

Adult Social Care and Public Health Committee

Monday, 26 July 2021 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|----|--|--------------|
| 1 | Minutes of the last meeting of the Adult Social Care and Public Health Committee held on 14 June 2021 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Improving outcomes for survivors of domestic abuse | 9 - 32 |
| 5 | Adult Social Care Strategy development | 33 - 40 |
| 6 | Adults and Health Recovery from COVID | 41 - 68 |
| 7 | The Learning Disability and Autism three-year roadmap | 69 - 78 |
| 8 | Integrated Community Equipment Loans Service tender 2021 | 79 - 86 |
| 9 | Mental Health Recovery Fund – development of Mental Health Discharge Support and Hospital Avoidance Services | 87 - 94 |
| 10 | Public Health Services performance and quality report for funded contracts (1 January 2021 to 31 March 2021) | 95 - 112 |
| 11 | Work Programme | 113 -
116 |

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 14 June 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)

Steve Carr
Dr. John Doddy
Sybil Fielding
Paul Henshaw - **A**

Eric Kerry
David Martin
Nigel Moxon - **A**
Michelle Welsh

SUBSTITUTE MEMBERS

Councillor Chris Barnfather for Councillor Nigel Moxon
Councillor Kate Foale for Councillor Paul Henshaw

OTHER MEMBERS PRESENT

Councillor André Camilleri

OFFICERS IN ATTENDANCE

Melanie Brooks, Corporate Director, Adult Social Care and Public Health (ASC&PH)
Jonathan Gribbin, Director of Public Health, ASC&PH
Ainsley Macdonnell, Service Director, Living Well Community Services, ASC&PH
Kashif Ahmed, Service Director, Strategic Commissioning and Integration, ASC&PH
Nathalie Birkett, Group Manager, Contracts and Performance, ASC&PH
Gemma Shelton, Team Manager, Residential and Nursing Care Services, ASC&PH
Jo Toomey, Advanced Democratic Services Officer, Chief Executive's

OFFICERS IN REMOTE ATTENDANCE

Sue Batty, Service Director, Ageing Well Community Services, ASC&PH
Kath Sargent, Senior Finance Business Partner, Chief Executive's
Grace Natoli, Director of Transformation, ASC&PH
Jennie Kennington, Senior Executive Officer, ASC&PH
Philippa Milbourne, Business Support Assistant, Chief Executive's

1. TO NOTE THE APPOINTMENT OF THE COUNTY COUNCIL ON 27 MAY 2021 OF COUNCILLOR BOYD ELLIOTT AS CHAIRMAN OF THE COMMITTEE, AND COUNCILLORS SCOTT CARLTON AND NIGEL TURNER AS VICE-CHAIRMEN

RESOLVED 2021/028

That the appointment by Council on 27 May 2021 of Councillor Boyd Elliott as the Chairman of the Committee, and Councillors Scott Carlton and Nigel Turner as the Vice-Chairmen of the Committee be noted.

2. TERMS OF REFERENCE AND MEMBERSHIP

RESOLVED 2021/029

That the Committee's membership and terms of reference be noted.

3. MINUTES OF THE LAST MEETING

The minutes of the meeting of the Adult Social Care and Public Health Committee held on 29 March 2021 were confirmed and signed by the Chair.

4. APOLOGIES FOR ABSENCE

- Councillor Nigel Moxon (medical) was substituted by Councillor Chris Barnfather
- Councillor Paul Henshaw (other reasons) was substituted by Councillor Kate Foale

5. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

No interests were disclosed.

6. INTRODUCTION TO ADULT SOCIAL CARE AND PUBLIC HEALTH COMMITTEE

Members were given a brief overview of the key business areas within the Committee's purview and the kinds of matters that would be brought before it. Members were also given the opportunity to ask questions, one area of particular interest was health inequalities when it was indicated that the Public Health Outcomes Framework Update could be added to the Committee's work programme.

11:57 – Councillor Dr Doddy left the meeting

7. SUSTAINING DELIVERY OF THE LOCAL OUTBREAK MANAGEMENT PLAN

The report set out the service arrangements that would be required to sustain the delivery of the Local Outbreak Management Plan including how the arrangements would be funded.

During discussions, Members:

- Referred to the use of agency staff for prolonged periods and asked for reassurance that all those staff were receiving their statutory entitlements and benefits and requested information with regard to the ethnicity and gender of agency staff.

RESOLVED 2021/030

- 1) That the establishment of a COVID-19 response service be approved until September 2023, which will include 41.3 FTE fixed term staffing posts, as set out below and in Appendix C of the report:
 - a. 22.5 FTE in a core COVID-19 response service (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and employed by Nottingham City Council).
 - b. 8.8 FTE in other County Council departments/hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group, which fall within the scope of support services (including 1.0 FTE jointly funded by Nottingham City and Nottinghamshire County Council and hosted by the Nottingham and Nottinghamshire Clinical Commissioning Group).
 - c. 10.0 FTE managing the provision of testing, which is a fully joint service that will be jointly funded by Nottinghamshire County and Nottingham City Council (including 4.0 FTE expected to be employed by Nottingham City Council).
- 2) That the use of the Test and Trace Grant and Contain Outbreak Management Fund to fund these arrangements for 24 months until September 2023 be approved, at an estimated total cost of £6,480,277.
- 3) That the use of Public Health Grant reserves to fund arrangements past March 2022 be approved if conditions attached to the Contain Outbreak Management Fund do not permit its use for this purpose after this point.
- 4) That the establishment and continued employment of 100 FTE agency posts (including 50 FTE expected to be hosted by Nottingham City Council), required to flexibly support the operation of asymptomatic testing sites and for which costs are directly recharged to the Department of Health and Social Care be approved.
- 5) That an update on the deployment of the Test and Trace Grant and Contain Outbreak Management Fund will be brought to a meeting of the Adult Social Care and Public Health Committee in Autumn 2021.
- 6) That the Director of Public Health should seek assurance from Nottingham City Council as the employing authority that all agency staff employed for prolonged periods were receiving their statutory entitlements and benefits and to request information about the ethnicity and gender of agency staff.

8. ADULT SOCIAL CARE PERFORMANCE AND FINANCIAL POSITION UPDATE FOR QUARTER 4 2020-21

The report updated members on the financial position of Adult Social Care at the end of March 2021, together with a summary of performance for the department for quarter 4 (1 January 2021 to 31 March 2021). It also provided an update on the performance reporting framework.

RESOLVED 2021/031

That Committee requires no further action in relation to the finance and performance information for the period 1 January 2021 to 31 March 2021.

9. PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANTS (1 OCTOBER TO 31 DECEMBER 2021)

The report set out public health performance and quality information for contracts funded with ring-fenced public health grant between 1 October 2020 to 31 December 2020.

During discussions, Members:

- Discussed the additional requirements being placed on the Council as part of the Domestic Abuse Bill
- Referred to arrangements for test purchasing and noted that Trading Standards was working with the Police and Crime Commissioner
- Expressed concerns about the impact of the pandemic on the work of the Healthy Families Services where some children had not been seen by a health professional for over 12 months

RESOLVED 2021/032

- 1) That the Domestic Abuse Needs Assessment be added to the Committee's work programme.
- 2) That Early Years Development be added to the Committee's work programme.
- 3) That Public Health Officers liaise with providers about recovery arrangements for the Healthy Families Service and consider opportunities to revisit those children not seen as a result of the COVID-19 pandemic.

10. ADULT CARE FINANCIAL SERVICES UPDATE AND FUTURE SERVICE REVIEW

Committee considered the report which provided an update on Adult Care Financial Services, key aspects of the work and set out the aims of the next phase of service review.

RESOLVED 2021/033

- 1) That no further actions are required in relation to the information contained within the report.

- 2) That a budget of up to £65,000 to contract for specialist independent advice and expertise on Local Authority Financial Charging Regulations to scope the next phase of the service review be approved.
- 3) That a review of Nottinghamshire County Council's policies relating to financial contributions for social care and the Adult Care Financial Services functions as part of the service review be approved.
- 4) That the extension of 2 FTE Deputyship Officer (Band A) posts until 31 March 2022 be approved.
- 5) That the extension of a 0.6 FTE temporary Finance Assistant (Grade 4) post until 31 March 2022 be approved.

11. MARKET MANAGEMENT POSITION STATEMENT

The Market Management Position Statement, which informed the Committee about the work undertaken by the Quality and Market Management Team during the COVID-19 pandemic in response to the Local Authority's statutory duty to ensure a robust and sustainable social care market available for people who lived in the county.

RESOLVED 2021/034

That no further actions are required in relation to the issues contained within the report.

12. WORK PROGRAMME

RESOLVED 2021/035

That the updated work programme be agreed incorporating the Public Health Outcomes Framework Update, the Domestic Abuse Needs Assessment and Early Years Development.

13. EXCLUSION OF THE PUBLIC

RESOLVED 2021/036

That the public be excluded for the remainder of the meeting on the grounds that the discussions were 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 outweighed the public interest in disclosing the information.

14. MARKET MANAGEMENT POSITION STATEMENT – EXEMPT APPENDIX

RESOLVED 2021/037

That the information in the exempt appendix be noted.

The meeting closed at 13.34.

CHAIRMAN

26 July 2021**Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****IMPROVING OUTCOMES FOR SURVIVORS OF DOMESTIC ABUSE****Purpose of the Report**

1. On the 29th April 2021, the Domestic Abuse Bill was given Royal Assent. The Domestic Abuse Act 2021 gives Nottinghamshire County Council statutory duties for commissioning Domestic Abuse support services for adults and children within safe accommodation.
2. The report highlights the needs of survivors of domestic abuse and includes a commissioning plan to improve the outcomes for adults and children, developed using a partnership focused approach.
3. The purpose of this report is to:
 - a. endorse and approve the three-year commissioning plan and procurement approach
 - b. approve the establishment of 0.8 FTE Band D Public Health and Commissioning Manager and 0.6 FTE Band B Public Health Support Officer permanent posts.
 - c. give permission for communications related to the Domestic Abuse Act 2021 and local service provision.
 - d. agree to receive a future paper on the Local Partnership Board governance and the Domestic Abuse strategy in September 2021.
 - e. identify any changes required to the proposed response to the National consultation on the domestic abuse statutory guidance and regulations.

Information**Domestic abuse local context and provision**

4. Based on national data (ONS, 2018) the Nottinghamshire County Domestic Abuse Joint strategic needs assessment (2019)¹ reported more than 79000 people in Nottinghamshire have experienced abuse in the previous year with just over half of child protection plans indicated domestic abuse. Domestic abuse disproportionately affects women and children. Between April 2020 to the end of December 2020 Nottinghamshire domestic abuse services supported over 1,900 survivors, 99% of these were women.² Nearly two thirds (73%) of women living in local refuges have at least one child and over half (53%) have two or more children. Local

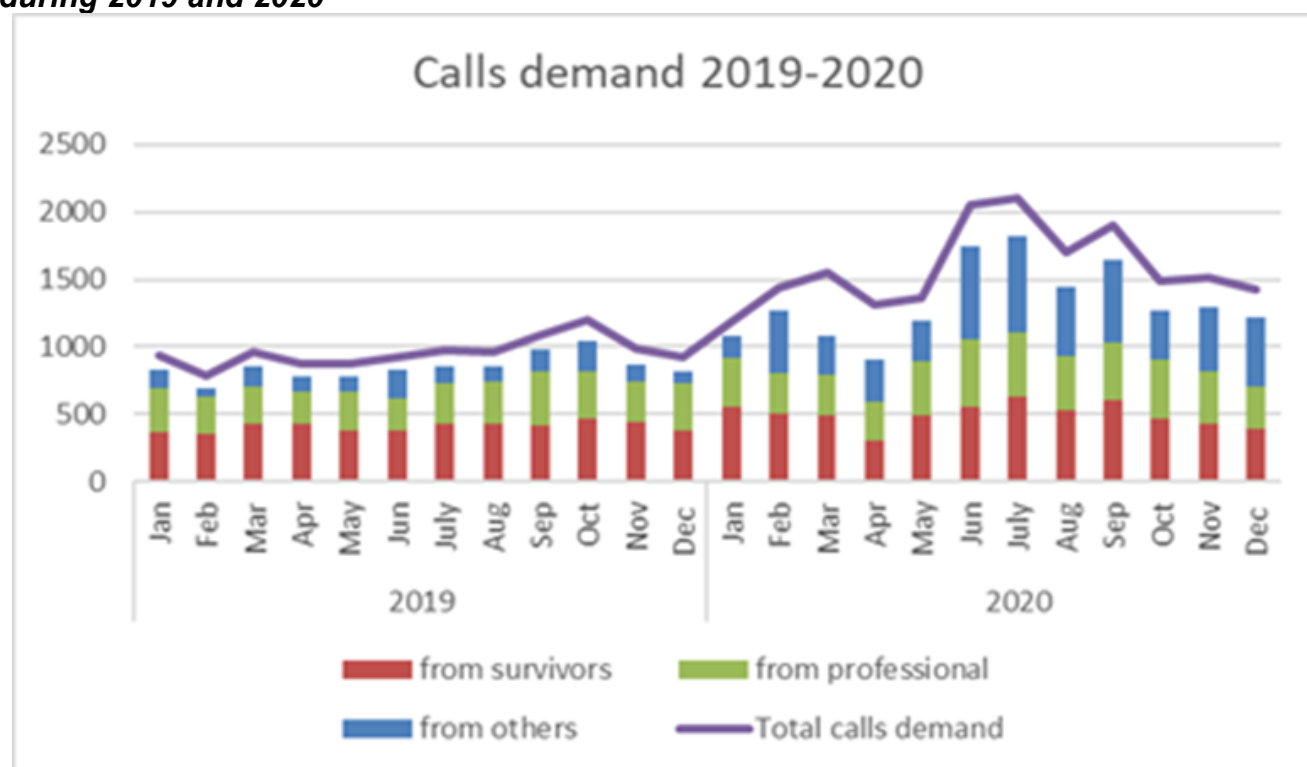
¹ Nottinghamshire County Council (2019) Domestic Abuse Joint Strategic Needs Assessment. Nottinghamshire insight <https://www.nottinghamshireinsight.org.uk/research-areas/jsna/adults-and-vulnerable-adults/domestic-abuse-2019/>

² Domestic Abuse Contract Management Reports 2020

refuge performance reports have shown that between April 2020 and December 2020, there were an estimated 252 people aged 0-17 living in refuge, with 145 people aged 18 and over.

5. The Covid-19 pandemic has had a devastating impact on domestic abuse survivors and their children. A national study on the impact of Covid-19 on domestic abuse conducted by Women's Aid³ stated that 53% of survivors said their children had witnessed more abuse and 38% said their abuser had shown increasing abusive behaviour towards their children. There have been delays in seeking help resulting in increased levels of trauma being experienced and more complex cases requiring accommodation and support services. Calls to the local helpline have increased during 2020 as illustrated in graph 1.

Graph 1 Juno 24-hour free phone domestic and sexual violence and abuse helpline during 2019 and 2020



6. Services for individuals experiencing domestic abuse are currently funded via the Ministry of Housing Communities and Local Government (MHCLG), Nottinghamshire County Council, Police and Crime Commissioner, and Charitable support. In April 2019, Committee heard that these services include prevention work, training programmes, a free 24/7 telephone helpline, one to one and group support services and support within some refuge accommodation.
7. There are currently 40 units of refuge accommodation in Nottinghamshire funded through either MHCLG or Nottinghamshire County Council which Committee approved in December 2019. Survivors access this accommodation through: self-referral, following contact with helplines, domestic abuse sector, local authority district housing teams, social care and the police. The refuge provision in Nottinghamshire County comprises two main cost components. Sustaining suitable arrangements for people fleeing domestic abuse requires both components to be

³ Women's Aid (2020) A Perfect Storm: The impact of the Covid-19 pandemic on domestic abuse survivors and the services supporting them <https://www.womensaid.org.uk/a-perfect-storm-the-impact-of-the-covid-19-pandemic-on-domestic-abuse-survivors-and-the-services-supporting-them/>

funded. The first is the cost of the accommodation, fully funded by district councils, through Housing Benefits. The second is the cost of the support services provided to survivors (women and their children) in refuges and other safe accommodation settings funded centrally by MHCLG and in the future via the Domestic Abuse duty financial allocation.

Statutory context, interim governance arrangements and funding allocation

8. The Domestic Abuse Act 2021 has created a statutory definition of domestic abuse, established a Domestic Abuse Commissioner, and enhanced legal processes. The new Act has also placed a duty on local authorities in England to provide support to survivors of domestic abuse and their children in refuges and other safe accommodation.
9. The duties are:
 - I. Lead authorities to convene a multi-agency Domestic Abuse Local Partnership Board, to:
 - Assess the need and demand for accommodation-based support for all victims and their children, including those who require cross-border support.
 - Develop and publish strategies for the provision of support to cover the locality and diverse groups of victims.
 - Make commissioning / de-commissioning decisions.
 - Meet the support needs of victims and their children.
 - Monitor and evaluate local delivery
 - Report back to Central Government
 - II. Lead authorities to have regard to statutory guidance in exercising these functions
 - III. The Secretary of State to produce the statutory guidance
 - IV. Tier 2 district, borough and city councils and London Boroughs to co-operate with the Local Domestic Abuse Partnership Boards.
10. Nottinghamshire County Council are responsible for delivering the first two requirements as the lead authority, working closely with all partners. The Statutory Guidance mentioned in part III above has now been drafted by the Secretary of State and is currently subject to a national consultation which began on 15th June 2021 and will close on 27th July 2021. The proposed consultation response from Nottinghamshire County Council has been drafted and can be found in Appendix 1. In summary the Draft Guidance and Regulations are comprehensive. The proposed main points of feedback are on the proposed timescales, to ensure there is sufficient time for authority's approval processes.
11. Temporary governance arrangements are in place for the Domestic Abuse Local Partnership Board to work in shadow form alongside the Domestic and Sexual Abuse Executive. A further report will be presented to ASCPH Committee outlining proposed arrangements in September 2021.
12. The MHCLG allocated £1,540,091 in 2021/22 to the authority for the delivery of the domestic abuse duty and a further £223,315 to the districts and boroughs. As agreed by Committee in March 2021 and following legal and procurement advice, £674,000 has been allocated for the extension of the existing 40 units of refuge provision for 2021/22 along with a further £100,000

to provide extra provision for support within refuges, particularly for children and young people. This ensures there is no gap in service, while the commissioning plan is being developed and approved (point 2.1a in the Commissioning Plan in Appendix 2).

Domestic Abuse Needs Assessment and feedback from stakeholder engagement event

13. A Domestic Abuse Needs Assessment has been developed to inform the local commissioning plan and ensure that Nottinghamshire County Council are meeting all the new statutory duty requirements. The needs assessment has highlighted several key findings and recommendations for the County. The draft recommendations were presented to the Domestic and Sexual Abuse Executive on 10th March 2021.
14. Key findings from the needs assessment included; limited refuge capacity, limited safe accommodation provision for survivors with physical disabilities; financial barriers preventing some survivors from seeking help or leaving an abusive relationship; inconsistent delivery of Sanctuary Schemes⁴ across the County; a lack of understanding around the needs of male survivors; barriers to access for those with protected characteristics.
15. Recommendations from the needs assessment included:
 - a. the development of survivor centred pathways to improve access to safe accommodation and support. This requires whole system change in the way partners communicate and collaborate in delivering housing provision with support. Addressing capacity issues by increasing the number of units of safe accommodation as well as the type of accommodation available. It has also been recommended that Sanctuary Schemes are refreshed and re-developed to ensure consistency across the County and increase capacity, to provide a greater number of survivors with safety measures to prevent homelessness. Sanctuary Schemes should be widely publicised to increase the number of people who can benefit.
 - b. improvements to understand needs including accessibility to overcome barriers faced by those groups with protected characteristic including languages, no recourse to public funds, LGBT+ and disabilities. Further in-depth work is required to fully understand the needs of some of these groups along with male survivors and this work must be undertaken before pathways and services can be developed accordingly.
16. The recommendations were discussed with local stakeholders including frontline services, at a workshop held on 18th May 2021. 35 partners from 22 organisations were at the session (See Appendix 3 for a full list of stakeholders). 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 formulate the commissioning plan (See Appendix 2).

Developing the Commissioning Plan

17. The overall outcome of the commissioning plan (Appendix 2) is to improve safe accommodation support across the county and to ensure survivors can be safe from domestic abuse regardless

⁴ Sanctuary schemes provide additional security and safety measures within a survivor's home, this can include new doors, window locks, CCTV, or alarms.

of their personal circumstances. It includes several new services to improve pathways and build a co-ordinated and consistent high quality service for survivors.

18. The three-year plan provides stability within the domestic abuse sector, contracts will be awarded following successful commissioning processes for two years plus one year to allow for any fluctuations in funding. Funding for 2022/23 is expected at the same level as 2021/22 but will not be confirmed until the Spending Review in Autumn 2021.
19. The authority's procurement team have been consulted on the best approach to deliver each element including use of existing contracts and the open market where required. Contracts will include robust financial audits of all spend to ensure funds are used for the purposes intended. These will be monitored through Public Health's quarterly monitoring processes.
20. The commissioning plan has been developed with District and Borough Councils Housing leads. The Domestic Abuse Framework (activated April 2020) will passport funding to the domestic abuse service providers. The district councils will have funding transferred to match fund their contributions on the domestic abuse survivor homelessness and housing support pathways. This is intended to generate ongoing partnership working, helping District and Borough Councils to meet their responsibilities, and secure the financial investment required to improve survivor outcomes across all districts in the County.
21. A robust communications approach will be commissioned and developed by the provider. The key aim of this plan will be to provide service information to communities and professionals to ensure they know the points of access and pathways to safe accommodation support as well as informing on the new powers and protections within the Domestic Abuse Act 2021. This will have the survivor voice (utilising co-production methods) at the heart of all communications and ensure that survivors know the services available and the best ways to access support. This will also link with the stakeholder training plan to provide professionals with the skills and knowledge to support survivors to access safe accommodation. Activities will be monitored through the Domestic Abuse Local Partnership Board governance structures.

Next steps

22. A Domestic Abuse Strategy will be developed, following the development of the Domestic Abuse Local Partnership Board governance structure. This will provide a framework for the Authority and wider stakeholders to follow to improve the range of support services available to survivors over the next three years. This will improve outcomes for domestic abuse survivors in the county.
23. The Commissioning Plan and the process used to develop it, will be shared with the Independent Domestic Abuse Commissioner, who is focused on reducing the postcode lottery of domestic abuse support across the Country.

Reason/s for Recommendation/s

24. To enable the commissioning of services in 2021 using the funding allocated to Nottinghamshire for use in the current financial year.

25. To deliver on the recommendations from the needs assessment as required by the Domestic Abuse Act 2021.

26. To agree the reporting of progress to the Domestic Abuse Commissioner and Ministry of Housing and Local Government on the delivery of the Statutory Duty in Nottinghamshire.

Statutory and Policy Implications

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

Data Protection and Information Governance

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

Financial Implications

29. The report has been shared with financial colleagues.

Human Resources Implications

30. The posts will be externally advertised following the authority's recruitment processes and timelines due to their permanent status. There is currently a fixed term Band D Public Health Commissioning Manager within Public Health working on the Domestic Abuse duty which comes to an end in March 2022.

Public Sector Equality Duty implications

31. The duty will require the authority to consider the availability of safe accommodation for all people with protected characteristics, alongside district partners.

Safeguarding of Children and Adults at Risk Implications

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

RECOMMENDATION/S

- 1) To endorse and approve the three-year commissioning plan and procurement approach.
- 2) To approve the establishment of 0.8 FTE Band D Public Health and Commissioning Manager and 0.6 FTE Band B Public Health Support Officer permanent posts.
- 3) To give permission for communications related to the Domestic Abuse Act 2021 and local service provision.

- 4) To agree to receive a future paper on the Local Partnership Board governance and the Domestic Abuse strategy in September 2021.
- 5) To identify any changes required to the response to the National consultation on the domestic abuse statutory guidance and regulations (Appendix 1) for submission to MHCLG as part of the National consultation on guidance and regulations for the domestic abuse statutory duty.

Jonathan Gribbin
Director of Public Health
Nottinghamshire County Council

For enquiries about this report please contact:

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Constitutional Comments (AK 30.6.2021)

33. This report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference

Financial Comments (DG 30.6.2021)

34. £1.5m has been received from the MHCLG and will be used to fund the £774k refuge provision, as detailed in paragraph 12 and £48,014 Band D 0.8 FTE and £29,507 Band B 0.6 FTE as detailed in paragraph 3

HR Comments (WI 02.07.2021)

35. Recruitment to the newly established posts will be undertaken in line with the authority's recruitment procedures.

36. The proposals have been shared, for information, with the relevant recognised trade unions.

Background Papers and Published Documents

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

- [Commissioning Domestic Abuse Support Services](#) (1 April 2019) – references the support to the Refuge provision across the County
- [Funding for support to survivors of Domestic Abuse within safe accommodation](#) (9 December 2019)
- [Consultation response and preparation for the Domestic Abuse duty](#) (9 November 2020)

Electoral Division(s) and Member(s) Affected

- All

APPENDIX 1

Open consultation: New duties on local authorities to provide domestic abuse support in safe accommodation in England: consultation

Published 15 June 2021 Deadline: 27 July 2021

Nottinghamshire County Council response in bold

About you

Q1. Are you answering the consultation as?

- a. An individual with personal interest
- b. An individual as a member of an organisation

c. An Upper Tier Local Authority

- d. A Lower Tier Local Authority
- e. Other – please specify

Comments

Q2. From the list below, where are you or your organisation based?

- a. London
- b. South East
- c. North West
- d. East of England
- e. West Midlands
- f. South West
- g. Yorkshire and the Humber
- h. East Midlands**
- i. North East
- j. National

Statutory guidance

14. The statutory guidance supports the new duties on relevant local authorities with the aim of ensuring all victims of domestic abuse have access to the right support within relevant safe accommodation.

15. The statutory guidance will accompany the Domestic Abuse Act and gives further details on the new provisions for all tier 1 and 2 local authorities in fulfilling their functions under Part 4.

Q3. Are you happy with the level of clarity and detail within the statutory guidance?

a. Yes

b. No

c. Comments

Q4. Are there any areas within the statutory guidance that need further clarification?

a. Yes

b. No

Q5. If yes, please specify which areas and what you would like to see clarified?

Comments

Q6. Are there any areas within the statutory guidance that you think it would be helpful to have more detail?

a. Yes

b. No

c. Comments

Q7. If yes, please specify where it would be helpful to have more detail.

Comments: **It would be useful to have more detail around the reporting that will be required for MHCLG to support the planning resources and commenting timescales in large two tier authorities. The depth and detail required for the reports will directly impact on the workload for both tier 1 and tier 2 authorities.**

Q8. Are there any areas missing from the statutory guidance that you think would be helpful to include?

a. Yes

b. No

c. Comments

Q9. If yes, please specify which areas are missing that you think it would be helpful to include in the guidance comments

Q10. (for local authorities) Do you agree that June is a reasonably practical time after the end of each financial year for the submission of annual reports to MHCLG?

a. Yes

b. No

Q11. If not, please specify what would be a reasonably practical time for the submission of annual reports to MHCLG.

Comments: The authority needs to have a complete understanding of what the annual report will include to appreciate the level of reporting that will be required. June is not practical for a Tier 1 Authority needing to collect data from Tier 2 authorities before producing and submitting the report. A more reasonable timescale would be end of July at the earliest to allow for the process of data collection from Tier 2 Authorities and providers.

Annex A: Recommended terms of reference for Local Domestic Abuse Partnership Boards

Tier 1 authorities must appoint a Local Partnership Board (Board) consisting of key local partners with an interest in tackling domestic abuse and supporting victims, including their children. To support local authorities in setting up these Board we have provided recommended terms of reference.

Q12. Do you agree with the recommended terms of reference for Local Domestic Abuse Partnership Boards?

a. Yes

b. No

Q13. Is there anything missing that you would like to see included?

Comments

Annex B: MHCLG quality standards

Q14. Do you agree with the updated MHCLG quality standards?

a. Yes

b. No

Q15. Is there anything missing that you would wish to see included?

Comments

Regulations

The Domestic Abuse Support (Relevant Accommodation) Regulations 2021.

The regulations provide a description of 'relevant accommodation'. This description is intended to be broad based and recognise the wide diversity of safe accommodation that domestic abuse victims and their children may live in or choose to live in, including:

- Refuge accommodation
- Specialist safe accommodation
- Dispersed accommodation
- Sanctuary schemes
- move-on or second stage accommodation

The description covers accommodation provided by a local housing authority, a private registered provider of social housing or a registered charity whose objects include the provision of support to victims of domestic abuse, or accommodation which is part of a local authority sanctuary scheme.

Q16. Do you agree with the description of refuge accommodation as defined in the regulations?

a. Yes

b. No

c. **Comments:** The refuge description should highlight the single gender nature of the provision.

Q17. Do you agree with the description of specialist safe accommodation as defined in the regulations?

a. **Yes**

b. No

c. Comments

Q18. Do you agree with the description of dispersed accommodation as defined in the regulations?

a. **Yes**

b. No

c. Comments

Q19. Do you agree with the description of sanctuary schemes as defined in the regulations?

a. **Yes**

b. No

c. Comments

Q20. Do you agree with the description of move-on or second stage accommodation as defined in the regulations?

a. **Yes**

b. No

c. Comments

Q21. Is there anything missing that you would wish to see included in the regulation?

Comments

Domestic Abuse (Local Authority Strategies) Regulations 2021

These regulations make provision about the preparation and publication of strategies under section 57 of the Act. The regulations make provision about the matters to

which a relevant local authority must have regard to in preparing a strategy for example links/join up with other local authority functions such as Violence Against Women and Girls, how the strategy must be published, the date by which the first strategy should be published, the frequency with which a relevant local authority must review its strategy and the effect of their strategy on other local authority domestic abuse support.

Q22. Do you agree with the frequency of the publication of strategies?

a. Yes

b. No

c. Comments

Q23. Do you agree that the first strategy should be published by 31 October?

a. Yes

b. No

c. Comments

Q24. If not, please specify when it should be published

Comments: As a 2 Tier Authority we have several processes that need to be undertaken following the writing of a Strategy before it can be officially published. The timescale of October will not give sufficient time for the strategy to be written, consulted upon, and approved through Committee processes before it can be published.

Q25. Is there anything missing that you would wish to see included in the regulation?

Comments: There should be consideration of the breadth of the strategy and the interdependencies of the domestic abuse safe accommodation alongside the wider domestic abuse agenda. The proposed approach in Nottinghamshire is to develop a strategy with several chapters that focus on key elements bringing all the elements together to fully address domestic abuse. There will be 8 chapters;

- safe accommodation
- MARAC high risk and DHRs
- criminal justice and the courts
- children and young people
- community support services
- health services/pathways
- prevention

- **perpetrators**

Each chapter will be completed separately making considerations on their inter dependencies within their action plans.

About this consultation

This consultation document and consultation process have been planned to adhere to the consultation principles issued by the Cabinet Office.

Representative groups are asked to give a summary of the people and organisations they represent, and where relevant who else they have consulted in reaching their conclusions when they respond.

Information provided in response to this consultation, including personal data, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 2018 (DPA), the EU General Data Protection Regulation, and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, as a public authority, the Department is bound by the Freedom of Information Act and may therefore be obliged to disclose all or some of the information you provide. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Ministry of Housing, Communities and Local Government will process your personal data in accordance with the law and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties. A full privacy notice is included below.

Individual responses will not be acknowledged unless specifically requested.

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.

Are you satisfied that this consultation has followed the Consultation Principles? If not or you have any other observations about how we can improve the process please contact us via the [complaints procedure](#).

1.	Strategic leadership, Development and System Change	
1.1	Strategic leadership, partnership maintenance and system change	<ul style="list-style-type: none"> • Public Health Management resource and business support to lead on the Domestic Abuse Statutory Duty, including: <ul style="list-style-type: none"> ○ develop the Local Partnership Board, governance structures and functions ○ Commission services and manage the duty budget ○ Work in partnership with Tier 2 Authorities ○ Responsibility for reporting back to Central Government and the Domestic Abuse Commissioners Office on activity and spend ○ Work towards the development of ‘whole Housing Approach’ model in Nottinghamshire • Recruitment of a Domestic Abuse Duty Team including 0.8 Public Health and Commissioning Manager (Band D) and 0.6 Public Health Support Officer (Band B). • Work with Housing Providers across the County to identify more properties for refuge/move on accommodation • Develop the Terms of Reference and ongoing Local Partnership Board Governance Structures across the County • Administrate the ongoing delivery of the Board. • Delivery and monitoring of Commissioning plan. • Reporting progress and outcomes to Central Government and Domestic Abuse Commissioner • Standardise the safe accommodation offer across Tier 2 Authorities, recognising differences in delivery models. • Encourage and support Countywide DAHA membership, including the offer of a ‘health check’ to highlight good practice and any areas for improvement

Appendix 2– Proposal for Domestic Abuse Statutory Duty Funding

		<ul style="list-style-type: none"> • Pathways for accessing safe accommodation outlined with Tier 2 Authorities utilising the 'Health check' outcomes to support this work and inform development in future years
1.2	Tier 2 Local Authority Co-ordination and data reporting	<ul style="list-style-type: none"> • Tier 2 Authorities have dedicated officer time allocated to ensure co-ordination of the domestic abuse work in partnership with Tier 1 Authority, including development of Sanctuary Schemes and managing flexible funding allocations. • Tier 2 Authorities to ensure that data on domestic abuse survivors is provided for the Needs Assessment and for ongoing reporting and monitoring of the activity within the Commissioning plan • Provision of a Local co-ordinator model with delivery approach decided on by Tier 2 authorities for optimal use of resources • Facilitate the 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. • Provision of quality information and timely data for the Local Partnership Board to inform commissioning decisions. • Reporting of required data for the Needs Assessment and monitoring and reporting to Central Government and Domestic Abuse Commissioners Office.
1.3	Co-production of services with survivors (including male survivors) and children	<ul style="list-style-type: none"> • Procure service to work with survivors and their children to gain an understanding of their views and experiences within safe accommodation support services. • Provide additional funding in first year to develop structures and work with all Domestic Abuse Providers and develop the local survivor network. • The Service will ensure the findings from the 'deep dives' on specific issues are incorporated into this work • Ensure survivors and children's voices are at the heart of decision making • Development of survivor centred pathways

Appendix 2– Proposal for Domestic Abuse Statutory Duty Funding

		<ul style="list-style-type: none"> • Provide the voice of Survivors from protected characteristics groups • Manage the survivor network
1.4a	Provide training and communications on the new Domestic Abuse Act and statutory duty	<ul style="list-style-type: none"> • Commission a service to lead on training and communications including the training of social care and housing staff in Tier 2 Authorities and Housing Providers on the new duty and their roles and responsibilities. • Promote the new Domestic Abuse Act and the Duty in year 1. • Develop a training plan for years 2 and 3 as a result of year 1 activity e.g. co-production • Ensure delivery is in partnership with Tier 2 Authorities to allow for localisation of the sessions. • Promotion of Sanctuary schemes following development. • To provide professionals with the skills to support survivors in accessing safe accommodation and support. • To communicate to local communities the services available and points of access to reduce duplication, promote services, and dispel myths.
1.4b	Training across the domestic abuse sector workforce on trauma informed service delivery	<ul style="list-style-type: none"> • Utilise the REACH (Routine Enquiry about Adversity in Childhood) programme to provide training to services across the domestic abuse support sector on Adverse Childhood Experiences and the impact of trauma. • To fund additional REACH programme training sessions for domestic abuse support services and housing teams in District and Borough Councils • Ensure support for survivors and their children is trauma informed
2.	Service Provision	
2.1a	Domestic abuse refuge provision throughout 2021/22	<ul style="list-style-type: none"> • Fund wellbeing and support for women and their children living within the existing 40 refuge units across the County • Practical and emotional support provided to women and children

Appendix 2– Proposal for Domestic Abuse Statutory Duty Funding

		<ul style="list-style-type: none"> The development and delivery of consistent Data management and recording systems across the sector
2.1b	Re -commission domestic abuse refuge provision in Year 2 to include support in move on provision	<ul style="list-style-type: none"> Increase the number of units available by up to 10 additional units. Provision of 'Move on' properties attached to each refuge for a phased approach to exiting refuge. Move on Accommodation support provision Provision of accessible safe accommodation options for survivors with physical disabilities. Comprehensive support for children and young people within safe accommodation Provision of pathways for safe accommodation for male survivors in line with the findings of the 'deep dive' on male survivor needs.
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"> Domestic abuse commissioned services staff to embed* their support offer within tier 2 authorities housing teams to provide support to survivors and their children at the earliest opportunity Provide support to survivors accessing safe accommodation, including the provision for beneficiaries of Sanctuary Schemes Provide support to professionals within tier 2 authorities to ensure appropriate support is provided for survivors <p>*Tier 2 Authorities can decide locally with Provider if this will be co-located staff</p>
2.3	Trauma informed therapeutic support pathways	<ul style="list-style-type: none"> Commission additional support of a fulltime therapist for survivors who require intensive trauma informed support Additional support provided in year 1 for Covid recovery and waiting list management Support refuge providers in working with survivors and children with complex mental health problems as a result of trauma.

Appendix 2– Proposal for Domestic Abuse Statutory Duty Funding

2.4	Development of Sanctuary schemes to deliver a quality and consistent service along with improved support	<ul style="list-style-type: none"> • Develop sanctuary scheme pathways and quality standards that provide consistency across the County • Match funding for Tier 2 Local Authorities to increase the implementation of the practical elements of the sanctuary scheme: fitting safety measures • Provide survivors with swift and effective safety measures to keep them safe in their existing home. • Ensure ongoing support is provided to survivors and children remaining in their own homes to help them stay safe.
2.5	Removing barriers: Flexible funding to be made available to improve pathway efficiency	<ul style="list-style-type: none"> • Tier 2 Authorities to hold budgets to provide grants to survivors to enable them to move on into safe accommodation. • Domestic Abuse Providers to hold a fund for survivors to move on and to meet individual needs e.g. language line • Temporary accommodation for pets of domestic abuse survivors in local kennels by extension of the existing PoPPFA (Protection of Property, Pets and Funeral Arrangements) scheme - Establish clear pathways in Year 1 and fund services from Sept 2021 Filling the gaps of Pet Fostering Programme – Juno Women’s Aid. This will remove a barrier faced by many survivors fleeing abuse. • Removing financial barriers for survivors who need to access safe accommodation such as transport to refuge, storage costs for belongings etc. • Removing financial barriers for survivors ready to move on from refuge into independent, permanent accommodation. • Clear governance process to be developed for flexible funding with full auditable spend at the end of each year.

Appendix 2– Proposal for Domestic Abuse Statutory Duty Funding

2.6a	Deep dive on groups with protected characteristics	<ul style="list-style-type: none"> • Deep dive on women with protected characteristics accommodation requirements to understand how to overcome barriers and challenges in accessing services • As a result of the findings from the deep dives in year 1 develop evidence-based services to be delivered in years 2 and 3. • To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.
2.6b	Deep dive on male survivors of domestic abuse	<ul style="list-style-type: none"> • Deep dive on male survivor's accommodation needs and the best ways to support men in accessing safe accommodation • 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. • To ensure the findings are used in co-production and incorporated into the ongoing survivor voice.
2.6c	Deep dive on mental health provision for domestic abuse survivors	<ul style="list-style-type: none"> • To provide an in depth understanding of the mental health provision for domestic abuse survivors • To assist in the development of effective survivor centred pathways for accessing mental health provision for domestic abuse survivors

Appendix 3 – Stakeholders, 18th May 2021

Nottinghamshire County Council

DAHA (Domestic Abuse Housing Alliance)

Office of the Domestic Abuse Commissioner

Mansfield District Council

Ashfield District Council

Newark & Sherwood District Council

Gedling Borough Council

Broxtowe Borough Council

Rushcliffe Borough Council

Bassetlaw District Council

Nottingham City Council

Bassetlaw, Newark & Sherwood Community Safety Partnership

Juno Women's Aid

Women's Aid

Jigsaw Housing Group

Metropolitan Thames Valley Housing

Equation

IMARA

NIDAS (Nottinghamshire Independent Domestic Abuse Services)

We R Here

NHS Bassetlaw Clinical Commissioning Group

NHS Nottingham and Nottinghamshire Clinical Commissioning Group

26 July 2021**Agenda Item: 5****REPORT OF SERVICE DIRECTOR, INTEGRATED STRATEGIC
COMMISSIONING AND SERVICE IMPROVEMENT****ADULT SOCIAL CARE STRATEGY DEVELOPMENT****Purpose of the Report**

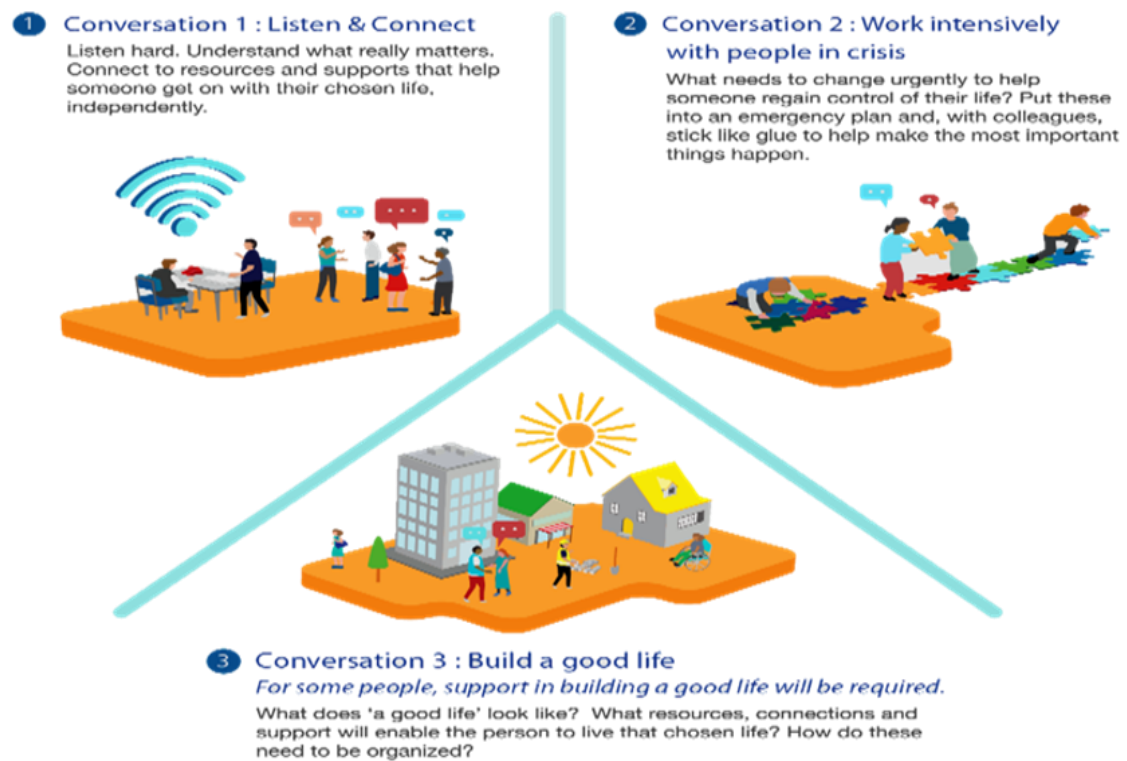
1. The report proposes the development of the Adult Social Care Strategy through a co-production approach and sets out to Committee a development timeline for approval.

Information

2. The underlying goal of Adult Social Care is to enable people to live in a place they can call home with the people and things that they love, in communities where everyone looks out for one another, and people can do the things that matter to them. It means living well, with well-met needs, protection, participation, contribution, and crucially it means fairness and justice.
3. The new Adult Social Care strategy will be co-produced through conversations with people, carers, staff and partners about how social care can support people to live a good life in the way that they want to. The department will produce a written Strategy as well as an easy-read document that clearly sets out for the public the adult social care offer in Nottinghamshire.
4. The department's Adult Social Care Strategy was first produced in 2014 and then refreshed and republished in 2018. The Strategy was aligned to the principles of the Care Act 2014.
5. The current Strategy, which ends in 2021, provided a framework for the work of the department and was successful in embedding the principles of prevention, maximising independence and the importance of review to ensure people are receiving the right level of support at the right time and in the right place. There was a lot of work with staff and with the public to promote this approach and the social care offer available in Nottinghamshire, and what people could expect from the Council.
6. The development of the new Strategy is well-timed to support the vision and ambitions of the new leadership of the Council, to align with the new Council Strategic Plan and the current and future priorities within Adult Social Care at a local level as well as looking to align to national social care reform that the Government is currently developing.

7. The Government has set out an intention to progress Adult Social Care reform in 2021. It is currently not clear as to the scope, scale or timeline for reform. This work will place the Department in a good position to build in any reform work that emerges and to incorporate reform plans into the emerging strategy and work programme. The Council will also need to respond to known changes in legislation and policy, including Mental Health Act reform, the introduction of Liberty Protection Safeguards (to replace Deprivation of Liberty Safeguards) and a national Disabled Persons' strategy.
8. As well as responding to the pandemic over the last year, Adult Social Care and Health has undergone a great deal of change in terms of how the department is structured, its operating models and its priorities and ambitions.
9. In October 2019, the Committee approved a new Operating Model for Adult Social Care which was implemented in September 2020. This was an internally focussed development aimed at having in place the right structures to deliver the following improvements:
 - place based approach enabling support in the right place
 - close work with communities and partners to help with support at the right time
 - build strategic commissioning capability to support the social care market and to understand the strategic needs of our residents.
10. Going forward the department needs to understand how to further improve the way it works with people to support greater independence, health and wellbeing. The Coproduction work will enable us to understand if there are any barriers to supporting people created by the way services are organised and managed.
11. The department is currently undertaking a large ambitious programme of cultural change, which was approved by the Committee in January 2020. Central to this work is a shift towards Strength Based approaches, including working in the three conversation model, where intervention focusses on support for people and their carers when it is needed and with active planning.

Figure 1- three conversations model



12. Adult Social Care and Health will look to embed this approach through the Adult Social Care Strategy and be clear with people what they can expect from us at different points of connection with the Council.
13. There has also been a real focus on the department's culture with the aim of improving the experience that people have of the support they receive over time, so the department is responsive, tackles crisis and problems in a timely way, and is confident that it has improved their wellbeing.
14. The department wants to understand from people what the key components to building the right support are, and to ensure there is a clear plan for developing this over time where there are any gaps between what is provided and what is needed.

Engagement and Co-production

15. There is a strong focus on ensuring good communication and engagement with staff across the department, and co-production with people who use our services.
16. In September 2020 Adult Social Care established a co-production steering group made up of people and carers with lived experience and the Corporate Director. The group has worked together to produce a definition of co-production and a model for developing this in Adult Social Care and Health.
17. The aim is for co-production to become the way the department works. Co-production is a meeting of minds coming together to find shared solutions. In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.

18. When co-production works best, people who use services and carers are valued by organisations as equal partners, can share power, and have influence over decisions made.
19. The model and approach will involve a permanent co-production group in the County that provides scrutiny and oversees the quality of co-production planned for any meaningful change that will impact on people who use Adult Social Care services.
20. Co-production 'task and finish' groups have been, and will continue to be, established where people with lived experience and staff work together on time limited projects from start to finish. There will be listening spaces arranged where people and carers can share their lived experience of services.
21. In addition, the department will develop a community of practice for staff so they can learn more about co-production and how to do it well, as well as creating a forum for innovation and collaboration where people can share information and ask for help to develop ideas together.
22. The Adult Social Care Strategy will be co-produced through these new approaches and framework.
23. The new Adult Social Care Strategy, once developed and agreed, will act as an overarching vision that will help to drive and shape other departmental strategies that sit beneath it. This will include strategies for prevention, carers, day opportunities, technology enabled care and Autism.
24. In addition, the department has ambitions to develop an integrated approach with health partners to strategic commissioning and quality and market management. These programmes of work will help to transform Nottinghamshire's Adult Social Care services and ensure that the Council achieves better outcomes for the people of Nottinghamshire going forward.

Timetable for the new Strategy

25. The intention is to launch the new Adult Social Care Strategy in early 2022. Key milestones in the development of the Strategy are shown below:

Committee approval for development of new Adult Social Care Strategy	July 2021
Co-production of draft Strategy with colleagues, partners, people with lived experience and Members	August – November 2021
Draft of Adult Social Care Strategy presented to Committee	November/December 2021
Public consultation on draft Strategy	January/February 2022
Final version of Adult Social Care Strategy presented to Committee	February/March 2022
Implementation of Adult Social Care Strategy	March/April 2022

Other Options Considered

26. Continued use of the existing Adult Social Care Strategy is not considered a feasible option going forward given the changes that have taken place across the organisation and department since it was published in 2018.

Reason/s for Recommendation/s

27. It is recommended that a new revised Adult Social Care Strategy is developed to ensure it is in line with current corporate and departmental ambitions and priorities.

Statutory and Policy Implications

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

Financial Implications

29. There are no current financial implications for the refresh of the Adult Social Care Strategy. There may be some costs incurred in any public consultation process.

Human Resources Implications

30. The Strategy will be developed in partnership with staff and people that use our services and provides the framework for how staff work with people to provide Adult Social Care services and support.

Public Sector Equality Duty implications

31. An Equality Impact Assessment has been produced to ensure that the development and content of the Strategy does not adversely affect any people with protected characteristics.

Smarter Working Implications

32. The development of the new Strategy will consider the impact of new ways of working and service models that have been developed in response to the pandemic, and the Investing in Nottinghamshire programme.

Safeguarding of Children and Adults at Risk Implications

33. The department's statutory duty in relation to safeguarding adults will be integral to the development of a new Strategy and social care offer to the public.

Implications for Service Users

34. The Strategy will be accompanied by accessible documents and communications that will clearly set out what people can expect from adult social care in Nottinghamshire, and what adult social care support hopes to achieve for the people that the Council is involved with.

RECOMMENDATION/S

That Committee:

- 1) approves the proposed plan for revising the Adult Social Care Strategy
- 2) receives a draft Adult Social Care Strategy for review at Committee before the end of 2021.

Kash Ahmed

Service Director, Integrated Strategic Commissioning and Service Improvement

For any enquiries about this report please contact:

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Constitutional Comments (EP 30/06/21)

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

Financial Comments (OC 02/07/21)

36. 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.

[Updated Adult Social Care Strategy - report to Adult Social Care and Public Health Committee on 13th November 2017](#)

[Adult Social Care Culture Change Programme – report to Adult Social Care and Public Health Committee on 6th January 2020](#)

Equality Impact Assessment

Electoral Division(s) and Member(s) Affected

All.

ASCPH766 final

26 July 2021**Agenda Item: 6****REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND
HEALTH****ADULTS AND HEALTH RECOVERY FROM COVID****Purpose of the Report**

1. This report seeks approval of the required resources for Ageing Well and Living Well services to manage demand due to the COVID19 pandemic on a temporary basis until March 2022.
2. This report seeks approval of the resources required to support the department's transition to recovery from the COVID19 pandemic on a temporary basis until March 2022.
3. The report also seeks approval for the investment required to deliver and accelerate recovery and the Service Improvement Programme, including establishment of posts until March 2022.
4. The report also provides an update on the outcome of the review of the commissioning function within Integrated Strategic Commissioning and Service Improvement directorate that came to the Committee in November 2021 including the establishment of permanent posts.
5. This report seeks approval to extend an established temporary 1 FTE Forensic Intellectual Disabilities Social Worker (Band B) post within Living Well with funding arrangements in place through Nottinghamshire Transforming Care Partnership.

Information**Background**

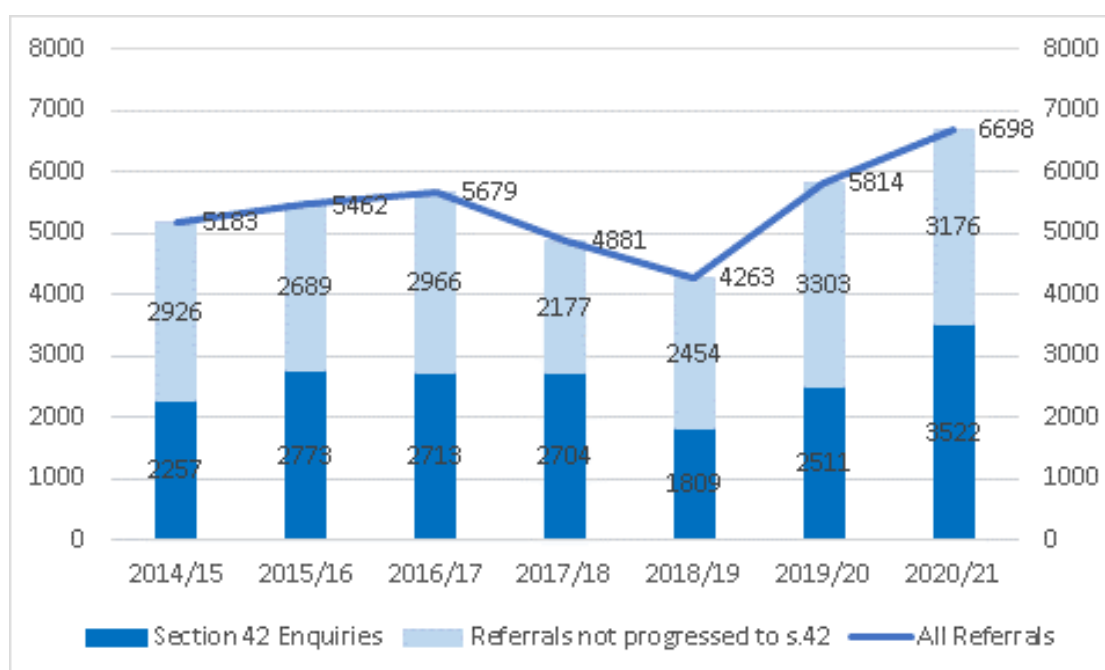
6. In January 2021 the Committee approved the Service Improvement Programme of work from 2021/22 to 2023/24 which set out the department's ambitions over the next three years and the investment required at that time to deliver the plan.
7. However, as the department transitions into recovery from the COVID19 Pandemic, there are signs of increased demand across some services in Ageing and Living Well that require investment in the short term to support the workforce in the delivery of critical services.

8. There are also areas identified in this report that would accelerate COVID19 recovery, with improvements to services that will build back better ways of working and the investment required in the short term to support this.

Resources to manage the increased demand across Adult Social Care Services

a) Increased demand

9. During the COVID19 pandemic and as the department moves into recovery, there have been increased safeguarding referrals leading to increased pressure on Adult Social Care Community Teams and increased waiting times for people being assessed. Higher levels of urgent safeguarding work have taken priority and waiting times for other work have been steadily increasing across all teams since March/April 2021.



10. Safeguarding referrals into the Multi-Agency Safeguarding Hub (MASH) for adults have steadily increased year on year by a total of 25% since 2018/19. It is clear now that this is a continued trend and not just a short/medium term effect of Covid 19. The service is now receiving an average of 200 referrals per week; however, the current staffing capacity was established to manage an annual average of 126 cases per week.
11. Further to an improvement plan that has helped to manage some of the rising demand to date, a service review is now required to target potential areas for both department and inter-agency improvements. These include more preventative work, quality referrals and ensuring all partners are proportionate in the processes used. The aim is that people will be supported in a timely way with their right to live safely, free from abuse and neglect, without having to go through any unnecessary processes. The initial scoping of the review will include an assessment of how much of the demand pressures can be mitigated by these improvement actions and inform the future workforce plan.

12. To manage the current and extreme service pressures in the MASH, temporary posts are requested for approval. In line with the Corporate Director's powers, the following posts have been approved for three months pending this Committee report today:
- **3 FTE (full-time equivalent) temporary Social Worker (Band B)** posts to 31st March 2022
 - **3 FTE temporary Community Care Officers (Grade 5)** posts to 31st March 2022.
13. Within Ageing Well, the impact of COVID19 has meant that the community teams are now seeing increased demand deferred during the pandemic. This proposal is for the following temporary Ageing Well posts to help manage the increased demand:
- **6 FTE temporary Social Workers (Band B)**: these posts will be temporary until 31st March 2022 and will manage the complex and safeguarding work and be based in Ageing Well Community Teams
 - **5 FTE temporary Social Workers (Band B)**: these posts will be temporary until 31st March 2022 and will manage the Care Act assessment waiting lists and be based in Ageing Well Community Teams.
 - **3 FTE temporary Occupational Therapists (Band B)**: these posts will be temporary until 31st March 2022 and will manage the waiting list for Occupational Therapy assessments and be based in Ageing Well Community Teams.
14. Within Living Well, a recent review of the 2020 remodelling regarding the 'new way of working' found that specific resources within Living Well teams need to be increased to meet increased safeguarding demands related to younger adults. For example, an analysis of current waiting lists shows that 692 cases are currently awaiting review, including carers and young carers reviews and a further 339 cases awaiting Occupational Therapy assessments, in addition to a rise in safeguarding referrals. Therefore, the following posts are required on a short-term basis until March 2022:
- **3.5 FTE temporary Advanced Social Work Practitioner (ASWP) (Band C)**: these posts will be temporary until 31st March 2022 and be based in Living Well Community Teams.
- The proposed 3.5 FTE posts will increase the Physical Disability ASWP establishment from 0.5 per team to 1.0 per team. This is important to ensure that staff have access to a Physical Disability specialist who understands all processes relating to the three conversations model, timely commissioning processes and those relating to approaches used by the Physical Disability teams. ASWPs (Advanced Social Work Practitioner) also have a key role in building and maintaining partnership working in an integrated way with other partners to develop Primary Care Network (PCN) and place-based working.
- **4 FTE temporary Senior Practitioner Occupational Therapist (Band C)**: currently there are 3 FTE Senior Practitioner Occupational Therapists across seven districts. It is vital that there is a much-improved Occupational Therapy leadership presence within the Living Well teams to ensure a consistent offer. This will improve the ability to triage incoming Occupational Therapy referrals, manage waiting lists to minimise delays to

the three conversations way of working and to ensure that staff are building their skill and experience in reablement and preventative techniques.

- **5 x FTE Social Workers (Band B)** to manage complex cases and safeguarding work.
- **7 FTE temporary Community Care Officers (Grade 5)**: the current Community Care Officer resource in Living Well Community Teams is not sufficient to meet demands. It is important to have the Community Care Officer staff to enable timely allocation of work to reduce the waiting lists for both routine and priority work, including crucial work such as Carer/Young Carer reviews, Reablement and dealing with new referrals to the teams. The additional capacity will also enable Living Well to significantly reduce its waiting lists for people needing minor adaptations or basic equipment.

b) Maximising Independence Service – temporary Team Manager & Promoting Independence Workers

15. Since its establishment in September 2020, the Maximising Independence Service has played a vital role in the Council's COVID19 response and is continuing to develop and establish itself as a service key to the Council's Strength Based Approach. The countywide services offered by the Maximising Independence Service, such as community development support, iWork employment support and benefits advice, are particularly key to ensuring people are supported to maximise their independence at the earliest opportunity. Promoting Independence Workers are also part of the Maximising Independence Service offer. Promoting Independence Workers provide support to people to enable them to learn new skills to live independently and access their local communities, for example, training to be able to use public transport. They work with a person for a maximum of 12 weeks to support them to achieve their individual personal goals to live a good life.
16. This proposal is for the following temporary posts across the Maximising Independence Service until 31st March 2022:
 - **1 FTE temporary Maximising Independence Service Team Manager (Band D)**: supporting the culture shift to a strength-based approach requires considerable leadership time from Maximising Independence Service Team Managers over and above the 'day to day' Maximising Independence Service management work. This proposal therefore is for 1 FTE temporary Maximising Independence Service Team Manager until 31st March 2022. This temporary role is required to cover temporary increased management responsibilities across the Maximising Independence Service, including developing additional reablement capacity to be able to work with more people to promote their independence and reduce the need for ongoing homecare, (as approved at the January 2021 meeting of the Committee), as well as a new 'wellbeing check' offer using the temporary monies from the 'Contain Outbreak Management Fund', the provision of an increased iWork offer and, subject to agreement, the management of an increased temporary Promoting Independence Workers offer.
 - **5 FTE temporary Promoting Independence Workers (PIW) (Grade 3)**: these temporary posts are needed until 31st March 2022 to reduce the waiting list of 168 people, which has developed because of COVID19

- **1 FTE temporary Promoting Independence Workers Enablement Manager (Band A):** this post would initially be on a temporary basis up to the end of March 2022 to manage the additional Promoting Independence Workers resource.

Table of resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Social Workers	Band B	3	Multi-Agency Safeguarding Hub	74,863
Community Care Officers	Grade 5	3	Multi-Agency Safeguarding Hub	54,099
Social Workers	Band B	11	Ageing Well Community Teams	274,499
Occupational Therapists	Band B	3	Ageing Well Community Teams	74,863
Advanced Social Work Practitioner	Band C	3.5	Living Well Community Teams	100,407
Senior Practitioner Occupational Therapist	Band C	4	Living Well Community Teams	114,751
Social Workers	Band B	5	Living Well Community Teams	124,772
Community Care Officers	Grade 5	7	Living Well Community Teams	126,232
Maximising Independence Service Team Manager	Band D	1	Maximising Independence Service	31,043
PIW Enablement Manager	Band A	1	Maximising Independence Service	21,377
Promoting Independence Workers	Grade 3	5	Maximising Independence Service	73,328
TOTAL				1,070,234

Service Improvement Programme

17. The following themes that were presented in the report to ASCPH (Adult Social Care and Public Health) Committee in January 2021 provide the framework for further investment

across the department to support COVID19 recovery activity and deliver the Service Improvement Programme.

Theme 1 – Digital, Systems and Processes

Digital

a) Digital Strategy

The Committee agreed the approach to the department's digital strategy in February 2021 and a further report will be presented to Committee in October 2021. To develop a detailed implementation plan with the ambition to bring forward work where possible, additional Service Improvement Officer resource is required on a short-term basis and would allow for the delivery of all components of the digital strategy from April 2022 onwards.

b) Device Lending Scheme

The device lending scheme was introduced during the pandemic to address digital exclusion for the people the department supports, as our operating models provided more support virtually than face to face and this disadvantaged people across some services.

With the move to recovery, it is timely to review this offer and explore if there are other people who would benefit from this scheme, with a further update to be presented at Committee in September 2021. This review will come from existing resources within Integrated Strategic Commissioning.

Systems

a) Business Management Services Organisation Structure

The implementation of the department's workforce remodelling in September 2021 saw a large volume of changes to the department's organisational structure within Business Management Services. The department needs access to an up-to-date structure to enable accurate vacancy reporting which is critical for managers to forecast and manage capacity within frontline services. Work with HR and Business Services Centre colleagues is needed immediately to ensure the establishment in Business Management Services is accurate and up to date. The additional Service Improvement Officer resource will also develop with managers across the department sustainable options to keep Business Management Services up to date going forward.

b) Public Feedback Solution

The department has an ambition to capture feedback from communities and people that it supports at the point of service delivery and is looking at options to deliver this with a view to coming back to Committee in September 2021 with more details around the solutions available and investment required.

c) Policy Library

The department's policy library needs review and development of an options appraisal for digitisation of the library to make it more efficient and less resource intensive. Further details on this approach will be provided in the report to Committee in September 2021.

Simplifying Processes

18. The department has identified various aspects of work within the Simplifying Processes Project that could be accelerated, to support its frontline workforce in delivery of services if additional resources were made available, on a short-term basis.

a) Mosaic Portal

Work is already underway across Adult Social Care and Children and Families to use additional functionality within Mosaic through a Portal solution to improve the Children's and Adults Disabled Facilities Grant process with district councils.

From our close work with Children & Families on this development the department has already identified some features within the portal solution that the department would like to explore further which also align to our digital strategy themes. A focused dedicated resource to support this is now required. Some of the features include:

- Safeguarding referrals
- Carers pathway
- Self-assessment enabling individuals to complete financial assessments
- Portal view of care and support records that could be accessed by individuals receiving support.

This will consolidate our understanding of the system and allow some potential acceleration of Simplifying Processes and Digital workstreams.

Any cost implications for ICT resources connected to the Portal development will be identified and further detail will be available in the update report to committee in September 2021.

b) Mosaic Financial Strategy

One of the more complex areas within Mosaic is the financial elements required to meet financial regulations and statutory reporting and is very resource intensive when commissioning packages of care. To accelerate learning and help reduce bureaucracy for the workforce to allow more time with people that the department supports, there is a clear need for a Mosaic Finance Strategy, and whilst work has commenced on this, it could be progressed at pace with the right specialist resource in place.

c) Mosaic Reporting Strategy

As the department continues to embed its refreshed suite of core metrics, there is an outstanding requirement for a Mosaic reporting strategy linked to the core metrics, that requires subject matter experts with knowledge of Mosaic to develop and implement the strategy. This will include report mapping across Mosaic and building reports to meet the requirements of the department.

The department may need to factor in the cost of expanding the reporting module in Mosaic with its providers Servelec, but further details and any additional costs will be provided in the update report to Committee in September 2021.

d) Hospital Discharge workstream

To support the delivery of the 'Hospital Discharge' policy with system partners the department needs to work towards a single referral solution for our Home First Response Service, Rapid Response Service, and Short Term Assessment and Reablement Team (START) as our discharge teams are spending too long on the current processes in place. Aligned with this is the need to explore potential options to improve some of the Home Based Care Portal Functionality, which is the tool used to confirm capacity with our home care providers.

Although some preliminary work has started to understand the challenges in both areas, this work now needs to involve ICT colleagues, to ensure it is scoped and costed appropriately and included on their timeline.

Therefore, further detail will be available in the update report to Committee in September 2021.

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Project Manager	Band D	2	Service Improvement Quality and Practice	62,086
Service Improvement Officer	Band B	3	Service Improvement Quality and Practice	74,863
Specialist Resource - Mosaic Financial Strategy	N/A	1	Service Improvement Quality and Practice	63,000
Specialist Resource - Mosaic Reporting Strategy	N/A	2	Service Improvement Quality and Practice	112,000
TOTAL				311,949

Theme 3 – Performance and Quality Assurance

Quality Strategy

19. The development of a quality strategy is included within the Service Improvement Plan for 2021/22. Research with other local authorities has now concluded, and some initial engagement has taken place with managers, however as the department moves into recovery dedicated resource is required to co-produce, develop, and embed the emerging strategy for the department. This would include implementing a quality assurance framework and ensure that any learning from the Pandemic (particularly positive changes that have contributed to efficiency and quality improvement) are captured and embedded as part of the framework.

Direct Payments Team

20. Further intensive short-term support with Ageing and Living Well operational teams is required to improve the department's performance with Direct Payment and Personal Assistant packages. Work to streamline processes across this pathway in Mosaic is underway and is expected to be implemented by December 2021. This additional Direct Payment Quality Officer post will work closely with operational teams to develop new processes, understand, and jointly address the barriers to increasing use of Direct Payments/ Personal Assistants to deliver the benefits realisation target by March 2022.
21. This additional resource will also provide an element of business development by keeping in regular contact with potential Personal Assistants to try and increase the supply and develop Direct Payment peer groups to support Personal Assistant recruitment so that potential employers of Personal Assistants can be linked to people with lived experience of the service.

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Service Improvement Officer	Band B	1	Service Improvement Quality and Practice	24,954
Direct Payment Quality Officer	Band A	1	Integrated Strategic Commissioning	21,377
TOTAL				46,331

Theme 4 – Departmental Reviews

Integrated Strategic Commissioning and Service Improvement

Service Improvement Quality & Practice

22. A review of the commissioning function within Integrated Strategic Commissioning and Service Improvement was presented to the Committee in November 2020, which reduced Strategic Development Managers from 3.5 FTE to 2.0 FTE. However, after consultation with the workforce, this was increased to 2.6 FTE which sees an increase in 0.6 FTE in the permanent establishment of this resource from what was originally agreed at a cost of £38,421, which will be met from existing budget.
23. Due to the increasing demand on the resources within Service Improvement Quality and Practice over recent months to support the department's emergency response to the pandemic, plan for recovery, and meet ad hoc resource requests that sit outside of the current Service Improvement Plan, additional short-term resource is required to meet this demand. There is also a risk as transition to the new corporate transformation structure progresses, that the department may not have sufficient resource to support delivery of the Service Improvement Programme and recovery from the pandemic. Therefore, to mitigate against this, additional short-term resource is required on a temporary basis until March 2022.
24. This additional resource would help to increase the pace of delivery across a number of projects and reduce the gaps in other areas so work can begin earlier. The Business Analyst role would also support work to manage emerging home care market risks, service demand baselining as well as helping to shape service development and deliver the Service Improvement Programme.
25. Also, in light of the significant investment required to deliver COVID19 recovery across the department and support the increased demand seen across frontline services, it is anticipated that this will put significant pressure on the Service Improvement Quality and Practice function over the coming months, which will increase management responsibilities. It is therefore requested that a short-term investment in additional Group Manager (Service Improvement Quality and Practice) resource is required, to cover this additional workload, maintain the delivery of the Service Improvement Programme and continue to manage risk for the department as it transitions to recovery from the pandemic. This additional investment can be covered by the existing budget and interim arrangements in place.

Quality Market Management Team

26. The Quality Market Management Team also seeks additional specialist support as the department moves into recovery to provide a diagnostic on the current systems and databases used within the team, make recommendations for improvements and support implementation of new tools to reconcile capacity. Implementation will coincide and assist with the transfer of regulated and non-regulated contract management from Integrated Commissioning, which was an outcome of the review (see Background Papers for more information).
27. Another outcome of the review saw a reduction in the role of External Workforce Project Manager as the current postholder moved to part-time working. The work of this role has not reduced but intensified over recent months and cannot be sustained on a 0.5 FTE

within the Quality Market Management Team. This is in part due to the additional pressure on care homes during the pandemic, but also the ongoing need to support the whole care market in recovery. In addition to this the proposed implementation of compulsory vaccinations across Care Quality Commission registered care homes in October 2021 will further affect the increasing issues with recruitment and retention across the whole care market, which this post currently supports. Work with providers and system partners across the Integrated Care System to coproduce an external workforce plan is also an ongoing feature of this role.

28. It is therefore proposed to re-establish the external workforce post increasing the establishment by 0.5 FTE at Band D on a permanent basis at a cost of £26,608 which is being met from existing budgets.

Table of Resources

Job Title	Grade	Full Time Equivalent	Increase to Establishment Required	Team	Total Cost £
Group Manager	Band F	1	1	Service Improvement Quality and Practice	42,270
Strategic Development Manager	Band E	0.6	0.6 (Permanent)	Service Improvement Quality and Practice	38,421 (SCP44)
External Workforce Project Manager	Band D	0.5	0.5 (Permanent)	Quality Market Management	26,608
Project Manager	Band D	2	2	Service Improvement Quality and Practice	62,086
Business Analyst	Band D	2	1*	Service Improvement Quality and Practice	31,043
Service Improvement Officer	Band B	2.5	2.5	Service Improvement Quality and Practice	62,385
TOTAL					262,816

* The department already has 1 FTE Business Analyst established for a year in January 2021 (see background papers for further information) which has not yet been recruited to. Therefore, it is requested that this funding is used to convert the 1 FTE to 2 FTE for seven months until March 2022.

Theme 5 - Prevention and Early Intervention

Prevention Strategy

29. The development of a prevention strategy is underway by the department and will be presented to the Committee in September 2021. To support the development and implementation of the strategy and produce a holistic prevention specification, further temporary Project Manager and Commissioning Support Officer resource is required, to work on the adults component of the wider early intervention and prevention programme which is currently being scoped.

Local Area Coordination

30. The Committee agreed in February 2021 to the establishment of three Local Area Coordinators for 18 months. Local Area Coordinators work within communities to empower individuals and their families to develop their personal strengths and find solutions within their community. This approach builds resilience and reduces reliance on formal services.
31. To attract a broad range of candidates and to provide time to review the impact, it is proposed to extend the length of the three posts from 18 months to 2 years. To accelerate the role of the programme it is proposed to extend the scheme to three more workers, 3 FTE Local Area Coordination posts.
32. It is anticipated that all six posts will be in place from November with an in-year cost to March 2022 of £91,620

Technology Enabled Care

33. PA Consultancy (commissioned strategic partner) has undertaken a robust review of Technology Enabled Care (formerly known as Assistive Technology). Their report seeks to expand the use of Technology Enabled Care for people to be able to live more independently. This will involve re-shaping the internal Technology Enabled Care Service and expanding the way the department uses Technology Enabled Care. To do this the department will need to have dedicated project support who alongside the Technology Enabled Care commissioning lead will set out the proposals and update Committee in September 2021.

Disabled Facilities Grant

34. The Disabled Facilities Grant forms part of the Better Care Fund and is delivered in partnership between the County Council and District Partners. It primarily funds adaptations to people's accommodation to allow them to live independently. Additional resource is required on a short-term basis to align the internal processes within the County Council to support consistency in how they are delivered across both children and adult services and establish ongoing monitoring systems. This will reduce delays to adaptations being carried out.

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Project Manager	Band D	1	Service Improvement Quality and Practice	31,043
Service Improvement Officer	Band B	2	Service Improvement Quality and Practice	49,908
Local Area Coordinator	Band A	6	Integrated Strategic Commissioning	91,620
Commissioning Support Officer	Grade 4	1	Integrated Strategic Commissioning	15,606
TOTAL				188,177

Theme 6 – Integrated Personalised Care and Support Systems

Urgent Care Interface

a) Support to Home First Response Service and Rapid Response Service

35. The Home First Response Service and Rapid Response Service are key short-term services that support hospital discharges to embed the 'Discharge to Assess' model across acute settings as part of the new Hospital Discharge Policy. These services also support people to remain at home when experiencing a crisis in the community. They are currently under pressure, seeing increased demand and excess lengths of stay by individuals in the service once they have completed their reablement plan. People may be waiting either for a visit to determine if they have any further need for services, or, for those who do need ongoing support, such as homecare, for that to be put in place.
36. Work is underway to assess the ongoing needs and develop a jointly funded commissioning plan with health partners by the autumn; work is needed immediately to manage the higher than normal referral rates that are being seen across the County with a sharp increase of 32% in April and 65% in May, and it is becoming increasingly difficult for Operational Teams, working with the Quality Market Management Team, to reconcile the available capacity for hospital discharges and community referrals, and to move people out of all short term services in a timely manner in a way that promotes their independence. If the right community service cannot be found and the hospitals are under escalating pressures, then the impact of this is that people move into short term residential care placements and many then do not return to their homes. Therefore, additional support is required to manage this and put in place more sustainable solutions for the future.
37. It is therefore proposed to add dedicated Occupational Therapy Senior Practitioner support to deliver competency-based training to approximately 60 home care staff across these providers to instil reablement skills and strengths based working practices. This post will be added to the Maximising Independence Service establishment and the costs will be met from existing Maximising Independence Service budget

38. Additionally, there is a need to review the data and dashboard information required on all short term reablement/rehabilitation services used to support people being discharged from hospital and experiencing a crisis in the community. This will aim to support operational and commissioning staff to manage both capacity and flow through and out of these services. An additional Quality Contracts Officer within the Quality and Market Management Team is therefore requested on a temporary basis to provide additional resource in maintaining the contract for these services together with the management information requirements.

b) Discharge to Assess – Impact on Social Care

As the Hospital Discharge Policy is implemented and the department works with system partners to embed a “Discharge to Assess” model, various pilot schemes are being trialled and further work to understand the impact of these pilots on Social Care is required across the county as winter approaches. Lean+ is the agreed approach to support this social care impact analysis requirement and help inform the pilot evaluations and “value for money” assessments being undertaken with partners.

Associated with this work is a further Lean+ approach for the continuing health care pathway across hospital discharge and communities

Business Analyst resource with the necessary Lean+ skills is therefore required on a temporary basis until March 2022 to support this work.

c) Discharge to Assess Pilot

39. To inform future modelling and implementation of the ‘Hospital Discharge’ policy with system partners the Council was successful in securing system funding for a pilot with providers Tuvida and HFRS (Home First Response Service) to test and evaluate adoption of the policy. The additional capacity started in June 2021 and funding for the pilot will end on 30th September 2021. This is a request to extend the pilot with Tuvida (HFRS) for a further six months based on the rationale that there has been insufficient time to thoroughly test the pilot; the department anticipates this additional capacity will be required to cover winter demand and would allow Tuvida workforce sustainability through this period. The cost of investment would be £312,000.

d) Transforming Care Partnership – Forensic Intellectual Disabilities Social Worker

40. The forensic intellectual disabilities social worker is involved in the planning process prior to hospital discharge helping develop appropriate plans and resources to balance risks and independence of individuals with complex needs. The specialist resource works closely with individuals and community multi-disciplinary teams in supporting and monitoring an individual’s behaviours, to help sustain them in the community. They also provide “social supervision” (legal requirement) for individuals who are restricted by the Ministry of Justice (convicted of criminal offences and require specific restrictions upon discharge).
41. This post has been with the Complex Lives Team in Living well for some time and the Nottinghamshire Transforming Care Partnership has agreed to continue to fund and

extend this post until the March 31st, 2022, with no financial cost to Nottinghamshire County Council.

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Business Analyst	Band D	2	Service Improvement Quality and Practice	62,086
Senior Practitioner Occupational Therapist	Band C	1	Maximising Independence Service	28,687
Forensic Intellectual Disabilities Social Worker	Band B	1	Complex Lives Team-Living Well	Funded by Transforming Care Partnership
Quality Contracts Officer	Band A	1	Quality Market Management	21,377
Discharge to Assess Pilot - Tuvida			Integrated Strategic Commissioning	312,000
TOTAL				424,150

Theme 7 – Recovery and Reset

a) Day Opportunities

42. During the COVID 19 pandemic, day services in the County were unable to offer a building-based service, and as part of the recovery from the pandemic, the department would like to explore the opportunities for some of these people to access different opportunities in the community.
43. Agreement is sought to implement a pilot team to work with people to review their current services and to explore alternative options. The Promoting Independence Workers in the team will offer more intensive support than has previously been available to increase the likelihood of sustaining this alternative to building based day services.
44. Temporary Community Care Officers and Occupational Therapy staff will support the reviewing of current services and Team Manager to manage the team and work strategically with partners to develop community resources.
45. The department has also identified a gap in service for college leavers who are not yet ready for employment and who need more intensive support. This pilot team will develop a pathway for college leavers that provides the level of support required for them to access opportunities to develop their skills and confidence (for example voluntary work), with a view towards increased independence and employment.

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Team Manager	Band D	1	To be Confirmed	31,043
Occupational Therapist	Band B	2	To be Confirmed	49,908
Community Care Officers	Grade 5	6	To be Confirmed	108,199
Promoting Independence Workers	Grade 3	6	To be Confirmed	87,993
TOTAL				277,143

b) Shared Lives pilot

46. The department would like to pilot short term placements for mental health hospital discharge/hospital avoidance through Shared Lives called 'Shared Steps to Wellbeing'. Further work to develop this approach is underway and will be shared with the Committee in September 2021.
47. In addition to this funding is required for a recruitment campaign to advertise and recruit shared days carers to support young adults to attend community activities. The advertising would be for six months at a cost of £1,900.

c) Autism – Befriending Service

48. The department would like to further explore establishing a befriending service with a particular focus on autism including the recruitment and training of volunteers with the support of a volunteer coordinator which would be commissioned through a Voluntary Community Sector provider. Work to develop this approach is underway and will be shared with the Committee in September 2021.

d) Service to support people with evening activities (Gig Buddies)

49. This unique support would primarily be for people with Learning Disabilities but may include people with Mental Health and Autism Spectrum Disorder conditions. The intention is to support people going to evening events such as music concerts and would be purchased as an off the shelf scheme and would be commissioned through a Voluntary Community Sector partner. Work to develop this approach is underway and will be shared with the Committee in September 2021.

e) Co-production

50. The development of the co-production steering group has been one of the great successes over the last 12 months and one that the department wants to build on as the department

transitions to recovery. Additional resource is needed to support co-production members and develop an infrastructure framework to build and increase co-production membership. It is therefore proposed to commission an external Voluntary Community Sector partner to deliver this on a short-term basis at a cost of approximately £75,000.

51. In addition to this a further ambition is for the refreshed Adult Social Care Strategy to be fully co-produced and it is proposed to commission external partner support such as 'Think Local Act Personal' to support with this. Further details on the approach and costings will be shared with the Committee in September 2021.
52. In addition, further resource is required at Commissioning Support Officer level to offer co-ordination and communication support in relation to co-production, which is beyond the capacity in the Integrated Strategic Commissioning team currently.

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Commissioning Support Officer	Grade 4	1	Integrated Strategic Commissioning	15,606
External Partner – Co-production				75,000
Advertising Shared Lives				1,900
TOTAL				92,506

Theme 9 - Cultural Change

a) Strength Based Approach – supporting culture change across Ageing Well and Living Well

53. Taking a Strength Based Approach is an essential component of how Adult Social Care and Health supports people to live as independently as possible. This proposal is for the following additional temporary resources to accelerate the culture change across Ageing Well and Living Well Community Teams:
 - **2 FTE temporary Team Manager:** these two temporary posts (one for Ageing Well & one for Living Well) will increase capacity, will accelerate 'Peer to Peer' skill sharing and the embedding of operational management practice tools across all teams to support the Adult Social Care and Health Owning and Driving Performance approach.
 - **Training/mentoring for all Ageing Well & Living Well Team Managers:** this additional training will support Team Managers to deliver strategic change at scale and pace.
 - **Additional temporary Ageing Well Social Worker and Occupational Therapy capacity:** this additional capacity will be in Ageing Well Community Teams and will consist of:
 - 3 FTE Social Workers (Band B) (seven months temporary to March 2022)

- 1 FTE Senior Practitioner Occupational Therapist (seven months temporary to March 2022).

The additional capacity will enable Adult Social Care & Health to undertake strategic quality reviews of people living at home with high packages of homecare to inform practice improvement, strategic commissioning, and scope potential for increasing quality, community options and delivering savings for this cohort.

- **3 FTE temporary Community Care Officers for Living Well (Grade 5):** these temporary posts will help to develop community options across the County and will work with community teams to build knowledge and relationships with voluntary sector partners.
- **Temporary resources to boost strategic voluntary sector partnership work:** this temporary resource will work across the County with the additional temporary Social Worker & Occupational Therapist capacity described above to initiate development of local community assets and options (as alternatives to homecare) and reduce social isolation with a specific focus on people who are unable to/do not wish to leave their own home.

The details will be worked through in the coming weeks, but the initial investment is thought to be in the region of £150,000 with voluntary sector partners working across both Ageing Well and Living Well community teams.

b) Communications and engagement specialist support

54. Given the extent of change being seen across services and teams within Adult Social Care and Public Health, specialist communication and engagement support is required on a short-term basis to develop clear and consistent messaging around core functions and objectives of the department.
55. It would also be the responsibility of this specialist support to develop the departmental Communication Strategy with specific attention to:
 - developing and implementing a communication and engagement plan for the Cultural Change that succinctly links and clearly articulates the five pillars of change, the overarching ambitions of the department and how this translates in practice for teams and individuals
 - reviewing the infrastructure in place to embed and sustain Owning and Driving Performance as the department moves into the second wave of implementation, looking at systems for talent management, resources for the induction of new staff that communicates the department's new cultural and strengths-based approach and learning and development resources for career progression and succession planning
 - offering dedicated support for communication and engagement across our Provider Services.
56. A specialist resource would be commissioned on a short-term basis to deliver this.

Table of Resources

Job Title	Grade	Full Time Equivalent	Team	Total Cost £
Team Manager	Band D	2	1 Living Well Community Team 1 Ageing Well Community Team	62,086
Senior Practitioner Occupational Therapist	Band C	1	Ageing Well Community Team	28,687
Social Workers	Band B	3	Ageing Well Community Teams	74,863
Community Care Officers	Grade 5	3	Living Well Community Teams	54,099
Specialist Resource – Training / mentoring				80,000
Specialist Resource – Comms and engagement				56,000
Specialist Resource – Strategic Voluntary Sector Partnership				150,000
TOTAL				505,735

Other Options Considered

57. The only other option available is to continue to meet increasing demand from existing resources, which is not sustainable as the department moves towards recovery, and the existing Service Improvement Programme and any new initiatives will take longer to implement if the department continues to use existing resources from within the Integrated Strategic Commissioning and Service Improvement directorate.

Reason/s for Recommendation/s

58. For the Adult Social Care and Public Health Committee to understand and agree the investment needed now to meet increased demand across services and transition from emergency response to recovery from the pandemic.

Statutory and Policy Implications

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

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

Data Protection and Information Governance

60. The General Data Protection Regulations (GDPR) require the Council to put in place appropriate technical and organisational measures to ensure that data protection principles and individual's information rights are built into everything the Council does. Legal Services and Information Governance colleagues within the Council will provide guidance on how to progress any new initiatives described to ensure Council obligations are met.

Financial Implications

61. The financial implications of resources requested in this report are as follows:

Job Title	Grade/ Band	Full Time Equivalent	Permanent/ Temporary	Team	Total Cost
Increased Safeguarding Demand					
Maximising Independence Service Team Manager	Band D	1	Temporary (Sept 21 - Mar 22)	Maximising Independence Service	£31,043
Senior Practitioner Occupational Therapist	Band C	4	Temporary (Sept 21 - Mar 22)	Living Well Community Teams	£114,751
Advanced Social Work Practitioners	Band C	3.5	Temporary (Sept 21 - Mar 22)	Living Well Community Teams	£100,407
Social Worker	Band B	3	Temporary (Sept 21 - Mar 22)	Multi-Agency Safeguarding Hub	£74,863
Social Worker	Band B	11	Temporary (Sept 21 - Mar 22)	Ageing Well Community Teams	£274,499
Social Worker	Band B	5	Temporary (Sept 21 - Mar 22)	Living Well Community Teams	124,772
Occupational Therapist	Band B	3	Temporary (Sept 21 - Mar 22)	Ageing Well Community Teams	£74,863
Promoting Independence Workers Enablement Manager	Band A	1	Temporary (Sept 21 - Mar 22)	Maximising Independence Service	£21,377

Community Care Officers	Grade 5	3	Temporary (Sept 21 - Mar 22)	Multi-Agency Safeguarding Hub	£54,099
Community Care Officer	Grade 5	7	Temporary (Sept 21 - Mar 22)	Living Well Community Teams	£126,232
Promoting Independence Worker	Grade 3	5	Temporary (Sept 21 - Mar 22)	Maximising Independence Service	£73,328
Sub Total:					£1,070,234
Digital, Systems and Processes					
Project Manager	Band D	2	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£62,086
Service Improvement Officer	Band B	3	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£74,863
Specialist Resource x1– Mosaic Financial Strategy				Service Improvement Quality and Practice	£63,000
Specialist Resource x2 – Mosaic Reporting Strategy				Service Improvement Quality and Practice	£112,000
Sub Total:					£311,949
Performance and Quality Assurance					
Service Improvement Officer	Band B	1	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£24,954
Direct Payments Quality Officer	Band A	1	Temporary (Sept 21 – Mar 22)	Integrated Strategic Commissioning	£21,377
Sub Total:					£46,331
Departmental Reviews					
Group Manager	Band F	1	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£42,270

Strategic Development Manager	Band E	0.6	Permanent	Service Improvement Quality and Practice	£38,421
External Workforce Project Manager	Band D	0.5	Permanent	Quality Market Management	£26,608
Project Manager	Band D	2	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£62,086
Business Analyst	Band D	1*	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£31,043
Service Improvement Officer	Band B	2.5	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£62,385
Sub Total:					£262,816
Prevention and Early Intervention					
Project Manager	Band D	1	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£31,043
Service Improvement Officer	Band B	2	Temporary (Sept 21 – Mar 22)	Service Improvement Quality and Practice	£49,908
Local Area Coordinator	Band A	6	Temporary (Nov 21 – Mar 22)	Integrated Strategic Commissioning	£91,620
Commissioning Support Officer	Grade 4	1	Temporary (Sept 21 – Mar 22)	Integrated Strategic Commissioning	£15,606
Sub Total:					£188,177
Integrated Personalised Care and Support Systems					
Business Analyst	Band D	2		Service Improvement Quality and Practice	62,086

Senior Practitioner Occupational Therapist	Band C	1	Temporary (Sept 21 - Mar 22)	Maximising Independence Service	£28,687
Forensic Intellectual Disabilities - Social Worker	Band B	1**	Extend temporary contract until March 2022	Complex Lives Team - Living Well	Funded from Transforming Care Partnership
Quality Contracts Officer	Band A	1	Temporary (Sept 21 - Mar 22)	Quality Market Management	£21,377
Discharge to Assess Pilot - Tuvida				Integrated Strategic Commissioning	£312,000
Sub Total:					£424,150
Recovery and Reset					
Team Manager	Band D	1	Temporary (Sept 21 - Mar 22)	To Be Confirmed	£31,043
Occupational Therapist	Band B	2	Temporary (Sept 21 - Mar 22)	To Be Confirmed	£49,908
Community Care Officer	Grade 5	6	Temporary (Sept 21 - Mar 22)	To Be Confirmed	£108,199
Commissioning Support Officer	Grade 4	1	Temporary (Sept 21 - Mar 22)	Integrated Strategic Commissioning	£15,606
Promoting Independence Worker	Grade 3	6	Temporary (Sept 21 - Mar 22)	To Be Confirmed	£87,993
External Partner – Coproduction					£75,000
Advertising – Shared Lives					£1,900
Sub Total:					£369,649
Cultural Change					
Team Manager	Band D	2	Temporary (Sept 21 - Mar 22)	1 Living Well Community Team 1 Ageing Well Community Team	£62,086

Senior Practitioner Occupational Therapist	Band C	1	Temporary (Sept 21 - Mar 22)	Ageing Well Community Team	£28,687
Social Worker	Band B	3	Temporary (Sept 21 - Mar 22)	Ageing Well Community Teams	£74,863
Community Care Officer	Grade 5	3	Temporary (Sept 21 - Mar 22)	Living Well Community Teams	£54,099
Specialist Resource – Strategic Voluntary Sector Partnership				Ageing Well & Living Well Community Teams	£150,000
Specialist Resource – Training/Mentoring				Ageing Well & Living Well Community Teams	£80,000
Specialist Resource - Communication and Engagement				Service Improvement Quality and Practice	£56,000
Sub Total:					£505,735
Equipment					
IT equipment per new starter, including monthly costs for phone and laptop data	£1,600 per new starter	102			£163,200
Sub Total:					£163,200
TOTAL COST:					£3,342,243

**The department already has 1 FTE Business Analyst established for a year in January 2021 (see background papers for further information) which has not yet been recruited to. Therefore, request that this funding is converted to 2 FTE for seven months until March 2022.*

62. All temporary posts will be funded from within the current departmental budget due to the current forecast underspend.
63. The two permanent posts identified as part of the commissioning review will be met from existing departmental budget.
64. The Forensic Intellectual Disabilities Social Worker post at **paragraph 61** is at no financial cost to Nottinghamshire County Council, with existing funding continuing from Nottinghamshire Transforming Care Partnership.

65. The report identifies a number of new initiatives to support recovery which are still in a discovery phase and will be brought back to the Committee in September 2021 for further investment approval. They are:
- Adult Social Care Strategy to be fully co-produced with the appointment of an external partner to support with this
 - Autism – Befriending Service including the recruitment and training of volunteers with the support of a volunteer coordinator which would be commissioned through a Voluntary Community Sector provider
 - Service to support people with evening activities (Gig Buddies) such as music concerts and would be purchased as an off the shelf scheme and would be commissioned through a Voluntary Community Sector partner
 - Shared Lives called ‘Shared Steps to Wellbeing’ which would pilot short-term placements for mental health hospital discharge/hospital avoidance
 - The device lending scheme review and potential further investment to support more people virtually
 - Public Feedback Solution options to capture feedback from communities, and people the department supports at the point of service delivery
 - Policy Library options appraisal developing how to digitise the library to make it more efficient, and less resource intensive
 - ICT costings for changes to the Mosaic workflow for hospital discharge, and the development of the Mosaic Portal
 - Potential additional costs associated with our Mosaic providers if a decision is made to go ahead and expand the reporting module in Mosaic.

Human Resources Implications

66. Recruitment to the posts described in the table in **paragraph 61** will be undertaken in line with the Council’s Human Resources procedures and engagement with the Trade Unions.
67. Due to the high number of posts to be established within this report the department anticipates that it may not be able to recruit to all posts given the short-term arrangements requested, and therefore it will potentially be exploring other arrangements such as agency recruitment to fulfil the workforce shortage identified.

Safeguarding of Children and Adults at Risk Implications

68. This report recognises the increased demand seen across the department’s safeguarding service and is addressing this through its request to increase capacity across its community teams to manage this increased complex workload.

Implications for Service Users

69. The further investment requested will allow waiting times for assessments to reduce across services, and it is anticipated that the new initiatives described will make a difference to the people the department supports and the outcomes they are looking achieve, as the population of Nottinghamshire starts to recover from the pandemic.

RECOMMENDATION/S

That the Committee:

- 1) gives approval for the required resources for Ageing Well and Living Well services to manage demand due to the COVID19 pandemic as detailed in **paragraphs 9 to 13**.
- 2) gives approval for the resources required to support the department's transition to recovery from the COVID19 pandemic, as detailed in **paragraphs 14 to 56**.
- 3) gives approval for the investment required to deliver and accelerate recovery and the Service Improvement Programme, including establishment of temporary posts as identified in **paragraph 61** of this report.
- 4) gives approval to increase the permanent establishment for two posts of 0.6 FTE Strategic Development Manager (Band E) and 0.5 FTE External Workforce Project Manager (Band D) as outlined in **paragraph 61** of this report.
- 5) gives approval to extend the temporary established 1 FTE Forensic Intellectual Disabilities Social Worker (Band B) post within Living Well with funding arrangements in place through Nottinghamshire Transforming Care Partnership and at no cost to the Council, as outlined in **paragraph 61** of this report.

Melanie Brooks

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Constitutional Comments (ELP 14/07/2021)

70. The recommendations fall within the delegation to Adult Social Care and Public Health Committee by virtue of its terms of reference. The external funding via the Nottinghamshire Transforming Care Partnership should be approved in accordance with 2.6 of the Financial Regulations.

Financial Comments (ZDB 14/07/21)

71. The financial implications of this report are detailed within the table in **paragraph 61**, and further in **paragraphs 62 to 65**. The total cost of £3,342,243 this financial year will be met from existing departmental budget due to a forecast underspend. It is important to note that the posts requested in this report have been costed at the bottom of scale, unless otherwise stated.

HR Comments (SJJ 14/07/21)

72. Recruitment to the fixed term posts and permanent posts will be undertaken in line with the Authority's recruitment procedures and the successfully recruited temporary candidates will be employed on fixed term contracts for the duration as described in the report. Any newly established posts will be subject to job evaluation where necessary in line with the Authority's grading policy. The Authority's managed service contract for agency provision will be utilised where necessary.

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.

[Adult Social Care and Public Health Service Improvement Programme for 2021/22 to 2023/24 - report to Adult Social Care and Public Health Committee on 11th January 2021](#)

[Review of Commissioning Function within Integrated Strategic Commissioning and Service Improvement - report to Adult Social Care and Public Health Committee on 9th November 2020](#)

Electoral Division(s) and Member(s) Affected

All.

ASCPH771 final

26 July 2021

Agenda Item: 7

REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT

THE LEARNING DISABILITY AND AUTISM THREE YEAR ROADMAP

Purpose of the Report

1. The report seeks approval to:
 - establish a Temporary Senior Commissioning Officer (Band C) post to support the delivery of the strategic priorities set out in the NHS long term plan and the Nottinghamshire three-year roadmap for people with a learning disability and/or Autism.
 - proceed with the procurement of additional capacity within the specialist Unplanned Care Service.

Information

2. Following the Winterbourne View scandal local authorities with their Clinical Commissioning Group partners have been working on a programme to support people with a learning disability and/or Autism to develop suitable community services to ensure there is a reduction in avoidable hospital admissions and that those living inappropriately in hospital can move into their local communities.
3. The Transforming Care Programme has subsequently become part of the NHS long term plan requirements and in Nottinghamshire the governance for what is now known as the 'Learning Disability and Autistic Spectrum Disorder Transformation Programme' is led through the Integrated Care System (ICS) Learning Disability and Autism Board.
4. National planning assumptions set out in the October 2015 'Building The Right Support' document require systems to reduce the use of long stay inpatient settings to "no more than 10-15 inpatients per million in Clinical Commissioning Group commissioned beds (assessment and treatment services) and 20-25 inpatients per million in NHS England commissioned beds". The challenge continues to be in developing sufficient community services and placements that have the right skills and expertise to support people with a learning disability and or Autism (also known as Autistic Spectrum Disorder or ASD) given

the very high acuity of some of the people previously living in hospitals who display behaviour that challenges.

5. Between March 2016 to August 2019 Nottingham and Nottinghamshire (including Bassetlaw) reduced its inpatient reliance by 43%. Despite this progress admission levels remain high and further work needs to be done to reduce the numbers living in hospital settings.
6. NHS England has requested that Transforming Care Partnerships develop and submit a three-year financial roadmap to support this work. Criteria for the roadmap were set out by NHS England to support this as follows:
 - high impact (likely to lead to significant reductions in reliance on inpatient care and meet the long-term plan commitments)
 - co-produced
 - be comprehensive
 - credible
 - be transformational
 - embed a personalised approach
 - based on local need
 - tackle health inequalities.
7. When developing the bid, partners considered current infrastructure and funding including services already commissioned using other available funding streams. The finance attached to the roadmap therefore represents only one element of the system funding.
8. The funding across the three years is £2,823,270. This will be spread over three annual allocations in increasing amounts.
9. **Appendix 1** shows an excerpt of the bid with the projects and schemes which have been approved by NHS England and will be funded through the roadmap allocation.
10. One of the projects (item 2 in the table within **Appendix 1**) is to establish a Senior Commissioning Officer post (and an equivalent in the City) to focus on the bespoke developments needed to help overcome some of the barriers currently faced by those awaiting discharge. There are a number of elements to this work including working with care and support providers, housing providers and families to develop sustainable community alternatives. This work will be undertaken on behalf of the partnership but due to the strengths that local authorities have around market shaping it was felt best to site the posts within Councils rather than within the Clinical Commissioning Groups.
11. For the County this will mean the funding of a three-year Senior Commissioning Officer post funded through the NHS England roadmap funding. The post would sit with the Strategic Commissioning team and support the programme delivery for people with Autistic Spectrum Disorder and Autism. This will also support the move towards greater integration with colleagues within Health.
12. Another of the projects (item 1 in the table within **Appendix 1**) is to add additional capacity to the current specialist Unplanned Care Service. There are currently three

unplanned care beds (two in the south of the County and one in the north). This service offers a short-term placement for people who need to leave their current accommodation due to a period of crisis, allowing them to receive some intensive support without escalation to a hospital admission. This additional funding will allow the procurement of an additional bed in the north of the County and will require the re-provision of the existing service in the north by way of a tender for two beds to be delivered for the next three years. The Council will lead on this exercise on behalf of the partnership. This additional capacity will help to avoid further unnecessary admissions to hospital, focusing on those with Autistic Spectrum Disorder specifically.

13. The three-year financial roadmap should support Nottinghamshire to deliver against the targets and support the Integrated Care System to develop a whole system and whole life approach to learning disability and Autism transformation. The additional funding provides the Nottingham and Nottinghamshire Transforming Care Partnership an opportunity to build on previous good work but also supports the Partnership in developing a sustainable long-term financial plan that reduces reliance on non-recurrent funding.

Other Options Considered

Senior Commissioning Officer post

14. Consideration was given to where the blockages were in this work including whether any further operational posts would help to support additional discharges. However, lack of community options which are sufficiently robust to support the high level of acuity is one of the key barriers and this work sits more obviously within the commissioning arena.
15. Trying to do this within existing resources was also considered but the trajectories which need to be met mean that additional resource is needed in this area in order to make more swift progress across both City and County and the posts can work together with providers to set expectations and find solutions.
16. Development of posts within the Clinical Commissioning Group were also considered but the provider relationships and market development skills sit more obviously within the local authorities.

Unplanned Care Service

17. Consideration was given to trying to extend the current Unplanned Care Service contract but there is no option to do this within the contractual parameters.

Reason/s for Recommendation/s

18. The Senior Commissioning Officer post will support the delivery of the programme, ensuring appropriate community options are available.
19. The Unplanned Care Service will help to avoid unnecessary admissions to hospital.

Statutory and Policy Implications

20. 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

21. NHS England will provide the funding to cover all elements of the bid included in **Appendix 1**. The Senior Commissioning Officer post will be recruited at a Band C. The maximum salary (for the top of pay scale) is therefore £55,738 including on costs (subject to pay award). The Unplanned Care Service will be procured within the cost envelope of £325,000 per annum for two beds.

Human Resources Implications

22. The HR implications are outlined in **paragraphs 10 and 11** of the report. The post will initially be made available on an internal secondment basis to enable the position to be filled and the project to get underway. Where a successful candidate is appointed on secondment their role will be backfilled following the Council's recruitment procedures. Should the secondment be unsuccessful a recruitment exercise will be undertaken. The post will be recruited at a Band C grade.

RECOMMENDATION/S

That Committee:

- 1) approves the establishment of a Temporary Senior Commissioning Officer (Band C) post for three years, funded by NHS England, to support the delivery of the strategic priorities set out in the NHS long term plan and the Nottinghamshire three year roadmap for people with a learning disability and/or Autism.
- 2) approves the procurement of two unplanned care beds in the north of the County for three years, funded by NHS England, to support the avoidance of unnecessary hospital admissions.

Kashif Ahmed

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Constitutional Comments (EP 02/07/21)

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

Financial Comments (MM 02/07/21)

24. The financial implications are contained within **paragraph 21** of the report. The funding for all elements will be provided by NHS England.

HR Comments (SJ 21/06/21)

25. It is intended that the post will be recruited to on a fixed term basis from the current cohort of Senior Commissioning Officers on a secondment basis for the duration as outlined in the report. The temporary vacancy created by the secondment or if the recruitment to the secondment is not successful will be recruited in line with the Authority's recruitment procedures.
26. The proposal has been shared, for information purposes, with the relevant recognised trade unions.

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.

ASCPH767 final

Roadmap developments

1. Unplanned Care Service adult (Autistic Spectrum Disorder)	Provide short break intensive support for people with autism to prevent hospital admission. % reduction in admissions of adults into inpatient settings	Current 4 th bed to be extended by 1 st May 2021, and impact will be measured by the number of people who have used the bed and did not go into hospital, number of people returning back to their long term placement after being admitted into the unplanned care bed within 12 weeks, and will contained within an annual report of people who have received support enabling them to continue to live successfully in the community
2.Commissioning/Marketing Learning Disability and Autistic Spectrum Disorder specialist role	Develop a sustainable community market to meet the needs of Learning Disability and Autistic Spectrum Disorder commissioning packages. Increase discharges of long term inpatients into community settings successfully. Reduction in out of area placements. Quality standards improve in community provision. Clear pathways of journey in place.	Needs assessment across the Integrated Care System identified to inform and influence the development of a market strategy across the Integrated Care System area. Financial sustainable plan developed. Market managed. A reduction of the number of people in out of area placements. An increase in the number of people in in-patient settings been placed in community settings within the Integrated Care System footprint.
3.STOMP (Stopping the Over Medication of People with a Learning Disability) Lead Pharmacist	Reduce over prescribing of medication by GP's in managing challenging behaviour. Understanding the needs of people with Learning Disability and/or Autism.	Number of patients whose medication has been reduced as a result of the intervention of the pharmacist, Number of GP practices engaging with the pharmacist, number of GP practices reviewing medication as part of the annual health checks.
4.Children and Young People Diagnostic Offer	Integrated Care System meeting National Institute of Clinical Excellence (NICE) guidance for Autistic Spectrum Disorder diagnosis, ensures correct diagnoses. Timely diagnostic & support Development of community	Integrated Care System meeting the NICE guidance on Autistic Spectrum Disorder diagnosis, number of Children and Young People who have been given a diagnosis, number of Children and Young People supported

	capacity/improved care pathways.	
5.Training and Development	Health and Care staff feel confident in supporting people with Learning Disability and/or Autism. Unpaid Carers/families feel confident in their caring role.	Number of staff/unpaid carers/families who have attended the training, Number of staff/unpaid carers/families who feel more confident in supporting people with Learning Disability and/or Autism. Reduction in crisis in the community. Reduction in the number of adults & Children and Young People in inpatient settings.
6. Co-production worker	The programme is developed and reflects the views of key stakeholders (including people with lived experience) through co-production activity. Understanding the needs of adults and Children and Young People with Learning Disability and/or Autism. Increase in Personal Health Budgets.	Number of co-production activity that has taken place, number of conversations that has taken place with people with lived experience.
7. Learning from Learning Disability Mortality Reviews (LeDeR) & Annual Health Checks	% Increase in the number of LeDeR cases to be completed within 6 months of notification. Reduction in notifications as learning embedded across the system. Ensure that health inequalities are addressed through reasonable adjustments. Increase the number of professionals who can successfully undertake screening for cancer, including equipment and training packs. People are supported earlier on with managing ill health thus reducing premature deaths. Consistent approach to digital communication. Reasonable Adjustment Flags/Care Summary Review updates and address coding. Tackling	% Increase in the number of LeDeR cases to be completed within 6 months of notification. Number of professionals trained in screening appropriately for cancer and other health conditions with people with Learning Disability and/or Autism. Number of annual health checks carried out, Number of annual health checks for Black and Minority Ethnic people with Learning Disability and/or Autism and using people aged between 14-25 years of age. An annual qualitative and quantitative evaluation report to be produced in order to monitor/review how learning from LeDeR reviews and Programme have been embedded into the health and care system.

	the causes of morbidity and preventable death	
8. Three year Pilot of a Speech & Language Therapist to provide Intensive community support for people with Autism (and no Learning Disability) in crisis as part of the Intensive Community Assessment and Treatment Team	Provide intensive and wraparound community support for people with Autism only to prevent inappropriate hospital admission. Develop sustainable plan with system partners on the delivery and embedding of service.	<p>Annual Report of the number of people who have received proactive interventions enabling them to live in the community.</p> <p>100% of cases to have Health of the Nation Outcome Scale (HoNoS) prior and after intervention to measure impact of Speech & Language Therapist intervention and engagement.</p> <p>Annual analysis of HoNoS to measure the level of acuity and complexity of service user needs to inform future service planning.</p> <p>Annual report of the number of people who received a timely intensive intervention preventing an inappropriate hospital admission.</p> <p>Annual report of the number of training/facilitated sessions offered and provided for families and community placement providers to support person centred care.</p> <p>Maintaining a weekly At Risk/Potential risk register to identify and proactively prevent hospital admission, including supporting Local Area Emergency Protocol or Care and Treatment Review.</p> <p>Develop and strengthen the communication and pathways with Adult Mental Health services to ensure smooth transitions for people with Autism only experiencing a mental health episode.</p>
9. Extension of Advocacy Provision (Children and Young People)	Voice of patient (Children and Young People) is at the centre of Care and Treatment Reviews, plans support effective discharge in the community, plans support prevention of admission into hospital. Increase in Personal Health Budgets.	Number of patients (Children and Young People) supported through advocacy at Care and Treatment Reviews, Number of patients feel that they have had their voice heard and feel supported.

<p>10. Children and Young People Unplanned Care Bed</p>	<p>Provide short break intensive support for Children and Young People with Learning Disability and/or Autism to prevent hospital admission. % reduction in admissions of Children and Young People into inpatient settings</p>	<p>A bed will be procured by 1st of June 2021. We will fund the first two years from a different funding stream but for the third year we will need to utilise this funding. As part of our longer term sustainable plan we will incorporate this. Number of people who have used the bed, Number of people who have used the bed and did not go into hospital, Number of people returning back to their long term placement after being admitted into the unplanned care bed within 12 weeks, Annual report of people who have received support enabling them to continue to live successfully in the community</p>
<p>11. Community Wraparound Care</p>	<p>Increase discharges of long term inpatients into community settings successfully. Reducing the number of people and Children and Young People being readmitted into hospital, Reducing the number of Children and Young People being admitted into hospital for the first time.</p>	<p>Number of people with a history of long term inpatient admission successfully living in community provision. Number of people and Children and Young People with complex Learning Disability and/or Autistic Spectrum Disorder being supported effectively in community provision not being readmitted within the first two years of moving into community provision. Number of people and Children and Young People in community provision requiring a reduced level of outreach community wraparound care after the first 18 months in community provision. Number of providers developing skills and expertise to support people and Children and Young People with complex Learning Disability and/or Autistic Spectrum Disorder.</p>

26 July 2021

Agenda Item: 8

REPORT OF THE SERVICE DIRECTOR, INTEGRATED STRATEGIC COMMISSIONING AND SERVICE IMPROVEMENT

INTEGRATED COMMUNITY EQUIPMENT LOANS SERVICE TENDER 2021

Purpose of the Report

1. To seek approval from the Adult Social Care and Public Health Committee to proceed with the tender for a new provider for the county-wide Integrated Community Equipment Loans Service through a framework agreement for a single provider. This will allow for different contracts (Call-Off Contracts) to be awarded under the framework which will give extra flexibility for future developments within the service.
2. The report also seeks approval to award the contract to the successful bidder for a maximum term of 10 years (initial contract term of five years, with an option to extend for up to five additional years) and to provide an update report to Committee on the outcome of the tender and award of contract.

Information

Background

3. The Integrated Community Equipment Loans Service (ICELS) is the mechanism by which equipment that is prescribed to keep vulnerable people in their own homes is ordered, delivered and maintained across Nottinghamshire County. The service has been in place since 2004.
4. There are two elements to the ICELS, one is the ICELS Partnership Support Team and the other is the equipment service delivery component which is currently operated by the British Red Cross.
5. ICELS is jointly commissioned by the ICELS Partnership which is:
 - Nottinghamshire County Council
 - Nottingham City Council
 - Nottingham & Nottinghamshire Clinical Commissioning Group
 - Bassetlaw Clinical Commissioning Group

6. Nottinghamshire County Council is the lead commissioner of the ICELS and hosts the ICELS Partnership Support Team. This team manages the contract and supports the ICELS Partnership. The Partnership procures the service from the British Red Cross with whom the current contract is in place for a full countywide service until 31st March 2023.
7. ICELS has a Partnership Agreement with a supporting Partnership Board and governance structure. A pooled budget is in place, which is contributed to by all partners. Each Partner pays a percentage of funds into the pool based on actual partner usage of the service according to the rolling average over the last two years. The pooled annual budget is currently £7.7 million.

The Role of ICELS

8. The overall role of ICELS is to provide community equipment into people's homes to:
 - support discharges from hospital
 - prevent unnecessary admissions to hospital
 - support on-going frailty
 - prevent further deterioration, e.g. falls prevention, intermediate care
 - support people's choice to remain in their own homes
 - aid rehabilitation and re-ablement
 - assist with children's development
 - provide more specialist equipment when required.
9. Equipment is ordered by occupational therapists, physiotherapists and community based nurses who are referred to as 'prescribers'. They use their professional skills and understanding of people's health and wellbeing to identify which pieces of equipment will best meet people's needs. Most prescribers are employed by a health organisation, either working in hospitals or community health services, and some occupational therapists are employed by the local authorities.
10. The British Red Cross service is commissioned by the Partnership to supply, deliver, install, service, maintain, collect and refurbish community equipment for people across Nottinghamshire including Nottingham City. It operates from two main warehouse sites in Nottingham City and Ollerton, in addition it has over 50 satellite stores for smaller items of equipment which are based in community sites such as health centres.
11. On average the service handles over £26 million worth of equipment per year with deliveries of over £14 million and collections of £12 million. It visits over 550 homes per day, seven days a week.
12. The service loans equipment to individuals and not to organisations; it is therefore essential that equipment is returned when no longer required by that individual so that it can be re-issued to another individual and is an efficient use of resources. Over 90% of collected items are refurbished and recycled back into use for someone else.

The ICELS Partnership Support Team

13. The ICELS Partnership Support Team is employed by the Partnership to oversee the service, work alongside the British Red Cross and the prescribers, of which there are over

2,600. Reporting to the Partnership Board, the team has specific functions to manage and report on the service and budgets.

14. There are three elements to the Partnership Support Team:
 - Core Team whose role it is to oversee the contract and business management
 - Clinical Team which provides clinical advice and training to prescribers, manages requests for complex equipment and minor adaptations to people's homes
 - Equipment Review Team which reviews equipment on longer term loans in people's own homes and in care homes.
15. The work undertaken by the teams generates annual cost savings of approximately £1.7 million, which when the costs of the staff are taken off gives a 260% saving based on an 'invest to save' principle. The work of the team has enabled the service to grow in line with demographic increases, absorbed cost pressures and covered the cost of its own personnel with no net impact on the overall budget over a number of years, and in some years has returned an in-credit balance at the end of the financial year.

Proposed changes and additions to the 2021-23 ICELS tender

16. There were a number of changes and improvements that were initiated from the last tender in 2015-16 which will continue in this next contract, these include:
 - 7 day delivery and collections
 - extended opening hours
 - introduction of delivery time slots so that people are able to choose when their equipment will be delivered
 - a text messaging service to advise of delivery times.
17. The proposal for the 2021-23 tender is to build upon Nottinghamshire's ICELS model so that the service:
 - supports the transformation of the NHS and Social Care through the implementation of the Integrated Care System (ICS)
 - rises to the challenges of increasing numbers of people being discharged from hospital and the 'Discharge to Assess' approach
 - reflects the changes in the needs of the professionals and teams accessing the service
 - meets the needs of the growing and ageing population (both the estimated demographic increase and greater levels of dependency)
 - has greater flexibility and responsiveness, including improvements to the collection element of the service
 - builds upon aspects of the existing structure to generate savings through targeted reviewing and maximum recycling of resources, mainly equipment
 - has greater alignment to other minor adaptation and equipment services such as the County Council's Handy Persons Adaptation Service and Assistive Technology
 - constantly reviews and increases the range of equipment it offers, this may include the introduction of some medical devices on behalf of the health partners
 - further develops the children's equipment service for Early Years, mainstream schools and considers the introduction of equipment provision to Special Schools.

Timescales for procurement

18. The procurement process that will be used is Competitive Dialogue. This is a two-stage process incorporating a period of dialogue with interested providers to allow for the development of a more detailed specification for complex or high-risk services or products.
19. The Competitive Dialogue process requires a longer period of time to undertake the procurement activities as it is a more collaborative approach, hence this request to commence the process at this time ready for the contract start date of 1st April 2023.
20. Stage1: Expressions of Interest whereby potential bidders register their interest in the procurement opportunity and then engage in a period of dialogue with the commissioners on all or various aspects of the required service, but focussing on elements that require further development or new solutions.
21. Stage 2: The post dialogue stage when the final specification is published, and formal tender submissions are invited.
22. The advantage of this approach is that it allows collaboration and engagement with the bidders on the service design from the outset and encourages more creative solutions to new or existing service requirements.

Stage 1	Description	Date
Pre-tender preparation	Initial specification drafted and passed to Procurement	September 2021
Call for competition	Opportunity advertised through the procurement electronic portal	October 2021
Selection process	Prequalification questionnaire (PQQ) and selection of participants to participate and submit initial solutions	November 2021
Dialogue process	Opportunity to discuss and refine ideas and solutions	December 2021 - February 2022
Evaluation	Evaluation of all the proposals	February 2022
Finalise all tender documents	Final version of specification as a result of the competitive dialogue with potential bidders	March - April 2022
Stage 2	Description	Date
Final Invitation to Tender issued	Final tender document issued - invitation to submit tender with pricing	May 2022
Invitation to Tender response	Deadline for final tender responses	July 2022
Tender evaluation	Evaluation of submissions in accordance with published award criteria	August 2022
Selection of preferred bidder and standstill.	The date by which the Council will proceed to announcing the preferred bidder, including a 10 day standstill period	September 2022
Preferred bidder stage	The period when the preferred bidder and partnership will work together to finalise the contract ready for signature	September 2022

Contract signature	The signature of the contract between the Council and the contractor(s)	30 September 2022
Transition period	Period when the new operating model and service is implemented, including any transfer of staff.	October 2022 - March 2023
Commencement date of new service		1 April 2023

Other Options Considered

23. Other options have been considered of proceeding with an Open Tender rather than the Competitive Dialogue approach. The advantage of this would be a shorter procurement timescale but would require a detailed specification at the point of advertising the tender, which would mean very limited opportunity for collaboration with the providers and less creative and innovative solutions to the subsequent service design and delivery.

Reason/s for Recommendation/s

24. As indicated the Council, on behalf of the ICELS Partnership, is required to follow procurement and legal process to retender the ICELS service ready for commencement by April 2023. Without a similar service being put in place the Council, on behalf of the Partnership, would not be compliant with its statutory duty.
25. The length of the contract being recommended is for a maximum of 10 years with an initial term of five years and an option to extend for a further five. This is to provide stability and security both to the provider and the Partnership and to allow for the development and fostering of a collaborative relationship.

Statutory and Policy Implications

26. 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

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

Financial Implications

28. The cost of this service will be within the budget allocation of £7.7 million per annum. The Partners' percentage contributions are based on their actual usage of the service, currently these are:

- Nottinghamshire County Council £1.8 million

- Nottingham City Council £0.8 million
- Nottingham & Nottinghamshire Clinical Commissioning Group £4.5 million
- Bassetlaw Clinical Commissioning Group £0.6 million

29. Whilst the provider, in conjunction with our internal ICELS team, will continue to identify and deliver savings and efficiencies, this will need to be considered in the context of a number of upward financial pressures. Further work is taking place to understand the financial implications of: increased demographic demands, increased equipment costs, the impact of reablement/enablement ways of working, the NHS backlog in relation to planned electives and the requirements of same day discharge for people leaving hospital.
30. If there are additional service or equipment requirements these will be considered by the Partners and any additional funding will need to be secured before the final specification is agreed.

Public Sector Equality Duty implications

31. The nature of the services being commissioned mean they will affect older adults and people with disabilities, including children and young people, and those who have multiple and complex health and social care needs.
32. A full Equality Impact Assessment (EQIA) is being undertaken in preparation for the tender commencement.

Implications for Sustainability and the Environment

33. The service has a strong ethos of sustainability as evidenced by the proactive reviewing, collection, refurbishment, and reissue of equipment. More than 90% of items collected are recycled back into use, which is one of the highest returns in community equipment services across the country.
34. This also has monetary benefit with over £8 million worth of equipment having been retrieved and reused since the Partnership Support Team extended its role into reviewing of longer-term loans and equipment in care homes.

RECOMMENDATION/S

That Committee:

- 1) approves the commencement of the tender for a new provider for the county-wide Integrated Community Equipment Loans Service through a framework agreement for a single provider.
- 2) approves the award of the contract to the successful bidder for a maximum term of 10 years (initial contract term of five years, with an option to extend for up to five additional years).
- 3) agrees to receive an update report on the outcome of the tender and award of contract.

Kashif Ahmed
Service Director, Integrated Strategic Commissioning & Service Improvement

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Constitutional Comments (LW 06/07/21)

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

Financial Comments (DG 06/07/21)

36. The ICELS partnership budget is £7.7m and is split between the partners as per **paragraph 28** within the report. Any overspends to this budget are met by the partners incurring the additional costs each year and any underspends are transferred to reserves for each partner.

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.

ASCPH768 final

26 July 2021

Agenda Item: 9

REPORT OF SERVICE DIRECTOR – LIVING WELL COMMUNITY SERVICES

MENTAL HEALTH RECOVERY FUND - DEVELOPMENT OF MENTAL HEALTH DISCHARGE SUPPORT AND HOSPITAL AVOIDANCE SERVICES

Purpose of the Report

1. The report provides an update on work that has been undertaken through the Mental Health Winter Pressures programme, sets out plans for on-going work to be funded through the Discharge element of the Mental Health Recovery Fund, and seeks approval to establish a number of short-term posts that will support this discharge work.

Information

2. In December 2020, Nottinghamshire Healthcare NHS Foundation Trust (NHFT) confirmed the allocation of funds from a Winter Pressures programme for projects aimed at the development of both hospital discharge support and hospital avoidance. NHFT funded six Discharge to Assess beds at an existing care home and allocated funds to the County Council to support this Discharge to Assess work and other activities as follows:

Activity	Commentary	£
NCC Team Manager	3 months backfill at Reed rate £45/hr + costs	23,000
Occupational Therapist	3 months backfill at Reed rate £38/hr + costs	18,500
Reablement Community Care Officers	3 months based on top of Grade 5	12,500
Additional support/packages fund		96,000
Temporary Approved Mental Health Professional extension	@£1,621pw + travel & costs	22,000
Moving Forward Online + New Home Fund	Variation/additional call off to Framework contract	89,000
<i>No Surprises, No Gaps</i> analytics project	Costs relate to project management, data and business analysts, engagement activity and technical solutions.	60,000
		320,000

3. £60,000 of the funds allocated for additional support options has been used to pilot a new rapid response, enhanced community support offer. Nottingham Community Housing Association, one of the current Care Support and Enablement core providers, identified four experienced members of staff at existing mental health accommodation services in Mansfield and Newark to deliver this. This service has been receiving referrals from Living Well teams, the Trust's Crisis teams and people identified through bed management meetings since March 2021.
4. Learning gained from the core Discharge to Assess work and the Nottingham Community Housing Association community support service has been valuable in informing a view of what the Council's offer should look like going forward to meet the objectives of being able to respond effectively when people's needs start to escalate and to enable people back to maximum independence after a period of ill-health or hospitalisation. Lessons learned include:
 - a. The model used for Discharge to Assess was not ideal. It was what could be achieved within the short timescale available but those timescales limited the work that could be undertaken to develop an approach with the provider to referral and risk management and the beds were contracted for but not fully utilised. However, the processes and multi-disciplinary working between health and social care that were used to jointly identify suitable people for this route out of hospital, to work intensively with people during a short stay in the Discharge to Assess beds and to support people's onward move have worked well. These are things that should be retained and built on.
 - b. The Framework allocation for a New Homes Fund and Moving Forward Online have been managed as one fund. It has proved valuable for delivering quick solutions to issues that might otherwise have caused blockages including rent deposits, van hire, deep cleans, travel costs, purchase of essential white goods/bedding/household items and clothes.
 - c. The Nottingham Community Housing Association Enhanced Community Support Service has worked well. This element of work did not commence until March but has supported 34 people: 12 as discharge support and 22 community referrals. The quotes below demonstrate the value of the service to the people who have used it.

"My support worker always listened to me and understood my needs"

"I have been supported to make choices to improve my independence"

"My support worker referred me to other services when I needed it and worked well with other professionals visiting me"

"I am confident resolving issues on my own and making my own decisions most of the time."

"I am able to think about the actions I take more clearly, what risks they may cause, and then make a choice based on the positives and negatives of this, most of the time"

"The support I received has supported me to settle back in at home"
5. There have been a number of positive outcomes for people supported through the additional services described above.

- avoiding hospital admission and crisis with robust and appropriate support being provided in a community setting
 - holistic and person-centred care with collaborative support from a multi-disciplinary team
 - support to be more independent and autonomous, setting goals in line with individual aspirations and focusing on strengths and abilities
 - opportunities to live, work and participate in community life
 - access to peer support and therapeutic activities including music and art
 - support to family members.
6. At the end of March 2021, the government announced a new Mental Health Recovery Fund. This includes a fund to maintain elements of winter pressures work that have worked well in supporting discharge or preventing admissions and NHFT has been allocated £1.8 million for the City and County. Of this, 10% is required to be invested in children and young people's services. NHFT has led the process of determining how the funds should be used and have been keen to redress the lack of investment in the City through the winter pressures work.
7. Based on experience of the winter pressures investment, those involved from the County Council's Adult Social Care were keen to retain and extend the Nottingham Community Housing Association enhanced community support service and the City Council were also keen to see this provision developed for their citizens. Discussions between the County Council, City Council, NHFT and Nottingham Community Housing Association have resulted in a proposal for the expansion of the service. This is now progressing with an updated service specification that seeks to strengthen the reablement requirements and capture this through a more robust performance framework. This contract will now be held by the NHFT and managed through a joint arrangement.
8. Based on the rate of commitment of funds from the 'flexible pot' a top up allocation of £90,000 will be made that should meet demand across the County and City until the end of the financial year.
9. On top of these elements, an allocation of around £150,000 is available to the Council to fund posts that can support improved discharge work and the avoidance of hospital admission. This will mean significantly fewer posts than were covered for the winter period and a need to reflect on key objectives going forward and how the Council mainstreams what works. It is therefore proposed that:
- a. Team Manager (Discharge Project) – this role does not need to be held by a Team Manager and could instead be delivered at Senior Practitioner (Band C) level with continued focus on developing communication with health colleagues, co-ordinating bed management activity and referrals to Nottingham Community Housing Association and further developing process and practice across teams to deliver improvements in people's experience of discharge and reablement. It is proposed that this post is recruited to with an anticipated salary plus oncosts of £40,000 to the end of March 2022.
 - b. Occupational Therapist – an Occupational Therapist has played a key enabling role for people at on the Discharge to Assess pathway. Although there is no plan to continue with the contracted Discharge to Assess beds, plans are under discussion

to identify and work with a number of care homes and Shared Lives providers to develop skills around the delivery of short term care that is enabling and more likely to lead to a successful move on with high levels of independence. This work and broader work to try to move people on from short term care placements would benefit significantly from the involvement of an Occupational Therapist. It is proposed that a dedicated Occupational Therapist (Band B) post is continued utilising recovery funds available. Due to known Occupational Therapist recruitment difficulties, it is anticipated that the use of agency Occupational Therapist will be necessary at a salary cost of £47,000 from the beginning of August to the end of March 2022.

- c. Reablement Community Care Officer – this secondee has already returned to a substantive post in the Maximising Independence Service (MIS) but the vital role of reablement in mental health provision is addressed further from **paragraph 10** and a more detailed proposal set out there.
 - d. Approved Mental Health Professional – whilst it has been helpful to gain a temporary financial contribution to the cost of an agency Approved Mental Health Professional, this is a business as usual cost and not felt to be the best use of more limited discharge support funds.
 - e. Social Worker (Bed Management) – winter pressures funds were used to extend a temporary agency social worker to support bed management. It is proposed that this is not continued.
10. The Discharge to Assess work undertaken included the close involvement of a mental health specialist Community Care Officer. Reablement Community Care Officers have specialist knowledge and expertise and can work with people with mental health issues to regain their confidence, skill and abilities. By promoting independence, reablement services can improve people's recovery and reduce or avoid the need for ongoing services. They can also reduce the number of admissions to long term residential care. The Winter Pressures Community Care Officer worked intensively with people, rebuilding responsibility and routine around daily activities and self-care; supporting practical activities such as meal planning and preparation, responding to post and making phone calls; developing structure with meaningful and therapeutic use of time; and providing support in preparation for move-on, particularly in relation to returning to or moving home, resolving utilities issues and managing money. Ideally, this offer would continue to be available to people being discharged from mental health wards and to support in-reach work into care homes.
11. Work is also commencing around the development of mental health specialist Shared Lives provision, extending the accommodation options available to people being discharged from hospital. Reablement Community Care Officers, alongside the dedicated Occupational Therapist post, will support the development of 'promote independence' skills of Shared Lives providers and the implementation of reablement plans, thereby enabling people to move on to more independent living. This would require mental health reablement services to work intensively with higher numbers of people from across the County.
12. It is therefore proposed that 3 FTE Grade 5 mental health reablement focused Community Care Officer posts are established. These should be located with Living Well teams to support the teams' place-based offer but be co-ordinated by the funded Senior Practitioner

as set out at **paragraph 9a**. These posts would continue to have oversight from the lead Group Manager to promote a consistent approach and cover. It is proposed that these are recruited on a temporary basis in line with other funded activity and the impact of their work reviewed before making any long-term recommendations. The in-year salary cost of this proposal would be £54-63,000, based on use of recruited staff from 1st September 2021 to the end of the financial year.

13. The maximum anticipated costs for the proposed Council posts going forward is:

Activity:	£
Senior Practitioner with discharge improvement focus – salary + oncosts	£40,000
Agency Occupational Therapist fees	£47,000
3 x Reablement Community Care Officers	£63,000
Employee related travel/ICT	£20,000
TOTAL	£170,000

14. There is a potential gap of £20,000 between the funds available through the Mental Health Recovery Fund and the potential cost of the preferred approach. This gap will be met in one of the following ways:
- the salary costs have been calculated at the top of the relevant grade. Costs might therefore come below this, closing the gap.
 - funds allocated on the Section 256 agreement with NHFT for other projects could be underspent and made available for reallocation.
 - should the above not be sufficient, the shortfall could be met from invest to save funds allocated for this purpose on the premise that proposals developed are intended to support more successful hospital discharge; enable people out of short term residential care placements (that without further interventions tend to continue for around 12 months); build reablement skills amongst providers of care homes, Shared Lives and community-based support; and reduce care packages commissioned.

Other Options Considered

15. The option of prioritising internal posts over the Nottingham Community Housing Association service was considered, strengthening the links with the wards by having more dedicated time e.g. ward based social workers. This is not proposed, however, as this would not enable a robust countywide offer of enhanced community support and would therefore leave gaps in provision that would create geographical inequality and risk hospital delays or increased admissions in areas not covered.
16. The possibility of having block purchased beds in one residential home was explored. This was not the preferred option for two reasons. Firstly, the Council does not want to promote additional use of residential care as a preferred route when supporting mental health hospital discharge, but instead develop and promote other community-based options. Secondly, with regard to the use of residential care on a short term basis due to lack of alternative options, the preferred way forward is to work with a number of providers across the County to promote reablement and limit the duration of these placements. This work will also be supported by the Occupational Therapist and Reablement Community Care Officers and will be place based.

Reason/s for Recommendation/s

17. With the limited funds available and knowledge gained from all the Winter Pressure projects, there is agreement between health and County and City social care that focus should remain firmly on removing barriers and blocks to both mental health discharge and hospital avoidance. Having a dedicated, block contracted provider to create short term support capacity with a reablement focus will enable both timely discharges and intensive support to avoid an admission.
18. Establishing a Senior Practitioner post will maintain focus on co-ordination of this work. This has been identified by Nottingham Community Housing Association as a key factor in the success of their service to date and by health as key to increasing the Council's responsiveness and building communication and relationships.
19. Establishing the Occupational Therapist post and three reablement Community Care Officers will strengthen the reablement focus and support the development of providers around promoting independence, reducing the use of residential care, and improving people's recovery and independence outcomes.

Statutory and Policy Implications

20. 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

21. The cost of the proposals set out will not exceed £170,000. It is anticipated that a maximum of £20,000 will be funded by Adult Social Care on an invest to save basis.

Human Resources Implications

22. The HR implications of this proposal are outlined in **paragraphs 9 – 12** of the report. The five posts that it is proposed to be established will be embedded within current teams. Where recruited to internally, backfill recruitment will be required.

Public Sector Equality Duty implications

23. The hospital discharge offer for people leaving mental health in-patient services does not currently match that available to people leaving other acute hospitals. This proposal seeks to start to redress this.

Implications for Service Users

24. Service users will be discharged more rapidly once well enough to leave hospital and be supported to build the skills and confidence to maximise independence.

RECOMMENDATION/S

That Committee:

- 1) notes the use by Nottinghamshire Healthcare NHS Foundation Trust of the Mental Health Recovery Fund to fund Nottingham Community Housing Association to provide Enhanced Community Support for County citizens until the end of March 2022.
- 2) approves the establishment of the following posts:
 - 1 FTE Senior Practitioner (Band C) on a temporary basis for 8 months.
 - 1 FTE Occupational Therapist (Band B) on a temporary basis for 8 months.
 - 3 FTE Reablement Community Care Officers (Grade 5) on a temporary basis for 7 months.

**Ainsley Macdonnell,
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Constitutional Comments (AK 05/07/21)

25. This report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments (OC 05/07/21)

26. The financial implications are summarised in **paragraph 21**. The cost of £150,000 to be met by the Mental Health Recovery Fund from NHFT and the cost of £20,000 to be funded by Adult Social Care on an invest to save. This will cover the following posts:
 - 1 FTE Senior Practitioner (Band C) for 8 months £40,000
 - 1 FTE Occupational Therapist (Agency) for 8 months £47,000
 - 3 FTE Reablement Community Care Officers (Grade 5) for 7 months £63,000
 - Employee related travel/ICT - £20,000.

HR Comments (WI 02/07/21)

27. Recruitment to the temporary roles will be undertaken in line with the County Council's recruitment procedures and successful candidates will be appointed to fixed term contracts for the duration outlined in the report. Where agency recruitment is proposed this will engage the Council's managed service provider for agency staff.
28. The report has been shared with the recognised trade unions for information purposes.

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.

ASCPH769 final

26 July 2021

Agenda Item:10

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE 1 JANUARY 2021 TO 31 MARCH 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 January to March 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 in full lockdown for the whole of quarter four and therefore the year ended as it had begun.
6. However, providers had experienced nine months of some form of restriction or another and therefore whilst the country may have been in full lockdown as it had been in the beginning of the year, services were provided in line with Government guidance but with the benefit of that experience and new ways of working.
7. 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.

8. Public health officers maintained a close dialogue with providers during this quarter 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.

NHS Health Checks (GPs)

9. Quarter four continued to be a pressured time for GP practices as they responded to the roll-out of the vaccination programme and caught up with inevitable backlogs in demand. Activity on this preventative programme remained at a reduced level in this quarter as part of the response to the pandemic.
10. Payment continued on actual activity delivered in quarter four.
11. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions.

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

12. The ISHS is provided by the three NHS Trusts in Nottinghamshire.
13. Emergency and essential sexual health and contraception services including sexually transmitted infection responses (genital warts/molluscum contagiosum) and insertion and removal of long acting reversible contraception (IUD/S and Implants) continued. Pre-procedure consultations were undertaken remotely by telephone to ensure the service user (or anyone living in their household) was free of COVID 19 symptoms and that the service user was suitable for the relevant procedure. The remote consultations helped to reduce the length of time that service users were in the hospitals. Home treatments were given where possible.
14. 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.
15. Social distancing for examinations and the procedures themselves could not be maintained but requisite infection prevention control measures and PPE guidance was followed. All sexual health staff used disposable plastic aprons, disposable latex gloves, fluid resistant masks and face visors and service users were asked to wear fluid resistant masks too. Social distancing in waiting rooms and staggered appointment times helped to reduce the risk of exposure to COVID 19.

16. Alternative means to health promotion were established in quarter four via referrals and some spoke clinic settings were opened.
17. Sexual health staff were asked to support swabbing teams in this quarter and some staff had to isolate at home due to COVID which affected staffing numbers in clinic.
18. During this year, despite the many challenges, the service across the County saw 75% of the numbers of service users seen at the end of last year.

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

19. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire.
20. The service is popular with young people and with the reopening of schools, the service was able to resume some of the service during quarter four.
21. 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.
22. 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)

23. CGL continued to provide this critical service in line with COVID guidance.
24. The service has dealt with more service users this year than had originally been anticipated when the Council went out to tender.
25. 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.
26. The young people's service has been going from strength to strength even with the challenges of the last year. One young person severely affected by their parent's substance misuse issues and an apparent lack of wider support has recently praised the service "my CGL worker had started regularly meeting with me and the support they have provided has been invaluable. Lockdown would have been a lot harder without them".

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

27. In recognition of the variation in health risk behaviours across the county, ABL is incentivised to deliver 60% of service outcomes in the 40% most disadvantaged communities. In Quarter four out of a total of 3378 referrals into the service, 2063 (62%) were from the 40% most deprived areas of Nottinghamshire. In 2020-2021 out of a total of 11453 referrals into the service, 6908 (60%) were from the 40% most deprived areas of Nottinghamshire.
28. The total number of contacts recorded since the start of the contract is 152,369, with a third of these contacts being made in this last quarter. Furthermore, external referrals in this last quarter have increased. Both these developments are promising as we move forward.
29. Service Users have needed additional time and support in their contacts as many wanted an opportunity to talk about their wider experiences under lockdown and have been supported by staff with this.

Illicit Tobacco Services (In-house)

30. In quarter four, officers resumed visits to make test purchases at premises about which intelligence had been received on the sale of illicit tobacco products. Eleven premises were visited.
31. Officers had three successful test purchases, two from shops that had not been visited previously. Two further inspections resulted in nearly £4000 worth of cash and cigarettes being confiscated from a car being used in Worksop and a delivery mechanism in a shop being discovered with a concealed chute behind an extractor fan cover leading to the flat above.

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

32. The Domestic Abuse service continues to be challenged by the complexity and numbers of cases in quarter four as further detailed below.
33. 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 2021/22.
34. The prevention promotion and training service continued on-line during this fourth quarter to improve the domestic abuse information available for professionals and young people across the County.
35. The services were ready for face to face contact, with children and young people finding remote delivery challenging but had to resume remote contact in line with government guidance.

Healthy Families (Nottinghamshire Healthcare NHS Foundation Trust)

- 36. 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.
- 37. 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.
- 38. The Provider has worked hard to improve and sustain performance for this quarter. Overall, New Birth Visits have been completed within timescales, this stands at 96.42% improving by 1.2% on quarter three and for the second consecutive quarter achieving the National target of 95%.
- 39. The number and percentage of infants totally and partially breast fed has seen an increase for this quarter to 45.34%. The Healthy Family Teams have proactively promoted the virtual Babes groups and contacting breast feeding mothers earlier after discharge from hospital.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

- 40. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.
- 41. Whilst the numbers of frontline staff trained in child related oral health brief advice was at 92% of the numbers achieved last year, the adult related training remained low due to the lack of attendees as care staff continued to focus on Covid-related work.

Homelessness (Framework)

- 42. 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) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time.
- 43. Framework had to revise the service provision substantially during this year, however service users were moved on from hostel accommodation by a higher percentage than last year and those exiting the move on accommodation was only down 8% with numbers of service users remaining fairly static.

Other Options Considered

44. None

Reason/s for Recommendation/s

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

Statutory and Policy Implications

46. 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

47. 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

48. 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

49. 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

50. 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 (CEH 29/06/2021)

51. Adult Social Care and Public Health Committee have the delegation under its terms of reference to consider this report and the recommendation.

Finance Comments (DG 28/06/2021)

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

Background Papers and Published Documents

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

- None

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Public Health Services Performance Report - Service description

PH Outcomes Framework Indicator	Indicator description	Service Name	Service description
2.22	Take up of the NHS Health Check programme - by those eligible	NHS Health Checks	The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. http://www.nhs.uk/Conditions/nhs-health-check/Pages/What-happens-at-an-NHS-Health-Check-new.aspx
2.12	Excess weight in adults		
2.13ii	Proportion of physically active and inactive adults		
4.04ii	Under 75 Cardiovascular disease related death		
4.05ii	Under 75 Cancer related death		
2.04	Under 18 conceptions	Integrated Sexual Health Services	<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. A proportion of this rise is due to improved access to STI testing and routine use of more sensitive diagnostic tests. However this has also been driven by ongoing unsafe sexual behaviour, with increased transmission occurring in certain population groups, including MSM. Of the 446,253 new STI diagnoses made in England in 2013, the most commonly diagnosed were:</p> <ul style="list-style-type: none">• Chlamydia (47%),• Genital warts (17%).• Genital herpes (7%),• Gonorrhoea (7%). <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. www.fsrh.org www.bashh.org. The ISHS will support delivery to achieve the three main sexual health related Public Health Outcome Framework (PHOF) measures to improve sexual health in mid-Nottinghamshire:</p> <ul style="list-style-type: none">• A reduction in under 18 conceptions• Achieve a diagnostic rate of 2,300 per 100,000 for Chlamydia screening (15-24 year olds)• A reduction in people presenting with HIV at a late stage of infection. <p>In addition, the service will deliver against the following overarching outcomes to improve sexual health:</p> <ul style="list-style-type: none">• Clear, accessible and up-to-date information about services providing contraceptive and sexual health for the whole population, including information targeted at those at highest risk of sexual ill health• Reduced sexual health inequalities amongst young people and young adults; for example, Black and Minority Ethnic (BME) groups and MSM through improved access to services and prevention interventions• Be responsive to potential gaps in provision especially in the areas of highest need and sexual ill health• Reduced rates of acute STIs through increased diagnosis and effective management and treatment of STIs and through targeting those groups most at risk• A high level of coverage for chlamydia testing, ensuring that services are accessible, are provided across a range of venues and exceed the national chlamydia diagnosis target of 2.3 per 1,000
3.02	Chlamydia Detection Rate (15-24 year olds)		<ul style="list-style-type: none">• An increase in the number of people accessing HIV screening, particularly from those groups most at risk• A reduction in the proportion of people diagnosed with HIV at a late stage of HIV infection through increased education and screening to encourage earlier presentation and reduce the stigma of HIV• Increased access and uptake of effective methods of contraception, specifically Long Acting Reversible Contraception (LARC), for all age groups• Increased access and uptake of condoms; specifically targeted at young people (those aged 25 and under) and MSM• Increased identification of risk taking behaviour and risk reduction interventions to improve future sexual health outcomes across mid-Nottinghamshire• A reduction in unintended pregnancies in all ages• Increased quality standards across Nottinghamshire and Bassetlaw.
3.04	HIV Late Diagnosis		

2.04	Under 18 conceptions	Young Peoples Sexual Health Service - C Card	Good sexual and reproductive health is important to physical and mental wellbeing, and is a cornerstone of public health. Young people who are exploring and establishing sexual relationships must be supported to take responsibility for their sexual and reproductive health. The C Card scheme aims to reduce teenage pregnancy and sexually transmitted infections amongst young people in Nottinghamshire by allowing young people to access free confidential sexual health advice and condoms.
1.05	16-18 year olds not in education employment or training	Alcohol and Drug Misuse Services	<p>Drug use can have a wide range of short- and long-term, direct and indirect effects. These effects often depend on the specific drug or drugs used. Longer-term effects can include heart or lung disease, cancer, mental illness, HIV/AIDS, hepatitis, and others. Long-term drug use can also lead to addiction. Drug addiction is a brain disorder. Not everyone who uses drugs will become addicted, but for some, drug use can change how certain brain circuits work. These brain changes interfere with how people experience normal pleasures in life such as food and sex, their ability to control their stress level, their decision-making, their ability to learn and remember, etc. These changes make it much more difficult for someone to stop taking the drug even when it's having negative effects on their life and they want to quit. Drug use can also affect babies born to women who use drugs while pregnant. Broader negative outcomes may be seen in education level, employment, housing, relationships, and criminal justice involvement.</p> <p>Persistent alcohol misuse increases your risk of serious health conditions, including: •heart disease •stroke •liver disease •liver cancer and bowel cancer •mouth cancer •pancreatitis</p> <p>As well as causing serious health problems, long-term alcohol misuse can lead to social problems, such as unemployment, divorce, domestic abuse and homelessness The service aim is to reduce illicit and other harmful substance misuse and increase the numbers recovering from dependence.</p>
1.13	Re-offending levels		
1.15	Homelessness		
2.18	Admission episodes for alcohol-related conditions		
2.15	Drug and alcohol treatment completion and drug misuse deaths	Young People's Substance Misuse Service	Young people's drug use is a distinct problem. The majority of young people do not use drugs and most of those that do, are not dependent. But drug or alcohol misuse can have a major impact on young people's education, their health, their families and their long-term chances in life. Each year around 24,000 young people access specialist support for substance misuse, 90% because of cannabis or alcohol. It is important that young people's services are configured and resourced to respond to these particular needs and to offer the right support as early as possible. The model used to illustrate the different levels of children and young people's needs in Nottinghamshire is referred to as the Nottinghamshire Continuum of Children and Young People's Needs which recognises that children, young people and their families will have different levels of needs, and that a family's needs may change over time. The agreed multi-agency thresholds are set out across four levels of need
2.03	Smoking status at time of delivery (maternity)	Tobacco Control and Smoking Cessation	<p>Smoking is the primary cause of preventable illness and death. Every year smoking causes around 96,000 deaths in the UK. The prevalence of smoking across Nottinghamshire is equal to the English average at 18.4%. We are seeking to continue the downward trend in prevalence through this newly commissioned model. Our local framework for tackling tobacco use sets out a range of interventions that we will be implementing in order to achieve this aspiration, one key element that will contribute to and support these aspirations will be our local tobacco control service(s).</p> <p>To reflect the model 3 themes will be used to provide context;</p> <ul style="list-style-type: none">• Stopping smoking• Preventing the uptake of smoking• Reducing harm from tobacco use
2.09	Smoking prevalence - 15 year olds		
2.14	Smoking prevalence - adults (over 18's)		

2.14	Smoking prevalence - adults (over 18's)	Illicit Tobacco Services	Nationally, Tobacco smuggling costs over £2 billion in lost revenue each year. It undermines legitimate business and is dominated by internationally organised criminal groups often involved in other crimes such as drug smuggling and people trafficking. Trading Standards resource works to reduce illicit tobacco supply and demand within the county
1.16	Utilisation of outdoor space for exercise/health reasons	Obesity Prevention and Weight Management (OPWM)	Being overweight or obese can bring physical, social, emotional and psychosocial problems, which can lead to the onset of preventable long term illness, stigma, discrimination, increased risk of hospitalisation and reduced life expectancy. Someone who is severely obese is three times more likely to need social care than someone who is a healthy weight, so the need for quality weight management services does not only impact individuals, but also affects public funds and the wider community. The aim of this contract is to reduce the prevalence of overweight and obesity so that more adults, children, young people and families achieve and maintain a healthy weight therefore preventing or reducing the incidence of obesity related illnesses.
2.06	Child excess weight in 4-5 and 10-11 year olds		
2.11	Diet		
2.12	Excess weight in adults		
2.13	Proportion of physically active and inactive adults		
1.11	Domestic abuse	Domestic Abuse Services	This service aims to reduce the impact of domestic violence and abuse (DVA) in Nottinghamshire through the provision of appropriate services and support for women, men and children who are experiencing domestic abuse or whose lives have been adversely affected by domestic abuse.
1.18	Social isolation	Social Exclusion	Nottinghamshire Homelessness Health Needs Assessment, July 2013 – this identified higher levels of need among non-statutory homeless people in relation to lifestyle health risks: hepatitis and flu vaccination, smoking, diet, substance misuse (including alcohol), TB screening, sexual health checks. Multiple physical health problems were common; especially musculoskeletal, respiratory and oral health. Mental health problems were common; especially stress, depression, sleeping difficulties and anxiety. The aim is to protect and support the health and well being of vulnerable adults using the person centred approach. Specifically this will be addressed via specialist one to one assessment and advice sessions as a means of accessing appropriate emergency practical support and co-located services. This will follow as far as possible an “under the same roof” and “one-stop” model.
1.01	Children in low income families	Public Health Services for Children and Young People aged 0-19	The foundations for virtually every aspect of human development - physical, intellectual and emotional, are established in early childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people. The Healthy Child Programme provides a framework to support collaborative work and more integrated delivery. The Programme (0-19) aims to: • help parents develop and sustain a strong bond with children, • encourage care that keeps children healthy and safe, • protect children from serious disease, through screening and immunisation, • reduce childhood obesity by promoting healthy eating and physical activity, • identify health issues early, so support can be provided in a timely manner, • make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be ‘ready for to learn at two and ready for school by five’
1.02	School readiness		
2.02	Breastfeeding		
2.03	Under 18 conceptions		
2.05	Child development at 2-2½ years		
2.06	Child excess weight in 4-5 and 10-11 year olds		

4.02	Proportion of five year old children free from dental decay	Oral Health Promotion Services	In Nottinghamshire, oral health is an important Public Health policy area due to the diverse nature of the county and its associated health inequalities. The impact of poor oral health is felt within all seven districts with significant variation. To deliver an evidence-based oral health promotion service for identified individuals, communities and vulnerable groups in Nottinghamshire, to maintain and improve their oral health. The service is based on the recommendations from ‘Local authorities improving oral health: commissioning better oral health for children and young people’ and National Institute for Health and Care Excellence (NICE) guidelines.
2.05	Child development at 2-2½ years	Children's Centres	Children’s Centres play a key role in early intervention and are a vital source of support for young children and their families.... They offer a range of activities, family services and advice to promote school readiness, improve family outcomes and reduce health inequalities in child development
1.15	Statutory homelessness	Supporting People: Homelessness Support	<p>The aims of this service are:</p> <ul style="list-style-type: none"> - To address homelessness, support people back to independence and prevent repeat homelessness - To reduce the adverse effects of homelessness on individual and population health and wellbeing - To improve the health and wellbeing of homeless service users - To promote social inclusion
4.09	Excess under 75 mortality rate in adults with serious mental illness	Mental Health	The Co-production Mental Wellbeing service provides a countywide service that aims to improve the health and wellbeing of adults and supports them in recovery. The service is for those people experiencing mental health problems
1.15	Statutory homelessness	Reduction in statutory homelessness	The Moving Forward Service aims to: Prevent homelessness and promote independence, reduce social exclusion and isolation, improve the general health of people with mental health problems, prevent hospital admissions and support timely discharge, support carers of people with mental health problems and develop efficient ways of working

Nottinghamshire County Public Health Services Performance Report

Quarter 4 2020/21

Service Name	Indicator or Quality Standard	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	Actual YTD
NHS Health Checks	No. of eligible patients who have been offered health checks	149	3,077	2,982	1,802	8,010
	No. of patients offered who have received health checks	103	766	1,211	699	2,779
Integrated Sexual Health Services	Total number of filled appointments					
	Sherwood Forest Hospital NHS Trust	2,496	4,518	4,755	4,507	16,276
	Nottingham University Hospital NHS Trust	2,003	3,133	2,723	2,542	10,401
	Doncaster and Bassetlaw Hospitals NHS Trust	1,684	2,086	2,251	2,345	8,366
	Total	6,183	9,737	9,729	9,394	35,043
	Quality Standard 60 % of new service users accepting a HIV test					
	Sherwood Forest Hospital NHS Trust	12%	20%	51%	56%	20%
	Nottingham University Hospital NHS Trust	8%	13%	27%	18%	33%
	Doncaster and Bassetlaw Hospitals NHS Trust	2%	14%	21%	37%	14%
	Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test					
	Sherwood Forest Hospital NHS Trust	35%	41%	52%	49%	48%
	Nottingham University Hospital NHS Trust	50%	49%	36%	48%	65%
	Doncaster and Bassetlaw Hospitals NHS Trust	66%	67%	64%	75%	67%
	Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC					
	Sherwood Forest Hospital NHS Trust	46%	52%	56%	53%	52%
	Nottingham University Hospital NHS Trust	54%	56%	62%	62%	60%
	Doncaster and Bassetlaw Hospitals NHS Trust	40%	42%	40%	48%	42%

Young Peoples Sexual Health Service - C Card	Number of individuals aged 13-25 registered onto the scheme	10	47	100	27	184
	Number of individual young people aged 13-25 who return to use the scheme (at least once)	31	71	111	27	240
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children inc CJ	2,983	3,126	3,007	2,946	3,085
	Number of successful completions (YP and Adults and Parents)	241	371	357	276	1,245
	Number of unplanned exists (Adults, YP and parents)	164	271	182	158	775
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date	389	510	479	239	1,617
	Smoking Cessation: % of clients quit at 4 weeks following quit date	58%	65%	67%	33%	56%
	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	4	7	0	0	11
	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	57%	54%	0%	0%	28%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	131	211	185	0	527
Illicit Tobacco Services	Number of inspections	0	4	4	25	33
Domestic Abuse Services	Number of eligible referrals who have engaged and accepted support	893	538	506	461	2,398
	Children of survivors	520	222	34	18	794
	Number of training events delivered (specialists courses, seminars, briefings, conferences)	0	15	3	0	18
Healthy Families	Percentage of New Birth Visits (NBVs) completed within 14 days	91%	95%	95%	96%	95%
	Percentage of 6-8 week reviews completed	88%	92%	92%	91%	92%
	Percentage of 12 month development reviews completed by the time the child turned 15 months	93%	89%	85%	90%	90%
	Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	99%	99%	99%	99%	99%
Oral Health Promotion Services	Number of frontline staff (CHILD RELATED) trained to deliver oral health brief advice	14	63	35	167	279
	Number of frontline staff (ADULT RELATED) trained to deliver oral health brief advice	4	3	32	44	83
Homelessness	Hostel Accommodation Number exited in a planned way	21	35	38	32	126
	Hostel Accommodation % exited in a planned way	88%	80%	93%	86%	86%
	Move on Accommodation Number exited in a planned way	14	38	24	17	93
	Move on Accommodation % exited in a planned way	82%	100%	86%	74%	88%

District Level Data

		Quarter 1							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	573	802	470	361	314	265	198	2983
	Number of successful completions (YP and Adults and Parents)	38	73	34	36	34	16	10	241
	Number of unplanned exits (Adults, YP and parents)	36	48	21	14	16	19	10	164
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	59	59	74	58	48	37	35	370
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	16%	16%	20%	16%	13%	10%	9%	100%
	Adult Weight Management : The number of all adults who ‘start’ go onto to lose 5% weight loss compared with their initial weight	5	3	4	5	6	8	1	32
	Adult Weight Management : The % of all adults who ‘start’ go onto to lose 5% weight loss compared with their initial weight	16%	9%	13%	16%	19%	25%	3%	100%
	Childrens Weight Management: The number of children and young people (4-15) who have maintained or reduced their BMI z score at completion of an intervention at 6 months	1	0	0	3	0	0	0	4
	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	25%	0%	0%	75%	0%	0%	0%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	25	19	19	12	16	17	16	124
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	232	241	270	297	235	224	216	1715
	Number of 6-8 week reviews completed	193	234	277	272	207	222	230	1635
	Number of 12 month development reviews completed by the time the child turned 15 months	240	271	296	263	223	243	221	1757
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	239	242	347	291	242	233	279	1873
Homelessness	Hostel Accommodation Number exited in a planned way	6	5		2	8			21
	Hostel Accommodation % exited in a planned way	29%	24%		10%	38%			100%
	Move on Accommodation Number exited in a planned way	3	4		2	5			14
	Move on Accommodation % exited in a planned way	21%	29%		14%	36%			100%

		Quarter 2							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	599	819	497	374	336	277	224	3126
	Number of successful completions (YP and Adults and Parents)	81	95	53	37	34	34	37	371
	Number of unplanned exits (Adults, YP and parents)	47	75	22	24	37	31	35	271
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	90	86	89	56	62	74	46	503
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	18%	17%	18%	11%	12%	15%	9%	100%
	Adult Weight Management : The number of all adults who ‘start’ go onto to lose 5% weight loss compared with their initial weight	3	2	11	0	8	3	5	32
	Adult Weight Management : The % of all adults who ‘start’ go onto to lose 5% weight loss compared with their initial weight	9%	6%	34%	0%	25%	9%	16%	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	2	0	1	0	2	1	1	7
	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	29%	0%	14%	0%	29%	14%	14%	100%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	28	21	42	25	33	32	26	207
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	241	266	321	274	221	244	239	1806
	Number of 6-8 week reviews completed	256	236	282	297	231	236	233	1771
	Number of 12 month development reviews completed by the time the child turned 15 months	243	197	342	248	236	227	281	1774
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	210	195	283	202	227	230	252	1599
Homelessness	Hostel Accommodation Number exited in a planned way	4	10		8		12		34
	Hostel Accommodation % exited in a planned way	7%	58%		13%		22%		100%
	Move on Accommodation Number exited in a planned way	7	7		10		14		38
	Move on Accommodation % exited in a planned way	18%	18%		26%		37%		99%

		Quarter 3							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children Inc CJ	573	762	506	363	336	272	195	3007
	Number of successful completions (YP and Adults and Parents)	61	67	82	46	43	26	32	357
	Number of unplanned exits (Adults, YP and parents)	26	50	27	17	24	21	17	182
Integrated Wellbeing Service	Smoking Cessation: Number of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	85	73	75	59	50	68	53	463
	Smoking Cessation: % of clients quit at 4 weeks following quit date (using face to face support) which is validated by CO monitor	18%	16%	16%	13%	11%	15%	11%	100%
	Adult Weight Management : The number of all adults who ‘start’ go onto to lose 5% weight loss compared with their initial weight	3	1	4	3	3	2	6	22
	Adult Weight Management : The % of all adults who ‘start’ go onto to lose 5% weight loss compared with their initial weight	14%	5%	18%	14%	14%	9%	27%	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	0	0	0	0	0	0	0
	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%	0%	0%	0%	0%	0%	0%	0%
	Alcohol: The number of people who have reduced their AUDIT C score post intervention compared to pre-intervention	19	24	27	21	33	29	32	185
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	267	238	285	292	217	278	254	1831
	Number of 6-8 week reviews completed	267	272	319	266	200	275	231	1830
	Number of 12 month development reviews completed by the time the child turned 15 months	217	199	294	239	245	238	244	1676
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	222	202	240	219	230	241	259	1613
Homelessness	Hostel Accommodation Number exited in a planned way	7	11		7	12			37
	Hostel Accommodation % exited in a planned way	19%	30%		19%	32%			100%
	Move on Accommodation Number exited in a planned way	7	5		2	10			24
	Move on Accommodation % exited in a planned way	29%	21%		8%	42%			100%

		Quarter 4							
		Bassetlaw	Mansfield	Ashfield	Newark & Sherwood	Broxtowe	Gedling	Rushcliffe	Total
All Age Substance Misuse Service	Total numbers in Treatment Adult and Children inc CJ	588	728	493	353	323	279	182	2946
	Number of successful completions (YP and Adults and Parents)	69	56	42	28	27	28	26	276
	Number of unplanned exits (Adults, YP and parents)	38	29	29	17	19	14	12	158
Healthy Families	Number of New Birth Visits (NBVs) completed within 14 days	216	215	281	268	211	198	226	1615
	Number of 6-8 week reviews completed	202	213	254	274	192	215	240	1590
	Number of 12 month development reviews completed by the time the child turned 15 months	240	224	306	251	250	247	255	1773
	Number of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)	218	237	334	268	252	241	262	1812
Homelessness	Hostel Accommodation Number exited in a planned way	4	7		3		18		32
	Hostel Accommodation % exited in a planned way	13%	22%		9%		56%		100%
	Move on Accommodation Number exited in a planned way	9	4		1		3		17
	Move on Accommodation % exited in a planned way	53%	24%		6%		18%		100%

26 July 2021

Agenda Item: 11

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@nottscg.gov.uk.

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

- None

Electoral Division(s) and Member(s) Affected

- All

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

Report Title	Brief Summary of Agenda Item	Lead Officer	Report Author
20th September 2021			
Day opportunities strategy	To present to committee the outcome of co-production work and proposed strategy for day opportunities.	Service Director, Living Well/ Service Director, Strategic Commissioning and Service Improvement	Ainsley MacDonnell/ Kash Ahmed
Adult Social Care & Public Health Recovery Plan		Corporate Director, Adult Social Care and Health	Grace Natoli/ Louise Hemment
Child Death Overview Arrangements		Director of Public Health	Louise Lester
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
8th November 2021			
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
Discharge to Assess planning arrangements		Service Director, Ageing Well/ Service Director, Strategic Commissioning and Service Improvement	Sue Batty/ Kash Ahmed/ Clare Gilbert
Development and progress of the departmental Prevention Strategy		Service Director, Strategic Commissioning and Service Improvement	Clare Gilbert

