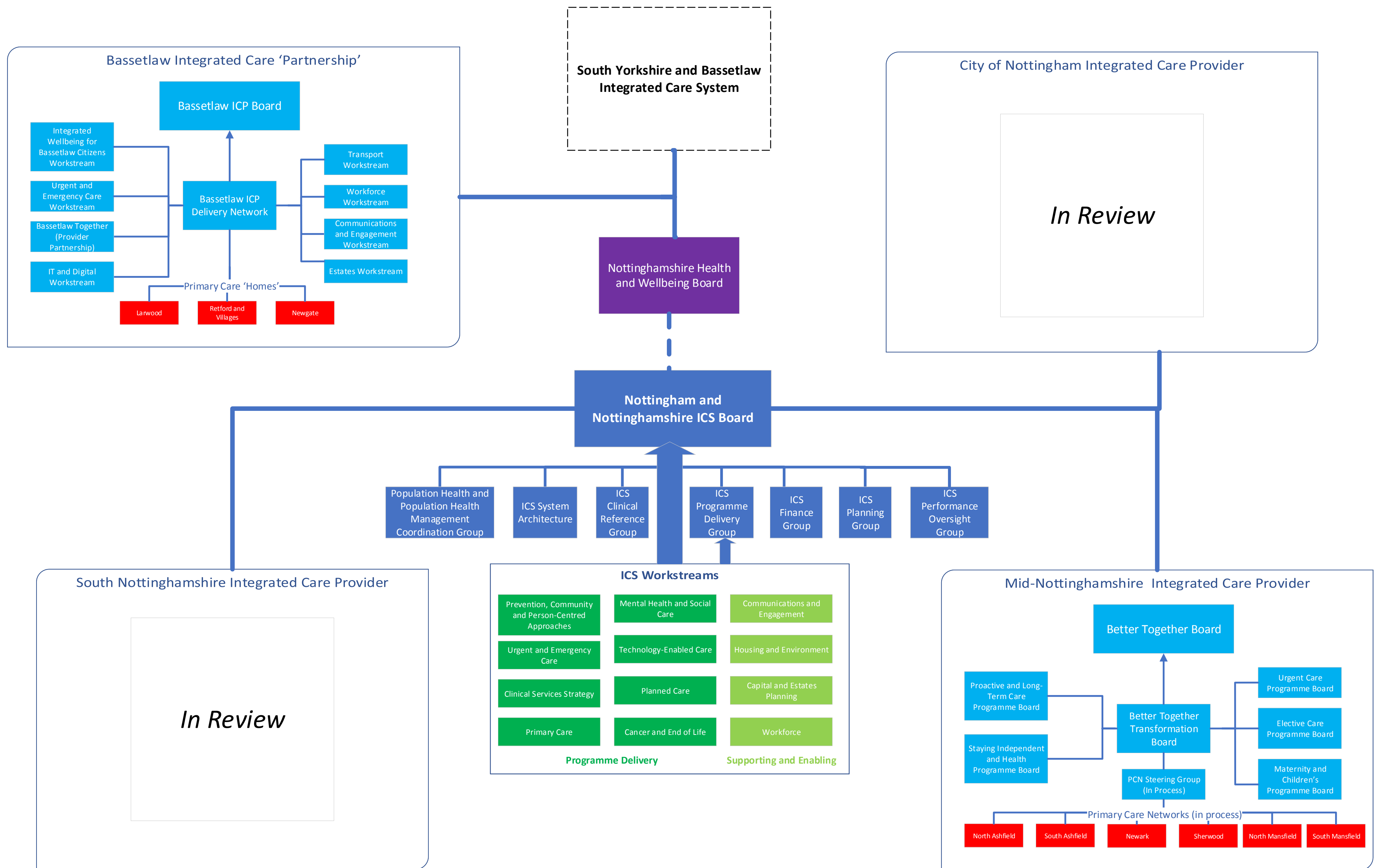
*Integration and Partnerships in North Nottinghamshire (Bassetlaw)* - report to Adult Social Care and Public Health Committee on 4 February 2019

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

All.

ASCPH642 final







**1<sup>st</sup> April 2019****Agenda Item: 11****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND  
HEALTH****ADULT SOCIAL CARE AND HEALTH – CHANGES TO STAFFING  
ESTABLISHMENT****Purpose of the Report**

1. The report seeks approval for changes required to the staffing establishment in Adult Social Care and Health to meet the statutory and operational requirements of the Council.

**Information**

2. The posts in the report, covered in **paragraphs 3 to 10**, are required to meet operational needs and requirements, and to achieve projected savings.

**Extension of Occupational Therapists in Physical Disability Teams**

3. Over winter, Physical Disability Teams across the County utilised additional temporary Occupational Therapy staff funded by the Winter Pressures Grant to pilot a new approach, promoting people's independence through greater and earlier use of Occupational Therapy for social care referrals. The approach draws simultaneously on the expertise of both Occupational Therapists and Social Workers to work with individuals to focus on their strengths, resources and community capacity to meet their occupational, functional and social care needs as early as possible and in a way that supports them to maximise their independence.
4. Whilst this has only run for two months, the approach is showing early success and has resulted in reduced ongoing care packages being required. To fully scope the potential, have sufficient data for full evaluation, review the workforce requirements and embed the new approach requires the existing 3 Occupational Therapist posts to be extended. Due to the short-term nature of this extension the intention is to maintain the current arrangement with existing agency Occupational Therapists. Approval is therefore sought to utilise £115,440 of Departmental Reserves to:
  - extend 3 FTE Occupational Therapist (agency) posts for an additional six months from 1<sup>st</sup> April 2019 – 30<sup>th</sup> September 2019.

## **Additional temporary Business Support Officer post to support Recruitment and Retention initiatives**

5. Recruiting and retaining sufficient social care staff is a key national challenge, reflected locally in Nottinghamshire. It is a priority action and risk identified in the Department's Workforce Strategy and action plan. Key roles include: Reablement posts in the Council's Short-Term Assessment and Reablement Team (START), homecare staff in the independent sector providers and Occupational Therapists. A local action plan is in place, based on learning from both national and regional pilots and research. The majority of the resources to deliver the plan will be met by existing staff in the Department, however some administrative support is required which is not available currently.
6. Following the need to establish four temporary peripatetic Team Managers in 2017 to enable the rising volume of safeguarding work and Deprivation of Liberty Safeguards (DoLS) authorisations to be completed, a review of the Social Work operational Team Manager role identified that many are currently spending significant amounts of time undertaking the administrative tasks associated with recruitment which is impacting on their ability to be able to complete their core management tasks. Additional Business Support Officer capacity has been identified as a solution that would jointly address this. Tasks that the role would undertake include:
  - administration of a more efficient centralised recruitment model across the department
  - setting up recruitment panels (e.g. where more than one of the same post is being recruited to at the same time across the department), arrange venues, send invitations and track responses, collate Right to Work documentation
  - manage departmental rolling recruitment campaigns to key posts with high ongoing turnover
  - maintain accurate departmental information to support managers and the Senior Leadership Team to review and pro-actively manage the current high number (200 plus) of temporarily funded posts in the department
  - collate data to support evaluation of recruitment and retention initiatives, including monitoring turnover and vacancies across the department
  - research/establish recruitment events in the community/schools/universities and arrange for relevant Departmental staff to attend and promote social care.
  - arrange targeted recruitment fairs and relevant teams to attend
  - support collation of materials/packs to support recruitment initiatives.
7. Approval is therefore sought to utilise £12,279 of Departmental Reserves to:
  - establish a 0.5 FTE Business Support Officer (Grade 3) post for an additional 12 months from 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020.

## **Integrated Care Team Project Manager**

8. The Integrated Care Teams Project Manager post was originally agreed by the Committee in March 2018 for 12 months from 1<sup>st</sup> April 2018 to the end of March 2019. The purpose of the Integrated Care Teams Project Manager post is to implement the recommendations from the evaluation of the Integrated Primary Care Teams for Older Adults across the three planning areas of North, Mid and South Nottinghamshire where social care costs and outcomes can be improved through a greater level of integrated working. The project has



shown some signs of early success with regard to reduced cost outcomes for social care, but further evaluation work is required.

9. The original post was appointed to in June 2018 and the post-holder left the department on 31<sup>st</sup> December 2018; overall this has left around five months funding without someone in post. In order to utilise the funding, the department has been able to successfully appoint again to the Project Manager post from 18<sup>th</sup> February 2019. The request for two further months for the Project Manager post from 1<sup>st</sup> April until the end of May 2019 is to enable outstanding tasks to be completed within the project especially linked to the project evaluation and to facilitate a period of cross over time for the end of the Project Manager post and the start of the Programme Officer post from 1<sup>st</sup> April to enable a smooth transition within the project. The Programme Officer post was approved by the Committee in November 2018 and will end in December 2019.
10. Approval is therefore sought to utilise £9,312 of Departmental Reserves to:
  - extend 1 FTE Project Manager post (Band D) for an additional two months from 1<sup>st</sup> April 2019 – 31<sup>st</sup> May 2019.

### **Other Options Considered**

11. The option of not extending the three Occupational Therapist posts was considered, however, whilst the new approach is indicating an ongoing reduction in the size of care packages, further assessments need to be undertaken in this way to understand the full scope and the most cost-effective model of delivery in the future. To not extend the posts would not enable this work to be completed and the potential benefits would be lost.
12. The option was explored as to whether existing Business Support Officers could undertake the work, however this is not possible.
13. The option not to extend the Integrated Care Teams Project Officer post was considered but as a lot of the project manager post time had been lost through the last year it has hindered progress with regard to the development of a robust evaluation of the project.

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

14. The three Occupational Therapist posts will enable a new approach to be evaluated that can lead to increased independence for people and associated ongoing reductions in the size of packages of care required.
15. The additional Business Support Officer capacity will provide the administrative support required to enable delivery of the Council's Recruitment and Retention plan and initiatives during 2019/20. This targets key posts critical to delivering the Adult Social Care Strategy.
16. Extending the Project Officer post for a further two months will allow the current post holder to ensure there is a firm strategy in place to monitor and evaluate the project and to provide a smooth transition to the continued implementation of embedding social care staff within community integrated care teams to improve outcomes for people and reduce the cost of care packages.

## **Statutory and Policy Implications**

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

### **Financial Implications**

18. With regard to the Occupational Therapist posts, due to the short-term nature of this extension it is proposed to continue with the agency arrangements that are already in place. The cost for this extension is £115,440 and can be met from Departmental Reserves.
19. It is intended to recruit to the 0.5 FTE Business Support Officer post on a fixed term contract. The cost is £12,279 which can be met from Departmental Reserves.
20. It is intended to extend the current short-term contract of the 1 FTE Project Manager for two months; the cost is £9,312 which can be met from departmental reserves.

### **Human Resources Implications**

21. These are implicit in the report.

## **RECOMMENDATION/S**

- 1) That Committee approves the following changes to the staffing establishment in Adult Social Care and Health:
- extension of 3 FTE Occupational Therapist posts (Agency) for an additional six months from 1<sup>st</sup> April 2019 – 30<sup>th</sup> September 2019
  - establish a 0.5 FTE Business Support Officer post (Grade 3) for an additional 12 months from 1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020
  - extend 1 FTE Project Manager post (Band D) for an additional two months from 1<sup>st</sup> April 2019 – 31<sup>st</sup> May 2019.

**Melanie Brooks**

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

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**Constitutional Comments (EP 12/03/19)**

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

### **Financial Comments (OC 20/03/19)**

23. The financial implications are detailed throughout this report and are summarised within paragraphs 18 – 20.

### **HR Comments (SJJ 13/03/19)**

24. Extensions to current arrangements and fixed term contracts will be actioned and recruitment on fixed term contracts to any new temporary posts will be in accordance with the Council's recruitment policies.

### **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.

2017/18 Progress Update and Approval for the use of the Better Care Fund (BCF) Care Act Allocation and the improved BCF 2018/19 – report to Adult Social Care and Public Health Committee on 12<sup>th</sup> March 2018

Proposals for allocation of additional national funding for adult social care – report to Adult Social Care and Public Health Committee on 12<sup>th</sup> November 2018.

Adult Social Care and Health – Changes to the staffing establishment – report to Adult Social Care and Public Health Committee on 12<sup>th</sup> November 2018.

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

All.

ASCPH640 final



**1 April 2019****Agenda Item: 12****REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND  
EMPLOYEES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Committee's work programme.

**Information**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

**Other Options Considered**

5. None

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

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

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

## **RECOMMENDATION/S**

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

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

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

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

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

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

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

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

- None

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

- All

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

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>13 May 2019</b>			
Adult Social Care and Public Health Departmental Strategy - Performance report	Update on performance relating to the department's contribution to commitments in the Council's Strategic Plan	Transformation Programme Director/Director of Public Health	Jennie Kennington/Kay Massingham
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Outcome of review of I-Work service	Report requested by Committee in January 2019 on outcome of review of I-Work service.	Service Director, North Notts and Direct Services	Jane McKay
Outcome of public engagement on Housing with Support (for adults 18-64) Strategy	Outcome of engagement exercise approved at Committee in Feb 2019.	Service Director, North Notts and Direct Services	Jenni French
Adult Social Care and Public Health – events, activities and communications	Approval for range of activities and events planned by the department over the coming months (as required).	Corporate Director/Director of Public Health	Jennie Kennington/ Kay Massingham
<b>10 June 2019</b>			
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
Progress report on savings and efficiencies and Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Stacey Roe

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
Update on individual contributions towards the cost of care and support		Service Director, Strategic Commissioning, Access and Safeguarding	Jennifer Allen
Deprivation of Liberty Safeguards Strategy		Service Director, Mid-Nottinghamshire	Annie Greer
<b>8 July 2019</b>			
Public Health Services Performance and Quality Report for Funded Contracts	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
Engagement on local system plan		Transformation Programme Director	Jane North
<b>9 September 2019</b>			
Quality auditing and monitoring activity - care home and community provider contract suspensions	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and Safeguarding	Cherry Dunk
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard
<b>7 October 2019</b>			
Planning for winter pressures		Service Director, South Nottinghamshire	Sue Batty
Progress report on savings and efficiencies and update on Improving Lives portfolio	Regular update report to committee on progress with savings projects within the department	Transformation Programme Director	Stacey Roe
<b>11 November 2019</b>			
<b>9 December 2019</b>			
Quality auditing and monitoring activity - care	Regular report on contract suspensions and auditing activity.	Service Director, Strategic Commissioning, Access and	Cherry Dunk



<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
home and community provider contract suspensions		Safeguarding	
Performance Update for Adult Social Care and Health	Quarterly update report on the performance of Adult Social Care and Public Health.	Corporate Director	Matthew Garrard

