

# Adult Social Care and Public Health Committee

**Monday, 08 November 2021 at 10:30**

County Hall, West Bridgford, Nottingham, NG2 7QP

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## AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting of the Adult Social Care and Public Health Committee held on 20 Sept 2021  | 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 | Improving outcomes for survivors of Domestic Abuse   | 9 - 42  |
| 5 | Public Health Services Performance and Quality Report for Funded Contracts   | 43 - 56 |
| 6 | Care Support and Enablement Framework Re-tender  | 57 - 64 |
| 7 | Changes to the staffing establishment in the Living Well service   | 65 - 70 |
| 8 | Work Programme   | 71 - 76 |

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

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



Meeting	ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE
Date	20 September 2021 (commencing at 10.30 am)

### **Membership**

Persons absent are marked with an 'A'

### **COUNCILLORS**

Boyd Elliott (Chairman)  
Scott Carlton (Vice-Chairman)  
Nigel Turner (Vice-Chairman) - **A**

Steve Carr  
Dr. John Doddy  
Sybil Fielding  
Paul Henshaw

Eric Kerry  
David Martin  
Nigel Moxon  
Michelle Welsh

### **SUBSTITUTE MEMBERS**

Councillor John Lee

### **OTHER MEMBERS PRESENT**

Councillor Tracey Taylor

### **OFFICERS IN ATTENDANCE**

Sue Batty, Service Director, Ageing Well Community Services, ASC&PH  
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH  
Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH  
Gemma Shelton, Interim Group Manager, Quality and Market Management, ASC&PH  
Louise Lester, Consultant in Public Health, ASC&PH  
Kerrie Adams, Senior Public Health and Commissioning Manager, ASC&PH  
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

### **OFFICERS IN REMOTE ATTENDANCE**

Melanie Brooks, Corporate Director for Adult Social Care and Health, ASC&PH  
Jennie Kennington, Senior Executive Officer, ASC&PH  
Mercy Lett-Charnock, Commissioning Manager, Strategic Commissioning (Living Well), ASC&PH  
Jane Cashmore, Commissioning Manager, Strategic Commissioning (Ageing Well), ASC&PH  
Philippa Milbourne, Business Support Assistant, Chief Executive's

## **1. MINUTES OF THE LAST MEETING**

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 26 July 2021 were confirmed and signed by the Chair.

## **2. APOLOGIES FOR ABSENCE**

- Councillor Nigel Turner (medical) was substituted by Councillor John Lee

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

No interests were disclosed.

## **4. NOTTINGHAMSHIRE DAY OPPORTUNITIES STRATEGY 2021-26**

The report set out a case for change for Day Opportunities and asked Committee to approve a period of public consultation on the draft Day Opportunities Strategy to obtain service user and carer views on the proposals.

During discussions, Members:

- Requested they be supplied with a map showing the location of day services across Nottinghamshire

### **RESOLVED 2021/046**

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

## **5. UPDATE ON ADULTS AND HEALTH RECOVERY FROM COVID**

The report sought approvals related to the department's COVID-19 recovery plans, including additional temporary investment to accelerate recovery and enable transition to the recovery phase for the Quality Market Management Team.

### **RESOLVED 2021/047**

- 1) That approval be given to the conclusion of the department's COVID-19 recovery plan for wave one of the pandemic, as outlined in the report to Committee in September 2020.
- 2) That the department's recovery plan and recovery priorities for wave two of the pandemic be approved.
- 3) That approval be given for additional investment and resources to deliver and accelerate Adults recovery from the pandemic and the Service Improvement Programme, outlined in the report to Committee in July 2021, as detailed in paragraphs 43 to 48.

- 4) That the resources required to support the Quality Market Management Team transition to recovery from the COVID-19 pandemic on a temporary basis until March 2022, as detailed in paragraphs 49 to 54 of the report, be approved.
- 5) That an update on progress of the recovery investment be provided to Committee in January 2022.

## **6. ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 1 2021/22**

The report updated Committee members on the financial position of Adult Social Care at the end of July 2021 and provided a summary of performance for quarter 1 (1 April 2021 to 30 June 2021).

### **RESOLVED 2021/048**

That no further actions are required in relation to the finance and performance information for the period 1 April 2021 to 30 June 2021.

## **7. ESTABLISHMENT OF POST OF DEPUTY DIRECTOR OF PUBLIC HEALTH**

The report proposed the establishment of a permanent Deputy Director of Public Health funded from the Public Health Grant.

During discussions, Members:

- Expressed their gratitude to the Council's Director of Public Health for his work throughout the COVID-19 pandemic, requesting that the Committee's thanks be placed on record
- Acknowledged the efforts of all health and social care staff and the Council's wider staffing establishment throughout the COVID-19 pandemic

### **RESOLVED 2021/049**

That the establishment of 1 FTE Deputy Director of Public Health post on a permanent basis within the Public Health Division, at a cost of £130,940 (Band I) per year, funded from the Public Health Grant be approved.

## **8. INVESTING INTO THE HEALTHY FAMILIES PROGRAMME**

The report sought approve to invest £97,673 of forecasted uncommitted Public Health reserves to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life as part of the Healthy Families programme.

### **RESOLVED 2021/050**

That the investment of £97,673 forecasted uncommitted Public Health reserves in a service aimed to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life, be approved, to form part of the existing contract between the council and Nottinghamshire Healthcare NHS Foundation Trust for the delivery of the Healthy Families programme.

## **9. HOME FIRST SERVICES FRAMEWORK AGREEMENT TENDER 2021**

The report related to the tender for a provider for county-wide Home First Services through a framework agreement for a single provider.

### **RESOLVED 2021/051**

- 1) That the commencement of the tender for a new provider for the county-wide Home First Services through a framework agreement for a single provider be approved.
- 2) That the award of the contract to the successful bidder for a maximum term of eight years (initial contract term of four years, with an option to extend for two additional years and then a further two years if required) be approved and that an update report on the outcome of the tender and award of contract will be submitted to the Committee.
- 3) That a report be brought to Committee to seek further approval if there are any changes to the service scope, scale and contract value that may be recommended as a result of the dialogue stage of the tender and the review of short-term reablement services.

## **10. AUTISM PRE-DIAGNOSTIC SUPPORT SERVICE**

Approval was sought to proceed with the procurement of an Autism pre-diagnostic support service within timescales set by NHS England.

### **RESOLVED 2021/052**

That approval to proceed with the procurement of an Autism pre-diagnostic service using available funding of £84,000 from NHS England and, subject to approval by the Learning Disability and Autism Executive Board, £76,000 from partnership funds be granted. Should the £76,000 not receive approval from the Learning Disability and Autism Executive Board the service specification will be adjusted accordingly.

*12:12pm – Councillor Martin left the meeting and did not return*

## **11. MARKET MANAGEMENT POSITION STATEMENT**

The report informed Committee about the work undertaken by the Quality and Market Management Team in response to the Council's duty to ensure that there is a robust and sustainable social care market for people who live in the county.

During discussions, Members:

- Asked about procedures around any care home closure

### **RESOLVED 2021/053**

That the following action be required in relation to the issues contained within the report:

- That the Committee be provided with a case study example setting out the steps that the Council would take if a care home had to close

## **12. WORK PROGRAMME**

### **RESOLVED 2021/054**

That the Committee's work programme be approved.

*12:38pm – Councillor Dr. Doddy left the meeting and did not return*

## **13. EXCLUSION OF THE PUBLIC**

### **RESOLVED 2021/55**

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in Schedule 12A of the Local Government Act 1972 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

*12:40pm – the public were excluded from the meeting. Councillor Carr left the meeting and did not return*

## **14. MARKET MANAGEMENT POSITION STATEMENT – EXEMPT APPENDIX**

### **RESOLVED 2021/56**

That the contents of the Market Management Position Statement, exempt appendix be noted.

The meeting closed at 12.48pm.

**CHAIRMAN**



**8 November 2021**

**Agenda Item: 4**

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

### **IMPROVING OUTCOMES FOR SURVIVORS OF DOMESTIC ABUSE**

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

1. The purpose of this report is:
  - a. To endorse the strategic approach for delivering the Domestic Abuse Strategy in Nottinghamshire and recommend the proposed Domestic Abuse Strategy (Appendix A) to the Policy Committee for approval.
  - b. To approve the proposed governance arrangements and terms of reference for the Domestic Abuse Local Partnership Board.

#### **Information**

##### **Statutory Context**

2. Domestic abuse is a complex and multifaceted problem affecting a wide range of people and requires comprehensive services and systems to tackle the issues effectively. The authority is driving strategic change through partnership and leadership to make Nottinghamshire a place where survivors of domestic abuse receive the support they need to feel safe and rebuild their lives. Perpetrators are held to account for their actions by the police, criminal justice systems and wider services. Communities recognise and respond to domestic abuse early to prevent abuse from happening and support survivors and their families.
3. The Domestic Abuse Act 2021 gives Nottinghamshire County Council, as a lead authority, statutory duties for commissioning Domestic Abuse support services for adults and children within safe accommodation. The Act has created a statutory definition of domestic abuse, established a Domestic Abuse Commissioner, and enhanced legal processes.
4. The duties are:
  - a. Lead authorities to convene a multi-agency Domestic Abuse Local Partnership Board to:
    - i. Assess the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support.

- ii. Develop and publish strategies for the provision of support to cover the locality and diverse groups of victims.
  - iii. Make commissioning / de-commissioning decisions.
  - iv. Meet the support needs of victims and their children.
  - v. Monitor and evaluate local delivery.
  - vi. Report back to Central Government.
- b. Lead authorities to have regard to statutory guidance in exercising these functions.
  - c. The Secretary of State to produce the statutory guidance.
  - d. Tier 2 district, borough and city councils and London Boroughs to co-operate with the Local Domestic Abuse Partnership Boards.
5. It has also placed a statutory duty on local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation.

### **Development of Domestic Abuse Support Services Strategy in Nottinghamshire**

6. The Domestic Abuse Support (Local Authority Strategies and Annual Reports) Regulations 2021<sup>1</sup> came into effect on 1<sup>st</sup> October 2021. These regulations state that ‘a relevant local authority must ... publish a section 57 [Domestic abuse] strategy before 5th January 2022.’ Prior to the publication of the Strategy ‘a relevant local authority must publish a draft of the strategy, at least 10 weeks before the date on which the authority intends to publish it.’ This regulation therefore requires the publication of a draft domestic abuse safe accommodation strategy by 27<sup>th</sup> October 2021.
7. The Draft Domestic Abuse Strategy provided in **Appendix A** outlines plans to improve the systemwide response to domestic abuse. The Strategy will be a live document with individual chapters being developed for each priority area. The strategy will be reviewed at least every three years in line with the regulations and to reflect best practice.
8. The strategic vision is to ensure *“Nottinghamshire is a place where survivors of domestic abuse receive the support they need to feel safe and rebuild their lives. Perpetrators are held to account for their actions by the police, criminal justice systems and wider services and communities recognise and respond to domestic abuse early to prevent abuse from happening and support survivors and their families”*.
9. The Strategy sets out Nottinghamshire County Council’s approach to tackling Domestic Abuse. Domestic abuse is a complex and multifaceted problem affecting a wide range of people across the population and requires comprehensive services and systems to tackle the issues effectively. To deliver the vision there are eight priority areas within the Domestic Abuse Strategy and a chapter will be developed for each:

- i. Safe Accommodation**
- ii. Health**

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<sup>1</sup> <https://www.legislation.gov.uk/ukxi/2021/990/regulation/3/made>

- iii. **Community**
- iv. **Criminal Justice**
- v. **High risk survivors**
- vi. **Children and Young people**
- vii. **Prevention**
- viii. **Perpetrators**

10. The first chapter of the strategy covers the priority area of 'safe accommodation' as detailed in the Commissioning Plan agreed by Committee on 26th July 2021. Future commissioning decisions for each priority area will follow a similar process to the approach developed for the delivery of the domestic abuse duty and safe accommodation commissioning.

### **Establishment of the Domestic Abuse Local Partnership Board**

11. To deliver on the commissioning plan as presented to Committee on 26th July 2021, temporary arrangements have been in place for the Domestic Abuse Local Partnership Board safe accommodation subgroup to work in shadow form alongside the Domestic and Sexual Abuse Executive.
12. In order to comply with the duties identified under 4a it is proposed that the Domestic and Sexual Abuse Executive, which currently reports into the Safer Nottinghamshire Board, will be replaced by the Domestic Abuse Local Partnership Board.
13. The purpose of the Domestic Abuse Local Partnership Board will be to advise the authority on the delivery of the support for survivors of domestic abuse within Nottinghamshire.
14. The proposed organisational membership, governance and reporting arrangements for the Domestic Abuse Local Partnership Board is included in the draft Terms of Reference provided in **Appendix B**.
15. Reporting arrangements for this Board will be to the Adult Social Care and Public Health Committee to which it will bring recommendations about commissioning and decommissioning decisions.
16. Operational updates and performance management will be reported via the Safer Nottinghamshire Board Performance Sub Committee as detailed in **Appendix B** (Terms of Reference).
17. As stipulated in the Domestic Abuse Act 2021 (Part 4 [Section 58.2](#)), the Domestic Abuse Local Partnership Board membership must include individuals who are able to represent the interests of local authorities, survivors of domestic abuse and their children, domestic abuse charities or voluntary organisations, health care providers and the police or other criminal justice agencies.
18. Therefore, the proposed membership of the Local Partnership Board in Nottinghamshire is;
- a. **Local Authority:** Officers will provide representation from all district/borough authorities, with Nottinghamshire County Council fulfilling the role of lead authority when administering the duty and associated returns.

- b. **Representative of the interests of victims of domestic abuse:** The interest of survivors will be the focus for the Board, and responsibility of all members of the board, with at least one organisation representing their interests.
  - c. **Representative of the interests of the children of domestic abuse:** This role will be fulfilled by services and/or organisations that support the needs of children, recognising the new status of children in the Domestic Abuse Act 2021 as survivors in their own right.
  - d. **Domestic Abuse Support Services:** Many commissioned domestic abuse services, local organisations and charities that work with survivors of domestic abuse have been involved in the engagement and production of the Commissioning Plan that was approved by Committee in July 2021. The interests of these parties have been represented by the membership of Equation, Juno Women's Aid and Nottinghamshire Women's Aid Limited. It is proposed that all three services have a place on the Domestic Abuse Local Partnership Board, with other services linked via the third sector group.
  - e. **Health Care Providers:** Nottinghamshire Healthcare Trust will be invited to represent health care providers on the Local Partnership Board. A representative from the Nottinghamshire Integrated Care System will be invited to represent healthcare commissioning.
  - f. **Policing and Criminal Justice:** Nottinghamshire Police and the Office of the Police and Crime Commissioner will be invited.
19. The role of the Chair of the Domestic Abuse Local Partnership Board is to provide strategic oversight and the delivery of the Domestic Abuse Strategy. As an interim arrangement the Director of Public Health will chair the Local Partnership Board for up to 12 months, during which time the Board will be consulted about suitable permanent arrangements for chairing.

## Next Steps

20. The next steps for improving the outcomes for survivors of domestic abuse in Nottinghamshire include;
- Nottinghamshire County Council will support 16 days of action to end violence against women and white ribbon day on 25<sup>th</sup> November 2021.
  - Undertake an equality impact assessment on the Draft Domestic Abuse Strategy
  - Submission to Policy committee of the Domestic Abuse Strategy and publication by 5 January 2022.
  - The establishment of the Governance and reporting arrangements outlined in **Appendix B** in this report.
  - The continued delivery of the Domestic Abuse Commissioning Plan approved on 26<sup>th</sup> July 2021.

## Other Options Considered

21. An option was considered regarding the continuation of the Domestic and Sexual Abuse Executive, rather than the creation of a new group. This option was discounted due to the new responsibilities and revised membership of the Local Partnership Board. As a result of this there will also need to be further considerations to decide on the positioning of sexual violence in structures. This will be decided by the Police and Crime Commissioner and the Safer Nottinghamshire Board, who have lead responsibility for commissioning sexual violence support services.

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

22. To fulfil the statutory requirements outlined by the Domestic Abuse Act 2021 in regard to the establishment of a Domestic Abuse Local Partnership Board and Domestic Abuse Strategy

23. To enable the delivery of the recommendations from the needs assessment as required by the Domestic Abuse Act 2021.

### **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.

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

25. Services will be required to adhere to all data protection and governance processes.

### **Financial Implications**

26. There are no direct financial implications arising from this report. Any financial implications arising from the delivering of the Local Partnership Board and commissioning required by the Domestic Abuse Duty has been approved and is funded by the Department of Levelling Up, Housing and Communities (DLUHC) allocation and shared with Committee in July 2021.

### **Human Resources Implications**

27. No additional human resource implications.

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

28. The duty requires the authority to consider the availability of safe accommodation for all people with protected characteristics, alongside district partners. This forms part of the responsibility of the Domestic Abuse Strategy.

29. There will be a requirement to undertake an equality impact assessment on the draft strategy.

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

30. All domestic abuse survivors' and their children's needs will be aligned with wider safeguarding procedures.

## **RECOMMENDATIONS**

- 1). To endorse the strategic approach for delivering the Domestic Abuse Strategy in Nottinghamshire and recommend the proposed Domestic Abuse Strategy (Appendix A) to the Policy Committee for approval.
- 2). To approve the proposed governance arrangements and terms of reference for the Domestic Abuse Local Partnership Board.

**Jonathan Gribbin**  
**Director of Public Health**  
**Nottinghamshire County Council**

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

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### **Constitutional Comments (SSR 19/10/2021)**

31. The recommendations set out in the report fall within the scope of decisions that may be approved by Adult Social Care and Public Health Committee

### **Financial Comments (DG 12/10/2021)**

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

## **Background Papers and Published Documents**

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

- Domestic Abuse Act 2021 [Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- [Commissioning Domestic Abuse Support Services](#)  
Adult Social Care and Public Health Committee (1 April 2019)
- [Funding for support to survivors of Domestic Abuse within safe accommodation](#)  
Adult Social Care and Public Health Committee (9 December 2019)
- [Consultation response and preparation for the Domestic Abuse duty](#)  
Adult Social Care and Public Health Committee (9 November 2020)
- [Improving Outcomes for Survivors of Domestic Abuse](#)  
Report to Adult Social Care and Public Health Committee (26 July 2021)

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

- All



# Nottinghamshire Domestic Abuse Strategy 2021-2024

# Contents

## **Introduction**

**Chapter 1. Safe Accommodation** *(September 2021)*

**Chapter 2. High Risk Survivors** *(March 2022)*

**Chapter 3. Children and Young People** *(March 2022)*

**Chapter 4. Prevention** *(June 2022)*

**Chapter 5. Health Services** *(September 2022)*

**Chapter 6. Community Services** *(December 2022)*

**Chapter 7. Criminal Justice and the Courts** *(March 2023)*

**Chapter 8. Perpetrators** *(March 2023)*

# Introduction

## Foreword

Welcome to the Nottinghamshire Domestic Abuse Strategy and thank you to everyone who has helped with its development. This Strategy sets out Nottinghamshire County Council's approach to tackling Domestic Abuse. Domestic abuse is a complex and multifaceted problem affecting a wide range of people and requires comprehensive services and systems to tackle the issues effectively.

The Joint Strategic Needs Assessment on Domestic Abuse (2019) highlighted the need and impact of domestic abuse on our population. In 2021 two major milestones have taken place with the enactment of the Domestic Abuse Act 2021 and the development of the Violence against Women and Girls Strategy in July 2021. The new legislation and strategy are pivotal in the securing improved outcomes for the survivors of domestic abuse and their children. Local Authorities now have a statutory duty to provide safe accommodation for survivors of domestic abuse, along with new tools and powers for criminal justice agencies.

There is a huge amount of work already underway in Nottinghamshire on Domestic Abuse and we have a well-established partnership approach.

This strategy sets out Nottinghamshire's vision and approach to the prevention of domestic abuse and support for the survivors of domestic abuse.

## Our Vision

Nottinghamshire is a place where survivors of domestic abuse receive the support they need to feel safe and rebuild their lives. Perpetrators are held to account for their actions by the police, criminal justice systems and wider services. Communities recognise and respond to domestic abuse early to prevent abuse from happening and support survivors and their families.

We look forward for your help and support in delivering this vision and strategy.

Councillor Boyd Elliott

Chair of the Adult Social Care and  
Public Health Committee

Councillor Scott Carlton

Deputy Chair of the Adult Social Care  
and Public Health Committee

Public Health lead

## **1.What is Domestic Abuse?**

The Domestic Abuse Act 2021 sets out a new definition of domestic abuse which will be used throughout this strategy. The definition states that behaviour will be classed as domestic abuse if:

- Both individuals involved are aged 16 or over and are personally connected to each other, and
- The behaviour is abusive

Behaviour is 'abusive' if it consists of any of the following:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional, or other abuse.

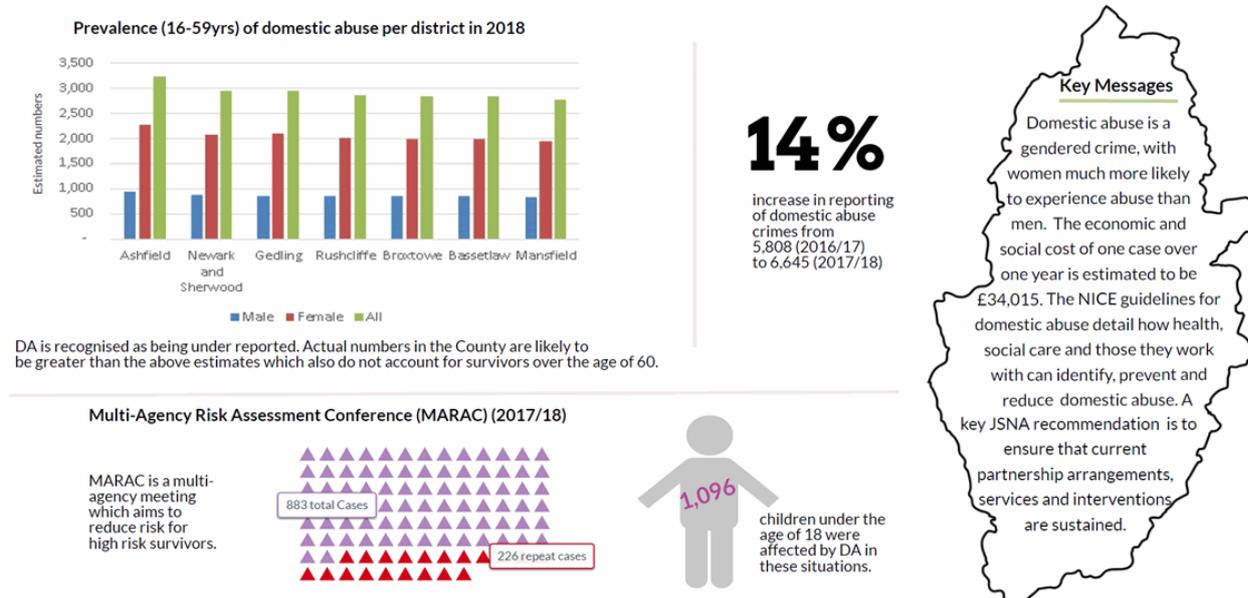
Irrespective of whether the behaviour consists of a single incident or a course of conduct.

The 2021 Act identifies that children of domestic abuse survivors who have seen, heard, or experienced the effect of that abuse are survivors.

## **2. What are the needs of our population?**

Nottinghamshire County's Joint Strategic Needs Assessment (JSNA) on domestic abuse was published in 2019. The summary findings are shown within Figure 1. These findings highlight the gendered nature of domestic abuse with women much more likely to experience abuse than men. The prevalence and crime data highlight the level and increase in reporting however, we know that under reporting is a key feature of abuse so actual case figures are likely to be higher. The Multiagency Risk Assessment Conference (MARAC) data highlights the repeat victimisation involved in high risk cases along with the high number of children affected by domestic abuse.

## Figure 1: Summary of information in the Joint Strategic Needs Assessment on Domestic Abuse (2019)



Source: Nottinghamshire insight website (2021)<sup>1</sup>

The findings from this JSNA resulted in a series of recommendations (Table 1) many of which remain relevant to the continued response to domestic abuse and will be reflected throughout this strategy within relevant chapters. Each recommendation within the table has been updated to briefly outline updated responsibilities and progress.

Table 1: Recommendations from the Domestic Abuse JSNA 2019

	Recommendation	Status
<b>Partnership working</b>		
1	Maintain the Nottinghamshire Domestic and Sexual Abuse Executive Group, ensuring broad representation, including the specialist Domestic and Sexual Abuse (DSA) voluntary sector; to ensure partners are working to an over-arching strategy with an action plan and analysis.	Domestic and Sexual Abuse Executive to be replaced by the Domestic Abuse Local Partnership Board and will maintain the partnership working ethos from this recommendation.
2	To maintain a co-ordinated commissioning approach to Domestic Abuse across Nottinghamshire	To be delivered through Local Partnership Board and
3	All agencies to develop and promote policy and procedures for work with survivors, children, and perpetrators, including workforce training and employee domestic violence policies	Support from the Local Partnership Board and commissioned domestic abuse training Provider.
4	Agencies to acknowledge the importance of maintaining provision of refuge and other specialist services and	It is now a statutory duty for Local Authorities to provide safe accommodation

<sup>1</sup> <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-abuse-2019/>

	work with the Safer Nottinghamshire Board to address sustainability	support services and this will include maintaining existing provision.
5	Further ongoing engagement work with survivors to continually inform practice is valuable therefore it is suggested that the DSA Exec develop a Domestic Abuse Engagement Strategy.	It is now a statutory requirement to ensure that survivors are engaged within the Local Partnership Board and a service is being commissioned to deliver a survivor network to represent the voice of survivors.
6	Assess the implications of the Domestic Abuse Bill published January 2019	Completed
<b>Prevention</b>		
7	Continue to support and promote campaigns to promote healthy relationships, gender equality and raise awareness of domestic abuse.	To be delivered through a Communications – Prevention and Awareness sub-group of the Local Partnership Board
8	Encourage more schools to take up specialist early intervention and prevention programmes for children and young people, building on mandatory healthy relationships and sex education (RSE) from September 2020.	To be delivered through a Children and Young people Sub-group of Local Partnership Board
9	Develop targeted interventions to support at risk survivors and young people that harm	To be delivered through a Communication, Prevention and Awareness sub-group
10	Programme to ensure a mixed economy of risk and needs based services and approaches, for example through Change that Lasts	Reviewed via the Local Partnership Board
<b>Provision</b>		
11	Support and promote awareness of access to Women's Aid Nottinghamshire 24-hour Freephone Helpline and other local services	To be delivered via a Communications, Prevention, and awareness Sub-group
12	Ensure maintenance of, at least, essential specialist community-based Domestic Abuse services in line with NICE PH50 guidance, including for women, men, teenagers, and children.	Delivered via the Local Partnership Board and Commissioning organisations contract management processes.
13	Professionals and specialist services respond effectively: for example, professionals to be trained to identify Domestic Abuse, utilise the DASH RIC* to identify levels of risk and referral routes	To be delivered by a High-Risk Survivors sub-group
14	Improve identification and response across healthcare settings, including mental health (women, men, teenagers, and children) e.g. therapeutic counselling	Healthcare Services Sub-group of the Local Partnership Board
15	Access to specialist housing, refuge, and post-refuge support	Local Partnership Board – Safe Accommodation
16	Develop support for survivors of harassment & stalking	Responsibility sits with Violence Against Women

		and Girls Strategy led by the Office of the Police and Crime Commissioner.
17	Increase capacity for support for children affected by domestic abuse, both in the community and in refuge	To be delivered through a Children and Young people Sub-group of Local Partnership Board
<b>Protection</b>		
18	Ensure decision making about undertaking of Domestic Homicide Reviews (DHR's) and the learning from DHR's is shared across Nottinghamshire through the development of a process that is both consistent and best value	Domestic Homicide Review Assurance, Learning and Implementation Group (DHR ALIG)** Community Safety Partnerships with Local Partnership Board
19	Identify effective and evidence-based ways of working with perpetrators, ensuring programmes are aligned with the RESPECT guidelines and running in parallel with specialist women's services.	Responsibility of Local Partnership Board – Perpetrator Subgroup

\*DASH RIC is a Domestic Abuse and Serious Harm Risk Assessment Form filled in by organisations that work with the survivor

\*\* Domestic Homicide Review Assurance, Learning and Implementation Group (DHR ALIG) looks at the systemwide and partner learning from the local DHRs.

### 3. What is our Strategic Approach?

To provide a comprehensive response and address all aspects of domestic abuse. Eight priority areas have been identified to cover the breadth of issues for survivors and their families and provide a community coordinated response. The priority areas are:

- Safe accommodation
- Children and young people
- High risk survivors
- Health services
- Prevention
- Community services
- Criminal justice and the Courts
- Perpetrators

The Domestic Abuse Strategy will evolve and address each priority as detailed in **Table 2**. Safe accommodation provides the first chapter and forms the basis of the initial part of the strategy. By March 2022 three sections will be completed, and full action plans developed. Partners will develop each section with stakeholders to update a needs assessment and develop and agree a multiagency action plan. Each chapter will be added to the strategy as it is completed. The completed strategy will begin to be sequentially refreshed in 2024 when each chapter is three years old.

The work in year two will take into consideration the proposed Victims Bill and the Police and Crime Plan 2021, which is being developed and led by the Police and Crime Commissioner. It will also consider the Violence against Women and Girls Strategy (which includes men and boys), Safeguarding and Supporting Families and Safeguarding Adults, Community Safety, Housing and Homelessness, and Modern Slavery agendas.

**Table 2.** Proposed Strategic Plan timeline

Year	Quarters	Priority area
2021/22	April – September 2021	Safe accommodation – completed as Chapter 1
2021/22	October – March 2022	High Risk Survivors Children and Young People
2022/23	April – September 2022	Health services Prevention
2022/23	July – December 2022	Community services
2022/23	April 2022 – March 2023	Criminal justice and the Courts Perpetrators

#### **4. How will we deliver the strategy?**

Nottinghamshire County Council will appoint the Nottinghamshire Domestic Abuse Local Partnership Board (LPB) to replace the Domestic and Sexual Violence Executive. The role of the Local Partnership Board will be to support, advise, and work in partnership with Nottinghamshire County Council to ensure survivors of domestic abuse have access to adequate and appropriate support within safe accommodation services. The Board will link to Nottinghamshire Safeguarding children and adults' partnership and MARAC processes along with the wider Community Safety agenda, delivered by the Safer Notts Board (SNB).

A working group will be established for each of the 8 priority areas as detailed on page 5. These working groups will provide the LPB with advice related to the needs of the population, assess the current provision, demand for service and identify gaps. Recommendations from the working groups will be discussed with key stakeholders. Stakeholders will be asked to provide feedback on solutions and to prioritise areas of work. The feedback provided, along with the findings and recommendations from the needs assessment, will be used to determine priorities and formulate the commissioning and decommissioning plans. All commissioning plans will require approval from Nottinghamshire County Adult Social Care and Public Health Committee.

# Chapter One: Safe Accommodation

## 1.1 Introduction

The Domestic Abuse Act 2021 places a new statutory duty on “local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation” (Department of Levelling Up, Housing and Communities, 2021).

The Act requires that each local authority must:

- Appoint a multi-agency Domestic Abuse Local Partnership Board which must be consulted on the other functions listed below.
- Assess, or make arrangements for the assessment of, the need for domestic abuse support in their area for all survivors (and their children) who reside in relevant safe accommodation, including those who come from outside the area.
- Prepare and publish a strategy for the provision of such support to cover their area having regard to the need’s assessment.
- Give effect to the strategy (through commissioning/de-commissioning decisions)
- Monitor and evaluate the effectiveness of the strategy
- Report back annually to central government.

(Department of Levelling Up, Housing and Communities, 2021).

Statutory guidance<sup>2</sup> published on 1 October 2021 outlined the Government’s intentions of the right support to protect and assist all survivors of domestic abuse to make individuals and families safe.

The Government also recognises the critical importance of support for survivors and their children within relevant safe accommodation, as they rebuild their lives after the trauma of domestic abuse<sup>2</sup>.

## 1.2 Definition of “Safe Accommodation”

The statutory guidance defines ‘safe accommodation’ as:

1. **Refuge Accommodation** - a service that provides accommodation and support only for a person experiencing domestic abuse. Refuges can be a range of shared, communal housing units; self-contained units; or dispersed housing.
2. **Specialist Safe Accommodation** - Safe accommodation which provides dedicated support to survivors with protected characteristics.

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<sup>2</sup> Statutory guidance: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services 1 Oct 2021 <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

3. **Dispersed accommodation** - Self-contained units which provide the same level of specialist domestic abuse support provided in a refuge but is more suitable for survivors who are unable to stay in a refuge due to complex support needs.
4. **Sanctuary Schemes** - A sanctuary scheme is a multi-agency programme which provides survivors of domestic abuse a range of security measures within their own homes to provide a safe place or 'sanctuary' for a person to live in. Security measures aim to help protect a survivor from a range of threats, from violent forced entry to arson. Examples of measures which may be fitted include reinforced doors, window alarms, intercom and video entry systems and fire-retardant letter boxes. These are individually assigned, based on needs and risk. Alongside security measures support is also offered by specialist domestic abuse services in terms of emotional support and practical support such as safety planning.
5. **Move-on and/or second stage accommodation** - Temporary accommodation for survivors and families who no longer need the intensive level of support provided in a refuge but would still benefit from a lower level of specialist support.
6. **Other forms of domestic abuse emergency accommodation** – A safe place with support.

### 1.3 Types of Support

The statutory duty requires Local Authorities to provide support to survivors within safe accommodation. This support includes the following:

- **Overall management of services within relevant accommodation** – including, the management of staff, payroll, financial and day to day management of services and maintaining relationships with the local authority (such functions will often be undertaken by a service manager)
- **Support with the day-to-day running of the service**, for example scheduling times for counselling sessions, group activities (such functions may often be undertaken by administrative or office staff)
- **Advocacy support** – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers).
- **Domestic abuse prevention advice** – support to assist survivors to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation.
- **Specialist support for survivors**
  - Designed specifically for survivors with relevant protected characteristics (including 'by and for'), such as faith services, translators and interpreters, immigration advice, interpreters for survivors identifying as deaf and / or hard of hearing, and dedicated support for LGBTQ+ survivors [not limited to].
  - Designed specifically for survivors with additional and / or complex needs such as, mental health advice and support, drug and alcohol advice and support [not limited to], including sign posting accordingly.
- **Children's support** – including play therapy and child advocacy.

- **Housing-related support** – providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and advice on how to live safely and independently.
- **Advice service** – including financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements; and,
- **Counselling and therapy** (including group support) for both adults and children, including emotional support.

#### 1.4 Funding

The Department for Levelling Up, Housing and Communities (DLUHC) allocated Nottinghamshire County Council £1,540,091 to deliver the duty for 2021-2022. District/Borough authorities have been granted an additional £31,000 each to enable them to support the delivery of the duty.

#### 1.5 Needs Assessment

A Safe Accommodation Needs Assessment was undertaken between January and April 2021 to assess the current provision, demand for service and identify gaps. The key findings of the needs assessment were:

- Insufficient refuge provision to meet demand and accessibility issues for the spaces which are available within Nottinghamshire
- Sanctuary Schemes being unable to meet demand due to resourcing issues.
- No provision for refuge for male survivors in Nottinghamshire however, there is currently insufficient evidence of the level of demand
- No recourse to public funds can prevent survivors from accessing safe accommodation
- The level of support provided for children and young people is insufficient.

**Table 3 Recommendations arising from the Safe Accommodation Needs Assessment 2021**

	<b>Recommendation</b>
1	Develop a governance and operational structures, with a survivor-centred approach, where all partners communicate, co-operate, and collaborate to provide safe accommodation and support to all survivors of domestic abuse. E.g. Work towards developing <i>The Whole Housing Approach</i>
2	Establish a Domestic Abuse Local Partnership board with attendance from all relevant parties involved in providing safe accommodation as set out within the Domestic Abuse Act 2021.
3	Develop a survivor-centred pathway, outlining what their journey through domestic abuse services should be, from their initial presentation to services and support provided, to their exit into permanent safe accommodation.

4	Consideration should be given to the feasibility of increasing the number of units available within Nottinghamshire across all types of safe accommodation.
5	Investigate the needs and geographic arrangements for safe accommodation, consider the provision of safe accommodation options within or across districts.
6	Increase the support given to children and young people in all types of safe accommodation, to include Sanctuary Schemes.
7	Develop the Sanctuary Schemes in partnership with District and Borough Councils to ensure a consistent standard of service is delivered to meet the needs of survivors, enabling all survivors access to a well-resourced and quality provision.
8	Publicise the Sanctuary Scheme providing clear referral processes and quality standards.
9	Improving equity of access to refuges and other safe accommodation options in-light of barriers faced by certain groups and protected characteristics. This will include:
9a	Improving access for people with physical disabilities
9b	Ensuring survivors have easy access to healthcare and support for both their physical and mental health. This includes survivors who need carers.
9c	Considering how access can be improved for black and minority ethnic survivors in accessing safe accommodation services.
9d	Provision of language services to support survivors in accessing support.
9e	Working with the lesbian, gay, bisexual, transgender plus (LGBT+) community to understand the needs of survivors and how they can be supported in accessing safe accommodation services and support.
9f	Exploring options of how to support providers to respond to the needs of women and their families with no recourse to public funds.
9g	Working with Equation and other local partners to better understand the accommodation and support needs of male survivors of domestic abuse, to develop a suitable model for safe accommodation provision, with appropriate levels of support for male survivors and their children.
10	Consider how financial barriers to moving on from refuge accommodation can be overcome.

11	Review the data collection tool used by safe accommodation providers to ensure key information is captured to assist ongoing assessment and consistent reporting, providing clear guidance on how this data should be collected.
12	Invest in digital services ensuring that all providers have a standardised method of collecting and analysing data. E.g. All refuge services using the 'On Track' system and other providers too if transferrable
13	The Domestic Abuse Local Partnership Board should regularly assess both national and local data information to inform commissioning decisions.

## 1.6 Process

Recommendations from the Domestic Abuse Needs Assessment were discussed with key stakeholders at a workshop held on 18th May 2021. This gave wider stakeholders the opportunity to input into the needs assessment process and inform the commissioning plan. Attendees at the workshop were asked to provide feedback on solutions and to prioritise areas of work. The feedback provided from this session along with the findings and recommendations from the needs assessment have been used to determine priorities and formulate the commissioning plan, in partnership with District and Borough Council Housing leads.

## 1.7 Summary of priorities

The priorities for addressing the support needs of survivors in safe accommodation identified through the needs assessment and the subsequent consultation are:

- Maintain existing refuge provision and seek opportunities to increase safe accommodation provision
- Strengthen Sanctuary Scheme provision
- Remove barriers for moving in to and on from refuge
- Provision of appropriate safe accommodation for male survivors, those with protected characteristics and complex needs including mental health.
- Establishment of effective governance structures with a strong survivor and provider voice
- Provide communication and training to strengthen the response to domestic abuse across the specialist sector and Housing providers

## 1.8 Approach

A comprehensive three-year Commissioning Plan has been developed to address the 13 recommendations highlighted from the needs assessment. The Commissioning Plan outlined in Table 4 was approved by Nottinghamshire County Council Adult Social Care and Public Health Committee in July 2021. Performance outcomes will be monitored by the Safe Accommodation subgroup, reporting to the Local Partnership

Board and the Performance group of the Safer Notts Board. The needs assessment will be refreshed in readiness of recommissioning in April 2024.

The approach taken is survivor focused and delivered via a strong collaborative engagement of all stakeholders. This approach will be replicated with the other priority areas to ensure systemwide improvements are made. It is recognised that there are gaps and limitations in each priority area and that these will need to overlap and work together over the timeline of the strategy. This will include considering the accommodation needs of perpetrators in the perpetrator subgroup.

### **1.9 Expected outcomes**

By the end of 2023, partners should have an improved awareness of the support needs of survivors in different types of safe accommodation. They will be working together effectively to ensure survivors are accessing safe accommodation quickly with the wrap around support they need to rebuild their lives.

### **1.10 Next steps and contacts**

As detailed in Table 2 sub-groups of the LPB will develop Chapters 2 and 3 of the strategy related to High Risk Survivors and Children and Young People.

Should you need any further information please contact:

[Rebecca.atchinson@nottsc.gov.uk](mailto:Rebecca.atchinson@nottsc.gov.uk)

**Table 4 Domestic Abuse Safe Accommodation Commissioning Plan 2021 - 2024**

<b>Domestic Abuse Safe Accommodation Commissioning Plan 2021 - 2024</b>		
<b>1.</b>	<b>Strategic leadership, Development and System Change</b>	
1.1	Strategic leadership, partnership maintenance and system change	<ul style="list-style-type: none"> <li>➤ develop the Local Partnership Board, governance structures and functions</li> <li>➤ Commission services and manage the duty budget</li> <li>➤ Work in partnership with Tier 2 Authorities</li> <li>➤ Responsibility for reporting back to Central Government and the Domestic Abuse Commissioners Office on activity and spend</li> <li>➤ Work towards the development of 'whole Housing Approach' model in Nottinghamshire</li> <li>➤ Work with Housing Providers across the County to identify more properties for refuge/move on accommodation</li> </ul>
1.2	Tier 2 Local Authority Co-ordination and data reporting	<ul style="list-style-type: none"> <li>➤ Development of local safe accommodation pathways by working in partnership with tier 1 local authority and providers to include Sanctuary, flexible funding and working towards a 'Whole Housing Approach' in delivering safe accommodation for survivors.</li> <li>➤ Provision of quality information and timely data for the Local Partnership Board to inform commissioning decisions.</li> <li>➤ Reporting of required data for the Needs Assessment and monitoring and reporting to Central Government and Domestic Abuse Commissioners Office.</li> </ul>
1.3	Co-production of services with survivors (including male survivors) and children	<ul style="list-style-type: none"> <li>➤ Ensure survivors and children's voices are at the heart of decision making</li> <li>➤ Development of survivor centred pathways</li> <li>➤ Manage the survivor network</li> </ul>
1.4a	Provide training and communications on the new Domestic Abuse Act and statutory duty	<ul style="list-style-type: none"> <li>➤ To provide professionals with the skills to support survivors in accessing safe accommodation and support.</li> <li>➤ To communicate to local communities the services available and points of access to reduce duplication, promote services, and dispel myths.</li> </ul>

1.4b	Training across the domestic abuse sector workforce on trauma informed service delivery	<ul style="list-style-type: none"> <li>➤ Ensure support for survivors and their children is trauma informed</li> </ul>
2.	<b>Service Provision</b>	
2.1a	Domestic abuse refuge provision throughout 2021/22	<ul style="list-style-type: none"> <li>➤ Fund wellbeing and support for women and their children living within the existing 40 refuge units across the County</li> <li>➤ Practical and emotional support provided to women and children</li> <li>➤ The development and delivery of consistent Data management and recording systems across the sector</li> </ul>
2.1b	Re -commission domestic abuse refuge provision in Year 2 to include support in move on provision	<ul style="list-style-type: none"> <li>➤ Increase the number of units available by up to 10 additional units.</li> <li>➤ Provision of 'Move on' properties attached to each refuge for a phased approach to exiting refuge.</li> <li>➤ Move on Accommodation support provision</li> <li>➤ Provision of accessible safe accommodation options for survivors with physical disabilities.</li> <li>➤ Comprehensive support for children and young people within safe accommodation</li> <li>➤ Provision of pathways for safe accommodation for male survivors in line with the findings of the 'deep dive' on male survivor needs.</li> </ul>
2.2	Domestic abuse Support Workers embedded with Tier 2 Authorities to improve the offer to survivors and their children in their own homes and/or when seeking safe accommodation	<ul style="list-style-type: none"> <li>➤ Provide support to survivors accessing safe accommodation, including the provision for beneficiaries of Sanctuary Schemes</li> <li>➤ Provide support to professionals within tier 2 authorities to ensure appropriate support is provided for survivors</li> </ul>
2.3	Trauma informed therapeutic support pathways	<ul style="list-style-type: none"> <li>➤ Support refuge providers in working with survivors and children with complex mental health problems as a result of trauma.</li> </ul>
2.4	Development of Sanctuary schemes to deliver a quality and consistent service along with improved support	<ul style="list-style-type: none"> <li>➤ Provide survivors with swift and effective safety measures to keep them safe in their existing home.</li> <li>➤ Ensure ongoing support is provided to survivors and children remaining in their own homes to help them stay safe.</li> </ul>

2.5	Removing barriers: Flexible funding to be made available to improve pathway efficiency	<ul style="list-style-type: none"> <li>➤ Removing financial barriers for survivors who need to access safe accommodation such as transport to refuge, storage costs for belongings etc.</li> <li>➤ Removing financial barriers for survivors ready to move on from refuge into independent, permanent accommodation.</li> <li>➤ Clear governance process to be developed for flexible funding with full auditable spend at the end of each year.</li> </ul>
2.6a	Deep dive on groups with protected characteristics	<ul style="list-style-type: none"> <li>➤ Deep dive on women with protected characteristics accommodation requirements to understand how to overcome barriers and challenges in accessing services</li> <li>➤ As a result of the findings from the deep dives in year one, develop evidence-based services to be delivered in years 2 and 3.</li> <li>➤ To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.</li> </ul>
2.6b	Deep dive on male survivors of domestic abuse	<ul style="list-style-type: none"> <li>➤ Deep dive on male survivor's accommodation needs and the best ways to support men in accessing safe accommodation</li> <li>➤ To understand the support services required to meet the needs of male survivors of Domestic Abuse. Inform pathway development and commissioning decisions for years 2 and 3.</li> <li>➤ To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.</li> </ul>
2.6c	Deep dive on mental health provision for domestic abuse survivors	<ul style="list-style-type: none"> <li>➤ To provide an in depth understanding of the mental health provision for domestic abuse survivors</li> <li>➤ To assist in the development of effective survivor centred pathways for accessing mental health provision for domestic abuse survivors</li> </ul>

**THE DOMESTIC ABUSE LOCAL PARTNERSHIP BOARD -  
TERMS OF REFERENCE**

**Terms of Reference for Local Domestic Abuse Partnership Boards**

**1. Purpose and Role**

1.1 The Local Domestic Abuse Partnership Board is a partnership group responsible for supporting Nottinghamshire County Council in meeting its duty under Part 4 of the [Domestic Abuse Act](#).

1.2 The Domestic Abuse Act 2021 came into effect in April 2021 and places a duty 'on local authorities in England to provide support for survivors of domestic abuse and their children in refuges and other safe accommodation'.

1.3 The Board will work together to support, advise, and work in partnership to ensure survivors of domestic abuse have access to adequate and appropriate support within safe accommodation services. The Board aims to provide advice on a coordinated community approach to commissioning and delivering services within the community to prevent domestic abuse and improve the wellbeing of survivors and their children. The Board will be an advisory partnership with commissioning and decommissioning decisions sitting within their existing organisational structures.

1.4 The Board will work together to improve outcomes for survivors of domestic abuse, including their children, through a strategic approach to identifying and addressing gaps in support within relevant safe accommodation services.

**2. Frequency**

2.1 The Board will meet on a quarterly basis.

**3. Membership**

3.1 The Board will include membership from several responsible bodies and agencies that by law, must be represented. This includes representation for, or on behalf of, tier one and tier two authorities; representatives of survivors of domestic abuse; representatives of children of domestic abuse; charities and other voluntary organisations that work with survivors of domestic abuse; as well as health care and housing services. Members of the Board may be given responsibility for leading relevant sub-groups to ensure alignment of their agendas.

3.2 The following organisations are required to be represented:

Officers from the tier one authority

- Nottinghamshire County Council Public Health
- Nottinghamshire County Council Adult Social Care Commissioning (Housing lead)
- Nottinghamshire County Council Children's Services

Officers from the Tier two authorities'

- Bassetlaw District Council
- Mansfield District Council
- Ashfield District Council

- Newark & Sherwood District Council
- Gedling Borough Council
- Broxtowe Borough Council
- Rushcliffe Borough Council

Representative of survivors of domestic abuse

- Representative from the commissioned Coproduction Service

Representative of children of domestic abuse

- Equation

Representatives for charities and other voluntary organisations that work with s of domestic abuse, including specialist and by and for services.

- North and South Domestic Abuse Service contracted providers

Representatives for health care services

- Nottingham and Nottinghamshire Integrated Care System from 1<sup>st</sup> April 2022. Prior to this date representatives from the Nottingham, Nottinghamshire and Bassetlaw Clinical Commissioning Groups.

Representatives for policing or criminal justice

- Nottinghamshire Police
- Nottinghamshire Probation inc. Community Rehabilitation Company
- Police and Crime Commissioner

3.3 There are eight subgroups which will report into the Local Partnership Board and each will have its own Terms of Reference. These are detailed in the structure chart in **Appendix 1a**.

3.4 Other members will be co-opted in to cover agenda items and improve working practices across the city/county, for example the Nottingham Crime and Drugs Partnership

**3.5 Chair for the Domestic Abuse Local Partnership Board:** Nottinghamshire County Council will consult the Board during 2022 on preferred arrangements for its chair with a view to establishing a suitable permanent arrangement. In the meantime, the Director of Public Health will chair the Board on an interim basis.

**3.6 Vice-Chair for the Domestic Abuse Local Partnership Board:** *To be agreed by Local Partnership Board.*

3.7 Members of the Board are responsible for representing the groups in the above and reporting back from subgroups which they chair.

#### **4. Roles and responsibilities**

The Domestic Abuse Local Partnership Board will:

- 4.1. Provide advice and data to support Nottinghamshire to undertake a robust local needs assessment to identify and understand the needs of domestic abuse survivors within their area (including those that present from out of area).
- 4.2. Provide expert advice and data to support the development of a local strategy, agreeing the appropriate steps needed to meet the needs identified, ensuring the needs of all survivors,

including those with protected characteristics and / or additional complex needs, are represented and met through the strategy.

- 4.3. Support Nottinghamshire to effectively engage with domestic abuse survivors and expert services in understanding the range and complexity of needs.
- 4.4. Advise members of the Board on commissioning and decommissioning decisions (where appropriate). This can include when and how commissioning is undertaken to ensure the best and most appropriate services are made available for survivors and include a commitment to transparency and clarity regarding these decisions, including level of spend across tier 1 and 2 authorities.
- 4.5. Support in ensuring join up across other related areas such as [not limited to] housing, health, early years and childhood support, social services and police and crime services.
- 4.6. Advise and support in dealing with issues raised and identified from engagement through formal and informal routes.
- 4.7. Escalate issues to the relevant representative / body.
- 4.8. Provide an annual report to Department for Levelling Up Housing and Communities regarding the performance of the above duties and share this report with the Safer Nottinghamshire Board, and district and borough Councils, for performance monitoring purposes.
- 4.9. Communicate the above developments and increased provision of support for survivors of domestic abuse, to wider stakeholders and the public.

## **5. Roles and Responsibilities of Members**

Members of the Local Partnership Board will:

- 5.1. Work together effectively to ensure the Domestic Abuse Duty and associated funding is commissioned and action plans are implemented regarding support for survivors of domestic abuse and their children in refuges and other safe accommodation.
- 5.2. Ensure they are sufficiently briefed to be able to reflect the views of the organisation/partnership they represent in meetings.
- 5.3. Contribute relevant information from their service area and / or locality.
- 5.4. Be responsible for ensuring that any local or internal plans involving support and housing are aligned with the Local Partnership Board's commissioning plan.
- 5.5. Collate and contribute relevant monitoring and performance management information.
- 5.6. Consult about the work of the group, where appropriate.
- 5.7. Champion the work of the group in their service areas, wider networks, and localities.

## **6. Meetings**

### Frequency

- 6.1. The Board will convene every quarter as a minimum.

## Declaration of Interests

6.2. Any member having a personal or prejudicial interest in specific agenda items or decisions should declare this at the start of the meeting. This includes interests arising from involvement with organisations operating in the domestic abuse service sector.

## Decision Making

6.3. All members will be able to participate in decision making except where a member declares an interest.

6.4. Decision making will, where possible, be made by consensus. Where this is not possible decisions will be made by majority, with the chair holding the deciding vote.

6.5. As an advisory partnership decision making responsibilities will be less frequent.

## Papers

6.6. Members will be able to put forward suggested agenda items for consideration.

6.7. The agenda and supporting papers will be circulated at least seven days in advance of meetings.

6.8. Standard agenda items will include;

- Current position – data update/overview
- Domestic Abuse Strategy
- Progress on Action Plans
- Development opportunities - funding
- Subgroup updates – themed, one detailed update per meeting

6.9. Minutes will be taken and circulated to partner organisations no later than seven days after the meeting.

## Absence

6.10. Where members are unable to attend a meeting, they are responsible for informing the Board ahead of the meeting and, as far as possible, should ensure a representative is present to act on behalf of the organisation / body.

## **7. Reporting**

7.1. The Local Partnership Board chair will provide quarterly updates to the Safer Nottinghamshire Board Performance Subgroup.

7.2. The Local Partnership Board will provide recommendations to Nottinghamshire County Council's Adult Social Care and Public Health Committee.

7.3. The Local Partnership Board will support Nottinghamshire in reporting back to Department of Levelling up Housing and Communities on delivering the duty in line with statutory guidance and the standardised reporting form.

7.4. The report detailed in 7.3 will also be circulated to the Safer Nottinghamshire Board, and district and borough Councils, for performance monitoring purposes.

7.5. The Board will also consider and provide any wider communications or reporting required to engage with stakeholders on the provision of accommodation-based support. Partnerships communications to consider include:

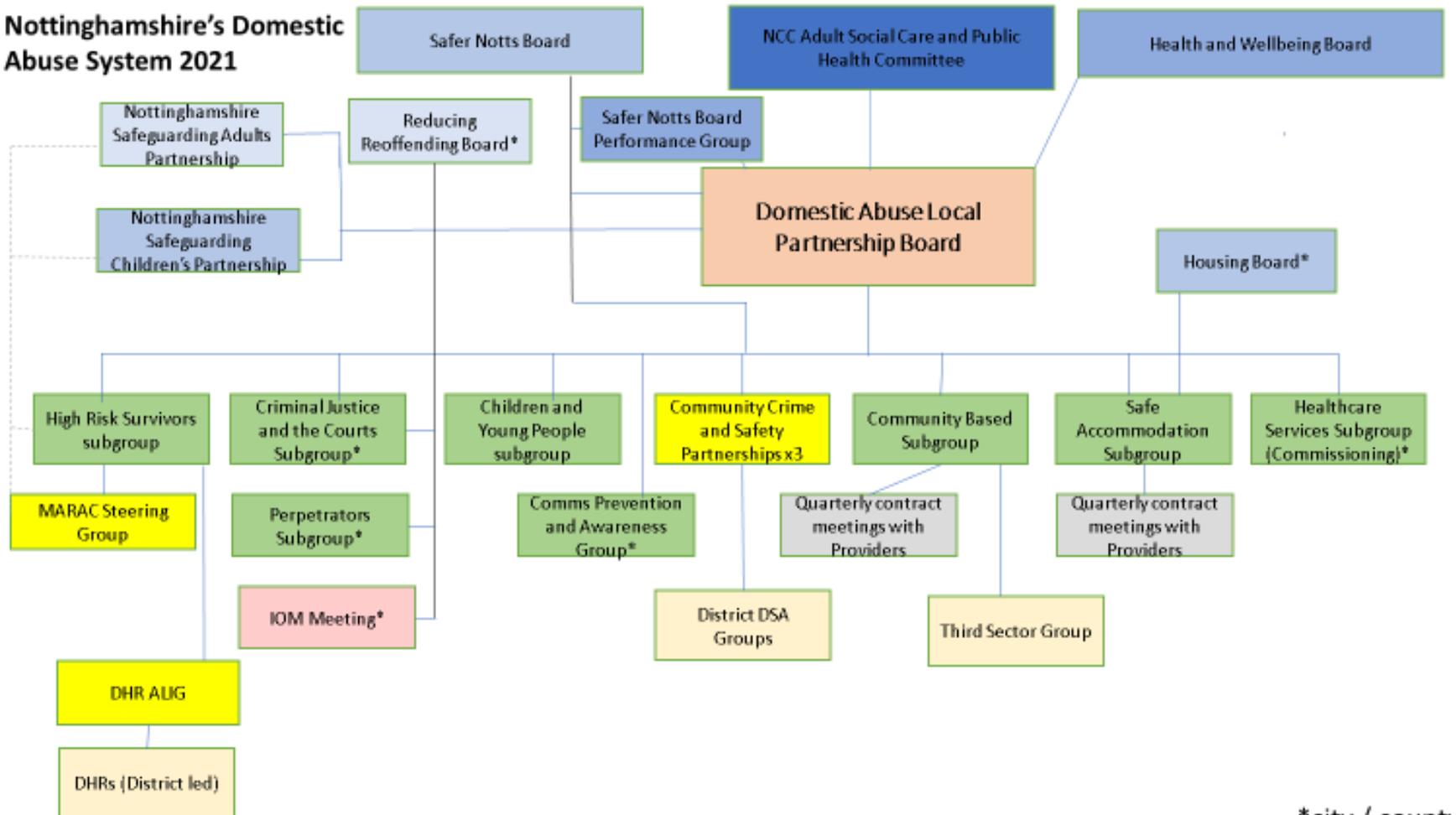
- Safer Nottinghamshire Board
- Nottinghamshire Safeguarding Adults Board
- Nottinghamshire Safeguarding Children's Partnership
- Nottinghamshire's Local Resilience Forum (Housing sub-group)
- Nottinghamshire Health and Wellbeing Board
- Nottingham City and Nottinghamshire VRU (Violence Reduction Unit)
- MARACs (Multi-Agency Risk Assessment Conferences)
- Office of the Police and Crime Commissioner

Appendix 1a



Appendix 1b

**Nottinghamshire's Domestic Abuse System 2021**



\*city / county groups



**8 November 2021**

**Agenda Item: 5**

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

### **PUBLIC HEALTH PERFORMANCE 1 APRIL 2021 TO 30 SEPTEMBER 2021**

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

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

#### **Information**

2. This report provides the Committee with an overview of performance for Public Health commissioned services funded either in whole or in part by PH grant, in April to September 2021 against key performance indicators related to Public Health priorities, outcomes and actions within:
  - a). the Public Health Service Plan 2020-2021;
  - b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
  - c). the Authority's 12 Commitments as set out in the Council Plan 2017-21.
3. A summary of the key performance measures is set out on the first page of **Appendix A**.
4. Appendix A also provides a description of each of the services and it provides a breakdown of some commissioned services at District level.
5. England was moving through the steps of the COVID roadmap in the first half of the year, still subject to some restrictions initially albeit less than those of full lockdown a year earlier and moving out of restrictions on 19<sup>th</sup> July 2021.
6. The Public Health team continued to monitor performance and where any issues were identified, officers worked in partnership with providers and wider stakeholders to find solutions to mitigate against the issues. Public health continued to review the challenges on a regular basis across the County, identifying the pressure points and working collaboratively to support provision of the commissioned services to our residents.

7. Public health officers maintained a close dialogue with providers to ensure that the Authority continued to be assured of the best performance in the circumstances and safe practices and that services were being provided in line with emerging and changing guidance. Discussions also began on how providers were going to plan their full recovery out of lockdown.

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

8. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions.
9. The first half of the year continued to be a pressured time for GP practices and a national shortage of blood vials led to strict prioritisation of blood testing. Activity on this preventative programme therefore remained at a very reduced level. The numbers of patients offered and receiving health checks is slowly increasing, but the programme is not anticipated to re-start in earnest until Covid-related backlog pressures on primary care ease after the winter.
10. Payment continued on actual activity delivered in these quarters.

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

11. The ISHS is provided by the three NHS Trusts in Nottinghamshire.
12. Emergency and essential sexual health and contraception services including sexually transmitted infection responses (genital warts/molluscum contagiosum) and insertion and removal of long acting reversible contraception (IUD/S and Implants) continued. Clinics began re-opening in the community spokes as well as the hospital hubs albeit appointment bookings were low.
13. PrEP medication taken by HIV-negative people to prevent infection continued to be supplied to service users (predominantly men who have sex with men) having previously only been available to those on the PrEP trial, however this is now routinely available to residents via all three NHS Trusts.
14. Numbers of service users accessing sexual health services are beginning to rise and the provision of services is almost restored toward normal service delivery.
15. The County sexual health services have active social media profiles on Facebook and Instagram. A wide range of sexual health promotion and education messages as well as information on sexual health, self-help and other health education are regularly posted.

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

16. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire.
17. The service is popular with young people and the officer was able to resume more provision.

18. The Authority officer continued to work with pharmacies in Nottinghamshire, providing advice about managing possible increases in demand, possible delays in receiving supplies and minimising contact by preparing bags of condoms in advance. The officer produced weekly on-line guidance and resources for youth workers to enable them to distribute condoms safely in their areas. The website was updated to inform young people how they could access condoms during the pandemic. Furthermore, training was moved on-line and both registration and refresher training sessions have been provided.
19. The officer continued working with our sexual health providers to streamline the provision of condoms by post.

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

20. The service has continued to see more service users than had originally been anticipated when the Council went out to tender. Pressures on the provider continue to be monitored closely.
21. The Provider has been utilising their outreach van to deliver several needle exchange pop ups in various locations where pharmacies are no longer able to provide these services including Eastwood and Harworth.
22. The young people's service is forming valuable community partnerships including targeted outreach sessions at the Garibaldi Youth Centre in Mansfield for young people identified as at risk of cannabis and potential familial use. Service information and resources including a drug awareness session were provided.
23. The service is also planning introductory meetings with the Authority's Court team and District child protection teams.
24. CGL sub-contracts Hetty's to provide a range of services to families and carers affected by a relative's substance misuse. Hetty's continue to liaise with family members when they have been concerned about a service user and signpost to universal services where the family require additional support. The young person specialists are utilising What's App video conferencing to link in with children and their parents/carers which is proving to be beneficial.
25. Hetty's have also been providing bereavement counselling through a specialist counsellor, this support has been provided to individuals who have lost a loved one due to substance misuse.

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

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

27. The provider is moving towards a hybrid delivery model, including face to face services, delivering in local communities where take up is increasing. The service now operates six days per week including evenings.
28. Examples of community engagement have included innovative partnership programmes, for example:
- Work with Newark College, Newark and Sherwood District Council and Morrison's to engage students in nutrition and healthy eating including learning how to cook a healthy recipe
  - Attendance at an all-day wellbeing event organized with Farnsfield Parish Council for the local community.
  - Delivery of a 12 week cook and eat event at Portland College for residential students with learning disabilities and physical disabilities and their Care Staff to introduce a wider variety of foods and healthy eating.
29. Face-to-face meetings with GP surgeries have commenced. The purpose is to undertake active case finding for smokers and weight management clients, resulting in a significant increase in referrals from Primary Care during the period.
30. The provider has set out a detailed action plan outlining how and when targets will be met in the course of this financial year. By quarter three, the provider hopes to be reaching the targets for that quarter and it is anticipated that by quarter four all targets will be met in that quarter. Public Health officers will be working with the provider and monitoring the progress of this plan.

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

31. Officers resumed visits to make test purchases at premises about which intelligence had been received on the sale of illicit tobacco products.
32. A recent example of the benefits of the service includes the seizure of 34 packets of cigarettes and 27 pouches of tobacco at Andrews News and Booze in Sutton in Ashfield amounted to a value of £880.

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

33. The Domestic Abuse service continues to be challenged by the complexity and numbers of cases as further detailed below.
34. Together with the higher volume of calls, the calls themselves are getting longer as the complexity of need increases. There has also been an increase in service users with English as a second language. Providers are holding survivors in their services for longer, which means that waiting lists are growing and staff are overwhelmed and exhausted. The situation has not been helped by delays in the court system. Waiting lists have increased and plans have been put in place to address these in the coming months.
35. The prevention promotion and training service continued on-line to improve the domestic abuse information available for professionals and young people across the County.

36. The services have started to move back to some face to face meetings in community settings albeit home visits are only made in exceptional circumstances.
37. The Domestic Abuse Act (April 2021) allocated further funding (£1.54m) to the Council to improve the support pathways for survivors in safe accommodation. A three year commissioning plan has been developed and services are being procured. Funding is being provided to Domestic Abuse Specialist Services, District Councils and others to deliver the commissioning plan. In addition, there is a Local Partnership Board under development to drive the strategic domestic abuse agenda.

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

38. This service provides help and support to families with children from birth to 19 years of age to ensure the health and well-being of children and young people. The healthy child programme provides a framework to support collaborative work and a more integrated service delivery.
39. The Provider has continued to work innovatively to overcome challenges in the 'new normal' continuing to deliver all elements of the service using a blended approach of face-to-face contacts, telephone and digital platforms to support the most vulnerable children, young people and their families as well as deliver all the universal and targeted elements of the core offer.
40. The number and percentage of infants totally and partially breast fed has seen an increase to 45% which means that there has been a year on year increase in breastfeeding rates at six weeks since 2017/18 with rates 6% higher than they were then. This is against a national picture which has seen a decline in breastfeeding rates.

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

41. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training to the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.
42. Whilst the number of frontline staff that have taken up the offer to be trained in child related oral health brief advice is positive, attendance at the adult related training remains very low as care staff continue to focus on Covid-related work.

### **Homelessness (Framework)**

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

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

### **Other Options Considered**

45. None

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

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

### **Statutory and Policy Implications**

47. 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**

48. 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**

49. 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**

50. 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**

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

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

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**Constitutional Comments (LPW 06.10.2021)**

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

**Finance Comments (05.10.2021)**

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

**Background Papers and Published Documents**

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

None

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

All



## Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	<b>NHS Health Checks</b>	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. <a href="http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx">http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx</a>
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	<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.</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%), • Genital warts (17%), • Genital herpes (7%), • Gonorrhoea (7%).</li> </ul> <p>Between 2012 and 2013 there was an increase nationally of 15% in diagnoses of gonorrhoea and 9% in infectious syphilis. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in MSM. <a href="http://www.fsrh.org">www.fsrh.org</a> <a href="http://www.bashh.org">www.bashh.org</a>. The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none"> <li>• A reduction in under 18 conceptions</li> <li>• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)</li> <li>• A reduction in people presenting with HIV at a late stage of infection.</li> </ul> <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none"> <li>• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health</li> <li>• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions <ul style="list-style-type: none"> <li>• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health</li> </ul> </li> <li>• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk</li> <li>• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000 <ul style="list-style-type: none"> <li>• An increase in the number of people accessing HIV screening, particularly from those groups most at risk</li> </ul> </li> <li>• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV</li> <li>• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups <ul style="list-style-type: none"> <li>• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM</li> </ul> </li> <li>• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire <ul style="list-style-type: none"> <li>• A reduction in unintended pregnancies in all ages</li> <li>• Increased quality standards across Nottinghamshire and Bassetlaw.</li> </ul> </li> </ul>
3.02	Chlamydia Detection Rate (15-24 year olds)		
3.04	HIV Late Diagnosis		
2.04	Under 18 conceptions	<b>Young Peoples Sexual Health Service - C Card</b>	Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.
1.05	16-18 year olds not in education employment or training	<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>	Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need
2.03	Smoking status at time of delivery (maternity)	<b>Tobacco Control and Smoking Cessation</b>	Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s). To reflect the model 3 themes will be used to provide context;
2.09	Smoking prevalence - 15 year olds		

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

## Nottinghamshire County Public Health Services Performance Report Quarter 2 2021/22

Service Name	Indicator or Quality Standard	2020/21 Total	Annual plan 2021/22	Plan to Date	2021/22 Q1	2021/22 Q2	2021/22 Total
NHS Health Checks	No. of eligible patients who have been offered health checks	8,010	-	-	6,451	4,152	10,603
	No. of patients offered who have received health checks	2,779	-	-	2,133	2,137	4,270
Integrated Sexual Health Services	<b>Total number of filled appointments</b>						
	Sherwood Forest Hospital NHS Trust	16,276	-	-	4,775	4,775	9,550
	Nottingham University Hospital NHS Trust	10,401	-	-	2,999		2,999
	Doncaster and Bassetlaw Hospitals NHS Trust	8,366	-	-	2,656		2,656
	<b>Total</b>	<b>35,043</b>	-	-	<b>10,430</b>		<b>15,205</b>
	<b>Quality Standard 60 % of new service users accepting a HIV test</b>						
	Sherwood Forest Hospital NHS Trust	35%	>60%	>60%	79%	63%	71%
	Nottingham University Hospital NHS Trust	17%	>60%	>60%	69%		69%
	Doncaster and Bassetlaw Hospitals NHS Trust	19%	>60%	>60%	66%		66%
	<b>Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test</b>						
	Sherwood Forest Hospital NHS Trust	44%	>75%	>75%	40%	55%	48%
	Nottingham University Hospital NHS Trust	46%	>75%	>75%	46%		46%
	Doncaster and Bassetlaw Hospitals NHS Trust	68%	>75%	>75%	80%		80%
	<b>Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC</b>						
	Sherwood Forest Hospital NHS Trust	52%	>30%	>30%	19%	18%	19%
	Nottingham University Hospital NHS Trust	58%	>30%	>30%	64%		64%
Doncaster and Bassetlaw Hospitals NHS Trust	43%	>30%	>30%	50%		50%	
Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	184	1,400	700	86	75	161
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	240	2,000	1,000	112	139	251

<b>All Age Substance Misuse Service</b>	Total numbers in Treatment Adult and Children inc CJ	3,085	-	-	2,814	2,901	5,715
	Number of successful completions (YP and Adults and Parents)	1,245	-	-	285	252	537
	Number of unplanned exists (Adults and YP)	775	-	-	94	244	338
<b>Integrated Wellbeing Service</b>	Smoking Cessation: Number of clients quit at 4 weeks following quit date	1,617	3,200	1,600	546	460	1,006
	Smoking Cessation: % of clients quit at 4 weeks following quit date	56%	-	-	65%	67%	66%
	Adult Weight Management : The number of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	-	1,850	925	59	70	129
	Adult Weight Management: The % of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	-	-	-	39%	64%	52%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	11	860	430	16	8	24
	Childrens Weight Management: The % of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	28%	-	-	60%	92%	76%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	527	4,000	2,000	228	237	465
<b>Illicit Tobacco Services</b>	Number of inspections	33	-	-	19	12	31
<b>Domestic Abuse Services</b>	Number of eligible referrals who have engaged and accepted support	2,398	-	-	417	259	676
	Children of survivors	794	-	-	26	15	41
	Number of training events delivered (specialists courses, seminars, briefings, conferences)	18	-	-	0	0	0
<b>Healthy Families</b>	Percentage of New Birth Visits (NBVs) completed within 14 days	95%	91%	90%	95%		95%
	Percentage of 6-8 week reviews completed	91%	87%	90%	91%		91%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	90%	86%	90%	92%		92%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	99%	90%	95%	100%		100%
<b>Oral Health Promotion Services</b>	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	279	150	75	108		108
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	83	150	75	7	34	41
<b>Homelessness</b>	Hostel Accommodation Number exited in a planned way	126	-	-	32		32
	Hostel Accommodation % exited in a planned way	86%	>80%	>80%	74%		74%
	Move on Accommodation Number exited in a planned way	93	-	-	39		39
	Move on Accommodation % exited in a planned way	88%	>80%	>80%	95%		95%

NWA only - JUNO yet to be rcvd

District Level Data

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

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

**8 November 2021****Agenda Item: 6****REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC  
COMMISSIONING & SERVICE IMPROVEMENT****CARE SUPPORT AND ENABLEMENT FRAMEWORK RETENDER****Purpose of the Report**

1. To seek agreement to retender the Care Support and Enablement Framework and award a Framework Agreement.

**Information**

2. Nottinghamshire County Council has previously commissioned Care Support and Enablement that is delivered via the Care Support and Enablement Contract and Care Support and Enablement Provider Agreement (Framework). The aim of this service is to provide care, support, and enablement for adults with a learning disability, physical disability, mental health issues and complex health issues and ensure that service users have the right support at the right time in the right place to enable them to live as close to an “ordinary” life as possible.
3. The current Care Support and Enablement framework incorporates a mixture of outreach packages, supported living packages in the community or people living in Housing with Support Schemes where there is onsite care. Enablement is key to ensuring that people are supported in the right way at the right time in the right place to achieve the greatest level of independence as is possible for that individual. For some this will mean staying in supported living whilst for others it will be supporting them to move on to their own tenancies.
4. The Housing with Support Strategy supports the integration of ‘An Ordinary Life’ approach. It encourages a wider range of housing models and solutions for the benefit of current and future service users.
5. Providers and Adult Social Care staff use a strengths-based enablement approach to support service users to live as independently as they can within their current settings as well as to encourage service users to move on into greater independence.
6. In 2014, four Core Providers – Community Integrated Care, Nottingham Community Housing Association, Fitzroy and United Response were contracted to deliver new services in an allocated geographical area within the County. A number of legacy providers who operated under a variety of historical contractual arrangements also

continued to provide support to people. This allowed for continuity of service for people but also had the advantage of ensuring there was some diversity in the market which helped limit risk of market failure and promoted greater choice. On occasion the Council also funds these services for people who live outside of the County. The Core Provider contract was a seven-year contract with no extensions and came to an end on 31<sup>st</sup> August 2021.

7. In 2018 a Care Support and Enablement Provider Agreement (also known as the Care Support and Enablement Framework) was set up. A number of legacy providers who had historically operated under a variety of contractual arrangements were moved on to the Care Support and Enablement Framework. This allowed them to continue to provide support to people as well as allowing for continuity of service for people but also had the advantage of ensuring there was some diversity in the market which helps limit risk of market failure and promotes greater choice. The framework is split into two different 'Lots'.
8. **Lot 1** - open to providers who can deliver care support and enablement to individuals living either in their own home (rented or owned) on their own or with family or friends or in supported accommodation.
9. **Lot 2** – open to care and support providers who want to work with a housing provider or developer to bring supported accommodation-based solutions to the Council. These include shared house, single units, bungalows, block of flats etc. The Council does not enter into a relationship or partnership with housing providers.
10. As of August 2021, there are 81 providers currently on the framework, which includes new and existing legacy providers. Only 29 providers actively deliver Care Support and Enablement activity.
11. The framework was set up in September 2018 and runs to September 2022 with an option to extend on annual basis until 2025 (4+1+1+1 years). However, due to the core providers joining the framework, the cost envelope of the overall framework has been reached and it cannot be extended.
12. The existing framework ends in August 2022. Any individual contracts (often referred to as Call-off contracts) which fall under the scope of the framework agreement can be awarded until this time with the end date for these individual contracts extending beyond the end date of the framework agreement.

## **Current Cost**

13. The current budget for Care Support and Enablement activity delivered under the framework is c£48m per annum. This supports around 1,157 people who receive accommodation based support and outreach provision. The cohort are mainly younger adults aged 18-64 years old, but some people will remain in these services beyond 65.
14. There will be an increase in cost to this framework due to the complexity and acuity of service users. However, the Council will continue to claim back monies from health for any packages that are part or fully funded by them. In addition, the current Council initiatives such as the prevention and early intervention agenda, three conversations and strength based approaches could mitigate costs as referrals could be resolved at an earlier stage.

The increase in the use of technology throughout the pandemic could also support staffing issues by offering an alternative to in-person visits.

<b>2021-22</b>	<b>Hourly rate £</b>	<b>Average hours</b>	<b>Weekly cost £</b>	<b>Contract cost (number of hours x rate) £</b>
Supported Living standard	16.11	2,651,998	821,609	42,723,681
Supported Living enhanced	19.29	111,867	41,498	2,157,907
Outreach	17.21	200,021	66,199	3,442,360
<b>Total</b>		<b>2,963,885</b>	<b>929,307</b>	<b>48,323,949</b>

### **Care Support and Enablement Contract and Framework Review**

15. Since January 2021 the Care Support and Enablement contract has been under review to help establish what the best approach is to deliver a Care Support and Enablement service once the current framework comes to an end in August 2022.
16. The core provider model required the core providers to pick up work. Some of the limitations, pre-dating Covid, of this model include a lack of capacity to pick up outreach, lack of knowledge and experience of delivering specialist services such as mental health and a limited ability to create new housing solutions.
17. There has been an increase in people who misuse substances and those with mental health issues. The framework will seek to support these individuals but also be mindful of not duplicating other services which also support this cohort.
18. Feedback from providers indicates that the current framework is not flexible and can take too long to select and commission developments. The Council looks to address these issues within the new framework. In addition, the lack of developments were due to the impact of Covid which resulted in a number of developments being delayed and pushed back to 2022. However, six developments were established through the current framework which resulted in 74 people being supported within these services which have been implemented since 2017.
19. Providers are reporting that they are having increasing problems recruiting sufficient staff to deliver services safely. This is having an impact on current service delivery for both supported living and outreach. Providers are predicting that they will struggle to resource new accommodation-based schemes and also pick up outreach delivery. The new tender process will seek to mitigate and support providers to recruit and retain staff.
20. Neighbouring councils with a social care responsibility have a number of different solutions to commissioning Care Support and Enablement. There does not appear to be any one solution which has been adopted universally.

## **A new improved Care Support and Enablement Framework**

21. Tendering for a new framework will provide an opportunity to implement the learning from the review and Covid, consider current economic and social factors and ensure that the new service provision will be inter-generational, innovative and feasible.
22. The new Care Support and Enablement framework will improve on the current model through using the learning identified in the review and also through the feedback from providers to ensure that a new framework is more useable.
23. The new framework will be tendered with both indicative and capped rates for hourly costs. Providers will be able to submit a bid based on their costs and also their quality. Those closest to the indicative rate or below it will score higher than providers who are closer to the capped rates of pay.
24. Offering providers an opportunity to indicate the rate that they think is reasonable for delivery of the activity will help to incentivise providers and encourage them to apply to be on the new framework. The capping of the rates will help to ensure that the Council can keep tight control of the budget.
25. Revised terms and conditions will ensure that all providers work to the same mechanism and the revised contract will provide for the consideration of any annual inflation.
26. Providers will also be asked to 'bid' on certain elements of work such as having a specialism in outreach, mental health support, learning disabilities, physical disabilities, complex needs or being in a geographical area. Providers will then be ranked based on cost and quality. The ranked provider list will allow work to be allocated directly to a provider without having to go out for a mini competition.
27. Providers will also be asked to partner with Housing providers. Ranking these providers will enable the Council to easily access housing solutions when it needs to with no additional tender process being required.
28. The framework will allow the Council to use different mechanisms to award the work:
  - direct awards can be made via service user choice
  - activity can be allocated via the ranked provider list - Call off without further competition
  - to go for a mini competition within the ranked provider group
  - or run a mini competition using the overarching provider list.
29. The process for setting up packages will be more streamlined and using the ranked provider list will remove one step of the current tendering process.
30. The framework can be opened for new providers as and when required and will accommodate a growth in demand in future outreach, supported living and supported accommodation.
31. All the 81 providers currently on the existing framework will be encouraged to apply to join the new framework along with any new providers who may also like to apply. The 29

providers who currently support service users will actively be encouraged to join the new framework. Providers do not have to re-join the framework, but it would then limit their ability to access new work.

32. Over the next three years, work will be carried out to move all the current packages onto new contracts issued under the new framework.

**Timeline for key activities**

33. The new framework has to be in place by the end of August 2022. To achieve this the timeline is as follows:

Report to Adult Social Care & Public Health Committee	November 2021
Engage with Adult Social Care staff, providers, and service users regarding the new framework	October – December 2021
Work with procurement on the paperwork and processes	December 2021 – January 2022
Advertise Tender	February 2022
Bids submitted	April 2022
Evaluation of bids	May – June 2022
Notification of evaluation outcome	August 2022
New Framework to start	September 2022

34. From 1<sup>st</sup> September 2022 all new work will be commissioned through the providers on the new framework.

**Other Options Considered**

35. Other options have been considered and rejected for the reasons outlined below.
36. Single providers (Core providers) – although this has benefits of a contractual arrangement requiring the core provider to pick up work, the fragility of the market suggests that this type of arrangement would not work at the current time. Recent experiences with the Care Support and Enablement and other frameworks has meant that work has not been picked up by the core provider and therefore there would not be any longer-term benefits of continuing with this approach. Recently, providers have identified that they have found it hard to fulfil the contractual terms as they do not subcontract any work and are struggling with staffing issues. The market currently would struggle to sustain a lead provider model.
37. Separate Frameworks – this would lead to more officer time managing separate contracts.
38. Spot contracts – the Council does not use spot contracts as these tend to be developer/provider led rather than service user choice. Service users can choose to use providers not on the Care Support and Enablement framework but would need to have the support package set up through a Direct Payment. Problems do arise where a service user lacks capacity and cannot manage a Direct Payment.

39. Brokerage system - a provider is selected to manage the whole process on the Council's behalf. This would have implications for the Quality & Market Management Team as the provider employed to manage the whole process does everything and the Council pays the contract cost and management fees.

### **Reason/s for Recommendations**

40. The Council is required to follow the Council's Financial Regulations and the Public Contract Regulations 2015 to retender the Care Support and Enablement Framework ready for commencement by September 2022.
41. The new framework will encompass better data management, processes and procedures which will save time and money for Adult Social Care staff and providers.
42. The new model will be flexible. Providers and Adult Social Care staff will be able to use it in a proactive, agile manner to provide an improved service for service users.
43. It will allow the Council to factor in ongoing staff recruitment and retention issues, meet any new building regulations, trial different outreach models and encourage the use of digital technology.

### **Statutory and Policy Implications**

44. 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**

45. The current budget for Care Support and Enablement activity delivered under the framework is £48m per annum.
46. The rates paid to providers delivering Care Support and Enablement activity through the framework have only increased since 2014 in line with the National Living Wage which is implemented on an annual basis and so have not kept up with other areas of the Care market.
47. Providers are indicating that they will require a higher rate per hour for delivery of Care Support and Enablement activity. The new framework tender would set an indicative rate and also a capped rate. It is envisaged that these rates would be aligned to other similar 'care and support services' such as Homecare and also benchmarked against neighbouring authorities who have a similar framework approach. More modelling will be carried out to ensure that similar systems are used as in Homecare and this will ensure there is parity between services.

48. The actual cost of the tender will not be known until next year, but any additional cost as a result will be considered as part of the Council's overall budget setting process.

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

49. A full Data Protection Impact Assessment (DPIA) is underway in preparation for the tender commencement and will be concluded on award of contract.

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

50. The nature of the services being commissioned mean they will affect older and younger adults, including people with disabilities and those who have multiple and complex health and social care needs. Support will also be provided to people who are carers of adults with health and social care needs.
51. A full Equality Impact Assessment (EQIA) is being undertaken in preparation for the tender commencement and will be concluded on award of contract.

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

52. The service provider will be expected to contribute to the social, economic and environmental wellbeing and prosperity of Nottinghamshire. The tender process will specifically address this and bidders will be required to demonstrate how they will add social value through this contract.

### **Implications for Service Users**

53. The Care Act 2014 requires local authorities who provide adult social care to ensure that people:
- receive services that prevent their care needs from becoming more serious or delay the impact of their needs
  - can get the information and advice they need to make good decisions about care and support
  - have a range of high quality, appropriate services to choose from
  - have more control over how their care and support is organised.
54. The Care Support and Enablement retender will allow the Council to re-engage with service users to ensure that the future framework meets their needs but also plan for the needs of people who may need these services in the future.

## **RECOMMENDATION/S**

- 1) That Committee gives approval to retender the Care Support and Enablement framework and award a Framework Agreement.

**Kashif Ahmed**  
**Service Director, Integrated Strategic Commissioning & Service Improvement**

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### **Constitutional Comments (ELP 21/10/21)**

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

### **Financial Comments (DM 27/10/21)**

56. As referenced in **paragraph 45**, the annual budget for Care Support & Enablement is circa £48m. Any increases to this as a result of the new tender will need to be considered as part of the Council's overall budget setting process.

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

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

None.

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

All.

ASCPH780 final

**8 November 2021**

**Agenda Item: 7**

## **REPORT OF SERVICE DIRECTOR – COMMUNITY SERVICES, LIVING WELL**

### **CHANGES TO THE STAFFING ESTABLISHMENT IN THE LIVING WELL SERVICE**

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

1. The report seeks approval to establish the following posts within the Living Well service:
  - 1 FTE permanent Principal Approved Mental Health Professional (AMHP) post at Band E (subject to Job Evaluation)
  - 6 FTE permanent Approved Mental Health Professional (AMHP) posts at Band C from 1<sup>st</sup> April 2022
  - 0.5 FTE temporary Group Manager post at Band G in Living Well North to 31<sup>st</sup> August 2023.
2. This is in response to increasing demand for mental health services and the need to have consistent leadership and management capacity in place across Living Well services.

#### **Information**

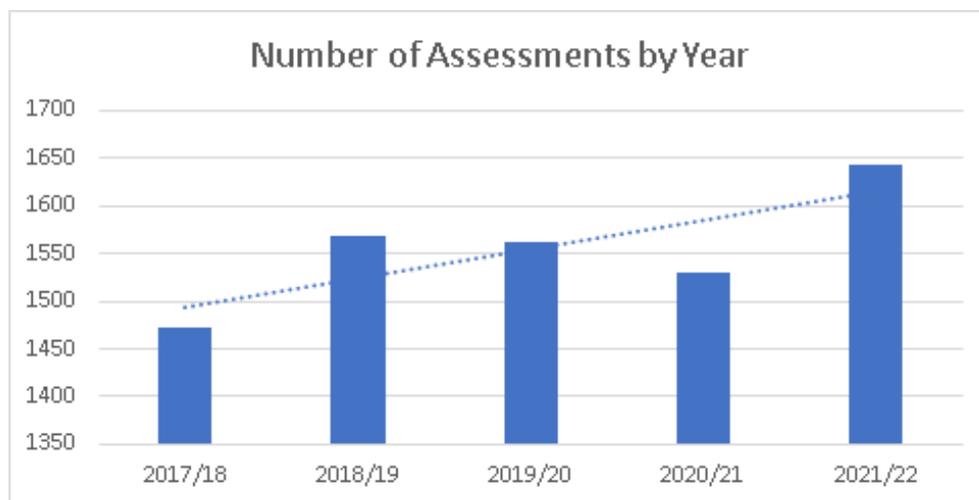
##### **Establishment of a Principal Approved Mental Health Professional (AMHP) post**

3. The Council has a statutory duty to carry out assessments under the Mental Health Act 1983, which the Approved Mental Health Professional (AMHP) team provides across the County 24 hours a day, seven days a week.
4. As an outcome of the assessment process, AMHPs make decisions about whether someone should be admitted and detained in hospital. They undergo specialist training to ensure that the rights of the people they are assessing are protected whilst safeguarding the person, their family/ friends and the wider public.
5. Given the importance of ensuring that delivery of the Council's duty is fully compliant with the Mental Health Act and the level of risk involved, it is critical that practice is consistent and of a high standard, which requires good professional oversight and leadership.

6. The Principal AMHP role has been recommended by the national AMHP Leads Network and is supported by the Association of Directors of Adult Social Services. If approved, this post will ensure there is a high quality service that works in partnership with other colleagues and external agencies. They will be responsible for the implementation of policy, guidance and legislation and ensure that the practice of the AMHP team is of an excellent standard and is compliant with legislation and practice guidance. The AMHP lead will also have sufficient seniority and status to engage effectively with senior colleagues within partner agencies.
7. In addition, the Mental Health Act reforms, which are currently being developed into draft legislation, will introduce further changes and duties under the Act and will require knowledgeable, experienced and authoritative leadership, within this very specialised area of work, to implement the Act in collaboration with partner agencies.
8. Also, having an additional leadership role within the AMHP service will increase the management capacity, which is currently stretched since the introduction of the 24 hour service model.

**Establishment of 6 FTE permanent Approved Mental Health Professional (AMHP) posts**

9. Demand for mental health services continues to grow. Figures from Mind show that 25% (16.6 million) of the population experienced mental health problems in 2019, of which 12.1% received treatment. Local figures show a 10.4% increase in Mental Health Act assessments since 2017 and the Council is expecting to undertake more than 100 additional assessments this year.



10. Although there was a slight decrease in assessments undertaken in 2020/21, due to the impact of the Covid-19 pandemic on access to general and mental health services, there has been a significant upswing this year, particularly in referrals received via hospital emergency departments and the community.
11. In addition, the complexity and severity of mental health issues presenting is much higher than before the pandemic and requires more AMHP time and input.

12. This, combined with a lack of alternatives to hospital treatment, an increase in social stressors and mental ill-health risk factors, leads to an overreliance on hospital admission which in turn creates greater demand for Mental Health Act assessments and places further pressure on the AMHP workforce.
13. Given the nature and risk of the work carried out by AMHPs, work related stress and burnout are common factors affecting the profession, so it is imperative that to manage demand, retain staff and safeguard their wellbeing, there are sufficient levels of staffing in place, hence the request for an additional 6 FTE AMHPs to add much needed capacity.

### **Establishment of 0.5 FTE temporary Group Manager post in Living Well North**

14. The substantive Group Manager for Living Well North will be undertaking a part-time course of study until 31<sup>st</sup> August 2023 and has received bursary funding which covers the cost of backfilling her position on a half time basis.
15. An additional position within the Living Well structure has already been established to accommodate a backfill scenario and the post has been recruited to with the new appointee having commenced on 6<sup>th</sup> September 2021, which has Corporate Director approval for an initial three-month period.
16. Beyond this three-month period, Committee approval is required for the continuation of the additional post until the end of the substantive postholder's studies on 31<sup>st</sup> August 2023.

### **Other Options Considered**

17. The option to incorporate the Principal AMHP role into the Principal Social Worker role was considered, as was the option to combine the Liberty Protection Safeguards and Approved Mental Capacity Professional lead functions into the Principal AMHP role.
18. Although both of these options would unify leadership, direction and practice and there are considerable synergies between these areas of focus, all of these lead roles carry a significant range of duties and it would be unrealistic to combine any of these functions without negatively impacting capacity.
19. However, the Principal AMHP will work closely with the Principal Social Worker to ensure consistency of practice and sharing of knowledge and there may be scope to incorporate the Liberty Protection Safeguards and Approved Mental Capacity Professional lead functions into existing principal roles once the requirements and duties of these are better understood when the Liberty Protection Safeguards come into force in April 2022.

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

20. The increasing Mental Health Act work, future changes to legislation and in line with the Association of Directors of Adult Social Services review, it is recommended that a new 1 FTE Principal AMHP lead role be established within Adult Social Care. The postholder will solely concentrate on Mental Health Act strategy and practice, not only within Nottinghamshire, but also representing the Council at regional and national forums as required. They will implement legislation, policy and procedures, whilst building strong strategic relationships.

21. The additional 6 FTE permanent Approved Mental Health Professional posts are required due to the significant increase in Mental Health Act referrals, which is reflected nationally and locally, alongside workforce and system pressures.
22. The temporary backfill of the 0.5 FTE Group Manager post until 31<sup>st</sup> August 2023 will provide consistent leadership and management capacity across Living Well services.

## **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.

## **Crime and Disorder Implications**

24. There will be more capacity within the AMHP service to work with partner agencies to ensure flow through the system, including police custody and improved communication in all areas including risk management.

## **Financial Implications**

25. It is proposed that the 1 FTE permanent Principal Approved Mental Health Professional post be established at Band E (subject to Job Evaluation), in line with the Principal Social Worker post. The total cost at Band E, including on-costs, is £73,812 per annum which can be funded through the invest to save or departmental underspends for the remainder of this financial year. A pressure bid has been submitted to fund this post from April 2022.
26. A further pressure bid has been submitted to fund the additional 6 FTE permanent Approved Mental Health Professional posts at Band C from 1<sup>st</sup> April 2022 at a cost of £361,298 per annum, including an approved market factor supplement and on-costs.
27. The backfill costs of the 0.5 FTE temporary Group Manager post at Band G in Living Well services is estimated at £85,665 for the period to 31<sup>st</sup> August 2023 including on-costs. Funding will be provided by the Department of Health and Social Care up to a total of £87,159 to cover the cost.

## **Human Resources Implications**

28. The introduction of the Principal AMHP role will provide the team with professional leadership support and additional management capacity and will be subject to a full job evaluation process to determine the grade of the post, in line with the Authority's Grading Policy.
29. The increase in establishment of an additional 6 FTE AMHPs will add much needed capacity to the team and ease the pressure on existing team members.

30. The proposals regarding further investment into AMHP staffing capacity have also been shared with the relevant recognised Trade Unions for information.
31. The establishment of a 0.5 FTE temporary Group Manager post in Living Well North to backfill the substantive postholder's study time will provide necessary and consistent leadership and management capacity within the Living Well service.

### **Implications for Service Users**

32. The establishment of additional professional leadership and capacity in the AMHP service will ensure consistent, high quality practice and compliance with the Mental Health Act (1983) and enable assessments to be undertaken more efficiently and completed within the recommended timescale, reducing the time spent in s.136 suites, enabling better flow through the system and releasing other partners' time e.g. police. It will also reduce staff burnout which will provide better continuity for people using the service.
33. The establishment of a 0.5 FTE temporary Group Manager post in Living Well North to backfill the substantive postholder's study time will provide necessary and consistent leadership and management capacity within the Living Well service to oversee practice, performance and delivery of a high quality service to people with care and support needs, in line with the Care Act (2014).

### **RECOMMENDATION/S**

That Committee approves the establishment of:

- 1) 1 FTE permanent Principal Approved Mental Health Professional post at Band E (subject to Job Evaluation)
- 2) 6 FTE permanent Approved Mental Health Professional posts at Band C from 1<sup>st</sup> April 2022
- 3) 0.5 FTE temporary Group Manager post in Living Well North until 31<sup>st</sup> August 2023.

**Ainsley Macdonnell**  
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### **Constitutional Comments (ELP 13/10/21)**

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

### **Financial Comments (DM 14/10/21)**

35. The cost of the AMHP Lead is £73,812 p/a. This incorporates all on-costs including the Market Factor Supplement, mileage, and mobile devices. A pressure bid has been submitted to fund this permanently from April 2022. It is anticipated that recruitment will begin as soon as approved; the 2020/21 costs of approximately £18,453 can be met from departmental underspends.
36. The cost of the additional 6 AMHPs is £361,298 p/a incorporating all on-costs including the Market Factor Supplement, mileage, and mobile devices. A pressure bid has been submitted to fund these permanently from April 2022.
37. The permanent funding of all these posts is subject to the approval of the submitted pressure bids. Should these not be approved, alternative sources of funding must be sought.

### **HR Comments (WI 14/10/21)**

38. The HR implications are outlined in **paragraphs 28-31**. The newly established roles will be recruited to in line with the Authority's Recruitment procedures.

### **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.

ASCPH781 final

**8 November 2021**

**Agenda Item: 8**

## **REPORT OF SERVICE DIRECTOR, CUSTOMERS, GOVERNANCE AND EMPLOYEES**

### **WORK PROGRAMME**

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

1. To consider the Committee's work programme.

#### **Information**

2. The County Council requires each committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chairs and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified. The meeting dates and agenda items are subject to review in light of the ongoing COVID-19 period.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

#### **Other Options Considered**

5. None

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

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

#### **Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human

rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

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

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

For any enquiries about this report please contact: Jo Toomey – [jo.toomey@nottscc.gov.uk](mailto:jo.toomey@nottscc.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 2021-22

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
<b>13<sup>th</sup> December 2021</b>			
Departmental Awards			
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca Croxson
Discharge to Assess planning arrangements		Service Director, Ageing Well/ Service Director, Strategic Commissioning and Service Improvement	Sue Batty/Kash Ahmed/Clare Gilbert
<b>24<sup>th</sup> January 2022</b>			
Proposals on joint commissioning		Service Director, Strategic Commissioning and Service Improvement	Kashif Ahmed
Update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund		Director of Public Health	Cathy Quinn
Day opportunities strategy 2021 – 2026 – consultation outcomes	To present to committee the outcome of the consultation	Service Director, Living Well/ Service Director, Strategic Commissioning and Service Improvement	Ainsley MacDonnell/Kash Ahmed
Development and progress of the departmental Prevention Strategy		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Carers and Short Breaks Strategies	To present to committee proposed strategies for carers and short breaks support.	Service Director, Living Well/ Service Director, Ageing Well/ Service Director, Strategic Commissioning and Service Improvement	Sue Batty/Ainsley MacDonnell/Kash Ahmed

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
Interim evaluation of routine enquiry into Adversity in Childhood (REACH) Programme	To provide members with an update on the findings of the interim report on the REACH Programme in Nottinghamshire	Consultant in Public Health	Sarah Quilty
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
<b>14<sup>th</sup> March 2022</b>			
Co-production strategy/ framework		Service Director, Strategic Commissioning and Service Improvement	Sarah Craggs
Refresh of the Adult Social Care & Public Health Department's Digital Strategy for 2021-2024		Corporate Director, Adult Social Care and Health	Grace Natoli/ Jennifer Allen
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca Croxson
Proposed increase in fees for independent sector adult social care providers, Direct Payments and other charges		Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
Mental Health discharge avoidance		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Technology Enabled Care		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton

<b>Report Title</b>	<b>Brief Summary of Agenda Item</b>	<b>Lead Officer</b>	<b>Report Author</b>
<b>25<sup>th</sup> April 2022</b>			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 3)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett
<b>13<sup>th</sup> June 2022</b>			
Market management position statement	Report on current market position, contract suspensions and auditing activity, and future priorities for supporting the care market.	Service Director, Strategic Commissioning and Service Improvement	Gemma Shelton
Performance and financial position update	To update the Committee on the department's current financial situation and current performance across services.	Corporate Director, Adult Social Care and Health	Louise Hemment/Kath Sargent/ Rebecca Croxson
<b>25<sup>th</sup> July 2022</b>			
Public Health Services Performance and Quality Report for Funded Contracts (Quarter 4)	Regular performance report on services funded with ring fenced Public Health Grant (quarterly)	Consultant in Public Health	Nathalie Birkett

