

Adult Social Care and Public Health Select Committee

Monday, 04 March 2024 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|---|---------|
| 1 | Minutes of the Last Meeting held on 4 December 2023 | 3 - 10 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) | |
| 4 | Mental Health Services and support within ASCH&PH | 11 - 34 |
| 5 | Progress on the implementation of the Discharge to Assess Model | 35 - 46 |
| 6 | Adult Social Care and Public Health Performance, Risks and Financial Position - Quarter 3 2023-24 | 47 - 82 |
| 7 | Work Programme | 83 - 98 |

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 Katherine Harclerode (Tel. 0115 854 6047) 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 SELECT COMMITTEE

Date 4 December 2023 (commencing at 10.30am)

Membership**COUNCILLORS**

Roger Jackson (Chairman)
David Martin (Vice Chairman)

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

OTHER COUNTY COUNCILLORS IN ATTENDANCE

Councillor Scott Carlton
Councillor Tom Smith

OFFICERS IN ATTENDANCE

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

OTHERS IN ATTENDANCE

Scott MacKechnie - Independent Chair of the Nottinghamshire Safeguarding Adults Board

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

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

2. APOLOGIES FOR ABSENCE

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

3. DECLARATIONS OF INTEREST BY MEMBERS AND OFFICERS

None.

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

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

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

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

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

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

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

RESOLVED: 2023/012

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

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

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

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

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

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

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

RESOLVED: 2023/013

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

6. IMPROVING THE HEALTH OUTCOMES OF PEOPLE IN NOTTINGHAMSHIRE

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

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

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

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

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

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

RESOLVED: 2023/014

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

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

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

7. WORK PROGRAMME

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

RESOLVED: 2023/0015

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

The meeting closed at 12.28pm.

CHAIRMAN

4 March 2024

Agenda Item:

**REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND THE
CABINET MEMBER FOR COMMUNITIES AND PUBLIC HEALTH****ADULT MENTAL HEALTH SERVICES AND SUPPORT DELIVERED OR
COMMISSIONED BY ADULT SOCIAL CARE AND PUBLIC HEALTH****Purpose of the Report**

1. This report provides Adult Social Care and Public Health Select Committee with an overview of mental health service provision across the health and care system, confirms the Council's adult mental health service offer, and sets out some of the key challenges and opportunities for the Council in this area of work.

Information

2. Whilst the key role of diagnosis and treatment of mental health conditions lies with primary and secondary healthcare, both Adult Social Care and Public Health play an important role in providing and commissioning services aimed at promoting independence, harm reduction and mental health recovery. This supports the Council's Nottinghamshire Plan ambitions in *helping our people live healthier and more independent lives, and keeping children, vulnerable adults and communities safe*.
3. This report provides an overview of the services available to people to manage and treat mental ill-health, to respond to mental health crises, and to provide the care and support needed for recovery and to manage the wellbeing impacts of mental ill-health, including severe multiple disadvantage. A summary of this information is also provided in table format at **Appendix 1**. A summary of the support that Mental Health Social Care provide is included at **Appendix 2**.

Mental Health in Primary Healthcare

4. Protection, support, care and treatment of people's mental health is delivered through a complex combination of statutory and non-statutory services across health, local authority, and voluntary and community sectors.
5. For anyone concerned about their (or someone else's) mental well-being, the first point of contact with services should be with their GP. The GP's role is to make an initial

assessment based on thoughts, mood and behaviours, alongside current circumstances, stressors and events. Based on this assessment, a GP can:

- Offer advice about mental health self-care, healthy lifestyles and sleep. There are a number of helpful resources available to support people with good mental health self-care, including [5 Steps to Mental Wellbeing](#) and a range of apps to help manage sleep, self-harm, worry etc. More information can be found on the [Mind app library](#).
- Ask you to come back to monitor any change.
- Make a diagnosis of, say, anxiety or depression.
- Introduce you to Social Prescribing – a primary care-based service that has been developed in response to the high numbers of people who see their GP due to the impact on their health of wider social, economic and environmental factors, including loneliness, debt or low self-esteem. In Nottinghamshire, people have access to health coaches, link workers and mental health social prescribers, who can work with people to identify health and wellbeing goals and mechanisms to achieve these through links to wider services, volunteering opportunities, access to green spaces, community and social networks and more.
- Refer you to (or provide the details for you to self-refer to) Talking Therapies services. This is a free, short-term service for adults with common mental health problems such as stress, depression and anxiety. Therapists use counselling, Cognitive Behavioural Therapy and other approaches to allow people to explore and understand how they are feeling and develop helpful coping strategies.
- Prescribe medication.
- Refer on to more specialist, secondary mental health services.

Secondary Mental Healthcare

6. The Nottinghamshire Healthcare Trust provides specialist mental health services through Local Mental Health Teams located in each district across the County. Teams are made up of mental health nurses, occupational therapists, psychologists, psychiatrists, community support workers, peer support workers and employment specialists. These disciplines work together to offer people with more severe mental illness (such as psychosis) treatment, psychological and recovery support, assertive outreach support, community rehabilitation, Early Intervention in Psychosis services and employment support.
7. For people nearing or at crisis point, it is still an option to go to your GP, but there are additional options, which include some out of hours services:
 - Crisis Sanctuaries - voluntary sector run and are open to phone calls, drop-ins and appointments on any evening in Mansfield and Nottingham plus twice weekly in Worksop. They are staffed with Crisis Intervention Workers who can listen and provide recovery-focused crisis support in a safe space.

- A mental health crisis helpline is available 24 hours a day, 7 days a week.
 - If someone is already receiving the support of the Local Mental Health Team, then emergency help and treatment is available 24/7 from Crisis Teams. These teams also manage access to Crisis House accommodation, available for up to 7 nights to provide emotional and practical support and to avoid hospital admission.
 - Although often not the best place to get help, people can present at an emergency department in acute mental health crisis. Nottinghamshire Healthcare Trust provides Rapid Response Liaison Psychiatry services to support Emergency Department staff in these circumstances.
8. For people experiencing acute mental ill-health, Nottinghamshire Healthcare Trust provides Adult Mental Health in-patient and Psychiatric Intensive Care beds across two hospital sites at Sherwood Oaks and Highbury Hospital. It is an option to be admitted as a voluntary patient, where the conditions for admissions are met and the person consents to admission for treatment. Otherwise, **paragraphs 20 to 27** look at the role of the Approved Mental Health Professional in hospital admission.

Services Delivered or Commissioned by the Council

9. Where the healthcare system tends to focus on understanding and treating mental ill-health, the role of social care is to consider the impact that this might have on somebody's wellbeing. This could be to do with dressing appropriately, eating regularly, maintaining personal hygiene and a safe home environment, or carrying out caring responsibilities. If not being able to achieve key activities has, or is likely to have, a significant impact on wellbeing, then the Council's Adult Social Care staff will consider:
- What approaches and services might support the development of skills and confidence, to promote independence?
 - What broader social factors, such as social connection, housing and finances, are impacting people's well-being?
 - How can we build on people's abilities and assets, such as family and community, to enable people to live the life that they want to live?
 - How can we support positive risk-taking whilst retaining a focus on safeguarding?
 - What is the least restrictive way to support people to live their best life?
10. Social care teams do this using a Three Conversations approach, where:
- The first conversation will be about getting to know the person and understanding their world, and what is important to them.
 - The second conversation focuses on understanding and planning to address urgent challenges.
 - Once these conversations are complete, conversation three, if required, will consider what longer term support is needed to help people achieve their 'good life'.

11. In terms of promoting independence, the Council's Maximising Independence Service (known as MIS) provides reablement support to achieve independence goals, and reablement workers in the Living Well teams can work alongside other staff with this aim too.
12. The Council commissions a service known as Moving Forwards from an external provider, Framework Housing Association. They employ staff who are skilled and knowledgeable around housing and welfare benefits and can support people to resolve issues in these areas, as well as looking at goals around social connection, employment, and health management. This service supports around 400 people per year who are in contact with the Council's Living Well teams, Customer Service Centre, or health's Local Mental Health Teams. In addition, this service receives around 500 requests for support per year for people in contact with Crisis teams or in hospital (NB. Within this number there may be repeat users and cross-over with the 400 receiving community support.)
13. Social care staff will also look with people at the broader community and voluntary sector offer for how this might enable them to achieve goals. Although more limited compared with the past, there are a number of activity and support groups, often led by people with lived experience or with the support of organisations such as Self-Help UK, Beeston Community Resource and Mind.
14. Where it is established that people will need longer term care and support services, there is a range of options to be considered:
 - Direct payments can give people flexibility, choice and control by enabling them to purchase the services they need to meet their care and support needs in the way that they feel will work best for them.
 - Care and support at home can also be arranged by the Council.
 - Day opportunities – [Nottinghamshire's Day Opportunities Strategy](#) sets a clear vision for day opportunities to be proportionate and personalised in enabling people to develop social connection, build skills and connect with their communities.
 - Supported Living offers 24-hour support to people in specified accommodation settings. It is recommended where people require this level of supervision and support, not because people are homeless. The care and support provider will work with people to develop their skills and confidence, continue their mental health recovery and work towards moving to more independent accommodation.
 - Residential care is generally only considered when someone cannot be supported effectively or safely in their own home or in Supported Living.

The Council arranges care and support for around 1,300 adults with mental health needs.

15. The Council also receives a ring-fenced Public Health Grant from the Department of Health and Social Care (DHSC) for the purpose of improving health (mental and physical). Conditions governing its allocation stipulate that "the main and primary purpose of all spend from the grant is public health". This funding is utilised to commission a range of all age services that impact on mental health including children's 0-19 services, prevention,

reducing harm and treatment from drug and alcohol use, smoking cessation, physical activity and obesity prevention and public mental health promotion programmes.

16. Although only £241,701 (across all ages, including Wave 4 suicide prevention funding) of the Public Health Grant is spent directly on mental health, the main purpose of the Public Health Grant is to improve overall health and wellbeing of the population. Due to the strong independencies between good physical and mental health, this means that majority of the £44,567,373 grant in 2023/24 will have contributed towards improving mental health in some way. For example, Community Friendly Nottinghamshire use a community organising approach, where neighbourhood coordinators reach out, listen to and connect with residents, encouraging residents to take action on the things they care about most. This encourages good social connection to improve mental health, to create environments and communities that flourish and will indirectly support positive mental health.
17. Specific examples of mental health interventions led by the Public Health division include;
 - **Positive mental health promotion including a consistent approach to mental health promotion campaigns, including suicide prevention and awareness.** Adult Social Care & Public Health Select Committee will be consulted on the new Suicide Prevention Strategy in June 2024. This includes delivery of NHS funded Wave 4 Suicide Prevention Programme to commission: universal and targeted communications campaign; managing the Real Time Surveillance System and suicide awareness and prevention training to the Community and Voluntary Sector and to elected members. Between January and the end of August 2023, over 1,300 training places have been taken up by people working or volunteering across Nottinghamshire County.
 - **Leading work on Severe Multiple Disadvantage (SMD) and Making Every Adult Matter (MEAM).** SMD is a combination of three or more disadvantages, including: mental ill-health, homelessness, problematic substance use, domestic and sexual violence and/or abuse, and interaction with the criminal justice system. People experiencing SMD are amongst the most vulnerable to poor health outcomes within our population. In 2023, the Nottinghamshire MEAM Approach developed a dual operational and strategic multidisciplinary team to follow a small group of people experiencing SMD to understand how they experience our system. This is developing real insight and learning which we are taking forward to make tangible changes to the way we work together to improve outcomes for people experiencing SMD.
 - **Coexisting substance use and mental health services.** Public Health leads the 'Co-existing substance use and mental health group' with the aim of bringing together key partners to develop and support the co-existing pathway for people with both substance use and mental health needs. A baseline pathway model was funded via the Nottingham and Nottinghamshire Integrated Care Board and delivered by Nottinghamshire Healthcare Trust. This baseline pathway consists of:
 - Two mental health workers based within substance use treatment services (Change Grow Live (CGL) in the County and Nottingham Recovery Network (NRN) in the City)
 - Four substance use workers based within mental health inpatient wards at Highbury and Sherwood Oaks (two from CGL and two from NRN)

- Four substance use workers based within Local Mental Health Teams (two from CGL and two from NRN)
- Peer support workers with lived experience provided by Double Impact.

Plans to continue and expand this pathway are being submitted to the Office for Health Improvement and Disparities.

- **Your Health Notts health behaviour change service** supports Nottinghamshire residents to stop smoking, achieve weight loss and increase physical activity and this is underpinned by supporting and improving the mental wellbeing of clients. Improvements in mental wellbeing are measured using validated tools, between April and November 2023, over 1,000 clients reported an improvement in their mental wellbeing. In 2024, Your Health Notts will become an accredited training provider to deliver 'Making Every Contact Count' for Mental Health training. Your Health Notts is developing approaches to increase access for people with Severe Mental Illness (SMI) through a bespoke offer that is developed and informed by people with lived experience of SMI.
- **Public Health support work across the life course including work to support the emotional and mental health in children and young people.** To enact this, Public Health currently funds a range of services including the Schools Health Hub, the Tackling Emerging Threats to Children Team and the Healthy Families Programme. Public Health also hosts the Children's Integrated Commissioning Hub, which commissions health and care services for children and young people, including Mental Health services which are the commissioning responsibility of the Integrated Care Board.

Working together as System Partners

18. Although each part of the system works within a different framework and with a different set of responsibilities, it is the combined impact of all services that determines effectiveness in providing the right response at the right time, supporting people in the prevention of mental ill-health, recovery from unwell periods, and protecting people from harm.
19. System-wide approaches are needed to drive improvement in mental health across Nottinghamshire and embed a parity with physical health. NHS Nottingham and Nottinghamshire lead on a number of mental health transformation programmes, including for community rehabilitation and mental health services, inpatient pathways, and suicide reduction and bereavement support. The involvement of the Council, as well as broader system partners, is critical to success.

The Role of the Approved Mental Health Professional (AMHP)

20. The Local Authority has very particular duties that are set out in the Mental Health Act 1983, and enshrined in the role of the AMHP, who is most commonly a social worker (but can be Nurses, OTs, and Psychologists) and who has been approved by a social services authority to carry out certain duties under the Mental Health Act (MHA). The AMHP is critical to delivering better mental health services and outcomes, taking urgent decisions about the least restrictive options for people requiring care and treatment, protecting

people's human rights and promoting the principles of the Act, as set out in the Code of Practice:

- Least restrictive option and maximising independence
- Empowerment and involvement
- Respect and dignity
- Purpose and effectiveness
- Efficiency and equity.

21. The MHA is legislation governing the compulsory treatment of certain people who have a mental disorder. It is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. The MHA represents a careful balance between the individual rights of patients and society's responsibility to protect them and other people from harm.
22. Section 13 of the MHA states that if a Local Authority has reason to think that an application for admission to hospital or a Guardianship application may need to be made in respect of a patient within their area, they shall make arrangements for an AMHP to consider the patient's case on their behalf.
23. Although AMHPs act on behalf of a local authority, they cannot be told by the local authority, or anyone else, whether or not to make an application. They must exercise their own judgement, based on social and medical evidence, when deciding whether to apply for a patient to be detained under the Act. The role of the AMHP is to provide an independent decision about whether or not there are alternatives to detention under the Act, bringing a social perspective to their decision, and taking account of the least restrictive option and maximising independence guiding principles.
24. The AMHP has a responsibility to organise and undertake an assessment under the MHA and, if the legal definitions are met, to authorise detention under the Act. AMHPs may make an application for detention only if they have interviewed the patient in a suitable manner, are satisfied that the statutory criteria for detention are met, and are satisfied that, in all the circumstances of the case, detention in hospital is the most appropriate way of providing the care and medical treatment the patient needs.
25. AMHPs are required by the Act to attempt to identify the patient's nearest relative as defined in section 26 of the Act. When an AMHP makes an application for admission under section 2 of the Act (for assessment – up to 28 days), they must take such steps as are practicable to inform the nearest relative and, if different, carer, that the application is to be (or has been) made and of the nearest relative's power to discharge the patient. Before making an application for admission under section 3 (for treatment), an AMHP must consult the nearest relative, unless it is not reasonably practicable or would involve unreasonable delay.
26. A properly completed application supported by the necessary medical recommendations provides the applicant with the authority to transport the patient to hospital even if the patient does not wish to go.
27. Further information on the role of the AMHP is attached at **Appendix 3**.

Challenges and Opportunities

28. This report demonstrates the complexity of the mental health service offer, which needs to match the broad range of people's clinical and social needs. When the balance of services offered is wrong, this prevents people from accessing what they need, when they need it and creates the risk that people experience worse health and independence outcomes. There is an opportunity, however, through working collaboratively with system transformation programmes, to create better understanding of the interdependencies between services, and plan together to achieve local system goals, such as 'no wrong door' to access community mental health support, prevention of avoidable hospital admissions, and robust wrap around care and support for people being discharged from hospital to community settings. The recruitment to two jointly funded (health and local authority) posts creates a great opportunity to drive forward some of this work together. Co-production with people with lived experience will also play a vital role, and additional resource has been allocated with the Council's commissioning team to work with health around co-production development. The Director of Public Health Annual Report was co-produced with people with lived experience of severe multiple disadvantage, with recommendations related to housing solutions, trauma-informed care, better ways to share information, use of language, and ensuring co-production is systematic and sustainable. [Director of Public Health Annual Report | Nottinghamshire County Council](#)
29. Across the health and care system, there are known workforce challenges. Recruitment and retention of skilled staff can make the task of planning the right balance of services more difficult. Staff turnover also means that progress made in ways of working can be lost and more work is required to achieve the improved outcomes sought. Further challenge is added by the growing complexity of issues that people are experiencing. In response, a number of opportunities are being pursued and created, including:
- Partnering with Think Ahead, a programme that offers paid training and employment as a mental health social worker.
 - Opportunities to influence workforce recruitment have been identified through the Integrated Care System strategy refresh 2023-2027.
 - Market factor supplements have been used to support the retention of the AMHP workforce.
 - Contractual uplifts have ensured that commissioned providers are able to maintain sufficiently attractive staff pay.
30. There is currently insufficient capacity in supported living services to meet the level of demand for this type of provision, including a shortage of supported living for people with enduring mental health needs and additional experience or history of, for example, substance use, Emotionally Unstable Personality Disorder or high frequency hospital admissions. Consequently, some people are supported in other ways, but some people spend longer in hospital and some people are placed in residential care until a supported living vacancy is available. A tender has been completed for a complex needs service in Mansfield, which should provide 11 new supported living flats from July 2024. A further

tender is also imminent, seeking up to 96 new units of accommodation for supported living purposes.

31. Further challenges present through changes in legislation and practice. Examples include:

- Right Care Right Person is a new approach that aims to ensure that people in mental health crisis are seen by the right professional, with the right training and skills to meet their needs, rather than relying on police attendance. It should assist police with decision-making when dealing with reported incidents involving people with mental health needs. This work is evolving, and it is still unclear what the police will respond to in Nottinghamshire going forwards.
- Social Supervision is a Mental Health Act power, undertaken by a mental health professional in respect of people subject to special restrictions and who are conditionally discharged from hospital, either by the Secretary of State or by the First-tier Mental Health Tribunal. This professional has a responsibility to report to the Secretary of State on the person's progress in the community. An anticipated new Toolkit will bring additional duties.
- Mental Health Act reform, which had been planned, is now on hold until after the end of this parliament.

32. Further opportunities:

- Partners have worked together to develop a new Suicide Prevention Strategy, which will be brought to Adult Social Care and Public Health Select Committee in June 2024.
- With the support of a Public Health Registrar, an AMHP data project is currently being undertaken, to review and support changes to data collection, storage and reporting. This work will support clearer intelligence and evidence of the activity and outcomes supported by the AMHP Team, which will be beneficial to system improvement work described above.

Statutory and Policy Implications

33. 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

34. The services described in the report are funded through existing Adult Social Care budgets and the Public Health grant.

RECOMMENDATIONS

That:

- 1) Members consider whether there is any feedback they wish to give in relation to the information contained within the report.
- 2) Members consider how the Committee engages with the department to retain oversight of the services in the future.

Councillor Matt Barney
Cabinet Member for Adult Social Care

Councillor Scott Carlton
Cabinet Member for Communities and Public Health

For any enquiries about this report please contact:

Ainsley Macdonnell
Service Director, Living Well
E: Ainsley.macdonnell@nottscc.gov.uk
T: 0115 9772147

Constitutional Comments (LPW 21/02/24)

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

Financial Comments (CMER 21/02/24)

36. There are no further financial implications to this report, other than the spending of the Public Health and Adult Social Care grants.

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.

[Director of Public Health Annual Report | Nottinghamshire County Council](#)

Electoral Division(s) and Member(s) Affected

All.

AS0013

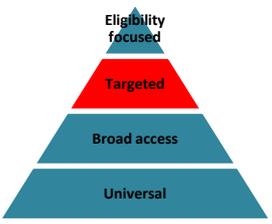
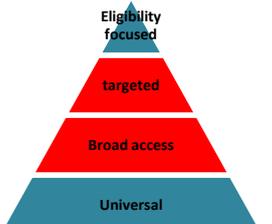
Overview of Mental Health Services

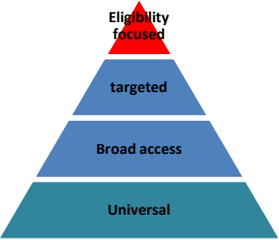
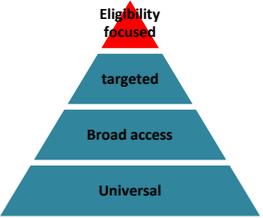
APPENDIX 1

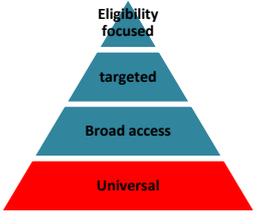
Service Access Point		Service Options Available	Purpose	Criteria for Access	General Guidance
HEALTHCARE (PLANNED ACCESS)		 Management of MH through Primary Care Social Prescribing services Talking Therapies	To support GPs to link people with non-clinical services that could improve their health & well-being 1:1 talking therapies plus group work and advice mainly for people with common mental disorders such as depression & anxiety.	Universal Self-referrals as well as clinical referrals.	Where there are concerns about somebody's mental health or well-being, people should be directed to their GP in the first.
		GP	Local MH Teams (secondary care), including: <ul style="list-style-type: none"> • Assertive Outreach • Employment Support Service 	For more specialist support to those with more complex mental health needs.	
	 SPA Single Point of Access Early Intervention in Psychosis (EIP)	Early assessment & response to 'First Episode of Psychosis'			

Service Access Point		Service Options Available	Purpose	Criteria for Access	General Guidance			
HEALTHCARE (UNPLANNED)	A&E/ Crisis Response	 <p>24-hour Helpline</p> <p>Crisis Sanctuaries</p> <p>Crisis Resolution & Home Treatment (CRHT)</p> <p>Rapid Response Liaison Psychiatry / CAMHS Crisis Team</p> <p>Adult MH In-patient Care / Psychiatric Intensive Care (PICU)</p>	<p>VCSE provided, community-based centres of support</p> <p>24hr service delivering treatment at home to avoid admission to hospital.</p> <p>1hour response to support clinicians at Emergency Department where people present with MH-related needs.</p> <p>Hospital-based care</p>	<p>Open to anyone who is concerned about deterioration in their mental health.</p> <p>Open to people known to secondary MH services</p>	<p>Where someone is in extreme distress and/or talking about suicide, a crisis plan should be followed where this is in place, otherwise contact GP, call 111 or take to A&E.</p>			
SOCIAL CARE SERVICES (PLANNED)	CSC	 <p>Community Mental Health Teams, including:</p> <ul style="list-style-type: none"> • Reablement • Statutory functions <p>Plus access to:</p> <ul style="list-style-type: none"> • Supported Living • Residential care 	<p>Develop and maintains district Well-being hubs through which people can share experience, identify common interests and supported to co-produce new community-based interest groups.</p> <p>Service provided for NCC by Framework to support people with mental health needs to regain control of housing and money problems; build knowledge and skills for recovery and independence; and planning for staying independent & well.</p> <p>Short term help to support people to regain self-management around activities of daily living.</p> <p>Includes planned support for people whose mental ill-health impacts their ability to manage daily living and this is further impacting their well-being.</p> <p>Housing with support for people needing higher levels of support and supported environment.</p>	<p>For access to any of these services, enquiries should be directed through the Customer Service Centre 0300 500 80 80</p>				
						Maximising Independence Service		
						Moving Forward		

Service Access Point		Service Options Available	Purpose	Criteria for Access	General Guidance
ASC (UN-PLANNED)		AMHP Team (Approved Mental Health Professionals)	Carries out the Authority's duties of assessment under the Mental Health Act.	Generally referred to by concerned professionals concerned	
OTHER SERVICES AVAILABLE	CSC or self-referral 	Community-based services that support good mental/physical health and well-being	E.g. <ul style="list-style-type: none"> • Middle Street Resource Centre (including Mindset and Next Step Network), Broxtowe • Step by Step, Ashfield • Peace of Mind Allotment Group, Mansfield • Newark Mind • Bassetlaw Mind • Rushcliffe Reach Out Group • The Friday Group, Gedling • Rambling Minds walking group 	Anyone can use Notts Help Yourself (NHY) to find what's on offer in their area. Generally open access. Sometimes membership/charges apply	We should all be considering ways to manage and improve our mental well-being. These services are appropriate for people not receiving other service or to complement other services.
		Recovery College	A range of courses, co-produced with people with lived experience of mental health problems, to provide strategies and techniques that promote recovery, self-management & well-being.	Open to anyone affected by mental health issues. Prospectus available online	
		C.A.B.	Advice on debt, benefits, housing, employment, health and more.	Open to all.	
		Helplines/ support Text	E.g. SAMARITANS - Tel.116 123 / Text SHOUT	Use NHY to find a range of national and local helplines	

	<p>For the Ageing Well cohort we will work with health colleagues to manage mental health conditions such as Dementia, Alzheimer’s or is a progressive mental health illness, to maintain people in their own home for as long as possible.</p> <p>Under the Mental Health Act Approved Mental Health Practitioners co-ordinate assessments under the Mental Health Act and, when two medical recommendations have been made, make decisions regarding detentions and arrange admissions to hospital for people who are sectioned. The AMHP also has a role in agreeing to CTOs /extensions plus guardianship, Near Relative displacements, approving Breathing Space application, implementing new policy and legislation and supporting trainee AMHPs.</p> <p>Under the Mental Capacity Act Where required in order to determine whether someone has capacity to make decisions about their care, the Council will:</p> <ul style="list-style-type: none"> • Undertake decision-specific assessments, followed by Best Interest Decision-making if required. <p>Where the care arrangements of someone without capacity limit their freedoms, the Council will:</p> <ul style="list-style-type: none"> • As part of a Deprivation of Liberty Safeguard assessment process, undertake Best Interests assessments. • Separately, where recommended, authorise Deprivation of Liberty Safeguards 	<p>The AMHP team will respond to referrals under the MHA on a 24-hour basis and can respond quite urgently at times to guide a situation around a people in crisis but can only do this as capacity allows.</p>
<p>Preventative Interventions</p> 	<p>The Council has a duty under the Care Act to prevent, reduce or delay the need for more intensive social care interventions. It fulfils this duty through the activities described under the Care Act section above, and through a number commissioned and provided offers:</p> <p>Moving Forward is a mental health support service delivered on our behalf by Framework HA to provide skilled support around housing, benefits, and debts. For those who access this service, Moving Forward will also support people to develop skills, connections, and confidence to build and sustain the life they want. Access is via a MH professional in a LMHT, NCC Living Well Team of through the Council’s Customer Service Centre.</p> <p>The Maximising Independence Service (MIS) is a County Council service that works with people for up to twelve weeks to promote independence through building daily living skills and confidence.</p>	<p>Moving Forward does not currently accept self-referrals, referrals from primary care or community-based organisations.</p>

	<p>The MIS also provides Community Development activity to enable people to work together to develop services and activities that support social connection, skills sharing and creativity and enable people to achieve the Five Ways to Well-being.</p> <p>We also want to ensure that carers of people with mental ill-health are supported. The Carers Hub, which is available to all carers from Monday to Friday to advise and support people in all aspects of their caring roles from well-being to finances, peer support to respite.</p>	
<p>Commissioned personalised support</p> 	<p>Following a Care Act assessment to establish eligibility and care and support needs, the Council will, based on a calculated personal budget, either arrange care and support services to meet identified outcomes or make a direct payment to the person to arrange this themselves. This can be for:</p> <ul style="list-style-type: none"> • Occupational activity and day opportunities • Care Support and Enablement outreach support to provide 1:1 care and support hours to people in their own homes • Equipment and adaptations via housing partners • Supported accommodation (see below) • Other services as required to meet need • Direct payments can be used to pay Personal Assistants, so that people can take greater control of the care and support arrangements, tailored to their needs • Carers personal budgets are one off payments, based on assessed needs, to support and sustain carers and reduce carer stress 	<p>Provide statutory services for people who don't meet Care Act eligibility criteria.</p> <p>Directly provide drug and alcohol services.</p> <p>Provide services that Health have the responsibility for.</p>
<p>Advocacy</p> 	<p>In support of the statutory functions described above, the Council commissions Pohwer to provide independent advocacy to help people to understand their rights and choice and to enable their views and concerns to be heard. The service provides:</p> <ul style="list-style-type: none"> • Independent Mental Health Advocacy (IMHA) • Independent Mental Capacity Advocacy (IMCA) • Independent Care Act Advocacy (ICAA) • NHS Complaints Advocacy • Transforming Care Advocacy 	<p>Advocates will not:</p> <ul style="list-style-type: none"> • Give personal opinion • Make decisions for someone • Make judgements about people
<p>Supported Accommodation</p>	<p>As part of their care and support arrangements the Council can help people access specialist housing. This can be low level short term supported accommodation for people who do not need 24-hour support, or</p>	<p>The Council is not a housing provider but a commissioner of supported accommodation with</p>

	<p>supported living or residential care where people need a greater level of care and support.</p> <p>When the need for supported housing is identified the Council will ensure it:</p> <ul style="list-style-type: none"> • Is offered based on a person's needs • Will support people to develop the skills needed for living with greater independence • Promotes recovery and allows people to fulfil their own potential • Supports people, where possible, to move to less supported accommodation • Is in people's preferred locality (although this is balanced against availability and the level of support required) 	<p>eligible support needs under the Care Act.</p> <p>Access to general needs housing is via District Councils and other housing providers, including private landlords. This can be supported by <i>Moving Forward</i>.(see prevention)</p>
<p>Information and Navigation</p> 	<p>Whether people contact the Customer Service Centre or are being supported by their social worker, all points of contact will explore whether somebody might benefit from information about or signposting/referring to the broader range of resources available in their community or online.</p> <p>Some of these resources will be developed with the support of the Council and are part of the Co-production Network. Others might receive funding through the Council's Local Improvement Scheme.</p> <p>Local community resources can be found on the Council's online directory Notts Help Yourself</p>	
<p>Public Mental Health</p> 	<p>Our Public Health team play a key role around mental health in respect of:</p> <p>Promotion of good mental health including:</p> <ul style="list-style-type: none"> • Supporting a consistent approach to mental health promotion campaigns, including suicide prevention and awareness • Leading and championing the Mental Health Prevention Concordat • Explore options with District Councils to share learning and good practice across the County to support improvements in mental health promotion • Support the system in further improving the knowledge, competencies, and skills of the workforce in relation to mental health promotion and suicide prevention. This includes promotion of training across the system, some commissioning of training and developing a network of mental health champions. <p>Prevention of mental ill-health:</p>	<p>Provide or commission mental health or crisis services, however we work closely with the CCG and Notts Healthcare Trust to ensure an aligned approach with transformation programmes and commissioned services such as the Integrated Well-being Service and CGL Drug and Alcohol Support Services</p> <p>Deliver training, but we do commission training to address gaps that cannot reasonably be</p>

- Work with Community Friendly Nottinghamshire and the Place Department to support the promotion of a Community Organising Approach in relation to supporting good mental health across communities
- Explore options with District Councils to share learning and good practice

Reducing mental health inequalities, including work to embed parity of esteem between physical and mental health across Public Health commissioned services

Public Health also leads system wide **suicide prevention** work including:

- Strategic leadership, co-chairing the partnership-wide Suicide Prevention Strategic Steering Group and Suicide Prevention Stakeholder Network to review suicide pathways and develop and oversee delivery of the local Suicide Prevention Strategy and Action Plans
- Delivery of Wave 4 Suicide Prevention Programme, which will include commissioning of system and community training, targeted suicide prevention support, self-harm prevention and a universal and targeted communications campaign
- Managing the Real Time Surveillance System where suspected suicide deaths to inform appropriate suicide prevention responses, including responses to potential suicide clusters.
- Commission suicide awareness and prevention training to the CVS across Nottinghamshire County Council and to elected members.
- Complete the Joint Strategic Needs Assessments

met by employing organisations across the system and for the CVS and wider community.

What is an AMHP?

AMHP stands for Approved Mental Health Professional, they are normally social workers (but can be Nurses, OTs and Psychologists) that have been approved by a social services authority to carry out certain duties under the Mental Health Act. They are responsible for many roles under the Mental Health Act but the major remit of their role is coordinating Mental Health Act assessments and making an application for admission to hospital if necessary.

To complete a Mental Health Act Assessment requires, with some exception, two Doctors and an AMHP. The Doctors role is to determine whether someone is suffering from their Mental Health and requires treatment, if the doctor believes hospital admission is required they can complete a medical recommendation. It is the AMHPs role to consider the person in the wider context of their life and to make the final decision whether hospital admission is the most appropriate and proportionate response.

AMHPs also have the responsibility of locating and communicating with the Nearest Relative, relaying legal information and rights as well as responsibility for conveying the individual to hospital if they are admitted.

Other roles an AMHP can carry out are assessing someone for Community Treatment Orders, making applications to bring someone into Guardianship, applying for warrants to remove someone to a place of safety or to return them back to hospital, displacing Nearest Relatives where necessary.

Requests for MHAA can come from anyone who has concerns about someone's MH this can be a relative, The Police, A&E, Doctors on both Physical and Mental Health Wards, GP's, Care homes, Mental Health Crisis Teams, and home care support agencies.

Day in the life of an AMHP:

AMHPs work with highly emotive content on a daily basis, they come into constant contact with acutely unwell individuals in their most vulnerable moments and have to navigate often dangerous situations where risks are posed to the individual and others. They often have to work very quickly to build a rapport with the individual who is unwell and likely to be mistrusting of professionals and ensure that the individual is empowered to express their voice. AMHPs have to balance this building of trust with the honesty about their role and powers they have under the MHA and all of this needs to be completed in a time-limited intervention.

In Nottinghamshire County Council, The AMHP team work 12 hour shifts covering Mental Health Act Assessments 24/7 and across the whole of Nottinghamshire from the North of Bassetlaw to the south of Broxtowe. They are on call during the night and cover weekends and bank holidays. In any 12 hour period an AMHP could be doing anything from 1 – 4 assessments, this does not sound like much when broken down but each assessment can take anywhere from 3 hours to 6 plus hours depending on the circumstances of the individual and the availability of external resources such as Mental Health beds, transport and support from emergency services like the Police or Ambulance.

On average the AMHP team receive around 200 referrals a month and complete around 200 plus assessments a month, these stats show an increase of 19% since last year (2022). In addition to this the team are receiving a higher than ever number of children referrals.

Total number of MHA assessments:

	2019	2020	2021	2022	2023
January	168	145	138	123	160
February	139	139	152	136	180
March	143	133	183	182	202
April	129	135	130	168	230
May	157	152	144	193	246
June	142	140	162	145	223
July	180	137	188	177	216
August	180	138	170	206	202
September	151	149	150	181	215
October	150	156	149	173	228
November	146	153	140	223	181
December	159	145	132	179	195
Total	1844	1722	1838	2086	2478

Comparison of data over the last 12mth period reflects a 9% increase in referrals for Mental Health Act assessments, and a 19% increase in the completion of Mental Health Act assessments from 2022. Over the past 5 years the AMHP team have averaged just under 2000 mental health act assessments each year. This increase is echoed across the system partners data in terms of demand and resource pressures. The acuity and complexity of individuals is noted, however it has been difficult to quantify this – people appear more unwell at the point of assessment than in previous years.



4 March 2024

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH

PROGRESS ON IMPLEMENTATION OF THE DISCHARGE TO ASSESS MODEL

Purpose of the Report

1. To update the Adult Social Care and Public Health Select Committee on the implementation of the Discharge to Assess model and how the use of the national Discharge Grant 2023-24 (Grant) has supported improvements.

Information

Discharge to Assess Model

2. National guidance on the Discharge to Assess model has been in place since March 2020 with updates following the pandemic. The aim is to support more people to be discharged to their own home in a timely way and reduce the numbers of people in hospital. In the model, an initial decision is made when the person is in hospital as to whether they need support to leave and if they need short term support, and what the best service is to provide this to help them regain their maximum independence, health and wellbeing. Any assessment about ongoing social care and health needs should only be made once they are settled back home and have had the opportunity to recover.
3. The Discharge to Assess (D2A) model uses pathways and terminology to plan people's discharge from hospital as follows:
 - Pathway 0 – simple discharges, people who do not need health or social care support
 - Pathway 1 – support to recover and re-able to independence at home, with input from health and/or social care
 - Pathway 2 – rehabilitation in a bed based residential (24-hour care and support) facility provided by health
 - Pathway 3 – following life changing events, home is not an option at the point of discharge, if people are near the end of their for life. Health led.
4. The majority of the work of Local Authority staff in the Discharge Hubs and the Discharge to Assess Teams is supporting people home with on pathway 1. The teams also assess

and provide support to people once they are ready to leave from short term re-ablement and rehabilitation services (pathway 2 and 3 services).

5. Aligned to the national guidance, Nottingham and Nottinghamshire Integrated Care System (ICS) implemented a new model of Multi-Disciplinary Team (MDT) working in the form of Transfer of Care Hubs (ToCH) in September 2022. There is a multi-disciplinary Hub based in each of the three acute hospital Trusts and these have had an initial positive impact of it taking an average of one day less to return home after being referred to the Hubs.
6. A national commitment was made to funding a two-year Discharge Grant, pooled into the local Better Care Fund (BCF). In 2023 to 2024 the budget was £4.335M for adult social care and £5.710M for the Integrated Care Board. Plans were developed and agreed jointly to support delivery of local priorities to improve discharge. This was approved by the Chief Executives of the Local Authority and Integrated Care Board and signed off on 28 June 2023 by the Health and Wellbeing Board under national condition 1 of the BCF. The plan is attached at **Appendix A** and the rest of this report provides an update against this.

Nottingham and Nottinghamshire Integrated Care System

7. In January 2023 the Nottingham and Nottinghamshire Integrated Care System (N&N ICS) was placed on a list of systems that the Department of Health wanted to place under greater assurance with regard to their plans to reduce the number of people in hospital who could go home. This required a meeting with the national team to agree a plan which is regularly monitored.
8. For the recent annual assurance meeting ICS partners were able to evidence good progress with implementing the three key discharge priorities for 2023/24:
 - Embedding and improving how the multi-disciplinary Transfer of Care Hubs work e.g., streamlining processes, recruiting additional posts required
 - Improving the ability of community social care re-ablement and community health to support more people with higher needs directly home and maximise their independence e.g., all staff being able to support people with wearing and cleaning Aspen collars
 - Improving the residential rehabilitation model e.g., ensuring that people are not placed in temporary residential beds without rehabilitation input as a 'bridging support' when they could have returned directly home.
9. The combination of this work has evidenced the following positive impacts over the past year:
 - The system is on track for meeting the improvement trajectories all partners set for reducing the length of time it takes to support people directly home and also into a rehabilitation bed
 - Once the Transfer of Care Hubs receive a referral, the average length of time it takes the Hub to arrange a person's discharge and leave hospital has reduced over the year. An average of 24% of people are supported home the day after the referral is received and between 67% to 77% within two days of the Hub receiving the referrals. A small number of people, often who have inappropriate housing, or are homeless, or where

there are safeguarding issues, take a longer time and there is a new workstream being put in place to address this.

- The Council and Nottinghamshire HealthCare Trust are together consistently delivering the additional capacity required for social care and community health re-ablement capacity funded by the Integrated Care Board Discharge Grant so that more people are supported home first
- An average of 9% of people are now discharged with support and leave hospital at the weekend.
- In December 2023, at one of the busiest times, no-one had to go into temporary residential care from hospital because the service they needed to go home was not available, with the exception 4% of people at Sherwood Forest Hospital.
- More people with the highest health needs who may, for example, be in the end stages of their end of life, are now going home directly from hospital rather than into residential care. This is evidenced by being in the best 25% of Integrated Care Systems for this.

All these improvements are leading to a better experience for people. Overall, however, the numbers of people waiting in hospital who could have returned home have not yet significantly reduced. This is because the hospitals have had increased numbers of people arriving at Emergency Departments, as well as more people being significantly less well on arrival and when ready to go home. One of the key areas that will have a significant positive impact is for the wards to send information about people who will need support to go home to the Hubs in a timely way. In December 2023, only a small percentage of people are being referred to the Hubs before the date they were predicted to be able to go home and many were referred after the date they could have gone home. The acute hospitals all have actions plans underway to improve this.

10. Significant progress has been made on having one jointly agreed dataset that shows exactly where the person is in the hospital, which team they are with and what they are waiting for. This means that all staff have a live view of this information, know and own their responsibilities and are clear on next actions. It has also identified with much greater accuracy where the delays are, enabling appropriate action. It can also identify themes and trends, so has for example identified that the greatest area of opportunity to reduce delays is with the hospitals' internal systems. So, there are now detailed improvement plans for internal delays that have been informed by the recent external diagnostic undertaken by the System Strategic Transformation partner.
11. The national team feedback was that the quality of data and its ownership by frontline staff was a real positive and a good example of a mature, data driven partnership. This gave them confidence that the ICS will continue to deliver the improvements planned. The ICS is currently awaiting review as to whether the system remains on the national watchlist for higher scrutiny. The data work has won a Departmental Award, as well as an ICS Health and Care Award and is being cited as national good practice.
12. Moving on from the focus on discharge, there is ICS acknowledgement of the need to work on crisis/hospital avoidance because it is known that there are better outcomes for people if their health and wellbeing needs are met as soon as possible, in order to avoid people requiring longer term interventions from formal services. It is especially important therefore in order to manage social care rising demand pressures. This work is currently at the stage of the resources and scope being identified. This is at a time of significant financial

pressures and requirements to make savings in the Integrated Care Board as well as social care.

How the Discharge Grant has underpinned improvement plans

Reducing delayed hospital discharges and supporting the principles of discharge to assess

13. Significant investment has been made into additional staff to support discharge arrangements from both acute and specialist mental health hospitals. Sixteen additional social care posts have been recruited to in order to support the additional workload the Discharge to Assess model creates for social care and also to have enough capacity to support the increased demand in the Acute Hospital Trusts. Additionally, from November 2023, the Grant has enabled there to be enough staff to work on Saturdays as part of a pilot to understand if this is effective.
14. A further 20 staff have been recruited to reduce length of hospital stay and promote independence for working age adults. To evidence these interventions, as at 8/2/23, the Mental Health Reform project has prevented 258 admissions and 179 people have been supported into the community. The impact of the additional staff has also been felt in improved relationships between social care, health and wider partners. Communication and joint working is evident where cases are being discussed in the Hub and weekly 'huddle' meetings.
15. The extra staff capacity working with people with mental ill-health has also provided extra re-ablement support to support the independence of people experiencing a range of complex issues as part of their discharge plan. Mental health colleagues are now also engaged with plans to better support people who are receiving treatment in an acute hospital.
16. The staff capacity has also been used to improve quality of practice. The multi-disciplinary staff in the acute Hubs are now changing their culture to think more about the outcomes for people. This has had a beneficial impact in reducing the amount of people who go into short-term residential care directly from hospital who could have gone home, many of whom then remain in residential care permanently.
17. A further specific post is now working with staff to improve application of the Mental Capacity Act, focusing on how people unable to make a specific decision about their care or treatment are supported as part of hospital discharge.

Planning services in advance and enabling providers to recruit their workforce

18. The Grant has been used to create additional voluntary sector capacity to support hospital discharge. A Supported Hospital Discharge Service contract has been awarded with a target of supporting 40 people per week (15 south, 10 mid, 5 north). They are currently recruiting staff and volunteers and are starting to make links with each of the Hubs and the reablement services. The service supplements rather than provides regulated personal care activities but offers practical and emotional personalised support to settle back home, for example, doing the food shopping, topping up gas and electricity meters, clearing out the fridge of old food etc.

19. The Grant has been used to develop a local model to use technology in the form of discrete sensors that monitor the behaviours and activities of daily life, such as motion, bathroom visits, eating and hydration. The information from these supports the operational teams with decision making and right sizing assessment and support plans to mitigate risks and increase independence. They are initially being used by the department’s re-ablement and Discharge to Assess Teams following a stay in hospital, as well as in community teams to avoid crisis and re/admission. External specialists have been engaged and are supporting teams to rapidly develop new processes, deploy the technology and be able to monitor the information from it and use this to form an accurate picture of a person’s needs and risks. Findings from this initial work will be reported into the ICS Urgent and Emergency Care Board with recommendations for further roll out with health partners. Fifteen devices have been deployed to date and below are some examples of the outcomes.

	Case summary	How TEC helped	Outcome
	Mr F had Lilli installed following hospital discharge with concerns for increasing needs alongside reduced mobility.	Demonstrated Mr F’s independence at bedtime and that he had not been accessing the kitchen without carers.	<ul style="list-style-type: none"> Care package reduced from 4 to 3 calls a day. Reablement support with his confidence in the kitchen likely to reduce package further.
	There were major concerns about Mr R’s mental and physical health deterioration, constant falls and suspected wandering.	Demonstrated that Mr R was wandering outside for long periods of time through the night and that the property was very cold. Upon readmission, the data from the TEC was shared with the hospital team.	<ul style="list-style-type: none"> Better decision-making on hospital discharge to a P2 bed to support assessment. Prevents future crises and hospital admission through temperature monitoring and prevent wandering
	Mrs L had 3 falls in 8 hours and was admitted to the hospital, where she was also treated for pneumonia. There were concerns that Mrs L was not managing and concerns with self-neglect	Demonstrated that Mrs L was managing with 2 calls per day (AM and PM) which were then reduced to alternate days. Lilli is not showing patterns of self-neglect on days without care.	<ul style="list-style-type: none"> Reduction in care package to meet needs using evidence. Ongoing monitoring to ensure no self-neglect.
	There were growing concerns about Mr X’s ability to manage between care calls. The family live far away and are unable to visit regularly.	Demonstrated changes in Mr X’s overnight movements and behaviours which raised concerns around the management of insulin and the impact on his health	<ul style="list-style-type: none"> Identified the need for a health check to look at medication and cognition. Due to concerns, family paid for respite. Provides evidence to support health intervention, prevent crises and hospital admission
	Mr G’s family was worried about his ability to manage at home. They suspected that he was going to the loft to turn the boiler off, despite his mobility issues, which would leave him feeling cold.	Demonstrated that Mr G was turning the heating off through radiators, rather than the boiler, as the house was too cold on average. The information from the TEC also supported the assessment of the mobility concerns.	<ul style="list-style-type: none"> Family replaced radiators, so they can’t be turned off. TEC remains in situ to continue to support the assessment of Mr G’s mobility and monitor temperature changes. Maintaining temperature likely to prevent future health deterioration and hospital admission

20. Skills for Care completed the deep dive into the external workforce in November 2023. Skills for Care is currently working on the External Workforce Strategy for Nottingham and Nottinghamshire which is expected in April 2024. External providers have been able to utilise the local recruitment website called Care4Notts for advertising their roles and feedback has been positive with recruitment success and increased levels of interest for social care posts on this website.

Learning from the evaluation of the impact of previous schemes funded using discharge funds

21. Discharge funding has been used to extend the successful pilot, holding one self-contained unit of accommodation at Lombard Street (Mental Health Reablement Supported Accommodation) with wrap around social care and health support. This is for people experiencing mental ill-health being discharged from hospital to have short stays of up to approximately six weeks whilst their accommodation is made ready to return to, or if they need a period of more intensive support before going home. The scheme can support up to nine people a year and avoid delays in hospital.
22. Previous years has shown that while discharge improvement plans are being implemented, there remains a need for flexible surge capacity to avoid people remaining in hospital at times of high demand. Previously, additional hours for social care staff, additional community care support and although not an ideal outcome for people who could have returned home, use of interim residential care beds have also been able to be deployed rapidly. In 2023/24, some of the funding has been used for interim residential care. In line with the strategy, as this has reduced and more people supported home first, the Grant has been used to fund additional community capacity instead. There is also clear evidence that indicates that people leaving hospital have higher support needs than in previous years. The Grant is being used to support these additional community needs and provide better outcomes through supporting people in their own homes.

Improving collaboration and information sharing across health and social care services

23. Two posts have been recruited to develop and implement the plan to realise the shared aim to develop therapy-led and joint ways of working across social care and community health re-ablement. The work includes developing and implementing joint outcomes, quality assurance and training frameworks, a single access point and shared electronic scheduling system. The impact will be to speed up the discharge process by simplifying the current fragmented referral process, as well as to make more effective use of all staffing resources across providers enabling more people to be supported home earlier.

Next steps

24. Next actions to implement are:
 - Recruit staff to roll out the integrated health and social care therapy training programme has now been scoped based on learning from other areas that have done this successfully. Currently the skill set of health and care therapy staff is quite different and therapy staff are also hard to recruit in sufficient numbers. The aim is to develop a shared training programme for all therapy staff to have the same set of core skills. This will make more effective use of available staff, avoid health and care therapists handing over to each other as much and also aid career progression and development across health and care.
 - Build on feedback forms that some teams use to have a consistent way to get feedback and design ways to involve people with lived experience of the hospital discharge process to shape the development of services.

- There are financial pressures on all partners across the ICS, including the ICB who are working up significant financial savings for 2024/25. A shift to supporting more people in the community with higher needs is in line with the Social Care and Public Health vision, there is however, a financial risk if money is not released by the ICB to fund greater community capacity. There are also risks that some of the ICB savings proposals impact negatively on Social Care and/or system progress to date. Staff across the Department are working closely with ICB colleagues with the aim of identifying and mitigating these.
- Joint planning for spend of 2024/25 Discharge Grant.

Other Options Considered

25. Other options were considered during the development of the plan including use of agency staff rather than recruiting staff into the Local Authority for the additional posts being funded. However direct recruitment will provide consistent staffing and local employment opportunities. The options chosen are those assessed by staff within the department and partners as able to address priority gaps in capacity, have an evidence base of delivering improvement, align to existing plans and meet the Grant criteria. The deliverability and impact of the initiatives are reviewed during the year with partners.

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.

Financial Implications

27. The national Adult Social Care Discharge Grant 2023/2024 of £4.335m for adult social care funds the initiatives set out in this report. The funding is pooled and monitored through the Nottinghamshire Better Care Fund. The 2023/2024 Adult Social Care Discharge Grant will be fully spent.

RECOMMENDATIONS

That:

- 1) Members consider whether there is any feedback they wish to give in relation to the progress information contained within the report.
- 2) Members consider how the Committee engages with the department to monitor the actions /issues contained within the report.

Melanie Williams
Corporate Director, Adult Social Care and Health

For any enquiries about this report please contact:

Sue Batty
Service Director, Ageing Well and Community Services
T: 0115 9774876
E: sue.batty@nottscc.gov.uk

Constitutional Comments (CD 19/02/24)

28. The report and recommendations proposed fall within the remit of the Adult Social Care and Public Health Select Committee Terms of Reference set out in the Constitution.

Financial Comments (CMER 21/02/24)

29. There are no further financial implications for this report, other than the spending of the grant as detailed in Appendix A. There are robust monitoring procedures in place to ensure grants are fully spent in the new financial year.

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.

AS0012

APPENDIX A – Discharge Plan 23/24

REDUCING DELAYED HOSPITAL DISCHARGES AND SUPPORTING THE PRINCIPLES OF DISCHARGE TO ASSESS

£1,957,960

The new Transfer of Care Hub and Discharge to Assess model was deployed rapidly in the three acute hospitals during Covid. The model has a positive emphasis on supporting people directly home first and access to re-ablement/rehabilitation and therapy prior to any long term decision about people's care and support needs. The model has, however, created additional work for social care staff that has not been fully resourced and therefore the plan is to provide extra social care capacity to:

- provide new roles/capacity to meet higher work turnover timescales in the hospital Transfer of Care Hubs,
- provide the Care Act assessment and therapy capacity needed to work with people following re-ablement/rehabilitation to meet the current gap of an average of 123 people per week waiting in these. Sustained funding will assist with recruiting and retaining staff. Additional temporary funded staff have previously successfully reduced for a short time the number of people waiting.
- increase the numbers of people discharged on Saturdays and Sundays (system model to be agreed in the autumn)
- provide earlier, active review for 1,300 people a year receiving homecare to free up resources that people may no longer need
- improve quality of practice. Supporting staff to be more strength based as well as confident in application of the Mental Capacity Act to ensure good, timely decision making to avoid unnecessary delays
- start to work in partnership with people with lived experience, so that their views inform the development of future services
- undertake joint strategic commissioning and procurement work with social care providers supporting hospital discharge to develop more streamlined processes and integrated working

Demand for Mental Health Services has been increasing significantly over recent years and there are pressures and delays in specialist mental health hospitals. Additional social care capacity is therefore planned to:

- Provide additional social supervision for 50 people a year to reduce hospital delays
- Facilitating timely discharge plans for an additional 50 young people a year
- Reduce delays to people leaving short term mental health recovery services
- Promoting strength based, therapy and recovery led practice

PLANNING SERVICES IN ADVANCE AND ENABLING PROVIDERS TO RECRUIT THEIR WORKFORCE

£734,290

The Council already funds the voluntary sector to visit people who may need a well-being check after going home from hospital with no support. Using last year's Winter Fund this service was extended to support people who do not need personal care but may need someone to help them home and settle them in, make sure the heating is on food in the fridge etc. and do short term follow up work to support a successful recover and build links into local community support. It is proposed to extend this scheme for 600 people per year. Following evaluation the Council will work with the sector to build on the learning from this

and also seek to extend investment to use Technology Enabled Care to support people's independence longer and avoid re-admission to hospital or residential care.

Skills for Care will work partners to:

- a) develop an ICS external Workforce Strategy,
- b) inform this by undertaking a deep dive into the external workforce to identify recommendations for interventions for independent sector providers to aid recruitment and
- c) produce a bespoke public website page so people can easily see all the local vacancies in the care sector that they could apply for, to encourage more applications

LEARNING FROM THE EVALUATION OF THE IMPACT OF PREVIOUS SCHEMES FUNDED USING DISCHARGE FUNDS

£953,000

Previous short term discharge funding has been used to successfully pilot holding one self-contained unit of accommodation at Lombard Street (Mental Health Reablement Supported Accommodation) with wrap around social care and health support. This is for people experiencing mental ill health being discharged from hospital to have short stays of up to approx. 6 weeks while their accommodation is made ready to return to, or if they need a period of more intensive support before going home. This scheme will be extended and can support 9 people a year and avoid delays in hospital.

Previous years has shown that while discharge improvement plans are being implemented, there remains a need for flexible surge capacity to avoid people remaining in hospital at times of high demand. Previously, additional hours for social care staff and additional Technology Enabled Care have been funded and further diagnostic work is needed on the latter to improve how this is deployed to maximise maintaining people's health and wellbeing. Also, although not an ideal outcome for people who could have returned home, use of interim residential care beds have also been able to be deployed rapidly. In 2023/24, although less than in previous years, whilst improvement plans are implemented some of this capacity will still be needed in social care. The additional Care Act assessment and therapy capacity (referenced in the first section on reducing delays) will mean that these people will be actively worked with to plan their return home from interim residential care as soon as resources to support them at home are available.

IMPROVING COLLABORATION AND INFORMATION SHARING ACROSS HEALTH AND SOCIAL CARE SERVICES

£689,750

There is a shared aim to develop therapy led and integrated ways of working across social care and community health re-ablement. The funding of service improvement support is required to support develop and implement joint outcomes, quality assurance and training frameworks, a single access point and shared electronic scheduling system. The impact will be to speed up the discharge process by simplifying the current fragmented referral process, as well as to make more effective use of all staffing resources across providers enabling more people to be supported home earlier.

An integrated health and social care therapy training programme has been scoped and supported by the Ageing Well programme Board. This is based on a successful Leicestershire model. Currently the skill set of health and care therapy staff is quite different and therapy staff are also hard to recruit in sufficient numbers. Having staff with the same

core set of skills will aid career development, make more effective use of the resources we have and avoid hand overs between health and care therapists. The project requires a dedicated Occupational Therapy post and project support in order to implement, which will be funded from the grant.

In order to deliver the strategic commissioning, contract and procurement work to support more efficient discharges from specialist hospitals for people experiencing mental ill health a joint post has been developed and the social care 50% will be funded from the grant.

The ICS is undertaking a procurement exercise to identify a strategic transformation partner to support rapid accelerator work to improve hospital discharge and strengthen community services to avoid hospital and residential care admissions. This one-off amount will be funded from the grant and appropriate stretch timescales/measures set through the early part of this work.

Nottinghamshire County Council Adult Social Care Grant Total = £4,335,000



4 March 2024

Agenda Item: 6

**REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND THE
CABINET MEMBER FOR COMMUNITIES AND PUBLIC HEALTH**

**ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND
FINANCIAL POSITION – QUARTER 3 2023/24**

Purpose of the Report

1. To provide the Committee with a summary of Adult Social Care performance against performance themes.
2. To provide the Committee with a summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy.
3. To provide the Committee with a summary of adults' vital signs and key departmental risks.
4. To provide the Committee with a summary of the Adult Social Care and Public Health financial position as at the end of December 2023.

Information

5. **Appendix B** provides full details of the Adult Social Care and Public Health performance, risks and financial position.
6. A slide set at **Appendix A** summarises **Appendix B** and will be used by the Select Committee as the main document.
7. **Appendix C** provides further information on the Public Health Vital Signs performance.

Financial Implications

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

RECOMMENDATION/S

That the Adult Social Care and Public Health Committee considers and comments on:

- 1) the summary of Adult Social Care performance against performance themes.
- 2) the summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy.
- 3) the summary of adults' vital signs and key departmental risks.
- 4) the financial position of Adult Social Care and Public Health, as at the end of December 2023.

Councillor Matt Barney
Cabinet Member for Adult Social Care

Councillor Scott Carlton
Cabinet Member for Communities and Public Health

For any enquiries about this report please contact:

Adults:

Helen Neville
Service Improvement Development Manager
Service Improvement, Quality and Practice
T: 0115 9773044
E: helen.neville@nottscc.gov.uk

Public Health:

Nathalie Birkett
Group Manager, Contracts and Performance
Public Health
T: 0115 9772890
E: nathalie.birkett@nottscc.gov.uk

Constitutional Comments (GMG 08/02/24)

9. This report falls within the remit of the Adult Social Care and Public Health Select Committee to consider under Section 3, paragraph 3 on page 90 of the Council's Constitution.

Financial Comments (CMER 08/02/24)

10. There are no direct financial implications to this report, other than the finances reported in Appendix B.

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.

AS0011

Adult Social Care & Public Health Performance, Risks and Financial Position Quarter 3 (October to December 2023)

ASCPH Select Committee 4 March 2024



"We are writing to express our sincere gratitude and appreciation for the extraordinary service provided by the Start Team... Their commitment to restorative care and goal-oriented, home-based rehabilitation has made a significant impact on my father's life.

The kind professionalism and exceptional proficiency and empathy demonstrated have not only improved our father's physical well-being but have also played a vital role in restoring his confidence and independence. Their kindness, thoughtfulness, and unwavering support have created a positive environment that goes beyond the call of duty and has helped improve his personal well-being...

Thank you for leading a team that prioritizes excellence in Adult Social Care & Health. Your team's efforts have made a positive impact on our father's life, and for that, we are sincerely grateful."

**Feedback received for
the AW Start Team**

LW Story of Difference A Brooke Farm Trainee has successfully gained seasonal work at the Nottingham Branch of John Lewis. She will return to Brooke Farm in January and it is hoped that this experience will lead to a permanent outcome going forward.

Learning Disability Complex Care – First Christmas in their own home

Due to new supported accommodation developments, we have supported several people with a learning disability and/or autism to leave hospital and have their first Christmas in their own homes. J hosted Christmas for his family in his new bungalow, and his family said it was the best Christmas they had all had in years – they even found time to try out the local Disco over Christmas for a bit of a dance.



ADULT SOCIAL CARE PERFORMANCE THEMES

Wellbeing and Independence

Hospital Discharge

The targets for hospital discharge have been improving this quarter, in line with trajectory. It takes 5.6 days to discharge a person from when they are well enough to go home (Nov data). System improvement plans are in place including a focus on P1 flow, P2 rehab beds and abandoned discharge. Deep dive is underway to review longer delays.

Jul	Aug	Sep	Oct	Nov
Av. Days between ready to leave hospital and discharge				
5.7	6	5.9	5.7	5.6

Safeguarding

78.5% of people were asked their desired safeguarding outcomes in Dec, below the aspirational target of 100% and just below the national average of 81%. Of those, 95% felt their outcomes were achieved, which is on track. The percentage of cases where the risk was reduced or removed is improving but remains off target. The new workflow in Mosaic will improve understanding of performance and inform subsequent action plans.

After initial success in reducing the number of people with a safeguarding case open for longer than 3 months, the number open over 6 months or more has begun to rise again, however the number of people with safeguarding cases open between 3-6 months has reduced significantly.

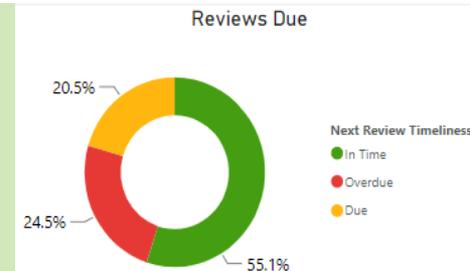
Deprivation of Liberty Safeguards (DoLS)

Performance against the target of 100% of DoLS assessments within timescales remains off track, however we continue to see steady improvement on this - 65.3% in November, compared to 56.6% in September.

The new external DoLS provider has agreed to a revised contractual 'call-off', limiting the number of assessments to improve quality and timeliness and accepting financial penalties if targets not met. Recruitment drive for more Council employed BIA social workers was successful, with four candidates now in post and further recruitment planned. Four additional agency staff also recruited.

Long Term Reviews

In December, 77.1% of people in receipt of services have received a review in the last 12 months against a statutory duty of 100%. Year-end performance is forecast to be around 77.8% which is lower than March 2023 (79.4%). Performance is impacted by staffing vacancies currently in recruitment and additional posts currently onboarding. Mosaic processes are also being reviewed where data is being skewed by reopened cases which show from their initial start date. Strengths-based reviews are continuing to improve outcomes and reduce spend.





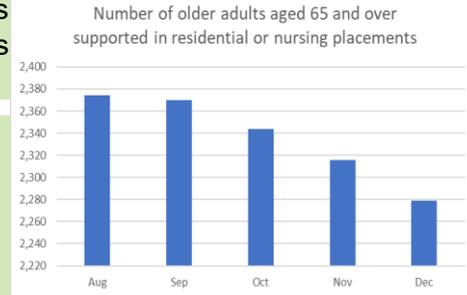
ADULT SOCIAL CARE PERFORMANCE THEMES

Flexible and Integrated Care and Support

Long term care

The number of older adults (over 65) in residential/nursing placements continues to gradually decrease, with 95 fewer people supported in care homes since August.

The year-end prediction for young adults (18-64) new admissions per 100,000 population may exceed the target by the equivalent of 8 people. 76.9% of 18-64 year olds are receiving long-term support living in their own home or with family.



Carers

The Carers Strategy launch was held on 16th November and was well attended by carers, with positive feedback. Action planning is underway with a series of workshops planned to discuss implementation. New services for carers commenced on 1st October and commissioners are working with providers to ensure services are delivered in line with the new specification and strategy aims. Work is being carried out through the practice framework to look at the quality of carers assessments and ensure carers are getting parity of provision. Work has commenced with Social Care Futures to look at the provision of short breaks for carers with the initial planning meeting for intelligence gathering set for 30th January.

Supported Accommodation

68 voids within supported accommodation as of Jan 24. For 36 of these an individual has been identified and assessment and transition work is ongoing. Void levels are higher than previous reporting periods, in part due to the recent creation of two new supported accommodation schemes where graduated use is ongoing. Where a void has been open for more than 12 weeks, factors include workforce issues, compatibility, quality suspensions, and service location. An action plan is being followed to manage the timescales and available resource, ensuring mitigation of financial investment and maximising opportunities for use of accommodation.

	Oct 23	Nov 23	Dec 23
Number of schemes	179	179	181
Total number of units of accommodation	749	749	763
Number of voids	55 (7.3%)	54 (7.2%)	64 (8.4%)



Workforce

Internal Workforce

Learning and celebration event held 8-9 November. Colleagues attended from across the department to hear keynote speakers, network and take part in discussions. People with lived experience were involved in the sessions and the level of engagement and enthusiasm from colleagues was evident throughout.

Vacancies across the department remain high at 20.52% (Dec 2023), particularly for registered social workers, BIA social workers and positions in the Bassetlaw area. Discussions are underway with the Corporate Workforce Lead to develop options.

Sickness absence has been on a downward trajectory this quarter, from a high in October (17.39 annual average FTE days lost /employee) to 14.03 FTE days in December. Muscular/Skeletal, Op/Post Op Recovery and Stress/Depression were the most common reasons for absence.

External Workforce

Funding secured to commission Mental Health First Aider training for our external care providers, to support mental health in the workplace. Courses will be held throughout the county from April-June 2023 and initial feedback has been very positive.

Funding also secured to renew the accredited Medicines Management Training for care homes and fund 1000 licenses. This will provide assurance that staff are competent to deliver medication for residents and it will also provide a recognised qualification for the carer.

Bid submitted with system partners to support our External Workforce Planning Project, including promoting recognition, respect and understanding, recruitment and retention and development and learning. We are through the second stage of the process after being longlisted.



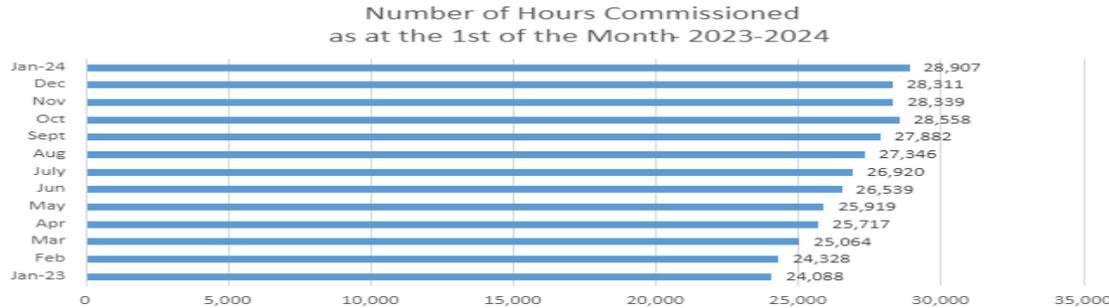
- Re-commissioning of the **Integrated Sexual Health Services (ISHS)** is drawing to a conclusion. Moderation is taking place in February and hopefully the successful bidder will be notified in March. This will give the new provider six months in which to mobilise. Nottinghamshire will have a new model ISHS from 1st October 2024.
- **The 0-19 Healthy Families Programme (HFP)** continue to perform well and to benchmark well against both the England average, and statistical neighbours. Cabinet has agreed the recommendation to re-commission the service and this process continues.
 - Public Health offered **flu clinics** to frontline workers over 16 days between 2 October and 8 November. Flu clinics ran at 34 different locations and delivered 1391 flu vaccinations.
 - In addition to the flu clinics, PH also managed to get the NHS COVID vaccination team on site for 2 days to offer both winter vaccinations to eligible staff. The team vaccinated around 150 people.
 - The vaccinations will not only protect the staff who have been vaccinated but also the vulnerable residents that the staff work with against flu infection and serious illness.



VITAL SIGNS

Market Sustainability

Home Care



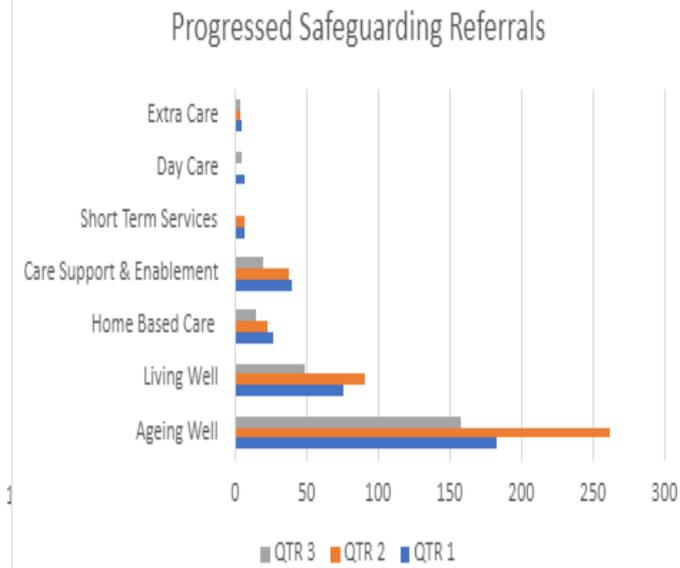
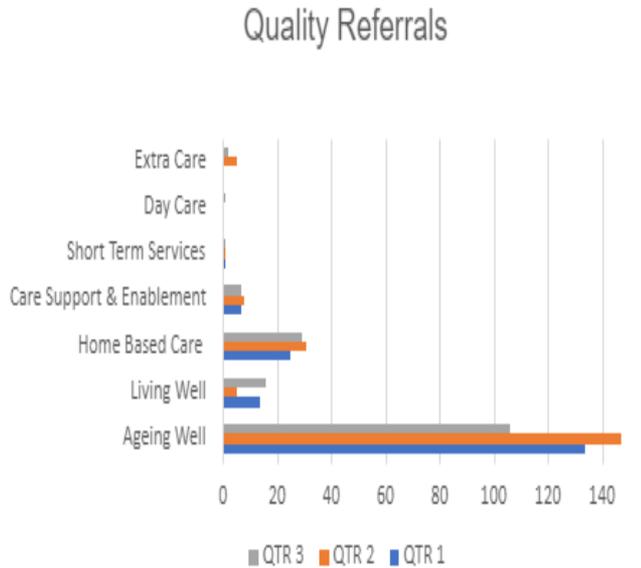
Home Care market has decreased slightly over November and December but comparing the data of December 2022 we are delivering an increase of 16.24% (4,598 hours)

Day Services

The current position with Nottingham City Council is having an initial impact on the provision of day services, as the City have pulled out of the contract and therefore will not accept and new people from the County (which is an issue as the City offer a diverse range of day services).

Care Homes

The financial viability and quality of the external care home services is an increasing concern, with high bed vacancy rates and staff turnover including care home managers. High levels of safeguarding and quality referrals are also being seen.



Fee Uplift

External providers are contacting the department to request fee increases for the 2024/25 period, with many quoting changes to NLW and inflationary increases as significant drivers in their cost pressures. To date, the average increase request is over 12%, which is higher than previous comparable years.

£ FINANCIAL PERFORMANCE

Previous forecast Variance £ 000	Change in forecast £ 000	Department	Final Budget £ 000	Actual £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	Var as a % of budget
		<u>ASCH Committee</u>					
(193)	(439)	Strategic Commissioning and Integration	(37,445)	(65,290)	(38,077)	(632)	1.69%
2,855	1,249	Living Well and Direct Services	157,168	134,366	161,272	4,104	2.61%
(1,386)	192	Ageing Well and Maximising Independence	147,144	117,673	145,950	(1,194)	-0.81%
		<u>Communities and Public Health Committee</u>					
(642)	2	Public Health	2,652	606	2,012	(641)	-24.16%
633	1,004	Forecast prior to use of reserves	269,519	187,356	271,157	1,637	0.61%
		<u>ASCH Reserves</u>					
-	(137)	Transfer to / (from) Revenue Reserves	(3,769)	(900)	(3,906)	(137)	3.63%
-	-	Transfer to / (from) Capital Reserves	-	-	-	-	0.00%
-	-	Transfer to / (from) reserves (Ageing Well)	-	-	-	-	0.00%
		<u>Public Health Reserves</u>					
642	(4)	Transfer to / (from) Grant reserves	(2,652)	-	(2,014)	638	-24.06%
-	3	Redundancy related costs	-	3	3	3	0.00%
642	(139)	Subtotal	(6,421)	(897)	(5,920)	504	-7.84%
1,276	865	Net Department Total	263,098	186,458	265,237	2,141	0.81%

- The overall **Adult Social Care and Public Health budget** is forecasting a **£2.14 million overspend** as of 31st December 2023.
- Integrated Strategic Commissioning is forecasting a net **underspend of £0.77 million** after reserves, an increased underspend of £0.58 million since Period 8.
- **Ageing Well** is forecasting an **underspend of £0.50m**. Overspends across all package types are offset by underspends on Short Term Care, additional client contributions, additional joint funding income, staffing underspends and anticipated savings.
- The **Maximising Independence Service (MIS)** currently has a forecast **underspend of £0.69 million** against a budget of £17 million. This is due to underspends on the Total Mobile recharge budget and ongoing vacancies due to expansion of the teams.
- **Living Well** is forecasting an **overspend of £5.37m million**, an increased overspend on £1.16 million since Period 8. Overspends across all package types (except Day Care) plus Predicted Needs, are partially offset by additional joint funding income, additional client contributions, MSIF Grant Income and savings still to be delivered.
- **Direct and Provider Services** is forecasting a decreased **underspend of £1.27 million**, a shift of £0.08m since Period 8.
- **Public Health** is forecast to **underspend by £0.64m**, this is the same as at Period 8.

£ FINANCIAL PERFORMANCE – PUBLIC HEALTH

- The Council receives a **ring-fenced Public Health Grant** from the Department of Health and Social Care, which is subject to a range of conditions and must be used to fulfil the Council’s statutory duty to improve the health and wellbeing of the people within Nottinghamshire, including provision of a number of mandatory services.
- Amongst other things, these conditions stipulate that “the main and primary purpose of all spend from the grant is public health”. Broadly speaking, this means that the grant must be invested in ways that the Director of Public Health and Section 151 Officer identify “**have a significant effect on Public Health**”.
- In 2023/24 the value of the grant to Nottinghamshire is **£44,567,373**.
- Currently, it is forecasted that there will be **£9.6m** in PH grant reserves available at the end of 23/24.
- PH colleagues have been working to identify priority areas to invest PH grant reserves. Some of these, including proposals increasing our investment in severe multiple disadvantage, the Community Infection Prevention and Control service, domestic abuse and tobacco control, have already received approval and are reflected in the budget.
- In the recent budget setting cycle for 2024/25, PH colleagues have worked closely with the Cabinet Member for Communities and Public Health to identify further areas of investment to augment the existing Public Health contribution to the wider Council. In many cases, these represent direct savings on the MTFs, for example funding for children & young people’s speech & language therapy and support for survivors of historic sexual abuse.



**REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND THE
CABINET MEMBER FOR COMMUNITIES AND PUBLIC HEALTH**

**ADULT SOCIAL CARE AND PUBLIC HEALTH PERFORMANCE, RISKS AND
FINANCIAL POSITION – QUARTER 3 2023/24**

Purpose of the Report

1. To provide the Committee with a summary of Adult Social Care performance against performance themes.
2. To provide the Committee with a summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy.
3. To provide the Committee with a summary of Adult Social Care Vital Signs and key departmental risks.
4. To provide the Committee with a summary of the Adult Social Care and Public Health financial position as at the end of December 2023.

Information

Adult Social Care Performance Themes

A) Wellbeing and Independence

October - December 2023 Performance

Hospital Discharge

5. Performance for hospital discharge has slightly improved this quarter, in line with trajectory. It takes 5.6 days to discharge a person from when they are well enough to go home (November data). The performance measure is currently under review. System improvement plans are in place including a focus on Pathway 1 flow, Pathway 2 rehab beds and abandoned discharge. A deep dive is underway to review longer delays.

Safeguarding

6. In December 78.5% of people were asked their desired safeguarding outcomes, which is below the aspirational target of 100% but just below the national average of 81%. Of those people asked, 95% felt their outcomes were achieved, which is on target. In just over 82% of cases, it was considered that the risk was removed or reduced, which remains off track, as does the percentage of people lacking capacity being supported to be involved in their safeguarding enquiries. The new Mosaic adult safeguarding workflow is scheduled to go live in April and will improve understanding as to the reasons why these measures remain off track, as well as inform subsequent action plans.
7. Although work to reduce the amount of people who had an open safeguarding case for longer than three months – identified as a risk - was initially successful, with the number of people with enquiries open six months or over reducing from 276 in October 2022 to 37 in August 2023, that number has now begun to rise again and currently stands at 70. Offsetting that increase, the number of people with safeguarding enquiries open between three to six months has reduced from 146 in November to 94.

Deprivation of Liberty Safeguards (DoLS)

8. Performance against the department's statutory duty to complete 100% of DoLS assessments within timescales remains off track. There has, however, been a continued steady improvement in the percentage of completed DoLS assessments, with the number reaching 65.3% in November, compared with 56.6% in September.
9. The new external DoLS provider has agreed to a revised contractual 'call-off', limiting the number of assessments asked of them to improve the quality and timeliness of work submitted. They have also accepted financial penalties if work is submitted out of timescale. The first recruitment drive for more Council-employed Best Interest Assessor (BIAs) qualified social workers was successful, with all four candidates now in post. Alongside that, four agency staff have been recruited, although the priority continues to be recruitment on a permanent contractual basis, with the intention being to revisit the marketplace in early February.

Long-Term Reviews

10. At the end of December 2023, 77.1% of people who are in receipt of services have received a review in the last 12 months against a statutory duty of 100%. Year-end performance is forecast to be around 77.8% which is lower than March 2023 (79.4%).
11. Performance is impacted by staffing vacancies currently in recruitment and new members of staff currently going through induction. Mosaic processes are also being reviewed where data is being skewed by reopened cases which show from their initial start date.
12. Strengths-based reviews are continuing to improve outcomes and reduce spend on statutory services where appropriate.

Stories of Difference

Quality Assurance Review – Fantastic feedback was received for Living Well Mansfield, on completion of a Care and Support Plan Annual Review. A cares for R, who also has paid carers a few times a week to support him. R had a recent review of his care and support and A wanted to share their experience.

“We’ve had visits before when we didn’t feel listened to, I sometimes felt like a stranger in my own home and that I was being judged. I was starting to get into debt because of the cost of R’s care and becoming unwell because of the stress of it, so had decided to cancel his care. Jo came to do a review of R’s care and she was like our ‘guardian angel’ sent from heaven to help us. She took the time to come and visit us at home, she listened to R asking him what he wanted to do instead of focusing on his disability. Jo also listened to me, she made me feel like a person, I didn’t feel judged, and she explained Disability Related Expenses to us, which we had not been told about before. I saw the light at the end of a dark tunnel, Jo helped us reduce the amount that R has to pay, and we kept the care, so R can continue to do the things he wants to, and I get a break, she was brilliant.”

B) Flexible and Integrated Care and Support

October – December 2023 Performance

Long Term Care

13. The number of older adults (over 65) in residential or nursing placements positively continues to gradually decrease, with 95 fewer people supported in care homes since August.
14. The year-end prediction for young adults (18-64) new admissions per 100,000 population may exceed the target by the equivalent of 8 people. 76.9% of 18-64 year olds are receiving long-term support living in their own home or with family.

Stories of Difference

Ageing Well South - All Broxtowe, Gedling and Rushcliffe community teams are providing a link worker to the Memory cafes in their area monthly. The idea is to have a social care link worker who will attend the cafés to provide advice, guidance and support and be a point of contact. The feedback from the cafes so far has been really positive and they have been really pleased to have ASCH presence and support.

Carers

15. The Carers Strategy launch was held on 16 November and was well attended by carers, with positive feedback. Information gathered at the event is being utilised to support action plan development across the ICS. A series of workshops is planned for the new year to look at strategy implementation.

16. New services for carers commenced on 1 October and commissioners are working closely with providers to ensure services are delivered in line with the new specification and strategy aims.
17. Work is being carried out through the practice framework to look at the quality of carers assessments and ensure carers are getting parity of provision. An evaluation of previous changes to adult carers assessments is also underway. A review of young carers assessments and direct payments is in its early stages as part of the Young Carers Steering Group – this has stalled slightly due to key staff being off at present.
18. Work commenced with Social Care Futures to look at the provision of short breaks for carers with the initial planning meeting for intelligence gathering set for 30 January.

Supported Accommodation

19. As of January 2024, there are 68 voids within supported accommodation, of which there are 36 voids where an individual has been identified and assessment and transition work is ongoing. Void levels are higher than previous reporting periods, in part, due to the recent creation of two new supported accommodation schemes where graduated use is ongoing.
20. A range of factors generally account for a void being open for a period which exceeds 12 weeks, which include workforce issues, compatibility for shared services, quality suspensions and service location. An action plan is being followed to effectively manage the timescales and available resource, ensuring mitigation of financial investment (rental and shared care void), and maximising opportunities for use of accommodation.

Stories of Difference

Ashfield Day Service recycling projects have been working closely with volunteers from the Beacon project in Mansfield to help the homeless this winter. They started something that they call ‘the crisp packet project’ which involves collecting empty crisp packets, making sure they are clean and fusing them together using an iron to create a survival sheet. These sheets are ideal as they are lightweight, waterproof and warm and it’s also a perfect way to recycle crisp packets as this can be difficult. Many people who access the day service take part in cutting, cleaning and drying crisp packets. Everyone who took part in this project worked hard and felt very proud of what they had achieved. This project is ongoing and the team and the staff at the Beacon project are very grateful and send their thanks for the donations.

C) Workforce

Internal workforce

21. The 2023 Learning and Celebration event was held over two days in November. Colleagues attended from across the department for the opportunity to hear keynote speakers, visit the market stalls and wellbeing area and take part in the world café table discussions. People with lived experience also attended the event to share their experiences, including a powerful performance from the Unanima Theatre Company. The level of engagement and enthusiasm from colleagues was evident throughout. Colleagues

learned a lot and were able to share and reinforce their knowledge. The event has given colleagues greater courage in challenging and advocating for themselves and the people they support.

22. The number of vacancies across the department remains high at 20.52% (December 2023), particularly for registered social workers, BIA social workers and positions in the Bassetlaw area. Discussions are underway with the Corporate Workforce Lead to develop options.
23. After an increase in recorded sickness absence in October (17.39 annual average FTE days lost /employee), Quarter 3 has seen a downward trajectory with the December rate standing at 14.03 FTE days. Muscular/ Skeletal, Op/Post Op Recovery and Stress/ Depression were the most common reasons for absence.
24. 86 agency workers were engaged through Reed in December, with a total of £330,659 agency spend that month.

External Workforce

25. Funding has been secured to commission Mental Health First Aider (MHFA) courses for External Care Providers, to enable them to have their own in-house qualified staff. MHFAs provide support and signposting for anyone experiencing poor mental health and play a vital role in reducing stigma and promoting positive mental health in the workplace. Courses will be held face to face in the North, Mid and South of the County from April-June 2023. Initial provider feedback has been extremely positive about the value that this training will bring.
26. Funding has also been secured to renew the accredited Medicines Management Training and to fund 1,000 licenses to support care homes. It is critical for topics such as medication management that care homes have best practice training to provide assurance to both care staff and system partners that staff within the home are competent to deliver medication for their residents. The training also provides a recognised qualification for the carer.
27. A bid has been submitted to The Rayne Foundation on behalf of the External Social Care Workforce, led by Nottinghamshire County Council in partnership with Nottingham City Council and the Integrated Care Board. The bid is centred around better careers for better care and the proposal is based on the work undertaken within the Strategic Adult Social Care External Workforce Planning Project.
28. The £300,000 that has been bid for will support the 3 identified priority areas from recent development work, which are: 1. Promoting recognition, respect and understanding, 2. Recruitment and Retention, 3. Development and Learning. The bid is through to the second stage of the process after being longlisted to the final 16 applications, out of 48. Updates to be made if successful in the next stage.
29. A recruitment survey was carried out between October and December with questions around providers' recruitment challenges. The findings will be analysed and used to determine future work.

Stories of Difference

Mencap Me Time, a day opportunity provider in Rushcliffe supporting adults with learning disability and autism, have very proudly updated that two individuals from Me Time achieved their level 1 and level 2 functional skills in maths after completing a difficult exam. Three other people are working towards this in the near future. Mencap Me Time report this is a big step for the group that reflects their creativeness and passion to offer the best opportunities possible for the people they support.

Public Health (PH) Performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy

30. This section provides an overview of the impact of PH on improving population health outcomes for the residents of Nottinghamshire.
31. The information covers the period from 1 October to 31 December 2023 and PH commissioned services are predominantly performing well.

A) System

32. Public Health offered flu clinics to frontline workers over 16 days between 2 October and 8 November. Flu clinics ran at 34 different locations and delivered 1,391 flu vaccinations. The vaccinations will not only protect the staff who have been vaccinated but also the vulnerable residents that the staff work with against flu infection and serious illness. All staff were offered 'I've had my flu jab' stickers to wear on their lanyards to help promote flu vaccinations to other people they work with including both staff and residents.
33. As well as the clinics, PH has issued approximately 200 Boots vouchers to the same group of frontline workers.
34. In addition to the flu clinics, PH also managed to get the NHS COVID vaccination team on site for 2 days to offer both winter vaccinations to eligible staff. The team vaccinated around 150 people. Most were frontline workers, again protecting them and the people they work with against infection and illness.

B) Place and Neighbourhood

Statutory Duties

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

35. The number of appointments across the three providers is down this quarter mainly due to seasonal variation. Capacity is still being affected by ongoing staff recruitment and retention issues and the recommissioning of sexual health services.

36. All services are meeting the quality standard of 30% of women aged 16-24 receiving contraception accepting Longer Acting Reversible Contraception (LARC). The demand for LARC is increasing due to people struggling to access it in primary care. PH is working across the sexual health system to take a long-term approach to increasing resident choice and access to contraception.
37. Action plans with service leads have been developed to increase activity levels. These actions involve changes to service delivery to increase capacity in order to ensure that levels of demand are met.
38. Sexual health services require intensive service redesign which the ongoing recommissioning of services will achieve. This will ensure that residents will have increased choice and access to a single service that covers Nottinghamshire and Nottingham, particularly for people most at risk of poorer sexual health outcomes.

Healthy Families Programme (HFP) (Nottinghamshire Healthcare NHS Foundation Trust)

39. The 0-19 Healthy Families Programme (HFP) continues to perform well and to benchmark well against both the England average and statistical neighbours. Cabinet has agreed the recommendation to re-commission the service and this process continues.
40. The provider made visits to 1,738 babies (92.2%) within 14 days of birth which is an increase on the previous quarter and meets the target for this mandated review. Almost 9 in 10 babies received a 6-8 week review and 94.9% of children had their 12 month review before they were 15 months old. Almost all 2-2½ year reviews were completed within target timescales (98.6%). The service continues to perform well.
41. The Health Promotion Lead is working closely with West Notts College to support students completing their college qualifications. The students require real life opportunities to support their course work. Student volunteers have been creating digital resources for the Healthy Family Team to use in promotional materials. The volunteers offered to create Young People Infographics for future use with young people including for the website, leaflets, posters and videos.

Domestic Abuse Support Services (Nottinghamshire Women's Aid, Juno Women's Aid, Equation)

42. In Quarter 2 the Domestic Abuse Providers supported 1,236 survivors. 336 survivors were new referrals to domestic abuse support services in the County. This is an increase in survivors supported across the County in Quarter 1, with a small decrease in new referrals.
43. 1,026 survivors called the 24 helpline in Quarter 1 and Quarter 2, with most survivors aged 25 - 44 years old. 352 professionals also called the helpline to gain advice, when supporting survivors. There was a 17% increase in calls to the helpline between Quarter 1 and Quarter 2.
44. MARAC (Multi-Agency Risk Assessment Conference) referrals continue to be high. Equation have seen their high-risk MARAC referrals for male survivors double, when

compared with referral numbers in 2022/23 (8 referrals in 12 month period of 2022/23 and 8 referrals in 6 months of 2023/24).

45. There have been improvements in the working relationships between the Council's local substance use provider, Change Grow Live (CGL), and Nottinghamshire Women's Aid which has resulted in an increase in referrals to 11 in Quarter 1 and 5 in Quarter 2.

Stories of Difference

Notts Women's Aid have focused activity on providing Freedom Programmes differently, making the courses easier to attend and to reduce the waiting list. Commissioners provided with some additional funding to review the programmes available and offer additional courses to women. This has resulted in the waiting lists reducing by over 50% from 202 in Quarter 1 to 92 in Quarter 2.

Juno Women's Aid have secured £3million investment to purchase high quality housing to survivors of domestic abuse across the County. This will allow women and children to move out of refuge into properties owned by Juno, providing a key step to rebuilding their lives.

Strategic Priorities

Integrated Wellbeing Service (ABL - Your Health Notts (YHN))

46. Performance is showing continual improvement from Quarter 1 with 65% of clients quitting smoking at four weeks following setting a quit date.
47. The service has rolled out the provision of vapes as a quit aid alongside existing nicotine replacement therapy and this is anticipated to further increase the number of successful quit attempts over coming months.
48. The service has implemented a programme of new 'pop up' adult weight management groups that run within specific localities of high need on a six-week rotational basis. These groups will support weight loss outcomes within areas of higher deprivation. There has been a 6% increase in outcomes from people living in the most deprived communities across the whole Integrated Wellbeing Service.
49. Performance continues to be closely monitored and the provider has been required to submit a plan setting out actions to increase performance against all Key Performance Indicators by the end of the 2023/24 reporting period.
50. As part of a continued focus on reducing health inequalities, the provider is developing a pilot of stop smoking support for people experiencing homelessness and a pilot of health behaviour change support for people with severe mental illness which will both be rolled out from Quarter 4. People with severe mental illness have been involved in co-producing the delivery model for their pilot programme.

In January, **Your Health Notts** commenced a 6-week prenatal exercise and healthy eating during pregnancy group, delivered in partnership with the Polish Village Organisation in Newark. The feedback from participants has been positive and members of the group have made plans to continue meeting together with their babies after birth. Your Health Notts has provided funding to allow the Polish Village Organisation to continue running their sessions and supporting families. Plans are in place to replicate the programme in Mansfield in April.

In collaboration with Bassetlaw's Enhanced Health in Care Homes Team, Your Health Notts are piloting a project delivering physical activity within care homes to make the service more accessible to older-age adults. To date, Your Health Notts has delivered a 6-week programme of chair-based exercise to residents in four care homes across Bassetlaw. Following completion of the sessions, Your Health Notts are upskilling one member from each care home in a chair-based exercise qualification to enable them to continue to deliver.

All Age Substance Use Treatment and Recovery Service (Change Grow Live (CGL)) (Jointly funded with the PCC)

51. The number of people who successfully completed drug and or alcohol treatment in this quarter was 257 and a further 1,518 people in treatment were showing substantial progress with reducing or stopping their illicit drug use and/or alcohol use.
52. Psychologist support has begun for all people in treatment increasing the psycho-social offer.
53. The number of people presenting for alcohol use and non-opiates are still high into treatment as well as an increase in people who are vulnerable and have multiple health and social care needs.

Buvidal detox case studies

Case Study 1

31 year old male client. Partner also in service until very recently – became pregnant and stopped all Opioid Substitution Treatment before giving birth. This was the client's main motivation to come off all OST himself. Working full time as a barber (self-employed) Client had mentioned this in a medical review, he was then signposted to me and I triaged him and took bloods. Client has been in service since 2018. Illicit drug of choice was heroin – smoked and cannabis. Client was on 14mg DSC Espranor and I discussed the possibility of a detox over a much shorter period of time utilising Buvidal over oral Espranor. Client opted for Buvidal and was given 4 x weekly injections starting at 32mg, 24mg, 16mg and finally 8mg. Client reported very mild withdrawal type symptoms over the first couple of weeks and then for his final 2 weeks of the detox didn't report any symptoms at all. Client has remained clean and off OST since end of Nov 2023. Client had previously tried both Espranor and Methadone at high doses but continued to use illicit drugs and not engage with appts etc. Gave clean Urine Drug Screening throughout treatment with Buvidal.

Case study 2

41 year old male client. Opted for a switch to Buvidal as was in full time employment. Aged 12 started using cannabis, started hanging around with older people and at 14 used heroin for the first time smoked until 15 when he injected in his arms for six months. At 16 he went to a young offender's prison for robbery and commercial burglary he did 18 months and was drug free for 18 months after he was released. He then relapsed on heroin for another year before he went back to prison for two and half years for robbery. He was released got into a fight and went back to prison to finish his licence off. Released from prison in 2003 and was drug free for 10 years - never been on methadone programme on treatment and probably had DFs in police custody. However, later remembered he was on Subx Rx and had the same worker as today- Michelle - this was about 15-18 years ago. 7 years ago, he started using heroin again. Was smoking daily since then. Came back to Worksop a year ago after the breakdown of his relationship and to be near his family. Currently, using heroin smoking £40-50 daily £20 in a morning and £20 at night but could be more at weekends. Client was seen and triaged by me and bloods were taken. Commenced on Buvidal weekly in Sep 22 and moved to equivalent monthly dose of 128mg. Remained stable and drug free other than occasional line of cocaine snorted on social occasions. Client opted for reduction in dose to 96mg in July 23 and then again in Sept 23 to 64mg– fully detoxed after final injection of 64mg 19/9/23. Telephone check in call arranged for 6 weeks after final injection – continues to do well and denied any withdrawal type symptoms.

Vital Signs and Departmental Risk across Adult Social Care

Vital signs development across adult social care statutory duties

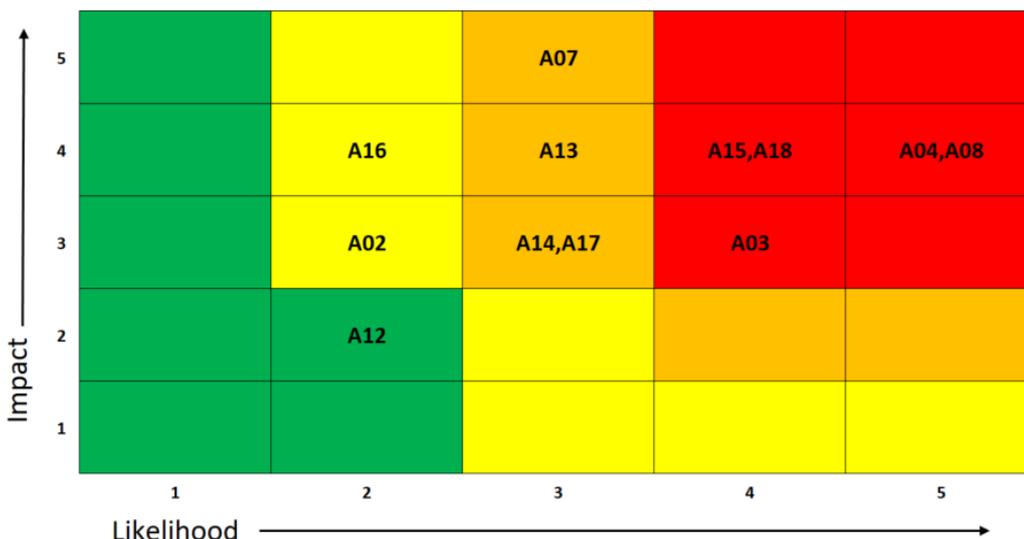
54. The overarching departmental vital signs identified within Adult Social Care and Health are statutory duties (including the Annual Delivery Plan), market sustainability and workforce.
55. For the department's **statutory duties** this includes care act assessments, reviews, Deprivation of Liberty Safeguards assessments, Mental Health Act referrals, and safeguarding enquiries. Work continues to ensure robust data and definitions are in place across these areas through operational dashboards and rollout of a regionally adopted prioritisation matrix.
56. Currently there is no agreed national definition of "people waiting", and therefore the department is unable to benchmark itself in any meaningful way with other councils. The Local Government Association in partnership with the Association of Directors of Adult Social Services (ADASS) have recognised this and a survey to gather intelligence across local authorities around waiting lists has recently been published, to help understand similarities and differences in how waiting lists are counted across the region and nationally.
57. In addition to this ADASS are working with IMPACT who are looking at four themes around waiting lists

- **Factors contributing to waiting lists in the East Midlands** such as staffing issues, the causes and impacts of increasing demand, systems and processes and other organisations
- **Impact on people and carers**, including financial impacts, difficulty coping, impacts on mental health, stress and frustration and decrease in independence.
- **Impact on staff**, including morale, stress and staff feeling they are not doing a good job
- **What is working well and what could be done differently?**

58. For **Market Sustainability** the home care market has decreased slightly over November and December but comparing the data of December 2022 the Council is delivering an increase of 4,598 hours (16.24%)
59. The current financial position with Nottingham City Council is having an initial impact on the provision of day services, with new people not being accepted from the County into some day services as the City has pulled out of the contract and the City offers a diverse range of day services.
60. The financial viability and quality of the external care home services is an increasing concern, with high bed vacancy rates and staff turnover including care home managers. High levels of safeguarding and quality referrals are also being seen.
61. External providers are contacting the department to request fee increases for the 2024/25 period, with many quoting changes to National Living Wage and inflationary increases as significant drivers in their cost pressures. To date, the average increase request is over 12%, which is higher than previous comparable years.

Other areas of departmental risk

62. The heat map below represents the current Adult Social Care and Public Health risks.



63. Further detail is given overleaf on the very high risks from the heat map.

Risk ID	Risk Category	Risk Description	Current risk status	Mitigating actions to reduce risk
A03	Compliance & Regulation	People waiting for a conversation about their needs	VH	Development of vital signs reporting to support operational visibility and prioritisation and provide strategic oversight. Development of wait time metrics to ensure consistency on data and reporting across Local Authorities
A04	Compliance & Regulation	Data gaps following the Introduction of Client Level Data reporting to DHSC	VH	Data Quality framework under development and improvement plans in place to reduce data gap
A08	Financial	DHSC re-alignment for funding for charging reform	VH	Keep up to date with all charging reform updates from DHSC
A15	Financial	The overall budget overspends and Strengths Based Approach savings at risk for AW	VH	Work continues with consultants Channel 3 to provide evidence that Technology Enabled Care at scale can be deployed with the expected benefits to outcomes and reduce the Medium Term Financial Strategy. Work also continues with Strategic Insight Unit on the methodology to calculate the Strength Based Approach savings in Ageing Well.
A18	Financial	ICB/ICS review of joint funded continuing healthcare, following financial constraints being enforced by NHS England.		Working with Integrated Care System (ICS) colleagues to raise awareness of impact of decisions, reduce unnecessary expenditure and negotiate potential changes to joint funding policy. Workstream started for joint commissioning and brokerage opportunities.

Financial Position as at 31 December 2023

Previous forecast Variance £ 000	Change in forecast £ 000	Department	Final Budget £ 000	Actual £ 000	Year-End Forecast £ 000	Latest Forecast Variance £ 000	Var as a % of budget
		<u>ASCH Committee</u>					
(193)	(439)	Strategic Commissioning and Integration	(37,445)	(65,290)	(38,077)	(632)	1.69%
2,855	1,249	Living Well and Direct Services	157,168	134,366	161,272	4,104	2.61%
(1,386)	192	Ageing Well and Maximising Independence	147,144	117,673	145,950	(1,194)	-0.81%
		<u>Communities and Public Health Committee</u>					
(642)	2	Public Health	2,652	606	2,012	(641)	-24.16%
633	1,004	Forecast prior to use of reserves	269,519	187,356	271,157	1,637	0.61%
		<u>ASCH Reserves</u>					
-	(137)	Transfer to / (from) Revenue Reserves	(3,769)	(900)	(3,906)	(137)	3.63%
-	-	- Transfer to / (from) Capital Reserves	-	-	-	-	0.00%
-	-	- Transfer to / (from) reserves (Ageing Well)	-	-	-	-	0.00%
		<u>Public Health Reserves</u>					
642	(4)	Transfer to / (from) Grant reserves	(2,652)	-	(2,014)	638	-24.06%
-	3	Redundancy related costs	-	3	3	3	0.00%
642	(139)	Subtotal	(6,421)	(897)	(5,920)	504	-7.84%
1,276	865	Net Department Total	263,098	186,458	265,237	2,141	0.81%

64. The overall **Adult Social Care and Public Health budget** is forecasting a **£2.14 million overspend** as at the end of December 2023.
65. **Integrated Strategic Commissioning** is forecasting a **net underspend** of **£0.77 million** after reserves, an increased underspend of £0.58 million since Period 8.
66. **Ageing Well** is forecasting an **underspend of £0.50 million**. Overspends across Long Term Care, Home Care and Direct Payments are offset by underspends on Short Term Care, additional client contributions, additional joint funding income, staffing underspends and anticipated savings.
67. The **Maximising Independence Service (MIS)** currently has a forecast **underspend of £0.69 million** against a budget of £17 million. This is due to underspends on the Total Mobile recharge budget and ongoing vacancies because of the recent expansion of the reablement teams.
68. **Living Well** is forecasting an **overspend of £5.37 million**, an increased overspend of £1.16m since Period 8. Overspends across all package types (except Day Care) plus Predicted Needs are partially offset by additional joint funding income, additional client contributions, MSIF Grant Income and savings still to be delivered.
69. **Direct and Provider Services** is forecasting a decreased **underspend of £1.27 million**, a shift of £0.08 million since Period 8. Residential Services forecast a slightly increased overspend relating to increased agency use. Employment Services continue to forecast an underspend due to vacancies which have mostly been filled now. Day Services are forecasting a decreased underspend due to holding staffing vacancies ahead of service changes. The Service Director is forecasting a balanced budget.
70. **Public Health** is forecast to **underspend by £0.64 million**, this is the same as at Period 8. This is due to savings on sexual health and health checks and Public Health Nursing 0-19 Slippage.

Benefits Realisation of Service Improvement Programme and Risks

Ageing Well

Strengths Based Approach

71. This saving is at risk due to challenges with the methodology of tracking the impact on activity in the service. This risk has been escalated and work is underway to resolve this.
72. There is a continued emphasis on reducing Short Term Care and Long Term Care placement numbers, with primary focus on Bassetlaw as an outlier and also Group Exploration Development sessions with the South Nottinghamshire Place Based Partnership. The Strategic Insight Unit is devising a Cashable Benefits Realisation Framework and exploring additional areas of work for development and performance improvement.

Reablement

73. The number of referrals from hospitals to the Maximising Independence Service (MIS) increased in Quarter 3, as did subsequent reablement completions. The service is forecasting an underachievement of savings in 2023/24, however this is being closely monitored as it is subject to change. The team is working with hospital teams on daily Pathway 1 waits meetings to maximise Reablement capacity and to avoid delayed discharge. There is ongoing recruitment to increase capacity in the team.
74. At the end of Quarter 3, the MIS is close to being on track to complete a period of reablement with 622 people from a community referral source in 2023/24 and waiting times for enablement have reduced to an average of four weeks.
75. The 2023/24 savings target for community reablement for this year alone will be achieved. The service is expanding to take some of the Home First contract internally, there is ongoing work to align the service with Notts Health Care Trust's equivalent Pathway 1 teams and new internal operational processes are being embedded to maximise resources within the existing staffing pool. These developments will give more scope for achieving savings in 2024/25 and 2025/26.

Adult Care Financial Services

76. The saving linked to Appointeeships and Deputyships in 2023/24 is at risk, however, it is anticipated to be delivered in 2024/25. This is due to a delay in recruiting to posts following a restructure.

Strategic Commissioning

Technology Enabled Care

77. There continues to be greater use made of Technology Enabled Care (TEC) including closer involvement of the TEC team in service reviews along with increased referrals and use of TEC across community teams. TEC is also being used to reduce overnight 'sleep in' care cover where appropriate.

78. Seven 'Lilli' devices were deployed at QMC during a busy December to provide better assessment information to right size care and avoid residential admission. A further 16 people have been identified and are due have the equipment installed.

Direct Payments

79. At end of Quarter 3 there is an under-delivery of £64,000 forecast, however this saving is likely to be made in early 2024/25 if not within 2023/24.
80. Each month the shortfall is reducing as the Direct Payments Personal Assistant (DPPA) team continue to deliver new Personal Assistant (PA) packages and negotiate competitive hourly rates with providers. Work recently started to convert Direct Payment agency packages to DP PA packages and the rollout of the Brokerage model may yield significant additional savings in Quarter 4.
81. A communications campaign with social care teams carried out in Quarter 3 should lead to an increased number of referrals for new packages into the DPPA team for Quarter 4.

Living Well

Strength Based Approach

82. Steady progress continues in the four workstreams with positive movement seen towards the cashable benefits target. However, this saving is now forecast to under-deliver by £500,000 in 2023/24 and so the status has changed to experiencing obstacles. This change is due to there being insufficient time left to achieve the benefits from the remaining workstreams on this project.
83. The savings at risk can be off-set by over-delivery of other Living Well savings which are monitored through routine budget forecasts. The challenge with the methodology of tracking impact of service activity also applies to this saving.
84. Mitigations for Strengths Based Approach savings:
- Scoping and planning is in progress in relation to the reduction of 'sleep-in' services with the Housing with Support team. Processes relating to existing void inefficiencies are being reviewed to increase efficiency.
 - A programme of work has started to identify people in residential care who can move to supported living. This was delayed due to staff sickness, but is now progressing well.
 - Significant supported living developments due to be completed 2024/25 will contribute towards benefits realisation.
 - Work efforts are being concentrated around the achievement of cashable benefits: maximising resources and processes in these areas.

- The Strengths Based Approach Team Manager is moving forward work on practice issues which will have a positive effect on the overall SBA programme of work.

Preparing for Adulthood

85. This project is now reporting on target, after previously reporting at risk. Some supported living developments over the next 1-3 years will be focused on this cohort. The service is working hard with colleagues in Children and Families Services to align cultures around promoting independence. A pressure bid has been submitted to increase resources in the Preparing For Adulthood team.

Other Benefits Realisation projects

86. Savings of £2.439m have been achieved against **Shared Lives, Day Opportunities, package uplifts** and **Residential Services**. This exceeds the target set for the year by more than £500,000.

Public Health Financial Position

87. The Council receives a ring-fenced Public Health Grant (“the grant”) from the Department of Health and Social Care (DHSC), which is subject to a range of conditions and must be used to fulfil the Council’s statutory duty to improve the health and wellbeing of the people within Nottinghamshire, including provision of a number of mandatory services. Amongst other things, these conditions stipulate that “the main and primary purpose of all spend from the grant is public health”. Broadly speaking, this means that the grant must be invested in ways that the Director of Public Health and Section 151 Officer identify “have a significant effect on Public Health”. In 2023/24 the value of the grant to Nottinghamshire is £44.57m.
88. As of the budget monitoring period ended 31 December 2023, a Public Health underspend of £0.64m is projected, which would be added to the Public Health reserves at the end of the financial year.
89. As of the latest budget monitoring period (Period 9, ended 31 December 2023), the uncommitted reserves balance is projected to stand at £9.61m by 31 March 2024.
90. Throughout the financial year, work has been undertaken to identify priorities for further investment during the Medium Term Financial Strategy (MTFS) period. Some of these, including proposals increasing investment in severe multiple disadvantage, the Community Infection Prevention and Control service, domestic abuse and tobacco control, have already received approval and are reflected in the budget.
91. In the recent budget setting cycle for 2024/25, Public Health colleagues have worked closely with the Cabinet Member for Communities and Public Health to identify further areas of investment to augment the existing Public Health contribution to the wider Council. In many cases, these represent direct savings on the MTFS, for example funding for children and young people’s speech and language therapy and support for survivors of historic sexual abuse.

RECOMMENDATION/S

That the Adult Social Care and Public Health Committee considers and comments on:

- 1) the summary of Adult Social Care performance against performance themes.
- 2) the summary of Public Health performance against the Annual Delivery Plan, Corporate Vital Signs and Joint Health and Wellbeing Strategy
- 3) the summary of Adult Social Care Vital Signs and key departmental risks
- 4) the financial position of Adult Social Care and Public Health, as at the end of December 2023.

Councillor Matt Barney
Cabinet Member for Adult Social Care

Councillor Scott Carlton
Cabinet Member for Communities and Public Health

For any enquiries about this report please contact:

Adults:

Helen Neville
Service Improvement Development Manager
Service Improvement, Quality and Practice
T: 0115 9773044
E: helen.neville@nottsc.gov.uk

Public Health:

Nathalie Birkett
Group Manager, Contracts and Performance
Public Health
T: 0115 9772890
E: nathalie.birkett@nottsc.gov.uk

AS0011

Appendix C: Public Health Vital Signs

VITAL SIGNS

Vital Sign	Theme	Measure	Services (PH)	Current 2023-24					Frequency	Source
				Q1	Q2	Q3	Q4	Yearly Total / Average		
MARKET SUSTAINABILITY	PH: Risk level 1-4	Public Health Commissioned Services	All	Low, 1	Low, 1	Low, 1		Low, 1	Quarterly	PH risk log
STATUTORY DUTIES	Sexual health services - STI testing and treatment	Total number of filled appointments	Integrated Sexual Health Services Sherwood Forest Hospital NHS Trust / Nottingham University Hospital NHS Trust / Doncaster and Bassetlaw Hospitals NHS Trust	10391	11422	10471		32284	Quarterly	PH Performance & Contracts
		Average Quality Standard 60 % of new service users accepting a HIV test across all Trusts		74%	73%	72%		73%	Quarterly	PH Performance & Contracts
		Average Quality Standard At least 75% of 15-24 year olds in contact with the service accepting a chlamydia test across all Trusts		67%	65%	71%		68%	Quarterly	PH Performance & Contracts
		Average Quality Standard 30% of women aged 16-24 receiving contraception accepting LARC across all Trusts		48%	46%	46%		47%	Quarterly	PH Performance & Contracts
	Sexual health services - contraception	Number of individuals aged 13-25 registered onto the Young Peoples Sexual Health Service - C Card scheme	Young Peoples Sexual Health Service C Card, NCC	276	341	661		1278	Quarterly	PH Performance & Contracts
	NHS Health Check programme	No. of eligible patients who have been offered health checks	Health Checks General Practice	7741	9483	7154		24378	Quarterly	PH Performance & Contracts
		No. of patients offered who have received health checks		4061	4647	4958		13666	Quarterly	PH Performance & Contracts
	Local authority role in health protection	Qualitative Input accompanying report (Covid Impact Assessment, Health Protection Board, Flu Coverage, Outbreak Response)							Annually	Deputy Director of PH
	Public health advice to NHS Commissioners	Qualitative Input to accompanying report (JSNA, Health Equity Audits, DPH Annual Report, HWB / JHWS/ Integrated Care Strategy)							Annually	Deputy Director of PH
	National Child Measurement programme	Participation rate in National Child Measurement programme in Nottinghamshire (Total)							Annual (March)	Fingertips Obesity Profile (PHOF)
	Prescribed children's 0 to 5 services	Percentage of New Birth Visits (NBVs) completed within 14 days	Healthy Families Nottinghamshire Healthcare Trust	91%	92%	93%		92%	Quarterly	PH Performance & Contracts
		Percentage of 6-8 week reviews completed		87%	87%	90%		87%	Quarterly	PH Performance & Contracts
		Percentage of 12 month development reviews completed by the time the child turned 15 months		93%	95%	95%		94%	Quarterly	PH Performance & Contracts
Percentage of 2-2½ year reviews completed using ASQ-3 (Ages and Stages Questionnaire)		99%		99%	99%		99%	Quarterly	PH Performance & Contracts	

STRATEGIC PRIORITIES	Best Start	*See above children's services*	Healthy Families Nottinghamshire Healthcare Trust	*see above children's Services*				Quarterly	PH Performance & Contracts
	Tobacco	Percentage of clients quit at 4 weeks following quit date	Integrated Wellbeing Service ABL Health	47%	57%	65%	56%	Quarterly	PH Performance & Contracts
	Homelessness	Hostel Accommodation percentage exited in a planned way	Framework Housing Association	68%	83%	65%	72%	Quarterly	PH Performance & Contracts
		Move on Accommodation percentage exited in a planned way	Framework Housing Association	96%	90%	87%	91%	Quarterly	PH Performance & Contracts
		Leaving hostel accommodation to enter move on accommodation within 18 weeks	Framework Housing Association	1	11	8	20	Quarterly	PH Performance & Contracts
		Number of clients exiting the move on accommodation within 12 months of entering the move on service	Framework Housing Association	0	15	11	26	Quarterly	PH Performance & Contracts
	Domestic Abuse	Number of new eligible referrals who have engaged and accepted support.	Domestic Abuse Services JUNO, NWAL & Equation	389	596	384	1369	Quarterly	PH Performance & Contracts
	Alcohol / Substance Misuse	Number of successful completions (Young People and Adults and Parents)	All Age Substance Misuse Service Change, Grow, Live	211	204	257	672	Quarterly	PH Performance & Contracts
	Weight	The percentage of all adults (excluding pregnant women) who 'start' go onto to lose 5% weight loss compared with their initial weight	Integrated Wellbeing Service ABL Health	16%	17%	19%	17%	Quarterly	PH Performance & Contracts
	Food	No current PH performance measure recorded							
	Air Quality	No current PH performance measure recorded							
Mental Health	See PHOF below (line 34 & 42)						Annual		
							Notts/England		
ANNUAL DELIVERY PLAN (PHOF)	Helping our people live healthier, more independent lives.	A01a - Healthy life expectancy at birth (Male) - Years					62 / 63	2018-20	PHOF
		A01a - Healthy life expectancy at birth (Female) - Years					60 / 63	2018-20	PHOF
		A02a - Inequality in life expectancy at birth (Male) Slope Index of Inequality - Years					9.3 / 9.7	2018-20	PHOF
		A02a - Inequality in life expectancy at birth (Female) Slope Index of Inequality - Years					7.7 / 7.9	2018-20	PHOF
		C28d - Self reported wellbeing: people with a high anxiety score Proportion - %					24% / 22%	2021/22	PHOF
		E10 - Suicide rate Directly standardised rate - per 100,000					10.3/10.4	2019-21	PHOF
	Supporting communities and families	B02a - School readiness: percentage of children achieving a good level of development at the end of Reception Proportion - %					67% / 65%	2021/22	PHOF
	Keeping children, vulnerable adults, and communities safe	Total recorded offences per 1000 population (excluding fraud)					Not PHOF	Not PHOF	PHOF
	Building skills that help people get good jobs	B05 - 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known Proportion - %					6.5% / 4.7%	2021	PHOF

WORKFORCE	Public Health (not including commissioned services workforce). THIS WILL REPORTED AS AN OVERALL ASCH DEPARTMENT INDICATOR	Vacancies - no / rate (FTE)		406.00	395.73	395.08		400.865	Quarterly	NCC HR
		Turnover rate (as % of ASCH)		3.16%	2.02%	1.71%		2.59%	Quarterly	NCC HR
		Avg no of weeks agency staff(wks) on books		34.30	32.49	26.49		66.79	Quarterly	NCC HR
		Absence rate (days absent per FTE per year)		16.00	16.04	15.20		32.04	Quarterly	NCC HR
		Sickness absence (average FTE days lost per employee)		3.84	3.37	3.89		3.61	Quarterly	NCC HR
		Sickness absence due to stress/depression (%)		34.53%	30.37%	29.56%		32.45%	Quarterly	NCC HR
		Completed at least one mandatory training course (%)		55.30%	76.51%	Measure being reviewed		65.91%	Quarterly	NCC HR

4 March 2024

Agenda Item 7

REPORT OF THE SERVICE DIRECTOR FOR CUSTOMERS, GOVERNANCE AND EMPLOYEES

WORK PROGRAMME

Purpose of the Report

1. To consider the Adult Social Care and Public Health Select Committee's work programme.

Information

2. The attached work programme will assist the management of the Select Committee's agenda, the scheduling of its business and forward planning.
3. The work programme has been developed using suggestions submitted by Select Committee members, the relevant Cabinet Member(s) and senior officers and has been approved by the Overview Committee. The work programme will be reviewed at each pre-agenda meeting and Select Committee meeting, where any member of the committee will be able to suggest items for possible inclusion.

Other Options Considered

4. To not maintain a work programme for the Select Committee: this option is discounted as a clear work programme is required for the effective management of the Select Committee's agenda, the scheduling of its business and its forward planning.

Reasons for Recommendations

5. To assist the Select Committee in preparing its work programme.

Statutory and Policy Implications

6. 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

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

RECOMMENDATIONS

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

Marjorie Toward
Service Director for Customers, Governance and Employees

For any enquiries about this report please contact:

Martin Elliott, Senior Scrutiny Officer

martin.elliott@nottscc.gov.uk.

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers and Published Documents

10. 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

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
11 September 2023	The Social Care Market	Cabinet Member – Adult Social Care and Public Health	<p>Resolved at October 2022 meeting:</p> <p>“That a further report on Social Care Market Pressures be brought to the September 2023 meeting of the Adult Social Care and Public Health Select Committee to provide members with a progress report on the activities being carried out and on their impact.”</p>	<ol style="list-style-type: none"> 1. That the report be noted. 2. That the following issues raised by the Committee in its consideration of the report on the Social Care Market be progressed: <ol style="list-style-type: none"> a) That information on the outcomes of “The Big Conversation” be circulated to members of the committee. b) That further information on the development and use of technological care solutions be circulated to members of the committee. c) That a further progress report on the Social Care Market be brought to a future meeting of the Adult Social Care and Public Health Select Committee, with a focus and at a date to be agreed by the Chairman. d) That a report on the Council’s work to support carers be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

	Health checks	Cabinet Member – Adult Social Care and Public Health	<p>To review the current provision of health checks to enable scrutiny of how outcomes could be improved</p>	<ol style="list-style-type: none"> 1. That the report be noted. 2. That the following issues raised by the Committee in its consideration of the report on the NHS Health Check Programme be progressed: <ol style="list-style-type: none"> a) That further consideration should be given on how the uptake of invitations to the NHS Health Check Programme could be increased, especially in areas of Nottinghamshire that are more deprived. b) That further work should be carried out to investigate digital opportunities for the delivery of the NHS Health Check Programme. c) That a further report on the delivery of the NHS Health Check Programme that covers the issues as detailed at a) and (b) above, be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.
	Performance, finance and risk update	Cabinet Member – Adult Social Care and Public Health	<p>To provide a progress report on departmental performance, risk and financial situation.</p> <p>To agree how the committee would like to receive and monitor this information in the future.</p>	<ol style="list-style-type: none"> 1. That the report be noted. 2. That the following issues raised by the Committee in its consideration of the report on the Adult Social Care and Public Health Performance, Risks and Financial Position – Quarter 1 2023-4 be progressed: <ol style="list-style-type: none"> a) That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the December 2023 meeting of the Adult Social Care and Public Health Select Committee. b) That a task and finish review takes place to investigate the impact and effectiveness of the preventative work that takes place with schools around smoking and vaping.

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
<p>4 December 2023</p>	<p>Nottinghamshire Adults Safeguarding Board Annual Report 2022/23 and Plan</p>		<p>To receive the Nottinghamshire Adults Safeguarding Board Annual Report and Plan.</p> <p>To be presented by the Independent Chair with other partners also being invited to attend.</p>	<ol style="list-style-type: none"> 1. That the Nottinghamshire Safeguarding Adults Board - Annual Report 2022-23 be noted. 2. That the Adult Social Care and Public Health Select Committee continue to review the work of the Nottinghamshire Safeguarding Adults Board by receiving and considering its Annual Report each year.
	<p>Public Health Outcome Framework Indicators</p>	<p>Cabinet Member - Communities and Public Health</p>	<p>To support the Committee in prioritising areas of public health work for development or scrutiny.</p>	<ol style="list-style-type: none"> 1. That the factors as detailed on pages six and seven of the Joint Health and Wellbeing Strategy which have the greatest impact on the health and wellbeing of the population, and the impacts of any weakness or omissions in these building blocks in terms of reducing healthy life expectancy and increasing inequalities, be noted. 2. That it be noted that the areas of work required to address the minority of Public Health outcomes (in the four overarching ambitions of the Joint Health and Wellbeing Strategy) where Nottinghamshire is worse than the England average are largely identified in the Nottinghamshire Plan and in the Joint Health and Wellbeing Strategy. 3. That further information on the regulation of vaping in enclosed public spaces be circulated to the members of the Adult Social Care and Public Health Select Committee. 4. That the following areas of interest be agreed as areas that would benefit from further and more detailed consideration by the Adult Social Care and Public Health Select Committee:

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

				<p>a) Outcomes and inequalities in women’s and children’s health; this will include factors that influence life expectancy and healthy life expectancy.</p> <p>b) Substance use, including the harms of drugs and alcohol and those experiencing severe multiple disadvantage.</p> <p>c) That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, consider the most appropriate approach for the committee to carry out further work around vaccine uptake.</p>
	<p>Performance, finance and risk update</p>	<p>Cabinet Member – Adult Social Care</p> <p>Cabinet Member - Communities and Public Health</p>	<p>To provide a progress report on departmental performance, risk and financial situation.</p> <p style="text-align: center;">Page 88 of 98</p>	<ol style="list-style-type: none"> 1. That the report be noted. 2. That a further report on Adult Social Care and Public Health Performance, Risks and Financial Position be brought to the December 2023 meeting of the Adult Social Care and Public Health Select Committee. 3. That all future reports to the Adult Social Care and Public Health Select Committee display statistics as whole numbers rather than as percentages.

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
4 March 2024	Discharge to Assess	Cabinet Member – Adult Social Care	Resolved at June 2023 meeting: That a further progress report on the implementation of Discharge to Assess Model and the application of the Discharge to Assess Grant be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman of the Committee.	
	Mental Health Services and support within ASC&PH	Cabinet Member – Adult Social Care Cabinet Member - Communities and Public Health		
	Performance, finance and risk update	Cabinet Member – Adult Social Care Cabinet Member - Communities and Public Health	To provide a progress report on departmental performance, risk and financial situation.	

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Meeting Date	Agenda Item	Cabinet Member Responsibility	Purpose	Resolutions
3 June 2024	Suicide Prevention	Cabinet Member - Communities and Public Health		
	Progress and implementation of Prevention approach	Cabinet Member – Adult Social Care	To enable scrutiny of the success of the prevention approach and offer in Adult Social Care.	
	All-Age Carers Strategy/Support for Carers	Cabinet Member for Children Social Care Cabinet Member for Adult Social Care	To review progress after the strategy has been in place for one year. Children and Families Select Committee Members to be invited. Also resolved at September 2023 meeting: That a report on the Council's work to support carers be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman.	
	Performance, finance and risk update	Cabinet Member - Adult Social Care Cabinet Member - Communities and Public Health	To provide a progress report on departmental performance, risk and financial situation. <p style="text-align: center;">Page 90 of 98</p>	

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Items pending scheduling or removal

Item	Cabinet Member Responsibility	Details	Status
Public Health – Community facing activities (including Community Health and Wellbeing Champions)	Cabinet Member - Communities and Public Health		To be considered for scheduling
E-cigarettes/vaping	Cabinet Member - Communities and Public Health	Resolved at March 2023 meeting: That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, consider the most appropriate approach for the committee to carry out further work around vaping and tobacco control.	To be considered for scheduling and for how this issue can be considered by members.
Impact of the Covid-19 pandemic on public health	Cabinet Member - Communities and Public Health	Resolved December 2022 “That the following areas of interest be agreed as areas that would benefit from further and more detailed consideration by the Adult Social Care and Public Health Select Committee: the impact of the Covid-19 pandemic on public health”	To be scheduled for a committee meeting or considered to be the topic for a review during 2023/24.
Substance Misuse	Cabinet Member - Communities and Public Health	To scrutinise activities around substance misuse.	To be considered for scheduling
Nottinghamshire’s Cost of Care Reports, Adult Social Care Market Sustainability Plan, Market Position Statement and Fee Uplifts	Cabinet Member – Adult Social Care	To receive a progress report a year after Cabinet’s approval of the recommendations.	To be scheduled

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Item	Cabinet Member Responsibility	Details	Status
NHS Health Check Programme	Cabinet Member - Communities and Public Health	<p>Resolved at September 2023 meeting:</p> <ul style="list-style-type: none"> a) That further consideration should be given on how the uptake of invitations to the NHS Health Check Programme could be increased, especially in areas of Nottinghamshire that are more deprived. b) That further work should be carried out to investigate digital opportunities for the delivery of the NHS Health Check Programme. c) That a further report on the delivery of the NHS Health Check Programme that covers the issues as detailed at a) and (b) above, be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman 	To be scheduled
Public Health Outcome Framework Indicators	Cabinet Member - Communities and Public Health	<p>Resolved at December 2023 meeting:</p> <p>That the following areas of interest be agreed as areas that would benefit from further and more detailed consideration by the Adult Social Care and Public Health Select Committee:</p> <ul style="list-style-type: none"> a) Outcomes and inequalities in women’s and children’s health; this will include factors that influence life expectancy and healthy life expectancy. b) Substance use, including the harms of drugs and alcohol and those experiencing severe multiple disadvantage. <p>That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, consider the most appropriate approach for the committee to carry out further work around vaccine uptake.</p>	To be scheduled for a committee meeting or considered to be the topic for a review during 2023/24.

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Reviews

Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
September/ October 2023	Day Opportunities Strategy	Cabinet Member - Adult Social Care	<p>Resolved at March 2023 meeting:</p> <ul style="list-style-type: none"> i. That the Chairman and Vice-Chairman of the Adult Social Care and Public Health Committee, in consultation with officers, considers the most appropriate approach for members of the committee to receive further information and to carry out further scrutiny work on: ii. how the Day Opportunities Strategy will be delivered in a way that ensures equity of access to support for service users across Nottinghamshire. iii. the Implementation Plan that will support the delivery of the objectives of the Day Opportunities Strategy. iv. the processes (including the use of benchmarking information) that will be in place for measuring the success of the Day Opportunities Strategy. v. the use and role of buildings in delivering the objectives of the Day Opportunities Strategy. 	<p>Setting up of review group approved at June 2023 meeting.</p> <p>Scope created. Work to be carried out Spring 2024</p>

			<p>vi. the outcomes of the consultation activity that will be carried out with people who have lived experience of the implementation of the Day Opportunities Strategy and how this will be used to review and develop the service model.</p>	
--	--	--	--	--

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
TBC	Transition of service users from Children and Young People's Services to Adult Social Care Services Joint item with Children and Families Select Committee	Cabinet Member – Children Social Care Cabinet Member - Adult Social Care	To examine the current procedures surrounding the transition of service users from Children's to Adult Services. To make recommendations on how procedures could be developed to ensure the best possible transition for each service user.	

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Project Start Date	Item	Cabinet Member Responsibility	Purpose of Review	Current Status and activity
TBC	Preventative work around smoking and vaping.	Cabinet Member – Children Social Care Cabinet Member - Communities and Public Health	Resolved at the September 2023 meeting: That a task and finish review takes place to investigate the impact and effectiveness of the	

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Items for information briefings for committee members

Item	Cabinet Member Responsibility	Details	Status
Adult Social Care Reform	Cabinet Member - Adult Social Care	To gain an understanding of how the implementation of the Adult Social Care reforms - set out in People at the Heart of Care - will impact on the Council's delivery of Adult Care Services and on people living in Nottinghamshire.	To be delivered before 31/01/24
Sector-led improvement, Local Authority Self-Assessment and Information Return (LASAIR) and assurance	Cabinet Member - Adult Social Care	To receive a briefing on the process and outcomes of local sector-led improvement in Adult Social Care and the department's self-assessment, development of a quality assurance framework and preparation for future inspection by the Care Quality Commission.	To be delivered before 31/01/24
Cost of Living Programmes	Cabinet Member - Communities and Public Health	To receive a briefing on the uptake and impact of the Cost-of-Living initiatives approved in November 2022 using Public Health Reserves.	To be circulated January/February 2024.
Regulation and Monitoring Processes for commissioned services	Cabinet Member – Adult Social Care	Raised at Governance and Ethics Committee in January 2024 after considering the outcome of a complaint investigated by the Local Government and Social Care Ombudsman.	Briefing to be arranged to inform future scrutiny work.

WORK PROGRAMME 2023/24 – ADULT SOCIAL CARE AND PUBLIC HEALTH SELECT COMMITTEE: UPDATED 29 JANUARY 2024

Items to be scheduled during 2024/25

Item	Cabinet Member Responsibility	Details	Status
Day Opportunities Strategy	Cabinet Member – Adult Social Care and Public Health	Resolved at March 2023 meeting: That a further progress report on the implementation of the Day Opportunities Strategy be brought to a future meeting of the Adult Social Care and Public Health Select Committee at a date to be agreed by the Chairman of the Committee.	To be scheduled during 2024/25
Social Care Market	Cabinet Member – Adult Social Care and Public Health	Resolved at September 2023 meeting: That a further progress report on the Social Care Market be brought to a future meeting of the Adult Social Care and Public Health Select Committee, with a focus and at a date to be agreed by the Chairman. (Focus on recruitment and retention)	To be scheduled during 2024/25
Healthy Families Programme	Cabinet Member - Communities and Public Health	To receive a progress report once the recommissioned service has been in place for one year.	To be scheduled during 2024/25